

“Slayn for Goddys lofe”: Margery Kempe’s Melancholia and the Bleeding of Tears

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Mourning is commonly the reaction to the loss of a beloved person or an abstraction taking the place of the person, such as fatherland, freedom, an ideal and so on. In some people, whom we for this reason suspect of having a pathological disposition, melancholia appears in place of mourning.¹

SIGMUND FREUD’S definition of melancholia takes as its focus the loss of a loved object that, rather than being ultimately relinquished over time as happens in the case of mourning, is retained and internalized by the sufferer, who then manifests an “exclusive devotion to mourning.” Not only does Freud acknowledge our unquestioning acceptance that “the mood of mourning [is] a “painful one,”” he suggests that this experience is a metapsychological process: “this tendency can become so intense that it leads to a person turning away from reality and holding on to the object through a hallucinatory wish-psychois.”² Beyond this, the sufferer is subject to a “detour of self-punishment” whereby “the indubitably pleasurable self-torment of melancholia . . . signifies the satisfaction of tendencies of sadism and hatred, which are applied to an object and are thus turned back against the patient’s own person.”³ The grieving melancholic, then, experiences an uncanny state of pain and pleasure, reliving and re-experiencing a loss which is at once agonizingly acute yet also gratifying because it symbolizes a means of retaining a connection—a diachronic oneness—with the lost object of desire. The complex of melancholia, according to Freud, “behaves like

1. Sigmund Freud, “Mourning and Melancholia,” in *On Murder, Mourning and Melancholia*, trans. Shaun Whiteside (London: Penguin Classics, 2005), 203.

2. *Ibid.*, 204.

3. *Ibid.*, 211.

an open wound,” drawing energies towards itself and leaving the self impoverished.

As an “open wound,” melancholia is therefore strikingly resonant with Judeo-Christian imagery.⁴ Amy Hollywood makes explicit the connection among mourning, melancholia, and Christian mysticism in her study of Beatrice of Nazareth and Margaret Ebner, arguing for a pattern that moves “from external objects to their internalization by the devout person (the key component of melancholy for both medieval and modern theorists), and then their subsequent re-externalization in and on the body of the believer (the rendering visible of melancholic incorporation whereby the holy person becomes Christ to those around her).”⁵ In her discussion of medieval mystical rapture, Hollywood suggests that devotees interiorize traumatic memories “by rendering involuntary, vivid, and inescapable the central catastrophic event of Christian history so that the individual believer might relive and share in that trauma.” She regards “medieval practitioners of meditation on Christ’s Passion” as having “the desire to inculcate something like traumatic memory [as] theologically justified by a promise: through sharing in the suffering of those who witnessed Christ’s death or . . . sharing Christ’s own pain, one can participate in the salvific work of the cross.”⁶

In this essay, I argue that Margery Kempe is a crucial example of the interplay between melancholia, mysticism, and medieval medical theory.⁷

4. See Gil Anidjar, *Blood: A Critique of Christianity* (New York, NY: Columbia University Press, 2014), 191-203.

5. Amy Hollywood, “Acute Melancholia,” *Harvard Theological Review* 99, no. 4 (2006), 381-406, at 383, doi:10.1017/S0017816006001325.

6. *Ibid.*, 397.

7. *The Book of Margery Kempe*, ed. Sanford B. Meech and Hope Emily Allen, EETS 212 (Oxford University Press, 1940; repr.1997). All references are to this edition. Book, chapter, and page references will appear parenthetically in the text. Italics in quotations from Kempe’s *Book* indicate words or phrases that emphasize the author’s argument. For an argument for Kempe’s melancholia as a feature of bipolar disorder, see Phyllis R. Freeman, Carley Rees Bogarad, and Diane E. Sholomskas, “Margery Kempe, a New Theory: The Inadequacy of Hysteria and Postpartum Psychosis as Diagnostic Categories,” *History of Psychiatry* 1, no. 2 (1990): 169-90, doi:10.1177/0957154X9000100202. For a refutation, see Juliette Vuille, “‘Maybe I’m Crazy?’: Diagnosis and Contextualisation of Medieval Female Mystics,” in *Medicine*,

Her tears, for which she is well-known, and which have inspired much scholarship, are usually interpreted as symbolic *expressions* of mystical experience.⁸ However, I suggest here a reversal of that process, with the phenomenology of Kempe's tears presenting as teleological indicators of a *prior disposition* of melancholia that in turn, and in accordance with medieval medical theory, renders her more receptive, more acutely sentient, to mystical phenomena and visionary experience. Her weeping, in response to those privileged visions, is thus the inevitable articulation of the melancholic who is unable to relinquish the lost Christic object nor stem the grief which lingers as an "open wound." I will therefore move forward from Hollywood's analysis by first analyzing the medieval medical theory of melancholia before examining the under-studied connection between constitutional melancholia and mystical receptivity, suggesting physiological tendencies towards the phenomenology of metaphysical vision.⁹ Margery Kempe's notorious weeping is pseudo-stigmatic, evidencing a melancholic woundedness to

Religion and Gender in Medieval Culture, ed. Naöe Kukita Yoshikawa (Cambridge: D. S. Brewer, 2015), 103-20.

8. See, for example, Barbara H. Rosenwein, "Coda: Transmitting Despair by Manuscript and Print," in *Crying in the Middle Ages: Tears of History*, ed. Elina Gertsman (London: Routledge, 2012), 249-66. See also Karma Lochrie, "Embodying the Text: Boisterous Tears and Privileged Readings," in *Margery Kempe and Translations of the Flesh* (Philadelphia: University of Pennsylvania Press, 1991), 167-202; Hope Phyllis Weissman, "Margery Kempe in Jerusalem: *Hysteria Compassio* in the Late Middle Ages," in *Acts of Interpretation: The Text in its Contexts 700-1600: Essays on Medieval and Renaissance Literature in Honor of E. Talbot Donaldson*, ed. Mary J. Carruthers and Elizabeth D. Kirk (Norman, OK: Pilgrim Books, 1982), 201-2; Dhira B. Mahoney, "Margery Kempe's Tears and the Power over Language," in *Margery Kempe: A Book of Essays*, ed. Sandra McEntire (New York, NY: Garland Publishing, 1992), 37-50. For a discussion of the red ink annotator's interest in Kempe's tears see "Male Approbation in the Extant Glosses to the *Book of Margery Kempe*," in *Women and the Divine in Literature before 1700: Essays in Memory of Margot Louis*, ed. Kathryn Kerby-Fulton, English Literary Studies Monograph Series 101 (Victoria, BC: ELS Editions, 2009), 153-69.

9. This topic is treated by Dyan Elliott, although the issue of melancholia is mentioned only briefly, in "The Physiology of Rapture and Female Spirituality," in *Medieval Theology and the Natural Body*, ed. Peter Biller and Alastair J. Minnis (Suffolk: York Medieval Press, 1997), 141-73.

which she is helplessly subjected but which is concomitantly productive in facilitating visionary perceptivity. As such, this essay will shed new light on Kempe's weeping and suggest a way in which her tears function as ascetic emblems of an outpouring of grief, which causes acute pain, but from which she refuses to separate. In bringing into dialogue the complexities of melancholia, mysticism, medical theory, and visionary receptivity, and the extent to which physiological predisposition must be acknowledged in the course of our understanding just as mind and body were unified in the medieval imaginary, I gesture towards significant repercussions for the way in which we read the experiences of the visionaries of the late Middle Ages.

Painful Melancholia

Medieval medicine made no particular distinction between mental and physical disorders, and most mental disorders were attributed to physiological causes.¹⁰ Many physiological explanations originate with Hippocrates (d. ca. 370 BCE), who rejected supernatural causes of afflictions and instead proffered the theory of humoral imbalance. The doctrine of the humors, according to which illness was caused by disturbances to the balance of the four bodily humors (blood, phlegm, black bile, and yellow bile), was the generally accepted paradigm of ancient and medieval medical thinkers. Galen in particular linked the qualities of hot, cold, dry, and moist with their humoral counterparts—black bile, for example, is cold and dry, and these combinations became the accepted models for a balanced body. His system of temperaments posited the predominant humor in the body with supposed character traits: the melancholic being dominated by black bile.¹¹ Later writers developed

10. See Simon Kemp, *Medieval Psychology* (New York, NY: Greenwood Press, 1990), 114. See also George Mora, "Mental Disturbances, Unusual Mental States, and Their Interpretation during the Middle Ages," in *History of Psychiatry and Medical Psychology: With an Epilogue on Psychiatry and the Mind-Body Relation*, ed. Edwin R. Wallace and John Gach (New York, NY: Springer, 2008), 199-223.

11. OED melancholy: etymology, ancient Greek *μελαγχολία*; condition of having black bile. See Galen, "Function of Diseases of Brain and Spinal Cord," in *Diseases of the Black Bile*, from *On the Affected Parts* (ca. 165 CE), in Jennifer Radden, ed., *The*

Galen's theory. Avicenna (d. 1037) wrote that melancholics are fearful, with an "overflowing of thought and a constant melancholic anxiety" characterized by the body's blackness and its dryness.¹² Hildegard of Bingen (d. 1179) regarded the "disease" of melancholy to have a universal significance in its connection to Original Sin: "Bile is black, bitter, and releases every evil, sometimes even a brain sickness. . . . This melancholy is due to the first attack by the devil on the nature of man since man disobeyed God's command by eating the apple."¹³

Constantine the African (d. 1087), whose *Viaticum* circulated widely in Europe, makes a connection between the black bile of melancholy and lovesickness: the grief experienced at the loss of the beloved.¹⁴ He states that love "is a disease touching the brain," caused by "an intense natural need to expel a great excess of humours." The eyes thus become "hollow" and the "soul . . . worries to find and possess what they desire."¹⁵ In the Gospel of Matthew (6:22-23), the eyes are the lights of the body, constructing a biblical connection between vision and physiology. Constantine's interconnection between the eyes and the soul therefore represents a dialogue with those theological and medical texts that construct vision as imbued with implications for both body and soul, and specifically suggests the association of desire with "melancholic disease."¹⁶ Gerard of Berry, writing in the last decades of the twelfth century, suggests that the lovesick sufferer is "fixed on the beauty of some form or figure . . .

Nature of Melancholy: From Aristotle to Kristeva (Oxford: Oxford University Press, 2000), 61-68.

12. Avicenna, "On the Signs of Melancholy's Appearance," in *On Black Bile and Melancholy*, from *Canon of Medicine* (ca. 1170-87 C.E.), Radden, *Nature of Melancholy*, 75-78.

13. Hildegard of Bingen, *Causae et curae*, in *Holistic Healing*, trans. Manfred Pawlik and Patrick Madigan, ed. M. Palmquist and J. Kulas (Collegeville, MN: Liturgical Press, 1994), 35.

14. Chaucer's Man in Black in "The Book of the Duchess" is an apt example of this. See *The Riverside Chaucer*, ed. Larry D. Benson (Oxford: Oxford University Press, 1987), 330-46.

15. Constantine the African, *Viaticum* 1.20, in Mary Frances Wack, *Lovesickness in the Middle Ages: The Viaticum and its Commentaries* (Philadelphia: University of Pennsylvania Press, 1990), 187-93.

16. *Ibid.*, 189.

on account of the imbalanced complexion, cold and dry.”¹⁷ The fixation on an object of desire, to which Gerard points, is both a cause *of* and a reason *for* melancholia, evidencing his understanding of melancholia as simultaneously constitutional and self-fulfilling, a point which has ramifications for Margery Kempe’s perpetual melancholia.

Published much later, in 1621, Robert Burton’s *The Anatomy of Melancholy* draws on both ancient and medieval sources and illustrates the longevity of such theories of melancholy in the broader historical reach.¹⁸ He posits that women are subject to putrid vapors that cause inflammation and melancholy and that the ensuing sorrowful emotions increase or decrease, depending on the existence of an “amatory passion” or “violent object.” Such grief results in “much solitariness, *weeping*, distraction.”¹⁹ Here, the physiological innateness of melancholia appears to be perpetuated, or fulfilled, by the presence or denial of a powerful object of desire, an object whose loss—to return to the Freudian hypothesis where this essay began—symbolizes a trauma which, in the melancholic, cannot be eased.

My suggestion that Margery Kempe’s melancholic diathesis is the cause of her prolonged crying and collapsing rests also on the corollary of the heightened cognitive and emotional receptivity of the melancholic. Throughout history, melancholics have often been accorded an ontological connection with creative energy or brilliance, giving rise to the dichotomy of disorder and giftedness; a predisposition, perhaps, to mystical experience that is paradoxically advantageous. Aristotle first questioned “Why is it that all men who have become outstanding in philosophy, statesmanship, poetry, or the arts are melancholic, or are infected by the diseases arising from black bile?”²⁰ The medieval philosopher Averroës (d. 1198) linked enhanced cognitive faculties to melancholic types, proposing that melancholics tend to have more frequent and “truer” dreams, perceiving in waking what others dream when

17. Gerard of Berry, *Glosule Super Viaticum*, in Wack, *Lovesickness*, 194–205, at 199–201.

18. Robert Burton, *The Anatomy of Melancholy*, ed. with introd. Holbrook Jackson (New York, NY: New York Review of Books, 2001).

19. *Ibid.*, 415.

20. From Radden, *The Nature of Melancholy*, 12.

they are asleep.²¹ Such ideas remain apparent in Burton's later work, where he concurs with the idea of natural propensity, but suggests an added, inner sensory perception that is potentially painful and linked to a "terrible object," in striking resonance with the object-fixation of the yearning melancholic that we have seen: "In melancholy men this faculty [the imagination] is most powerful and strong, *and often hurts*, producing many monstrous and prodigious things, especially if it be stirred up by some terrible object, presented to it from common sense or memory."²² Not only is the faculty of imaginative cognition stronger in the melancholic, according to Burton, but the fact that it "often hurts" by drawing on memories of "terrible object[s]," illustrates a connection between mystical perception, melancholia, and pain that seems to offer an explanation for Kempe's experiences. Dyan Elliott notes how the body's complexion informs spiritual aptitude and imagination. A woman who was naturally melancholic would have a "physical predisposition to mystical rapture."²³ Hildegard of Bingen, for instance, claimed to be a natural melancholic.²⁴ As I will explicate below, Kempe is imbued with such a predisposition, envisioning events with equal actuality (she sees "verily") with her "ghostly eye" as she does with her "bodily eye."²⁵ There is an emphasis on the *truth* of her phenomenological perception that illustrates the heightened receptivity of the melancholic as was presupposed in medieval culture.²⁶

In internalizing and mourning that "terrible object" to which Burton points—in this case the crucified Christ of Kempe's reworked perception—she enacts a self-fulfillment paradigm perpetuating melancholia. Hollywood argues that the "idealized other [that Ebner and Beatrice] incorporate is idealized precisely in his suffering and death. Melancholia here feeds melancholia rather than allaying it—the death of the other

21. Averroës, *Epitome of Parva Naturalia*, in Kemp, *Medieval Psychology*, 98.

22. My emphasis. Burton, *Melancholy*, vol. 1, 159.

23. Elliott, "The Physiology of Rapture and Female Spirituality," 149.

24. *Ibid.*, 159.

25. MED verreiil: in accordance with the facts, truly; with fidelity to an original; also, honestly, truthfully.

26. See Stephen Medcalf, "Inner and Outer," in *The Later Middle Ages*, ed. Stephen Medcalf (London: Methuen, 1981), 108-71, at 109.

leads to the idealization of and desire for one's own death."²⁷ For Kempe, however, this is only partly true, as her ambivalence towards her own death will show. While her tears function as *boystows* intrusions to her community at large, they also signify a melancholic woman who is simultaneously reliant on and distraught at the most devastating image of Christian narrative, unable to accept or relinquish it and so forced, like an "open wound," to bleed her tears of lamentation.

Bleeding Tears

Kempe's tears are, rather than arbitrary accompaniments to mystical experience, signifiers of a melancholic complexion, products or articulations of her constitutionally-rooted receptivity. Like the melancholic's natural predisposition to rapture, Kempe, for the same reasons, is predisposed to weeping. As she develops in spiritual maturity and realizes the productive value of this weeping as a means of achieving a privileged dialogue with Christ, she also recognizes their conventionality in female mystical experience.²⁸ When she hears her priest read of how "owr Lord wept" in Jerusalem, as he anticipated the "myscheuys & sorwys" that would ensue, Kempe weeps "sor" and cries "lowde" (1.58.143), at once grieving for and identifying with the Christ whose lost body signifies the wounds for which she will infinitely weep. Since melancholics are cold and dry by nature, Kempe is dried further still by her copious crying, exemplifying the way in which she sustains her melancholia in a hermeneutic of mournful self-fulfillment.

The theological association of blood and tears is illustrated as early as the fourth century CE by the bishop and rhetorician Gregory of Nyssa, who called tears "the blood in the wounds of the soul."²⁹ The

27. Hollywood, "Acute Melancholia," 402.

28. Angela of Foligno and Marie d'Oignies caused disruption in church by their crying. See Santha Bhattacharji, *God is an Earthquake: The Spirituality of Margery Kempe* (London: Darton, Longman and Todd, 1997), 46-48.

29. Gregory of Nyssa, *Oratio funebris de Placilla* (PG 46.880C), from Mary Carruthers, "On Affliction and Reading, Weeping and Argument: Chaucer's Lachrymose Troilus in Context," *Representations* 93, no. 1 (2006): 1-21, at 7, doi: 10.1525/rep.2006.93.1.1.

tenth-century German monk Grimlaicus of Metz advised the male recluses to whom his Rule was addressed to cause “the blood of the confessing soul [to] flow out through tears.”³⁰ Liz Herbert McAvoy notes how blood flow and tears were “constantly allied” in the Middle Ages, tending to be associated with feminine piety because of their association with the suffering of the Virgin as *mater dolorosa* in relation to the wounds of Christ at the foot of the cross.³¹ Philip of Clairvaux describes Elizabeth of Spalbeek experiencing a stigmata of the eyes. She also bleeds from wounds in her hands, feet, and sides. He emphasizes the stigmatic nature of the blood by stating how it was “mengyd with water.”³² In describing the blood in the same manner as Christ’s blood is depicted in the Bible (John 19:34), Elizabeth is shown to engender an *imitatio Christi* whereby her blood is identified precisely with Christ’s blood: a recognizable motif for a medieval society where blood piety was a popular concern.³³ The cultural coalescence of blood and tears made explicit through this stigmatic weeping thus offers Elizabeth an opportunity for the internalization and re-enactment of trauma that Hollywood conceptualizes; her tears are recognized, symbolic articulations of her own weeping wounds.³⁴

In a similar way, Margery Kempe’s tears symbolize the wounding that she experiences at Calvary when she first cries in loud contemplation;

30. Liz Herbert McAvoy, *Medieval Anchoritisms: Gender, Space and the Solitary Life* (Cambridge: D. S. Brewer, 2011), 35.

31. *Ibid.*

32. “The Middle English Life of Elizabeth of Spalbeek,” in Jennifer N. Brown, *Three Women of Liège: A Critical Edition of and Commentary on the Middle English Lives of Elizabeth of Spalbeek, Christina Mirabilis, and Marie D’Oignies*, *Medieval Women: Texts and Contexts* 23 (Turnhout: Brepols, 2008), 27–50, at 41.

33. See Caroline Walker Bynum, *Wonderful Blood: Theology and Practice in Late Medieval Northern Germany and Beyond* (Philadelphia: University of Pennsylvania Press, 2007).

34. On the connection between stigmata and bodily pain and illness, see Gábor Klaniczay, “Illness, Self-Inflicted Body Pain and Supernatural Stigmata: Three Ways of Identification with the Suffering Body of Christ,” in *Infirmity in Antiquity and the Middle Ages: Social and Cultural Approaches to Health, Weakness and Care*, ed. Christian Krötzel, Katariina Mustakallio, and Jenni Kuuliala (Farnham: Ashgate, 2015), 119–36.

tears, which cause collapse and drain her corporeal strength. After her conversion and prior to the Holy Land pilgrimage, she weeps soft “plentyouws teerys of contricyon” (1.Proem.2): it is the experience of visiting the place of Christ’s execution and the friars’ descriptions of each stage of his suffering that prompts Kempe to envision the Passion with affective devotion:

& the forseyd creatur wept & sobbyd so plentyvowsly as þow sche had seyn owyr Lord wyth hir bodyly ey sufferyng hys Passyon at þat tyme. Befor hir in hyr sowle sche saw hym verily be contemplacyon, & þat cawsyd hir to haue compassyon. &, whan þei cam vp on-to þe Mownt of Caluarye, sche fel down þat sche mygth not stondyn ne knelyn but walwyd & wrestyd wyth hir body, spredyng hir armys a-brode, & cryed wyth a lowde voys as þow hir hert xulde a brostyn a-sundry, for in þe cite of hir sowle sche saw verily & freschly how owyr Lord was crucified . . . & sche had so gret compassyon & so gret peyn to se owyr Lordys peyn þat sche myt not kepe hir-self fro kryng & roryng þow sche xuld a be ded þerfor. And þis was þe fyrst cry þat eyr sche cryed in any contemplacyon. (1.28.68)

The verisimilitude with which Kempe recounts this episode is illustrated by the very physical way in which she experiences the traumatic event. She sees Christ as if it were with her “bodyly ey,” in the present moment (“at þat tyme”) as opposed to retrieving his image through memory or imagination. This perception, enabling Kempe to experience two realities simultaneously, echoes scientific theories of the heightened receptivity of the melancholic and suggests the *truth* of the contemplation as she sees Christ “verily,” in her soul. On Calvary, she collapses in somatic failure, her weeping a symptom of heartbreak—of lovesickness—for the lost object of her desire (“hir hert xulde a brostyn a-sundry”), her cries in “lowde voys” the thundering articulation of loss, threatening the annihilation of her physical self as she presumes the conclusion to be her own death: “þow sche xuld a be ded þerfor.” Such co-suffering suggests the internalization of Christ’s crucifixion within her own body, emphasized by the interiorization of Jerusalem itself inside her soul: “in the cite of hir sowle sche saw veryly.” To incorporate, and thus to perceive, the

event of the Passion, Kempe shows us how the wounds of Christ are her own, their painful inculcation revealed outwardly by her cries of grief.

Such vociferous weeping lasts for ten years, climaxing at Easter time when Kempe's weeping causes her physical weakness: "And euery Good Friday in alle þe forseyd 3erys sche was wepyng & sobbyng v er vj owrys to-gedyr & þerwyth cryed ful lowde many tymes so þat sche myth not restreyn hir þerfro, which madyn hir ful febyl & weke in hir bodily mytys" (1.57.140).³⁵ Despite mental and physical exhaustion, Kempe seeks out the discomfort, fearing its loss and subsequent obstruction of Christ's grace: "And þerfor, Lord, I schal not sesyn, whan I may wepyn, for to wepyn for hem plentyuowsly, spede 3yf I may. And, 3yf þu wylt, Lord, þat I sese of wepyng, I prey þe take me owt of þis world" (1.57.142). The fear of losing her gift of tears is so acute that it is a reason for mortal departure, as those tears are the very representation of Christ's presence in her soul. Their absence, in contrast, suggests a spiritual dryness, or *acedia*, a state which Mary Carruthers notes can be remedied by weeping: "[t]ears' effect upon a barren soul is life-giving" because they are "moist and hot," balancing and softening the cold and hard constitution of the spiritually bereft individual.³⁶ Indeed, when Julian of Norwich experiences great sickness and pain she is "as baren and as drye as [she] had never had comfort but litille."³⁷ Kempe's tears are therefore an embodiment of grace, of which she desires limitless quantities: "I wolde I had a welle of teerys" (1.57.141). That well of tears is coexistent with the open wounds for which she weeps, constructing an infinite process of mourning and melancholia, which has the paradoxical benefit of retaining the lost Christic figure, signifying the antithesis of spiritual dryness. As Carruthers illustrates, medieval writers saw weeping as a rebalancing of a cold, hard constitution by making it moist. Tears denote spiritual fecundity, providing multipliable nourishment. In relation to melancholia, however, I contend that Margery Kempe's tears *reanimate* the melancholic state by purging moisture and drying

35. Kempe's boisterous crying "enduryd þe terme of x 3er" (1.57.140).

36. Carruthers, "On Affliction," 7.

37. Julian of Norwich, "A Revelation of Love," in *The Writings of Julian of Norwich: A Vision Showed to a Devout Woman and A Revelation of Love*, ed. Nicholas Watson and Jacqueline Jenkins, *Medieval Women* 5 (Turnhout: Brepols, 2006), 331.

her further. Christ informs Kempe that God, Mary, and all the saints in heaven are sustained by her tears: “þu hast 3ouyn hem drynkyn ful many tymes wyth teers of thyn eyne” (1.22.52). And her tears are the drink of angels, too, and medicinally potent: they are “very pyment to hem” (1.65.161).³⁸ But they simultaneously maintain the conditions of dryness and cold which perpetuate melancholy—and mystical perceptivity—in the predisposed individual. When Kempe becomes temporarily barren of tears, such spiritual fecundity is lost:

sche was sumtyme so bareyn fro teerys a day er sumtyme half a day
& had so gret peyne for desyr þat sche had of hem þat sche wold a
3ouyn al þis worlde, 3yf it had ben hir, for a fewe teerys, er a suffyrd
ryth gret bodily peyne for to a gotyn hem wyth. (1.82.199)

Her “gret peyne for desyr” reveals a lovesickness for which she would sacrifice the earth, while the incorporation of the term “bareyn” further symbolizes the status of her tears as indicators of spiritually fertile potential.³⁹ Not only is her very desire for tears painful, but she also emphasizes her preparedness to suffer “gret bodily peyne” in order to retrieve them, evidencing the symbiosis of the somatic and the spiritual, the fluidity of internalized and externalized experience, and the way in which Kempe uses pain as an ascetic device. When Christ removes for a time Kempe’s “lowde” crying, replaced by a more “stille” sorrow “as God wolde mesur it hys-selfe” (1.63.155), the public accusations of hypocrisy initialize somatic pain, but also spiritual progress: “& so slawndir & bodily angwisch fel to hir on euery syde, & al *was encresyng of +hir gostly comfort*” (1.63.156). Christ’s announcement that he has withdrawn the means of her more dramatic demonstrations of piety illustrates the enactment of the *Christus medicus* tradition, increasing and decreasing her tears in a pseudo-medical action where, just as humoral theory recommends the increase or purgation of humors, so God manipulates Kempe’s weeping ability in order to maximize her spiritual health.⁴⁰

38. MED piment: a sweetened, spiced wine used for refreshment and in medical recipes; a medicinal potion.

39. MED bareyn: 1(a) Barren (woman); sterile (woman or man). 2 Unproductive, non-bearing, fruitless. 4 Intellectually or morally sterile.

40. For a discussion of the tradition of *Christus medicus*, see Yoshikawa, “Introduction,” in *Medicine, Religion and Gender in Medieval Culture*, 1-24.

Such a notion is also evident during a vision received on a Good Friday, where the sight of Christ being crucified engenders such a traumatic perception that a quasi-suicidal cry is cause for her physical removal to the Prior's cloister:

[She meditated on] þe Passyon of owr Lord Crist Ihesu, whom sche beheld wyth hir *ghostly eye* in þe sight of hir sowle as verily as þei sche had seyn hys precyows body betyn, scorgyd, & crucified wyth hir *bodily eye*, which syght & ghostly beheldyng wrowt be grace so feruently in hir mende, wowndyng hir wyth pite & compassion, þat sche sobbyd, roryd, & cryed, and, spredyng hir armys a-brood, seyde wyth lowde voys, "I dey, I dey," þat many man on hir wonderyd & merueyled what hir eyled. And þe more sche besijd hir to kepyn fro crying, þe lowdar sche cryed, for it was not in hir powyr to take it ne leuyn it but as God wolde send it. Than a preyst toke hir in hys armys & bar hir in-to þe Priowrys Cloistyr for to latyn hir takyn þe eyr, supposyng sche schulde not ellys han enduryd, hir *labour* was so greet. (1.57.140)

As Kempe attempts to quieten herself and cease crying, the "lowdar" her cries become; she reveals that it is "not in hir powyr" to stop, as God is in control of her weeping. Crying is therefore conceptualized as a phenomenon outside her control and a subjection to which she must dutifully submit, a product of divine will—and of the melancholia which facilitates such visionary receptivity. The dramatic oscillation between ghostly and bodily perception here produces a tension that defies the straightforward categorization of Kempe's experience, yet also illustrates the authenticity of her understanding. In aligning her two "eyes" as one, the painful reality of Christ's tortured flesh, perceived through her ghostly eye, is as immediate and acute as her bodily eye would have it, making "real" the event and dissolving any distinctions between worldly and spiritual experience. The real-time portrayal of Christ's mutilated body is constructed through the echoing of rhetorical triads: Christ is "betyn, scorgyd, & crucified," while Kempe "sobbyd, roryd, & cryed." Similarly, the climactic moment when she cries, "I dey, I dey," occurs in the present tense. This emphasizes an urgent immediacy and final articulation of pain as she mourns Christ's loss; a pain so overwhelming

that the inevitable outcome must be her death. The intensity of this vision and the blurring of objective boundaries cause Kempe to be literally “wound[ed]” by her compassion; the flesh and blood of the scene emphasize real corporeal damage and the endless outpouring of blood and tears. And, like Mary’s lamentation, whose role in the scene is diminished by Kempe’s own reaction, the portrayal of a great “labowr” reminds us that it is the pain and love of Christ, and the spiritual fecundity of woundedness, with which she is now identified.⁴¹ Elsewhere, we also see metaphors of spiritual birthing: “sumtyme sche was al on a watyr wyth þe labowr of þe crying” (1.78.185) and suggest a drenching in fluid, much like the waters of the amniotic sac which nourish generatively. Kempe is able, in agonizing temporality, to substitute Christ’s painfully sacrificial experience for her own.

Such *realness* of mourning is explained in Chapter Sixty, when a priest is critical of Kempe’s tears:

“Damsel, Ihesu is ded long sithyn.” Whan hir crying was cesyd, sche seyde to þe preste, “Sir, hys deth is as fresch to me as he had deyde þis same day, & so me thynkyth it awt to be to 3ow & to alle Cristen pepil. We awt euyr to han mende of hys kendnes & euyr thynkyn of þe dolful deth þat he deyde for vs.” (1.60.148)

Not only is Christ’s death perpetually “fresch” in Kempe’s perception, but she also regards the ongoing contemplation of his “dolful deth” to be the duty of the good Christian: to “*euyr*” have mind of his kindness. In foregrounding the *euyr*-ness—the *eternity* of mournful meditation—Kempe establishes herself not only as a model for devotional activity, rebuking the priest, but also as a mourner in perpetuity.⁴² At St. Stephen’s Church, she falls to the ground and roars at the grave of the saintly vicar, Richard Caister, generating such “holy thowtys & so holy mendys þat sche *myth not mesuryn* hir wepyng ne hir crying” (1.60.147); an unlimited capacity

41. MED labour: 1) Work, esp. hard work. 2) Pains taken. 4 b) Pain, sickness, disease, also, the active phase of an intermittent disease; - of birthe.

42. On this episode and Kempe’s multitemporality, see Carolyn Dinshaw, “Margery Kempe,” in *The Cambridge Companion to Medieval Women’s Writing*, ed. Carolyn Dinshaw and David Wallace (Cambridge: Cambridge University Press, 2003), 222–39, esp. 231–32.

for mental pain that is reminiscent of the advice she receives from Julian of Norwich: “[God] makyth vs to askyn & preyn wyth mornynngys & wepyngys so plentyvowlsly þat þe terys may not be nowmeryd” (1.18.43). This boundlessness, whereby Kempe’s tears signify a teleological outpouring of melancholia, is exemplified by her uncontrollable crying on Palm Sundays. Her feelings are so great during one episode that “sche myth not *beryn* it,” again beholding Christ in her “gostly syght as verily as he had ben a-forn hir in hir bodily syght” (1.78.184-5). The homogeneity of interior and exterior perception compels her to articulate mystical experience outwardly: “sche *must nedys* wepyn, cryin, & sobbyn whan sche be-held hir Sauyowr suffyr so gret peynys for hir lofe” (1.78.185). In this way, her crying is not the hysterical language of a woman religious so much as an interiorized necessity: the reversal of that expression; the emanation of what is already there.⁴³ As a melancholic, Kempe’s phenomenological experience *must* emanate through weeping, as she “melt[s] al in-to teerys” (1.52.124). This uncontrollable expulsion of emotion is illustrated when the Palm Sunday sermon causes her to burst outwards. She could “no lengar kepyn þe fir of lofe clos wyth-inne hir brest, but, *whēþyr sche wolde er not*, it wolde aperyng wyth-owte-forth swech as was closyd wyth-inne-forth” (1.78.185). That “sche xulde a *brostyn* for pite” depicts Kempe’s conflation of her tears with her death. In imagining that her very body will explode with the pressure of her suffering, and evidencing what Jeffrey J. Cohen sees as her “emptying herself from her own body,” Kempe’s dependence on weeping for her identification and very existence—that she must bleed the tears of Christ—denotes a helpless route towards annihilation.⁴⁴

However, although Hollywood suggests that female mystics idealize and desire their own death in identification with Christ, Kempe’s

43. For 1960s scholarship that “psychologizes” Kempe, see François Vandenbrouke in Jean Leclercq, François Vandenbrouke, and Louis Boyer, eds., *The Spirituality of the Middle Ages* (London: Burns and Oats, 1968), pt. 2, 426. See also David Knowles, who argues that there is a “large hysterical element in Margery’s personality,” in *The English Mystical Tradition* (London: Burns and Oates, 1961), 146.

44. Jeffrey J. Cohen, *Medieval Identity Machines*, *Medieval Cultures* 35 (Minneapolis: University of Minnesota Press, 2003), 173.

conceptualization of her own death is more ambivalent.⁴⁵ While her desire for contemplative pain persists, she reveals a fear of physical pain and dying that emphasizes the importance of melancholic weeping over corporeal pain for her construction of self. Kempe imagines “what deth sche mygth deyn for Crystys sake”; however, the nature of the death must be “soft” as it is punctuated by an underlying fear:

Hyr þow[t] sche wold a be slayn for Goddys lofe, but dred for þe
poynt of deth, & þerfor sche ymagyned hyr-self þe most soft deth,
as hir thowt, for dred of incapyens, þat was to be bowndyn hyr hed
& hir fet to a stokke & hir hed to be smet of wyth a scharp ex for
Goddys lofe. (1.14.30)

God is pleased with Kempe’s willingness to die in his name, although her choice of a quick and “soft” death contrasts not only with the concomitant image of the axe, but also with Christ’s own embracing of pain: “it lykyn me wel þe peynes þat I haue sufferyd for þe” (1.14.30). The pain exchange is neither literal nor reciprocal as her earthly reluctance to succumb to extremes of bodily anguish marks a gulf over which she is seemingly unable to cross: Christ’s endurance of corporeal pain is a model for which she willingly suffers spiritually, but is unwilling to mirror physically. This fear of death regularly occurs during periods of sickness, for example, during her pilgrimage in Venice: “owyr Lord mad hir so seke þat sche *wend to be ded*, & sythyn so deyntyly he mad hir hool a-3en” (1.27.66). And on her return to Lynn she falls “in gret sekene in so mech þat sche was anyntyd for dowl of deth” (1.44.104).⁴⁶ Kempe’s feeling of incompleteness in relation to her spiritual pathway is revealed when she then asks God to allow her to go on pilgrimage to the shrine of St. James at Santiago de Compostela before she dies. Though she is reassured that she will not die yet, her mortal anxiety is paralyzing. Like the crying which threatens to split apart her body’s frame, her pain is such that to keep existing seems impossible: “owr Lord Ihesu Crist seyde to hir in hir sowle þat sche xulde [not] dey 3et, and sche wend hir-selfe þat sche xulde not a leuyd for hir peyn was so gret” (1.44.104).

45. Hollywood, “Acute Melancholia,” 402.

46. MED *dout*(e: 3 a) Anxiety; fear, fright; for *doute of*, for fear of (death, etc.). That Kempe is given the last rites indicates the severity of her illness.

Tears, then, are the liquid manifestation of Kempe's own disintegration. Unlike the female ascetics who seek out bodily anguish in their desire for Christic imitation, Kempe dismantles herself in a sacrificial offering via a complex outpouring of melancholy, a grief which she cannot control, and from which she cannot escape.⁴⁷ When secreted in the Prior's cloister, she cries "as 3yf hir sowle & hir body xulde a partyd a-sundyr" (1.56.138). She is on the verge of rupture, of fragmentation; a very woundedness of self that signifies Kempe's own version of the violent *imitatio* of her contemporaries. Though she does not desire death in the form of accident or illness, it is her only option in the event of the terminal drying up of her tears: "And, 3yf þu wylt, Lord, þat I sese of wepyng, I prey þe take me owt of þis world" (1.57.142). This is the woundedness of melancholia, a boundless state in which Kempe is immersed and with which her identity is inextricably bound up. For if her tears cease to exist, then so must she, and so must the Christ whose own wounded body she maintains through her weeping. For Kempe, therefore, to relinquish productivity in crying for the world's sins as a sorrowing intercessor, to dry up the "open wounds"—in Freud's words—that weep for the lost Christ, is to be annihilated. In crying her infinitely bleeding tears of lamentation, she fulfills the trajectory of her existence by retaining that "violent object" of Burton's imagining through a cycle of traumatic repetition. It is thus safe to conclude that Kempe's melancholia and the way in which it facilitates visionary perception is a central feature in her route towards union with the Christic body and a powerful way of understanding mystical experience. Her weeping allows us to read her *Book* not as the embodiment of pathological disorder, but as a teleology—of Margery Kempe herself—the way in which, in tearful understanding, she was ordained, and how she must always be.

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47. See Sarah Macmillan, "Mortifying the Mind: Asceticism, Mysticism and Oxford, Bodleian Library, MS Douce 114," in *The Medieval Mystical Tradition in England: Exeter Symposium VIII; Papers read at Charney Manor, July 2011*, ed. Eddie Jones (Cambridge: D. S. Brewer, 2013), 109-24.