

Chapter 7: Patterns in the Description of Mental Symptoms

Chapters 4, 5, and 6 have introduced the core texts from the *Diagnostic Handbook*, one Middle Babylonian diagnostic text, and one therapeutic text for the three symptoms that form the foundation of this study. Around these three terminological anchors, a number of recurring symptoms are organised. This chapter selects the most prevalent among those for analysis in order to establish patterns in the description and organisation of mental symptoms. This discussion is organised around the three categories of mental symptoms set out in the theoretical framework in Chapter 3 and applied in the tables that concluded each of the three chapters for the core texts: namely, descriptions of mental or emotional states, somatic or physiological symptoms, and behaviour.

First, with respect to descriptions of mental or emotional states, it has been noted that at least one reference to this category is requisite to the inclusion of a text in the corpus and that the three core symptoms satisfy this requirement. In addition, two types of psychological states are described alongside the core symptoms: fear and depression. This section will focus in particular on fear for its frequent distribution with *h̄ip libbi* “Heartbreak”. The second section will discuss behavioural symptoms, including those related to speech and language, which form a salient category observed with all three core symptoms, and psychomotor agitation in the form of wandering about. The third section will investigate symptoms that may express somatisation, including abdominal stress, vertigo, and roaring ears.

In order to supplement evidence of the distribution of these mental symptoms with the core symptoms in the core texts, additional material from the diagnostic

introductions to therapeutic texts is included in this discussion of patterns. The diagnostic introductions to therapeutic texts open up an additional window onto the medical tradition and provide a wealth of references to the core symptoms. Further, non-medical texts³⁴¹ are also included where they may help to elucidate the meaning or usage of a word, phrase, image, or metaphor that appears in the medical diagnostic and therapeutic texts.

7.1. Emotional States

Abnormal mental states that are referenced in the core texts include fear and depressed states. The terminology used to describe both states can also refer to worry or anxiety. This section will revisit the occurrence of terminology for mental states in the core texts to determine how these symptoms are configured with those of *ašuštu* “Depression”, *hīp libbi* “Heartbreak”, and *ṭēmu šanû/nakāru* “The mind alters/changes” elsewhere to show that the concurrences present in the core texts constitute established patterns. In particular, the Akkadian terms *parādu* “to be fearful” and *anāḥu* Št₂ “to be dejected” are discussed. The consistent pairing of *parādu* with *hīp libbi* “Heartbreak” in both medical and non-medical contexts suggests that fear and worry furnished a significant organising principle in the experience of mental disturbance and disorder.

³⁴¹ With a few exceptions, these non-medical texts are limited to those texts that fall within the scholarly tradition written in the SB dialect of Akkadian, including works of literature, canonical incantations, and royal inscriptions attested on tablets from the Neo-Assyrian period.

7.1.1. Fear

Descriptions of fear and anxiety appear only with *hīp libbi* “Heartbreak” in the core corpus, particularly in the sole therapeutic text included therein. From the three lines that appear with the core symptoms, and the additional line from SA.GIG 22, three terms that describe fear, terror, or worry in the core corpus with *hīp libbi* “Heartbreak” and amongst entries that describe madness and depression may be extracted: the verb *garāru* Ntn “made frightened” (Stol 1993: 62), the verb *parādu* “to be fearful, disturbed, restless, upset” (CAD P 141-144), and the noun *puluhtu* “fear, panic, terror” (CAD P 505-509). To review, the lines that reference these terms will be excerpted in full, as well as the relevant line or lines that include the core symptom:

²⁸. DIŠ U₄ LAL-šú SAG.KI.II-šú GU₇.MEŠ-šú ŠÀ-šú GAZ.MEŠ-šú EGIR-nu ŠU.II-šú u GÌR.II-šú ú-kap-⁷pár⁷

²⁹. BAL.BAL-ut ÚĤ NU TUKU u it-ta-nag-ra-ár ŠUB-tu -- ha-mi-tu₄ ŠU^dXV ZI-bi

²⁸. If, at the time it overwhelms him, his temples cause him pain, his heart (*libbu*) continually breaks; later, he rubs his hands and feet,
²⁹. he turns over, he does not have saliva, and he is made frightened: *hamītu*-disease, Hand of Ištar; it will go away.

(*Libbu* 2 = SA.GIG 26, 28’-29’)

DIŠ NA ŠÀ-šú GAZ.MEŠ-šú *pi-qam* NU *pi-qam i-pár-ru-ud*

If a man, his heart (*libbu*) continually breaks, (and) on repeated occasions, he is afraid.

(*Libbu* 4 = BAM 316, obv. iii 8’)

DIŠ NA GAZ ŠÀ-bi TUKU.MEŠ-ši U₄ u GE₆ *pu-luḥ-tú* TUKU-ši

¹³. If a man continually has Heartbreak (*hīp libbi*), day and night he has fear.

(*Libbu* 4 = BAM 316, obv. iii 13’)

This section will focus on the term *parādu* “to be fearful” and the related noun *pirittu* “fear”, since these terms occur in both diagnostic and therapeutic texts. The use of *parādu* in the *Diagnostic Handbook* as well as its distribution with other terms that evoke anxiety in therapeutic texts and non-medical texts, provides a framework for understanding the nuances in the psychological dimension of Heartbreak with which it is frequently paired.

7.1.1.1. *Parādu*

The verb *parādu* “to be fearful, disturbed, restless, upset” has a semantic range that includes various types of fear and anxiety, including fear, panic, terror, and the restlessness that would be expected to run together with these states of mind. In the *Diagnostic Handbook*, *parādu* occurs relatively frequently with a range of symptoms.

Although it does not appear with any of the core symptoms in the same entry, it is worth adding here that a description of fear or panic occurs among the series of entries in SA.GIG 22 that deal with numerous mental symptoms. These entries immediately follow those *Ṭēmu 1* and *Ṭēmu 2* and precede one of the core entries for being depressed (*ašāšu*), and thus seem to fit thematically.

DIŠ *ḥa-di u pa-rid* ŠU SAG.ḪUL.ḪA.ZA GAM 𐎶 ŠU ^dXV

If he is happy and (simultaneously) afraid, Hand of *mukīl rēš lemutti* demon; he will die; alternatively, Hand of Ištar.

(SA.GIG 22, 63)³⁴²

³⁴² Following Heeβel 2000: 256; Scurlock and Andersen 2005: 16.75, 19.9, 19.63. Note that *mukīl rēš lemutti* appears with *pirittu* “fear” and *gilittu* “fright” in UET VII 121 ii 6'-7', an amulet for “Hammurabi” (Schuster-Brandis 2008: 348).

In this line, two opposing emotions of joy (*ḥadû*) and fear or anxiety (*parādu*) are experienced simultaneously,³⁴³ or possibly concurrently to illustrate mood swings.

In particular, *parādu* and the related term *galātu* “to be or become restless or nervous, to be or become frightened, to fear” (CAD G 11-14)³⁴⁴ appear regularly in Chapter 4 (Tablets 26-30), which deals with the various types of epilepsy as well as psychic disturbances that may have been grouped together with the epilepsies. Its occurrences with epilepsy and stroke may refer to the panic or fear associated with or observed with the experience of a fit and the general loss of control over one’s body.

48^r. DIŠ *ina ṣal-lu-ti-šú* DAB-*su-ma* DAB-*su* IGI.BAR-*as i-re-eḥ-ḥi-šum-ma* NÍ-
šú *i-maš-ši* GIN₇ šá *id-ku-šú* MUD-*ud*

49^r. ZI.ZI-*bi* 𐎠 U₄ *id-de-ku-šú re-ḥi* 𐎠 ŠU LÍL.LÁ.EN.NA *sar-ru* 𐎠 *ana* MUNUS
LÍL.LÁ.EN.NA ZI.ZI-*bi*

48^r. If in his sleep, (it) seizes him and he watches his seizer, it (=unconsciousness) pours over him and he forgets his self, as soon as they wake him, he is afraid,

49^r. It will always go away; alternatively, when they wake him, he is “poured out”, Hand of false Lilû; for a woman, (it is) Lilû; it will always go away.

(SA.GIG 26, 48^r-49^r)³⁴⁵

82^r. DIŠ *pa-rid-ma it-te-né-et-bi ma-gal* DU₁₁.DU₁₁-*ub u* 𐎠 *ig-da* 𐎠 *na-al-lu-ut* 𐎠

83^r. *ana* MUNUS LÍL.LÁ.EN.NA *ana* NITA MUNUS.LÍL.LÁ.EN.NA ZI.ZI-*bi*

84^r. DIŠ *ina* GIG-šú 𐎠 MUD 𐎠 MUD-*ud u* GIŠ.KUN.ME-šú ÍL.MEŠ ù

KI.SIKIL.LÍL.LÁ.EN.NA 𐎠 *ina* X TAG 𐎠 *ma be-en-nu*

85^r. DIŠ MUD.MUD-*ud* 𐎠 ŠU 𐎠 UR BI LI TI

82^r. If he is afraid and he keeps getting up, talks excessively, and is continually frightened

83^r. for a woman (it is) Lilû, for a man (it is) Lilîtu. It will always go away.

³⁴³ Following Heeßel’s translation (Heeßel 2000: 261).

³⁴⁴ Note *galātu* also appears with physiological symptoms in SA.GIG 10, 60’ (Labat 1951: 88, rev. 8) and SA.GIG 12, 3 (Labat 1951: 100, l. 3).

³⁴⁵ Following Heeßel 2000: 282; Scurlock and Andersen 2005: 12.71, 13.73, 16.51, 19.19. The translation of “unconsciousness” follows Stol 1993: 66.

⁸⁴. If in his illness, he is continually afraid and his loins are raised, and Ardat Lilû in ... touches, and *bennu*-epilepsy.

⁸⁵. If he is continually afraid, Hand of ...³⁴⁶

(SA.GIG 26, 82'-85')³⁴⁷

². DIŠ *m[i-šit-ti im]-šid-su-ma ib-ta-luṭ* SAG.KI-šú DAB.DAB-*su u* MUD.MUD-
ṛud

³. ṛmu-kil SAG ṛ-šu NU *pa-tir*

². If he suffered a stroke and he lived, his temple continually seizes him and he is continually afraid,

³. the holder of his head is not released.

(SA.GIG 27, 2-3)³⁴⁸

The distribution of *parādu* with epilepsy is significant due to the psychological nature that formed part of the illness conception of epilepsy.³⁴⁹ In these entries, fear is organised with symptoms that indicate a loss of control, as in a fit, stroke, and loss of consciousness. At the same time, the fear itself seems to form part of the reaction, rather than part of the episode of fit or stroke itself. In addition, in SA.GIG 26, 82'-85', fear is paired with behaviours that suggest agitation, such as excessive talking and restlessness.

The verb also appears in contexts that suggest an overall psychological disturbance, using the phrase *pīqa lā pīqa* “on repeated occasions,” which may indicate chronicity, as in the core text *Libbu* 4. The phrase appears in several entries in the *Diagnostic Handbook* together with other symptoms that evoke or indicate anxiety.

[DIŠ GÚ-*su i*]-*zur-ma* IGI.II-šú *gal-ta-at pi-qa la pi-qa i-par-ru-ud* KI.MIN
(=šá-aš-šá-ṭu) *i-gal*¹-ṛlu-ut ṛ šá-aš ṛ-[šá-ṭu MU.NI]

³⁴⁶ Stol suggests reading here Urbilūtu with the possibility that Ištar of Arbela is meant (1993: 72). However, Heeßel notes that this would be the first reference to an Assyrian deity in the *Diagnostic Handbook* (2000: 296).

³⁴⁷ Following Heeßel 2000: 285; Scurlock and Andersen 2005: 12.72, 16.44, 19.20, 3.273.

³⁴⁸ Following Heeßel 2000: 297; Scurlock and Andersen 2005: 13.231.

³⁴⁹ See Geller 2010b: 6. See also Stol 1993: 23f.

[If his neck] is twisted, his eye is frightened, on repeated occasions he is afraid (*parādu*), ditto, he becomes frightened, *šaš[šaṭu]* (is) its name].
(SA.GIG 33, 96)³⁵⁰

A similar symptom description is also attested with *galātu* in SA.GIG 10, which deals with symptoms relating to the neck:

DIŠ GÚ-su *i-zur-ma* IGI-šú *gal-ta-át pi-qam* NU *pi-qam* 𒄩𒄩𒄩-ut (var. MUD-ud) SA.DUGUD

If his neck is twisted, his eye is frightened, on repeated occasions, he is frightened (*galātu*), it is *šaššaṭu*
(SA.GIG 10, 11)³⁵¹

In these entries from SA.GIG 33 and SA.GIG 10, being afraid is paired with symptoms that evoke anxiety, such as fearful eyes and a knotted or twisted neck.

Heeßel notes two further parallels to the phrase *īnšu galtat* “his eye is frightened” in his philological note to this entry, both of which pair this symptom with the phrase *pīqa lā pīqa iparrud* “on repeated occasions he is afraid”.³⁵² A knotted or wound up neck muscle described in these excerpts from SA.GIG 33 and SA.GIG 10 may refer to neck cramps or soreness, an autonomic arousal response associated with anxiety. Indeed, neck cramps and pain are widely associated with anxiety and anxiety attacks in both biomedical models of this disorder and in various culture-bound syndromes. For example, “wind attacks” (*khyâl cap*), a syndrome found among Cambodians that can be triggered by worrisome thoughts, includes such symptoms as tinnitus and neck soreness

³⁵⁰ Following Heeßel 2000: 357; Scurlock and Andersen 2005: 3.197, 13.68, 13.107.

³⁵¹ Following Labat 1951: 80; Heeßel 2000: 372; Scurlock and Andersen 2005: 3.197, 13.68, 13.107.

³⁵² See Heeßel 2000: 372.

(DSM-5: 834).³⁵³ Analogues in biomedicine include panic attacks, panic disorder, and generalised anxiety disorder (DSM-5: 222, 834).

Another group of entries in which *parādu* and *galātu* are described concurrently appears in SA.GIG 17, and again, these two terms are grouped with other symptoms that evoke anxiety.

^{23.} DIŠ *ina* GIG-šú *pa-ri-d* ZI-bi u GAM.GAM-is GAM

^{24.} DIŠ *ina* GIG-šú 𒄩LULU𒄩.𒄩LULU𒄩 ZI-bi u DŪR-ab NINDA GU₇ A NAG ŠUK *qu-bu-ri-šú il-qí* GAM

^{23.} If in his illness, he is afraid (*parid*) he is rising and (then) repeatedly kneels, he will die.

^{24.} If in his illness, he is continually frightened (*igdanallut*), he is rising and then sitting, eating bread and drinking water, he has received his funerary rations; he will die.

(SA.GIG 17: 23-24)³⁵⁴

Both fear and continually getting up (*tebû* Gtn), the latter being a behaviour that evokes restlessness, are specified as part of the symptom cluster. Both of the terms used for fear in these sequential entries from SA.GIG 17 appear with restlessness elsewhere in the *Diagnostic Handbook*:

^{82.} DIŠ *pa-ri-d-ma it-te-né-et-bi ma-gal* DU₁₁.DU₁₁-ub u 𒄩ig-da`-na-al-lu-`ut`

^{83.} *ana* MUNUS LÍL. 𒄩LÁ 𒄩.EN.NA *ana* NITA MUNUS.LÍL.LÁ.EN.NA ZI.ZI-bi

^{82.} If he is afraid, he continually gets up, he continually talks very much, and he is continually frightened;

^{83.} for a woman, *lilû*, for a man *lilitu*. It will always go away.

(SA.GIG 26: 82'-83')³⁵⁵

³⁵³ This culture-bound syndrome can also occur without warning or have other triggers, such as standing up too quickly, catching an odor associated with an unpleasant memory, or agoraphobic cues (DSM-5: 834).

³⁵⁴ Following Heebel 2000: 197; Scurlock and Andersen 2005: 8.30.

The concurrence of fear with constant movement up and down in both of the excerpted lines supports the interpretation of the behaviour described above in both SA.GIG 26 and 17 as a form of psychomotor agitation that denotes restlessness, rather than as describing, for example, an epileptic fit.³⁵⁶ Indeed, atelic verbs that denote bodily movements (e.g., shivering, shaking) become associated with emotions that elicit such physical responses (e.g., fear, anxiety) (Kouwenberg 2010: 73 n98).³⁵⁷ These examples from the *Diagnostic Handbook* show that *parādu* functions as a mental symptom associated with fear, loss of control as in a fit of panic or even a stroke, and psychomotor agitation.

The symptom of *parādu* in therapeutic texts is frequently paired with numerous mental symptoms, including the core symptoms under consideration.

15. *ina* KI.NÁ-šú *ip-ta-nar-ru-ud* IR ŠUB.ŠUB-*su*

16. *hur-ba-šu* TUKU.TUKU-ši ZI.GA *i-kam-mis* [x x (x) šìG[?]].[?] šìG[?]-*su*

17. *hu-uš* GAZ ŠÀ TUKU.TUKU-ši [*ina É šal*]-*tu ina* SILA *pu-uḫ-pu-uḫ-ḫu-ú*
GAR-šú

18. *ni-ip-qu-šú qer-bu u₈-a i-qab-bi a-a i-šá-si*

15. in his bed, he is continually afraid, a sweat continually falls upon him;

16. he continually has chills, he gets up, kneels down, ... [continually h]its him;

17. he continually has pain of Heartbreak; in the home there is strife, in the streets, quarrelling;

18. he has *shortness of breath*; he says, “Oh!” and cries “Ai!”

(*CMaWR* 8.6, 15-18)³⁵⁸

³⁵⁵ Following Heeßel 2000: 285; Scurlock and Andersen 2005: 12.72, 16.44, 19.20. See also a similar description of getting up and sitting down, paired with eyes that are afraid (IGI.II-šú *pár-da*) in SA.GIG 12, 82' (Labat 1951: 96).

³⁵⁶ This is also noted by Stol 1993: 71.

³⁵⁷ See also Chalendar on the difference between *galātu* and *parādu* (2013: 38-40).

³⁵⁸ *AMT* 21/2: 15-18 and duplicates.

The patient is described as being afraid in his bed,³⁵⁹ as well as experiencing sweats, chills, and psychomotor agitation in the form of the alternating activities of getting up and kneeling. This cluster of fear and restlessness is thus observed not only in diagnostic texts, but also in therapeutic texts together with other mental symptoms. Further, the passage has Heartbreak in the context of strife and quarrelling,³⁶⁰ two experiences that evoke anxiety and occur elsewhere with *hīp libbi* “Heartbreak”.³⁶¹ Shortness of breath³⁶² and crying out further contribute to a picture of anxiety and panic. The text continues with descriptions of a reduced appetite, sexual dysfunction, depression, cramps, possibly paralysis or groaning,³⁶³ and further cries of anguish.³⁶⁴

Another example of a therapeutic text that groups *parādu* together with Heartbreak is *BAM* 234, which enumerates and addresses a variety of complaints of misfortune, including mental and physical distress that may be interpreted as mental symptoms. The text has been interpreted as a symptomatology of an “anxiety state” by Ritter and Kinnier Wilson who in their 1980 edition of the text treat this enumeration of complaints as a single condition.³⁶⁵ This, as noted in Chapter 4 on sources, is a

³⁵⁹ The topos of being afraid in bed is typical of therapeutic texts. Experiencing a recurring symptom in bed also appears in the *Diagnostic Handbook*. In one such entry, the *libbu* is described as afraid, while the patient continually salivates in his bed (SA.GIG 10, 8).

³⁶⁰ *šāltu* and *puḥpuḥḥu*; See §5.1.1 on *šālim* in *GCCI* II 406, 11.

³⁶¹ For example, *BAM* 317 rev. 27f. This concurrence appears as part of instructions for the treatment of abdominal discomfort and anxiety brought on by Marduk’s wrath (*CMaWR*: 50). See also Stol 1993: 29.

³⁶² The meaning of *nīpqu* is uncertain. My translation of this term follows that offered by Abusch and Schwemer in their edition of this text (*CMaWR*: 329, 333). The philological note to the entry for this term in the CAD notes that in the *Diagnostic Handbook*, it falls at the end of a section that deals with *napištu* “throat”, whereas in therapeutic texts, it occurs with both physical and mental symptoms (CAD N II 247). The relationship between the throat, breathing, and mental symptoms is worth noting. See also Heeßel 2000: 161.

³⁶³ [*ir*]-*’ta’-na-ah-ḥi*. This is a tentative translation. As noted by Abusch and Schwemer in their commentary to this line, only one manuscript of this text preserves the vowel quality /e/: *’ir’-te-né-[ḥi]* that is expected with *r-ḥ-*, and the use of the verb here is unclear (*CMaWR*: 333). Abusch and Schwemer’s commentary to this line suggest that the form might be a corruption of *ittanahḥi* (*na’u* Gtn) “he keeps groaning” (*CMaWR*: 333), which would indeed fit the context.

³⁶⁴ *a-ḥu-lap-a* DU₁₁.GA.-*bi* “he says, ‘Have mercy on me!’” (*CMaWR* 8.6: 20; *AMT* 21/2: 20)

³⁶⁵ Ritter and Kinnier Wilson 1980: 23-30.

problematic way to interpret such a section of a therapeutic text, since therapeutic texts tend to condense various elements of misfortune into a paradigmatic case. Such texts do give insights into the ways that emotional distress was organized and expressed in the medical corpus and what types of experiences ran together in typical cases of anxiety, though they do not necessarily offer a unified diagnosis.

The text opens with DIŠ NA *mi-iḥ-ru ma-ḥi-ir-ma ki-i im-ḥu-ru-šu ul i-[de]* “If a man has had a spell of misfortune and he does not know how it came upon him” (l. 1). After a summary of various forms of financial losses and deaths suffered in his household, it continues:

4. ... GAZ *lib-bi* TUKU.TUKU-*ši*
 5. DU₁₁.GA NU ŠE.GA *ša-su-u la a-pa-lu i-zi-im-tú ka-<ša-du> ÛG.MEŠ ḥi-a-⁷tu⁷*
 6. *i-na* KI.NÁ-*šú* MUD.MUD-*ud ri-mu-tu* TUKU-*ši a-du bi-nu-te-šú ana*
 DINGIR *u* LUGAL
 7. *lib-bi-šú ma-li mi-na-tu-šú* DUB.DUB-*ka¹ pi-qa la pi-qa i-pár-ru-ud*
 8. *ur-ra u* GI₆ *la* NÁ-*lal MÁŠ.GI₆.MEŠ pár-da-a-ti* IGL.DUḥ.A.MEŠ *ri-mu-tu*
 TUKU.TUKU
 9. NINDA *u* KAŠ *muṭ-tu a-mat i-qab-bu-ú i-máš-ši* LÚ BI *šib-sat* DINGIR *u*
d_iš₈-tár UGU-*šú* TUKU-*ši*³⁶⁶
 10. *il-šú* ^dEŠ.DAR-*šú* KI-*šú ze-nu-ú* DIŠ NA BI ŠU NAM.ÉRIM.MA
 ŠU.DINGIR.RA
 11. ŠU NAM.LÚ.U₁₈.LU GIG *ḥi-im-ma-te* GIG *ár-ni* AD *u* AMA ŠEŠ *u* NIN
 12. IM.RI.A IM.RI.A IM.RI.A DAB-*šú-ma a-na* DUḥ-*ri-šú¹-ma a-di-ra-te-šú a-*
na la ka-šá-⁷di⁷-[šú]

4. [If] he continually has Heartbreak;
 5. speaking without agreement, calling out without answer, (trying to) achieve an objective and supervise people;
 6. in his bed he is continually afraid, he suffers paralysis up his form; toward god and king
 7. his heart is filled (with anger), his limbs are poured out repeatedly, on repeated occasions he is afraid;
 8. day and night he does not sleep, he continually sees frightening dreams, he continually suffers paralysis;

³⁶⁶ Ritter and Kinnier Wilson have *ibašši* in their 1980 edition of this text (1980: 24).

- ⁹. he has no desire for bread or beer; he forgets the words that he speaks;
that man has anger of god and goddess upon him;
¹⁰. his god and goddess are angry with him. If that man is (then) sick
with Hand of Oath, “Hand of God”,
¹¹. Hand of Mankind, or *himmatu*-sickness, the sin of father and mother,
brother and sister
¹². of the (family-)clan, (kith-)clan, and (kin-)clan have seized him, to
release it and in order for his anxiety not to overcome him...
(*BAM* 234, 4-12)³⁶⁷

Parādu and *hīp libbi* “Heartbreak” appear among a number of complaints or ailments that may plague the supplicant who seeks therapy. Even if the complaints in this passage cannot be taken together as symptoms of any single illness, the way the various symptoms are configured with experiences of stress and frustration is revealing. Terms that denote fear figure in the symptom description in three ways. First, the supplicant is described as constantly afraid in his bed (*MUD.MUD-ud*, l. 6), a phrase used in the therapeutic text *AMT* 21/2 excerpted above. Second, with respect to the supplicant or patient in general, the phrase used to describe his experience of fear recalls that used in the *Diagnostic Handbook*: *pi-qa la pi-qa i-pár-ru-ud* “on repeated occasions he is afraid” (l. 7). Finally, his dreams are described with *parādu* as fearful (*MÁŠ.GI₆.MEŠ pá-r-da-a-ti*, l. 8).³⁶⁸

The description of the supplicant’s dreams as fearful or frightening (*parādu*) is an indication of the abandonment of one’s personal god:

Any type of bad dream in Mesopotamia was due to the dreamer’s previous impiety, resulting in the absence of the protective canopy of his personal deities. This enabled various ill-natured powers to attach and to produce unpleasant symptomatic dreams and their intensified forms, nightmares. (Butler 1998: 23)

³⁶⁷ Following Ritter and Kinnier Wilson 1980: 24-25.

³⁶⁸ See also *SpBTU* II 22, obv. i 24 for terrifying dreams with *hīp libbi* “Heartbreak”.

Dream-related topoi are encountered frequently in therapeutic texts as a further sign of the divine disfavour that led to illness. That it appears in the symptomatology section of these texts suggests its significance as a component in illness descriptions for anxiety and emotional disturbance more generally.

The complaints in this excerpt from *BAM* 234 have in common that they create, contribute to, or are symptomatic of anxiety; the therapy is in fact geared toward preventing the supplicant from being overcome by his anxiety or worry (l. 12). The experience of *h̄ip libbi* “Heartbreak” in therapeutic texts consistently runs together with the experience of these other anxiety-related symptoms, including fear.

7.1.1.2. *Pirittu*

The noun *pirittu* “fear, terror”, which derives from the same root as the verb *parādu*, should also be addressed here, as its distribution with *h̄ip libbi* “Heartbreak” in medical and non-medical texts further supports the association of this condition with fear and anxiety. In magical texts, such as incantations as well as medical therapeutic texts, *pirittu* often recurs with other terms that reflect fear and anxiety, including *gilittu*, *adirtu*, and *hattu* or *hayyattu*. With respect to the relationship between *pirittu* and *hattu/hayyattu*, a philological note in the CAD clarifies the medical, rather than purely religious, connotation of *pirittu*:

hattu and *ha'attu*, derived from **hâ'u*, “to fear,” refer to a pathological state of mind, a fear of panic proportions. Like *puluhtu*, *hattu* emanates from gods and kings; it is, however, linked to *pirittu*, which denotes a

sudden and severe attack of fear, and does not reach into the domain of devotion, piety, and respect. (CAD H 151)

Vocabulary for emotions related to fear seemed to function in specific ways, even if they were grouped together. The consistent recurrence of terms that denote fear, panic, and anxiety, such as *gilittu*, *adirtu*, *hattu* or *hayyattu*, and *pirittu* suggest a pattern in the experience of a spectrum of these emotions. Furthermore, that so many terms were available to express different shades of meaning or different types of fear suggests that this feeling, and perhaps its accompanying physiological sensations, played a significant role in the experience of emotional disturbance.

Examples from canonical prayers illustrate this pattern in the usage of *pirittu* with other terms that express fear.

ug-da-na-la-tan-ni hat-ta pi-rit-ta uš-ta-nar-šá-an-ni
constantly frighten me, cause me to have terror, fear

(Farber *BID* IIA, 74)

^{20.} *lu-u gi-lit-tu₄ lu-u MAŠKIM lem-nu lu-u ha-a-a-at-tu₄*

^{21.} *lu-u pi-rit-tu₄ ša ina GE₆ ug-da-na-la-[tan-ni]*

^{20.} be it fright, be it the evil *rābišū*-demon, be it terror,

^{21.} be it fear, that in the night constantly fright[ens me].

(*KAR* 234, obv 20-21)

A passage from *Ludlul bēl nēmeqi*, which is both a work of literature and a scholarly text that provides a source for the study of vocabulary, describes the protagonist's despair with reference to similar clusters of terms for fear and anxiety:

^{110.} *dar-siš i-na di-ma-tu₄ šur-ru-^ʿpu^ʿ ú-[suk]-ka-a-a*

^{111.} *ʿuṣ^ʿ-šal-lim ʿpa-ni-ia^ʿ a-di-rat ʿlib^ʿ-bi-ia*

112. UZU.MEŠ-¹ia¹ ú-tar-ri-qu pi-rit-tu₄ u ħat-tu₄
 113. ¹i¹-na-a-ti lib-bi-ia ina gi-tal-lu-ti ir-tu-bu? (var. ir-tu-ba)

110. Like a downtrodden one, my cheeks were hot with tears
 111. The worry (*adirat*) of my heart (*libbu*) darkened my countenance
 112. Fear (*pirittu*) and terror turned pale my flesh
 113. The eyes of my heart (*libbu*) trembled with constant fright.
 (*Ludlul bēl nēmeqi* I 110-113)

The same grouping of fear (*pirittu*), terror (*ħayyattu*), and fright (*gilittu*) appears in two incantations directed toward Šamaš, including one from the second house of Bīt Rimki and one from a therapeutic text against witchcraft and divine anger.

25. ṣal-ta pu-úḫ-pu-uh-ḫu-u ni-is-sa-ta a-di-¹ra¹
 26. ħat-ta pi-rit-tú ar-ra-tú
 27. gi-lit-ta te-šá-a di-lip-ta qu-la ku-ra
 28. NU DU₁₀-ub ŠA-bi NU DU₁₀.GA UZU iš-ku-na

25. (who) has ²⁸set on me ²⁵strife, quarrelling, grief, apprehension,
 26. panic, terror, curse,
 27. fear, confusion, sleeplessness, silence, torpor
 28. an unwell heart (i.e., mind), unwell flesh.

(*CMaWR* 9.1, 25-28)

The excerpt from the therapeutic text, in which the ritual includes an incantation to Šamaš, groups these three terms that describe fear with *ħīp libbi* “Heartbreak”. The symptom description at the beginning of the therapeutic text offers a list of physical symptoms that culminate in “a statement of the general frailness of the patient” (*CMaWR*: 256). The diagnosis that follows this symptomatology combines witchcraft with the anger of the sufferer’s personal deities, and the ritual to treat these includes an offering to Šamaš (*CMaWR*: 256). The incantation to Šamaš gives a summary of the sufferer’s complaints and is for this reason couched in the first person:

55. *ni-[iš] šÀ-bi-ia bu-⁷un⁷-na⁷ ⁷-ia ka-su-[u]*
 56. *mi⁷-[na]-ti-ia DUB.DUB-ak hu-us⁷ GAZ šÀ-bi gi-lit-[tu₄]*
 57. *[pi]-⁷rit-tu⁷ hur-ba-šú ar-ta-na-šu-u a-ta-nam-da-[ru]*
 58. *[ap]-⁷ta⁷-na-la-hu [...] KI šÀ⁷-ia DU₁₁.DU₁₁-[bu]*
 59. *[MÁŠ].⁷GE₆.MEŠ par⁷-da-a-te a-na-⁷aṭ⁷-ṭa-lu KI⁷ ADDA.MEŠ⁷*
 60. *[x x] x [x] ru⁷ šú⁷ šÀ-bi i-⁷da-a-tú⁷ ⁷-u-a KÚR.KÚR-⁷ru⁷*
 61. *šá x [x x] x šÀ-bi e-ta-na-áš-šá-šú LÙ.LÙ-⁷hu⁷*

55. my sexual potency, my *pleasant features* are bound
 56. my limbs are poured out repeatedly ⁵⁷I am continually having ⁵⁶pain of Heartbreak, fright,
 57. fear (*pirittu*), chills, I am constantly anxious,
 58. I am continually afraid, I continually talk with myself,
 59. I have fearful dreams, ⁶⁰I [...] ⁵⁹with dead people,
 60. [...] my heart, my ominous signs continually change,
 61. [...] my heart (*libbu*) is always distressed (and) troubled.
 (CMaWR 8.2, 55-59, 61)³⁶⁹

The reduction of complaints to this stock list of symptoms, which seem to combine physiological complaints with direct descriptions of mental disturbance, frequently occurs in incantation sections of therapeutic texts directed against witchcraft.³⁷⁰ In this incantation, *hīp libbi* “Heartbreak”, fright (*gilittu*), and fear (*pirittu*) appear in sequence, and this triad is framed by two physiological symptoms, limbs that are poured out and chills.

In fact, several cases find this juxtaposition of terms for fear, including *pirittu* and *gilittu*, alongside *hīp libbi* “Heartbreak”. An ušburudda (KA.INIM.MA UŠ₁₁.BÚR.RU.DA.KAM “It is the wording (of the incantation) to undo witchcraft”)³⁷¹ against *hīp libbi* “Heartbreak” opens with the symptom description of:

³⁶⁹ LKA 154, LKA 155, CMaWR pl. 52.

³⁷⁰ Abusch and Schwemer’s 2011 edition of anti-witchcraft rituals furnishes numerous examples of these recurrent groupings. See esp. CMaWR, Text Groups 7 and 8.

³⁷¹ On ušburrudda texts, see CMaWR : 9.

1. DIŠ NA *ḥu-uṣ* GAZ ŠĀ-*bi* TUKU.TUKU-*ši* 'nu 'ul-la-t[i₃]
 2. ŠĀ-*šú* *i-ta-mu* [treatment]

1. If a man continually has pain of Heartbreak,
 2. He ponders (lit. his heart self-speaks) 1. foolishness
 (CMaWR 7.7, 1-2)³⁷²

The treatment includes an incantation to Šamaš, in which the symptoms are resumed with the addition of several terms that describe fear:

21. *nu-ul-la-a-ti ḥu-uṣ* GAZ ŠĀ-*bi*
 22. *ḥat-tú pi-rit-tú šá ina* SU.GU₁₀ UZU.MEŠ.GU₁₀ SA.MEŠ.[GU₁₀]
 23. *a-ta-nam-da-ru ap-ta-na-la-ḥu*

21. Foolishness, pain of Heartbreak,
 22. terror, fear, which in my body, flesh, and sinews,
 23. I constantly experience and suffer.
 (CMaWR 7.7, 21-23)³⁷³

Interestingly, terms that directly describe emotional states are said to be experienced in the body, flesh, and sinews. Further, the verbs that describe the process of this experience in fact denote anxiety and fear. Although translated as “experience” and “suffer”, the verbs *ātanamdaru* (*adāru* Gtn) and *aptanallaḥu* (*palāḥu* Gtn), used transitively in line 23, literally translate to “I am constantly worried, I am constantly afraid”. This connection suggests a somatic patterning in the experience of mental states. More broadly, this speaks to the lack of separation between the body and emotions noted in the discussion of the term *libbu* as the seat of psychic life and the site of emotional disturbance.

The sequence of three terms that describe fear and anxiety appears in *Maqlû* V:

³⁷² KAR 92, obv 1-2.

³⁷³ Composite text. KAR 92 rev. edge 3-4, l. edge 1 col 2 // BAM 444 obv. 14'-rev. 1 // CMaWR, pl. 27 7'-9'.

75. *a-šu-uš-tu a-ru-ur-tu hu-uš* GAZ ŠÀ-bi *gi-lit-tú*
 76. *pi-rit-ti a-dir-tu ia-a-ši taš-ku-na-ni*
 77. *a-šu-uš-tu a-ru-ur-tu hu-uš* GAZ ŠÀ-bi *gi-lit-tú*
 78. *pi-rit-ti a-dir-tu ana ka-a-šú-nu liš-šak-nak-ku-nu-ši*

75. *Ašuštu*, hunger, pain of Heartbreak, fright
 76. fear, apprehension, that you have set upon me
 77. May *ašuštu*, hunger, pain of Heartbreak, fright,
 78. fear, apprehension be set upon you

(*Maqlû* V: 75-78)

In these lines, the triad of *pirittu*, *gilittu* and *adirtu* appears alongside not only *h̄ip libbi* “Heartbreak”, but also *ašuštu* “Depression”, which are indeed regularly grouped together in therapeutic texts. This suggests a more established pattern of fear, anxiety, and depression, together with concomitant physiological symptoms, organised together in experiences of mental disturbance. The triad of *pirittu*, *gilittu* and *adirtu* further appear with Heartbreak among the supplicant’s complaints in *Maqlû* VII:

131. *u₈-a a-[a] hu-uš-šu* GAZ ŠÀ-bi
 132. *gi-lit-tu₄ pi-rit-tu₄ a-dir-tu₄*

131. Oh! Ai! Pain, Heartbreak,
 132. Fright, fear, worry!

(*Maqlû* VII: 131-132)

These concurrences are attested in numerous incantations, as well as medical therapeutic texts.³⁷⁴

The verb *parādu* and the related noun *pirittu* express various levels of fear and panic that are regularly organised with other vocabulary for such emotional states and that occur regularly with *h̄ip libbi* “Heartbreak” in both medical and non-medical texts.

³⁷⁴ For example, in a therapeutic text against witchcraft *BAM* 317, rev. 24-25; in a literary prayer to Marduk (Oshima: P5, 90); *KAR* 80 rev. 9; *KAR* 282:7; *LKA* 29k: 6.

This concurrence supports not only the interpretation of *hīp libbi* “Heartbreak” as a type or expression of anxiety, but also shows that anxiety and fear typically ran together in descriptions of mental distress. It is worth noting briefly here that a study undertaken to determine where anger, envy, fear, and jealousy were felt and expressed by native speakers of Russian, English, Spanish, German, and Polish found that in all languages, participants agreed that “fear was felt in one’s breath, chest, heart, and muscles” (Hupka et al 1996: 254). This phenomenon should be noted here as a possible explanation for why the *libbu*, whose physiological referent is somewhere in the belly or chest, is also the organ that experiences apprehension. The dual aspect of the *libbu* as physiological and psychological is further reinforced. As both mind and insides, be it the stomach, belly, innards, or heart, the *libbu* represents both the source and site of emotional upheaval.

7.1.2. Dejection

Various terms that can also represent depressed states are observed with two of the main symptoms under consideration: *ašuštu* “Depression” and *hīp libbi* “Heartbreak”.

For ease of reference and for review, the relevant core texts are excerpted here:

NÍG.ZI.[IR] ŠUB.ŠUB-*su* IGI.II-šú MÚD šu-un-nu-’-a ŠU^dAMAR.UTU *a-dir-ma*
GAM

Depres[sion] continually befalls him, (and) his eyes are bloodshot, Hand of Marduk; he will be worried and die.

(*ašuštu* 4 = SA.GIG 22, 35)

⁸. [DIŠ NÍG.Z]I.IR ŠUB.ŠUB-*su* ZI.MEŠ-šú GUR.MEŠ NINDA GU₇ KAŠ NAG-*ma*

⁹. ’ù-*a lib-bi i-qab-bi u uš-tan-na-aḥ* GIG *ra-mi* GIG *ana* NITA *u* MUNUS 1-
ma

⁸. If Depression (*ašuštu*) continually falls upon him, he continually *sighs* (lit. his breaths continually return); he eats bread and drinks beer but it does not go well for him,

⁹. (then) says ‘Oh, my *libbu!*’ and is dejected (*uštannaḥ*), he is sick with Lovesickness; it is the same for a man and a woman.

(*ašuštu* 2 = SA.GIG 22: 6-9)

DIŠ NA *ḥu-uš-ša* GAZ ŠĀ-*bi* u SAG.PA.LAGAB TUKU.MEŠ-*ši*

If a man continually has pain, Heartbreak and grief (*nissatu*)

(*Libbu* 4 = *BAM* 316 obv. iii 23')

Interestingly, emotional states are not organised with *tēmu šanû/nakāru* “The mind alters/changes” in the *Diagnostic Handbook*, although they do occur with *tēmu šanû* in therapeutic texts. That disturbances of emotion do not feature with *tēmu šanû/nakāru* “The mind alters/changes” supports the interpretation of this symptom as reflecting a disruption in thought and thought processes, rather than mood.

The relevant terms that describe depressed states with the core symptoms of *ašuštu* “Depression” and *ḥīp libbi* “Heartbreak” are *adāru* A “to be worried, disturbed, restless” (CAD A I 103), *šutānuḥu* (*anāḥu* Š₂) “to be dejected, in pain” (CAD A II 105 mng 6), and *nissatu* “grief, worry, depression” (CAD N II 274). The focus of this discussion will be *šutānuḥu* (*anāḥu* Š₂), as it provides further information about how dejected states may have been physically experienced.

7.1.2.1. *Šutānuḥu* (*anāḥu* Š₂)

This verb occurs in the Š₂ stem alongside *ašuštu* “Depression” in *ašuštu* 2 as part of the description of the illness, “Lovesickness”. As used in *ašuštu* 2, the verb is a

derived form of *anāḫu* A “to be tired, exhausted” (CAD A II 101).³⁷⁵ As Kouwenberg notes, the meaning of -tan- stem for this verb in the Št₂ as attested here likely derives from the taPRvs noun *tānīḫu* “weariness, hardship, fatigue” (Kouwenberg 2010: 409). Thus, from this noun comes the meaning of “to be dejected, in pain” (CAD A II 105).

In therapeutic texts, the verb appears with other mental symptoms, including unusual mental states. For example, one text groups together abdominal stress, pallor, and a darkened expression with several mental states, including *šutānuḫu*:

28^r. DIŠ NA GU₇ NAG-^rma^r ana UZU.BI NU *i-te₄-eḫ-ḫe za-mar* SIG₇
 29^r. *za-mar* SA₅ *za-mar pa-nu-šú iṣ-ša-na-al-li-mu*
 30^r. *ú-ta-ad-dar uš-ta-na^r-aḫ*
 31^r. *ana da-ba-bi ŠA-^ršú^r N[U ÍL-šú iš-š]u-^ruš^r*

28^r. If a man eats (and) drinks, but it does not approach his flesh, he is sometimes pale,
 29^r. sometimes red, sometimes his face becomes darker and darker,
 30^r. he is worried, he is depressed,
 31^r. his heart is not up to speaking, he is depressed.

(*CMaWR* 2.3, 28^r-31^r)

The verb appears alongside *adāru* Dt “to be worried, depressed, restless” (CAD I 104-105). In the basic stem, *adāru* can be used to describe heavenly bodies becoming obscured, and in the N stem can refer to eclipses. The juxtaposition of this verb with a darkened expression seems to deepen the description of the patient’s gloom, which is then paired with experiencing depression as *šutānuḫu*.

This symptom appears in another therapeutic text against witchcraft, part of which has been excerpted in connection with fear and anxiety. The diagnostic introduction for this therapeutic text includes numerous mental symptoms, including *šutānuḫu*:

³⁷⁵ For this meaning, see Heeβel 2000: 264; GAG §94e.

19. [NINDA u] KAŠ LAL *ana* MUNUS DU-*ka* LAL *ana* MUNUS ŠÀ-šú NU ÍL-šú
KA-šú BAD.BAD-*te*
20. *im-ta-nag-gag uš-ta-na-aḥ* [ir]-*ta* *na-aḥ-ḥi a-ḥu-lap-a* DU₁₁.GA.-*bi*

19. he has no desire for [bread and] beer, he has no desire to go to a woman, his “heart” cannot arouse him toward a woman; he babbles (lit. he continually opens his mouth);

20. he has repeated cramps, he is depressed (*uštannaḥ*), he continually pours out, he says, “Have mercy on me!”

(*CMaWR* 8.6: 19-21)³⁷⁶

In these lines, *šutānuḥu* appears amid descriptions of a reduced appetite for food and, euphemistically, sex; cramps; pouring out, which may refer to weakness and paralysis; and an exclamation of emotional distress.

In the philological introduction to *ašuštu*, as well as in the summary in Chapter 4, the overlap between concepts of exhaustion, stupor, and depression was briefly discussed. Indeed, the core texts for *ašuštu* “Depression” suggest that this term for a dejected state may include stupor-like states that accompany fevers. These points need not be repeated here, but a brief summary will show how the inclusion of *šutānuḥu* “to be dejected” further contributes to a picture of depression as both a psychological and physical state. Fatigue may have been associated with depression, and depression may have been experienced as fatigue.

The discussion of the logographic components of *ašuštu* “Depression” showed that the Sumerian verb *zi--ir* may originally derive its attested meanings of “to stifle the breath” (Jaques 2006: 225). In *ašuštu* 2, the core symptom of *ašuštu* as well as the verb *šutānuḥu* are configured with a symptom that focuses on the breath and that may describe sighing: ZI.MEŠ-šú GUR.MEŠ. Translated literally, this phrase means “his breaths

³⁷⁶ *AMT* 21/2: 19-21 and duplicates.

continually return” and the word for breath is written with the logogram that represents “breath” and that also forms part of the logographic writing of *ašuštu* “Depression”: ZI. Similarly, further along in SA.GIG 22, the verb *šutānuḫu* appears with another possible breathing-related symptom: [DIŠ u]š-ta-na-aḫ u i-na-iš GAM “If he is dejected, and he is *gasping for breath*, he will die” (SA.GIG 22, 73).³⁷⁷ The experience of depression, captured both by *ašuštu* and *šutānuḫu*, is associated with patterns of breathing.

Whether or not this medical explanation can help to account for the association of dejected states with breathing, the fact that the pattern is observed suggests that the experience of dejected and depressed states typically ran together with symptoms affecting the sufferer’s breathing. This physiological symptom helped to organise depression and provided a topos for its description in medical contexts. In the *Diagnostic Handbook*, depressed states, including the core symptom of *ašuštu*, can be experienced as fatigue and can be accompanied by unusual breathing or sighing.

7.1.3. Summary

Unusual mental and emotional states that are grouped with the core symptoms include fear and dejection. One pattern becomes apparent from the descriptions of dejection in the *Diagnostic Handbook* that may harken back to the original meaning of the logograms used to write the core symptom, *ašuštu* “Depression”. Symptoms relating to respiration help to organise feelings of dejection, which, furthermore, can be experienced as a stupor or fatigue. A second pattern that emerges from this discussion is that in supplementary medical texts, as well as non-medical texts, fear is consistently

³⁷⁷ Following Heeßel 2000: 257; Scurlock and Andersen 2005: 20.73.

grouped with *hīp libbi* “Heartbreak”, as well as dejected states. This concurrence suggests an overlap in the experience, observation, and subsequent description of these mental symptoms and, possibly, their concomitant physiological symptoms as they converge on the *libbu-as-insides* and *libbu-as-mind*.

The early history of “melancholy” relied on a similar grouping of emotional states that may be briefly mentioned to provide a parallel to clarify this overlap. While the term melancholy referred to a wide range of emotional variations,³⁷⁸ as a pathological condition, it included both anxiety and sadness: “prominence is given to a clustering of sadness, dejection, and despondency symptoms with fear, anxiety, and apprehension symptoms” (Radden 2009: 76).³⁷⁹ This clustering of symptoms around poles of sadness, on the one hand, and fear, on the other, in turn influenced modern biomedical conceptions of depressive and anxiety disorders (Radden 2009: 76). Based on patterns of description in the Akkadian diagnostic tradition, including diagnostic descriptions in therapeutic texts, a similar overlap between depression and anxiety may have shaped the experience of mental disorder.

³⁷⁸ See now Varga, S. “From Melancholia to Depression: Ideas on a possible continuity” (Forthcoming). Jackson makes the same observation in noting that during the many centuries of its use, the word *melancholia* may have “denoted a disease or a troublesome condition of sufficient severity and duration to be conceived of as a clinical entity; or it might have referred to a symptom within a cluster of symptoms that were thought to constitute a disease; or it might have been used to indicate a mood or emotional state of some duration, perhaps troublesome, certainly unusual, and yet not pathological, not a disease” (2008: 443). Here, melancholia and melancholy refer to the pathological state, or the disease, in early understandings of it from the 16th and 17th centuries in English.

³⁷⁹ Radden cites Timothie Bright (1550-1615), *The nature of melancholy*.

7.2. Behavioural Symptoms

7.2.1. Abnormal Language and Speech Behaviours

Mental states must be deduced from observable cues, and confused or unintelligible speech can signal a disturbance in thought or emotion. Speech symptoms form one category of symptoms that pervades descriptions of *ašuštu* “Depression” and *ṭēmu šanû/nakāru* “The mind alters/changes” in the diagnostic texts and that consistently appears alongside *ḥīp libbi* “Heartbreak” in therapeutic texts, which will be examined here to supplement the scant surviving references to this condition in the *Diagnostic Handbook*. To review, the types of speech and language behaviours recorded with the three core symptoms are primarily framed in five ways (A-E), and the relevant lines from the core texts will be excerpted in full for review and reference:

A. Speech that continually changes

DIŠ DU₁₁-šú KÚR.KÚR-[ir] u a-šu-uš-tu₄ ŠUB.ŠUB-su ana U₄.DU₁₁.GA-šú ana
U₄ 3-[KÁM x]

⁶⁴. If his speech continually chang[es] and Depression (*ašuštu*) continually befalls him for his designated day, on the thi[rd] day [...].
(*ašuštu* 1 = SA.GIG 7, 64')

[DIŠ UŠ₄]-šu MAN.MAN-ni DU₁₁.DU₁₁-šú KÚR.KÚR mim-mu-ú i-qab-bu-ú i-
ma-áš-šú IM ku-tal- 'li'

[If] his [mind] continually alters, and his speech continually changes,
whatever he speaks, he forgets, wind from the back.
(*ṭēmu* 1 = SA.GIG 22, 49)

⁵⁵. DIŠ UŠ₄-šú KÚR.KÚR-šú ŠU ^dUTU AZAG GU₇ ʿ DIŠ NÍ-šú i-^{hi-pi eš-šú} GAM

⁵⁶. DIŠ AL.ZU.BI NAM.BA.ZU.BI u DU₁₁-šú KÚR.KÚR-ir GAM

⁵⁵. If his mind continually changes, Hand of Šamaš, he has committed (lit. consumed) a taboo; if his self [new break], he will die.

⁵⁶. If he does not recognize his acquaintance, and his speech continually changes, he will die.

(*Tēmu* 2 = SA.GIG 22, 55-56)

^{13r}. [] ʾDABʾ-su KÚR.KÚR-ir ʾ UŠ₄-šú KÚR.KÚR-ir ŠU^dXXX []

^{14r}. [] *u da-bab-šú* KÚR.KÚR-ʾirʾ U₄ 3-KÁM GIG ʾŠU^d[]

^{13r}. [...] his seizure continually changes; his mind continually changes,
Hand of Sîn [...]

^{14r}. [...] and his speech continually changes, he will be sick (for) three
days, Hand of (the god) [...]

(*Tēmu* 7 = SA.GIG 19/20, 13'-14')

B. Speech or tongue that wanders

[DIŠ UŠ₄]-šu MAN.MAN-šu *u* EME-šú *ir-ta-nap-pu-ud* GAM

[If] his [mind] continually alters, and his tongue continually wanders, he
will die.

(*Tēmu* 1 = SA.GIG 22, 48)

C. Speech that continually stops

DIŠ UŠ₄-[šú MAN[?].(MAN[?])-šu] ʾINIMʾ.MEŠ-šú *it-te-né-ep-rek-ka-a* GIDIM *mu-šam-šu-ú* DAB-*su*

If his mind [(continually) alters (and)] his words continually stop, a Ghost
Wandering at Night has seized him,

(*Tēmu* 1 = SA.GIG 22, 51)

DIŠ UŠ₄-šú KÚR-ʾirʾ ʾxʾ x *ud* INIM.MEŠ-šú *it-te-né-ep-rek-ka-a* GIDIM₇ *mut-tag-gi-šú* DAB-*su*

If his mind is changed, ... his words continually stop, a Roaming Ghost
has seized him,

(*Tēmu* 2 = SA.GIG 22, 53)

D. Forgetting one's speech or words

[DIŠ UŠ₄]-šu MAN.MAN-*ni* DU₁₁.DU₁₁-šú KÚR.KÚR *mim-mu-ú i-qab-bu-ú i-ma-áš-šú* IM *ku-tal-ʾliʾ*

[If] his [mind] continually alters him, and his speech continually changes,
whatever he speaks, he forgets, wind from the back

(*Tēmu* 1 = SA.GIG 22, 49)

E. Talking to oneself

⁶. DIŠ iš-ta-na-¹i-i KA ŠUB.ŠUB-su KI ŠÀ-šú DU₁₁.DU₁₁-ub šu-uḫ la pak-ki iš-še-
né-eḫ

...

⁸. DIŠ NÍG.ZI.IR ŠUB.ŠUB-su ZI.MEŠ-šú GUR.MEŠ NINDA GU₇ KAŠ NAG-ma
UGU-šú NU DU-ak

⁶. If he continually flutters about, speech continually fails him (lit. falls),
he continually talks with himself, he continually laughs foolishly;

...

⁸. If Depression (*ašuštu*) continually falls upon him, he continually sighs
(lit. his breaths continually return); he eats bread and drinks beer but it
does not go well for him

(*ašuštu* 2 = SA.GIG 22, 6, 8)

The last of these, soliloquy or talking to oneself, which is paired in *ašuštu* 2 with the speech continually failing, will not be discussed in detail here, save to be noted, as it further illustrates the salience of speech-related topoi in descriptions of disordered cognition and emotion.

In modern studies of psychiatry, the importance of speech behaviours as reflective of inner mental states has been noted in connection with various psychiatric illness, such as schizophrenia (DSM V: 99), and manic and hypomanic episodes of mood disorders (DSM V: 124, 128). In a chapter on the tools and methods of psychiatry in *Essential Psychiatry*, the connection between abnormal speech and inner disturbances is clearly articulated:

Thought can never be directly observed. The attempt to study it must therefore rely on language in the form of speech, writing or other symbolic creation... The entrenched tradition of speaking of thought disorder, when actually confronted with disturbed language, rests on the assumption that language directly mirrors thought. (Mullen 2008: 31)

Early conceptions of schizophrenia relied on disturbances in speech as a window onto the changes in a patient's thoughts and thought processes. In early 20th century psychiatry, language was considered the locus of the patient's relationship to the external world. Disruptions in language and speech, therefore, became "the central marker of the schizophrenic thought process" (Gilman 2008: 467).³⁸⁰ Recent conceptions of schizophrenia continue to emphasise disturbances in speech as a reflection of disorganised thought and thought processes (DSM-5: 88).³⁸¹ The uniquely human aspects of language have also been used to justify the focus on this behaviour in making psychiatric diagnoses and in making diagnoses of schizophrenia in particular.³⁸²

In the Akkadian corpus, there is parallelism in the way that disordered thought (e.g., *ṭēmu nakāru*) and disordered language or speech (e.g., *dabābu nakāru*) are described. The overlap in the choice of language may suggest that, similarly to the way this is conceptualised in early and modern conceptions of schizophrenia and thought disorder, the external symptom reflects a parallel internal disturbance. With respect to a medical tradition chronologically and geographically closer to the Akkadian one, Geller notes that "older parts of the Hippocratic corpus described the diseased mind as exhibiting characteristic types of behavior or exaggerated moods and emotions, or

³⁸⁰ See §7.4.1. See also Andreasen and Grove 1986.

³⁸¹ On the relationship between Thought Disorder and Speech Disorder in schizophrenia, see also Docherty 2005.

³⁸² For example, Crow (1997, 1998) who proposes that the uniquely human aspects of language are what make it central to the etiology of schizophrenia (cited in DeLisi 2001: 481). See also Crow 2000.

speaking more aggressively or greeting people more warmly than warranted the occasion” (2010a: 33). Although the distinction between mind and body in the Hippocratic corpus was more pronounced than in the Akkadian medical texts, this parallel is worth noting.³⁸³

However, disorganized language and speech or abnormal speech behaviours are not uniformly connected with disordered thought in the Akkadian medical corpus. In fact, speech and language behaviours occur with a variety of symptoms throughout diagnostic texts. A discussion of the concurrence of disorganized speech with depressed, anxious, and psychotic states must therefore begin with some preliminary comments on the symptom category as it fits into diagnostic descriptions more generally before turning to its concurrence with mental symptoms. The first part of this sub-section will give a brief overview of the types of speech symptoms present in the *Diagnostic Handbook* in order to provide a backdrop for the discussion of such symptoms as they occur alongside the core symptoms. The second part will address the five types of speech behaviours recorded with the core symptoms of this investigation in order to establish the importance of speech and language symptoms in patterns for the expression of mental disorder.

7.2.1.1. Speech Behaviours as General Symptoms

Speech-related symptoms are described in several ways throughout the Akkadian medical corpus. This suggests recognition of the capacity for speech as category of experience subject to disturbance and disability – and therefore, as a category of symptom descriptions – and, further, an awareness of subtle differences in the level or

³⁸³ See Freed 2012: 3-5 for an overview of disturbances in speech recorded in the Hippocratic corpus.

type of inarticulate speech. A brief look at the different models for the description of speech acts and behaviours in the *Diagnostic Handbook* will provide a background to a discussion of the way these are configured with mental symptoms. Descriptions of speech and language phenomena in the *Diagnostic Handbook* may be divided into three broad categories: first, verbs that denote speech acts, or the production of sound by means other than speech; and second, verbal phrases, in which the subject is a body part responsible for or associated with speech (e.g., *pû* “mouth”). A third category in which such behaviours are described with reference nouns that denote speech acts or their products (e.g., *dabābu* “speech”) will be discussed in relation to the core symptoms of this study, given that this seems to be the prevalent method of denoting disturbances in speech with mental symptoms.³⁸⁴

7.2.1.1.1. Speech Verbs

The first category, verbs that designate speech acts and sound production, includes *dabābu* G “to speak”, *labû* G “to howl, growl, groan, cry out” (CAD L 35), *šasû* “to shout, make a loud noise, to utter a cry; to exclaim” (CAD Š II 146f.) and to some extent *qālu* “to pay attention, be silent”. The verb *dabābu* occurs in at least 23 entries as a verb, usually in the Gtn,³⁸⁵ and can be qualified with respect to the tone or frequency of speech. For example, a patient may be described as talking excessively with the adverb

³⁸⁴ It is not my suggestion that these three categories reflect ancient classification, nor is it my aim to reconstruct a typology of language and speech symptoms in the *Diagnostic Handbook*. These three categories serve only to organise the discussion in this sub-section, and to draw attention to the range of speech-related behaviours and their configuration in symptom descriptions in the *Diagnostic Handbook*.

³⁸⁵ As a general observation, *dabābu* usually occurs in the Gtn spelled logographically DU₁₁.DU₁₁(-ub). SA.GIG 13, 143'; 15, 13'; 17, 17, 35, 40, 55-56; 19, 42; 22, 5-6, 16-18; 26, 24'-25', 65', 67' (with oneself), 73', 75', 78', 82'; 27, 22-23.

magal “very (much)” (CAD M I 28) (e.g., *ma-gal* DU₁₁.DU₁₁, SA.GIG 26, 78' and 82')³⁸⁶ or not talking (e.g., NU DU₁₁.DU₁₁-*ub*, SA.GIG 27, 22). Reference to excessive speech forms part of a description of restless behaviour or agitation that appears in SA.GIG 26 amid descriptions of epilepsy, though not as part of a fit, as in an entry that pairs fear with psychomotor agitation and excessive speech, which was discussed above: DIŠ *pa-riid-ma it-te-né-et-bi ma-gal* DU₁₁.DU₁₁-*ub* u^r *ig-da^r-na-al-lu-^rut^r* “If he is afraid, he continually gets up, he continually talks very much, and he is repeatedly terrified” (SA.GIG 26, 82'). Muteness, on the other hand, does appear in descriptions of an epileptic fit. Relating to the tone of speech, the adverb *pariš* may modify this verb in the context of terror and epigastric symptoms (*par²-di-iš* DU₁₁.DU₁₁-*ub*, SA.GIG 13 143'; Scurlock and Andersen 2005: 13.264). A patient can also be described as talking without being aware of it together with physiological symptoms relating to the lower stomach and bellybutton (e.g., *ina* NU ZU-*e* DU₁₁.DU₁₁-*ub*, SA.GIG 11, 9 and parallel 15, 13'). Thus, *dabābu* “to speak” is a flexible symptom that can be modified in different ways and, depending on its character, organised with a variety of symptoms and disorders.

Two verbs that denote yelling or crying out also appear frequently in the *Diagnostic Handbook*: *šasû* G “to shout, make a loud noise, to utter a cry; to exclaim”, appears at least 42 times,³⁸⁷ and *labû* G “to howl, growl, groan, cry out” appears at least nine times.³⁸⁸ Whereas the semantic range of *šasû* allows for it to include speech acts, such as crying out specific words or phrases, the more restricted sense of *labû* as a sound may account for its less frequent appearance. In some cases, crying out or moaning seems

³⁸⁶ Note other possible nuances of the symptom of *magal idanabbub*, discussed in Chalendar 2013: 26-27.

³⁸⁷ Written logographically (GÜ; GÜ.GÜ-*si*) and syllabically, it is attested in SA.GIG 13 139'-153'; 14, 138'; 15, 38', 58', 81', 88'-90'; 16, 2, 9, 42', 80'; 17, 15, 18-20, 85; 26, 64', 66', 77', 86', 88'-89'; 29, 24.

³⁸⁸ SA.GIG 16, 8; 17, 14; 22/1, 58; 26, 23', 77'; 27, 28; 31, 50', 52'.

to form a key diagnostic feature – that is, a symptom whose presence or absence determines the diagnosis – suggested by the placement of the symptom at the head of the protasis (e.g., SA.GIG 17, 14-15). Other cases seem to include the symptom as an expression of the patient’s anguish or pain. The verb *šasû* figures in descriptions as a way of localising this pain, as in Tablet 13 in which a patient is described as crying out, “My insides! My insides!” (*libbī libbī* in SA.GIG 13 139'-153'; 26, 66'). Along these lines, *šasû* is also used with *ū'a*, a well-attested expression of anguish and distress in non-medical texts (SA.GIG 26, 77'). Other phrases that denote lamentation and anguish also appear in diagnostic descriptions, such as *aḥulapšu* “(an exclamation used to express or seek compassion)” (CAD A I 213-214) (SA.GIG 14, 53'-54').

7.2.1.1.2. Speech Organs

With respect to the second category, verbal phrases in which the subject is an organ of speech or sound production, this method of description is especially observed with the mouth (KA = *pû*). The pairing of KA with *šabātu* “to seize” has some implications for the study of speech behaviours and occurs in numerous diagnostic contexts. In descriptions of stroke (*mišittu, šipir mišitti*), for example, the mouth is described as seized or contorted in some way (e.g., *nabalkutu* “roll, turn over”; *ebētu* “to bind”, “to swell”). Such descriptions likely refer not to a speech behaviour but to actual paralysis of the mouth.

Mouth paralysis figures consistently in descriptions of stroke in both diagnostic texts and diagnostic descriptions in therapeutic texts. An entry from a text that forms part of the therapeutic sub-series *šumma amēlu muḥḥašu umma ukâl* “If a man’s head has

fever”, has *šipir mišittu* “stroke”³⁸⁹ as the subject that seizes the mouth: *ana ʿKINʿ mi-šit-tu₄ šá KA-šú DAB.DAB-tu₄* (*SpBTU* I 46, 33).³⁹⁰ The commentary to that text links seizure of the mouth to *rābišu*, a demon associated with stroke (*SpBTU* I 47: 13). However, seizure of the mouth is not always linked to stroke. In fact, SA.GIG 17, 29-31 has *KA-šú DAB-ma* as part of the protasis but specifies in the apodosis that the disease is *ul mi-šit-tu₄* “not a stroke”. Indeed, Kinnier Wilson and Reynolds caution against restricting the meaning of this symptom too narrowly: as a basic term, aphasia had other causes than stroke; mutism and aphasia may have occurred simultaneously or coincided; and mouth seizure in epilepsy may have referred to silence following a seizure due to dysphasia, dysarthria, drowsiness, or physical and mental exhaustion (2007: 74; 1990: 197). For example, a seized mouth is paired with roaring ears and silence in descriptions of an epileptic fit in SA.GIG 27, 21-23. These lines also make clear the connection between a mouth that is seized and the inability to speak (*KA-šú DAB-ma NU DU₁₁.DU₁₁-ub*).

The loanword *kadabbedū*³⁹¹ “seizing-of-the-mouth”, which often appears in therapeutic texts, can be taken in a less literal sense. With respect to magic that brought this condition upon a person, Abusch and Schwemer note that like *dibalū* “distortion-of-justice” magic, *kadabbedū* “seizing-of-the-mouth” magic “made its victim helpless and

³⁸⁹ It is generally accepted that the Akkadian terms *mašādu* and its derivative noun *mišittu* describe stroke and paralysis, and in their study of stroke and facial paralysis, Kinnier Wilson and Reynolds take the precise medical term for stroke to be *šipir mišitti*, which may refer literally to an attack or fit of paralysis (2007: 69-70). Their understanding of *šipru* as referring to a fit or attack is based on Meier’s interpretation of the term as used in a therapeutic text from Boghazköy (KUB XXIX 58 + 59 + 167/c with KUB XXIX 60) published in *ZA* 45. The relevant passage deals with symptoms and the course or unfolding of *li’bu* fever: *li-’ba dá-an-na ù zu-’-ta-am / ma-’-tam TUKU.TUKU-ši / si-li-’-ta-šu ú-ta-ar-ri-ik-ma / [...] it-ta-dim-šu / e-nu-um-ma ši-pi-ir-šu i-šab-bá-tu-šu* (Meier 1939: 208, lines 18-22). See more recently Beckman 2007. See also Reynolds and Kinnier Wilson 2004: 599.

³⁹⁰ Identical to the protasis of a line in a therapeutic text for stroke (K 2418 + iii 36). Kinnier Wilson and Reynolds interpret the D stem of *šabātu* in such contexts as the intensive, “has permanently seized” (2007: 70).

³⁹¹ From KA.DAB.BID.DA or KA.DAB.BÉ.DA (*šibit pi*), which may be a Sumerian loanword or an artificial Sumerian rendering of the Akkadian phrase within rubrics from which technical terms are derived (*CMaWR*: 3).

unable to defend himself before judges and superiors generally” (*CMaWR*: 3).

Descriptions in the *Diagnostic Handbook* bear this observation out. For example, a seized mouth is described with fear in SA.GIG 17, 83-85. Abusch and Schwemer further note that “seizing-of-the-mouth” magic was also blamed for actual speech disorders (*CMaWR*: 3).

Conversely, the mouth is also described as continually being opened, which may refer to an involuntary motion or to speech (SA.GIG 17, 69-70; 29, 87'). In SA.GIG 17, 70, the former explanation of involuntary motion seems more likely as it is paired with *palms* that are continually opened, perhaps a sympathetic motion. The mouth can also be described as strong enough (*danānu*) for speech. That this capacity is recognised suggests awareness that speech ability is an important clinical phenomenon and diagnostic indicator (SA.GIG 17, 55-57).

7.2.1.1.3. Summary

To summarise this brief typology of speech symptoms, the *Diagnostic Handbook* indicates an awareness of differences in speech symptoms. Such symptoms are described in varying ways and to varying degrees depending on the illness of which they form a part. To return to the symptoms under investigation in this study, speech-related symptoms are observed with all three terms, *ašuštu* “Depression”, *hīp libbi* “Heartbreak”, and *ṭēmu šanû/nakāru* “The mind alters/changes”. The following section will discuss speech behaviours and topoi in the *Diagnostic Handbook* and supplementary therapeutic texts, as they appear with the core symptoms according to the five groupings (A-E) given above.

7.2.1.2. Speech Behaviours as Mental Symptoms

7.2.1.2.1. Speech that continually changes

The paradigm of change seems to have been favoured as a way to describe disturbances in speech patterns and, by extension, mental disturbance, best exemplified in the word choice of the idiom that describes madness and going mad. Changed speech and/or words appears in four entries excerpted in the core texts, in which only the verb *nakāru* is used to describe changes in speech in these texts: *ašuštu* 1 (SA.GIG 7, 57'); *Ṭēmu* 1 (SA.GIG 22, 49); *Ṭēmu* 2 (SA.GIG 22, 55-56); and *Ṭēmu* 7 (SA.GIG 19/20, 14'). The prominent and frequent distribution of this symptom with *ṭēmu šanû/nakāru* “The mind alters/changes” becomes immediately apparent from this list, though it is also observed with *ašuštu* in the *Diagnostic Handbook*.

The meaning of the verb *nakāru* does little to clarify the meaning of this idiom. The CAD translates the idiom of *dabābšu nakāru* as “to talk senselessly” (CAD N I 163). The verb *nakāru* can mean “to change, become different, become strange” (CAD N). Thus, speech may be described as changing or becoming strange. Because the concept of change can include or imply the idea of becoming different or strange, the more broad translation of “to change” should be retained.³⁹² A possible nuance to consider is that the use of *nakāru* with speech implies specifically a change for the worse. In non-medical contexts, the verb is also used with reference to omens that bode ill, as in Episode 6 of the Babylon texts of Esarhaddon: [x x x] K1 *mit-ḥa-riš it-ta-nak-ki-ra i-da-a-ti-šá* “in the same way its signs continually change for the worse (i.e., become increasingly ill-

³⁹² See Chalendar 2013: 24 for further discussion of the meaning of *nakāru*.

portending)” (Borger Esarh. 14, Episode 6: 13).³⁹³ If this nuance in meaning is intended, the idiom may simply describe a noticeable degradation in the intelligibility or coherence of speech.

Any understanding of the phrase “his speech continually changes” must take into account that this behaviour can also occur with a number of physiological symptoms. In SA.GIG 7, 59'-85' (Labat's numbering; see also Scurlock and Andersen 2005: 595), each entry appears with the primary symptom of DIŠ DU₁₁-šÚ KÚR.KÚR-ir “If his speech continually changes”. The secondary symptoms that are organised with this behaviour range from fevers and vomiting to alcohol consumption. The following table summarises the secondary symptoms (or symptoms that represent variables on the first, primary symptom introduced in the protasis) and, where available, the prognoses and diagnoses, which can include information about the aetiology for a particular set of symptoms.

Table 8 Symptoms with changed speech in SA.GIG 7

Line	Secondary Symptom 1	Secondary Symptom 2	Prognosis	Diagnosis
59'- 60'	his mouth [x]	“wandering- about-regularly” disease	on the 3 rd day [x]	
61'	vomit green substance	flesh turns yellow	on the 3 rd day [x]	
62'	fever continually seizes him	wandering	on the 3 rd day [x]	
63'	terror?		on the 3 rd day [x]	

³⁹³ Following Borger 1956: 14; Leichty 2011: 116, 12. See Borger 1956: 10-11 for manuscripts. See CAD N I 164 for this translation.

64'	continual depression		on the designated day, on the 3 rd day [x]	
65'	weeping constantly		on the designated day, on the 3 rd day [x]	
66'	continual blood from mouth	intestines raised	on the 10 th day	
67'	continual gas	vomiting	on the 10 th day	
68'	continual fever		on the 10 th day	Hand of Ninurta
69'	continually asking for beer		on the 10 th day	
70'	continually asking for wine		on the 10 th day	
71'	drones		on the [x] day	
72'	[x]	continual crying out	[x]	[x]
73'- 76'	[x]	[x]	[x]	Hand of Ninurta [x]
77'	return	[x]	[x]	[x]
78'	<i>piles of</i> [x]	[x]	[x]	[x]
79'	speaks hoarsely?	[x]	[x]	[x]
80'- 85'	[x]	[x]	[x]	[x]

The variety of symptoms that are observed with changed speech in these entries suggest that the type of behaviour described can be organised with different types of ailments.

Speech seems to play an important diagnostic role in different contexts, as evidenced by the typology of speech symptoms offered above. For example, with fever,

speech that changes or becomes strange can indicate delirium, whereas with asking for alcohol consumption, it may simply indicate drunkenness. When paired with *ašuštu* “Depression”, weeping constantly, and “wandering-about-regularly” disease,³⁹⁴ it may indicate a cognitive or emotional disturbance. That changed speech is grouped with numerous physiological problems does not detract from its status as a mental symptom in diagnostic descriptions that have a strong mental component. As the primary symptom in *ašuštu* 1 (SA.GIG 7, 52' ff.), changed speech provides an anchor for an array of other symptoms, including *ašuštu* “Depression”.

The distribution of this symptom with descriptions of *tēmu šanû/nakāru* “The mind alters/changes” is far more prevalent in the *Diagnostic Handbook* and deserves close analysis. Changed speech appears as an additional symptom in *Tēmu* 1 and *Tēmu* 2 in which going mad is the primary symptom. Its placement immediately after the primary symptom of *tēmu šanû* in *Tēmu* 1 (SA.GIG 22, 49) may suggest it has a hierarchical importance in patterns of description of the experience of going mad or deranged as expressed by the core symptom of *tēmu šanû/nakāru* “The mind alters/changes”. The symptom *tēmu šanû* appears with disorganised speech in therapeutic texts, including *BAM* 202, which mentions both *tēmu šanû* and *demmakurrû*:

1. DIŠ NA DIM[MA_x.KÚR].¹ RA² DAB-su tē-en-šú³ iš³ [ta-nu]
2. a-ma-tu-šú³ KÚR.KÚR-ru [tē]-em³ šu³ šUB³. [šUB-su u]
3. ma-gal DU₁₁.DU₁₁-ub a-na tē-me-šú tur-ru³ [šú]

1. If a man, *dem[makur]û* has seized him, his mind continu[ally] alt[ers],
2. his words continually change, his [mi]nd (*tēmu*) continually fa[lls, and]
3. he continually talks very much; in order to restore his mind to [him]

³⁹⁴ See §7.2.2.

(*BAM* 202, obv 1-3)³⁹⁵

In this text, the mental states of derangement, expressed through *dem[makur]û* and *ṭēmu šanû*, and possibly depression, expressed with *ṭēmu maqātu*, lit. “the mind falls”,³⁹⁶ are paired with two speech symptoms: words that change and talking too much.

Chalendar’s interpretation of the symptom of *amâtūšu ittanakkirû* “his words continually change” in line 2 raises the possibility that aggression might be intended, conveyed by one of the nuances in the meaning of the verb *nakāru* (2013: 24). In her analysis of this symptom, she offers three possible interpretations of what this change may refer to. The expression may describe a change in the words themselves that suggests “une instabilité dans le discours” whereby the meaning of the words seem unrelated to one another and lead to incoherence (Chalendar 2013: 24). Alternatively, speech may simply be different from the patient’s habitual behaviours: “ses paroles sont modifiées, inhabituelles, différentes, de telle sorte que l’interlocuteur ne reconnaît pas le patient” (Chalendar 2013: 24). Finally, the change may refer to intelligibility (Chalendar 2013: 24).

Nuances in the meaning of words (*amātu*) that continually change as proposed by Chalendar may extend to the topos of speech (*dabābu*) that continually changes, which is attested in the *Diagnostic Handbook* with the core symptoms. In particular, the types of incoherence suggested in her study may be further explored with reference to parallels from other medical traditions. To understand its character in such contexts, and in particular with the core symptoms of this study, it is useful to investigate parallels from

³⁹⁵ Duplicate *STT* 286, 14-17. See now Chalendar 2013 for an edition and study of this text. See also Steinert 2012: 391f.; Stol 2009: 2.

³⁹⁶ See §6.1.1.3.

symptom descriptions in other medical traditions, including biomedicine. Although it is not the present intention to equate the Akkadian expressions with any of these parallels, modern categories of speech disturbances, especially those recorded with psychiatric illness, may offer some possible ways to account for this phrasing and to explain the phrase's meaning.

Modern diagnostic criteria for disorganised thinking and speech provide a number of ways to elucidate the types of behaviour or behaviours described by the phrase, "his speech continually changes". One way to interpret this Akkadian symptom focuses on the form of speech, wherein the sentences themselves are agrammatical; speech is disorganised at the level of grammar, syntax, and structure, rather than content. According to such an interpretation, words or phrases may be strung together without reference to an overall sentence structure. Modern diagnostic criteria for schizophrenia include a type of speech symptom referred to as incoherence or "word salad", in which speech is "so severely disorganized that it is nearly incomprehensible and resembles receptive aphasia in its linguistic disorganization" (DSM-5: 88). In one articulation of the Scale for the Assessment of Thought, Language, and Communication (TLC), incoherence is described thus:

Sometimes the disturbance appears to be at a semantic level, so that words are substituted in a phrase or sentence so that the meaning seems to be distorted or destroyed... Sometimes "cementing words" (coordinating and subordinating conjunctions such as "and" and "although"; adjectival pronouns such as "the," "a," and "an") are deleted. (Andreasen 1986: 477)

Incoherence refers to a phenomenon that takes place within the level of a sentence or clause or between clauses.

Speech that continually changes may also refer to its content. Grammatically and syntactically, the sentences uttered by the patient are correct, but the sequence or content of thoughts being expressed are muddled; in other words, although strung together in grammatically correct sentences, the content of speech lacks coherence. In modern diagnostic criteria for thought disorders observed as part of schizophrenia, several distinctions in this level of disorganisation in speech content offer some insights. Derailment, which also includes *loose associations* or *flight of ideas*, describes “a pattern of spontaneous speech” in which a patient moves from one topic to another often enough as to yield disjointed speech that fails to bring a train of thought to completion (Andreasen 1986: 476).³⁹⁷ The features of this type of disorganised speech are set forth thus in the aforementioned TLC:

Things may be said in juxtaposition which lack a meaningful relationship, or the patient may shift idiosyncratically from one frame of reference to another. At times there may be a vague connection between the ideas, and at others none will be apparent...Perhaps the commonest manifestation of this disorder is a slow, steady slippage, with no single derailment being particularly severe so that the speaker gets farther and farther off the track with each derailment without showing any awareness that his reply no longer has any connection with the question which was asked. (Andreasen 1986: 476)

The idea of shifting topics, or of introducing topics seemingly unrelated to the original train of thought, is well-suited to a paradigm of change: the patient in the Akkadian diagnostic texts continually changes topics. Flight of ideas refers to a derailment that occurs rapidly, which will be taken up in the following section with reference to a wandering tongue. The symptom of speech that continually changes, as described in the

³⁹⁷ On derailment and loose associations, see also DSM-5: 88; Docherty 2005: 270; Gelder 2006: 15.

Akkadian medical diagnostic tradition, may capture communication behaviours that bear similarities to various forms of disorganised speech.

7.2.1.2.2. Speech or tongue that continually wanders

If changed speech is understood to describe the level of coherency in the content of speech, it may be compared with at least one understanding of a tongue that continually wanders, which is organised with *ṭēmu šanû/nakāru* “The mind alters/changes” in the *Diagnostic Handbook*. The same parallels from modern descriptions and categories of disorganised language and speech offered to aid in our understanding of the concept of changed speech may be extended to the metaphor of a tongue that continually wanders. From the word choice, it is likely that the two symptoms of “his speech continually changes” and “his tongue continually wanders” refer to different behaviours. Unlike speech that continually changes, this particular figure of disorganised speech seems only to occur in SA.GIG 22 with descriptions of *ṭēmu šanû/nakāru* “The mind alters/changes” (i.e., *Ṭēmu* 1 and 2). As “change” is associated with mental disturbance, evidenced most prominently in the expression *ṭēmu šanû/nakāru* “The mind alters/changes”, so is wandering.

The connection between wandering (*rapādu*) and mental disturbance will be discussed in greater detail below (§§7.2.2 and 7.4.1), but a brief note about its status as a mental symptom may be noted here to highlight the importance of the word choice. Whereas with disturbances in mood and in some entries that describe disturbances in thought, the patient himself wandered about, in *Ṭēmu* 1 and 2, the activity applies not to the movements of the patient, but to those of his tongue (*lišānšu*). When the literal tongue

is the referent of *lišānu* (EME) in the *Diagnostic Handbook*, as well as therapeutic texts and physiognomic omens, this organ is usually described with reference to physical features, such as colours, or physical effects, such as being swollen or twisted (see CAD L 210). However, the Akkadian word *lišānu* (EME) can also serve as a metonym for language or speech (CAD L 212-213), so the patient's speech, rather than literally his tongue, may be the subject of the wandering.³⁹⁸

One possible interpretation of this topos is that it refers to speech that is unintelligible on a very basic level, which may indeed be due to a problem with the physical tongue; in other words, the patient has trouble forming words at all, which could have been the result of impaired hearing or a speech impediment. The resulting inarticulate speech may have sounded like senseless babbling, which may have been associated with a wandering tongue. If such a meaning were intended, it is more likely that the description of the defect would follow the pattern of those used to describe speech problems associated with stroke, epilepsy, or deafness, but it does not.

A second and, in my view, far more likely alternative takes the wandering to apply to the content of a person's speech; as such, it may refer to incoherent or illogical discourse that reflects a loss or breakdown in the normal structure of thinking. The two types of disorganized speech noted above for changed speech are worth noting in connection with a wandering tongue: incoherence and derailment. As with the abovementioned types of disruptions in normal thinking processes reflected in speech, these types of speech behaviour may be characterized by grammatically and syntactically

³⁹⁸ A similar idiom that associates wandering not with the tongue, but with the mouth (KA) possibly occurs in one other entry in the Handbook: DIŠ KI.MIN-*ma* ŠU.II-šú u GİR.II-šú [] 'x' KA-šú *ú-rap-pad ina* AN.BAR₇ SIG-*iš* ŠU^dXX[X? GAM] "If *ditto*, his hands and his feet ... his speech wanders, and he is struck at midday, Hand of Sî[n?], he will die]" (SA.GIG 15, 21'; Heeßel 2000: 151; Scurlock and Andersen 2005: 14.38, 19.145). Unfortunately, little is illuminated by this occurrence.

correct communication, though the speaker may wander from theme to theme, or experience intrusive thoughts, to a more severe degree than with changed speech.

A third type of disorganized speech known as flight of ideas involves, like derailment, abrupt changes in topic; however, in flight of ideas, these changes are usually based on oblique associations (Andreasen 1986: 476).³⁹⁹ Flight of ideas is characterized by the *speed* of a person's speech, which witnesses an accelerated tempo, and a person moves from one topic to another too quickly to bring a train of thought to completion (Gelder et al. 2006: 15; Andreasen 1986: 476). The DSM-5 defines it as an almost “continuous flow of accelerated speech with abrupt changes from topic to topic that are usually based on understandable association, distracting stimuli, or plays on words” (DSM-5: 821). Speech may even be disorganized and incoherent in a severe enough occurrence of flight of ideas. The following description from a modern textbook on psychiatry clarifies the “wandering” nature of this symptom:

The relationship between statements is disrupted by this chaos of association, and the progress of speech ceases to be guided by the unfolding of a train of thought and comes under the influence of this plethora of connections. The excited speech wanders off the point following the arbitrary connections, and the coherent progress of ideas tends to become obscured. (Mullen 2008: 34)

While I do not propose to equate flight of ideas, derailment, incoherence, or even unintelligibility to the symptom or symptoms described by the Akkadian expression “his tongue/speech wanders”, I raise these parallels in an effort to account for the meaning of the phrase when paired with *ṭēmu šanû/nakāru* “The mind alters/changes”.

³⁹⁹ A distinction is not always made between derailment, flight of ideas, and loose associations in modern biomedical diagnostic contexts. See Andreasen 1986: 476.

7.2.1.2.3. Speech that continually stops

In the case of interrupted speech, translated in the core texts as “his words continually stop”, the subject of the expression is the words (INIM.MEŠ) themselves. This symptom occurs in three of the core texts for the symptom *ṭēmu šanû/nakāru* “The mind alters/changes”: *ṭēmu* 1; *ṭēmu* 2; and *ṭēmu* 6. This formula for the description of interrupted speech appears only in a few other entries in the *Diagnostic Handbook*; however, a look at these attestations may contribute to present understandings of the type of speech or language behaviour described by this phrase.

Another occurrence of the symptom of interrupted speech using the verb *naparkû* gives an aetiology of witchcraft, and the entry appears just before those for Lovesickness (*ašuštu* 2): DIŠ *ina* DU₁₁.DU₁₁-šú *it-te-né-ep-rek-ku* NA BI *ana maš-tak-ti kiš-pu šu-kul* “If, in his speech, he continually stops, that man, in order to check, he has been made to consume witchcraft” (SA.GIG 22, 5).⁴⁰⁰ This entry, however, contributes little further to our understanding of the character of this interruption in speech, since no additional symptoms are described, nor is a disease name given. The aetiology may provide a clue, since witchcraft is given as a cause for several mental symptoms in this study, but it is also blamed for a host of other types of symptoms.

Two entries from SA.GIG 3 include this symptom in the protases, though both entries are missing parts of the verb *naparkû*, in the context of complaints that suggest agitation or fear.

⁴⁰⁰ Following HeeBel 2000: 251.

DIŠ SAG.DU-*su* ŠU.II-*šú u* GÌR.II-*šú 1-niš i-tar-ru-ra ina* KA-*šú át-mu-šú it-te-né-ep-ṛek*³ ṛ-[*ku x x x x x x*] ṛ'x'

If his head, hands, and feet are shaking at the same time, in his mouth, his words continually stop ...

(SA.GIG 3, 49)⁴⁰¹

DIŠ SAG.DU-*šú* ŠU.II-*šú u* GÌR.II-*šú i-rat-tu-ta* KA-*šú ana* DU₁₁.DU₁₁ *da-an it-te-né-ep-ṛek* [*x x x x*] ṛ'x'

If his head, hands, and feet are trembling, his mouth is strong enough to speak but it continually sto[ps ...]

(SA.GIG 3, 52)⁴⁰²

In a medical commentary to SA.GIG 1-3, the expression is explained with reference to weeping. The relevant line reads: *ina* DU₁₁.DU₁₁-*šú ib-ta-nak-ki* “in his speech, he is continually crying” (STT 403: 43). Heeßel explains this as the patient’s being unable to speak clearly and freely, which may indeed be due to a cognitive or emotional disturbance (2000: 263).⁴⁰³

It is not difficult to envision that a trembling or shaking person would correspondingly have trouble speaking, even if the speech-related symptom were not related to a thought disorder. In these two occurrences, it is possible that the interrupted speech is due to the involuntary motion of the different parts of the body, which may have had physiological or psychological causes. The verb *tarāru* used in SA.GIG 3, 49

⁴⁰¹ Following Labat 1951: 22, l. 42; Scurlock and Andersen 2005: 13.85. Scurlock and Andersen suggest the following reading and restoration for the damaged portion of the line: *it-te-ni-ip-r[ik-ku* NA.BI *lu-’-tu₄ ana ma-al-tak-ti š]u-kul* “his words hinder each other in his mouth, [that person] ‘has been fed’ [a dirty substance to test (the efficacy of the poison)]” (transliteration and translation follow Scurlock and Andersen 2005: 13.85). This restoration is based on the medical commentary to this source text STT 403, rev. 43-45. See Scurlock and Andersen 2005: 735 n36.

⁴⁰² Following Labat 1951: 22, l. 45; Scurlock and Andersen 2005: 13.87. Similar to their treatment of SA.GIG 3, 49, Scurlock and Andersen suggest the following reading and restoration for the damaged portion of the line: ṛ'NA³ [BI *lu-’-a-ti šu-k]ul* “[that] person ‘has been fed’ [dirty substances]” (transliteration and translation follow Scurlock and Andersen 2005: 13.87). See Scurlock and Andersen 2005: 734 n38. See also Heeßel 2000: 263.

⁴⁰³ Heeßel takes this phrase to be related to this expression of broken speech and suggests this to mean that the patient likely was incapable of emotionally sound and clear speech (2000: 263). See also von Soden 1966: 564.

above is specifically used with epilepsy (e.g., SA.GIG 26: 71') and with other symptoms that suggest a fit or daze (SA.GIG 26: 81').

Whereas in SA.GIG 3, the association of interrupted speech with mental disturbance is ambiguous, the association is far more direct where it appears as a secondary symptom to *ṭēmu šanû/nakāru* “The mind alters/changes”. Interrupted speech may indicate an interruption in thought or disruption in the thought process. A possible parallel from modern psychiatry is termed a thought block, which is “evinced by a sudden stopping mid-sentence, despite the subject’s desire to continue speaking” (Mullen 2008: 34). In modern psychiatry, this is seen as an indication of the sudden absence or deprivation of thought and is taken as an indication of a formal thought disorder associated with schizophrenia (Gelder et al. 2006: 15). Unlike when a person is simply tired, anxious or distracted, “the interruptions are sudden, striking, and repeated” (Gelder et al. 2006: 15). Interrupted speech may be a more severe form of another speech symptom that is organized with the primary symptoms under consideration: forgetting one’s words.

7.2.1.2.4. Forgetting words

In the core texts for the *Diagnostic Handbook*, the symptom of forgetting one’s words is observed only with *ṭēmu šanû* “The mind alters” in *Ṭēmu 1*. Forgetting what one speaks or thinks, however, figures consistently into the framework of symptoms that indicate emotional disturbance in therapeutic texts, including those that reference *ṭēmu šanû*. Such texts must therefore be included in order to supplement the occurrence of this speech-related symptom in *Ṭēmu 1*.

Forgetting one's words is a recurring component of symptomatology in anti-witchcraft texts. While it appears alongside a variety of physical symptoms, it usually forms part of descriptions of a confused state,⁴⁰⁴ as in a ritual against *bēl lemutti* (*STT* 256),⁴⁰⁵ which is less a symptomatology of a single disease than an enumeration of related misfortunes caused by witchcraft. In the symptom description, *tēmu šanû* (D stem) is offered as an alternative symptom for forgetting one's words.

1. ʾDIŠ NA ʾ EN ʾHUL-ti ʾTUKU¹ ŠĀ-ba-šú šu-u ʾ-du-ur ʾKI ʾ [x x x (x)]⁴⁰⁶
2. INIM.MEŠ-šú im-ta-na-áš-ši šá-niš te¹-em-šú uš-ʾtan ʾ[na x x (x)]
3. ŠĀ-šú šá-pil-šú NÍ-šú šup-luḫ-šú nu-ul-la-ti ŠĀ-šú [i-tam-mu]
4. i-na KI.NÁ-šú ʾHULUḫ.ʾHULUḫ-ut šá-niš MUD.MUD-ud ʾKA ʾ [x x (x)]
5. ZI-bu ZI.ZI-šú i-na MÁŠ.GE₆-šú ÚŠ.MEŠ IGI.IGI-ʾmar ʾ [x x (x)]

1. If a man has an adversary (*bēl lemutti*), his heart is anxious (*adāru Š*),
2. he continually forgets his words; alternatively, he put confusion in his mind (lit. his mind is caused to change),
3. his heart is low, his self is caused to fear, his heart [ponders] foolishness,
4. he is constantly terrified in his bed; alternatively, he is continually afraid, [his?] wor[ds?]
5. *there is always aggression against him*, in his dreams he continually see[s] dead people, ...

(*STT* 256, 1-5)⁴⁰⁷

This text incorporates a patient's mind being caused to change, or become deranged, with typical mental symptoms encountered in both diagnostic and therapeutic texts, including

⁴⁰⁴ An exception to this is might be in the symptomatology for a man who has been fed maliciousness (*amēlu šū nullāti šūkul*), which groups together descriptions of excessive salivation while speaking: INIM.MEŠ-šú im-ta-na-[áš-ši] / KA-šú iḫ-ta-na-aṭ-taš-šú “he continually for[gets] his words, his mouth continually fails him”. Abusch and Schwemer, in their commentary to the text, note that in view of the context, “it seems to refer to his physical inability to speak” (*CMAWR*: 64).

⁴⁰⁵ See now *CMAWR* 7.6.7.

⁴⁰⁶ Abusch and Schwemer suggest restoring *it(ti(KI) libbīšu iddanabbub* “[he continually talks] wi[th himself]” based on *BAM* 231 obv. 11 and *AMT* 21/2+ // obv. 9 (*CMAWR*: 148). This restoration would indeed fit the context, based on patterns of symptoms observed with anxiety due to *bēl lemutti* and other causes.

⁴⁰⁷ Following *CMAWR* 7.6.7, 1-5.

those cited in the above discussion of *parādu*.⁴⁰⁸ Every symptom listed in this excerpt has a clear emotional or mental dimension. The heart is described in two ways: as anxious (l. 1) and as low or depressed (l. 3). Thoughts and thought processes are described in several ways. First, his self is described as being caused to fear (l. 3) and second, the *libbu* as the organ of thought is described as pondering foolishness (l. 3). Additionally, the patient or supplicant is described as either continually feeling fear in bed, or continually being afraid in bed (l. 4). Another familiar symptom that is described in therapeutic texts for mental symptoms is dreaming of dead people, a sign of the anger of one's personal god. That becoming confused, expressed with *ṭēmu šanû* and described as the mind's being caused to change, is given as an alternative symptom in line 2 to forgetting one's words illustrates the connection between symptoms relating to speech and those relating to thought or thought processes. Pondering foolishness and going mad appear in the same line, and this is framed with two speech problems, including forgetting his words (l. 2) and another symptom involving one's words (l. 4).

A few more examples of texts in which forgetting one's words is paired with the core symptoms of this study further illustrate an established symptom pattern that clusters this type of speech behaviour with disturbances in emotion and thought processes. The aforementioned and excerpted therapeutic text *BAM 234*, labelled a prescription for anxiety by its modern translators that was introduced above, pairs forgetting one's words (*a-mat i-qab-bu-ú i-maš-ši*, l. 9) with *ḥīp libbi* "Heartbreak" and a number of mental symptoms. In part of a medical commentary to a text for various types of epilepsies (TCL

⁴⁰⁸ For example, *nullāti libbašu itammu* (*Libbu 4 = BAM 316 iii 20'*), *ina mayyalīšu igdanallut* (*AMT 21/2, 15; BAM 234, 6*), *iptanarrud* (expressed as *pīqa lā pīqa iparrud* in *BAM 234, 7*; *SA.GIG 27, 2*; *SA.GIG 33, 96*).

6, 32), the symptom is encountered with *hīp libbi* “Heartbreak”, which further anchors it to mental distress (*BRM* 4, 32: 2).⁴⁰⁹

Another type of forgetting that appears in diagnostic and therapeutic texts for *zikurudû* “cutting-of-the-throat” witchcraft is worth noting. The two surviving tablets (33 and 34) of the diagnostic series *ana marši ina teḥēka* “When you approach the patient”, which is known from a Middle Babylonian copy (2N-T 336)⁴¹⁰ and a Neo-Assyrian tablet from Sultantepe (*STT* 89; *CMaWR* 12.1), deal with witchcraft-induced illnesses. In a symptomatology for *zikurudû* “cutting-of-the-throat” magic, a patient’s mind continually changing is paired with his forgetting what he is doing:

24. *m[i-na-t]u-[šú] ṛman`-ga ṛUŠ4`-šú KÚR.KÚR-ma ṛma-la DÙ`-šú*
 25. *ṛi`-[maš]-šī*

24. [His] li[mb]s are [s]tiff, his mind continually changes, and whatever he has been doing,
 25. he fo[r]gets.

(*CMaWR* 12.1: 24-25)⁴¹¹

Abusch and Schwemer note that the same symptom description appears in a therapeutic text against “cutting-of-the-throat” magic: *UŠ4-šú KÚR.KÚR ma-la DÙ-šú i-ma-aš-ši* “His mind continually changes, whatever he has been doing, he forgets” (*BAM* 449 rev iii 25'; *CMaWR* 10.3, 81’).⁴¹² Forgetting what one is doing illustrates another sort of cognitive or emotional disturbance organised with the core symptoms. At the very least, it suggests distraction, though its concurrence specifically with going mad suggests it to be more severe than this.

⁴⁰⁹ Following Geller 2010: 168, 171. This text is excerpted below in §7.3.3.

⁴¹⁰ Part of which is excerpted for *Ṭēmu* 3 in this study. See Rutz 2011: 295.

⁴¹¹ *STT* 89 obv. 24-25.

⁴¹² See *CMaWR*: 442.

Forgetting speech appears more frequently in the surviving material with core symptoms and is favoured as a way to express or further show and describe mental disturbance. It is possible that it should be understood as part of a larger topos of forgetting, rather than as a description of, for example, a thought block. Alternatively, it may signal such a block in thought processes that translates to an interruption in communication.

7.2.1.3. Summary of Speech Behaviours

Speech symptoms figure prominently in descriptions of all three of the core symptoms of *ašuštu* “Depression”, *hīp libbi* “Heartbreak”, and *tēmu šanû/nakāru* “The mind alters/changes”. For the most part, descriptions of abnormal speech capture behaviours that would have been visible to others, and a recurring model used to organize observations and descriptions of mental illness is that of change. In general speech-related symptoms form a strong organizing principle in the *Diagnostic Handbook*, and descriptions show an awareness of different types of speech problems. Descriptions of mental distress and disorder were organized at least in part around this observable symptom. The discussion above offers some possible ways to understand descriptions of disordered language and speech. Although the exact content of these disturbances may remain unknown to us, the important point is that disturbances in speech formed a key component in patterns for the description of mental symptoms.

Unlike the varying types of speech disturbances associated with *ašuštu* “Depression” and, in the therapeutic material, *hīp libbi* “Heartbreak”, those associated or described with *tēmu šanû/nakāru* “The mind alters/changes” include descriptions of

behaviours that seem to imply a more severe degree of aberration from expected ways of communicating: changed (*nakāru*), interrupted (*naparkû*), and incoherent speech (*rapādu*). These may, correspondingly, reflect a more severe disruption in the thought processes behind speech than that observed with the two core symptoms of *ašuštu* “Depression” and *hīp libbi* “Heartbreak” that describe disturbances in mood.

7.2.2. Psychomotor Agitation

Another type of abnormal behaviour present in the core passages for *ašuštu* “Depression” and *ṭemu šanû/nakāru* “The mind alters/changes” involves the patient’s movements and may be compared to the modern category of psychomotor agitation. This is defined in the DSM-5 as follows:

Excessive motor activity associated with a feeling of inner tension. The activity is usually nonproductive and repetitious and consists of behaviours such as pacing, fidgeting, wringing of the hands, pulling of clothes, and inability to sit still. (DSM-5: 827)

In biomedicine, this type of symptom is linked with depressive disorders, bipolar disorder, and anxiety disorders in which inner tension finds expression in a variety of unusual behaviours. Although the purpose of this study is not to retrospectively diagnose such modern disease concepts as depression and bipolar disorder, the concept of psychomotor agitation offers a hermeneutic tool in understanding parallel behaviours observed in the Akkadian texts. Only one such behaviour that may be associated with psychomotor agitation consistently appears in the core texts for this study and will

therefore be examined in detail here: namely, wandering about, which may be akin to pacing and may indicate general restlessness.

Wandering about appears in the core passages as a symptom alongside *ašuštu* “Depression” and *tēmu šanû* “The mind alters”, and the relevant lines in the core texts are:

DU₁₁-šú [KÚR.KÚR-ir] u ra-pa-du su-ud-dur-šú ana U₄ 3-[KÁM x]

His speech [continually changes] and wandering about is regular for him, on the thi[rd] day [...].

(*ašuštu* 1 = SA.GIG 7, 60')

DIŠ DU₁₁-šú KÚR.KÚR-ir' [u] KÚM DAB.DAB-su u ú-rap-pad ana U₄ 3-[KÁM x]

If his speech continually change[s and] fever keeps on seizing him and he wanders about, on the thi[rd] day [...].

(*ašuštu* 1 = SA.GIG 62')

⁶ DIŠ iš-ta-na-`i-i KA ŠUB.ŠUB-su KI ŠÀ-šú DU₁₁.DU₁₁-ub šu-uh la pak-ki iš-še-né-eh

⁷ GIG ra-mi GIG ana NITA u MUNUS 1-ma

⁶ If he continually flutters about, speech continually fails him (lit. falls), he continually talks with himself, he continually laughs foolishly;

⁷ he is sick with Lovesickness; it is the same for a man and a woman.

(*ašuštu* 2 = SA.GIG 22, 6-7)

DIŠ ú-rap-pad ú-ma-aq it`-ta-na-an-di ŠUB.ŠUB-ut GAM

If he wanders about, he tires, and is continually thrown down; he continually falls, he will die.

(*Tēmu* 2 = SA.GIG 22, 57)

UŠ₄-šú KÚR-šum-ma ina NU ZU-ú ú-rap-pad GIN₇ DAB-it GIDIM₇ ^dDIM₁₁.ME' ^rDAB'-[su uš]-te-zib

his mind changes, he wanders about without knowing (it), (it is) like seizure of Ghost, Lamaštu seizes [him; he will] come through.

(*Tēmu* 4 = SA.GIG 3, 44)

In the first two excerpts listed, the symptom of wandering about does not appear in the same entry as the core symptom of *ašuštu* “Depression”, but is clustered with this core symptom. The verb used to describe the activity in all but one of the relevant entries is *rapādu* “to roam, wander” (CAD R 147-149), a word whose translation is not at stake but whose nuances in the medical context deserve further examination.

To understand its place in descriptions of mental disturbance and supplement our understanding of this symptom, it is instructive to examine the use of this verb and other verbs with a similar meaning in non-medical texts. Other than *rapādu*, several words that describe the act of wandering about are used in Akkadian, including *dālu* “to wander around aimlessly, to wander about in despair, to prowl, to move (unnaturally)” (CAD D 58-59) and *nagāšu* “to leave, go away” whose meaning in the Gtn stem is “to wander around, to run about, to rove, stroll” (CAD N I 108). Occurrences of this behaviour in non-medical texts reveal it to be commonly associated with emotional disturbance. Barré (2001) and later Kselman (2002) explore the behaviour as a topos of depression in Sumerian and Akkadian literature and in the Hebrew Bible.

This section will first examine the distribution of wandering about in the *Diagnostic Handbook* and supplementary material from the medical tradition to establish its possible status as a mental symptom organised with the core symptoms, and to illustrate behavioural patterns in the expression and organisation of mental distress and disorder. The second section will supplement the understanding of this topos for psychomotor agitation with reference to Akkadian literature. Examples of this behaviour in literary texts establish its connection to emotional disturbance, especially depression.

7.2.2.1. *Rapādu* in Medical Texts

To return to the medical context, wandering about is typically described by the Akkadian *rapādu*, which is attested in the G stem, as well as in the iterative Gtn and the intensive D stems, the latter two of which require some clarification as to their intended nuance. One way to interpret the -tan- infix of the basic stem is to characterise the behaviour as chronic. Alternatively, a more strict sense of the -tan- stem may be applied, in which “the subject performs a series of actions that together can be seen as comprising a single occasion” (Kouwenberg 2010: 415; Bybee et al 1994: 160-164). This sense is especially common in motion verbs, such as *alāku* “to go, to move” (CAD A I 300f.), *nagāšu* “to leave, to go away” (CAD N I 108), *lasāmu* “to run fast; to move around with great speed” (CAD L 104f.), and *rapādu* (Kouwenberg 2010: 415). In terms of the stem in which *rapādu* occurs in the *Diagnostic Handbook*, the D stem of *rapādu* likely serves an intensifying function. For active intransitive verbs, the difference between the meaning of the G and D stems is often difficult to infer, but the original function of gemination suggests a more intensive or prolonged activity for the D stem than the G stem (Kouwenberg 2010: 274).

In the *Diagnostic Handbook*, the verb takes at least three subjects: the patient, the patient’s tongue or speech, and the Ghosts that cause illness or form part of illness names. When described of the patient, *rapādu* in the D stem appears concurrently with a variety of symptoms. It appears with a number of physiological symptoms throughout the *Diagnostic Handbook*, including entries that fall within contexts that deal with the fingers and hands (SA.GIG 11), chest and torso (SA.GIG 12), and various internal organs

(SA.GIG 12 and 14), and in the various parallels of these entries that appear in SA.GIG 15, which forms part of the Chapter *šumma ūm ištēn marišma* “If on the first day that he is sick”.⁴¹³

As a reflection of a disturbance in cognition linked to an underlying physiological dysfunction, wandering in these entries seems to refer to a behaviour such as delirium, confusion, disorientation, or restlessness associated with fever (SA.GIG 15, 26’), general pains (SA.GIG 15, 30’-31’, 44’-45’), blood loss (SA.GIG 15, 32’), and shock not directly related to disturbances in mood or emotion. Based on its usage in these entries, it would not be justified to class *rapādu* as a mental symptom, or to consider it to be a medical topos of depression. For other entries that pair wandering about with physiological complaints, the addition of a direct description of a psychological state links the behaviour to a disruption in mental state or thought processes. These include, for example, one’s mind or reason not being “seized” (UŠ₄-šú NU DAB), an expression that may describe apathy or a loss of wits.⁴¹⁴ Given its concurrence with direct descriptions of disturbed mental states, it is possible, but not certain, that wandering about may reflect a mental symptom in these contexts. In other entries, the added qualification of wandering about without knowing it (NU ZU), or perhaps without knowing where, may suggest the activity to be involuntary or aimless. The involuntary or aimless activity is associated with being struck in the right kidney (SA.GIG 15, 39’), the right lung (SA.GIG 15, 57’), as well as both sides of the *rebittu*, tentatively translated as groin.⁴¹⁵

⁴¹³ As SA.GIG 15 is better preserved and edited by Heeßel 2000, entries that refer to *rapādu* D are based on this tablet, though the relevant parallels are given.

⁴¹⁴ See discussion of the phrase UŠ₄-šú NU DAB in Stol 2009: 3-4, and 4 n17-18. See also Schaudig 2014: 399.

⁴¹⁵ See Heeßel 2000: 420 for this translation.

On the other hand, several entries in the *Diagnostic Handbook* do pair *rapādu* with mental symptoms in a way that suggests this symptom to be a behavioural reflection of an inner disturbance. In the core text *ašuštu* 1, *rapādu* occurs twice with abnormal speech behaviour: once as a substantive (*ra-pa-du su-ud-dur-šú*, 60') and once as a verb in the D stem (*ú-rap-pad*, l. 62'). It is possible that the latter occurrence simply refers to wandering as part of delirium associated with fever. However, the psychological dimension of the behaviour described in line 60' as *rapādu sudduršu* “wandering-about-regularly” is supported by the medical commentary to these lines in *ašuštu* 1:

7. ... KA-šú KÚR.KÚR : *il-ta-na-an* [(x)]
 8. [KA] : *ri-gim ra-pa-du su-ud-dur-[šú]* :
 9. [šá]-^r*ne*-^e*ṭè-e-me sa-dir-šú* : *a-šu-uš-[tu]*
 10. [*a-šá?*]-*a-šá* : U₄.DU₁₁.GA : *a-dan-nu* : *ḥa-a-a-át-[tu]*
 11. ^r*gi*-*lit-tú* ...

7. his speech continually changes (Sum.) (means) it continually changes (Akk.)
 8. [speech] (is the same as) voice. Wandering about is regular [for him] (means)
 9. alteration in reason is regular for him. Depression (means)
 10. to be [dep]ressed. The designated day (Sum.) (means) the designated day (Akk.). Terror (means)
 11. fright. ...

(*SpBTU* I 32, r. 7-11)⁴¹⁶

Line 7 gives a translation of the reduplicated Sumerian verbal root KÚR “to change” as the Akkadian *šanû* “to change” in the Gtn stem, and similarly, the Sumerogram KA is specifically defined as *rigmu* “voice” (as opposed to one of its many other readings, such as *pû* “mouth”).⁴¹⁷ These equivalences or translations clarify the symptom elaborated in

⁴¹⁶ Following Hunger 1976, commentary to SA.GIG 7: 60' ff.

⁴¹⁷ I have nevertheless translated KA in *ašuštu* 1 as referring to changes in speech. There are three reasons for this choice. First, the entries that follow those that describe the core symptom of DU₁₁-šú KÚR.KÚR(-ir)

ašuštu 1 (SA.GIG 7, 60'-65') and which appears as the initial symptom in the excerpted lines from this tablet.

The commentary then elaborates on the phrase *rapādu sudduršu* “wandering about is regular for him” from *ašuštu* 1 (SA.GIG 7, 60') as a regular or constant alteration of mind or reason ([šá]-^rne^{-e} *ṭè-e-me*): in other words, madness or derangement. The status of *rapādu* as its own condition is further suggested by its inclusion in the SB List of Diseases, where it is listed after *bennu*, a type of epilepsy: SA.AD.GAL = *ra-pa-du* (MSL IX 94).⁴¹⁸ The core symptom of *ašuštu* “Depression” is then elaborated, possibly with reference to *ašāšu* “to be distressed, worried”. Finally, the line interpreted by Labat as describing a hot and cold spell and in this study as possibly referring to terror (SA.GIG 7, 63') may be the line for which the noun *hayyattu* “panic, mortal terror” (CAD H 1) is elaborated. Regardless of what the manuscript for SA.GIG may reflect, its medical commentary elaborates *hayyattu* as *gilittu* “fright, terror” (CAD G 71). A second medical commentary to this portion of SA.GIG 7 also includes *hayyattu*, which is elaborated as *puluḥtu* “fear”.⁴¹⁹ The medical commentary *SpBTU* I 32 thus elaborates the various symptoms described in *ašuštu* 1 by reference to abnormal states of mind and seems to indicate that wandering about, among the other symptoms paired with abnormal speech, specifically reflects a mental symptom.

deal with a core symptom relating to *rigmu*, where this is spelled syllabically (*ri-gim-šú*, ll. 80ff. in Labat 1951). It is unlikely that two different orthographies would have been used to write the same thing in consecutive sets of passages. Secondly, the phrase DU₁₁-šú KÚR.KÚR-ir appears elsewhere and seems to be an established symptom or way of describing disordered speech or language behaviours in the *Diagnostic Handbook* and other medical texts (see e.g., *Ṭēmu* 1 and 2). Finally, *rigmu* does not appear to be used with the verb *nakāru* or *šanû* in this way, whereas *dabābu* is (see CAD N I, 163 mng 2c). It remains problematic that the commentary chooses to explain the sign with *rigmu*, rather than *dabābu*.

⁴¹⁸ See also *KAR* 233 rev 10 (§4.1.3.1). See also *Erimḥuš* I 265-270 where *rapādu*, given as the equivalent of SA.NIGIN, is similarly grouped with vertigo (*ši-da-nu*, l.267), as well as with lethargy (*sak-ba-nu*, l. 265).

⁴¹⁹ ...ḥa-a-a-át-^rtú^r : *pu-luḥ-ti* (*SpBTU* I, 33 rev. 1').

The verb *rapādu* also appears with descriptions of madness in the *Diagnostic Handbook* itself using the same expression of altered mind or reason as appears in this commentary. In the relevant entry from *Ṭēmu* 4, the behaviour is specifically described as occurring without the patient's awareness: UŠ₄-šú KÚR-šúm-ma ina NU ZU-u ú-rap-pad "his mind is changed, he wanders about without knowing (it)" (*Ṭēmu* 4; SA.GIG 3, 44).⁴²⁰

The use of *rapādu* with subjects other than the patient in the *Diagnostic Handbook* has been examined above with reference to the tongue or speech.⁴²¹ In addition to the tongue, ghosts are also described as wandering in disease aetiologies given in the *Diagnostic Handbook*. With respect to *Ṭēmu* 1 and 2, a wandering ghost is blamed for madness and a wandering tongue, among other symptoms associated with madness. In a therapeutic text for ghost-induced illness, *LKA* 88, a wandering ghost is to blame for a host of mental symptoms detailed in the diagnostic introduction as follows:

5. (DIŠ)⁴²² *hur-ba-šú* ŠUB.ŠUB-su mi-na-^ʿtu^ʿ-šú i-šam-ma-ma-šú
 6. *hu-uš* GAZ ŠÀ-^ʿbi^ʿ TUKU.TUKU-ši
 7. *a-šu-uš-tu₄* ŠUB.^ʿŠUB-su bi^ʿ-bil ŠÀ-bi TUKU-^ʿma^ʿ
 8. NU GU₇ <^ʿla^ʿ ina-ah^ʿ [ur]-^ʿra^ʿ u [GE₆] ^ʿi^ʿ-ár-ru>⁴²³ LÚ.BI ^ʿGIDIM mur^ʿ-tap-pi-du DAB-su
 9. *ù lu-ba-ṭù* ^ʿŠU.II^ʿ ^dAMAR.^ʿUTU^ʿ

5. (If) chills continually befall him, his limbs go numb,
 6. he continually has pain of Heartbreak,
 7. depression (*ašuštu*) continually befalls him, he has his heart's desire and

⁴²⁰ Interestingly, the association of madness or derangement with wandering or roaming is also observed with rabid dogs (*Šumma ālu*: CT 38 49, 14). In fact, the verb that describes rabidity is *šegū*, a verb whose root *š-g-* and whose related root *š-ḫ-* also apply to human beings who have gone mad. See Stol 1993: 50. On rabid dogs in Sumerian and Akkadian texts, see Yuhong 2001.

⁴²¹ §7.2.1.2.2.

⁴²² This is carried over from the first line of the text.

⁴²³ The line may be reconstructed based on the duplicate *LKA* 87: 7'-9' NU GU₇ / ^ʿla^ʿ ina-ah [ur]-^ʿra^ʿ u [GE₆ i]-ár-ru / LÚ BI ^ʿGIDIM mur^ʿ-tap-pi-du DAB-su.

8. (then) cannot eat, <without relief he vomits day and [night]>, a
Wandering Ghost seizes that man,
9. and *lubātu*-illness, Hand of Mardu[k].

(LKA 88, 5-9)⁴²⁴

This symptom description is very similar that which appears in *ašuštu* 4, in which Hand of Marduk is also given in the apodosis. Such a recurrence suggests that this cluster may be an established pattern in the expression of emotional disturbance. The symptoms of *ašuštu* “Depression”, *hīp libbi* “Heartbreak”, a loss of appetite, as well as chills and weakened limbs are grouped together as indicative of *lubātu*-illness and Hand of Marduk,⁴²⁵ which may be part of the diagnosis or a further explanation of the cause. The cause for this series of complaints is a Wandering Ghost.

In her study of therapeutic texts for ghost-induced illness, Scurlock notes that a close examination of passages in which specific types of ghosts, such as a murderous or wandering ghost, are distinguished as the causes or labels for a particular set of symptoms, shows that “the choice of which ghost to blame for what symptoms was not necessarily arbitrary” (2006: 5). In particular, she notes the “obvious connection” between wandering (*murtappidu*) or roving (*muttaggišu*) ghosts and “the mental derangement or neurological disorders for which they are sometimes blamed” (Scurlock 2006: 6). She in fact cites an entry excerpted as part of *Tēmu* 1 as an example of this connection.⁴²⁶

⁴²⁴ See now Scurlock 2006: Text No. 115.

⁴²⁵ Note also that *hīp libbi* is grouped with the anger of Marduk in *BAM* 370 I 3’-4’.

⁴²⁶ For further examples, see Scurlock 2006: 6; 89 n66 and n68. The connection may also be based on other factors, such as homophones (Scurlock 2006: 6).

7.2.2.2. *Rapādu* in Non-Medical Texts

In Akkadian literature, the verb *rapādu* as attested in the basic stem is used in reference to animals, people, and spirits, and is frequently encountered in wild or outdoor settings, such as the steppe, the open country, or simply outside: in short, away from civilization. The activity typically follows as part of a response to distress or misfortune, as in this example from the Standard Babylonian Epic of Gilgameš, which describes the protagonist's reaction to the death of his friend, Enkidu:

1. ^dGIŠ-*gím-maš ana* ^d*en-ki-dù ib-ri-šu*
2. *šar-piš i-bak-ki-ma i-rap-pud* EDIN
3. *a-na-ku a-mat-ma ul ki-i* ^d*en-ki-dù-ma-a*
4. *ni-is-sa-a-tu₄ i-te-ru-ub ina kar-ši-ia*
5. *mu-ta ap-làḥ-ma a-rap-pu-ud* EDIN

1. Gilgameš, for his friend Enkidu,
2. was weeping bitterly and wandering (*rapādu* G) about the steppe.
3. "I shall die, and (then) shall I not be like Enkidu?"
4. "Grief has entered my belly.
5. "I became afraid of death, and so I wander (*rapādu* G) about the steppe."
(Gilgameš IX, 1-5)⁴²⁷

As a response to misfortune, wandering about appears to form part of the prescribed ritual for mourning and occurs in conjunction with other gestures or behaviours that express grief, such as bitterly weeping. The tablet opens with a third person description of Gilgameš's weeping and wandering about, and this description is resumed in the first person where the same vocabulary is employed; Gilgameš restates his wandering within a concatenation of emotions, including the mourning of his friend, the grief in his heart,

⁴²⁷ Following George 2003: 666. This passage is also cited in Barré 2001: 180 but is worth including as it represents an important example of the occurrence of this theme and deserves more detailed analysis than it was accorded in Barré's initial study in light of George's 2003 edition of the text.

and the fear of his own mortality. The use of the poetic device of repetition highlights the importance of this behaviour as a reflection of his grief.

That wandering about forms part of the complex of mourning rituals is further evidenced in Gilgameš's later encounter with Siduri. In a passage that recurs throughout Tablet X of the epic, the innkeeper Siduri makes several observations about the appearance of the mourning Gilgameš. A rather broken passage, it must nevertheless be included because it brings together several regular expressions for distress that culminate nicely in the image of wandering about.⁴²⁸ The behaviour of wandering about is observed as part of other gestures and descriptions of grief described by Siduri, and in the following, she inquires of Gilgameš:

40. [*am-me-ni ak-la le*]-*ta'-a-ti qud-du-du pa-nu-ka*
 41. [*lum-mun lib-ba-ka qa*]-*tu'-ú zi-mu-ka*
 42. [*i-ba-áš-ši* SAG.PA.LAGAB] *ina kar-ši-ka!*
 43. [*ana a-lik ur-ḫi ru-qa-ti*] *pa-nu-ka maš-lu*
 44. [*ina šar-bi u* UD.DA] *qu'-um-mu-ú pa-nu-ka*
 45. [*u pa-an lab-bi šak-na-ta*]-*ma' ta-rap-pu-ud* 'EDIN'

40. [“Why are your cheeks hollow, your face downcast,
 41. [your heart troubled,] your countenance [des]troyed?
 42. [Why is there grief] in your belly,
 43. your face like [one who has travelled a distant road]?
 44. Why is your face burnt [with cold and Sun-Heat,]
 45. [and with the appearance of a lion] you wander (*rapādu* G) about in the steppe?”

(Gilgameš X, 40-45)⁴²⁹

This grief in Gilgameš's heart finds reflection in his facial features, described by a well-attested non-verbal expression of distress, *qud-du-du pa-nu-ka* “your face (is)

⁴²⁸ The passage is reconstructed based on its repetitions and its recurrence in the OB version of the epic.

⁴²⁹ Following George 2003: 680. The description is repeated at Gilgameš X: 112 and 212.

downcast”.⁴³⁰ His facial features are further described in ways that suggest weariness and prolonged exposure to the wild. In fact, when Gilgameš initially arrives at the ale-house, he is described as wandering (*ut-tag-gi-ša[m]-ma*, Gilgameš X, 5) while dressed in animal skins. So wild was his appearance that Siduri initially barred the gate to the ale-house (Gilgameš X, 13-16). Her questions about his aggrieved and haggard appearance end with her asking why he wanders about the steppe like a lion.

Abusch summarizes the symbolism of Gilgameš’s appearance and behaviour in his study of the dialogue between Gilgameš and Siduri in the epic: “Gilgameš’s wandering the steppe, away from civilization, unwashed and wearing skins, a trip, in effect, through the world of the dead, is a form or phase of mourning; washing and dressing and then taking a woman are stages in the termination of the state of mourning” (1993: 7 n30).⁴³¹ In light of the social function of mourning, such a progression makes sense, and the temporary sequestering of the mourner from society – embodied in the image of wandering about in settings away from civilization – forms part of an established ritual in response to death. In his study of mourning rituals, Cohen characterizes such an activity as part of the “effort to counter the disruptive potential of death” (2005: 17).

Further examples from literature underscore this association of wandering about and mourning or depression. The emblematic sufferer in *Ludlul bēl nēmeqi* describes his response to bad news in terms similar to those that appear in Gilgameš. In this case, the behaviour of the protagonist, Šubši-mešrê-šakkan, follows as a response to his learning of bad omens: *iš-šak-na-nim-ma i-da-at pi-rit-ti / uš-te-ši ʿinaʿ É-ia ka-ma-a-ti ar-pud*

⁴³⁰ For the distribution of *pānū quddudū* “the face is fallen” and the parallel *appu quddud* “the countenance (lit. nose) is fallen”, in Akkadian, Ugaritic, Aramaic, and Hebrew, see Gruber 1980: 355-358.

⁴³¹ See also Cohen 2005: 45-48 on the differentiation of mourners through garments and grooming rituals.

“Terrifying omens were established for me, / I was driven from my house and I wandered about outside” (*Ludlul bēl nēmeqi* I, 49-50).⁴³²

In addition to literature, the formula of wandering about is attested in curse sections that may appear as part of treaties or royal inscriptions. The following example, a treaty between Aššur-nirari VI of Assyria and Mati’ilu of Bīt-Agusi, includes wandering about as part of the punishments associated with violating treaties: EDIN *li-ir-pu-du* “May they wander about the steppe ...” (Parpola and Watanabe 1988: 2 rev. iv 6).

The distribution of the topos of wandering about in such texts illustrates its status as a symptom of emotional disturbance. The association of wandering with disturbances of mood in non-medical texts can be extended to some occurrences of this behaviour in medical contexts that involve a disturbance in mood or mental function. However, this activity seems to function in at least two ways in symptom descriptions from the medical diagnostic texts. First, the disturbance in mental function suggested by this activity may be associated with a physiological symptom, such as the delirium or confusion resulting from a high fever. Second, wandering about may be classed a mental symptom associated with disturbances in mood, emotion, and thought. As a behavioural symptom that denotes emotional disturbance, it may be akin to pacing or aimless wandering, an interpretation supported by the occurrence of this behaviour with terms and expressions for disturbances in mood (such as depression in *ašuštu* 1) and in thought processes (such as alteration in mind in *Ṭēmu* 4). For symptom descriptions and illnesses characterized by some form of mental disturbance, this nuance is pathologised in the medical context.

⁴³² Though using a different verb for wandering, *dālu*, a similar reaction is found in *Enūma eliš*. Reacting to Apsū’s plot to rid the earth of the younger generation of gods, they wander about in despair: *iš-mu-nim-ma* DINGIR.DINGIR *i-dul-lu / qu-lu iṣ-ba-tu šá-qu-um-meš uš-bu* “The gods listened and wandered about aimlessly / They seized silence, they sat completely still” (*Enūma eliš* I, 57-58). See also Tiamat’s reaction at *Enūma eliš* I, 109.

7.3. Somatic Symptoms

Even modern ways of organizing the experience of emotional disturbance rely on physical symptoms. Somatic complaints, such as bodily pain, may be emphasised over reports about feelings such that signs of illness are interpreted by the patient as physical, despite their ultimate psychological origin.⁴³³ This phenomenon, known as somatisation, frames the third category of mental symptoms observed in the Akkadian diagnostic corpus. To review, somatisation is the presentation of physical symptoms *in lieu of* personal or social problems (Kleinman 1980; Kirmayer 1984a: 160). Somatisation provides “a way of speaking that gives pre-eminence to the body as a metaphor for social and emotional experience”, in which bodily ills replace communication about social and psychological problems (Kirmayer 1984a: 160).⁴³⁴

Numerous somatic complaints are described with the core symptoms in the passages from the *Diagnostic Handbook*, including fever, sweats, chills, weakness, vomiting, abdominal stress (especially epigastric symptoms, indigestion), changes in appetite, vertigo, dizziness, roaring ears, fit, generalised and specific pain, fatigue, oedema, and restlessness. This section will focus on abdominal stress, which is instructive of the overlap between physiological and psychological in the nexus of the *libbu* and which appears with all three of the core symptoms, vertigo, and roaring ears. The recurrence of these three categories of somatic symptoms with the core symptoms of this study suggests that somatisation played an important role in the organisation and expression of mental distress.

⁴³³ See DSM-5: 309-312. In the Mesopotamian context, see Scurlock and Andersen 2005: 373-4.

⁴³⁴ Defined in §3.1.4.

7.3.1. Abdominal Stress

In the core texts, abdominal stress is expressed as a symptom of the epigastrium (*rēš libbi*), changes in appetite, and possibly as pain in the heart, stomach, or insides more generally (*libbu*). The concurrence of such complaints with the core symptoms in the texts for this study provides information about the somatisation of mental distress, which is corroborated by diagnostic descriptions in therapeutic texts against witchcraft and ghost-induced illness. Complaints centred on the abdominal region that appear in both diagnostic and therapeutic texts with the core symptoms establish the salience of such symptoms, which may have provided a bodily metaphor for the description of emotional disturbance or may have referred to somatic complaints associated with such disturbance.

7.3.1.1. Epigastric Symptoms

The epigastrium (*rēš libbi*), or upper part of the abdomen, is the site of numerous symptoms in both diagnostic and therapeutic texts and seems to have offered an important diagnostic tool to the physician. The following entries for the core texts include epigastric symptoms, repeated here for convenience:

³⁴. DIŠ UB.MEŠ-š[ú] ʾDU₈.MEŠ SAG ŠÀ-šú *di-ik-*ʾšá TUKUʾ *pi-qa la pi-qa*
MÚD *ina* KIR₄-šú DU-*ku* Á.II-šú SIG.MEŠ

³⁵. NÍG.ZI.[IR] ŠUB.ŠUB-*su*

³⁴. If hi[s] limbs are loose, his epigastrium has piercing pain, blood sometimes flows from his nose, his arms are continually weak,

³⁵. Depre[ssion] (*ašuštu*) continually befalls him

(*ašuštu* 4 = SA.GIG 22, 34-35)

[DIŠ... SAG] ŠÀ-šú *za-qir* [...]

[If ...] his [epi]gastrium is protruding [...]

(*Libbu* 1 = SA.GIG 13, 157')

^{32r}. DIŠ SAG ŠÀ-šú KÚM *ú-kal* UŠ₄-šú KÚR.KÚR-šú A ^{giš}BAL I₇ NAG *ana*
 ʾMÁ.ÚR.RAʾ TAG-*ma* GAM

^{33r}. DIŠ SAG ŠÀ-šú GIG ZI-*bi* u TUŠ-*ab* GIDIM₇ ŠEŠ u NIN DAB-*su*

^{32r}. If his epigastrium has heat, his mind continually changes, he drank water from a hoisting device of a river, on the ... he will die.

^{33r}. If his epigastrium is sick, he gets up and (then) sits down, the Ghost of a Brother or Sister has seized him.

(*Ṭēmu* 9 = SA.GIG 13, 32'-33')

DIŠ SAG ŠÀ-šú *za-qir* KÚM NU TUKU UŠ₄-šú KÚR.KÚR ŠÚ.ŠÚ A.GA.NU.TIL-*le-e*

If his epigastrium is protruding and he has no fever, his mind continually changes, overwhelming dropsy,

(*Ṭēmu* 8 = SA.GIG 13, 19')

The core texts thus include descriptions of epigastric pain, a protruding epigastrium, a hot epigastrium, and a sick epigastrium.

Indeed, the epigastrium is the site of numerous symptoms in the *Diagnostic Handbook*. The first 47 lines of SA.GIG 13 begin with a symptom affecting the epigastrium. In SA.GIG 13, this part of the stomach is described in a range of ways including burning (*ḥamāṭu*), continually seizing (*ṣabātu* Gtn), swollen (*ebēṭu* G), inflamed (*napāḥu* D), released or loosened (*paṭāru* G), softened (*narābu* D), hot (*emēmu* G), sick (*marāṣu* G), struck (*maḥāṣu* G), raised (*našû* G) red (*sāmu* G), as well as protruding (*zaqāru* G). In some of these entries, including the two core texts *Ṭēmu* 8 and 9, the description of the epigastrium in SA.GIG 13 is paired with unusual behaviours or mental states.

SA.GIG 22, which deals with mental symptoms alongside physiological ones as noted by Geller (2004b: 49),⁴³⁵ includes several epigastric symptoms. Two examples from SA.GIG 22 reference a similar symptom to that which appears in *Ṭēmu* 9: a hot (KÚM) epigastrium. In SA.GIG 22, 12-13,⁴³⁶ an epigastrium that burns (*ḥamāṭu*) occurs with other abdominal symptoms and a pale or yellow appearance. The apodosis gives an illness label of *muruš nâki*, which might translate literally to “illness of illicit sexual intercourse”) and is interpreted as a venereal disease, based on the meaning of *nâku* “verbotenen sexuellen Verkehr haben” (Heeßel 2000: 416) or “to have illicit sexual intercourse, to fornicate” (CAD N I 197-198). It is possible that *nâku* refers to forbidden types of intercourse, rather than to venereal disease, and may thus be understood as a cause for the illness (Heeßel 2000: 264). The same illness label is given in SA.GIG 22, 14-15,⁴³⁷ which describes a hot epigastrium (KÚM) with a hot penis as well as other symptoms affecting the *libbu*, and adds an aetiology or label of *qāt Ištar* “Hand of Ištar”. The association of Ištar with certain symptoms that affect the epigastrium may suggest that those symptoms have added connotations, given that the goddess is associated with sexual dysfunction and with *ḥīp libbi* “Heartbreak” in *Libbu* 1.⁴³⁸ This overlap in aetiology suggests that epigastric symptoms helped to organise the experience of mental distress and of sexual dysfunction.

Another epigastric symptom that appears in two of the core texts listed above, *Libbu* 1 and *Ṭēmu* 8, describes the organ as protruding and appears regularly with mental

⁴³⁵ See also the discussion in §4.1.2 of SA.GIG 22.

⁴³⁶ Heeßel 2000: 252; Scurlock and Andersen 2005: 4.35, 13.27. Parallel SA.GIG 13, 8-9 (Labat 1951: 134, ll. 9'-10'); Scurlock and Andersen 2005: 4.35, 13.27.

⁴³⁷ Heeßel 2000: 252: 14-15; Scurlock and Andersen 2005: 2.18, 4.34, 19.378. Parallel SA.GIG 14, 106-108 (Labat 1951: 134, ll. 34-36); Scurlock and Andersen 2005: 2.18, 4.34, 19.348.

⁴³⁸ On Ištar as a causal agent in medical texts, see Thompson 1924: 452 ff.; Meier 1939: 211f.

symptoms in therapeutic texts. In therapeutic texts against witchcraft, a protruding epigastrium is consistently grouped with descriptions of depression, as well as physiological symptoms associated with disturbances in mood, such as limp limbs. The symptom is furthermore regularly listed with descriptions of sexual dysfunction. In an ušburudda text against *hīp libbi* “Heartbreak”, translated by the editors as “depression” (*CMaWR*: 150), the symptom description reads:

10. DIŠ NA *hu-uš-ša* GAZ ŠÀ TUKU.TUKU-š*i* ʿ*mi* ʿ-[*na-tú-šú* DUB.DUB]
11. EME-š*ú* *it-te-nen-biṭ* EME-š*ú* *ú-na-*ʿ*aš* ʿ-[*ša-ak*]
12. GEŠTU.II-š*ú* GÜ.GÜ-*a* ŠU.II-š*ú* *i-šam-ma-ma-šú* ʿ*bir* ʿ-[*ka-šú kim-ša-šú*]
13. *i-kàs-sà-sà-šú* SAG ŠÀ-š*ú* *it-ta-*ʿ*na* ʿ-[*az-qar*]
14. *ana* MUNUS DU LAL *hur-ba-šú* ŠUB.ŠUB-*su* ʿ*i* ʿ-[*kab-bir i-ba-aḥ-ḥu*]
15. ÚḪ *ina* KA-š*ú* *it-ta-na-ad-*ʿ*di* ʿ [x x ...]

10. If a man continually has pain, Heartbreak, [his] li[mbs are continually limp],
11. his tongue is continually swollen, he bi[tes] his tongue,
12. his ears are always roaring, his hands are numb, [his] kne[es (and) his legs]
13. cause him biting pain, his epigastrium continually protr[udes],
14. he has no desire to go to a woman, chills continually befall him, he [is fat, then thin],
15. spittle continually falls from his mouth ...

(*BAM* 445: 10-15)⁴³⁹

The distribution of a protruding epigastrium with symptoms that have a mental dimension and with Heartbreak specifically further supports the overlap between abdominal symptoms and mental distress and provides evidence for the somatisation of anxiety. A protruding epigastrium is also frequently organised with symptoms of sexual dysfunction, as attested in *BAM* 445. A similar description that also combines depression, roaring ears,

⁴³⁹ See now *CMaWR* 7.7, 47-52.

pain, a protruding epigastrium, decreased libido or sexual potency, and irritability appears in *BAM* 438.⁴⁴⁰

The distribution of complaints of the *rēš libbi* with mental symptoms raises the question of whether or not this Akkadian term always literally represents the epigastrium. The texts do not describe the epigastrium with processes or states that suggest it has psychological faculties, such as thought and emotion. At the same time, the many physical symptoms it can experience display an unusual range, including ones that seem to require observation of the internal organ, such as colours. It seems clear that the epigastrium provided a key diagnostic element and, as such, lent itself to being organised with a range of symptoms and disorders, including mental ones.

7.3.1.2. General Abdominal Stress

Abdominal stress takes the form of several symptoms, some of which are described with recurring topoi of distress, in the protases for the core texts. The following clinical phenomena are observed with the core symptoms:

DIŠ DU₁₁-[šú] KÚR.KÚR-[ir u] SIG₇.MEŠ *i-ár-ru u* UZU.ME-šú SIG₇.MEŠ *ana* U₄
3-[KÁM x]

If his speech continually chang[es and] he vomits yellow, his flesh turns yellow, on the thi[rd] day [...].

(*ašuštu* 1 = SA.GIG 7, 61')

^{8.} DIŠ NÍG.ZI.IR ŠUB.ŠUB-*su* ZI.MEŠ-šú GUR.MEŠ NINDA GU₇ KAŠ NAG-*ma*
UGU-šú NU DU-*ak*

^{9.} 'ù-*a lib-bi i-qab-bi u uš-tan-na-aḥ* GIG *ra-mi* GIG *ana* NITA *u* MUNUS 1-
ma

⁴⁴⁰ See now *CMaWR* 7.2.

⁸. If Depression (*ašuštu*) continually falls upon him, he continually *sighs* (lit. his breaths continually return); he eats bread and drinks beer but it does not go well for him,

⁹. (then) says ‘Oh, my *libbu!*’ and is dejected (*uštannah*), he is sick with Lovesickness; it is the same for a man and a woman.

(*ašuštu* 2 = SA.GIG 22: 8-9)

[DIŠ SU-šú KÚ]M NU TUK GU₇ NAG muṭ-tu [r]ig-mu UGU-šú GIG ik-ki ku-ri iq-ta-nab-bi

[If his body] does not have [fe]ver; he has no desire to eat or drink, [n]oise is painful for him, he continually says “My mood is numbed”

(*ašuštu* 3 = SA.GIG 18, 8)

³⁰. a-na¹ zu-za-a bi-bil šà ma-dam-ma TUKU.MEŠ EN ú-bal-lu-niš-šú šà i-ḥa-ḥu⁷

³¹. U₄ ú-ba-lu-niš-šú IGI.BAR-ma la i-lem ŠU GIDIM₇ šá ina A siG-[iṣ] ḫ⁷

³⁰. from time to time, he continually has a large appetite until they bring it to him, (and then) he is disgusted;⁴⁴¹

³¹. when they bring it to him, he looks but does not eat; Hand of Ghost Struck in Water.

(*ašuštu* 6 = SA.GIG 27, 30-31)

[DIŠ...] pa-pan šà-šú DU-ak ŠU [...]

[If...] his belly button goes, Hand of [...]

(*Libbu* 1 = SA.GIG 13, 162')

³. DIŠ NA šà-bi šà-bi i-qab-bi šà-bi NU GU₇-šú NINDA NU GU₇ A NU NAG

⁴. i-dam-mu-um⁷

³. If a man says, “My insides! My insides!” (but) the inside (*libbu*) does not hurt him, he does not eat bread, he does not drink water,

⁴. he moans...

(*Libbu* 4 = BAM 316 obv. iv 3)

From this list of abdominal symptoms organised with the core symptoms, it becomes immediately apparent that no texts for *ṭēmu šanû/nakāru* “The mind alters/changes” are included. In the *Diagnostic Handbook*, symptoms in that region seem confined to the epigastrium. On the other hand, as well as epigastric symptoms, *ašuštu* “Depression” and

⁴⁴¹ Literally, “the *libbu* vomits”, but this translation follows the interpretation suggested in Stol 1993: 80.

hīp libbi “Heartbreak” can appear with a swollen stomach, vomiting, reduced appetite, and crying out about pain in the insides. This section will focus on the latter two abdominal symptoms due to their recurrence with the core symptoms.

7.3.1.2.1. Changes in Appetite

Changes in appetite appear in two of the core texts for *ašuštu* and one of the core texts for *hīp libbi* “Heartbreak”. In all three of these instances, the appetite is described as reduced or absent. The topos of bread or food (*akalu*, NINDA) and beer (*šikaru*, KAŠ) or water (*mû*, A), are both attested to represent “sustenance” in these and other expressions that describe the appetite or indigestion. Together with epigastric symptoms, the inability to eat, and flesh being “poured out”, a reduced appetite is described thus: NINDA u A LAL “he is reduced as to food and water” (*CMaWR* 7.10.5, 2’).⁴⁴² In the same *ušburruda*, a reduced appetite is described using the same topos in the context of similar epigastric symptoms and flesh being “poured out” but without sleeplessness: NINDA u KAŠ LAL “he has no desire for bread and beer” (*CMaWR* 7.10.3, 23),⁴⁴³ a topos encountered with a protruding epigastrium in a therapeutic text against ghost-induced illness.⁴⁴⁴

The topos of disgust at food seems to suggest a loss of appetite and occurs in the core texts. In a therapeutic text for Ghost-induced illness, noted above for its similarity to *ašuštu* 4,⁴⁴⁵ the loss of appetite is described thus:

⁷ *a-šu-uš-tu*₄ ŠUB.ŠUB-*su bi*’-*bil šà-bi* TUKU-’*ma*’

⁴⁴² *AMT* 48/2 obv ii 2’.

⁴⁴³ *BAM* 190 obv. 23.

⁴⁴⁴ §7.3.1.1.

⁴⁴⁵ *LKA* 88. See §7.2.2.1.

8. NU GU₇

7. depression (*ašuštu*) continually befalls him, he has his heart's desire and

8. (then) cannot eat

(LKA 88, 7-8)⁴⁴⁶

Loss of appetite, described in various ways, regularly features in descriptions of mental distress and disorder.

7.3.1.2.2. Abdominal Stress and Crying Out

Expressions of woe and anguish that incorporate *libbu* further illustrate the extent to which this organ figures in expressions of mental distress and its role as the source or location of both physical and mental feeling. The expression *ū'a* is a well-attested topos for the expression of distress in both medical and non-medical texts, including in the phrase *ū'a libbī*, which could be translated as “Oh, my heart!” where heart is understood to refer to the seat of psychic life; “Oh, my belly!”; or the more general “Oh, my insides!”, which can have both a physiological and psychological dimension. Similarly, the expression *libbī libbī* can encompass any of these references of “heart”, “belly”, or “insides”. It is possible that the reference to the *libbu* locates emotional pain in the abdominal region, torso, or even in the heart, and a look at the way this particular complaint is configured with other symptoms in the *Diagnostic Handbook* may provide some insights into the referent of *libbu* in this exclamation of distress.

The core texts in which these exclamations occur suggest a mental or emotional dimension, though the anguish seems simultaneously to be superimposed onto the physiological site of pain. In *ašuštu* 2, the patient is described as crying out “Oh, my

⁴⁴⁶ Following Scurlock 2006: Text No. 115.

insides” after consuming bread and beer, but the patient is immediately described as being dejected (*šutānuḥu*). In *Libbu 4*, this exclamation appears alongside the statement that the patient’s *libbu* does not hurt him. This suggests that the pain is not physical, but psychological, though nevertheless located in the *libbu*.

Entries from the *Diagnostic Handbook* that illustrate this possible duality appear in the context of symptoms relating to the forehead. These entries form part of a section that deals with a seizing forehead, combined with other symptoms relating to parts of the face in SA.GIG 4. Two lines, however, deviate by adding this symptom of crying out about one’s insides (SA.GIG 4, 10-11). Hand of Ghost is implicated as the illness or cause for the same symptom description in a therapeutic text that shows close correspondences to SA.GIG 4: DIŠ NA SAG.KI DIB-*su-ma* ŠÀ ŠÀ-*bi* GÙ.GÙ-*si* ŠU GIDIM “If a man, his forehead seizes him and he continually cries out, ‘My insides, my insides!’, Hand of Ghost” (*AMT* 19/1, 30).⁴⁴⁷

Crying out, “My insides, my insides!” appears repeatedly as the primary symptom for a series of entries in SA.GIG 13, the tablet that deals with the *libbu* in its various abdominal referents. Diverse variables are added to the primary symptom of crying out, “My insides, my insides!”, and several entries depict symptoms that suggest mental disturbance (SA.GIG 13, 139'-147'; Labat 1951: 124, iii 21-29; Scurlock and Andersen 2005: 619-20). Notably, the patient pulls out his hair (l. 141'). In addition, the patient is described as suffering a fit of terror and speaking fearfully (l. 143'), speaking “rovingly” (l. 145'). The patient cries out, and then gets up and runs off (l. 144'). In other entries, the core symptom of crying out, “My insides, my insides!” is elaborated with explanations

⁴⁴⁷ Kinnier Wilson noted the correspondences in *Iraq 19* (1957: 45) where he also notes that the “line numberings go in opposite directions” (1957: 46) and therefore is not an exact parallel. *AMT* 19/1, 27-33 correspond respectively to SA.GIG 4: 15, 12, 10, 11, and 8 (or 9).

that intimate divine disfavour, a typical cause of mental disturbance and *hīp libbi* “Heartbreak” in particular: consuming or ingesting a taboo (ll. 140', 147'), and breaking an oath (*māmītu*) of Šamaš (l. 146'). With respect to the latter, it should be noted that *māmītu* “oath; curse” (CAD M I 189f.) refers to “the curse or ‘ban’ a person inflicts on himself by breaking a taboo” (*CMaWR*: 6). That Šamaš is named is of particular significance given the posited link between this deity and behavioural abnormalities associated with mental symptoms and disorder (Scurlock and Andersen 2005: 431).

At the same time, it should be noted that consuming or ingesting a taboo can also lead to physiological symptoms, especially in the throat or stomach, where the taboo can lodge itself and fester. Van der Toorn points out that in the *Diagnostic Handbook*, “symptoms for *māmītu* focus on the stomach and abdomen” such that crying out “My *libbu*, my *libbu*!” should be interpreted and translated as “My belly, my belly!” (1985: 81). Other physical symptoms associated with *māmītu* echo those associated with anxiety and mental distress, including weakened limbs, lack of appetite, vomiting, and shivering.⁴⁴⁸

The distribution of the expression of anguish, “My insides! My insides!” shows that it can be configured with both mental and physiological symptoms. It is possible that in some cases, the *libbu* seems to refer to the abdominal region such that the expression indicates pain in this specific area. At the same time, this topos is attested together with a specific indication that there is no illness in the abdominal region (e.g., *Libbu* 4) or in contexts that make no other reference to abdominal symptoms (e.g., SA.GIG 4, 10-11; SA.GIG 13, 140', 144'-147'). In such cases, it appears that the *libbu* may refer to the organ of thought and emotion that endures anguish or suffering in contexts of emotional

⁴⁴⁸ For numerous examples, see van der Toorn 1985: 81.

disturbance. The multiple dimensions of this expression may simply reflect the multiple dimensions of the *libbu* as the emotive and noetic organ, as well as the site of sensations associated with disturbances in those emotive and noetic functions.

7.3.2. Vertigo

Vertigo is described both verbally with *pānū šādu* “the face spins” (CAD § 58) and nominally as *šūd pāni* “vertigo” (CAD § 228) or *šīdānu* “vertigo” (CAD § 171). It is a flexible symptom that can be associated with both physiological and psychological symptoms. In the core texts, it appears only with *ṭēmu nakāru* “The mind changes” in *Ṭēmu 4* in an entry that spans two lines:

⁴³. DIŠ SAG.DU-*su* DAB.DAB-*su* *u* KÚM TÉŠ.BI UNU-*su* GIG-*su* TAK₄-*šum-ma*
NÍG.NIGIN TUKU-*šum* ²-[*ma* KI] ¹LAL¹-*šú* LAL-*šú*

⁴⁴. UŠ₄-*šú* KÚR-*šum-ma* *ina* NU ZU-*ú* *ú-rap-pad* GIM DAB-*it* GU₄ ^dDIM₈.¹ME¹
¹DAB¹-[*su* uš]-*te-zib*

⁴³. If his head continually seizes him and at the same time he has fever, it hurts² him, his illness leaves him, but he has vertigo [and] he suffers from a fit,

⁴⁴. his mind changes, he wanders about without knowing (it), (it is) like seizure of Ghost, Lamaštu seizes [him; he will] come through.

(*Ṭēmu 4* = SA.GIG 3, 43-44)

However, vertigo has occurred in many of the supplementary texts encountered in this study and is regularly grouped with mental symptoms in therapeutic texts.

In terms of its association with descriptions of unusual states of mind, vertigo appears in therapeutic texts with *ašuštu* “Depression” and *hīp libbi* “Heartbreak”.

¹. DIŠ NA SAG.DU-*su* ¹GU₇.¹[MEŠ]-¹šú¹ IGI.MEŠ-*šú* NIGIN-*du*

². *mi-na-tu-šu it-ta-^rna-áš^r-pa-ka a-šu-uš-tu₄ TUKU.MEŠ-ši*

¹. If a man's head [continually causes him pa]in, he has vertigo,
². his limbs are continually 'poured out', he continually has Depression
 (*ašuštu*)

(*BAM* 231: 1-2)⁴⁴⁹

A therapeutic text for *hīp libbi* "Heartbreak" lists vertigo along with fear, gloom, depression, a darkened appearance, and other symptoms of emotional disturbance: [DIŠ] ^rNA^r IGI.II-šú *iš-ša-nun-du* UGU-šú [...] "[If a m]an continually has vertigo, his skull [...]" (*AMT* 86/1 + 85/1 obv. ii 26').⁴⁵⁰ In a ritual against ghost-induced illness, vertigo is listed with numerous ailments, including *miqit tēmi* "depression, demoralization" (*KAR* 184, obv. 29).

The concurrence of vertigo with mental symptoms is even attested in non-medical texts. For example, in a physiognomic omen, vertigo appears in a protasis for which the prediction gives a verbal expression that denotes a broken heart (*libbu*): DIŠ *i-na-a-a iš-ša-nun-du šÀ-bi ih-ḫe-pi* "If (he says) 'I continually have vertigo' (lit. 'my eyes continually spin'), the heart (*libbu*) will be broken" (*CT* 51, 147: 15').⁴⁵¹ In the incantation series *Maqlû*, the symptom is grouped with *tēmu šanû* "The mind changes" (*Maqlû* I 91; IV 15). Vertigo is also organised with *ašuštu* "Depression" in diseases lists. One bilingual parallel to the OB List of Diseases finds *ašuštu* "Depression" grouped with the head and vertigo: SAG.DU ZÍ.IR IGI.NIGIN.NA *a-šu-uš-tum qaq-qa-di ši-da-nu* "Head, depression, vertigo (Sum.) (means) depression, head, vertigo (Akk.)" (*MSL* IX 106:

⁴⁴⁹ Following *CMaWR* 8.7. See also parallel *AMT* 21/2 in *CMaWR* 8.6.

⁴⁵⁰ *CMaWR* 2.3.

⁴⁵¹ Following Reiner 1982: 285.

19).⁴⁵² Vertigo is also grouped with panic or terror and *ašuštu* (Depression) in a list of symptoms and illness in a medical incantation *KAR 233 rev. 8*.⁴⁵³

There are parallels for the association of anxiety and vertigo in both biomedical models and, more frequently, in non-Western conceptions of anxiety. A common idiom of distress used among Latinos in Latin America, such as Mexico, and in immigrant groups in the United States is *nervios*. This illness category shows overlapping symptoms of anxiety, depression, and dissociation (Alcántara et al 2012: 23). Among the symptoms attributed to *nervios* are headaches, irritability, abdominal stress, difficulty sleeping, nervousness, “easy tearfulness”, difficulty concentrating, trembling, tingling sensations, and a symptom known as *mareos* (DSM-5: 835). *Mareos* refers to “dizziness with occasional vertigo-like exacerbations” (DSM-5: 835) and, especially in light of the types of symptoms organised with it, presents an interesting parallel to vertigo in the Akkadian diagnostic descriptions. An early study of *nervios* concluded that it overlaps with panic disorder but is a “more inclusive construct” (Liebowitz et al 1994), suggesting this symptom can play a more general role in structuring the experience of mental distress.

In the Akkadian medical tradition, vertigo can serve as a topos of emotional distress, especially associated with witchcraft, in therapeutic texts and in non-medical texts. In diagnostic texts, vertigo may be considered a mental symptom when it appears with unusual mental states, including two of the core symptoms of this study. The configuration of such a physiological symptom with descriptions of anxiety and madness provides further evidence of the somatisation of psychological complaints.

⁴⁵² See also Erimḫuš I 265-270 where *rapādu*, given as the equivalent of SA.NIGIN, is similarly grouped with vertigo (*ši-da-nu*, l.267), as well as with lethargy (*sag-ba-nu*, l. 265).

⁴⁵³ See §4.1.2.1.

7.3.3. Roaring Ears

One symptom that appears in the diagnostic and therapeutic texts with the core symptoms of this study seems to describe some sort of sound or sensation in the ear that resembles a roar, written logographically with GÙ, GÙ.DÉ or GÙ.GÙ or with the Akkadian equivalent *šaḡāmu* “to roar; buzz” (CAD Š I 63).⁴⁵⁴ In the core texts, this complaint is organised with *tēmu nakāru* “The mind changes” and *ašuštu* “Depression”.

DIŠ GEŠTU.II-šú *i-šaḡ-gu-mu* u SAG.DU-šú *i-šam-ma-am-ma-šú* ŠU ^dXV

If his ears roar and his skull goes numb, Hand of Ištar.

(*Tēmu* 6 = SA.GIG 8, 13)

DIŠ *tu-gu-un-šú ú-zaq-qat-su* GEŠTU.II-šú GÙ.DÉ.MEŠ SÍK SU-šú GUB.GUB-*az*

If his *tugnu* causes him stinging pain, his ears continually roar, the hair on his body continually stands on end

(*ašuštu* 6 = SA.GIG 27, 32)

The symptom is regularly organised with the core symptoms in the therapeutic texts for ghost- and witchcraft-induced illness. For example, in one therapeutic text for ghost-induced illness, roaring ears appear with *ašuštu* “Depression” and *hīp libbi* “Heartbreak” (*LKA* 88).⁴⁵⁵ Roaring ears (GEŠTU.II-šú *i-ša-gu-ma*) also occur with a headache and a troubled or confused heart (ŠÀ-šú *da-li-iḥ*) (*BAM* 323, 89 and 91) in another ghost-induced illness.⁴⁵⁶ The concurrence of roaring ears with headache suggests that the symptom refers to an actual sensation, rather than representing a figurative topos.

⁴⁵⁴ For this translation, based on the logographic equivalence of GÙ.DÉ = *šaḡāmu* (not *šašū*) with ears, see Farber 1977: 75. For this equivalence in the medical context, see Heebel 2000: 294, commentary to SA.GIG 26, 34’.

⁴⁵⁵ See §7.2.2.1. Following Scurlock 2006: Text 115.

⁴⁵⁶ Following Scurlock 2006: Text No. 91.

A therapeutic text for a man who has been bewitched lists the following complaints with roaring ears:

^{6.} [hu]-uṣ GAZ ŠÀ TUKU.MEŠ-ši mi-na-ti-šú it-[ta-na-áš-pa-ka[?]]⁴⁵⁷

^{7.} 'it'-te-nen-bi-iṭ NUNDUM.MEŠ-šú ú-na-áš-šak GEŠTU.II-šú 'GÙ'.[GÙ-a]

^{6.} He continually has [pa]in of Heartbreak, his limbs are [continually poured out],

^{7.} he is continually swollen, he bites his lips, his ears continually ro[ar].

(BAM 438, 6-7)⁴⁵⁸

Similarly, among a collection of anti-witchcraft therapies from Nineveh, *hīp libbi*

“Heartbreak” is paired with roaring ears and an additional complaint with which this core symptom is organised in its sole extant attestation in the *Diagnostic Handbook*: sexual dysfunction. The relevant lines read:

^{45''} [hu-u]ṣ-ša GAZ ŠÀ TUKU.TUKU ana MUNUS a-la-ka 'ú[?]-[ma-aṭ-ta[?]]

^{46''} [ik]-ka-šú ik-te-né-er-rù GEŠTU.II-šú i-ša[g-gu-ma]

^{45''} He continually has [pa]in, Heartbreak, *he loses his desire* to go to a woman (lit. *he reduces* going to a woman),

^{46''} his [mo]od is continually irritable, his ears ro[ar].

(C*MaWR* 2.3, 45''-46'')⁴⁵⁹

These lines are preceded by vertigo, as well as descriptions of the patient’s countenance that evoke emotional disturbance. In fact, these lines appear in a collection of therapies against witchcraft-induced illness, and other symptom descriptions that appear as part of

⁴⁵⁷ See *C*MaWR**: 120 for this restoration.

⁴⁵⁸ *C*MaWR** 7.2: 6-7. This text records symptoms similar to those in *BAM* 445, cited above in the discussion of epigastric symptoms (§7.3.1.1).

⁴⁵⁹ *AMT* 85/1, obv. ii 29'-30'.

this manuscript include numerous mental symptoms, such as changes in countenance that evoke emotional disturbance, fear, frightful dreams, and somatic symptoms.

One therapeutic text against witchcraft in particular should be cited for its specific reference to the inability to identify the illness:

1. *šum*₄-*ma* NA IGI.MEŠ-šú NIGIN-*du-šú*
2. GEŠTU.MEŠ-šú *i-šá-gu-ma*
3. UZU.MEŠ-šú *šim-ma-ta*
4. TUKU.TUKU-ú
5. ŠÀ-šú *it-ta-na-ad-láḥ*
6. GAR-*in* GIG-šú NU ZU.ZU
7. NA BI *ka-šip*

1. If a man has vertigo,
2. his ears roar,
- 3.-4. his flesh becomes more and more numb,
5. his heart is continually disturbed,
6. you are not able to identify the essence of his illness,
7. That man is bewitched.

(*CMaWR* 8.1, 1-7)⁴⁶⁰

The text groups vertigo, roaring ears, numbness, and a disturbed (*dalāḥu*) *libbu*. The diagnosis includes a statement that the essence (*šakin*) is impossible to identify. Could this represent an early recognition of the absence of a physiological illness, despite the presentation of physiological symptoms – in other words, an early recognition of somatisation? Further along in the text, the incantation is described as being directed against one who performed various types of magic, including that which causes madness (*DÍM.MA.KÚR-e*) and alteration of mind (*ši-ni-it ʿṭè ʿ-ṣi*) (*BAM* 214, rev iii 12'-13').⁴⁶¹

⁴⁶⁰ *BAM* 214, obv i 1-7.

⁴⁶¹ See above §6.1.2.

A medical commentary to a source text that addresses various types of epilepsies (TCL 6, 34) includes roaring ears among the explanations for Hand of God and Hand of Goddess:

2. ... ŠU DINGIR.RA DINGIR.MEŠ *i-nam-zar šil-lat i-qab-bi šá im-mar i-maḥ-ḥaš* ŠU.DINGIR.RA ŠU^dINNIN.NA
 3. *ḥu-uš-ši* GAZ ŠÀ TUKU.TUKU-ši ù INIM.MEŠ-šú *im-ta-na-áš-ši*
 ŠU^dINNIN.NA ŠU.GIDIM.MA GEŠTU.II.MEŠ-šú GÙ.DÉ.MEŠ *ma-gal iṭ-ṭè-né-pi*
šin-na-šú ana ma-ka-le-e
 4. *la ú-qar-ra-ba-ma*

2. ... Hand of God (occurs when) he (the patient) curses the gods, speaks blasphemy, and strikes whatever he sees. Hand of God (is also) Hand of Goddess:

3. he continually has pain, Heartbreak, and he continually forgets his words. Hand of Goddess (is also) Hand of Ghost: his ears roar; it (a poultice) is *excessively applied* and

4. he cannot bring his teeth together (to eat) food.

(BRM 4, 32: 3)⁴⁶²

This text ties together several observations made throughout this study about the relationship between divine disfavour, taboo, epilepsy, and mental symptoms. In addition, these lines reinforce the connection between ghost-induced illness and roaring ears. As Scurlock notes, Ghosts can cause “roaring, ringing, or hurting ears” (2006: 14) in a more general way. Geller’s interpretation of this commentary suggests it to be more specifically an example of somatisation: “The patient loses all appetite and even lacks the strength to eat, which is a physical manifestation of what is essentially a psychic trauma caused by the attack of a ghost” (2010: 155).

Roaring ears may serve as a topos of distress more generally that captures the method of contact with the disease agent, who enters through the ears, or that may

⁴⁶² Following Geller 2010a: 168, 171.

function in some contexts more figuratively than literally. With respect to *Tēmu* 6 in particular, an organ or part of the body that can be used figuratively to express wisdom, thought, and intelligence in non-medical texts is associated with going mad: namely, the ears. While the ears are not being used figuratively in this medical context, the association is nevertheless interesting to note.

There are, however, some possible medical explanations for the association of roaring ears with mental disturbance, such as tinnitus. Tinnitus is defined as a “phantom auditory perception” (Ooms et al 2011: 2327) in a study whose conclusions suggest a relationship between cognitive and somatic anxiety, on the one hand, and tinnitus severity on the other hand (Ooms et al 2011: 2332). The symptom described as roaring ears or ears that roar in the diagnostic and therapeutic texts may refer to this phenomenon, which forms part of autonomic arousal associated with anxiety and panic attacks (DSM-5: 214). In culture-bound syndromes such as the Cambodian syndrome of “wind attacks” (*khyâl cap*), symptoms of anxiety can also include tinnitus.

7.4. General Patterns and Parallels

It is possible to distil from the mental states, behaviours, and somatic complaints that recur with the core symptoms, two salient patterns in the description of mental symptoms as reconstructed from the way they are organised with the three core symptoms of this study. The first pattern derives from the paradigm of change. Disturbances in thought and the speech that reflect these are framed as an alteration that even relies on terminological and, in some cases, syntactical overlap (*nakāru* G, Gtn).

The second pattern derives from an emphasis on one of the categories of mental symptoms: namely, somatisation.

7.4.1. Change

The notion of change figures strongly in interpretations and articulations of abnormal states and behaviour associated with pathological mental disturbance. The strongest example is changes in speech, but changes also apply to the mind. As a mode of description, it persists across the divide between what is observed and what is inferred. The paradigm of change seems to have been favoured as a way to describe mental disturbance and the behaviours associated with it.

In particular, speech that continually changes represents one symptom that relies on this paradigm and that recurs with direct descriptions of unusual mental state, including *ašuštu* “Depression” and *ṭēmu šanû/nakāru* “The mind alters/changes”. One way to interpret the reliance on and salience of the paradigm of change in descriptions of mental symptoms in Akkadian medical texts is by reference to a better-understood parallel that comprises similar frames of reference in symptom descriptions. Early conceptions of the disease concept now known as schizophrenia provide such an instructive parallel. Once again, it is important to note that the goal of this discussion is not to equate the disorders in which speech disturbances occur with the disease concept of schizophrenia, nor to equate thought and speech disturbances associated with schizophrenia to the types of speech disturbances recorded in the Akkadian medical texts. Rather, this parallel is cited to benefit our understanding of descriptive paradigms that may otherwise remain opaque.

Early conceptions of schizophrenia⁴⁶³ focused on language behaviour as a reflection of the changes in thought and thought processes assumed to underlie speech. Two ways of understanding change in the Akkadian context can be drawn from Bleuler's early formulations of schizophrenia. The first relates to changes or fragmentation in *associations*, a concept that defined the dominant psychological paradigms at the time in which Bleuler was writing, which get reflected in such behaviours as speech. Bleuler coined the term "schizophrenia" (or "group of schizophrenias"),⁴⁶⁴ he offered the following description as part of the definition: "The disease is characterised by a specific alteration of thinking, feeling, and relation to the external world" (Bleuler 1950: 9).⁴⁶⁵ At the turn of the 20th century, in psychiatry, language was considered the point of focus of this relation of the patient to the external world such that disruptions in language and speech became "the central marker of the schizophrenic thought process" (Gilman 2008: 467).⁴⁶⁶ Indeed, in refining Kraepelin's categories of symptoms for the disease, Bleuler also created a hierarchy of the various symptoms and designated one set of these as primary, all of which were related to the "alteration of language" (Gilman 2008: 468).

Such an alteration of language represented the phenomenon considered to be a reflection of disturbances in thought, which fell under the rubric of a broad concept of *loosening of associations* (Moscowitz and Heim 2011: 474).⁴⁶⁷ This concept should be understood against the backdrop of association psychology, the dominant psychological paradigm of the 19th century (Moscowitz and Heim 2011: 474). In Bleuler's formulation,

⁴⁶³ For the purposes of this discussion, early conceptions of schizophrenia will be confined to Bleuler's formulation in the early 20th century.

⁴⁶⁴ This was a reformulation of Kraepelin's *dementia praecox* and in his 1911 seminal study of the disease.

⁴⁶⁵ Cited in Gilman 2008: 467.

⁴⁶⁶ See Andreasen and Grove 1986.

⁴⁶⁷ Moscowitz and Heim note that Bleuler never in fact used the phrase "loose associations" in his work but that this has been the preferred label for his articulation of the psychological explanations for schizophrenia (2011: 474).

associations refer to the “sensation” and “memory traces” whose interchange form the basis of all psychological activity (Bleuler 1918: 226). Accordingly, “perception, thinking, doing, cease as soon as association is impeded” (Bleuler 1918: 229). While this obstruction to or loosening of associations could be used to describe odd speech, to Bleuler, it also indicated “the core psychological deficit underlying most of the other characteristic symptoms of schizophrenia” (Moscowitz and Heim 2011: 475). Another way to frame this is as a fragmentation in thinking, or “in the formulation and expression of thought”, which Bleuler interpreted in light of the associational psychology “prevailing at the time and referred to as ‘loosening of associations’” (Andreasen and Grove 1986: 201). Alteration in language, thus, reflects alteration or fragmentation in thought processes.

The second way to use the notion of change from Bleuler’s early conception of schizophrenia to elucidate possible meanings of the Akkadian expressions that employ the same paradigm involves not speech, but the mind itself. Bleuler coined the term schizophrenia in light of the *splitting* that he considered to be central to the disease. Kraepelin’s *dementia praecox* label emphasised the early diminishment of mental faculties, emotional health, and behaviour associated with the disease. On the other hand, Bleuler’s label emphasised what he considered to be a slitting of “different psychic functions” or “psychic complexes”, where a complex is understood in the Jungian sense of a complex of ideas that “permanently influences the context of the psychic process...(and) strives to obtain a kind of independence” (Bleuler 1950: 24; cited in Moscowitz and Heim 2011: 476).⁴⁶⁸ A splitting of psychic functions means that a

⁴⁶⁸ This definition has been simplified for the present discussion. A full articulation would have to take into account the notion of charges.

person's thoughts, emotions, attitudes, and behaviours were dissociated such that at times, one would take over at the expense of others. The split can run even deeper into the personality and give rise to a phenomenon related to the historical and modern concepts of dissociation and dissociative disorders.⁴⁶⁹

Thus, early conceptions of schizophrenia are informative on two levels. First, semiotically, they provide an interesting parallel to the organisation of disorganised speech and an alteration in mentation with reference to a shared paradigm of change. Second, historically, they show that certain psychiatric categories overlapped in early conceptions of disease and interpretation of clinical phenomena. In the case of mental disorder, speech behaviour and, in particular, changes in speech provide examples of such overlap.

This shared terminology of change in early 20th-century conceptions of schizophrenia as an alteration in thought and language and Akkadian descriptions of madness and speech disturbances as a change in mind and speech is not in itself informative. However, it offers one way to understand how change might have been perceived in relation to mental symptoms and disorder. After all, when a person's behaviour – be it speech or movement – changes suddenly or drastically, this alteration and resulting difference in the patient form the focal point of the observation. Indeed, even the activity of psychomotor agitation expressed through wandering about could be seen as one articulation of the paradigm of change. With regards to the occurrence of

⁴⁶⁹ These are popularly known by their dated labels of Multiple Personality Disorder or Split Personality. The DSM-5 defines dissociated symptoms as “a) unbidden intrusions into awareness and behavior, with accompanying losses of continuity in subjective experience (i.e., ‘positive’ dissociative symptoms such as fragmentation of identity, depersonalization, and derealization) and/or b) inability to access information or to control mental functions that normally are readily amenable to access or control (i.e., ‘negative’ dissociative symptoms such as amnesia)” (DSM-5: 291).

wandering about in *Ṭēmu* 2, Stol's remarks on these entries should be considered. He notes a conceptual relationship between wandering and changing, as in the various expressions that denote madness in Akkadian: wandering (*rapādu*) is associated with change (*šanû, nakāru*) in that this activity involves a constant or continuous change position and in that "both are characterized by unpredictability" (Stol 2009: 4). The same may be said of a "roving" tongue. Stol goes on to note that roving or wandering is associated with change in speech in SA.GIG 7, or *ašuštu* 1 in this study (Stol 2009: 4).

The inference from a change in behaviour, be it in speech or movement, or a change in appearance to a change in the emotion, thoughts, and thought processes that inform such behaviour is a reasonable – or at least, rationalisable – one. "Change" is a salient method of describing symptoms associated with disturbances in mood and mind in the Akkadian medical texts and provides a strong example of an overarching pattern in the description of mental symptoms.

7.4.2. Somatisation

As one of the categories of mental symptoms, it may initially seem redundant to address somatisation as an overarching pattern. However, somatisation provides an opportunity to draw parallels to better-understood patterns in the phenomenology of mental disorder in both biomedical and non-Western semantic illness networks. These parallels may in turn elucidate our understanding of how somatic symptoms can reflect mental disturbance and disorder and why these symptoms seem to have been favoured as a paradigm for the expression of mental disturbance in the Akkadian medical diagnostic texts.

7.4.2.1. Intercultural Parallels for Somatisation

7.4.2.1.1. Iranian *narahatiye qalb* “heart distress”

The condition of “heart distress” was introduced in Chapter 3 to illustrate the heuristic tool of a semantic illness network. Bodily complaints and metaphors can function in different ways in different cultural and linguistic contexts. Heart distress provides not only an example of semantic networks, but also a strong parallel for the organisation of mental distress around somatic complaints in Akkadian diagnostic descriptions and, in particular, complaints expressed in terms of the *libbu*.

To review, in the community of Maragheh, Iran, a diverse range of problems are attributed to heart distress, and sufferers frequently complain of the heart pounding or beating irregularly. The sufferers describe their hearts with reference to a range of sensations and emotional states, such as pounding, trembling, fluttering, beating rapidly, feeling pressed or squeezed, bored, lonely, distressed, uncomfortable, etc. (Good 1977: 31). These sensations are attributed to a diverse range of problems, including pregnancy, old age, financial concerns, and interpersonal problems (Good 1977: 27-28). Each of these descriptions falls within a category of sensations described as *narahatiye qalb* “heart distress”. Based on this range, Good identified heart distress as “a complex of physical sensations associated with a particular feeling of anxiety” (Good 1977: 32).

The presence of three traditions in popular medicine in Iran makes it possible to attribute such a range of sensations and causes to the heart: Galenic-Islamic, sacred, and cosmopolitan (Good 1977: 29). These traditions provide the underlying structure for medical theories and forms of therapy, and they provide a language in which people can

express their experience of symptoms and illness. The system “provides a set of ideas, cognitive models, expectations, and norms that guide the responses to disease” and thereby “meaningfully constructs the experience of disease” (Good 1977: 30). More specifically,

The conception of the heart in the classical tradition and in popular medicine provides the explanatory model that links physical sensations of heart abnormality to affective states and the experience of social stress. (Good 1977: 37-38)

Similarly, in the Akkadian medical tradition, the multivalence of the *libbu* allows for a diverse range of ailments to be located in this part of the body, or to be attributed to the *libbu*. Dominant conceptions of the heart as an organ with both physical and mental capacities, allow for diverse conditions to be attributed to it. This multi-faceted conception of the heart that is embedded into popular beliefs about medicine and the body provides a framework for focusing on the *libbu*, for labelling symptoms, and for establishing a link between abdominal stress, a broken *libbu*, and crying out about one’s *libbu*, on the one hand, and specific personal and social conditions, on the other. The *libbu-as-abdomen*, *libbu-as-heart*, and *libbu-as-mind* can thus form the physical and psychological site of emotional upheaval. This parallel, thus, sheds light on the use of internal organs—namely, the heart, belly, and insides—to organize the experience of anxiety in the Akkadian diagnostic tradition.

There is the temptation to dismiss the symptoms listed in therapeutic texts as evidence against mental disorder and, as a corollary, to translate terms such as *hīp libbi* “Heartbreak” as a physiological condition affecting the stomach or chest, as with

Adamson's "ischaemia of the heart muscle" (Adamson 1981: 126) or Scurlock's "crushing of the chest" (Scurlock and Andersen 2005: 168-169). But to take such expressions and the symptoms they describe at face value, without considering their context and usage, ignores the semantic network in which these symptoms derive meaning and the use of metaphor in medical language. As Good posed the question in relation to heart distress: "Can we gloss this illness complex simply as mild anxiety or depression with tachycardia, or is there a distinctly Iranian network of meaning which must be described if we are to understand heart distress?" (Good 1977: 27-28). The same question can – and must – be extended to the Akkadian examples of somatisation, especially with respect to the *libbu*.

Medical theories impose constraints on the way in which signs and symptoms are transformed into meaningful information within a particular context. For example, to complain of "heart distress" in a Western biomedical setting might be interpreted narrowly as a symptom of a heart attack, given that the heart is understood to be the organ responsible for circulation. In Iran, on the other hand, "heart distress" is part of an established repertoire of symptoms, and this phrase can express a variety of physiological, psychological, and social complaints. Dominant medical theories, including Galenic-Islamic medicine and folk medicine, endow the heart with numerous functions in addition to its function as the organ that pumps blood, such that diverse complaints can be conventionally overlaid onto the heart.⁴⁷⁰ This symptom is understood with reference to its interpretive framework.

The symptom of *hīp libbi* "Heartbreak" and other symptoms organised around the *libbu* in the Akkadian context should be evaluated in the same light. Patterns in the

⁴⁷⁰ Good 1977.

expression of symptoms organised with the core symptoms of this study suggest that somatisation, in particular built on the *libbu*, provided a salient metaphor for mental distress, disturbance, and disorder. In the same way that the Galenic view of the heart allowed for diverse complaints to be ascribed to it, the semantic range of the *libbu* also allows for such diversity in medical contexts. Indeed, the recurrence of symptoms relating to the *libbu*, taken together with its wide semantic range, suggest that there was not a sharp divide between body and mind, between physiology and psychology. The use of bodily metaphors provided a language in which to articulate psychological suffering. As Good notes, “medical language, whatever its source, acquires meaning specific to a particular social and cultural context and in turn integrates illness and cure deeply into that context” (Good 1977: 31). Patterns of somatisation in the Akkadian medical diagnostic texts provide a language in which to express mental distress and disorder in terms of bodily complaints, and to seek treatment for such suffering. The context “qualifies and filters the polysemic nature of the symptom” (Martinez-Hernández 2000: 7). Somatisation should be understood both as providing a salient metaphor for psychological distress, and as the literal way in which such distress may have been experienced. A second parallel may help to elucidate the latter pattern.

7.4.2.1.2. Neurasthenia

Although neurasthenia is not included in the DSM-5, it remains listed in the ICD-10 as a neurotic disorder. One of the conditions for a diagnosis of neurasthenia is that “any autonomic or depressive symptoms present are not sufficiently persistent and severe to fulfil the criteria for any of the more specific disorders in this classification” (ICD-10:

171). At the same time, at least two physiological symptoms must be present from a list of complaints including muscular aches and pains, dizziness, headaches, disturbances in sleep, irritability, and indigestion (ICD-10: 171). In other words, the disorder manifests more heavily through specific physiological complaints, many of which are associated with anxiety and depression, rather than with reference to emotions such as “anxiety” or “depression”.

This condition has been studied in modern-day Taiwan by Kleinman, who notes that it is “the single most commonly used label for sanctioning a medical sick role for minor psychiatric and interpersonal problems in Taiwan” (1980: 128). The heavy stigma against psychological disorder constrains expressions of mental disturbance and channels these complaints into culturally sanctioned physiological ones. Rather than express anxiety with reference to the emotion, the preference is to focus on “anxiety-induced” physiological symptoms, such as gastric complaints, insomnia, and fatigue (Kleinman 1980: 139). Kleinman summarises the pattern thus:

Other complaints associated with autonomic nervous system hyperactivity caused by intense anxiety are rapid heart rate, often with accompanying chest discomfort, hyperventilation, sweating, tremors, diarrhea, and abdominal discomfort, and a wide variety of other complaints, including amenorrhea and impotence. Non-specific complaints such as weakness, malaise, loss of appetite and other interests, frequent dreams, and hypo- or hyper-sexual behaviour also occur, as in the case of our Taiwanese patient. When the anxiety state becomes chronic, for personal and social reasons, a specific configuration of complaints is patterned (the illness). (Kleinman 1980: 139)

Somatisation does not manifest only in terms of the types of complaints that the patient focuses on – that is, physiological, rather than psychological complaints. Even

vocabulary for mental states relies on bodily metaphor, such as the use of the heart radical in the words for “depressed” (*mên*) and “anxious” (*fan-tsao*) (Kleinman 1980: 135). In Kleinman’s study of these terms and the patterning they express, he observes that the heart is viewed as the seat of emotions, more generally, while the liver acts as the seat of anger. The terms that incorporate these body parts “link feeling states and physical symptoms” (Kleinman 1980: 135-136) Thus, in addition to the focus on somatic complaints, the semantic network in Taiwan “expresses emotion in bodily imagery and constitutes it in bodily experience” (Kleinman 1980: 136).

Certain aspects of the way neurasthenia is described by patients in Kleinman’s study find parallels in the symptoms described in the Akkadian medical context. Although not addressed in this study, other complaints organised with the core symptoms in both disease lists and in diagnostic texts including sweats, weakness, and pain. Breathing-related symptoms, which take the form of hyperventilation in Kleinman’s analysis, are organised with both *ašuštu* “Depression” and *šutānuḫu* “to be dejected” in *ašuštu* 2. With the latter expression for a depressed state, symptoms relating to a description of what may indeed be hyperventilation appears in the *Diagnostic Handbook* (SA.GIG 22, 73).⁴⁷¹ Indeed, as noted in the philological introduction to Chapter 4, the meaning of the logograms used to write *ašuštu* “Depression” in medical texts may derive from a sensation in the throat or breath. Furthermore, the association of *ašuštu* “Depression” with fatigue or stupor finds a parallel in the neurasthenic tendency to focus on feelings of fatigue (ICD-10: 170-171). Gastric complaints, abdominal discomfort, and loss of appetite that Kleinman observed in his study of neurasthenia in Taiwan are also frequently attested with the core symptoms of this study. Furthermore, the Akkadian

⁴⁷¹ See §7.1.2.1.

libbu figures in expressions of emotional states such that the Akkadian semantic network can be further said to express emotion in bodily imagery, alongside the focus on somatic complaints.

I am not suggesting that symptom clusters that appear in any of the core texts or the descriptions in supplementary therapeutic texts encountered above can or should (or even *need*) be equated to neurasthenia in order to make this parallel meaningful. Rather, this parallel shows how physiological symptoms derive meaning within a particular framework as culturally sanctioned expressions of mental distress. Furthermore, there is overlap in the types of symptoms associated with mental distress and disturbance in Kleinman's study of Taiwan and in the Akkadian material. This overlap helps to clarify the recurrence of certain specific physiological complaints with the core symptoms of this study and the function of these as mental symptoms.

In Akkadian diagnostic descriptions, numerous physiological complaints are organised with the core symptoms and can be understood to structure the experience of depression and anxiety in terms of somatisation. This may have been shaped by acceptable modes of expression. Alternatively, or concurrently, this may have been shaped by the available treatments. In the same way that disease aetiology must reference supernatural causes in order for the *āšipu* to know how to treat the illness, perhaps, the symptom descriptions must make reference to physiological ailments so that the *asû* can choose the appropriate herbal remedies. It might have been easier to treat abdominal stress, or chills, for example, than the more abstract notions of anxiety and depression.

7.5. Summary

This chapter has investigated examples of symptoms from the three main categories of mental symptoms observed in the core texts for this study. With respect to unusual mental states, fear, anxiety, and depression are regularly grouped together. In addition, all three of these emotional states are associated with physical states; depression is experienced both as a depressed mood and as stupor or fatigue, while anxiety and fear are regularly experienced as sensations in the region of the *libbu*. Behavioural symptoms primarily take the form of speech- and language-related disturbances, as well as psychomotor agitation described as wandering about. Finally, the numerous somatic symptoms configured with the three core symptoms were set out, including abdominal stress, vertigo, and roaring ears.

Two overarching patterns in the description of mental symptoms were isolated from these many examples in the texts: the notion of a “change” and the reliance on somatisation. Both of these models for understanding disturbances in mood and thought find parallels in other medical traditions, including the early history of schizophrenia and culture-bound syndromes of Maragheh, Iran (*narahatiye qalb* “heart distress”) and Taiwan (neurasthenia). Idioms and elements of medical language are specially suited to particular cultures. The Akkadian diagnostic corpus and the supplementary medical texts show the presence of native ways of classifying and understanding mental disorder, even if no special category was assigned to this type of illness. To understand these, there is no need to rely on retrospective diagnosis, which can obscure the native ways of organising subjective experiences of mental distress into comprehensible patterns. Looking at patterns in the description of mental symptoms helps to elucidate aspects of a native

semantic network, in which such ostensibly physiological symptoms as abdominal pain and vertigo, as well as more straightforwardly psychological ones like fear, derived meaning as an indication of a disturbance in mood.

Conclusion

As expected, the Mesopotamians had their own social norms that shaped conceptions of health and illness, and their own models through which to articulate the experience of mental distress, disturbance, and disorder. The methodology developed and followed in this study has sought to take into account the type of information available in the Akkadian medical sources in order to show native explanatory models and to avoid recourse to tempting, though false, equivalences between modern and ancient disease and illness concepts for mental disorder. In effect, this study has tried to “first allow the madman to speak with his own voice; rather than immediately silencing him with present-day labels and theoretical explanations” (Wallace 2008: 41). The madman, in the case of Akkadian diagnostic and therapeutic texts, is an amalgam of scribal observation and imagination.

Retrospective diagnosis can provide a useful approach for certain types of symptoms and illnesses, but given the heavy reliance of descriptions of mental disorder on social context, an alternative framework was needed. More specifically, the Akkadian sources provide information about illness names less consistently than they do about symptoms, group together such symptoms in ways other than might be expected from the perspective of biomedicine, and locate cause in the supernatural domain. In the realm of mental illness and disorder, the difficulties in finding modern analogues to the ancient descriptions are even more pronounced due to the reliance on social context. By focusing on symptom patterns, this study has reduced the objects of inquiry to the lowest common denominator of illness, thereby allowing for informative parallels to be drawn with symptoms recorded in other medical cultures.

This inquiry has sought to spotlight patterns in the description of disorders with a strong mental component in Akkadian diagnostic texts. Certain complaints arranged with the core symptoms show consistency and can be explained with reference to parallels from other medical cultures, especially neurasthenia in Taiwan and heart distress in Iran, as well as with reference to culture-bound syndromes and certain aspects of biomedicine. With respect to disturbances in speech, for example, parallels from descriptions of thought disorder in schizophrenia provided some possibilities for clarifying the meaning of certain Akkadian topoi in the *Diagnostic Handbook*. Culture-bound syndromes, such as *nervios* and *khâl cap*, offered parallels for vertigo and roaring ears. These parallels are made possible by the reduction of the objects of inquiry to *symptoms* rather than *disorders* and offer some possibilities for interpreting symptom descriptions, especially those couched in stereotyped language and idiom, in the *Diagnostic Handbook*.

The types of clinical phenomena organised with the core symptoms of this study include mental states, such as dejection and fear; abnormal behaviours that would have been visible to others, such as disturbances in speech and wandering about; and physiological distress that might have been easier to treat or might have reflected priorities in the communication of symptoms. With respect to the description of thought and language, as well as other behavioural problems, a recurring model used to organize observations and descriptions of mental illness is that of change. The notion of change figures strongly into the interpretations of abnormal states and behaviour associated with pathological mental disturbance. The strongest example takes the form of changes in speech, but changes also apply to reason and thought processes more directly in the core symptom of *tēmu šanû/nakāru* “The mind alters/changes”. As a mode of description, it

persists across the divide between what is observed and what is inferred. In addition, the notion of wandering, which may have served as a topos for mental disturbance and disorder in some attestations in the *Diagnostic Handbook*, is also predicated on change: constant movement, or changing from one place to another, is inherent in the concept of wandering about.

Several metaphors also structure the way that Akkadians conceptualised mental disturbance. Metaphors provide models for “perceiving and interpreting the world” (Diekema 1989: 17). A study of metaphors used in descriptions of mental disturbance provides information not only about how these may have been experienced and interpreted, but also about theories of body and mind that underpin medical language. Most salient among these was not only the reliance on somatisation, but in particular, the focus on the *libbu* as a bodily metaphor and framing device for experiences of mental disturbance, which may indeed have been experienced in the abdomen or chest itself. It may be possible to deduce one feature of Akkadian psychology from this preference for somatisation and prevalence of the use of bodily metaphor to express distress: namely, that the mind and body are continuous, rather than separate. Emotional distress can be physically experienced; the psychological and physical are interrelated.

The way that symptoms are expressed is restricted by the available language and reflects the underlying structures of thought. Sometimes, this means that anxiety is expressed not with reference to the mental state itself, but to a variety of somatic symptoms that run together with the anxiety state, such as stomach pain, restlessness, or vertigo. This may be shaped by acceptable modes of experiencing anxiety, or might be tailored to the types of treatments available within a particular medical system, in which

treatments may be able to address physiological rather than psychological complaints. Kleinman explains this customisation of medical language to the therapeutic context with respect to somatisation as demonstrating “the vital semantic links between illness and treatment aspects of cultural therapeutic systems” (Kleinman 1980: 119-120). Other times, anxiety can be overlaid onto bodily organs where the disturbance is felt, such as the pain in the chest, or “butterflies” in the stomach.

The reliance on somatisation further supports the need to do away with the label of psychiatry in relation to the sources written in Akkadian from the first millennium BCE. It is not useful to distinguish between mind and body in as dichotomous a way as has informed modern conceptions of psychology and psychiatry. Geller has already observed that a conceptual framework of psychology that explicitly distinguished between body and soul, which informs the Hippocratic corpus, is not found in Akkadian, “which lacks any term or concept of ‘soul’” (2010a: 33). However, the medical corpus does distinguish between “physical and mental illness” (Geller 2010a: 33). Patterns in the expression of mental distress and disorder, recorded in the *Diagnostic Handbook* and therapeutic texts, support this observation. This study demonstrates the importance of somatic complaints in the experience of depression, anxiety, and even madness. In addition to the point already made about how culture and help-seeking may have conditioned this reliance on somatisation, a further observation can be offered: the Akkadian conceptual framework viewed the mind and body as a more continuous or unified substance.

Finally, this study shows nuances in the meaning of the experiences described by the core symptoms of *ašuštu* “Depression”, *ḥīp libbi* “Heartbreak”, and *ṭēmu šanû/nakāru*

“The mind alters/changes”. Based on the usage of *ašuštu* “Depression” in the *Diagnostic Handbook*, and in part on the original meaning of its logographic components, its meaning encompasses stupor and fatigue understood to be related to the breath and breathing. This sits well with the overlap in meanings of depression and stupor in other Akkadian terms that express dejected moods, such as *kūru* and *qūlu*. Indeed, *ašuštu* “Depression” seems to play a role in organising physiological illness, including fevers, as in *ašuštu* 6.

The symptom of *hīp libbi* “Heartbreak” highlights the overlap in the physiological and psychological experience of anxiety as overlaid onto the *libbu*. Anxiety, fear, and apprehension are heavily somatised in the Akkadian diagnostic and therapeutic context, and the focal point of emotional upheaval rests somewhere in the torso. While the meaning of the terms *hūš* and *huššu/i/a* that often precede this expression for anxiety remain open to interpretation, it is reasonable to suggest that these refer to some type of physio-psychological pain that can modify the intensity of the anxiety expressed by *hīp libbi* “Heartbreak”. Occurrences of *hīp libbi* “Heartbreak” in therapeutic contexts are more informative than the single extant reference in the *Diagnostic Handbook* and, further, show that anxiety, fear, and depression were regularly organised together.

Regarding *ṭēmu šanû/nakāru* “The mind alters/changes”, disturbances in thought and thought processes were recognised as forming part of both an overall mental disturbance and a physiological disease. It seems that the type of change expressed with *šanû* had a more restricted application to mental disturbance, while *nakāru* was more flexible in the *Diagnostic Handbook*. Both were strongly identified with a corresponding

change in speech and behaviour, and these external manifestations were articulated by reference to the same paradigms as the internal disturbance.

The Akkadian diagnostic corpus reveals recurring patterns in the expression of mental distress, disturbance, and disorder that show some continuity in human experience, as evidenced in parallels, as well as variation in medical language and in the organisation of those patterns based on cultural context. As Kleinman notes in his study of the illness experience:

The cultural meanings of illness shape suffering as a distinctive moral or spiritual form of distress. Whether suffering is cast as the ritual enactment of despair, as paradigmatic moral exemplars of how pain and loss should be borne (as in the case of Job), or as the ultimately existential human dilemma of being alone in a meaningless world, local cultural systems provide both the theoretical framework of myth and the established script for ritual behavior that transform an individual's affliction into a sanctioned symbolic form for the group. (Kleinman 1980: 25)

Attention to features of medical language, including the overarching semantic framework in which terminology for signs and symptoms derive meaning, allowed for a more nuanced presentation and reconstruction of *native* patterns and paradigms in the description of mental symptoms and disorder, and of suffering more generally.

This study has concerned itself almost exclusively with patterns discernible in symptoms descriptions in the *Diagnostic Handbook*, as supplemented where helpful by therapeutic texts. Both types of sources provide a wealth of information about two other features of mental disorder in Akkadian medicine: aetiology and treatment. As established in the theory and methodological portion of this study, aetiologies, which draw for the most part from contemporary knowledge about supernatural causation,

cannot be successfully correlated to modern accounts of causation in psychiatry, which draw from knowledge about the brain and its neurobiology.

However, patterns in the causal agents responsible for specific types of symptoms and for symptom clusters can be discerned. For example, the association between Hand of Wandering Ghost and *ṭēmu šanû/nakāru* “The mind alters/changes” in SA.GIG 22 deserves further study in light of the association between wandering about and mental disturbance. Šamaš regularly appears in apodoses in the *Diagnostic Handbook* for symptom descriptions that have a strong mental component. In therapeutic texts, incantations to Šamaš seem to include descriptions of mental distress, including the core symptoms of this study, and concomitant somatic complaints. One possible avenue for further research is to determine such causal paradigms. By identifying salient symptoms and symptom clusters in the description of mental disorder in the Akkadian diagnostic corpus, this study can provide a backdrop to such an investigation of causes.

Similarly, much information about the treatment of unusual mental states and their concomitant mental symptoms is available in the therapeutic corpus. In the same way that causes may be correlated to the symptom clusters, treatments may also be identified. As more knowledge becomes available about the Akkadian plant names and the pharmacology of therapeutic texts, such a direction for future research has much potential. To know what plants were used to treat symptoms of mental disorder might even provide further information about the nature of those symptoms.

Much work remains to be done on mental symptoms and disorder, their causes and treatments, and the status of the mentally ill in Mesopotamia as may be reconstructed from the textual material. This study offers additional groundwork for future research on

mental disorder, or disorders with a strong mental component, in ancient Mesopotamia by offering an alternative theoretical framework for approaching the Akkadian corpus that takes into account both the specific character of those sources and the epistemological problems associated with the study of the history of medicine. Despite the difficulties inherent to the history of mental disorder, the wealth of sources for the cuneiform medical tradition provide a unique opportunity to explore some of these earliest known expressions and understandings of human suffering.

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Appendix A: Manuscripts for Core Texts

Manuscripts for Core Texts

Text	<i>Diagnostic Handbook</i>	Museum, Accession, or Excavation Number	Publications	Provenance
<i>ašuštu 1</i>	SA.GIG 7, 59'-65'	K. 2952 + K. 3678	<i>CT</i> 37, pl. 40	NA Nineveh
<i>ašuštu 2</i>	SA.GIG 22, 6-9	AO 6678	<i>TDP</i> II, pl. 45-47	NA
		K. 2603	<i>TDP</i> II, pl. 44	NA Nineveh
		K. 2203 + K. 3257	HeeBel 2000: 458	NA Nineveh
		BM 68023 + BM 68040	HeeBel 2000: 459	NB?
<i>ašuštu 3</i>	SA.GIG 18, 8-9	K. 2536 + K. 11011 + K. 12145	HeeBel 2000: pp. 452-453	NA Nineveh
		K. 2536	<i>CT</i> 37, pl. 42-43	NA Nineveh
		K. 11011	<i>TDP</i> II, pl. 23	NA Nineveh
<i>ašuštu 4</i>	SA.GIG 22, 34-35	AO 6678	<i>TDP</i> II, pl. 45-47	NA
		K. 3700 + K. 8673 + K. 11604 + K. 11896 + K. 12227	HeeBel 2000: 460 (K. 11604) HeeBel 2000: 461 (K. 3700) <i>AMT</i> 2, 4 (K. 11604)	NA Nineveh
<i>ašuštu 5</i>	SA.GIG 26, 17'	SU 51, 92 + SU 51, 236 + SU 51, 238 + SU 51, 243 + SU 51, 120	<i>STT</i> 91 + 287	NA Sultantepe
		BM 47753	Geller in Stol 1993: 156-157 HeeBel 2000: 471	NB Babylon?
<i>ašuštu 6</i>	SA.GIG 27, 26-34	AO 6680	<i>TDP</i> II, pl. 48-49	NA
		A. 3441	<i>TDP</i> II, pl. 50-51	NA
		W. 22743/1	<i>SpBTU</i> III, 89	LB Uruk

<i>Libbu 1</i>	SA.GIG 13, 157'-161'	VAT 14564	<i>LKU</i> 102	NB Uruk
<i>Libbu 2</i>	SA.GIG 26, 26'-29'	SU 51, 92 + SU 51, 236 + SU 51, 238 + SU 51, 243 + SU 51, 120	<i>STT</i> 91 + 287	NA Sultantepe
		BM 47753	Geller in Stol 1993: 156-157	NB Babylon?
<i>Libbu 3</i>	SA.GIG 3, 39-40	MLC 2639	Goetze 1948 (<i>JCS</i> 2): 305-307	
		VAT 14552	<i>LKU</i> 89	NB Uruk
<i>Libbu 4</i>	BAM 316 obv. iii-iv	VAT 13608 + o.A. 13759	<i>BAM</i> 316	NA Aššur
<i>Ṭēmu 1</i>	SA.GIG 22, 47-52	AO 6678	<i>TDP</i> II, pl. 45-47	NA
		K. 3700 + K. 8673 + K. 11604 + K. 11896 + K. 12227	HeeBel 2000: 460 (K. 11604) HeeBel 2000: 461 (K. 3700) <i>AMT</i> 2, 4 (K. 11604)	NA Nineveh
<i>Ṭēmu 2</i>	SA.GIG 22, 52-57	AO 6678	<i>TDP</i> II, pl. 45-47	NA
		K. 3700 + K. 8673 + K. 11604 + K. 11896 + K. 12227	HeeBel 2000: 460 (K. 11604) HeeBel 2000: 461 (K. 3700) <i>AMT</i> 2, 4 (K. 11604)	NA Nineveh
<i>Ṭēmu 3</i>	2N-T 336 obv. 21-24	2N-T 336 (Note: Labat 1956 labels 2 NB 334)	Labat 1956, <i>Syria</i> 33: 122-123	MB Nippur
<i>Ṭēmu 4</i>	SA.GIG 3, 41-44	MLC 2639	Goetze 1948 (<i>JCS</i> 2): 305-307	
		VAT 14552	<i>LKU</i> 89	NB Uruk
<i>Ṭēmu 5</i>	SA.GIG 3, 89-90	MLC 2639	Goetze 1948 (<i>JCS</i> 2): 305-307	
		VAT 14552	<i>LKU</i> 89	NB Uruk
<i>Ṭēmu 6</i>	SA.GIG 8, 13-14	K. 4080 + K. 9254 + K. 11774 + K. 14851 + Sm. 552;	<i>TDP</i> II, pl. 12 (K. 4080) <i>CT</i> 37, 34 (K. 4080 + Sm 552) <i>AMT</i> 69, 6 (K. 14851)	NA Nineveh

<i>Ṭēmu 7</i>	SA.GIG 19/20, 13'-14'	VAT 14555 + W. 173601 + W. 17360z		NB Uruk
		K. 6422	<i>TDP</i> II, pl. 29	NA Nineveh
<i>Ṭēmu 8</i>	SA.GIG 13, 19'-20'	A 3506	TDP II, pl. 32-34	NA
<i>Ṭēmu 9</i>	SA.GIG 13, 32'-33'	A 3506	TDP II, pl. 32-34	NA

Appendix B: Manuscripts for Supplementary Medical Texts

Manuscripts for supplementary medical texts (outside *Diagnostic Handbook*)

Text (Primary Publication)	Museum, Accession, or Excavation Number	Provenance	Section
AMT 19/1	K. 6066	Neo-Assyrian Nineveh	7.3.1.2.2 7.3.1.2.2 (footnote)
AMT 21/2	K. 3648 + K. 6196 + K. 15966 + Sm. 1280	Neo-Assyrian Nineveh	5.1.1 (footnote) 5.1.2.1.2.1 7.1.1.1 (<i>CMaWR</i> 8.6) 7.1.2.1 (<i>CMaWR</i> 8.6) 7.2.1.2.4 (footnote) 7.3.2
AMT 48/2	K. 8469	Neo-Assyrian Nineveh	7.3.1.2.1 (<i>CMaWR</i> 7.10.5)
AMT 85/1	K. 6488	Neo-Assyrian Nineveh	5.1.3 7.3.2 7.3.3. (<i>CMaWR</i> 2.3) 4.1.2 (footnote)
AMT 86/1	Sm. 385 + Sm. 757	Neo-Assyrian Nineveh	7.1.2.1. (<i>CMaWR</i> 2.3) 7.3.2
AMT 87/1	K. 2513	Neo-Assyrian Nineveh	1.1.1.2 (footnote)
BAM 1	VAT 8256	Neo-Assyrian Aššur	4.1.3.2
BAM 3	VAT 9029	Neo-Assyrian Aššur	4.3.4 (footnote)
BAM 60	VAT 10612	Neo-Assyrian Aššur	7.1.1.1 (footnote)
BAM 104	VAT 10092	Neo-Assyrian Aššur	7.1.1.1 (footnote)
BAM 145	VAT 8968	Neo-Assyrian Aššur	5.2.2 (footnote)
BAM 159	A 198	Neo-Assyrian Aššur	5.1.2.1.1.2
BAM 190	VAT 13776	Neo-Assyrian Aššur	7.3.1.2.1 (<i>CMaWR</i> 7.10.3)
BAM 202	VAT 13739 + VAT 14130	Neo-Assyrian Aššur	1.2.3 6.1.1.3 6.1.2 7.2.1.2.1
BAM 214	A 13 + A 393	Middle Assyrian Aššur	6.1.2 5.1.2.1.2.1 7.3.3
BAM 231	VAT 13871 + VAT 13887 + VAT 13985	Neo-Assyrian Aššur	4.1.3.1 (footnote) 7.2.1.2.4 (footnote) 7.3.2
BAM 232	VAT 14289	Neo-Assyrian Aššur	5.1.1 (footnote)
BAM 234	Ass 13955go	Neo-Assyrian Aššur	1.2.1 1.3 5.2.4

			7.1.1.1 7.2.1.2.4
BAM 240	VAT 8881	Neo-Assyrian Aššur	6.1.1.3 5.1.2.1.1.2 6.2.5 (footnote)
BAM 317	VAT 13786	Neo-Assyrian Aššur	7.1.1.1 (footnote)
BAM 323	VAT 8242	Neo-Assyrian Aššur	5.1.2.1.2.1 7.3.3
BAM 370	VAT 9953 + VAT 10446 + o.A. 10547 + 10700	Neo-Assyrian Aššur	7.2.2.1 (footnote)
BAM 438	K. 6053	Neo-Assyrian Nineveh	7.3.1.1 7.3.3
BAM 444	K. 5968 + K. 9334 + K. 6240 + K. 16808	Neo-Assyrian Nineveh	7.1.1.2
BAM 445	K. 9488	Neo-Assyrian Nineveh	7.3.1.1
BAM 449	K. 6172 + K. 8127 + K. 8438 + K. 10980	Neo-Assyrian Nineveh	7.2.1.2.4 (<i>CMaWR</i> 10.3)
BAM 531	K. 10600	Neo-Assyrian Nineveh	5.1.3.2 (footnote)
BAM 574	K 191 + K 201 + K 2474 + K 3230 + K 3363 + K 17096 + K 13446 + K 5899 + K 12909 + K 6869 + K 10327 + K 10713 + K 2374 + K 2957	Neo-Assyrian Nineveh	5.1.2.2 5.1.2.1.1.2
BAM 580	K. 7815 + K. 10524 + Sm. 976 + BM 79106	Neo-Assyrian Nineveh	5.1.2.1.1.2 (footnote)
BRM 4, 32	MLC 1863	Late Babylonian Uruk	7.2.1.2.4 7.3.3
GCCI II, 406	GCBC 766	Neo-Babylonian Uruk	5.1.1 7.1.1.1 (footnote)
KAR 26	VAT 9727	Neo-Assyrian Aššur	1.1.1.2 1.1.1.2 (footnote)
KAR 44	VAT 8275	Neo-Assyrian Aššur	5.1.3.2
KAR 58	VAT 9030	Neo-Assyrian Aššur	5.1.2.1.2.2
KAR 92	VAT 8238	Neo-Assyrian Aššur	7.1.1.2 (<i>CMaWR</i> 7.7)
KAR 184	VAT 8242	Neo-Assyrian Aššur	7.3.2
KAR 233	VAT 10392	Neo-Assyrian Aššur	4.1.3.1 6.2.5 7.3.2
KAR 234	VAT 8244	Neo-Assyrian Aššur	7.1.1.2
KAR 238	VAT 8014	Neo-Assyrian Aššur	5.1.1
KAR 321	VAT 10174	Neo-Assyrian Aššur	4.1.2
LKA 31	VAT 13831	Neo-Assyrian Aššur	5.1.2.1.2.1
LKA 85	VAT 8229	Neo-Assyrian	7.3.1.1

		Aššur	
LKA 87	Aššur-Photo 4133	Neo-Assyrian Aššur	7.2.2.1 (footnote)
LKA 88	Aššur-Photo 4123	Neo-Assyrian Aššur	7.2.2.1 7.3.1.2.1 7.3.3
LKA 95	Aššur-Photo 4146	Neo-Assyrian Aššur	5.2.1 (footnote)
LKA 119	Aššur-Photo 4147	Neo-Assyrian Aššur	1.1.1.2 (footnote)
LKA 154	VAT 13609	Neo-Assyrian Nineveh	6.1.4 (<i>CMaWR</i> 8.2) 7.1.1.2 (<i>CMaWR</i> 8.2)
LKA 155	VAT 13665	Neo-Assyrian Nineveh	6.1.4 (<i>CMaWR</i> 8.2) 7.1.1.2 (<i>CMaWR</i> 8.2)
LKA 157	VAT 13644	Neo-Assyrian Aššur	6.1.4 (<i>CMaWR</i> 8.2) 7.1.1.2 (<i>CMaWR</i> 8.2)
SpBTU I 31	W. 22307/16	Late Babylonian Uruk	6.2.8 (footnote)
SpBTU I 32	W. 22307/2	Late Babylonian Uruk	4.2.1 (footnote) 7.2.2.1
SpBTU I 33	W. 22307/10	Late Babylonian Uruk	7.2.2.1 (footnote)
SpBTU I 38	W. 22307/32	Late Babylonian Uruk	6.2.2
SpBTU I 43	W. 22307/11	Late Babylonian Uruk	5.1.3.2 5.1.3.2 (footnote)
SpBTU I 46	W. 22307/14	Late Babylonian Uruk	7.2.1.1.2
SpBTU I 47	W. 22307/35	Late Babylonian Uruk	7.2.1.1.2
SpBTU I 49	W. 22307/17	Late Babylonian Uruk	6.1.2 6.1.2 (footnote)
SpBTU II 22	W. 22669/0	Late Babylonian Uruk	5.2.4
SpBTU II 39	W. 22730/2	Late Babylonian Uruk	5.1.2.2 (footnote) 5.2.2 5.2.2 (footnote)
STT 24	SU 51, 335	Neo-Assyrian Sultantepe	7.1.1.1 4.1.3.2 (footnote)
STT 38	SU 51, 78	Neo-Assyrian Sultantepe	5.1.2.1.2.1
STT 89	SU 51, 73 + SU 51, 194	Neo-Assyrian Sultantepe	7.2.1.2.4 (<i>CMaWR</i> 12.1) 7.2.1.2.4
STT 247	SU 51, 99	Neo-Assyrian Sultantepe	5.1.1 (footnote)
STT 256	SU 51, 114	Neo-Assyrian Sultantepe	7.2.1.2.4 1.1.1.2 (footnote)
STT 286	SU 52, 7	Neo-Assyrian Sultantepe	6.1.2 7.2.1.2.1 (footnote)
STT 300	SU 51, 84	Neo-Assyrian Sultantepe	5.1.3.2 (footnote)
STT 403	SU 51, 70	Neo-Assyrian Sultantepe	5.2.3 (footnote) 7.2.1.2.3
ŠRT pl. 7	K. 3394 + K. 9866	Neo-Assyrian Nineveh	6.1.4 (<i>CMaWR</i> 8.2) 7.1.1.2 (<i>CMaWR</i> 8.2)

Appendix C: Translation of *BAM 316 iii 8'-iv 4*

Translation of *BAM 316 obv. iii 8'-iv 4 (Libbu 4)*

Publication: *BAM 316*

Tablet: VAT 13608 + o. A. 13759

Translation

obv. iii

- 8^r. DIŠ NA ŠÀ-šú GAZ.MEŠ-šú *pi-qam* NU *pi-qam i-pár-ru-ud*
 9^r. NA BI DIB-*ti* DINGIR *u* ^diš₈-*tár* UGU-šú GÁL-ši DINGIR-šú KI-šú *ze-ni*
 10^r. *ana* BÚR KA.A.AB.BA ^únu-*ša-bu* ^{giš}SUR.MIN ^úNIGIN^{sar}
 11^r. ^{na4}ZÁLAG ^úDILI *ina* ^{sig}ÁKA NIGIN-*mi* *ina* KUŠ DÙ.DÙ
 12^r. *ina* GÚ-šú GAR-*an-ma* DINGIR.ŠÀ.DIB.BA SILIM-*im*

[ruling]

- 13^r. DIŠ NA GAZ ŠÀ-*bi* TUKU.MEŠ-ši U₄ *u* GE₆ *pu-luḥ-tú* TUKU-ši
 14^r. DINGIR-šú KI-šú *ze-ni* DINGIR-šú KI-šú *ana* SILIM-*me* ^úši-*qit-tú*
 15^r. KA.A.AB.BA ^{na4}BABBAR.DILI ^{na4}eš-*me-kám*
 16^r. *ḥa-ḥe-e šá* UDUN ZÌ.MAD.GÁ IGI ^dNUSKA *ina* KUŠ
 17^r. DIŠ NA ŠÀ-*bi* GAZ.MEŠ-šú ^úIGI-*lim* MÚD ^{giš}ESI GU₇.MEŠ
 18^r. *ina* KAŠ 'NAG' Ì.GIŠ EŠ.MEŠ *ina* ^{sig}ÁKA NIGIN-*mi* *ina* KUŠ

[ruling]

- 19^r. DIŠ KI.MIN ^úA.ZAL.LÁ ŠITA *ina* KAŠ NAG-šú
 20^r. DIŠ NA ŠÀ-šú *nu-ul-la-ti i-ta-mu*
 21^r. ^úer-*kul-la* ^útar-*muš*₈ ^úḤAR.HUM.BA.ŠIR
 22^r. ^úLÚ-*a-nu* ÚḤ^d₁₇ KA.A.AB.BA *ina* KUŠ

[ruling]

- 23^r. DIŠ NA *ḥu-uš-ša* GAZ ŠÀ-*bi* *u* SAG.PA.LAGAB TUKU.MEŠ-ši
 24^r. *nu-ul-la-ti* ŠÀ-šú *i-ta-mu*
 25^r. ^úA.ZAL.LÁ ^úIGI-*lim* *ina* KAŠ *ina* Ì.GIŠ *ina* KUŠ

rev. iv

1. DIŠ KI.MIN ^úIGI-*lim* NUMUN ^{giš}bi-*ni* 'NUMUN' [x x x x (x)]

[ruling]

2. DIŠ KI.MIN ^úa-*ra-ri-a-nu* NUMUN ^{giš}bi-*ni* NUMUN ^úA.ZAL.LÁ *ina* KAŠ SAG
 NAG

[ruling]

3. DIŠ NA ŠÀ-*bi* ŠÀ-*bi i-qab-bi* ŠÀ-*bi* NU GU₇-šú NINDA NU GU₇ A NU NAG
 4. *i-dam-mu-'um* 'NA BI DIB-*ti* DINGIR-šú *u* ^diš₈-*tár-šú* UGU-šú GÁL-ši

obv. iii

8^r. If a man, his heart continually breaks, (and) on repeated occasions, he is afraid,

9^r. that man, anger of god and goddess is over him, his god is angry with him.

10^r. To release (it), 11^r. you hem 10^r. *imbu' tâmti*-mineral, *nušābu*-plant, cypress, *supālu*-juniper

11^r. *zalāqu*-stone and “solitary” plant into a garment, you lace (them) (together) in a leather (bag),

12^r. and you place (it) around his neck, and the angry god is reconciled.

[ruling]

13^r. If a man continually has Heartbreak (*hīp libbi*), day and night he has fear,

14^r. his god is angry with him, to make his god healthy with him, sweet almond,

15^r. *imbu' tâmti*-mineral, *pappardilû*-stone, malachite,

16^r. spittle of a kiln, flour before Nuska in a leather (bag).

17^r. If a man, (his) heart continually breaks, you make him eat ‘heals-a-thousand’-plant, blood of ebony,

18^r. you make him drink (it) in beer, you anoint him with oil, you lace (it) in a garment, in a leather (bag).

[ruling]

19^r. If *ditto* (=his) heart continually breaks), you grind up *azallû*-plant and make him drink it in beer.

20^r. If a man, his heart ponders foolishness,

21^r. (you lace together) *erkulla*-plant, lupine, *harmunu*-plant,

22^r. plant of mankind, *ru'tītu*-sulphur, *imbu' tâmti*-mineral, in a leather (bag).

[ruling]

23^r. If a man continually has pain, Heartbreak (*hušša hīp libbi*) and grief,

24^r. his heart ponders foolishness,

25^r. *azallû*-plant, ‘heals-a-thousand’-plant in beer, in oil, in a leather (bag).

rev. iv

1. If *ditto* (=his heart ponders foolishness), ‘heals-a-thousand’-plant, [you ...] seed of a tamarisk, se[ed of a ...].

[ruling]

2. If *ditto* (=his heart ponders foolishness), you make him drink *ararianu*-plant, seed of a tamarisk, seed of an *azallû*-plant, in choice beer.

[ruling]

3. If a man says, “My insides! My insides!” (but) the *belly* does not hurt him, he does not eat bread, he does not drink water,

4. he moans; anger of his god and his goddess is over him.

(BAM 316, obv. iii 8'-iv 4 = *Libbu* 4)

Notes

General: This translation is based on the published tablet drawing only and has not been collated. Accordingly, it is only a preliminary translation with some notes. Based on the drawing, *BAM* 316 is a three-column tablet written in Neo-Assyrian script inscribed on the obverse and reverse (columns labelled i-vi). A full list of parallels for *BAM* 316 appears in Köcher 1964 (*BAM* III): xxvi. The tablet contains numerous diagnostic descriptions, many of them psychological in nature, and pharmaceutical prescriptions. For example, *BAM* 316 ii 5' opens with DIŠ NA *gi-na-a šu-dur ur-ra u GI₆ ina-ziq ZI.GA sa-dir-šú* "If a man is continually depressed and worries day and night; losses are continually suffered by him". The rest of this column deals with causes of anxiety and depression, such as financial problems and social alienation, and the concurrent symptoms, including *hīp libbi* "Heartbreak" (*BAM* 316 ii 9').⁴⁷²

Van der Toorn treats the tablet as dealing with stomachache as a psychosomatic response to pangs of conscience (1985: 91-92, n498-501). In his discussion of melancholy, Stol includes a reference to this text as an example of the context for *hīp libbi* "Heartbreak" in medical texts, which regularly find this symptom "in a context of anxiety and fear (*parādu, pirittu, puluhtu, nissatu*)" (Stol 1993: 29). No complete edition of *BAM* 316, or of this excerpt from *BAM* 316 obv. iii-iv, is currently available. However, certain lines of this excerpt have been previously published in transliteration and translation, particularly in Scurlock and Andersen 2005 and may be noted here:

- iii 8'-10' = Scurlock and Andersen 2005: 8.8, 19.109
- iii 13'-14' = Scurlock and Andersen 2005: 8.17, 16.18, 19.109
- iii 20' = Scurlock and Andersen 2005: 16.94
- iii 23'-24' = Scurlock and Andersen 2005: 8.16, 16.84
- iv 3-4 = Scurlock and Andersen 2005: 16.25, 19.36

iii 8'-12':

These lines are parallel with *BAM* 317 rev. 13-15 (see *CMaWR*: 49). The instructions at 11'-12' employ a standard phrase found making leather pouches filled with various ingredients as a therapeutic measure. This is abbreviated to *ina* KUŠ in ll. 16', 18', 22', 25'. Butler notes that dream rituals make use of the same phrase, as well as the abbreviated form (1998: 161). See also Scurlock 2006: 59-60 on this therapeutic practice.

iii 9'-10':

Divine anger also appears in several other therapeutic texts for *hīp libbi* "Heartbreak" and concurrent mental symptoms, such as nightmares, depression, and speech disturbances, including *BAM* 234, 9-10; *BAM* 315 iii 6-7 (*// Bu.* 91-5-9, 214: 7'-9'), and *STT* 95+295, 4-5 (*// BM* 64174, 133'-135'). On the relationship between divine anger and witchcraft, which is relevant given the distribution of *hīp libbi* "Heartbreak" in anti-witchcraft texts, Abusch and Schwemer note that the original cause of witchcraft-induced illness is divine anger: "a person's wrongdoing's and transgressions were believed to incite the anger of the gods, but also witchcraft-induced suffering was interpreted as a sign of the anger and

⁴⁷² See Abusch 2002: 38-39.

absence of one's personal gods" (*CMaWR*: 7). See also Abusch 2002: 27-64. On witchcraft in *BAM* 316 obv. ii, see Abusch 2002: 42-43.

iii 10':

Schuster-Brandis notes that *imbu' tâmti* occurs with both the determinatives for both plants and stones (2008: 421). If understood as a plant, it might refer to seaweed or marine algae (Schuster-Brandis 2008: 421).

iii 11':

𐎠DILI, translated here as "solitary" plant is associated with *ḥaṭṭi rē'î* ('shepherd's staff'), a plant identified with *azallû*, which is known to treat *nissatu* "grief" (Hh XVII 106-107; MSL 10, 186).

iii 13'-16':

These lines are parallel with *BAM* 317 rev. 16-18.

iii 15':

The *pappardillû*-stone and *zalāqu*-stone (iii 11') are both also prescribed for divine anger and for worry (*ginâ adāru*) in therapeutic texts (Schuster-Brandis 2008: 88-89, 120), as well as in DINGIR.ŠĀ.DIB.BA incantations (Schuster-Brandis 2008: 90). The stone translated as malachite is also prescribed for *antašubba*-epilepsy in *KAR* 186, rev. 10 (see CAD E 367 mng b).

iii 21'-22'

A similar prescription is given in a therapeutic text against witchcraft for *ḥuṣṣa ḥīp libbi* "pain, Heartbreak", which is grouped in the diagnostic introduction with weakness, swollen tongue, biting the tongue, roaring ears, numb hands, pain, a protruding epigastrium, sexual dysfunction, chills, weight fluctuations, and salivating in *CMaWR* 7.7: 54-57. Lupine, plant of mankind, and *imbu' tâmti* are also among the *materia medica* prescribed for divine anger in *SpBTU* I 22, 37-38 and *BAM* 370 iiib 7-9 (cf. Schuster-Brandis 2008: 87-88). Lupine is also prescribed for depression in a therapy against ghost-induced illness (*AMT* 76/1; see Scurlock 2006: 480). On the reading of 𐎠HAR.HUM.BA.ŠIR as *ḥarmunu*, see AHw 326b.

iii 20'-22':

These lines are parallel with *BAM* 317 rev. 31-32.

iii 23:

This line is parallel with *BAM* 159 iii 28-29.

iii 23'-25':

These lines are parallel with *BAM* 317 rev. 10.

iii 25':

The plants *azallû* and "heals-a-thousand" plant are together prescribed for *ḥuṣṣu ḥīp libbi* "pain, Heartbreak" in *CMaWR* 7.7: 39. Although the *azallû* plant remains unidentified, it

is effective against *nissatu* “grief” (*CMaWR*: 468-469), as well as sexual dysfunction (Scurlock 2006: 70). It is traditionally identified with cannabis (Farber 1981: 271), but this has been recently called into question. See *CMaWR*: 469. “Heals-a-thousand” plant (*imḥur-līm*, lit. “it faced a thousand (ailments)”) is an “almost ubiquitous” drug in the Mesopotamian corpus (Steinert 2013).

iv 3-6:

These lines are parallel with *STT* I 95, ii 70-73 and *KAR* 92, rev. 4-8. At iv 3, the text specifies that the *libbu* is not hurting, and the absence of a physiological symptom suggests that the cries of anguish are motivated by psychological distress. It seems appropriate to translate *libbī libbī* as more general “My insides! My insides!” in lieu of a specific internal organ, such as the stomach, given the distribution of this exclamation with a variety of symptoms and its function as a general expression of anguish. On the other hand, the third occurrence of the word *libbu* in this line seems to designate the part of the body not causing physical pain. The translation of belly is adopted to reflect this distinction. Tamarisk and “heals-a-thousand” plant are frequently used to treat internal problems caused by ghost (e.g., *AMT* 52/4, *BAM* 221; see Scurlock 2006: 69).

iv 4:

The verb *damāmu* “to moan” is a topos of depression that appears in literature, prayers, and incantations. In particular, moaning like a dove is a topos of emotional distress, as in *Ludlul* I 107 and in *DINGIR.ŠĀ.DIB.BA* incantations (Lambert 1974: 274). See van der Toorn 1985: 65 n142 for more references.