

WHAT IS FRENZY IN FEMALE MYSTICAL WRITING OF THE FOURTEENTH CENTURY?

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Master's Degrees by Examination and Dissertation

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Abstract

This study aims to fill the gap in research on frenzy as a mental illness in the medieval period. The research will analyse frenzy from four angles: medical, mystical, societal and from first-person accounts. These angles have been chosen to help show which area could benefit from further research and which are less productive. Chapter one will use medieval medical documents to see if they could be used to find other symptoms of frenzy. Chapter two will demonstrate that frenzy is not a primary characteristic of the mystical writing genre, though it may be present in hagiographical and biographical writing about the mystic in question. Instead it will argue that mystical writing is inherently biased towards religious origins for any symptoms of illnesses that are presented by the mystic and recorded by others. The third chapter will show that it is crucial to evaluate a mystic in the context of the society and culture they lived in in order to show how the mystic is received by others around them. As such researching and pairing contemporary legal and government records with other resources will provide a rounded world view. Genre and authorship of mystical writing are presented as filters through which frenzy may be concealed or otherwise misattributed to other causes due to aforementioned biases. The research indicates that frenzy must be studied in the sociohistoric context of medieval thinking and that researchers should apply medieval beliefs when conducting critical analysis of documents instead of applying modern biases that could affect interpretation of the material. From this study further research could be done to see to what extent the mystic's actions are affected by societal beliefs about mental illness.

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Introduction

The thirteenth-century *Ancrene Wisse*¹ was initially written to address a specific group of anchoresses;² but its subsequent reproduction in several languages shows its far-reaching influence. The author straightforwardly says that “[i]llness is your goldsmith”³ when speaking of the trials and tribulations a person suffers throughout their life and how it will bring them “the bliss of heaven”⁴ after their death. Throughout the book, the author identifies specific illnesses or emotional turmoil, indicating that everyday suffering was as crucial to devotion as any of the more dramatic stories of martyrs.

This study will look at emotional and mental health in women’s mystical writing in the Middle Ages. The focus will be on mystical writing written by or about women such as the *Ancrene Wisse* to determine to the extent to which a woman’s health and mental health are indicated in the text. Women are more likely to be identified as writers in this field, or their health is more openly considered because they are conveying God’s wisdom. Additionally, many hagiographical or spiritual works, for example, Boethius’ *Consolations*, discuss illness and suffering, making it easier to find accounts of women who might suffer from mental health or emotional disorders.

This work will focus on the illness known as frenzy as the *Routledge History Of Madness And Mental Health* indicates that there has not yet been a comprehensive study of frenzy⁵ when compared to other mental illnesses known in the medieval period such as melancholia and mania. Therefore, the first chapter will incorporate an ethnobotanical survey of medieval medical texts to create a list of symptoms applicable only to frenzy in order to contribute research to this gap in the wider study of mental illnesses.

1 Although the work has also been called *Ancrene Riwe*, it was first introduced in 1853, whereas *Ancrene Wisse* can be attested in Cambridge, Corpus Christi, MS 402, a manuscript which can be dated to between 1220 and the 1280s (ed. Millet, B *Ancrene Wisse Guide For Anchoresses: A Translation Based On Cambridge, Corpus Christi, MS 402* (Exeter: University of Exeter Press, 2009), p. xxxvii-xxxviii.

2 Ibid, xiv-xv.

3 Ibid, p. 69.

4 Ibid, p. 70.

5 C. Trenery and P. Horden, ‘Madness in the Middle Ages’ in *Routledge History Of Madness And Mental Health*, ed. by G. Eghigian (New York: Routledge, 2017), p. 67.

Previous research on mysticism and mental illness has often sought a modern medical solution, such as in the case of Alison Torn⁶ and Jeffries and Horsfall.⁷ The latter two use a combination of modern interpretation of Margery's illness and Margery's Christian perspective of her illness resulting from sin to weave a narrative of seeking and achieving independence. Unlike Torn they seek a more nuanced understanding of mental health in a mystical context, but still apply modern medical methods to their research. Charles Heriot-Maitland sought to extract mysticism from various pathologies and to determine if the mystic was fulfilled by their experiences or not.⁸

This dissertation will use mystical writings, mystical autobiographies and personal writings, court rolls and fourteenth-century or earlier medical texts to investigate the prominence of frenzy within women's mystical writing from four different viewpoints in order to gain a more rounded approach to the topic of mental illness and how it might have affected the women personally, physically, and socially. Wherever possible, the sources will have a female author, though this poses some problems in locating adequate sources.

Amt argues that not enough women's writing survives from the Middle Ages, meaning that we cannot create an accurate picture of life from a women's perspective, especially because what few women writers that did exist seldom wrote about their daily lives.⁹ For this reason, I will look primarily at the works of Julian of Norwich and Margery Kempe. Although the focus of this study is English mystics, the amount of writing definitively written by women is lacking, with many records of female mystics and saints written by men who may not have ever had contact with the women they write about.¹⁰ As such, the writings of Hildegard von Bingen will be used as a

6 "Madness And Mysticism: Can A Medieval Narrative Inform Our Understanding Of Psychosis?" *History And Philosophy Of Psychosis*, 13, no. 1, (2011), p. 1-14.

7 "Forged By Fire: Margery Kempe's Account Of Postnatal Psychosis", *Literature And Medicine*, 32(2), September 2014, p. 348-364. DOI: [10.1353/lm.2014.0017](https://doi.org/10.1353/lm.2014.0017) [Accessed Aug 2020].

8 "Mysticism And Madness: Different Aspects Of The Same Human Experience?" *Mental Health, Religion And Culture Religion & Culture*(3), April 2008, p. 301-325. DOI: [10.1080/13674670701287680](https://doi.org/10.1080/13674670701287680) [Accessed May 2021].

9 *Ancrene Wisse*, p. 4.

10 For example, the *Legenda Aurea* was an exceptionally popular compendium of saints' lives compiled by Jacobus de Voragine c. 1259-1266 about saints ordered according to their feast days. This means they existed centuries before de Voragine began writing, yet his work was highly influential despite the temporal disconnect, perhaps because of the many sources he lists for each account. One of the earliest of these, *Historia Ecclesiae* by Eusebius, was written in the fifth-century and still bears the same problem that a male author was writing about a woman he did not personally know.

supplemental source because we can confirm that she was literate and may have done much of her writing.¹¹



fig. 1. Illumination from *Scivias* of Hildegard drawing or sketching as she receives a vision¹²

The frontispiece of the Rupertsberg manuscript version of *Scivias* (pictured above) shows Hildegard receiving fiery tendrils of Godly inspiration as she draws, writes or dictates her visions to her waiting scribe, Volmar¹³. From this and the existence of many letters written by her, we can assume that she had direction supervision of her writing even if she did not write every word.

As Julian and Margery dictated their work to male scribes, the scribe may have changed the women's words. We do know that Julian of Norwich self-edited her work¹⁴ because the *Long Text*

11 For more information see *A Companion To Hildegard Of Bingen* ed. B. M. Kienzle, D. L. Stoudt and G. Ferzoco (Leiden: Brill, 2014), S. Rauch "The Accreditation Of Hildegard Von Bingen As Female Medieval Technical Writer", *Technical Writing And Communication*, Col. 42(4), p. 393-411, 2012 and B. S. Rapp "A Woman Speaks: Language And Self-Representation In Hildegard's Letters", in *Hildegard Of Bingen: A Book Of Essays*, ed. M. B. McInerney (New York: Garland Publishing Inc., 1998), p. 3-24 and chapters 4, 5 and 13 of *The Cambridge Companion To Hildegard Of Bingen* ed. J. Bain (Cambridge: Cambridge University Press, 2021).

12 Frontispiece of the Rupertsberg manuscript of *Liber Scivias* [Image] <<https://www.abtei-st-hildegard.de/scivias-kodex-tafel-1-die-seherin/>> (Accessed 10 July 2021).

13 For a discussion of the Rupertsberg manuscript's history and its existence see F. Maddocks, *Hildegard of Bingen: The Woman of Her Age* (New York: Doubleday, 2001), p. 277-8.

14 Approximately eighty percent of the *Short Text* is reproduced verbatim; five percent is rewritten but recognisable and less than ten percent of the *Short Text* is "deliberately omitted", Watson, N. and Jenkins, J *The Writings Of Julian Of Norwich: A Vision Showed To A Devout Woman And A Revelation Of Love* (Pennsylvania State University Press, 2006), p. 35

shows an “evolving integration [of] the results of a long concentration upon the visions [...that] twenty years of thinking about them have yielded”¹⁵. In addition. There are fewer personal details in her *Long Text* when compared to the *Short Text*. Therefore, we can assume that she could control the majority of the original text. However, we cannot know whether any small or large omissions were an authorial choice or a scribal one. Similarly there is only one known manuscript of *The Book of Margery Kempe* and we must question the accuracy of the scribe’s writing.¹⁶ She would have relied heavily on her scribes because she was illiterate had “no wryter”¹⁷ to help write down her life and visions for her for quite some time.

This lack of agency brings up some difficulties regarding the women’s emotional and mental health as the written account has been filtered through a masculine presence and may or may not have even been manipulated or falsified. Adding to this is Amt’s comment mentioned above about the dearth of writings from the female perspective in general, and for health in particular that makes the concept of non-physical illness and well-being more opaque than would be preferred.

The first chapter will use medieval medical texts in order to define and create a list of symptoms that may indicate a woman suffering from frenzy. Having thus established a baseline for diagnosis I will discern whether or not Julian, Margery or Hildegard may have suffered from frenzy and determine if their illness reveals itself in their writing. The second chapter will show that frenzy was more important to religious and mystic writing than melancholia or other illnesses as it provided extraordinary inspiration in a more unusual, demonstrative fashion that could be more easily argued as divinely inspired. The third chapter will analyse the social perception of frenzy through use of

15 ed. G. R. Crampton, *The Shewings Of Julian Of Norwich*, (Kalamazoo: Medieval Institute Publications, 1994), *Robbins Library Digital Projects*, <<https://d.lib.rochester.edu/teams/text/the-shewings-of-julian-of-norwich-introduction>> (Accessed 12 December 2020) Introduction. All references to the *Long Text* will use the TEAMS Middle English Text as found on this website and will state the book, part and line numbers unless otherwise stated. All translations are my own unless otherwise stated.

16 British Library Catalogue: Add. MS. 61823. There also exists a severely edited seven page pamphlet of her *Book* called *A Shorte Treatyse Of Contemplacyon* published in 1501 by Wynken de Worde and republished in 1521 by Henry Pepwell. In de Worde’s version of the *Book* Margery is depicted as an anchoress.

17 ed. Staley, L, *The Book Of Margery Kempe* (Kalamazoo, Michigan: Medieval Institute Publications, 1996), *Robbins Library Digital Projects* <<https://d.lib.rochester.edu/teams/publication/staley-the-book-of-margery-kempe>> [Accessed Oct 2020], Book I, Part I, l. 66. All references to *The Book Of Margery Kempe* will use the TEAMS Middle English Text as found on this website and will state the book, part and line numbers unless otherwise stated. All translations are my own unless otherwise stated.

court rolls and contemporary record keeping to gain an understanding of the wider views of insanity in general. This will be used to contextualise any reactions the wider public had to the mystic in question. The final chapter will address the concept of agency and to what extent a masculine presence may have affected the texts as we know them today.

This study aims to prove that mental illnesses should always be understood within the timeframe they are being studied in by using documents contemporary to that period. The researcher must also, wherever possible, avoid bringing modern medical theories or diagnoses on mental illness into play as it can potentially bias the researcher towards drawing a modern conclusion to a social conclusion that would be inconceivable in a medieval setting. Furthermore, I will argue that despite mysticism's naturally inward looking nature, the society around them nonetheless had a profound impact on how they perceived their visions.

This work will bear in mind the “true religious feelings and important religious motivations [...] of the people in these writings because m[ir]acle and religious visions were accepted as real”¹⁸ by the majority of people, as were other supernatural events. Going forth, the fact that these women experienced visions will not be treated merely as a symptom or result of a life-threatening illness earlier in life, but as the significant experiences the women thought and knew them to be. Instead, the focus will be on how Julian, Margery and Hildegard reacted to the visions and how they affected their emotional and mental states.

18 Amt, *Women's Lives in Medieval Europe*, p. 7.

Chapter One: Medical Frenzy

It is crucial to contextualise mental health in the fourteenth century by looking at contemporary fourteenth-century or earlier medical texts. First, it is necessary to understand the medical field and its perspectives on health during the fourteenth century. It is inappropriate to use modern medical knowledge to diagnose illnesses from earlier periods because they did not have the current knowledge we do now. As such, this chapter will engage primarily in fourteenth-century or earlier medical literature to establish whether or not there was a sufficiently established medical foundation to diagnose illnesses accurately. This will be followed by a brief overview of the foremost medical theory of the period before defining what, exactly, frenzy is within the framework of medieval medicinal knowledge.

There is little full-length modern scholarship medieval frenzy except for Jacquart's work on the Greek and Arabic medical traditions.¹⁹ The *Routledge History Of Madness and Mental Health* argues that "[m]ultiple theories coexisted"²⁰ regarding the aetiology of frenzy, muddying the waters for later scholars. K. C. Uszkalo points out that accounts of demonic or rage possessions frequently present with sudden outbursts of emotion, leading to a need to untangle the religious themes from the medical implications.²¹ Other scholars seek to interpret frenzy through a modern medical context²² rather than a medieval context. However, Freeman, Bogarad and Sholomskas argue, as I do, that it is essential to analyse mental illnesses through the medieval medical context, though in their study, they focus on melancholia and mania.²³ Some modern scholars, such as Hunt and Benskin in their *Three Receptaria* chose to define frenzy as 'delirium' in the index of symptoms,²⁴ indicating that frenzy is not easily definable to a single defined illness. This chapter intends to contribute to helping define and identify frenzy from medieval medical texts and writings.

19 G. Eghihian, *The Routledge History Of Madness And Mental Health* (New York: Routledge, 2017), p. 67.

20 Ibid, p. 68.

21 K. C. Uszkalo, "Rage Possession: A Cognitive Science Approach to Early English Demonic Possession" in *Bodies Of Knowledge: Cultural Interpretations Of Illness And Medicine In Medieval Europe* ed. by S. Crawford and C. Lee, (Oxford: Archaeopress, 2010) p. 5-18.

22 For example, D Jefferies and D. Horsfall's, "Forged By Fire: Margery Kempe's Account Of Postnatal Psychosis." *Literature and Medicine*, 32., (2014), pp. 348-364. <DOI: 10.1353/lm.2014.0017> [Accessed May 2021] and R. Littlewood and S. Dein's "Did Christianity Lead To Schizophrenia? Psychosis, Psychology And Self-Reference" in *Transcultural Psychology*, 50 (3), (2013), pp. 397-420. <DOI: 10.1177/13634615134889681> [Accessed May 2021].

23 P. R. Freeman, C Bogarad, and D. Sholomskas, "Margery Kempe, A New Theory: The Inadequacy Of Hysteria And Postpartum Psychosis As Diagnostic Categories" *History of Psychiatry* 1(2) (June 1990), pp.169-190. <DOI: 10.1177/0957154X9000100202> [Accessed Jan 2021].

24 T. Hunt and M Benskin, *Three Receptaria From Medieval England: The Languages Of Medicine In The Fourteenth Century* (Exeter: The Society For The Study Of Medieval Languages And Literature, 2001), pp. 253.

The Medical Texts

In order to ascertain if Julian, Margery or Hildegard suffered from frenzy, this study will conduct an ethnopharmacological survey of five texts. The *Trotula* and Hildegard von Bingen's *Physica* have been chosen as they are medical manuals written by or for women. The ten texts in *Medieval Welsh Medical Texts Volume One: The Recipes*, the *Three Receptaria From Medieval England* and *The Old English Herbarium* comprise the general medical works. These latter three texts are local to England and Wales and were written between 1000AD²⁵ (however, *The Old English Herbarium* is a translation of a fourth or fifth-century Latin text called the *Herbarium of Pseudo-Apuleius*²⁶) and the beginning of the fifteenth century.²⁷ The *Three Receptaria* are also crucial because they provide a fourteenth-century basis for practising medicine in England. Together, these five books contain seventeen individual medical books which allow us to have a broad, though shallow, survey of the four hundred years of interest created between Hildegard von Bingen and Margery Kempe. See Appendix A for full details of the survey.

These works are intended as references for doctors because they are light on in-depth instructions for diagnosing illnesses or even preparing some of the ingredients required for the recommended medicines. Van Arsdall argues that *The Old English Herbarium*:

relies on apprenticeship with an experienced healer, knowledge of medical plants and how to administer them, and to a lesser extent, texts that record the plants and their use for certain conditions²⁸

in order to truly understand the contents of the books as the initial entry of each herb is very abrupt before providing a slightly deeper instructional segment for harvesting and preparing the plant. Van Arsdall's words apply to an even greater degree to each of the books in *Medieval Welsh Medical Texts*, which has even terser instructions.²⁹ The *Physica* is similarly intended for someone with a grounding in healing because there are no physical descriptions for the plants mentioned, nor precise instructions for creating some of the medicines. A pan-European medicinal tradition can be established through these books that show a solid European medieval medical tradition.³⁰ For

25 A. van Arsdall, *Medieval Herbal Remedies: 'The Old English Herbarium' And Anglo-Saxon Medicine* (New York: Routledge, 2002), p. xiii.

26 Ibid. p. xv.

27 D. Luft, *Medieval Welsh Texts Volume One: The Recipes* (University of Wales Press: Cardiff, 2020), p. 3.

28 van Arsdall, *Medieval Herbal Remedies*, p. xv.

29 For example, "Betony to raise a child's head bones, and boil leathers in goat's milk until they all melt, and drink that liquid." (*Medieval Welsh Medical Texts*, p. 102) and "Mugwort root, boil them in wine to stop diarrhoea also, and do it with their leaves to kill worms" (p. 104) and "[T]ake daisy (the white one) and wine and give them to a patient to drink. If he vomits, he will die; if he retains it well, he will live" (p. 124).

30 Ibid, p. 75.

further information regarding a pan-European medical practice, please see Appendix A.

Of the books of recipe-literature³¹ used for this research, M. Green says the *Trotula* is the "most important book on women's medicine in medieval Europe"³² because it was the "most popular"³³ compendium of texts from the twelfth to fifteenth centuries. By the latter end of this period, the *Trotula* had been translated into "most of the Western European vernacular languages"³⁴ giving it one of the largest audiences of any medical text. The *Trotula* is a compendium because it is a collection of three manuscripts, though only one can historically be attributed to the female author Trota: *On Treatments For Women*,³⁵ but the issue of the authorship of the *Trotula* is beyond the scope of this research.³⁶ Regardless, it was "most commonly understood throughout later medieval Europe as the authoritative Salernitan teachings on women and their diseases"³⁷ and to be written entirely by a woman, and so this chapter will take the medieval stance that one woman wrote the *Trotula*.

The Four Humours and Religion

The prevailing medicinal theory of the fourteenth century was that of the Galenic four humours or bodily fluids; these being blood, phlegm, black bile, and yellow bile. In turn, each humour had the qualities of hot or cold, wet or dry and was associated with seasons, tastes, elements and personality types. It is from the personality types that the humours get their most commonly known names. Here follows a brief table outlining the most pertinent facts about the humours:³⁸

31 For further explanation of 'recipe-literature' see J. Stannard's "Botanical Data and Late Mediaeval 'Rezeptliteratur'" in ed. K. E. Stannard and R Kay's, *Herbs and Herbalism in the Middle Ages and Renaissance* (Aldershot: Ashgate 1999), p. 371-395.

32 *The Trotula: An English Translation Of The Medieval Compendium Of Women's Medicine* ed. and trans. Monica H. Green (Philadelphia: University of Pennsylvania Press, 2002), p. xi.

33 Ibid.

34 Ibid.

35 Ibid, p. xiii.

36 See the "Introduction" of M. Green's *Trotula* for a good discussion on the authorship questions and transmission difficulties posed by the *Trotula*, which she called a "ragged patchwork" (p. xiii) of work.

37 Ibid. p. xiv.

38 J. Jouanna. "The Legacy Of The Hippocratic Treatise The Nature Of Man: The Theory Of The Four Humours." *Greek Medicine From Hippocrates To Galen: Selected Papers*, trans. N Allies, edited by Philip van der Eijk (Brill, 2012) pp. 335–60, <http://www.jstor.org/stable/10.1163/j.ctt1w76vxt.21>. [Accessed Sept 2021]. This table is based on the post-Galenic Ancient Greek and Alexandrian treatises discussed in the article as they more accurately summarise the medieval beliefs about the four humours.

Humour	Qualities	Personality Type	Season	Age	Element	Taste
Blood	Hot, wet	Sanguine	Spring	Infancy	Air ³⁹	Sweet
Yellow bile	Hot, dry	Choleric	Summer	Youth	Fire	Bitter
Black bile	Cold, dry	Melancholic	Autumn	Maturity	Earth	Sour
Phlegm	Cold, wet	Phlegmatic	Winter	Old age	Water	Salty

Table 1: the four humours and their assigned associations

The emphasis from Hippocrates to Galen and beyond always involved bringing the humours into balance by increasing or decreasing one of the qualities in the body to rebalance the body.⁴⁰ Doing this would involve addressing imbalances in humours through bloodletting or similar actions. The humours apply to the body and the rest of the living world. Throughout the recipe-literature referenced, especially the *Physica*, ingredients for medicines are referred to as hot or cold, moist or dry. For example, betony, an ingredient frequently used in medicines to cure head illnesses, is “hot”⁴¹ but pennyroyal is “nevertheless moist”⁴² despite also being hot. For Hildegard, “the heat of the herbs [and other materials] signifies the spirit, and the cold, the body”,⁴³ therefore medicines must take into account the humoral nature of the medicines themselves lest they “provide an imbalance in the people”.⁴⁴ She sees the world acting in union with humanity to improve their lives in any way possible because the Earth was created for humanity’s benefit. This religious view of medicine pervades all the literature surveyed leading to an almost mystical or magical element in medicine that should not be overlooked.

Trotula writes that “[God] made the nature of the male hot and dry and that of the female cold and wet so that the excess of each other’s embrace might be restrained by the mutual opposition of contrary qualities.”⁴⁵ and that “the male [has] the stronger quality [...so it is] reasonable that sicknesses abound in [women]”⁴⁶ similarly embodying the religious element of medicine. *The Old English Herbarium* mentions curing people from enchantment⁴⁷ and chanting Latin phrases as part

39 According to Galen, blood is an equal mix of all four elements, but the tradition after Galen attributed the element of air to blood. Ibid, pp. 340.

40 Ibid, pp. 335.

41 *Physica*, p. 67.

42 Ibid, p. 65.

43 Ibid, p. 10.

44 Ibid.

45 Trotula of Salerno, *The Diseases Of Women* trans. Mason-Hohl, E (The Ward-Ritchie Press, 1940). Reproduced in Amt, E.’s *Women’s Lives In Medieval Europe: A Sourcebook* (London: Routledge, 1993), p. 98-99.

46 Ibid, p. 99.

47 *The Old English Herbarium*, p. 86.

of cures⁴⁸ or asking permission of a plant to harvest it to cure an illness⁴⁹ and similarly discusses uses of metal and astrology as essential for harvesting certain plants. Due to this, we cannot entirely exclude the religious or magical element from medicine as they were intertwined for centuries. Rather, we should accept partial joining of religion and medicine instead of disapproving of the methodology of medieval doctors. The theory of the humours was the basis of medicine for over a thousand years and the people of the time applied this logic to understand why certain ingredients healed some injuries, yet made others worse.

Defining Frenzy

The *Routledge History Of Madness And Mental Health* defines frenzy, or *frenesis*, as an illness caused by excessive yellow bile leading to the formation of a hot abscess in the brain which upset the brain's natural cool moistness.⁵⁰ Accordingly, the sufferer would have a fever and suffer from disrupted sleep. In turn this could lead to bouts of "inexplicable"⁵¹ laughter or tears as the natural faculties of the brain were disturbed. On occasion the patient might receive visual or oral hallucinations. Frenetics may also display moments of frantic behaviour or being in a stupor. The main distinction between frenetics and maniacs was the lack of fever.⁵²

In the various books of recipe-literature this study has assessed the word 'frenzy' or even '*frenesis*' seldom occurs. It shows up in the second Corpus Compendium of the *Three Receptaria* as "fransi" and "frenesi"⁵³ where the illness is co-morbid with the patient "may no wit sclepen" ('may not know sleep'), which echoes one of the major symptoms of the illness.⁵⁴ The cure suggested by the English manuscript partly involves having to "shaue his heued" ('shave his head') and wrapping a medicinal mixture around the patient's head.⁵⁵ The use of the word "frenetic" occurs once in the *Physica*.⁵⁶

Instead, when searching for commonalities in the medical texts keywords such as 'delirium', 'mad', 'madness', 'insanity', 'lost his reason', 'anger', 'insane', 'go out of their mind' and 'weakness of the brain' were used as they fit the general symptoms of someone suffering from

48 Ibid, p. 189, p. 225 and p. 227.

49 Ibid, p. 157 and p.160

50 *The Routledge History Of Madness And Mental Health*, p. 67.

51 Ibid.

52 Ibid.

53 *Three Receptaria*, p. 187.

54 *The Routledge History Of Madness And Mental Health*, p. 67.

55 *Three Receptaria*, p. 187.

56 *Physica*, "Diamond", p. 151-152.

frenzy and are understood as euphemisms for the mental illness. A general search of all entries for head injuries, internal or external was also performed to see any similarities in treatment or entries not labelled under the initial keywords used. For further reference to the commonalities in treating head injuries and illnesses, see Appendix A, Table 1A.

Unfortunately, there was little diagnostic literature available in English to ascertain if there were more specific symptoms of *frenesis*. This is an area in which further research is needed to complete the medieval process of diagnosing frenzy accurately. Furthermore, the primary method of diagnosing a patient was observation and minimal touch aside from taking the patient's pulse⁵⁷ and a visual examination of blood and urine. It is possible that the art of diagnosing was taught orally from doctor to student, and that little was written down about the diagnostic methodology.



fig. 2 Illumination of a doctor examining urine⁵⁸

We can infer from some treatments in the recipe-literature what some symptoms of frenzy were. Hildegard specifically recommends shaving the head of someone who is insane,⁵⁹ a recommendation which also occurs in the second Corpus Compendium of the *Three Receptaria*,⁶⁰ which would allow the hot nature of the yellow bile to cool off more quickly when exposed to air. Similarly, all of the medical texts frequently recommend washing, bathing or soaking the head in some kind of medicinal mixture which would have a similar effect to shaving the head.⁶¹

57 K. Kelly, *The History Of Medicine: The Middle Ages 500-1450* (New York: Facts on File, Inc, 2009), p. 35-36.

58 British Library Catalogue: Harley 3140 f. 32v.

59 *Physica*, p. 60, p. 121 and p. 217.

60 See Appendix A, Table 2A, entries 2 and 4.

61 See Appendix A, Table 2A.

Diagnosing Julian, Margery and Hildegard

Julian's case is the hardest to diagnose of the three women because she is mostly absent in her writing. Even the name she is known by is only mentioned by chance in the *Short Text* of her work.⁶² That note was removed in all version of her *Long Text*.⁶³ Margery meanwhile produced an autobiographical work and Hildegard produced an extensive amount of work ranging from music to medical and mystical works which gives us more material to work with and attempt to diagnose their various illnesses. See chapter 4 for discussion of these women and their writing.

Julian differs from Margery and Hildegard in another way. She actively “asked for [...] bodily sickness”⁶⁴ to the point of near-death so that she could “underfongyn alle my rites of // Holy Church”⁶⁵ (‘receive all my rites of the Holy Church’) to be closer to God. She received the gift of this sickness when she was thirty years old, being grievously sick for a little over a week; whatever illness she suffered from, it was acute and non-recurring. Margery and Hildegard suffered from a chronic recurrence of visions for most of their lives. At this point, frenzy is still an option for all three women as frenzy is a curable illness. See Appendix A, Table 1A, entry 12 and Table 2A, entry 4.

However, further reading of Julian's account of her illness shows that whatever illness Julian suffered from, it likely was not frenzy. During her illness she suffered numbness from the waist down and some form of paralysis that left her unable to move her eyes properly or speak, leading to blindness and overall weakness. Julian says that the “greatest pain”⁶⁶ was shortness of breath and fading life. At this time she was also beset with strange visions of the Cross glowing and “fends”⁶⁷ (‘fiends’) present in the room. Aside from the strange visions, none of these symptoms seem to match with frenzy as defined in the previous section, so we can conclude that whatever illness Julian suffered from was not frenzy.

Margery also “dyspered of hyr lyfe”⁶⁸ (‘despaired for her life’) after delivering her first child to the point where she sent for a priest for confession and the Last Rites. She fell ill for roughly eight months being beset by “spyritys [...and]develys”⁶⁹ (‘spirits and devils’) who tempted her to forsake her Christianity and caused her to self-harm to the point that she was “bowndyn and kept wyth

62 E. Spearing, *Revelations Of Divine Love (Short Text And Long Text)* (London: Penguin Classics, 1998), *Short Text*, vision 1, paragraph 1, EPUB edition. All references to the *Short Text* will use this edition.

63 D. N. Baker, *The Showings Of Julian Of Norwich* (New York: W. W. Norton & Company, 2005), p. 3

64 *Revelations of Divine Love, Short Text*, section 1, paragraph 1.

65 *Long Text*, l. 55-56.

66 *Ibid.*, section 2, paragraph 2-3.

67 *Long Text*, l.99.

68 *The Book Of Margery Kempe*, book 1, l. 134.

69 *Ibid.*, l. 150-151.

strength bothe day and //nygth”⁷⁰ (‘bound and kept with strength both day and night’) to stop herself from further self-harm. Later symptoms involved hearing melodies “so swete that it passyd alle the melodye that evyr myght be // herd in this world”⁷¹ (‘so sweet that it surpassed all the melodies that might ever be // heard in this world’) and burst into frequent bouts of tears. She would continue to have visions and hear things until her death.

Comparing Margery’s account of her illness to the symptoms of frenzy listed above, there is a significant overlap ranging from the hallucinations to the violence requiring restraint. Though S. W. Jackson notes in his book⁷² that it was a common tactic to calm or help violent melancholics, its use here shows that restraining someone was always an option for those who could harm themselves or others. Margery’s first significant bout of illness in her early twenties was the most severe one she suffered from, as the rest of her visions tend to be calmer. Moreover, they typically consisted of conversations or instructions from people who were not visible to others, making her harmless compared to her first extreme bout of illness.

When Hildegard was forty-three she experienced “a fiery light of exceeding brilliance [which] came and permeated [her] whole heart and [her] whole breast, not like a burning but like a warming flame”⁷³ and a voice ordered her to write down the visions she had been receiving since the age of five⁷⁴ so that others could learn about the mysteries of God and the true order of things. Hildegard writes that she “did not perceive [visions] in dreams, or sleep, or delirium”,⁷⁵ but rather with a sane mind. At first, this seems to allay any concerns about her being ill. Still, Hildegard says that she concealed her visions nonetheless and was “miraculously stricken”⁷⁶ with with many illnesses until she was compelled to write.

In the *Vita Sanctae Hildigardis*, Theodoric writes that Hildegard had a “precocious purity”⁷⁷ that caused her to withdraw from the material world and easily allow her to see the spiritual world and that she endured “frequent and almost continual pains of weaknesses”⁷⁸ that left her physically infirm until she began to recount her visions. In her youth Hildegard says that:

on occasions when I was completely inundated by the vision, I would say many things
which were strange to my hearers, and I behaved more like an infant than one of my years.

70 Ibid, l. 164.165.

71 Ibid, Book 1, part 3, l. 244-245.

72 S. W. Jackson, *Melancholia And Depression From Hippocratic To Modern Times* (New Haven: Yale University Press, 1986), p. 63-64.

73 H. von Bingen, *Scivias* trans. Hart, Mother C. and Bishop, J. (Mahwah: Paulist Press, 1990), p. 59.

74 Ibid, p. 60.

75 Ibid.

76 Ibid.

77 Theodoric, *Vita Sanctae Hildigardis* in *Jutta And Hildegard: The Biographical Sources*, ed. and trans. A. Silvas (Turnhout: Brepols, 1998), p. 138.

78 Ibid., p. 140.

But when the force of my visions ebbed somewhat, I bushed profusely and often wept, and often would have gladly kept silent if I had been allowed.⁷⁹

This accounting of her visions bears a slight similarity to Margery's own outbursts of tears upon being overwhelmed by what she saw. The *Vitae* here implies that this phase occurred when Hildegard was between the age of eight and a young adult as she recounts having a nurse earlier in the paragraph. By the time she was forty and "divinely warned"⁸⁰ to write down her visions this appears to have passed as she was able to later have her visions and continue with her daily activities with no one being the wiser as to her having visions.⁸¹

These two accounts of the origin of Hildegard's visions and the source of her writings show that Hildegard had some form of chronic illness from a young age. Still, the details are lacking when attempting to diagnose her with a particular illness. For example, although Hildegard mentions a warmth that could indicate a fever, she specifies that she did not experience delirium. This and Theodoric's reference to her persistent physical weakness rule out frenzy as a possible diagnosis. On the other hand, during her youth Hildegard seems to have had a milder version of the illness Margery had as Hildegard experienced the same strange emotional mood swings after her visions. In Hildegard's case, she seems to have either become accustomed to her visions to such an extent that they did not overwhelm her or ceased suffering from this particular symptom of her illness.

This and Theodoric's reference to her persistent physical weakness rule out frenzy as a possible diagnosis when Hildegard was a mature adult. In addition, Hildegard was an abbess at the time of her writing *Scivias*, and it is unlikely that a mentally ill person would be appointed the ruler of an abbey if they were subjected to the same episodes of weeping and strange convulsions as Margery was. However, her own accounts of her youth do suggest she may have suffered from frenzy for a time, but that she recovered from it or was able to mask the emotional symptoms.

Conclusion

Of the three women, the only one that we can reliably say might have suffered from frenzy is Margery Kempe. The symptoms that she lists align remarkably well with the signs of frenzy, though there is no explicit mention of the fever which would conclusively mark her as frenetic rather than manic. Julian and Hildegard's accounts of their illnesses are less detailed than Margery's, but the scant evidence still runs contrary to the diagnosis of frenzy. Julian suffered from an acute illness that slowly paralysed her or rendered her unable to move. Hildegard suffered from what Theodoric

⁷⁹ Jutta And Hildegard: *The Biographical Sources*, p. 159.

⁸⁰ Ibid, p. 141.

⁸¹ Ibid, p. 150.

would call a “wasting illness”⁸² from keeping silent about her visions. Despite Hildegard’s youthful emotional outbursts and having her mental extent affected to the point of either emotional, physical or mental regression to infancy, her symptoms still do not entirely align with frenzy as closely as Margery’s do. Moreover, these more severe symptoms appear to have disappeared as she matured, so she either recovered from her illness or the symptoms passed.

In addition, the lack of diagnostic literature and detailed medical manuscripts in English hinders our ability to accurately create an in-depth picture of medieval frenzy and how to go about diagnosing it. The likely oral nature of learning between healer and student means that some knowledge has been lost to history. However, employing ethnopharmacological or ethnobotanical surveys on the literature that survives offers a useful approach toward better understanding mental illnesses in medieval times. One article argues that analysis of *materia medica* offers ways forward in the medical field to discovering new drugs⁸³ or advocate for large databases and medicines past and present as a possible way to create new theories that could advance medicine.⁸⁴ While both these studies were conducted through data mining and database analysis and was aided by an in-depth knowledge of current pharmaceutical knowledge, this same process could be adapted strictly towards medieval medicine and used to better help distinguish similarly named illnesses from one another and the protocols used to treat them.

The issue diagnosing frenzy is further compounded by the fact that our sources for Julian, Margery and Hildegard’s lives are, to an extent, autobiographical and subject to manipulation. Julian, as discussed in chapter 4, remains almost entirely absent from her writing and Hildegard’s *Vita* glosses over her various illnesses as miracles from God encouraging her to surrender to his will and write down her prophecies; the illness is nothing but the precursor to the rest of Hildegard’s amazing career. Margery goes the most in-depth about her reactions to her visions and illnesses. We can reliably say that Margery was the most likely woman to suffer from frenzy in its medical definition. The rest of mystical and hagiographical writing probably suffers from the same problem observed when studying Julian and Hildegard’s works: as mystic works or saints’ lives, the text is angled thoroughly towards explicating visions or remarkable miracles, not recounting the everyday struggles they may or may not have faced.

82 Ibid, p. 141.

83 P.O. Staub, L. Casu, M. Leonti, “Back To The Roots: A Quantitative Survey Of Herbal Drugs In Dioscorides’ De Materia Medica (ex Matthioli, 1568)”, *Phytomedicine*, Volume 23, Issue 10 (2016), p. 1043-1052, <DOI: doi.org/10.1016/j.phymed.2016.06.016.> [Accessed Jan 2022].

84 M. Leonti and R. Verpoorte, “Traditional Mediterranean And European Herbal Medicines”, *Journal of Ethnopharmacology*, Volume 199, (2017), p. 161-167, <DOI: doi.org/10.1016/j.jep.2017.01.052.> [Accessed Feb. 2022].

Chapter Two: Mysticism And Frenzy

This section of the study will determine to what extent, if any, frenzy had an impact on the phenomenon of mysticism in the world of female Christian writing of the fourteenth century. In order to do this the general definition of mysticism will be defined and briefly contextualised within Western Christianity as a whole. This will be followed by an exploration of pain in the Bible and *Ancrene Wisse* and what it represents as a religious tool. Finally it will explore the personal relationships Margery, Julian and Hildegard had with pain and frenzy in their lives as mystics.

Defining Mysticism

Mysticism can loosely be said to be the belief that there is a hidden meaning in life,⁸⁵ be it spiritual, religious or otherwise. It goes without saying that each spiritual or religious practice has a different approach, meaning and emphasis on what mysticism is, so the first step towards determining what impact *frenesis* has on mysticism is to define Christian mysticism in particular. Amy Hollywood calls St. Augustine's vision at Ostia "vital"⁸⁶ to the formation of Western Christianity as a whole, especially to its later impact on its mystical branch. In this vision St. Augustine and his mother, desiring to know what the eternal life is like reached out with their thoughts and "all the strength of our hearts"⁸⁷ to know the truth behind the Divine Word of God. Their contact with the Word was fleeting, but left a heavy impact on them. It is these three concepts that embody the meaning of a Christian mystical experience: great contemplation of thought, a true desire and strength of heart, and short contact. There are, of course, exceptions to this rule; Margery and Hildegard being among them, but Julian's vision fits the foundations of Christian mysticism perfectly.

As Christianity became more established, the roots of mysticism became more fully developed leading Amt to call mysticism "the direct communication of the soul with God"⁸⁸ and Beer to describe it as "an intense, individual bond with the Creator which is all-absorbing, wholly fulfilling, [and] the source of surpassing joy and wonder".⁸⁹ It is no wonder that such a bond would demand a great feeling of emotion and affect-laden language on behalf of the mystic often speaking of intense

85 "Mysticism", *Cambridge Online Dictionary* <<https://dictionary.cambridge.org/dictionary/english/mysticism>> [Accessed Dec 2020].

86 "Introduction", *The Cambridge Companion To Christian Mysticism* (Cambridge: Cambridge University Press, 2012), p. 2.

87 *Confessions* trans. R. S. Pine-Coffin (Hammondsworth: Penguin, 1961), Book IX, sec. 10, p. 197.

88 *Women's Lives In Medieval Europe*, p. 4.

89 F. Beer, *Women And Mystical Experience* (Woodbridge: The Boydell Press, 1995), p. 9

feelings of love.⁹⁰ A more interesting, more secular notion of mysticism is Averill's argument that religion and mysticism in particular is a "creative emotional experience"⁹¹ which still correlates well with the basics seen in St. Augustine's vision at Ostia – intense thought and emotions. The only thing lacking in Averill's definition compared to the others so far discussed is a lack of attribution to a higher power. Instead he places an emphasis on individual emotional responses⁹² when compared to St. Augustine's initial ideas of community bolstering the soul to reach the heights of contact with God.⁹³ Averill's definition of mysticism nonetheless holds its own with the others due to a socio-religious movement that occurred from the eleventh to thirteenth centuries.

At this time there were institutional reforms brought about by Popes Gregory VII (1073-85) and Innocent III (1198-1218), sustained interest in spiritual enthusiasm and a "growing dissatisfaction" with traditional monastic life.⁹⁴ This atmosphere led to a desire to return to the simpler times of the early Church leading to an upsurge in itinerant preaching and extra-monastic groups. Women played a part in this movement as a marginalised group restricted by a decline in women's religious housing.⁹⁵ In England this led to an upsurge in lay anchoresses who had neither taken full religious vows, but were not a true part of the laity.

In England specifically, religion was "deeply biblical [...and] strongly grounded in affective piety"⁹⁶ leading to the devotional practice of meditating on scenes from the Bible and especially Christ's life. This is where Averill's description of creative emotional experiences comes into play; the laity and lay people alike were encouraged to deeply immerse themselves into scenes from the Bible as an eyewitness, and even to converse with the people within. Julian and Margery both had visions of the Passion of Christ, but Margery's creativity in her visions is more domestic and homely. Concerned for Mary after witnessing her son's death she "mad for ovr Lady a good cawdel and browt it hir to // comfortyn hir"⁹⁷ ('made for Our Lady a good hot drink and brought it to her to // comfort her') in expression of empathy for a grieving mother. English Christianity's emphasis on this deep personal relationship with the Bible of Christ may have had an impact on how difficult it was to tell bodily sight from the sight of the soul due to this practice of self-insertion into religious scenes. It will be discussed further later in the chapter.

90 F. Somerset, "Emotion", *The Cambridge Companion To Christian Mysticism*, p. 294-305. For love in particular, see p. 297-298.

91 J. R. Averill, "Individual Differences In Emotional Creativity: Structure And Correlates", *Journal Of Personality* 67, no. 2 (1999), p. 331-751, p. 350.

92 Ibid.

93 *The Cambridge Companion To Christian Mysticism*, p. 4.

94 *Ancrene Wisse*, "Introduction", p. xvii.

95 Ibid, p. xix.

96 P. Sheldrake *Julian Of Norwich: In God's Sight: Her Theology In Context* (Chichester: John Wiley & Sons Ltd., 2019) p. 38.

97 *The Book Of Margery Kempe*, Book One, Part 2, l. 4631-2.

Christianity and Pain

The Bible is full of examples of people suffering physically and emotionally due to God's will. The Book of Job has a man suffer the loss of his livelihood, servants, children and is stricken with hideous skin sores by Satan with God's permission in order to test Job's faith in God. Bildad places the blame on Job saying that if he were a "blameless person" (8:20) then God would not permit this suffering to happen. These instances of suffering due to God's action or inaction are innumerable in the Bible, and contributed to the belief that God could inflict one with illness or suffering at any time for any reason. Christ's Passion is, of course, the primary example of an innocent person suffering pain, though in this case he suffers to remove the stain of sin from humankind.

Christ's Passion is glorified to a high extent in medieval writings and literature to the point of being almost glorified violence. One of Margery's visions of the Passion has her expounding on great detail about Christ's body:

completely rent and torn with scourges, more full of wounds than ever a dove house of holes, hanging upon the cross with the crown of thorns upon his head, [...] the rivers of blood flowing out plenteously from every member, the grisly and grievous wound in his precious side shedding out water and blood⁹⁸

which demonstrates that pain itself was considered something glorious if one endured it for God's purpose. The topic of Christ's Passion and the glorified violence will be revisited later in the chapter.



fig. 3 Illumination of Christ's Passion⁹⁹

98 *The Book Of Margery Kempe*, ed.L. Staley (New York: W. W. Norton & Company, Inc, 2001), p. 51.

99 *Belles Heures* of Jean de France, duc de Berry, fol. 145r. The Metropolitan Museum of Art, New York, The Cloisters Collection, 1954 (54.1.1)

Despite having been written at least a thousand years before the medieval period, Bildad's opinion is one that echoes accusations that Margery Kempe had "a devyl wythinne hir"¹⁰⁰ which caused her misery and convulsions and the stereotype that all suffering is to be blamed on sin. However, in truth, this accusation was only brought forth, and infrequently at that, to accuse an enemy or immoral person¹⁰¹ making it more of a character assassination attempt rather than a sincere belief that God had brought suffering down upon someone. After all, everything in the world was controlled by God, so it was a natural part of life for a medieval person to accept everything that happened to them. This will be further discussed in chapter three as part of the social aspect of frenzy and mysticism.

Part 4 of *Ancrene Wisse*, a guide for anchoresses living a quasi-mystical, devoted life uses the language of sickness to create the analogy of two deadly conditions: a man who is ill, yet cannot recognise it, and the man who feels his illness so acutely he cannot bear anyone touching him to offer aid. They correspond to the man who cannot recognise his sins and the man who fears temptations so much he is filled with fear.¹⁰² These are known as the two "trial[s]"¹⁰³ to be endured by anchoresses and embody both suffering and pleasurable things. The external trials are things such as illness, disgrace and bad luck physical health, excess of food and drink and the internal trials are emotional: grief, anger, pride and false happiness. Notably, *Ancrene Wisse* aligns perfectly with Kroll and Bechbach's "Sin And Mental Illness In The Middle Ages" by saying that God sends both the good and the bad, not exclusively negative things.

All these temptations are sent by God to "test his beloved elect as the goldsmith tests the gold in the fire"¹⁰⁴, that is, to purify the gold of any hidden impurities and make it "brighter".¹⁰⁵ The author further writes that the worse the illness, the greater the shine the goldsmith creates as he pulls more impurities from your soul. Suffering is God's "messenger"¹⁰⁶ and a test of internal strength rather than a punishment for sinning. The echoes of the Book of Job are evident (though likely unintended

100 *The Book Of Margery Book*, Book 1, Part 1, l. 2470.

101 J. Kroll and B. Bachrach, "Sin And Mental Illness In The Middle Ages", *Psychological Medicine* 14, 1984, p. 507-514, p.508.

102 *Ancrene Wisse*, p. 68.

103 Ibid.

104 Ibid, p. 69.

105 Ibid.

106 Ibid, p. 72.

as the author draws more from the Fathers of the Church than the Old Testament) in that a person does not have to have committed a wrong to suffer.

Despite this, *Ancrene Wisse* forbids actively inflicting pain such as wearing a hair-shirt or eating poor quality bread implying that self-inflicted physical pains are more dangerous than suffering a mental or emotional pain.¹⁰⁷ This is part of the increasing emphasis on the physical and spiritual dangers of extreme asceticism that begins to show in writings from the twelfth century onwards¹⁰⁸ in a bid to emphasise the importance of the Inner Rule over the Outer Rule. However, the author still says that when confronted with the choice to injure the body or the soul the anchoress should “choose harm to the body rather than damage to the soul”¹⁰⁹ showing that the body is of less importance than the soul in his opinion. This can likely be put down to the fact that the soul is considered to be eternal and the body only temporary, so the anchoress should preserve her soul’s purity and strength over her mortal shell.

Medieval mystical Christianity, though it did not explicitly blame suffering on sin, still believed that suffering would help *purge* one’s soul of sin and provide a speedier route to Heaven by suffering in the mortal life rather than suffering in Hell in the immortal life until the Second Coming of Christ. Thus, we can say that mysticism regarded physical and mental pain as something of a necessary evil.

Julian, Hildegard and Pain

Both women had to endure a failing body and great pain at least once in their life. As mentioned in chapter one, Julian suffered an acute illness whereas Hildegard suffered from a chronic illness that affected their daily lives to a greater or lesser extent. There is more autobiographical and biographical evidence of Hildegard’s illnesses, so the majority of this section will deal with them due to the sources being weighted in their favour. However, Julian may have suffered from a form of mental and emotional pain for the rest of her life as well. While we have little evidence of

¹⁰⁷ Ibid, p. 72 and p. 159

¹⁰⁸ Ibid, p. 209. See. 4. 20.

¹⁰⁹ Ibid, p. 140.

Julian's illness despite that already discussed in chapter one and already identified not as frenzy, but another illness entirely, there are still the ramifications of her illness to consider.

Although we do not know how much time elapsed between her illness and becoming an anchorite, it would have been a radical change to go from city life to permanent enclosure in a small room with "greatly restricted"¹¹⁰ company. The enclosure service is closely related to the rites of the dead and go through some of the same symbolism such as sprinkling dirt over the body of anchorite before being sealed into their anchorhold. Such an abrupt transition from a social life to an enforced solitary one would have been drastic even if undertaken voluntarily. A recent study by Calati *et al.* shows that social isolation can lead to suicidal thoughts and behaviours,¹¹¹ meaning that 'lesser' mental illnesses such as depression, or melancholy as it would be known in the medieval period were potentially at risk.

We can see potential hints of this in the scene where Julian describes witnessing Christ's Passion in chapter XVI of the *Long Text*. She describes a "dry, harre wynde and wonder colde" ('a dry, harsh wind and wondrous cold', l. 598) and how blood loss and pain "dryden within and blowyng of wynde and cold com- // myng fro withouten metten togeder" ('dried [his body] from within and the blowing of wind and cold coming from without met together', l. 602-3) to dry Christ's body thoroughly. This sight was "bitter and sharpe" (l. 605) to her. All together, this scene and her vivid description of Christ's body slowly changing colours from the cold and blood loss strongly evoke descriptions of the melancholic humour and hint that Julian's own mind might be suffering from both dwelling on the visions despite how much joy they do give her, and from her long isolation.

Hildegard repeatedly suffered from episodes that had her confined to her bed for days or weeks at a time. During one memorable occasion God

allowed excruciating airs to course through my body. The blood in my veins, the fluid in my body, even the marrow in my bones dried up so much it was as if my soul must be released from my body. I remained in that strife for thirty days such that my abdomen burned with the heat of a fiery air. [...] Even the strength of my spirit implanted in my flesh gave way and though I did not pass out of life, I was not fully in it either.¹¹²

Not only does this evoke Julian and Margery's later visions of Christ's Passion and the dryness and windiness of it, but it demonstrates that an abundance of air as an element was one that was strongly

110 L. Ayers and V. Bahr, "A Twelfth-Century Service For Enclosing An Anchorite Or anchoress: Introduction, Latin Text, And Translation", *The Expositor: A Journal Of Undergraduate Research In The Humanities*, 14, (2019) p. 1-12.

111 "Suicidal Thoughts And Behaviors And Social Isolation: A Narrative Review Of The Literature", *Journal of Affective Disorders*, Volume 245, 2019, p. 653-667, <DOI: <https://doi.org/10.1016/j.jad.2018.11.022>> [Accessed Jan 2022].

112 Theodoric, trans. A. Silvas *Jutta And Hildegard: The Biographical Sources* (Turnhout: Brepols. 1998), p. 169.

associated with great pain and death. If we look at this through the lens of *Ancrene Wisse*, though it be a later text, we can view this as an external temptation that Hildegard partially failed as both her body and soul were damaged by it. This is something Hildegard appears to recognise as well as she explicitly compares it to Job's suffering and the fate of Lawrence the martyr indicating that she does see herself as the blameless man Job was and was being tested by God. Furthermore, during this time she had a vision of a battle between angels and demons fighting for her soul indicating that that this was simultaneously an internalised and externalised battle for Hildegard's life.

Whether the illness came first or the vision, this episode is the closest she ever came to fearing for her life. This itself is another indicator of how much pain she was in as she was otherwise incredibly accepting of her illnesses as her cross to bear,¹¹³ frequently describing her illnesses as "divine reproof" or a "divine chastisement"¹¹⁴ for failing to carry out her duties.

At another time Hildegard writes of the "withering influences of the spirits of the air"¹¹⁵ to describe the way people expressed doubts about the veracity of her visions. The language evokes the extreme pain she described in an earlier passage, linking the doubts of other people to the corrupting devils who fought for her soul. It is clear that at this point in her life she views the opinions of most others as inconsequential; a stark comparison to Hildegard in her youth and, indeed, up to her fortieth year, where she feared the reaction of people around her. This emotional suffering is one that she was able to overcome with time until she was convinced by God and the highest religious authorities that she was indeed gifted with visions and not anything else.

Despite her chronic illnesses and visions, Hildegard was a formidable Abbess who travelled the Rhine area on multiple speaking tours and we established in chapter 1 that she was able to function normally in the material world even as she had her visions. Her illnesses seemingly only invigorated her after they passed by giving her more reasons to complete her current tasks. Similarly, despite the emotional pain Julian may have endured secluded for so long, her visions gave her great pleasure and so both of these women deemed the pain well worth the results they gave.

Margery and Pain

The evidence for Margery's suffering is so overwhelming that it is deserving of its own section in this chapter. She displays the most physical demonstrations of frenzy such as convulsions, excessive tears and laughter, fainting spells and seemingly talking to people who are not truly there. It is difficult to tell with the latter symptom as she may have been describing her dialogue in the

113 Please excuse the pun.

114 *Jutta And Hildegard: The Biographical Sources*, p. 148 and 145 respectively.

115 *Ibid*, p. 165.

visions and they were not being verbalised in the outward world, and Margery does not clearly identify one way or the other which it is most of the time.

For Margery, it appears that keeping her overwhelming emotions contained caused her pain. In at least two separate instances during a sermon on the Passion “sche myth no lengar kepyn the fir of lofe clos // wythinne hir brest, but, whethyr sche wolde er not, it wolde aperyng wythowteforth // swech as was closyd wythinneforth” (‘she might no longer keep the fire of love close // within in breast, but, whether she would or not, it would appear without // such as was closed within’, l. 4387-9). The phrase “wolde or not” is key here as it suggests that she did try to control her emotions and avoid a loud, tearful display that lead to people mocking her once again, but she failed. This is important as Margery was very much on the social stage as a noteworthy person in Bishop’s Lynn and a person well known on the wider stage; she frequently feared for her reputation and ultimately could not find long-term consolation in her state as a mystic because of the emotional distress the social impact had on her. This will be discussed in more detail in chapter three.

As mentioned above, Margery had a very detailed vision of the Passion when she visited Mount Calvary. This may have been a result of the affective piety English Christianity encouraged as she was imagining herself watching the Passion in person. In effect, she may have worked herself into a frenetic episode brought about by her vivid imagination. This leads to her defending herself in her book by asking rhetorically if the reader or listener would not “cry and roar”¹¹⁶ if they saw a great friend suffering a painful death. To her mind, her reaction is the only just one, and that others cannot see it causes her such emotional pain that even years later she has to ask her scribe or presumed audience to put himself in her shoes.

This section will conclude with one last telling episode from Margery’s life. At some point in her life a man approaches her seemingly asking for help with his wife who had recently given birth and fallen into madness to the point of requiring restraints. Not only is this startlingly similar to Margery’s own first illness to the point where it seems *too* coincidental, but Margery is the one to tend to her gently, visiting her every day and praying for God to restore the woman’s wits to her. This reads as Margery showing great empathy for the unnamed woman and seeking to administer the comfort that she did not receive when she was in the same position. The scribe, presumably Salthows, called this a “ryth gret myrakyl” (‘right great miracle’, Book 1, Part II, l. 4234) that someone so grievously inflicted with a mental illness could recover the wits as wholly as this unnamed woman did. Of course, at the same time, he is praising Margery for having recovered from her first severe illness due to the similarities between their cases.

116 *The Book Of Margery Kempe* (2001), p. 52.

Compared to Julian and Hildegard, Margery was never able to manage her illness and the various pains it brought her. This is in part due to the very public nature of her episodes and the scepticism which most of the world viewed her. Despite her great efforts, it appears she was never able to reconcile the joy of her visions with the great fires the goldsmith set her in to purge her of her impurities.

Conclusion

Frenzy itself does not have a direct effect on mystics, their lives or their visions, but pain and suffering in general do. Julian, despite her seeming content and completely fulfilled by her relationship with God through her visions still has little moments such as during Christ's Passion where her grief or loneliness peek through. Hildegard, while likewise utterly fulfilled by her visions as Beer says a mystic should be did not see pain as something to fear, but as an obstacle to overcome or a rightful punishment from God for not being able to carry out his wishes swiftly enough. Margery, with her overt public displays does not appear to find the true fulfilment Beer speaks of, though she has an intensely personal bond with God and the others in her visions. Rather, she seems torn between giving in to her emotional pains even as she bears her physical pains with relative grace.

Chapter Three: Society And Frenzy

This section of the dissertation will investigate to what extent societal and cultural understandings and expectations had on mystics and their reactions to visions. First I will locate Margery and Julian within the context of east England in the fourteenth-century through the use of court rolls to establish a precedent for how the mentally ill were received by the general public. Due to Julian's status as an anchoress, not much of this chapter will focus on her because she was withdrawn from general society and effectively considered a living saint.

Madness In English Law

From at least 1260 to 1603 the king held official guardianship of those who were born mentally unwell¹¹⁷ and family had guardianship over those who became mentally ill, meaning that anyone could theoretically appeal directly to him regarding any issue dealing with the mentally unwell as long as they possessed real estate.¹¹⁸ There is evidence of being legally recognised as being *non compos mentis*,¹¹⁹ indicating that there were legal definitions on being mentally unable to take care of oneself, and a chaplain named Robert Denton founded a hospital for the mentally unwell in London in 1370¹²⁰ demonstrating that there was a system of care for those who were mentally unwell. Altogether this paints a society that can differentiate legally and medically between being mentally healthy and unhealthy with at least a rudimentary system of protections put in place for those who need it.

One case regarding a mentally unwell person that was brought before the king in 1366 was that of Robert Barry. His guardian, Alice Ewenny brought forth a case of attempted murder before the king. Robert Barry's son, Robert, attempted to murder his father under the belief he was possessed by an evil spirit.¹²¹ Unfortunately, the outcome of this inquisition could not be found in the National

117 The National Archives Website: Discovery: C 256 Description available at <<https://discovery.nationalarchives.gov.uk/details/r/C3788>> [Accessed 12 Dec 2021]. D. Roffe and C. Roffe mention the king's guardianship only extended to those who were born mentally unwell "Madness And Care In The Community: A Medieval Perspective" *BMJ: British Medical Journal*, 311(7021), (1995), p.1708–1712, p. 1708.

<http://www.jstor.org/stable/29729940>

118 Ibid.

119The National Archives Website: Discovery: C 132/8/18 Description available at <<https://discovery.nationalarchives.gov.uk/details/r/C8917682>> [Accessed 29 Jan 2022] and The National Archives Website: Discovery: C 133/42/14 Description available at <<https://discovery.nationalarchives.gov.uk/details/r/C9562406>> [Accessed 29 Jan 2022].

120The National Archives Website: Discovery: C 143/372/14 Description available at <<https://discovery.nationalarchives.gov.uk/details/r/C7576334>> [Accessed 15 Feb 2022].

121 The National Archives Website: Discovery: SC 8/303/15149 Description available at <<https://discovery.nationalarchives.gov.uk/details/r/C9528896>> [Accessed 19 Oct 2021] and The National Archives Website: Discovery: SC 8/304/15151 Description available at

Archives, but the attempted murder did occur in front of witnesses so it is likely that Robert the elder received the justice Alice Ewenny sought. As mentioned earlier in the dissertation, the article “Sin And Mental Illness In The Middle Ages” states that such a claim was more often used as a form of propaganda by claiming someone was immoral,¹²² so it is likely that Robert the younger’s claim was a way to besmirch his father’s character further.

Another case is that of John de Paunton whose guardian was his son. John the younger was tasked by the king to use his father’s lands and property to care for his father, however John the younger instead leased them out to another man. In doing so he neglected his father’s care and disobeyed the king’s direct order. John the elder’s son-in-law, John Pycard, was given the care of John the elder’s property and body, but the renter refused to return the lands back to the rightful owner.¹²³ This case occurred c. 1390 demonstrating that the care of the mentally unwell was well-established legally and was at times exceedingly complex given the complexities of guardianships.

Both of these cases, plus the general establishment of a system of healthcare and legal care shows that the community was generally very involved in caring for the mentally unwell in the world of the laity. In addition to this, Carol Rawcliffe shows in her article “Mental Illness And Mental Health In The Late Medieval English Monastery” that monastic houses and religious orders also provided care for the mentally unwell¹²⁴ who had no one to care for them. Nonetheless, there was undoubtedly fear and bias against the mentally unwell as there is today as demonstrated by Robert the younger’s claim of spirits infecting his father.

Julian the anchoress, Society and Frenzy

As briefly touched upon, in the previous chapter and the introduction to this one, Julian is voluntarily absent from society as she was an anchoress. There was a “perceived similarity”¹²⁵ between the anchoress and the dead as they were entombed in their anchorhold even after death until as late as the early fourteenth-century.¹²⁶ Typically they were only visited by their confessor, their maid or those seeking religious advice, and were even discouraged from looking out of their

<<https://discovery.nationalarchives.gov.uk/details/r/C9528898>> [Accessed 19 Oct 2021]

122 “Sin And Mental Illness In The Middle Ages”, p. 508.

123 The National Archives Website: Discovery: SC 8/299/14923 Description available at

<<https://discovery.nationalarchives.gov.uk/details/r/C9518126>> Accessed [20 Dec 2021].

124 C. Rawcliffe “Mental Illness And Mental Health In The Late Medieval English Monastery”, in *Studies In Medieval And Renaissance History*, ed. J. T. Rosenthal and P. E. Szarmach (Tempe: Arizona Center For Medieval And Renaissance Studies, 2021) p. 285-311 p. 285-311, p. 288-9.

125 Anonymous, trans. Ayers, L. and Bahr, V, “A Twelfth-Century Service For Enclosing An Anchorite Or anchoress: Introduction, Latin Text, And Translation”, *The Expositor: A Journal Of Undergraduate Research In The Humanities*, 14, (2019) p. 1- 12, p. 4.

126 Ibid.

windows too often;¹²⁷ this cuts them completely away from society and thus mortal concerns allowing them to focus solely on the inward life and their devotion to God. As such Julian was highly respected by the local populace and people such as Margery Kempe would journey to her seeking spiritual advice.

Due to being secluded from society it is difficult to tell whether or not she had symptoms of *frenesis* or even other illnesses as she remains absent from her own work, and there is little else to provide biographical evidence of her life.

Hildegard, Frenzy and Society

Hildegard initially refused to speak or write her visions despite warnings from God because of a fear of “becoming the butt of common gossip and the judgement of others”¹²⁸ until she turned forty years old. As a youth up until the age of fifteen she would speak of her visions, but learned to conceal them when she realised her nurse could not perceive what she did and was “seized with great fear”¹²⁹ that she would be seen as mentally unwell and perhaps removed from her position as Jutta’s student. This fear was likely exacerbated by the fact that at times her visions would be uncontrollable and, like Margery, she would blush or weep at what she saw¹³⁰ until she learned to control her reactions perfectly.

That such a strong woman as Hildegard would react so fearfully shows that at the time in the Rhineland there must have been a great prejudice or fear against those who were mentally ill or acted differently from others around them. Due to her upbringing, Hildegard likely had cause to fear possession or that demons were affecting her as she was given into religious service at the age of eight.

In her *Vita* there are extracts about her exorcism of Sigewize, a noblewoman who, as Hildegard put it, was “overshadowed by a kind of darkness and dense fog of the devil”¹³¹ leading her to say and do things which were deemed unseemly for a noblewoman and had been acting this way for eight years by the time Hildegard heard of her. Sigewize, after having been cured by a tour of relics was promptly repossessed by the devil which led to her “raving more wildly than before”.¹³² The crowd reacted with terror, showing that the community around her had truly believed that religion

127 *Ancrene Wisse*, p. 20, p. 27-28.

128 *Jutta And Hildegard*, p. 141.

129 *Ibid.* p. 158-9.

130 *Ibid.*

131 *Ibid.*, p. 233

132 *Ibid.*

would cure her of her illness and when it did not, they had no idea what to do next aside from appeal to Hildegard. This indicates there was a lack of community care for Sigewize because her previous demeanour prior to being 'possessed' was so markedly different from the one she had now. Nonetheless Hildegard, who once suffered a mild form of what Sigewize may have, was able to mask her symptoms and move up in society to the point of communicating with popes and kings in the most elite of social circles. Hildegard's control of her visions was such that her visions in *Scivias* are frequently quite short, her sixth vision is barely a page long, but her mind is so formidable the exegesis of it is roughly fifty pages long.

She was also shielded from certain restrictions such as women being forbidden to preach by the fact that Pope Eugenius III openly supported her and declared her a prophet. She was able to transcend her illness to move amongst the most powerful people in Europe without hesitation once she had been reassured by God, Bernard of Clairvaux and the Pope that she was a true mystic.

Chapter Four: “Nameless Names”¹³³ Or Doubting A Woman’s Word?

As mentioned in the introduction, the debates about the authenticity of the women’s writing were reserved to the final chapter as it is, unfortunately, all too common a task when discussing how much of the works were composed by the attributed female author or embellished upon by another. This is not to say that the question of the author is reserved only for pre-1500 work or even that it is held solely for work written by a woman,¹³⁴ but that it seems essential to bring up when discussing women’s writing. Instead, I would contend that the choice of an author’s name or withholding of that name rests on a multi-faceted choice influenced by multiple factors as it still is to this day.

Even as late as the eighteenth-century between fifty and eighty percent of published work (depending on genre) was published anonymously or under a pseudonym.¹³⁵ This extended to both male and female authors for various reasons ranging from wishing not to be associated with a certain genre or to avoid any negative reception around their name. Therefore, it is very simple to assume that there was a similar lack of care regarding being acknowledged as the author of a work. The majority of fourteenth- and fifteenth-century works were written anonymously with only a few, admittedly major, exceptions such as Chaucer, Hoccleve, Langland and Gower. As J. A. Burrow comments many of these men had “occupations of a bookish sort”,¹³⁶ and something of a reputation because of their jobs. In comparison, many of the greatest medieval works: *The Owl And The Nightingale*, *Ancrene Wisse*, the *Gawain*-poet, *The Cloud Of Unknowing*, the works comprising the *Katherine*-group and countless romances, histories and sermons went unidentified, sometimes even untitled.

133 Pope, Alexander, *Dunciad* 3:157, edited by Valerie Rombold. *The Dunciad In Four Books* (London: Longman, 1999), pp. 238.

134 The bizarre conspiracy theory that William Shakespeare was not, in fact, the author of Shakespeare’s work being the most noteworthy example of this mixture of elitism or innate academic bias.

135 Paku, G., “Anonymity In The Eighteenth Century” Aug, 2015. DOI: 10.1093/oxfordhb/9780199935338.013.37 [Accessed Aug. 2021]

136 *Medieval Writers And Their Work: Middle English Literature 1100-1500* second ed. (Oxford: OUP, 2008) pp. 29.

Burrow also makes liberal use of Bonaventure's¹³⁷ writing to define four ways of writing a book: *scriptor* – a scribe who writes other men's words, adding nothing and changing nothing; the *compiler* – a writer who writes others' words, putting passages together that are made of various other writers' works; a *commentator* – a man who writes his own words, but only to clarify and explain the words of another person; and finally, the *auctor* – a man whose own writing takes primary place and may or may not invoke other writers' words to support his own.¹³⁸ Burrow suggests adding a fifth: translator and additionally notes that even with Bonaventure's scheme the *auctor* is still referencing others "for purposes of confirmation",¹³⁹ implicitly saying that no actual writing is solely original. "Men 'make books' by writing [...b]ut all are writers"¹⁴⁰ regardless of how original their work is.

By Bonaventure's own definitions then, all types of writers took another person's work and simply added to it in a collaborative work to a greater or lesser extent. This serves to show that the modern definition of author and the medieval definition is much wider than might otherwise be supposed. A modern day parallel can be drawn to the ghost writers and editors whose work is disguised under the name of another or, in the case of academia, is used to distinguish between different editions of the same text. Therefore, a medieval writer can be presupposed to be building upon previous writer's works, indicating a lack of authorial ownership, whereas a modern reader seeks a singular person whose word functions as an authority. While we can lay claim to an original *manuscript*, we often cannot claim the identity of the *scriptor*, *compiler*, *commentator* or *auctor* for medieval works. One excellent example of a *compiler* or compiler would be Thomas Malory, a fifteenth-century writer who "dyd take oute of ceretyn bookes of Frensshe and reduced [Arthur's story] into Englysshe".¹⁴¹ As Caxton printed *Le Morte Darthur* in 1485, we can see that Caxton

137 A thirteenth-century Franciscan theologian who was later canonised in the 1480s.

138 *Medieval Writers And Their Work*, pp. 31. Taken from Bonaventure's *In Primum Librum Sententiarum*, proem, quast. iv. Printed in *Opera* (Quarracchi ed.), i (1882), p. 14, col. 2

139 *ibid.* pp. 31.

140 *ibid.* pp. 31

141 ed. Vinaver, E. *Malory: Complete Works* second edition (Oxford University Press: Oxford, 1971). Taken from *Caxton's Preface*, pp. xv.

considered Malory a compiler, but nonetheless an author. Of note is that Caxton said Malory “reduced” the unwieldy corpus of Arthurian works (primarily French, but still including native English works) into one relatively small, relatively cohesive episodic narrative. Despite it being well known that Malory took much inspiration from previous writers, he was still considered the primary author – most likely in the sense of the *compiler* of Bonaventure’s definition.

Looking more closely into the term ‘author’ is first found in the mid-fourteenth century in the word ‘auctor’ and its variants¹⁴² and carries the meaning “father, creator, one who brings about, one who makes or creates”, but by the late fourteenth-century started to carry the meaning “original composer of a writing” as well as “source of authoritative information or opinion” from which we derive the word ‘authority’. It seems clear then, that most people writing before the late 1300s had little to no concern claiming their work as their own. Given that many famous works were copied out by multiple scribes, sometimes years or decades apart, it seems more appropriate to consider almost all medieval works as a collaboration between multiple people. Even when it comes to works of Chaucer, Langland, Gower and Hoccleve their work was often derived from others or subjected to manuscript copying, emendations, corrections and additions and thus can be considered collaborative as well. Authors were effectively “read to be imitated [...], not striven with or overcome”,¹⁴³ and this is prevailing culture which one must accept and work with when discussing medieval works.

Finally, on the topic of manuscript tradition and copying, I would like to turn to *Ancrene Wisse*, a work that I have referenced frequently. There are seventeen full or partial manuscripts of *Ancrene Wisse*: nine in English, one from the early French translation, three from a later French translation and four Latin translations¹⁴⁴ ranging in date from the 1230s (**MS Cotton Cleopatra C. vi**) to the late sixteenth-century (**MS Royal 7 C. x**), though the majority were written during thirteenth- to

142 “Author”, *Online Etymology Dictionary* <https://www.etymonline.com/word/author#etymonline_v_18965> [Accessed Aug. 2020].

143 Yeager, R. F. “Books and Authority” in ed. Saunders, C.’s *A Concise Companion To Chaucer* (Blackwell Publishing: Oxford, 2006).

144 ed. Millet, B. *Ancrene Wisse*, pp. xxxvii.

early fourteenth-century.¹⁴⁵ This indicates that there were multiple copies being passed around at approximately the same time and that they were often compiled into groups with other manuscripts or even heavily annotated or edited by the *scriptor* to reflect their new intended purpose. The MS Cotton Cleopatra version contains “extensive corrections and revisions by two thirteenth-century annotators”¹⁴⁶; MS 234/120 appears to have been defeminised to an extent by changing mentions of ‘sustren’ to ‘frend’, ‘religiuse’ or even ‘brothers’ which Millet believes suggests an adaptation to use by a mendicant house.¹⁴⁷ One last example comes from MS Latin 67 where the copyist wrote that the eighth part would be passed over completely.¹⁴⁸ As this eighth part is most concerned with the dressing of women and the Outer Rule of the anchoress and her servants, this part may have been omitted because the commissioner of the manuscript was only concerned with the spiritual aspects of *Ancrene Wisse* and was not in the situation of an anchoress or anchorite.

Having established the fact that authorship in the sense of a single, authoritative voice on a single work was hardly considered even as late as the eighteenth-century given the proclivity towards anonymity¹⁴⁹ I shall move directly to the three women in question.

Women Auctors

Despite the collaborative nature of medieval writing, there was still much resistance to women openly writing as women for several reasons, most of which stem back to the Church’s teachings. In 1 Timothy 11-12 the Latin Vulgate Bible says “mulier in silencio discat [...] docere autem mulieri non permitto neque dominari in virum sed esse in silentio”¹⁵⁰ (‘Let a woman learn in silence [...]’)

145 *ibid.*, pp. xxxvii – xlii.

146 *ibid.*, pp. xxxviii.

147 *ibid.*, pp. xxxix.

148 *ibid.*, pp. xl.

149 For the purposes of this work I will not discuss the use of male or gender neutral pseudonyms used by female authors up to the present day, nor the tendency for male authors to *also* write under pseudonyms in order to maintain a specific image or intended audience, though it has heavily influenced this chapter.

150 *Online Bibles: Biblia Sacra Vulgata* <<https://www.academic-bible.com/en/online-bibles/biblia-sacra-vulgata/read-the-bible-text/bibel/text/lesen/stelle/64/20001/29999/ch/79033f42ae26ffc96b0f234f027e7fbc/>> This online edition of the Latin Vulgate is based on the *Biblia Sacra Vulgata. Editio Quinta* (Deutsche Bibelgesellschaft: Stuttgart, 2007). Accessed 18 Aug. 2021. All references to the Bible will reference the Latin Vulgate unless said otherwise.

however I do not permit a woman to teach, nor to have authority over men; but to be in silence'¹⁵¹) where the repetition of 'in silencio' stresses the Church's position of a woman's role: being silent is the only way a woman can "promitt[it] pietam" ('profess¹⁵² piety') appropriately. 1 Corinthians 14:34 also says that women should "in ecclesiis taceant non enim permittitur eis loqui"¹⁵³ ('be silent in churches, for it is not permitted for them to speak') which once again insists that a woman's proper place in Godly life is silence and submission to men. Yet despite this, Hildegard von Bingen, Julian of Norwich, Margery Kempe, Catherine of Siena, Bridget of Sweden and Clare of Assisi all ventured into a semi-hostile territory by writing down their visions and revelations. Hildegard von Bingen and Clare of Assisi rather lead the way as some of the earliest religious women to gain true authority. Clare of Assisi was the first woman to write a religious rule *for* women¹⁵⁴ (though it was only approved after her death in 1253), so she and Hildegard can be considered some of the frontrunners of women in positions of power in the Church. By 'writing' I mean it in the sense of *auctor* as we cannot say for certain that either of them wrote the entirety of the work credited to them. In fact, we know that Hildegard had at least one amanuensis as she was the head of an important Abbey and he is seen in some of the illuminations of her works.

Nonetheless, these women still cast self-deprecation on themselves or place themselves deliberately under the authority of a male figure as if to gain permission for their actions. In Clare's Rule she calls herself "the unworthy servant of Christ and the little plant of the most blessed Francis [...who] promised obedience to the Blessed Francis [...and promises to Francis' successors] to observe the same obedience inviolably",¹⁵⁵ casting herself as a tender seedling who only flourished under Francis' care. By doing this she places herself under the umbra of Francis' influence and

151 All translations from Latin are my own unless otherwise stated.

152 Although 'promittere' means 'to promise', I have chosen to translate it as 'profess' as it carries more active overtones than the word 'promise' alone does. I also gave consideration to translating it as 'demonstrate', but felt that it lacked the emotional element 'promise' does.

153 *Biblia Sacra Vulgata* <<https://www.academic-bible.com/en/online-bibles/biblia-sacra-vulgata/read-the-bible-text/bibel/text/lesen/stelle/56/140001/149999/ch/013ae8a86a72dce1fbd355f75a82f11b/>> Accessed 21 Aug. 2021.

154 ed. Amt, E., *Women's Lives In Medieval Europe: A Sourcebook* (Routledge: London, 1993), pp.235.

155 *Women's Lives In Medieval Europe*, pp. 236. Reprinted from *Clare Of Assisi: Early Documents*, ed. and trans. R. J. Armstrong (The Province of St. Mary of the Capuchin Order, 1988)

borrowed from that authority as if to validate hers. Hildegard similarly uses the same plant metaphor of a “mystical plant-nursery”¹⁵⁶ for her nuns. Here she is casting her nuns under the aegis of her own, well-established reputation to give them extra protection as members of her nunnery, inverting Clare’s example where she shelters under Francis’ protection. Nonetheless, in that same letter she calls herself a “poor creature”¹⁵⁷ when seen in the ultimate light of God and the Church’s authority.

If we look at her personal correspondence from earlier in her life, she writes directly to Bernard of Clairvaux saying “I have been placed in your care so that you might reveal to me through our correspondence whether I should speak [of these visions] openly or keep my silence”¹⁵⁸ and directly names herself his “handmaid”¹⁵⁹ suborning herself to him. This also directly parallels how nuns and saintly virgins are referred to as handmaids of Christ, but also ties Hildegard to the mother of Christ who was once called “*ancilla Domini*” (‘handmaid of the Lord’) in Luke 1:38. Hildegard depicts herself as a willing servant of those who have greater knowledge of the Church and spiritual wisdom than herself, and in doing so was able to turn herself into her own great authority able to advise men and women of great note.

Knowingly or unknowingly, Julian of Norwich and Margery Kempe follow in this tradition of placing themselves under the protection of a higher male authority in their works. Margery famously called herself a “synful caytyf”¹⁶⁰ and the “creatur”¹⁶¹ (‘creature’) of God as if in apology for the sins she committed through living. She may also have picked up this self-referential habit of ‘creature’ from Julian of Norwich as Julian calls herself a “simple creature that cowde noletter”¹⁶²

156 *Women’s Lives In Medieval Europe*, pp. 234. Reprinted from *Hildegard of Bingen’s Book Of Divine Works*, ed. M. Fox (Bear & Co., 1987).

157 *ibid.*

158 Hildegard of Bingen, *The Letters of Hildegard Of Bingen Volume I* ed. and trans. Baird, J. L. and Ehrman, R. K. (Oxford: Oxford University Press, 1994) pp. 28.

159 *ibid.*, pp. 27.

160 Margery Kempe, *The Book of Margery Kempe*, ed. Staley, L. (Kalamazoo: Medieval Institute Publications, 1996), l. 10. <<https://d.lib.rochester.edu/teams/text/staley-book-of-margery-kempe-book-i-part-i-#11>> Accessed 10 Oct. 2020. All references to *The Book of Margery Kempe* will use this text unless otherwise state. All translations are my own unless otherwise said.

161 *Ibid.*, l. 6, 16, 17, 21 etc.

162 Julian of Norwich, *The Shewings of Julian of Norwich* ed. Crampton, G. R., (Kalamazoo: Medieval Institute Publications, 1994) l. 41-42. <<https://d.lib.rochester.edu/teams/text/the-shewings-of-julian-of-norwich-part-1-#f127>> Accessed Oct. 2020. All references to the Long Text of *Revelations Of Divine Love* will be to this edition unless otherwise stated. All translations are my own unless otherwise stated.

(‘a simple creature that knew no letters’) and a “synfull creture” (l. 127) in her own writing.

However, they both owe the recording of their visions and experiences to God, though with the exception that Margery finds additional support in Julian herself. Speaking of her visit to Julian she says,

“[t]he ankres, heryng the mervelyows goodnes of owyr Lord, hyly thankyd God wyth al hir hert for hys visitacyon, cownselynge this creatur to be obedyent to the wyl of owyr Lord God and fulfyllyn wyth al hir mygthys whatevyr he put in hir sowle yf it wer not ageyn the worshep of God”¹⁶³

(The anchoress, hearing the marvellous goodness of our Lord, highly thanked God with all her heart for His visitation, counselling this creature to be obedient to the will of our God and fulfil with all her might whatever He put in her soul if it were not against the worship of God’)

This shows that Julian’s reputation had grown to such an extent in England that, like Hildegard before her, she became an authority of her own for others to acknowledge as their supporter for their works. Looking at these women in such a way, we see that their collaborative works owe their ‘spark’ or permission of the highest living spiritual authority of the time (Bernard of Clairveux, Francis of Assisi, or Julian of Norwich) as well as that of God himself.

Of the four women I have mentioned, Julian is the only one who appears to borrow authority solely from God, and it is perhaps for that reason that she frequently qualifies her interpretations of her visions with terms such as “methoughte” (‘it seemed to me’, l. 45, 46, 81, 92, 104 and 106), “understood”, “understoode”, and its many variation¹⁶⁴ to soften her exegesis¹⁶⁵ of her own visions. She may have done this to comply with the Church’s teaching forbidding women to teach anyone by stating that what she explains is only as she understood it, opening up the option that her

¹⁶³ *The Book Of Margery Kempe*, ed. Staley, L. (Kalamazoo: Medieval Institute Publications, 1996), l. 961-965.

¹⁶⁴ l. 83, 120, 136, 141, 1212, 1224, 1227, 1290 and many more.

¹⁶⁵ Though more typically used to discuss commentaries on the Bible and other major religious texts, I have expanded its meaning to religious texts in general, of which Julian’s *Revelations* would doubtless count as she was shown visions by God. As a term itself, it has recently started becoming more secular in nature

understanding and teaching is flawed and incomplete. In doing so she allows for other religious people to comment on her visions and expand upon her limited understanding of her work.

She may also have done this to encourage other anchorites and religious folk as she says in the Short Text “all men and women who wish to lead the contemplative life need to have knowledge”¹⁶⁶ of the three nothings she has discussed. She presents her visions and her current understanding of what she knows with the intention for others to meditate on her current knowledge. This passage is removed in the Long Text, possibly to encourage lay people to think more on her visions as well.

It is doubtful that she ever expected many people to know the visions due to the lack of widespread literacy in the fourteenth- and fifteenth-centuries, but there is a possibility that it spread to more than just religious monasteries. However, we can argue there was a sort of functional religious illiteracy through the presence of manuscripts like *Ancrene Wisse*. Presumably, most of the audience would have been illiterate, but a single reader would have been enough to widen the audience for anything written in the vernacular. An example of this group reading can be seen in a manuscript dated to approximately 1420 in which Geoffrey Chaucer is seen reading to a group at court. This frontispiece comes from Chaucer’s *Troilus and Criseyde* wherein three women “[h]erden a mayden reden hem the geste // Of the siege of Thebes, while hem leste”¹⁶⁷ (‘heard a maiden read them the story // Of the siege of Thebes, while they listened’)

166 Julian of Norwich, *Revelations Of Divine Love (Short Text And Long Text)* ed. Spearing, A. C., trans. Spearing, E (London: Penguin Book Ltd, 1998), chapter 3.

167 “Troilus And Criseyde”, II, l. 83-4, *The Riverside Chaucer* third edition ed. Benson, L. D. (Oxford: Oxford University Press, 1991), pp. 490.



fig. 4 The frontispiece of a fifteenth-century manuscript showing Chaucer reading aloud to an audience (Cambridge, Corpus Christi College, MS 061, fol. 1v)¹⁶⁸

Here we have both written and visual evidence dated to a time when Julian of Norwich was alive that supports the fact that reading was as much an oral performance as it was a visual, internal act. As such we cannot exclude the possibility that her Short and Long Texts were not meant to be read aloud to others in the city of Norwich or further away. Indeed, the later texts made it as far as France in the sixteenth-centuries, showing that it did reach a wide audience.

Closer to home, The Book of Hours was “the first book [medieval people] knew [...] took shape[...] as a portable manual of prayer for [...] ladies in their private chambers in particular.”¹⁶⁹ Clanchy then cites work done by C. Donovan who was able to date six Books of Hours created for specific women back to Oxford c. 1240-1270,¹⁷⁰ all of whom were depicted in the illuminations or otherwise alluded to in the work itself. Thus, Clanchy says the Books of Hours were able to introduce functional literacy to well-off women and their children in order to create a growing culture of literacy in the late-thirteenth and fourteenth-centuries. This coincided with the increase of

168 Cambridge, Corpus Christi College; MS061: Geoffrey Chaucer; Troilus and Criseyde
<<https://parker.stanford.edu/parker/catalog/dh967mz5785>> Accessed Aug 2021.

169 Clanchy, M. T., *From Memory To Written Record: England 1066-1307* (Blackwell Publishers Inc: Oxford, 1999), pp. 111.

170 Ibid, pp. 111.

writing being done by secular clerics or other non-religious folks leading to a proliferation of “those who wrote in vernacular languages for a gradually enlarging public.”¹⁷¹ Julian and Margery would have been amongst this group who could have heard from the Book of Hours as a youth and used it as a way to impart their stories and visions.

Deliberate Anonymity, Deliberate Identity

In this section I will primarily discuss Julian and Margery for their completely opposite reactions to chronicling their visions and their lives despite being contemporaries. The author of *Divine Revelations* is only known because a scribe made an annotation in the Short Text saying “her name is Julian, and she is a recluse at Norwich and is still alive in 1413”¹⁷² before beginning the text itself and this matches records that an anchoress resided at St Julian’s Church in Norwich. This is further supported by some wills leaving her money.

The majority of knowledge of Julian’s life is from the Short Text in which we know that she was “thirty and a half years old”¹⁷³ when she was struck with an illness that lasted for seven total days. On the fourth day it was so certain that she would die she received Last Rites (ch. 2) and that a “parish priest [...] and a boy with him [...] brought a cross”¹⁷⁴ to comfort her. We also know that her mother was with her (Short Text, ch. 10) for fear that her daughter would die soon. In the Long Text the corresponding passage is completely elided, and jumps from talking about the “wynde [...] that dried Him // more, and peyned with cold, [...] which shewing of Cristes peynes filled me ful of peyn”¹⁷⁵ (wind that dried Him // more, and pained [him] with cold, [...] which showing of Christ’s pains filled me full of pain’, Long Text, l. 650-653). The motherly interlude and Julian’s musing about the goings on in her sick room and reactions to it are excised so neatly that someone must

171 Ibid, pp. 113.

172 Spearing and Spearing, *Revelations Of Divine Love*, ch. 1.

173 Ibid, ch. 2.

174 Ibid, ch. 2.

175 Crampton, *The Shewings Of Julian Of Norwich*.

have considered them unnecessary. This person may not have been Julian herself as surely keeping an example of human maternal love in her text would shore up her theme of Christ and God as mother; however, Julian herself may have removed the entire passage to keep the focus on the revelation of “Cristes peynes” (Christ’s pains’, l. 653) as she deemed them more important than her own life’s events.

This may also be due to the fact that Julian underwent the enclosure ceremony which was “closely related to the rights of Christian burial”¹⁷⁶ with the Vespasian *Servicium Recludendi* dictating the rite of enclosure by saying:

“Let [the priest] perform the commendation of the soul, up until the imposition of the dead person on the bier, so that he does not lack this holy service when he is overtaken by death. When all of this has been done with great veneration, let the tomb be opened and let the recluse enter it [...] After this, let all depart, with the priest remaining for short time and teaching the recluse, so that he may rise up through obedience and in obedience complete the remainder of his life. And then let the door of his home be barricaded¹⁷⁷

Therefore, Julian’s existence as a living person with a reputation would be almost outside her concept of thought as someone clearly devoted to meditating on her messages from God. This again, can be seen in the careful excision of as much of her personal life as possible from the Long Text after contemplating her visions after being entombed. Indeed, that a scribe chose to identify her by name and location in the introduction to her Short Text may have even been done against her wishes, but as part of the amanuensis’ desire to honour a woman with an exceptionally refined theological knowledge.

176 Ayers, L. & Bahr, V. (2019) “A Twelfth-century Service For Enclosing An Anchorite Or anchoress: Introduction, Latin Text, And Translation.” *The Expositor: A Journal of Undergraduate Research in the Humanities*, 14, pp.4.

177 Ibid, pp. 9.

In contrast, Margery identifies herself by name at least a dozen times,¹⁷⁸ as well as listing major figures that she spoke to, naming her husband, that she had “born fourteen childeryn” (l. 2717) and her travels. Margery was very much a “woman thoroughly rooted in the world”,¹⁷⁹ recreating so well that it has justifiably been called the first autobiography in English. Where Julian’s writing is very much the internal revelations and inward thoughts of contemplation, Margery shows herself interacting with a world that does not fully understand her or her actions. Margery “so wepyn and sobbyn that many men wer gretly awondyr” (‘so wept and sobbed that many men were greatly astonished’, l. 44) and generally reprimanded for her actions. Despite this, Julian herself told Margery “teers wyth lofe is the grettest geft that God may gevyn in erth and al // men that lovyn God owyn to thankyn hym for yow” (‘tears with love is the greatest gift that may give on Earth, and all // men that love God ought to thank him for you’, l. 1063-4), a fact which is supported by *Ancrene Wisse*: “the gift from God of tears in her prayers can do everything with God that she wants” (IV, para 55). However, this was advice intended for an anchoress, and not a layperson, so perhaps the standards were considered as different at the time for lay people expressing such intense emotional reactions in public.

For Hildegard von Bingen, as an Abbess her name was her *authority*, especially after having found a patron in Bernard of Clairveux and Pope Eugenius. As the Sybil of the Rhine and advisor to popes, royals and monastic peoples, she could use her name to underpin her advice and ‘orders’ with the authority others might have disregarded had she not been such a powerful Abbess. With the backing of the pope and another famed male mystic, her words carried a heavier weight than Julian’s or Margery’s and she was able to spread her influence beyond her mystical *Scivias* to medicine, music and art to become a monumental figure of the twelfth-century who could “criticise her antagonists [...] unreservedly without fear of reprisal”¹⁸⁰ thanks to Pope Eugenius III giving her visions the papal seal of approval in 1147. Julian was well-known, but by her own choice, had less direct influence on people, and it seems Margery was ever divisive in her own time due to her reactions.

178 *The Book of Margery Kempe*, Part I, l. 2022, 2030, 2410, 2573, 2904, 3091, 3509, 3666, 3872, 3926, 3947, 4037.

179 Staley, L. “Introduction” *The Book of Margery Kempe* <<https://d.lib.rochester.edu/teams/text/staley-book-of-margery-kempe-introduction>> Accessed Oct 2020.

180 Beer, Frances. *Women And Mystical Experiences In The Middle Ages* (Woodbridge: The Boydell Press, 1995), pp. 21.

In the context of the women's mental state there is much that muddies the water because in most cases there are few to no other sources that name them in a way that explains them as a person or their health. Julian remains a ghost in her own work; work that was strongly self-edited, and perhaps further so by having to dictate her work to her priest or scribe who could have taken liberties with her words. In addition the Long Text was written after a significant gap between her illness and the resulting visions, so we can conclude that some details may have been forgotten on top of the deliberate elision of some material. Likewise, Margery's non-chronological autobiography is entirely subjective as it is her own dictated words that are written down. In addition to this, we know from the *Book* itself that it was written by at least two distinct scribes, which allows for more unauthorised liberties to be taken with Margery's dictation. Despite this, it is obvious that Margery felt serious mental and emotional effects from her visions because they consume her as much as Julian's absence does her. When reading of Margery one is left with the impression of a somewhat desperate, unwell woman seeking understanding that she seldom finds from outsiders. Julian and Hildegard however, seem to have found a security and even fortitude in contemplating their visions that Margery never did.

Conclusion

This research set out to contribute to the gap in the study of frenzy in the medieval period noted by the *Routledge History Of Madness And Mental Health* by assessing how frenzy was displayed in the writing of female mystics in the fourteenth-century from four separate angles. The varied viewpoints were an attempt to pinpoint areas that would benefit from additional research in the future as well as areas that would not be likely to provide beneficial results.

From a medical angle, frenzy is a difficult illness to pinpoint because it is poorly defined in fourteenth-century medical manuscripts and may be known as a variety of different terms. There are no extant works where a doctor studied a mystic or saint long-term in a way that would accurately record symptoms or treatments, meaning that the only evidence is hagiographical or autobiographical records. The biases inherent in both these genres would lead to God having blessed them with visions and the reactions to the visions would be heavenly in nature, having a genuine illness would not be considered.

In the cases of Margery, Julian and Hildegard these genres provided no substantial evidence of a definitive diagnosis or treatment plan for *frenesis*, though for Margery and Hildegard the records were enough to argue they may have suffered from frenzy for part of their lives. While the ethnopharmacological survey was fruitful in showing a common medical ground and universal medical theories, it could not provide a concrete way for diagnosing or treating *frenesis*. Its labour intensive nature means that studying recipe-literature or other medical documents would not be fruitful for those wishing to study a specific case of frenzy unless paired with another methodology.

Frenzy in mystical writing or mystical hagiography exists on the fringes of mysticism, and is not a key element in the genre. Julian's illness receives a token page and a half in the *Short Text* of her *Revelations* and even less in the *Long Text*. Similarly, Hildegard only mentions her illnesses in the Declaration of *Scivias* where she mentions them as merely the method through which God's words made themselves known. In mystical writing the focus is primarily on the visions and the explication of them so there is no direct influence of frenzy or other illnesses on mystical writing itself.

Rather, frenzy informs the very edges of the mystic themselves giving tantalising clues to the person behind the visions that is only expounded upon if the mystic's life is recorded by another person, be it biographical or autobiographical. Thus we have Margery's deeply personal account of how the outward world and society reacted to the inward messages she received. The fear Margery felt so frequently about whether or not she was sane is echoed however briefly by Hildegard's own

reminiscences of her youth showing that there was a valid concern that they might be perceived as truly mentally unwell rather than gifted by God.

In order to better study frenzy in the medieval period it is better to analyse from from a historical or ethnographical standing as it provides the context to how the mystic or person suffering from frenzy would have truly been received as they went about their life. When considering mystics and saints as potential frenetics or sufferers from other mental illnesses it would help to provide an alternative viewpoint to those who doubt the mystic or saint by taking the reception of people with mental illnesses into account. This makes analysis of court rolls and other local record keeping as essential as medical texts in determining how frenzy was perceived and treated by society around them.

Appendix: Establishing A Pan-European Medicinal Tradition Regarding Head Illnesses

It is vital to establish whether or not medical treatment was standardised across Europe due to the diversity of medical sources in terms of both location and time. The *Old English Herbarium* dates to c. 1000CE¹⁸¹; Hildegard's *Physica* was written between 1151 and 1158.¹⁸² The *Trotula* ensemble dates to the end of the twelfth century¹⁸³ and the ten medieval Welsh medical texts¹⁸⁴ were written between the end of the fourteenth century and the early part of the fifteenth century.¹⁸⁵ The *Three Receptaria* can be reliably dated to the fourteenth century. Of note is that the *Old English Herbarium* is a translation of the fifth-century Latin text, *The Herbarium of Pseudo-Apuleius*.¹⁸⁶ Book ten of the *Medieval Welsh Medical Texts* attributes the recipes to Galen and Hippocrates¹⁸⁷ The First and Second Corpus Compendia from the *Three Receptaria* likewise cite Galen, Hippocrates and Asclepius as the origin of the recipes they contain.¹⁸⁸ This shows that there remained a steady reliance on the works of classical medical texts for over a thousand years after their first use.

It is essential to establish commonalities in medical treatment to avoid bias towards modern medical knowledge or treatment. Although the humoral framework has since been disproved by later medical research and practice, it was nonetheless the medical practice of the time with internal logic and applications that remained consistent over the centuries and across countries. The “principal explanatory basis for medical, botanical and pharmacological theory [being] some form of humoralist doctrine frequently found in recipes” in all of the sources used.¹⁸⁹ The first thing Hildegard notes in her *Physica* is whether an ingredient is hot, cold or another humoral properties.

181 van Arsdall, *Medieval Herbal Remedies*, p. xiii.

182 Throop, P. Hildegard Von Bingen's *Physica*, p. 2.

183 Green, M. H., *The Trotula*, p. xii.

184 From now on this ensemble collection will be referred to as the *Medieval Welsh Medical Texts*.

185 Luft, D. *Medieval Welsh Medical Texts Volume One*, p. 3.

186 van Arsdall, *Medieval Herbal Remedies*, p. xiii.

187 Luft, D. *Medieval Welsh Texts Volume One*, p. 5.

188 Hunt, T. And Beskin, M. *Three Receptaria*, p. 88 and p. 163.

189 Jerry Stanndard, “Botanical Data And Late Medieval ‘Rezeptliteratur’” in *Gundolf Keil Fachprosa-Studien: Beiträge Zur Mitterlalterlichen Wissenschafts-und Geistegeschichte* (Berlin: E Schidt, 1982), p. 390.

In the case of agrimony, she says that it is “hot” (p. 60) and that if a person produces “too much phlegm” (p. 60) agrimony will purge the cold phlegm from the stomach. The *Three Receptaria* frequently mentions drawing away heat or cold by using the remedies within. The *Antidotarium Nicholai* presented in Green’s translation of *The Trotula* speaks about “conditions arising from coldness” (p. 126) and that certain medicines “[produce] heat” (p. 126). Therefore, there is a solid theoretical framework that medieval medicine is based upon, and it should be taken into account when discussing illnesses and their remedies in earlier times.

In order to establish the popularity of the theory of the four humours and available medical treatments, research began with the *Trotula* ensemble because it was the “most popular assembly [...] on women’s medicine from the late twelfth through the fifteenth-centuries”¹⁹⁰ in Latin and had been translated into “most of the Western vernacular languages”¹⁹¹ by the end of the fifteenth-century, allowing it to reach an even wider audience.

The following *materia medica* and compounds were selected from the *Trotula*¹⁹²:

1. agrimony
2. arum
3. betony
4. costmary
5. fleawort
6. gladden (glossed in Latin as gladiolus)
7. peony
8. pennyroyal (not including pennyroyal oil)
9. mandrake
10. wood sage
11. potio sancti Pauli
12. populeon
13. theodoritum euperiston
14. theriac

190 Green, M. H., *The Trotula*, p. xi.

191 Ibid.

192 11 – 14 are compound medicines comprising a mixture of multiple *materia medica* in which items 1 – 10 are used as a critical ingredient.

They were looked up in the *Physica*, *Old English Herbarium*, the *Three Receptaria* and the *Medieval Medical Welsh Texts* to see any correlations in treatment or illnesses. Compound medicines (11-14) are listed separately, noting which herb(s) they contain from the chosen list.

Here follows a table listing the *materia medica*, the books they are found in, a page or paragraph reference, and a brief description of the ailment they are used to treat pertaining solely to head or brain injuries or suspected emotional traumas. I have omitted all other uses for the *materia medica* selected. *Materia medica* that occur in one text are not mentioned unless they are for the mental illnesses of melancholy, frenzy, mania or insanity.

For the *Trotula* ensemble, the reference will be to the corresponding paragraph(s). References to the *Medieval Welsh Medical Texts* will be in the form *MWMT* [book]/[paragraph], e.g. 10/2 will mean book 10, paragraph 2. The *Old English Herbarium* will be abbreviated to *OEH*. The *Three Receptaria*¹⁹³ will be referred to as *R*, *C*, or *CC*/[number] referring to the names of the three manuscripts (Rawlinson, First Corpus Compendium and Second Corpus Compendium) and paragraph number.

Table A1: A List Of Common *Materia Medica* Used To Treat Head Injuries And Illnesses

Entry	<i>Materia Medica</i>	Book And Reference	Treatment
1	agrimony	<i>Physica</i> , p. 60 <i>MWMT</i> 5/59 <i>MWMT</i> 8/23 <i>MWMT</i> 8/43 <i>R</i> 487 <i>C</i> 33	For a person who has “lost his knowledge”. For “sudden swelling” in the brain. For “weakness of the brain”. To “clear the brain”. “An homme irous”. For headache
2	arum	<i>Physica</i> , p. 30	For melancholy, “who has a fierce mind, and who is always sad”.
3	betony/wood betony	<i>Physica</i> , p. 67 <i>OEH</i> , p. 119 <i>MWMT</i> 3/3 <i>MWMT</i> 4/6 <i>MWMT</i> 4/17 <i>MWMT</i> 8/23 <i>MWMT</i> 10/2 <i>MWMT</i> 10/3 <i>MWMT</i> 10/5 <i>MWMT</i> 10/6 <i>C</i> 1-2	For “one who is foolish or silly or lacks knowledge” For nightmares and visions. For head wounds to scalp, skull and <i>dura mater</i> . For pain in the head. To raise a child’s head bones. For “weakness of the brain”. For sharp head pain. For “sharp pain” in head. For headache and “to clear the brain”. For headache. For headache.

193 The *Three Receptaria* are written in a mix of Latin, Anglo-Norman and Middle English. All translations of herb names and ailments are my own, and are not an exhaustive list of all ingredients used for each recipe, nor of each herb in question.

		CC1 CC7	For “werk [and] turninge braynus”. For “hed werck”.
4	costmary (also found in theriac)	<i>Physica</i> , p. 88 <i>Trotula</i> § 48	“[I]f anyone’s knowledge and understanding are lost from many diverse thoughts so that he has become a madman”. For suffocation of the womb resulting in syncope, excessive bodily contractions and facial distortions.
5	Fleawort/psyllium	<i>OEH</i> , p. 222 <i>Physica</i> p. 22	For headache. To “make a[n...] overwhelmed mind happy”, to “strengthen the brain [...and help] restore it to health”.
6	gladden/gladiolus	<i>Physica</i> , p. 62 <i>OEH</i> , p. 125	To heal a madman. For a fractured skull.
7	peony (also found in potio sancti Pauli)	<i>Physica</i> , p.62 <i>OEH</i> , p. 126	“If a person goes out of his mind, as if he knows nothing and is lying deranged in ecstasy.” For lunacy.
8	pennyroyal	<i>Physica</i> , p. 66 <i>MWMT</i> 5/23 <i>MWMT</i> 5/63 <i>MWMT</i> 10/5 C1-2	For an “afflicted” brain, pennyroyal will “warm his brain and suppress his madness”. “[G]ood for the head”. For headache. For headache. For headache
9	Mandrake (also found in potio sancti Pauli and populeon)	<i>OEH</i> p. 133	For insanity and “seeing great evil”
10	sage/wood sage	<i>OEH</i> , p. 126 <i>MWMT</i> 9/37 <i>MWMT</i> 10/2 <i>MWMT</i> 10/5 <i>MWMT</i> 10/6	For insanity. To help someone regain their ability to speak. For sharp head pain. For headache and “to clear the brain”. For headache.
11	potio sancti Pauli (contains peony and mandrake)	<i>Trotula</i> , p. 130	For epileptics, cataleptics, analeptics and for “those suffering from diseases of the head” (p. 131)
12	populeon (contains mandrake)	<i>Trotula</i> , p. 130 CC168	For sleeplessness. For “fransi”.
13	theodoritum euperiston (contains costmary)	<i>Trotula</i> , p. 131-132	For migraine pain and dizziness
14	theriac (contains costmary)	<i>Trotula</i> , p. 132-133	For the “most serious” diseases e.g. epilepsy, catalepsy, apoplexy and cephalargy.

	and wood sage)		To “strengthen[...] the brain” (p. 132)
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There is a significant interplay of roughly one thousand years of medical tradition and history across Europe. Notably, betony, agrimony, costmary and sage frequently occur, especially in the *Physica* and the *Medieval Welsh Medical Texts*. This is unsurprising as the *Physica* is a compendium of *materia medica*, and the Welsh texts, which comprise the majority of the books consulted, are likewise lists of common ingredients.

In addition, there are specific recurring protocols for treating the same ailments. For example, for head ailments, one often finds references to either cold *materia medica* or applying something to the head to cool the head or brain. The keywords for compiling the table below were ‘head’, ‘head ailment’, ‘draw[ing] the heat from the head’, ‘applied to the head’, ‘place around the head’, ‘wash the head’, ‘mad’, ‘frenetic’ and synonyms for them. This is not an exhaustive list but a sampling.

Table 2A: References To Drawing Heat From The Head In Treatments For Head Illnesses and Injuries

Entry	Book	Direct Quotation	Page
1	<i>Trotula</i>	“[It] has a cold and styptic power and thus is the best thing for head pains from fever [...] Moreover, it takes away burning and heat when the stomach is full of bile [and when] its windiness fills the whole head” “[F]rom [the womb] the brain is filled [with humidity...Apply the medicines] until you see that she has been evacuated of the superfluous humidity”	“Oleum rosaceum”, p. 128. p. 86.
2	<i>Physica</i>	“Barley [...] is cold. [...] If a person’s head has an ailment, it should be washed frequently in this [cooked barley] water” “Peas [...] are cold. [O]ne who is sick with excessive phlegm in his forehead [should crush white peas with honey and] apply it to his temples.” “Agrimony should be cooked in water, and that warm water used to wash his head.” “[C]ook the root and leaves of gladiolus in water, squeeze out the water, and place it warm around the head of a madman” “One whose brain is afflicted should cook pennyroyal in wine and place is, so warmed, around his entire head.”	“Barley”, p. 12. “Peas”, p. 13. “Agrimony”, p. 60. “Gladiolus”, p. 62. “Pennyroyal”, p. 66.

		“[S]mear the Magnesian stone with his saliva, then rub the top of his head and his forehead with the stone.” “[S]have the hair from [the madman’s] head and cook a wolf in water [...] Wash the head of the mad one in a broth of this water”	“Magnesian Stone Or Magnet”, p. 152. “Wolf”, p. 217
3	<i>MWMT</i>	“For weakness of the brain, boil betony and chamomile and agrimony well and wash your head often.”	8/23.
4	<i>Three Receptaria</i>	Take these herbs and mix them together “en ewe ou en vin e de ce oignez le chef” (in water or in wine and anoint the head) Take the herbs, boil them in water and “laver la chief” (wash the head) Take the herbs and mix together “in water or in win and þat playstre ley on hise heued” Take the remedy and “capiti calidam circum appone” (apply it warm around the head) Take “rue wit [...] eyerose and smer wit þat þi templus” “[S]mere þerwit þin heued before and þi templus” “wasse þin hed þries in þe woke” “don away þe hete” “drawe þe hete out at þe mowth or out at þi nese or out at þin eeres or out at þin eyne” For þe fransi, [...take the medicine and] wrappe it on his heued, but smere it first wit popilion” Put the medicine “in a cloith and bynd it abuten his hed and it schal don him sclepen” “don away þe hete”	R14, p. 12. C2, p. 93. C26, p. 95. C5, p. 93. C28, p. 95. C29, p. 95. CC1, p. 163. CC5, p. 163. CC6, p. 163. CC168, p. 187. CC170, p. 187. CC50, p. 96.

The majority of references come from the *Three Receptaria* books showing a strong local preference for drawing excess heat away from head injuries or for washing the head in a medicinal solution.

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