

who lived more fully within the misogynistic world of thirteenth-century Europe.

This book is essential for Helfta scholars, since it makes a major contribution to our understanding of Gertrude's theology. It also adds important nuance to the study of the body and the senses in the Middle Ages. More broadly, scholars of medieval women's religious and devotional writings will find this work useful, as it complicates existing narratives about medieval women's spirituality. Johnson compellingly makes the case for expanding what kinds of writings "count" as theology and adds new dimensions to our understanding of medieval eucharistic theology. Johnson's concluding comments offer far-reaching reflections on how both Gertrude's theology *and understanding her as a theologian* challenge fixed dichotomies, that, she notes, tend "to harden ... into hierarchical dichotom[ies]" (193): body/soul, woman/man, professed/lay, mysticism/theology. Disrupting these hierarchies liberates us to read more richly and fully. As we continue to build upon the foundational work of early feminist scholars of medieval women mystics, this refreshed vision of the field offers significant new insights.

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Margery Kempe's Spiritual Medicine: Suffering, Transformation and the Life-Course, by Laura Kalas. Cambridge: D. S. Brewer, 2020. Pp. xiv + 252. ISBN: 9781843845546.

This book will doubtless be of interest to both literary scholars and scholars of the medical humanities, and will hopefully encourage more dialogue between these fields. Kalas's work also suggests that current models of medical history—which have largely rejected the retrospective diagnosis so popular in studies of Margery Kempe and her *Book*—might offer further insights into this much-studied text.

Deeply theorized and densely argued, it is not intended or suited for the undergraduate classroom but could be incorporated into graduate seminars on the body, on medieval spirituality and mysticism, on medicine, or on the lives of medieval women.

Kalas examines the *Book* as the literate product of a textual world and shows how that world is imbued with medical thought. She argues convincingly that medical and spiritual discourses are inextricable in the *Book*. Margery Kempe's experiences as embodied have been much analyzed but putting them within a robust medical humanities framework has remained, until now, a desideratum. Another useful and provocative achievement of the monograph is to argue that the *Book* is deeply informed by, and should be read in dialogue with, the medical as well as the theological literature of the late fourteenth century. Kalas argues that the *Book's* non-linear narrative is crafted to subvert standard medical and medicalized narratives about female sexuality and fertility, illness, and health. Both experience and its interpretation through text are of key importance to how Margery Kempe understood her own claiming of an embodied spirituality, and how this spirituality was understood by others. Kalas does not distinguish between Margery and her literary persona in the *Book*; both are "Kempe" throughout. This is important to the argument that the *Book* is crafted according to a medieval understanding of the female lifecycle. In this reading, Margery created for herself a narrative of visibility and power from the time of her conversion through her middle and old age, an interpretation with clear feminist resonances, provocative to potential future studies of writing by and about medieval holy women.

The first chapter is designed as a point of orientation and place of departure for the reader's journey. Kalas argues that Margery's (in)famous weeping, rather than symptomatic of mystical experience, testifies to her experiences of melancholia, which predisposed her to mystical receptivity (29–32). Margery's understanding of spiritual and bodily senses and perception as analogous seems to be presented as more exceptional than I believe it is (32), but this raises questions about the audiences and functions of the *Book*. Since Margery's understanding of spiritual and bodily sensation as closely, complexly linked was perfectly orthodox according to both medical and theological writers, whence the skepticism of the onlookers in the text? What does this say about textual and cultural com-

munities? Margery's weeping, Kalas argues, functions both as a form of preaching and as a form of reproach, which she resists having diagnosed as bodily sickness (38–43). Nevertheless, this weeping is pathologized by audiences. Margery is writing back against medical discourses of women's bodily fluids as unhealthful and undesirable.

In the second chapter, Kalas identifies Margery's post-childbirth experience of trauma and dissociation not as post-partum depression but as the fear of death and damnation after a near-death experience for which she had no point of reference. Margery's inclinations to melancholy would have made sexual abstinence dangerous for her according to medical theory; this might have made her penitential course still more attractive to her. A narrative of spiritual fecundity was crucial to Margery's self-refashioning. As discussed in chapter 3, the presentation of Margery as facilitating spiritual motherhood could be multivalent, as in the episode of the convent in Rome in which Margery both mothers and is mothered (116–17). Kalas argues that women of Margery's status and time may have understood middle age as a time of strength, wisdom, and comparative independence. Kalas also claims, provocatively, that "the effective *making male* of the menopausal woman ... enables a powerful process of re-identification through which Kempe is able to achieve authority" (99). The cooling and drying of the humors in old age was seen as reducing marked gender difference; the extent to which this can be interpreted as a "making male" is debatable. Men were perceived as losing the heat of virility no less than women were perceived as losing potentially dangerous excess moisture. Kalas argues for a more precise temporal definition of menopause than is present in the medieval medical writings she cites, as far as I can see. She argues that the episode in which Margery serves as midwife and wet-nurse for the Virgin Mary typifies this stage of Margery's spiritually fruitful surrogacy (111–12). I find less convincing the argument that the narrative occlusion of Margery's biological children may be the result of relationships with them that were distant due to her employment of wet-nurses.

Margery's emulation and mediation of the God who is *Christus medicus* is explored in chapter 4. The *Book* emphasizes the importance of Christ as healer through the restoration of Margery's health after childbirth, and after the episode in which a stone fell on her head; Kalas

emphasizes that the latter took place shortly before Margery and John's vow of chastity. This analysis intersects with that of the previous chapter. Spiritual midwifery is key to the narrative of Margery's sanctity as vital to her community. The discussion of Margery's healing activities as related to leprosy overstates the link between leprosy and sexually transmitted disease. Though Rawcliffe's foundational *Leprosy in Medieval England* is cited, Rawcliffe's analysis of medieval medical discourse on the causation of leprosy is apparently ignored.⁵ Foucault is cited on the alleged medieval segregation of the leprous (147), an argument that has been largely undermined.⁶ Deeper engagement with recent scholarship on medieval leprosy might have been helpful, especially as Margery's agency resembles vowed hospital service. Relevant literature on hospital service (e.g., the work of Elma Brenner, Adam J. Davis, Sharon Farmer, Sara Ritchey, Sharon Strocchia, and Letha Böhringer⁷) is also largely absent. The chap-

5 Carole Rawcliffe, *Leprosy in Medieval England* (Woodbridge: Boydell and Brewer, 2006), 78–80.

6 Michel Foucault, *Madness and Civilization* (New York: Routledge, 1961), 4–24, as cited; cf. Rawcliffe, *Leprosy in Medieval England*, 27–29.

7 Elma Brenner, "Between Palliative Care and Curing the Soul: Medical and Religious Responses to Leprosy in France and England, c. 1100–c.1500," in *Medicine, Religion and Gender in Medieval Culture*, ed. Naoë Kukita Yoshikawa (Cambridge: D. S. Brewer, 2015), 221–36; Letha Böhringer, "Beginnen und Schwestern in der Sorge für Kranke, Sterbende und Verstorbene: Eine Problemskizze," in *Organisierte Barmherzigkeit: Armenfürsorge und Hospitalwesen in Mittelalter und früher Neuzeit*, ed. Artur Dirmeier (Regensburg: Verlag Friedrich Pustet, 2010), 127–55; Adam J. Davis, "Hospitals, Charity, and the Culture of Compassion in the Twelfth and Thirteenth Centuries," in *Approaches to Poverty in Medieval Europe: Complexities, Contradictions, Transformations, c. 1100–1500*, ed. Sharon Farmer (Turnhout: Brepols, 2016), 23–45; Sharon Strocchia, "Caring for the 'Incurable' in Renaissance Pox Hospitals," in *Hospital Life: Theory and Practice from the Medieval to the Modern*, ed. Laurinda Abreu and Sally Sheard (Oxford: Peter Lang, 2013), 67–92; Sharon Farmer, *Surviving Poverty in Medieval Paris: Gender, Ideology, and the Daily Lives of the Poor* (Ithaca: Cornell University Press, 2001), 84–94, 151–64; Sara Ritchey, "Affective Medicine: Later Medieval Healing Communities and the Feminization of Health Care Practices in the Thirteenth-Century Low Countries," *Journal of Medieval Religious Cultures* 40, no. 2 (2014): 113–43.

ter concludes with persuasive analysis of how Margery's care for John in his final illness is presented as a way of both caring for Christ's body and saving her own life.

The final two chapters discuss Margery's old age, and how both her affective devotion and her spiritual authority reach their peak in this stage of her life, even as her physical frailty grows. Chapter 5 is largely devoted to a close reading of Margery's visions of the Passion in dialogue with late medieval devotional and medical literature on the process of death. As Kalas demonstrates, the depictions of the crucified Christ in the *Book* adhere closely to medical descriptions of mortality. The final chapter undertakes an assessment of Book II of the *Book*, not as an addendum or narrative about Margery, but as a chronicle of her undiminished—and increasingly authoritative—agency in preaching, traveling, and providing spiritual guidance. Kalas sees these activities as part of Margery's "senescent reproduction" (183–210), culminating in the closing prayer for all those whom she perceives as coming within the purview of her divinely enjoined ministry.

The remark in the afterword that Margery's embodied experience gives way to the "disembodied voice" of the *Book* seems to create a rupture which the rest of the volume has argued against (211). In conclusion, however, Kalas speaks of the *Book* itself as a posthumous speaking and showing, a way of recovering Margery's embodied experiences. The monograph makes the implicit argument that the methods and texts of the medical humanities can shed further light on this much-analyzed text. Kalas states the goal of examining ways in which medicine is integrated into medieval texts and lives. It was precisely this aspect of the text which I often found myself wishing would be further developed. The inclusion of only a select bibliography makes pursuit of these avenues challenging. It is impossible to know, for instance, whether the apparent lack of work on bodymind, which has enabled so much interesting disability studies scholarship, is a function of this abbreviation of the bibliography, or a genuine absence. Despite these lacunae, Kalas's monograph has accomplished the remarkable feat of saying something new about *The Book of Margery Kempe* in a new way.

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