



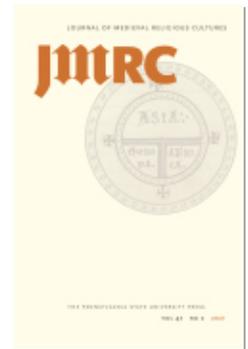
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*Margery Kempe's Spiritual Medicine: Suffering,
Transformation and the Life-Course* by Micah James Goodrich
(review)

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The Journal of Medieval Religious Cultures, Volume 47, Number 2, 2021,
pp. 218-221 (Review)

Published by Penn State University Press



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Laura Kalas. *Margery Kempe's Spiritual Medicine: Suffering, Transformation and the Life-Course*. London: Boydell & Brewer, 2020. Pp. 268. ISBN: 9781843845546. US\$99.00 (cloth).

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Margery Kempe's Spiritual Medicine is the first book-length project that communicates Margery Kempe's life and her *Book* through a medical hermeneutic. Kalas explains that her book is a "necessary project in aligning modern methodologies more holistically with the pre-Cartesian conception of the integrated body-soul dynamic" (8), and she shows that Margery Kempe's own experiences of pain—literal, metaphorical, and spiritual—are best understood through medieval medical analysis. The framework of the book follows Kempe's "life-course" to show how Kempe employs a "socio-biological matrix to transition, transform, and repurpose herself" (8) as mother, mystic, and martyr.¹ Kalas writes that she prioritizes Kempe's "somatic adaptations and transformations from virgin to wife, from young woman to mother, and from sickness to health" (13–14). In what she calls a "surrogacy hermeneutic," Kalas investigates how Kempe herself embodies surrogacy to move from earthly suffering to salvific recovery. The *Book of Margery Kempe* itself, as Kalas argues, becomes a surrogate production (183), an extension of or material embodiment of Kempe's spiritual (re)productivity on Earth.

Through a medical humanities approach, Kalas reframes Kempe's mystical body in a medicalized hermeneutic of spirituality. In order to understand Kempe's narrative, embodied, and religious experiences we must engage with medieval medical discourse. It is through pain that Kempe seeks transcendence. Drawing on the triad of *Trotula* texts, as well as gynecological and obstetrical texts such as Gilbertus Anglicus's *The Sekenesse of Wymmen* (ca. 1240) and the late fourteenth- or early fifteenth-century *The Knowing of Women's Kind in Childing*, Kalas shows how Kempe's *Book* is a product of a "medical-cultural milieu" (21) in which medical knowledge circulated. In fact, Kalas opens her introduction with a consideration of the faded recipe on the final folio of British Library Additional MS 61823, *The Book of Margery Kempe*, a brief and nearly illegible jot for curative digestives. This "medico-religious addendum" to the manuscript containing the *Book* boosts the "medical subtext" of not only the *Book* but Kempe's life.

This is crucial to understanding the realities to which medieval women depended on medical knowledge for physical and spiritual survival.

In the first chapter, “Bleeding the Tears of Melancholia,” Kalas argues that Kempe’s physiological constitution as melancholic is “intrinsic” to her “affective receptivity” (33). By looking at how medieval medical theory acts as a sort of intercessor between melancholia and mysticism, Kalas considers Kempe’s weeping “in its medical context as a teleology of a Christic object-fixation” (24). Kempe’s iconic crying outburst is not merely a mystical experience, but a uniquely individual one based on Kempe’s melancholic disposition. Showing how Kempe’s medical essence is melancholic, a state saturated with medical signification, Kalas demonstrates that not only is Kempe’s weeping physiologically constituted but “liquid articulations” of her spiritual experience (49). Kempe’s “bleeding tears” (31) become a “pseudo-stigmatic opportunity” (49) to link her with Christ.

The second chapter, “‘Pe mukke’ of Marriage and the Sexual Paradox,” turns to Kempe’s marriage and subsequent motherhood as a “pivotal spiritual crisis” (64) in her life-course. Together with texts such as *The Knowing of Women’s Kind in Childing* and the *Sickness of Women*, Kalas shows that *The Book of Margery Kempe* reveals a “pain paradox” of marital celibacy, an absence that Kalas reads as pseudo-menopausal. Kalas writes that “medieval medical theory, in its proposition of celibacy as physically damaging, stands in opposition to the doctrine that upholds virginity as the highest state, thus creating a pain imperative from which Kempe is ultimately unable to escape” (62). Kempe’s desire for a curative, celibate marriage with her husband John attempts to reroute the earthly pain of marriage and motherhood into a spiritual commitment. Within this “diathesis of motherhood as sickness” (73), Kalas questions if “divine union does provide a satisfactory analgesic to the problem of earthly marriage” (63).

In Kalas’s third chapter, “Lost Blood of the Middle Age: Surrogacy and Fecundity,” she demonstrates that Kempe’s middle age and postreproductive stage in the life-course is centered around the transition from menstruation (evoking the bleeding tears of chapter 1) to menopause (harkening back to the celibacy of chapter 2). Kalas compares the Greek etymology of *menopause* as a monthly cessation with the Latin term for menopause, *climactericus*, “climacteric,” which signifies “a crucial stage of female transition” (98). In this way, Kalas refigures the onset of menopause in Kempe’s life-course from a “somatic failure” to an “emergent re-capacity” (99). What makes this chapter so evocative is how Kempe’s cessation of menstrual

blood converges with the sterility of her tears. As Kalas shows, the reemergence of Kempe's tears at Mount Cavalry in 1414 marks a renewed productive value, "a fruitful replacement for the socio-biological productivity of her former incarnation as a wife and mother" (105). The surrogacy hermeneutic that Kalas sees as fundamental to Kempe's life-course comes into sharp focus when she becomes handmaiden to the Virgin Mary, a role that centers Christ's infancy in Kempe's spiritual renewal. It is through this surrogacy that Kempe can explore a "salvific maternity" (121).

Extending the surrogacy hermeneutic to Kempe's own role as a holy physician in the tradition of *Christus medicus*, chapter 4, "*Margery Medica: The Healing Value of Pain Surrogacy*," shows that through "pain surrogacy" Kempe must reiteratively experience pain in order to productively understand Christic suffering. Kalas explores how "pain surrogacy entrenches in an ethics of maternity" (177) and Kempe embodies this through her role as a spiritual midwife. For instance, during this part of Kempe's life-course she fixates on lepers and people who are impaired or diseased because they symbolize the "tortured Christic body through their substitute and pitiful injuries" (142). Through pain surrogacy, Kempe desires to heal their pain and act as a divine prophylactic to their suffering on Earth.

In the penultimate chapter, "The Passion of Death Surrogacy," Kalas moves from Kempe's experience of pain surrogacy to her renewed ministry through death surrogacy. In other words, Kempe's preoccupation with her own impending death is grounded in her meditations of Christic suffering. This chapter plays with the temporality of Kempe's life-course; Kalas notes that Kempe's intercessory role as a death surrogate occurs throughout the *Book* and does not necessarily indicate a spiritual zenith in her life-course. Yet, her visions of Christ's passion link her "violently and kinetically" (168) with a Christic suffering that moves beyond the temporal linearity of her own life-course. In her analysis of Kempe's meditation on Christ's passion, Kalas reframes Christ's exsanguination with medieval medical procedures of phlebotomy, where the loss of blood does not always indicate a "loss of life" but is rather "purgative" (180) and perhaps redemptive.

Kalas sees Kempe's "life-course" through to its end in chapter 6, "Senescent Reproduction: Writing Anamnestic Pain," which follows Margery Kempe's life into old age, commonly defined in the Middle Ages as a period between the ages of sixty and seventy. As Kalas shows, medieval medical literature figured the aging female body as a body beyond repair and utility. This chapter illustrates how Kempe's "aged asceticism," as Kalas calls it, recasts her aging body as (re)productive. Aging becomes a spiritual

opportunity “for redemption as a result of the suffering imperative” (190). Much of Kempe’s “somatic decline” (203) has been read as antithetical to her more active wailing and wandering, but Kalas reminds us that old age is *not* a passive but rather a multisensory kinetic experience. As Kalas recasts Kempe’s entire project through the framework of old age, she argues that *The Book of Margery Kempe* is “itself the ultimate surrogate production” (183).

In the closing essay “Afterword / Afterlife,” Kalas leaves us to meditate on the account rolls of payment to the Guild of the Holy Trinity, which bear Margery Kempe’s name. We are to wonder at the “lack of any posthumous narrative or beatific fragments” in Kempe’s afterlife, considering how well known and well traveled she was during her life. The account rolls become, in a sense, one of the material relics of Kempe’s life-course. Yet, as *Margery Kempe’s Spiritual Medicine* shows, it is the *Book* itself that becomes not only her “apostolic gift to the world” (220) but a relic of Margery Kempe herself.

Margery Kempe’s Spiritual Medicine deserves to be read in its entirety. Kalas’s prose is inspired and lucid; I found myself rereading and revisiting many extraordinary turns of phrase. There is a bit of juggling with the terminology—surrogacy hermeneutic, pain paradox, pain surrogacy, etc.—which, at times, does warrant a bit more clarification, especially in the latter chapters. Nonetheless, Kalas has constructed a tight argument with evidence and analysis that speaks across the book. She has created a working vocabulary for discussing gender, embodiment, and spirituality through a medical lens, which will undoubtedly be of use to scholars working in this field. This book will not only be of interest to scholars and students working on medicine, gender, sexuality, the history of religion, and the history of the body, but undoubtedly should become one of the central texts to which these readers turn. It is an ambitious text that pays off. In other words, spiritual healing is how everyone can understand the productive power of pain.

NOTE

1. I use the term *martyr* here in the sense of someone who endures great suffering.

