

Medieval mysticism or psychosis?

Alison Torn investigates the strange case of Margery Kempe

Until the middle of the 17th century, phenomena such as voice hearing were perceived as a special or sacred form of knowledge. Christianity viewed such individuals as supernaturally possessed by either divine or demonic spirits (Porter, 2002). Thus madness was considered to be closely related to religious experience, making both the experience and the narrative of madness very different from those possible today, where madness is predominantly understood within a scientific paradigm.

The Book of Margery Kempe tells the story of one woman's spiritual journey in medieval England over a 25-year period, describing her quest to establish spiritual authority as a result of her personal conversations with Jesus and God (Staley, 2001). Whilst the text is written in the third person, it is generally acknowledged to be both the first autobiography written in the English language and the first autobiographical account of madness (Peterson, 1982; Porter, 1988). In recent years this medieval account of mystical experiences has been used by clinicians and academics as evidence of the historical provenance of mental illness (Craun, 2005;

Drucker; 1972; Freeman et al., 1990). I want to argue, however, that Margery Kempe belongs to a strong tradition of medieval mystics who represented their experiences in detailed and highly naturalistic descriptions (for a more detailed account, see Torn, 2011). Present-day Western culture has no available framework for understanding



Margery Kempe and Dame Julian of Norwich

the intense physical and emotional expression of religiosity that was characteristic of such medieval spirituality. Instead, mystical experience is perceived as quiet, meditative contemplation, and the demonstrative embodied outpourings of religious experience are cast out into the realm of psychopathology (Kroll et al., 2002).

Margery Kempe was born in the Norfolk town of Lynn (now King's Lynn) in around 1373. She was the daughter of a prominent official of Lynn, John Brunham, five times mayor and Member of Parliament. At around the age of 20, Margery married John Kempe, also a prominent citizen, with whom she had 14 children, although virtually no information exists of how many survived infancy. Margery herself was a well-known figure in the town, a woman of both high fashion and business. After the birth of her first child at the age of 20

Margery acknowledges she went through a period of madness for around eight months. Following the failing of two of her businesses (brewing and milling) she turned to Jesus to save her from sins such as lust, pride, greed and envy, paying her penance by abstaining from meat, alcohol and, after a protracted negotiation with her husband over a number of years, sex.

In her pursuit of a holy life, Margery went on pilgrimages to Jerusalem, Rome and other holy sites in Europe. Throughout the book, she describes not only conversations with Jesus, Mary, God and other religious figures, but also visitations, with the aforementioned figures appearing to her, and also Margery herself participating in biblical scenes such as the birth and crucifixion of Christ. These visions were accompanied by hearing 'such sounds and melodies that she might not well hear what a man said to her in that time unless he spoke the louder', smelling sweet smells and feeling within her body a flame that 'is wonderfully hot and delectable and right comfortable' (Staley, 2001, pp.64–65). Her religious

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fervour leads to prolonged public demonstrations of loud wailing, sobbing and writhing, much to the irritation of both commoners and clerics.

Margery's story relates not only to her struggle to achieve some form of divine spirituality, but also her polarised reception within society. Many commoners rejected and slandered her as a devil worshipper. Clerics and town officials charged her with heresy, imprisoned her and threatened her with rape and death by burning. Others saw her as a holy mystic, a position Margery reinforces with her descriptions of 'miracles' (avoiding injury when masonry fell upon her), prophecies (predicting storms, recoveries from illness and death) and the support of leading clerics and holy people (Bishop of Lincoln, Archbishop of Canterbury, Dame Julian of Norwich).

The narrative begins around 1393 with the self-acknowledged onset of madness after childbirth, which pre-empts for Margery a spiritual crisis. Below, she describes her madness and its effects:

this creature went out of her mind and was wonderfully vexed and labored with spirits for half a year, eight weeks and some odd days. And in this time she saw, as she thought, devils open their mouths, all inflamed with burning flames of fire as if they should have swallowed her in, sometimes menacing her, sometimes threatening her, sometimes pulling and hailing her both night and day. (Staley, 2001, p.7)

Margery acknowledges that she was 'out of her mind' and she distances the narrator self from the narrated self with the phrase 'as she thought'. Within this telling phrase, Margery informs the reader that at this point in her life, she questioned her own sanity. From this point in the text Margery clearly distinguishes between what she perceives

as an isolated episode of madness and her embarkation on a mystical life. It is this boundary between madness and spiritual passion that is so poignantly reflected in Margery's story.

However, within the fields of psychiatry and psychology there has been a struggle to engage with the religious imagination within this narrative. What is of interest from a historical and hermeneutic perspective is the way in which her story has been interpreted in modern times, as a story of psychosis as opposed to spiritual devotion (see for example, Claridge et al., 1990; Craun, 2005; Drucker, 1972; Ober, 1985).

However, to apply such terms to a medieval experience and approach it within a positivist paradigm is extremely problematic. Critically, it

dislocates Margery's experience from the historical and cultural context, so that subjectivity becomes separated from the contexts that make it meaningful. A pivotal scene from Margery's text that illustrates how her experiences have been subjected to modernist interpretations, centres around her heightened sensory experiences. This scene is academically contested as, from a modern perspective, it is judged to contain psychopathological elements:

Sometimes she felt sweet smells with her nose; it was sweeter, she thought, than ever was any sweet earthly thing that she smelled before... Sometimes she heard with her bodily ears such sounds and melodies that she might not well hear what a man said to her in that time unless he spoke the louder. These sounds and melodies had she heard nearly every day for the term of twenty-five years... She saw with her bodily eye many white things flying all about her on every side, as thick in a manner as motes in the sun... Also our Lord gave her another

token, which endured about sixteen years, and it increased ever more and more, and that was a flame of fire wonderfully hot and delectable and right comfortable, not wasting but ever increasing of flame. (Staley, 2001, pp.64–65)

Drawing on such passages some writers have interpreted Margery's experiences from a psychiatric perspective. For example, Craun (2005) claims that:

Kempe was psychotic for much of her adult life...[her] account provides the modern reader with a unique opportunity to hear the voice of a woman with serious mental illness who lived 600 years ago. (Craun, 2005, p.656)

Claridge et al. (1990) place a scientific interpretation on the events of her life. Applying a psychiatric assessment tool to Margery's narrative (the Schedule for Affective Disorders and Schizophrenia – Lifetime Version (SADS-L)), the authors conclude that:

Given this mixture of affective and schizophrenic features a modern psychiatric diagnosis for Margery Kempe would most likely be 'schizoaffective psychosis', precipitated in the first instance by childbirth. (Claridge et al., 1990, p.69)

Less sympathetically, Drucker (1972) describes Margery as a 'religious hysteric', condemning her visions as 'occasionally repellent and frequently silly', invalidating both Margery's experience and her narrative (Drucker, 1972, p.2916). Indeed, much of the content from Margery's narrative could be construed as classic psychotic symptoms; visions, auditory, olfactory and tactile hallucinations, grandiose delusions, self-neglect (Margery's penances of fasting, being inadequately clothed), social withdrawal (from family and friends), and feelings of passivity. However, what distinguishes the mystical experiences from her self-confessed period of madness

"the boundary between madness and spiritual passion is poignantly reflected in Margery's story"

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looking back

are the narrative devices used. In the sensory extract, Margery does not express doubt over her experience, as she did reflecting on her madness. Rather what Margery attempts to communicate to her reader is a truly embodied spiritual experience, drawing upon established religious metaphors to communicate her spiritual passion. The seemingly senseless therefore becomes a metaphoric and meaningful way in which to communicate one's sense of being.

Furthermore, to situate Margery's experiences within a medical framework dismisses the social meaning of her behaviour and the possible theological interpretations of medieval society. For example, central to the orthodox liturgy is the conception that devotional words uttered are expressed through the senses (Good, 2001). Extreme emotion which, in modern times, is viewed as a sign of mental instability, was therefore a fundamental feature of spirituality (Hodgkin, 2007). Such intense spirituality was not repositioned within a medical framework until the 1650s, a development that led to mystical experiences that were embodied in strong emotions and physical sensations being categorised as pathological (Kroll et al., 2002). In this context, Margery's embodied descriptions cease to be tactile or olfactory hallucinations or grandiose ideas, but become experiences that result from a spiritual passion that was grounded in the established popular medieval texts (Lochrie, 2001).

Reappraisal

Margery's narrative and the scientific interpretation of her religious experiences raises the question of the cultural context of unusual experiences. Focusing on mysticism and psychosis, the two experiences have much in common: a powerful sense of consciousness, heightened perception, communion with the divine, exaltation, loss of self-object boundaries and distortion of time (Buckley, 1981; Jackson & Fulford, 1997). However, there are important distinctions between mysticism and psychosis, which are culturally situated. First, for the mystic, the embodied emotional experience is overwhelmingly positive, yet for the psychotic it is predominantly negative. This fundamental difference is reinforced by



The Church of the Holy Sepulchre in Jerusalem, which was visited by Margery on one of her pilgrimages

research examining the distinction between the spiritual and psychotic experience, where most spiritual experiences were perceived by the individual as positive and benign, in comparison to psychotic experiences that were more likely to be perceived as negative and malign (Jackson & Fulford, 1997; Jackson, 2001).

Second, the perceived element of control differentiates mysticism from psychoticism, with a high degree of control in the mystical experience, as opposed to the typical lack of control in the psychotic experience (Heriot-Maitland, 2008). This differential factor has been identified as pivotal to voice hearers who successfully manage their lives without recourse to psychiatry (Romme & Escher, 1993; Romme et al., 1992).

Third, spiritual experiences tend to be confirmed by a particular subculture, as opposed to psychotic experiences, which remain unconfirmed and judged bizarre and particular to the individual (Jackson & Fulford, 1997). With the divergence from religion towards secular beliefs and activities in Western societies, for many undergoing unusual experiences, there are increasingly limited spiritual paradigms within which their beliefs can be framed and confirmed by others. This poses critical problems for those undergoing such affective experiences in Western society. As Heriot-Maitland (2008) argues, the mystic has a spiritual framework that makes sense of, and aids the communication of, unusual experiences. For the psychotic however,

there is often the absence of an available framework and 'with no meaningful context to fall back on, the individual finds themselves stranded, and grappling for explanations' (Heriot-Maitland, 2008 p.318).

This discussion of the boundaries between mysticism and madness is not to suggest that those diagnosed with psychosis need spiritual instruction or conversion in order to understand and communicate meaning from their unusual experiences. Rather Heriot-Maitland (2008) suggests such experiences are normalised as a universal psychological function, a form of problem solving within the existential sphere. This may not only be destigmatising, but also liberating for individuals and clinicians allowing for a space where explanations for unusual experiences can be arrived at in dialogue, which is consonant with the individual's values, belief systems and culture. Thus the diversity of the individual experience is accommodated as opposed to being reframed within the discourse of psychopathology (Kroll et al., 2002).

Conclusion

Unlike many diagnosed with psychosis today, Margery Kempe had a cultural space in which to explore her experiences. Religion provided Margery with a structure that left her with her dignity and freedom, a space that valued beliefs and meaning. More recent research with voice hearers suggests that not all unusual experiences are pathological (Jackson, 2001; Jackson & Fulford, 1997; Romme & Escher, 1993; Romme et al., 1992); some may be grounded in spiritual or cultural beliefs, which requires openness on behalf of the clinician to the alternative explanations and different tropes used by individuals. Working in this way may lead all parties to an enhanced understanding of unusual phenomena, providing richer explanations for experiences, as well as reducing negative features associated with them, such as social isolation, anxieties and low self-esteem. The boundaries between madness and religious experiences are still a contested area, and one where pathological explanations need to be challenged.

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