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VOICES AND VISIONS: MIND, BODY AND AFFECT IN MEDIEVAL WRITING

Corinne Saunders

A properly critical medical humanities is also a historically grounded medical humanities. Such historical grounding requires taking a long cultural perspective, going beyond traditional medical history – typically the history of disease, treatment and practice – to trace the origins and development of the ideas that underpin medicine in its broadest sense – ideas concerning the most fundamental aspects of human existence: health and illness, body and mind, gender and family, care and community.[1] Historical sources can only go so far in illuminating such topics; we must also look to other cultural texts, and in particular literary texts, which, through their imaginative worlds, provide crucial insights into cultural and intellectual attitudes, experience and creativity. Reading from a critical medical humanities perspective requires not only cultural archaeology across a range of discourses, but also putting past and present into conversation, to discover continuities and contrasts with later perspectives. Medical humanities research is illuminated by cultural and literary studies, and also brings to them new ways of seeing; the relation is dynamic. This chapter explores the ways mind, body and affect are constructed and intersect in medieval thought and literature, with a particular focus on how voice-hearing and visionary experience are portrayed and understood. Pre-Cartesian perspectives chime surprisingly closely with current approaches, illuminate the complex inter-relations of mind and body, and probe the power of affect in resonant and suggestive ways. They also open on to ways of understanding that are less accessible in the secularised, progressive world of the twenty-first century.

This exploration takes its starting point from the Wellcome Trust-funded interdisciplinary project 'Hearing the Voice' (based at Durham University), which brings together researchers in psychology, psychiatry, neuroscience and a range of humanities disciplines, healthcare professionals, and voice-hearers, to explore the phenomenon of hearing voices without external stimuli.[2] The typical medical term for the phenomenon, 'auditory verbal hallucinations', makes usually tacit assumptions concerning the nature of the experience explicit. Voice-hearing is most commonly understood as a symptom of a severe mental disorder, such as schizophrenia. Yet voice-hearing is also an important aspect of many people's lives, and an experience that may well not correspond with or be satisfactorily addressed by medical diagnosis and treatment. The lively and

growing international Hearing Voices Movement addresses the limitations of a solely medical approach to coping with voice-hearing, and recognises a wide range of possible causes and kinds of experience, across cultures and historical eras.[3] The 'Hearing the Voice' project engages with this diversity of experience through its inter-related strands addressing phenomenology, hermeneutics, cognitive neuroscience, therapeutic management and interdisciplinary working.[4]

What does it mean to hear voices? The hermeneutics strand of 'Hearing the Voice' explores voice-hearers' own interpretations and communities of meaning, voice-hearing as religious or spiritual experience, and voice-hearing in literature from the medieval to the modern periods. As this chapter demonstrates, literary texts can recount in richly textured ways individual experiences of voice-hearing, while their imaginative worlds offer crucial insights into understandings of mind, body and affect. Fictions depend on voices for their animation, and writers across time from Augustine to Hilary Mantel have been acutely interested by voice-hearing, their works sometimes inspired by the experience of voice-hearing of different kinds, whether of spiritual voices or the voices and dialogue of individual characters. William Blake, Charles Dickens and Virginia Woolf all recount such experiences.[5] Voice-hearing provides a flashpoint for the exploration of ideas of vision, spiritual experience, and the place of the self in the world. Probing the parallels and contrasts between pre-modern and contemporary experiences of and attitudes to voice-hearing both brings new insights to medieval literature and contextualises and illuminates contemporary experience through the rich cultural lens of medieval writing.

The pre-Cartesian thought world of the Middle Ages is of particular interest because of its privileging of the connections between mind, body and emotion. The medieval understanding of the emotions as profoundly affective, and of cognition as shaped by affect, looks forward in intriguing ways to the theories of contemporary neuroscientists. Antonio Damasio, for example, argues both that the body is 'the main stage for the emotions' and that emotion enables cognition, playing a key role in rational/intellective processes.[6] Arguably, it is only through our recognition of this long-embedded interconnection that mental illness can be appropriately addressed. Hippocrates' theory of the humours, developed by Galen in the second century and central to medieval medical thought, necessitated the idea of a mind–body continuum. Both physical and mental health depended on the balance of the four humours, as did individual temperament and complexion, while each humour was also linked to the stars and planets.[7] The distinction between mind and body was complex and more fluid than in post-Cartesian thought, complicated by ideas of the soul, different views on where in the body faculties were situated, and the integration of thought and affect.

By the fourteenth and fifteenth centuries, when the texts discussed here were written, a new interest in psychology had developed, rooted in theological concerns about free will, intellect, desire and sin, but with its own complex physiology of thought as embodied, intimately connected to the senses and to affect, and with considerable explanatory power in relation to voices and visions. Galen had identified the motor and sensory functions of the brain, but qualities attributed to the rational soul continued to

be associated with the heart – an association sustained in popular belief well beyond the Middle Ages. Later medieval medical and philosophical theories attributed greater powers to the brain, connecting its ventricles or cells with the different stages of cognition, which was broadly understood to be two-part: processes mediated by the physiological mechanisms of the cerebral ventricles and processes within the rational soul or mind.[8] Such theories were based on the Arabic physiological paradigm of three bodily spirits: natural, vital and animal. The natural spirit, produced in the liver, moved through the veins to enable generation, nutrition and physical growth. The vital spirit, produced in the heart, moved through the arteries to give life to the body. In the brain, the vital spirit was transformed into the animal spirit, which controlled sensation and movement, but also mental processes. The senses, each associated with its own organ, were understood to be put together by the inner senses, situated in the ventricles of the brain, where both sensory and cognitive faculties were placed. Thoughts were dependent on 'forms', *imagines*, *simulacra* or *phantasmata* (Aristotle uses the term *eikón*, copy), sense impressions involving perception and response, put together by the inner senses, and passing through imagination, cognition and memory.

Avicenna's *De Anima*, translated (into Latin) in the twelfth century, describes the five cells of the brain: at the front were the *sensus communis*, where information was processed, and impressions retained briefly, and *imaginatio*, a temporary memory (together known as the *phantasia*); in the middle was the *imaginativa*, more comparable to modern imagination, which put together forms in creative ways, and the *estimativa*, where cognitive assessments were made; and at the back, *memorialis*, the storehouse of memory, where these *imagines* or memory-pictures were kept, imprinted, literally marked on the body through the physiological process triggered by the senses.[9] For the modern reader, perhaps the term *phantasmata* best captures the complex quality of *imagines*: they are understood as the products of 'the entire process of sense perception', quasi-pictures or representations derived from sensory processes but with affective weight, 'emotionally charged'.[10] The middle cell of the brain, *imaginativa* (later called *phantasy*), was seen as dangerous in its potential to retrieve from memory and creatively combine *phantasmata*, to deceive reason, *estimativa*.

This model of the brain allowed the notion of an inner eye and ear, and hence the possibility of visionary experience and of hearing inner voices. Such ideas also underpinned theories of mental illness. If the melancholy humour was dominant (an excess of black bile), for example, then the cognitive processes at the central part of the brain were affected, potentially resulting in depressive illness, lethargy and withdrawal; while if the choleric humour predominated (an excess of yellow bile), then the imagination at the front of the brain was affected, bodying forth too many images, potentially resulting in mania.[11] Understandings of the individual mind were complicated by a profound awareness of a multi-faceted supernatural, which included not only God and the devil, but also a spirit world just beyond human reach, of angels, demons, ghosts and fairies. The supernatural might manifest itself in visitations, visions and miracles, but also in demonic intervention and temptation. Individuals were seen as subject both to supernatural beings and to cosmic powers. As Simon Kemp has argued, medieval under-

standings of how thought worked provided a compelling way of combining ideas of supernatural influence with notions of physiological processes. *Phantasmata* could be the direct result of sensory perception, or could be retrieved from the memory; they could also be produced by the imprint of the divine or the demonic on the susceptible imagination. Augustine had suggested that 'if the workings of the inner senses can be affected by God and his angels, they might also be affected by demons'; this idea was especially developed in relation to medieval dream theory.[12] Dreams might be prophetic or oracular, divinely or demonically inspired, reflect the workings of the emotions and imagination, or be caused by physiological processes; the challenge was to assess their causes and significance.[13]

How do these concepts illuminate voice-hearing? Research into medieval theories of thought has emphasised the importance of images and prioritised vision, rather than any notion of the inner ear. This reflects the emphasis of medieval writing, but also the dominance of sight in hierarchies of the senses from ancient to modern.[14] Yet the ear and other senses had a crucial role to play in understanding, as early modern historians have recently demonstrated in relation to aural history.[15] What is referred to as 'vision' in medieval writing in fact tends to be multi-sensory. Indeed, a question central to the 'Hearing the Voice' project is that of whether the privileging of hearing voices, particularly in the context of psychotic experience, is a modern phenomenon, and perhaps one that fails to capture more complex actual experience.[16] Medieval understandings figure the imagination and memory as shaped by affective and cognitive responses. From them arise both images and voices, not always solicited and potentially unbalancing the mind. This experience may intersect with and be shaped by experience of the supernatural. Later medieval psychology provides an explanatory framework for visionary experience and voice-hearing, while these could also be authorised through supernatural explanations. Medieval experience, of course, included madness and deviance, but the medieval thought world also allowed for voices, visions and other kinds of unusual experience that did not fit these paradigms. Medieval literary texts can thus illuminate, complicate and validate voice-hearing today.

The deep connection between mind, body and affect, and the relevance of this for voice-hearing, are most evident in the religious writing of the Middle Ages. Devotional literature relies on the notion that affective experience can open the way to the soul's deeper understanding of the self and the divine – and potentially to visionary experience. But in romance writing too, the interconnection of mind, body and affect is crucial: the body is both responsive to external forces and reflective of the interior. Affect is visibly written on the body, but also shapes and transforms the mind and creates individual identity. Notions of the supernatural and the power of affect shape the most influential romance topos of all, that of love-sickness, just as they do mystical experience. This chapter looks first at the romance works of Chaucer, a highly intellectual writer with strong medical interests, and then at the religious writings of Julian of Norwich and her near-contemporary, Margery Kempe. Chaucer is explicitly engaged with the new medical psychology of

his time, while Julian's theological sophistication brings a deep familiarity with the psychology of visionary experience; Margery's text offers insights into more popular understandings of visionary psychology. These fourteenth- and fifteenth-century authors all engage with voices of and beyond the mind, probing the intersection of interior and exterior, natural and supernatural forces. The literary past offers new perspectives on the present through its sophisticated and detailed realisation of voice-hearing and visionary experience.

Chaucer's writings are shaped and informed by the intellectual developments of his time, including in science, natural philosophy and medicine. Partly because of this, he is typically thought of as a realist writer, and it is easy to forget how frequently he employs the idea of the supernatural across his writings, from personified gods to speaking birds. Imagination and intellect intersect, as he returns repeatedly to the subject of love as an invasive force affecting body and mind, using and complicating the widespread medieval literary convention of the wound effected by the God of Love. His strikingly medicalised perspective reflects an interest across his œuvre in physiology and psychology: in particular, new theories concerning the senses, the cells of the brain and the relation of mind, body and affect that resonate in striking ways with much more recent ideas. Chaucer's *Knight's Tale* (the first of the *Canterbury Tales*, but probably written as a separate work early in the 1380s) adapts Boccaccio's *Il Teseida* to recount the love and fatal rivalry of two cousins, Palamon and Arcite, for the lady Emilye. Chaucer plays with the neo-Platonic convention of the eyes as leading to the heart in his description of how, gazing on Emilye, both are suddenly wounded by love, 'by aventure or cas' (chance or destiny, 1074). Yet the lovers are also carefully distinguished: Palamon 'chronically smitten' in conventional terms, Arcite 'morbidly lovesick'.[17] Chaucer situates Arcite's malady as an illness of the brain with extreme physiological symptoms:

. . . lene he wex* and drye as is a shaft*;	*he grew lean	*stick
His eyen holwe* and grisly to biholde,	*sunken	
His hewe falow* and pal as asshen colde . . .	*sickly yellow	
So feble eek were his spiritz, and so lowe,		
And chaunged so, that no man koude knowe		
His speche nor his voys, though men it herde.		
And in his geere* for al the world he ferde*	*conduct	*behaved
Nat oonly lik* the loveris maladye	*as if suffering from	
Of Hereos,[18] but rather lyk manye,*	*mania	
Engendered of humour malencolik		
Biforen, in his celle fantastik. (1362–76)		

The description draws on medical ideas concerning the influence of affect on the brain, available to Chaucer, for instance, through the work of Bartholomaeus Anglicus, translated by John of Trevisa.[19] Trevisa describes how the passions of the soul engender the melancholy humour, which works on the 'celle fantastik', the front ventricle of the

brain controlling the imagination. In a state of melancholy, the subject loses the ability to judge and reason; in a state of mania, as here, the imagination cannot perceive new images but sees only the beloved. The withdrawing of the vital spirit weakens Arcite's body and voice, while loss of heat occasioned by the overactive imagination causes his eyes to grow hollow and his countenance pale, and fixes the image of the beloved even more firmly in the brain.[20]

Gaze, sight, image: these may seem to allow little scope for the concept of voice. Yet human and supernatural voices are crucial to the tale. The lovers' laments, soliloquies and dialogues – often accompanied by loud wailing, 'youlyng and clamour' (1278) – are set against the voices of the gods to whom they pray. Most complex is Emilye's multi-sensory supernatural experience in the temple of Diana, of fire, whistling brands, drops of blood, clattering arrows, and the goddess herself appearing and speaking, but Mars also speaks to Palamon, murmuring 'Victorie', and we hear too Saturn's dialogue with Venus. Supernatural experience is also combined with interiority, to evoke the play of external arbitrary forces beyond individual control on the inner senses and imagination to evoke affective and cognitive responses. Arcite in sleep 'thoughte how that the wynged god Mercurie / Biforn hym stood and bad hym to be murie', commanding him to Athens: 'Ther is thee shapen of thy wo an ende' (1384–92). The dream vision of the messenger of the gods is a conventional device, but Chaucer's use of the verb 'thoughte' is suggestive, implying the workings of the mind in dream, and the imprint of the supernatural on the imagination. The scene immediately precedes Arcite's catching up of a great mirror in which he sees how the malady has so transformed him, and again thought is emphasised: 'right anon it ran hym in his mynde' that he was unrecognisable (1402). The tale vividly dramatises the tension between internal and external forces that shapes the texture of human experience, and the workings of the individual mind.

Chaucer's care concerning the physiological representation of affect and thought is subtly evident in his early dream-vision poem *The Book of the Duchess*, probably written in the 1370s as a memorial to the wife of John of Gaunt, Blanche, Duchess of Lancaster, who died aged twenty-three in 1368/9. In this poem, mind, body and voice interweave on different levels, and here too the supernatural has a role to play. The narrator's processes of thought are carefully depicted: 'sorwful ymagynacioun / Ys alway hooly in [his] mynde' (14–15). Image-pictures held in his memory are repeatedly revisited, creating 'fantasies' in his head and causing a melancholy which has 'sleyn [his] spirit of quyknesse' (26). Though it is never made explicit, we assume that his illness of the past eight years, for which there is only one physician, is love-sickness. Taking up 'a romaunce' (48), probably Ovid's *Metamorphoses*, he reads in the tale of Ceyx and Alcyone of how the god of sleep, Morpheus, is summoned by Juno, to inhabit Ceyx's dead body and recount to Alcyone her husband's drowning, urging recovery from grief. The narrator's prayer to Morpheus leads in turn to his own dream vision, a complex dialogue that probes the psychology of the mysterious Man in Black, whom the Dreamer encounters while wandering in a dark forest and who, like Alcyone, proves to be lamenting the death of his beloved. While cryptic allusions

link him to John of Gaunt, the Man in Black is a pattern of melancholy, a pale figure of death whose spirits have fled into his heart: 'y am sorwe, and sorwe ys y' (597). As well as his extended conversation with the Dreamer, we hear both the Man in Black's complaint, 'a lay, a maner song, / Withoute noote, withoute song' (471–2), and his inner dialogue. For modern readers, the account of this is strikingly congruent with contemporary theories in cognitive psychology of the workings of inner speech[21]:

> he spak noght
> But argued with his owne thoght,
> And in hys wyt disputed faste
> Why and how hys lyf myght laste;
> Hym thoughte hys sorwes were so smerte* *painful
> And lay so colde upon hys herte. (504–8)

Cognitive psychologists have suggested that disruption in the processes of inner speech may be key to voice-hearing, creating the effect of voices in the mind no longer within an individual's control. The Man in Black is depicted as experiencing vividly this kind of all-consuming inner dialogue: like the Dreamer at the start, he is lost in his 'sorwful ymagynacioun'. This turbulent process is gradually ordered as he is led through his dialogue with the Dreamer to recreate, through the images retrieved from memory, a picture of his lost duchess. The picture is multi-sensory and embodied: we hear not only of Blanche's ideal courtly virtues, but also her 'lokyng' (870), movement, voice and touch, of the entire process of their love, and finally, of her death. The process of image-making finally reanimates Blanche within the imagination, allowing the Man in Black to articulate her death and to move beyond a traumatised, dissociative state of profound withdrawal. The disruptive, all-consuming images and voices of grief are contained, and the insomniac narrator too is restored to action, the writing of the poem that creatively memorialises the beloved.

In the later books of his epic romance *Troilus and Criseyde*, Chaucer develops these ideas further. *Troilus and Criseyde* assumes and exploits the literary conventions of love-sickness, filling them out with medical and psychological detail. Love is an invasive, physical and mental force, a wound with which the God of Love punishes Troilus for laughing at the foolishness of lovers. Like the *Knight's Tale*, the poem relies on the neo-Platonic convention of the link between eyes and heart: on first seeing Criseyde, Troilus' heart is caused to 'sprede and rise' as if on fire, wounding and quickening his 'affeccioun' (I, 278, 296). Sensual perception acts on the vital spirit to occasion emotion – felt at once in body and mind. Chaucer uses ancient notions of heart as seat of both thought and feeling, but at the same time plays on the cognitive aspects of emotion by emphasising the ways in which affect shapes the imagination: Troilus' thought 'gan quiken and encresse', and he makes 'a mirour of his mynde' in which he sees 'al holly hire figure' (I, 443, 365–6).

Throughout the process of Troilus' love, his affective experience is extreme: he feels that 'with hire look [will die] the spirit in his herte' (I, 306), and again and again, the

illness of the heart pervades the body. When Criseyde fails to return from the Greek camp and her betrayal becomes apparent, Troilus is literally unmade by love:

> He so defet was, that no manere man
> Unneth hym myghte knowen ther he wente;
> So was he lene, and therto pale and wan,
> And feble, that he walketh by potente.* *crutch
> (V, 1219–22)

He complains of grievous pain around his heart. Chaucer also emphasises his cognitive processes: Troilus' 'herte thoughte' is so constantly on Criseyde, 'so faste ymagenynge' (V, 453–4) that he cannot be distracted by feasting and revelry. Imagining is, literally, image-making of a multi-sensory kind: Troilus has the 'proces', the course of events, 'lik a storie' in his memory (V, 583–5). His mind repeatedly circles back not only to images but also to the voice of his beloved: he hears her melodious singing, 'so cleere / That in my soule yet me thynketh ich here / That blisful sown' (V, 578–80). As he rereads her letters, he sits 'refiguring hire shap, hire wommanhede, / Withinne his herte, and every word or dede / That passed was' (V, 473–4). He sees in his mind's eye himself as emaciated and pale, and hears in his mind's ear the comments of onlookers, 'men seyden softe', on his transformed, melancholy state (626). Like the Man in Black, he repeatedly sings to himself of his lady, and his grief too leads him to 'argue with his owne thought' and dispute in his wits. While memory is so often conceived of as working through visual images, then, these can as readily be sounds retrieved from the storehouse of the mind, recreated in the imagination, heard by the inner ear, but in a way that is intrusive and all-consuming. These texts convey an impression not of wilful construction of internal voices, nor of psychosis, but of voices bodied forth in the mind as a result of extreme emotion. Such ideas resonate powerfully with recent psychological theories of voices as originating in traumatic experience, and as aspects of dissociative behaviour.[22]

It is in the mystical writing of the Middle Ages that supernatural voices are most fully explored. Mysticism stressed the individual humanity of Christ, and the power of affect to move the individual to spiritual understanding; it had a special appeal for women, who were unlikely to have access to the Latin theological tradition of the Church. Though it is with vision that mystical experience is most typically associated, mystical texts also provide striking cultural models of authorised voice-hearing. For voice-hearers in the twenty-first century, Julian of Norwich and Margery Kempe provide powerful historical examples, while their works offer compelling explorations of the nature of visionary experience. For the mystic, extreme physical affect, whether achieved through illness, ascetic practice or rapt contemplation, can occasion an altered or detached state that opens the inner eye and ear.[23]

Thus Julian of Norwich prays to be brought near to death, so that she may 'lyven more to the worshippe of God', and it is in her extreme illness in 1373 (at the age of about thirty) that she experiences her visions.[24] Many of the sixteen 'sheweings or

revelations' (1, 1) are compelling in their physicality and often multi-sensory, though 'sheweing' is the term most commonly used and images of the eye, seeing and revelation recur throughout the book, which is both informed by a profound familiarity with theological tradition and startlingly innovative in its argument. Julian demonstrates an intense engagement with the embodied nature of experience and with the connections between senses, affect and cognition. She is discriminating in the details she offers, identifying different types of visionary experience. Some visions are seen with the 'bodily sight', as in her extended vision of the crucified Christ (10, 14). Others occur within the mind, as on the occasion when her 'understondynge' is 'led downe into the see-ground', to see its green hills and valleys and comprehend the reach of God's protection even under deep water (10, 15). Still others occur within the 'gostly' or spiritual eye, as in her early vision of the Lord as 'clotheing that for love wrappeth us' (5, 7), or Mary, seen 'gostly in bodily likeness' (4, 6). Sometimes these kinds of vision coexist: 'al this was shewid by thre: that is to sey, be bodily sight and by word formyd in my understondyng and be gostly sight'. The last is the most difficult to convey (9, 14). In all cases, the physical opens on to profound spiritual meaning. In her depiction of Christ's bleeding body, Julian is explicit about how apparently physical experience is occasioned through God's revelation to the inward eye: 'In all the tyme that he shewed this that I have said now in ghostly sight, I saw the bodyly sight lesting of the plentious bledeing of the hede' (7, 10). Visions may be horrifyingly graphic, as in the description of the body of Christ withering on the Cross, and are often multi-sensory. Even in the sixteenth and last revelation, Julian experiences in sleep the terrifying presence of the devil, grinning, red and black-spotted, taking her by the throat; waking, she sees the smoke and smells the stench of fire and brimstone (66, 108). For her, the fire is 'bodily', but those with her do not perceive it; it is experienced through the inward senses, on which God works. Medieval theories of the inner senses, which may be activated by the supernatural to imprint the imagination, readily allow for such a model.

While the 'sheweings' are fully multi-sensory, their affect is most of all characterised by direct experience of the divine voice. Julian is precise about seeing and hearing: in the first vision, God shows her the universe as 'a littil thing' like a hazel nut, and she 'lokid thereupon with the eye of my understondyng and thowte: "What may this be?" '. She hears the answer spoken: 'It is all that is made' (5, 7). Julian conveys the impression of direct speech, 'our good lord seid' (14, 21), and throughout is explicit about hearing His voice within her mind: 'And I was answered in my reason' (10, 15); 'Than had I a profir in my reason as it had be frendly seyd to me' (19, 28). She distinguishes that experience from her own reasoning and thoughts, which are depicted in terms of contemplation, anxiety, wondering, and trying to interpret. Understanding may also be *like* hearing instructive words: 'And al this shewid he ful blisfully, meneing thus: "Se I am God" ' (11, 18–19). Voices are heard in the mind but also in the soul. Julian conveys a keen sense of a different kind of inner voice: 'Than he, without voice and openyng of lippis, formys in my soule these words' (13, 20). All these experiences fit the modern phenomenology of voice-hearing, where voices can

be interior or exterior, but can also occur as thought insertions associated with the mind or soul, or as aspects of felt presences.[25]

One stage in Julian's journey of faith is the process of believing that the 'sheweings' are not just madness. The Lord responds by complementing bodily with spiritual sight: 'he shewid it al agen within, in my soule, with more fulhede [detail] . . . seyand these word full mytyly and full meekly: "Witt it now wele, it was no raving that thou saw this day . . ."' (70, 113). The difficulty of belief is revisited in the late vision of the devil, which is accompanied by a vision of two people chattering earnestly yet inaudibly, 'calculated', Julian writes, 'to stirre me to dispeir' (69, 112). This description resonates powerfully with some contemporary accounts by voice-hearers of the intrusive, frightening and sometimes plural experience of auditory hallucinations – of hearing a plethora of voices that may not be comprehensible.[26] For Julian, God's power is evident in the terrifying obscurity of the mind, as well as in the marvellous process of vision. Seeing is distinguished from understanding: only after twenty years does Julian comprehend the meaning of the visions enough to write the narrative she calls *A Revelation of Divine Love*. As she contemplates the showings, she hears the voice of God speaking the interpretation: 'It is sothe that synne is cause of all this peyne, but al shal be wele, and al shal be wele, and al maner thing shal be wele' (27, 39). The 'sheweings' are also listenings and conversations, which through their affective and cognitive force open on to deep spiritual understanding.

The power of the inner eye and ear are acutely evident in *The Book of Margery Kempe* (written c. 1436–8), which writes mystical vision in less intellectual and more extreme terms than Julian's *Revelation*. Though her name is frequently linked with that of Julian, from whom she sought advice, Margery's life could not have been more different: she was married, bore fourteen children, ran a brewing business, and travelled on pilgrimage as far as Rome and Jerusalem. She was also, however, a visionary who adopted a strongly religious ascetic life. Her *Book* steps in and out of the established tradition of female spiritual revelation, instancing a range of holy women such as St Bridget of Sweden. Though Margery's book differs dramatically from Julian's more intellectual, reflective narrative, it too conveys the multi-sensory quality of vision, suggests the crucial role of voice in such experience, and differentiates between different kinds of voice-hearing. Again, the distinction of vision from raving is crucial. Margery's first experience is one of madness, characteristically all-encompassing in its physical quality of shrieking devils who paw at her as if to swallow her up in their fiery mouths. In response Jesus appears, restoring Margery to her wits:

> owyr mercyful Lord Crist Jhesu . . . aperyd to hys creatur, whych had forsakyn hym, in lyknesse of a man, most semly, most bewtyuows, and most amyable that evyr mygth be seen wyth mannys eye, clad in a mantyl of purpyl sylke, syttyng upon hir beddys syde, lokyng upon hir wyth so blyssyd a chere that sche was strengthyd in alle hir spyritys, seyd to hir thes wordys: 'Dowtyr, why hast thow forsakyn me, and I forsoke nevyr the?'[27]

In subsequent visions, Christ is vividly depicted as Margery's lover:

> 'Therfore most I nedys be homly wyth the and lyn in thi bed wyth the . . . take me to the as for thi weddyd husbond, as thy derworthy derlyng . . . thu mayst boldly take me in the armys of thi sowle and kyssen my mowth, myn hed, and my fete as swetly as thow wylt.' (I.36)

Margery adopts a life of chastity, assured by Christ that her spiritual worth is comparable to that of virgins in heaven, though demonic visions, often grotesquely sexual, recur across Margery's experience, gesturing to the difficulty of this ascetic life.

Margery, like Julian, emphasises the 'gostly eye'. Here, such seeing is shorthand for the engagement of all senses as Margery enters into a dramatic spiritual world, where she participates in definitive biblical scenes: the encounter of Mary and her sister Elizabeth, the birth of Christ, Mary Magdalene and the disciples after Christ's death, Mary's death and the Passion itself. Margery busies herself as the maidservant of St Anne, looking after the child Mary; begs clothes and food in Bethlehem, swaddling the baby; and after the Crucifixion, returns again to serve Mary by making 'a good cawdel', a drink of gruel and spiced wine (I, 81). Margery sublimates her feminine roles as mother and housekeeper to enact them within the world of the inward eye, to serve not her husband and family but Christ, in the enactment of the Incarnation. But despite the powerfully multi-sensory quality of Margery's experience, the voice remains pre-eminent. Lying in bed, she hears 'wyth hir bodily erys a lowde voys clepyng: Margery'; on her waking, God speaks directly to her, 'Dowtyr' (I, 54). The book is shaped by Margery's conversations with God, often described as visitations while she is praying or contemplating. Her vision of St Anne is inspired by her direct question as she lies in meditation, 'Jhesu, what schal I thynke.' Jesus' instruction, 'Dowtryr, thynke on my modyr,' opens on to the vision, described in terms of seeing, 'anoon sche saw', but fully multi-sensory (I, 6). The narrative distinguishes between the experience of an external voice, and Jesus answering Margery 'in hir sowle' (I, 58). As with Julian, there is an awareness of different ways of hearing as there is of different kinds of seeing: exterior, interior, in the mind, in the soul.

Sounds more generally become a special aspect of God's teaching. One of Margery's earliest visions is auditory: 'a sownd of melodye so swet and delectable, hir thowt, as she had ben in paradyse' (3, 61). She emphasises the diversity of sounds, heard with the bodily ear, that characterise her revelatory experience:

> Thys creatur had divers tokenys in hir bodily heryng. On was a maner of sownde as it had ben a peyr of belwys blowyng in hir ere. Sche, beyng abasshed therof, was warnyd in hir sowle no fer to have for it was the sownd of the Holy Gost. And than owr Lord turnyd that sownde into the voys of a dowe, and sithyn he turnyd it into the voys of a lityl bryd whech is callyd a reedbrest that song ful merily oftyntymes in hir ryght ere. And than schuld sche evyrmor han gret grace aftyr that sche herd swech a tokyn. And sche had been used to swech tokenys abowt twenty-five yer at the writyng of this boke. (I, 36)

The emphasis on sound seems fitting for an author whose voice is marked, not by words only, but also by mysterious 'cryings': 'plentyvows terys and boystows sobbyngys, . . . lowde cryingys and schille schrykyngys' that cannot be contained (I, 44; I, 28). The weeping that begins with Margery's first vision of heaven continues over her entire life, becoming more extreme when she travels to Jerusalem; the more she tries to contain this 'krying and roryng', the more it bursts out 'wondyr lowde' (I, 28). Tears are a crucial aspect of affective piety and such behaviours can confirm holiness; accounts of compulsive tears and cries occur in the lives of Mary of Oignies, Catherine of Siena and Angela of Foligno. Margery's recognition of the strangeness of her own conduct is also a recurring subject of her conversations with the Lord, and the book realistically depicts the mixed reception she receives: while some are moved, many are annoyed; others believe her to be ill or possessed. The strange invasion of the body becomes at once a physical sign sent by God, a spiritual test, and the means to illumination of the soul. As well, Margery's cryings become the voice of vision, reflecting the ineffability of the divine, the impossibility of fully articulating vision in language.

Margery's unusual behaviours have been diagnosed as various medical conditions, from hysteria to psychosis to temporal lobe epilepsy.[28] Her early illness is readily understood as postnatal psychosis.[29] Her compulsive crying, sometimes accompanied by falling on the ground and turning blue, suggests epilepsy; and it is not uncommon for seizures to be accompanied by auditory–visual hallucinations.[30] The flying white spots that Margery takes to be angels may be explained as the optical disturbance that accompanies migraine. There are 'proximal' triggers for her experience, most often 'the silence of a church or oratory'; and 'distal' triggers, in particular the experience of childbirth.[31] However, neurological and psychopathological explanations are also limited: there is no evidence for positive voices heard during seizures, and certainly not for extended conversations with the Lord; while to interpret Margery's voice-hearing in the silence of churches as a phenomenon of loneliness seems reductive, especially given her quite remarkably social existence.[32] Modern medical interpretations demonstrate to an extent that Margery could have had the experiences she describes, but they also show how far those experiences surpass clinical description and explanation. Margery's *Book* makes their strangeness explicit, but also authorises them; in a secular society lacking the explanatory frame of the supernatural, they seem considerably stranger.[33] Within biomedical discourse, only the language of delusion and hallucination is available. Non-medical accounts of voice-hearing and unusual experience in the healthy population provide closer analogues, particularly those of religious experience, including within evangelical, Catholic and Quaker communities, but also within Islamic, Asian and African traditions.[34] As with these, Margery's unusual experiences must be approached as aspects of her religious experience and spiritual development, in keeping with the mystical writings and biographies of other holy women that shaped her individual piety. Hers is a specifically and idiosyncratically female *imitatio Christi* – the model offered by so many contemplative texts – distinguished by its unique combination of 'voluntary and involuntary' elements.[35]

Medieval writing, then, can richly illuminate cultural history, and can speak in powerful ways to modern experiences of voice-hearing, while offering new perspectives that challenge and complement straightforward and often limiting medical explanations. In different ways, medieval writers vividly realise voices in and of the mind. Chaucer is deeply engaged with sense perception, imagination and cognition, and memory, and with the power of image-making. His evocation of mind, body and affect is consonant with modern notions of the dialogic mind, as well as with models of how severe distress or trauma can cause intrusive thoughts and memory replay. Chaucer, however, like Julian of Norwich and Margery Kempe, also evokes a world in which supernatural voices intervene. The works of Julian and Margery open out the nature of this visionary experience, depicting its complex multi-sensory quality, its all-consuming power, its revelatory potential and profound spiritual meaning, but also the difficulties of comprehending such experience. The voices evoked in these works – internal and external; in the mind and in the soul; inspiring, instructive, protective, cautionary, forbidding, evil and tempting – continue to figure in the experiences of voice-hearers. The difference between past and present lies in the ways that such voices are understood – then, as aspects of lived experience that were allowed for by the medieval world view; now, most often as symptoms of psychosis. In the biomedical world view, concepts of delusion and hallucination have replaced ideas of supernatural voices and visions. Yet the voices of medieval texts remain deeply resonant for voice-hearers, whose experience may be much richer than the biomedical perspective suggests. The medieval thought world is compelling in its openness to supernatural experience and in its notion of an inner eye and ear that can produce images and voices within the landscapes of the mind. Reading medieval texts can enact the project of the critical medical humanities by putting the past and present into dialogue and by demonstrating the transformative potential of taking a long cultural perspective. In reading the past, we more richly read ourselves.

Further Reading

Mary Carruthers, *The Book of Memory: A Study of Memory in Medieval Culture*, Cambridge Studies in Medieval Literature 10 (Cambridge: Cambridge University Press, 1990).

Mary Carruthers, *The Craft of Thought: Meditation, Rhetoric and the Making of Images, 400–1200*, Cambridge Studies in Medieval Literature 34 (Cambridge: Cambridge University Press, 1998).

Faye Getz, *Medicine in the English Middle Ages* (Princeton: Princeton University Press, 1998).

Ruth Harvey, *The Inward Wits: Psychological Theory in the Middle Ages and the Renaissance*, Warburg Institute Surveys 6 (London: Warburg Institute, University of London, 1975).

Simon Kemp, *Medieval Psychology*, Contributions in Psychology 14 (New York: Greenwood Press, 1990).

Jerome Kroll and Bernard Bachrach, *The Mystic Mind: The Psychology of Medieval Mystics and Ascetics* (New York: Routledge, 2005).

Simon McCarthy-Jones, *Hearing Voices: The Histories, Causes and Meanings of Auditory Verbal Hallucinations* (Cambridge: Cambridge University Press, 2012).

Corinne Saunders and Jane Macnaughton (eds), *Madness and Creativity in Literature and Culture* (Basingstoke: Palgrave Macmillan, 2005).

Nancy G. Siraisi, *Medieval and Early Renaissance Medicine: An Introduction to Knowledge and Practice* (Chicago: Chicago University Press, 1990).

Jacqueline Tasioulas, ' "Dying of Imagination" in the First Fragment of the *Canterbury Tales*', *Medium Ævum* 82 (2013), pp. 212–35.

Notes

1. History represents a recurrent strand and subject of interrogation across this *Companion*: relevant contributions include those of Volker Scheid on the influence of Chinese medicine; Lauren Kassell's consideration of the transition from paper to digital technologies in medical records; Cynthia Klestinec's inquiry into touch and compliance in early modern medicine; Jennifer Richards and Richard Wistreich's study of the anatomy of the Renaissance voice; and Peter Garratt's discussion of Victorian literary aesthetics and mental pathology. Medieval medical history has focused on medical theory and practice, with attention to humoural medicine, disease and surgery, and the role of women and the community in medicine and care. See further Malcolm L. Cameron, *Anglo-Saxon Medicine*, Cambridge Studies in Anglo-Saxon England 7 (Cambridge: Cambridge University Press, 1993); Faye Getz, *Medicine in the English Middle Ages* (Princeton: Princeton University Press, 1998); Nancy G. Siraisi, *Medieval and Early Renaissance Medicine: An Introduction to Knowledge and Practice* (Chicago: Chicago University Press, 1990); Charles H. Talbot, *Medicine in Medieval England* (London: Oldbourne, 1967); and the work of Monica H. Green on medieval women's medicine.
2. 'Hearing the Voice' (<http://hearingthevoice.org> (accessed 31 May 2015)) is funded by Wellcome Trust Strategic Awards WT086049 and WT098455MA. I am grateful to the Trust for supporting the research in this paper, and to the 'Hearing the Voice' and 'Life of Breath' teams for their insights.
3. See the extensive website of the Hearing Voices Network: <www.hearing-voices.org> and Intervoice, the website of the International Hearing Voices Network: <www.intervoiceonline.org/> (accessed 31 May 2015).
4. Recent interdisciplinary research on voice-hearing includes Angela Woods, Nev Jones, Marco Bernini, Felicity Callard, Ben Alderson-Day, Johanna C. Badcock, Vaughan Bell, Chris C. H. Cook, Thomas Csordas, Clara Humpston, Joel Krueger, Frank Laroi, Simon McCarthy-Jones, Peter Moseley, Hilary Powell, Andrea Raballo, David Smailes and Charles Fernyhough, 'Interdisciplinary Approaches to the Phenomenology of Auditory Verbal Hallucinations, *Schizophrenia Bulletin* 40 (2014), suppl. 4, pp. S246–54; Charles Fernyhough and Simon McCarthy-Jones, 'Thinking Aloud about Mental Voices', in Fiona Macpherson and Dimitris Platchias (eds), *Hallucination: Philosophy and Psychology* (Cambridge, MA: MIT Press, 2013); Eleanor Longden, *Learning from the Voices in my Head* (New York: TED Books, 2013); Simon McCarthy-Jones, *Hearing Voices: The Histories, Causes and Meanings of Auditory Verbal Hallucinations* (Cambridge: Cambridge University Press, 2012); and Simon McCarthy-Jones, Joel Krueger, Frank Larøi, Matthew Broome and Charles Fernyhough, 'Stop, Look, Listen: The Need for Philosophical Phenomenological Perspectives on Auditory Verbal Hallucinations', *Frontiers in Human Neuroscience* 7 (2013), p. 127.
5. See 'Inner Voices' (<http://www.theguardian.com/books/series/inner-voices>), a series of short articles and blog posts on 'Hearing the Voice' in *The Guardian*, which presents the interim findings of the 'Writers' Inner Voices' project (<http://writersinnervoices.com>), a

qualitative study of literary creativity exploring how writers experience the voices, presence and agency of their characters (both accessed 31 May 2015).

6. Antonio Damasio, *The Feeling of What Happens: Body, Emotion and the Making of Consciousness* (London: Vintage, [1988] 2000), p. 287; the argument of this book is developed further in his *Descartes' Error: Emotion, Reason and the Human Brain* (London: Vintage, [1994] 2006).
7. See Roy Porter's summary, *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present* (London: HarperCollins, 1997), p. 9, and his discussion of classical and medieval medicine, pp. 44–134; see further Simon Kemp, *Medieval Psychology*, Contributions in Psychology 14 (New York: Greenwood Press, 1990).
8. See further Edwin Clarke and C. D. O'Malley, *The Human Brain and Spinal Cord: A Historical Study Illustrated by Writings from Antiquity to the Twentieth Century* (San Francisco: Norman Publishing, [1968] 1996).
9. The details given here of the five cells are indebted to the lucid summary in Jacqueline Tasioulas, ' "Dying of Imagination" in the First Fragment of the *Canterbury Tales*', *Medium Ævum* 82 (2013), pp. 212–35 (pp. 216–17). See further the detailed discussion in Ruth Harvey, *The Inward Wits: Psychological Theory in the Middle Ages and the Renaissance*, Warburg Institute Surveys 6 (London: Warburg Institute, University of London, 1975), pp. 43–64; and the numerous figures and explanatory discussion in Edwin Clarke and Kenneth Dewhurst, *An Illustrated History of Brain Function: Imaging the Brain from Antiquity to the Present*, 2nd edn (San Francisco: Norman Publishing, 1996), pp. 8–53. For the definitive work on medieval memory, see Mary Carruthers, *The Book of Memory: A Study of Memory in Medieval Culture*, Cambridge Studies in Medieval Literature 10 (Cambridge: Cambridge University Press, 1990); see further Mary Carruthers and Jan M. Ziolkowski (eds), *The Medieval Craft of Memory: An Anthology of Texts and Pictures*, Material Texts (Philadelphia: University of Pennsylvania Press, 2002); and Mary Carruthers, *The Craft of Thought: Meditation, Rhetoric and the Making of Images, 400–1200*, Cambridge Studies in Medieval Literature 34 (Cambridge: Cambridge University Press, 1998).
10. Carruthers, *The Book of Memory*, p. 59.
11. See further my essay ' "The thoghtful maladie": Madness and Vision in Medieval Writing', in Corinne Saunders and Jane Macnaughton (eds), *Madness and Creativity in Literature and Culture* (Basingstoke: Palgrave Macmillan, 2005), pp. 67–87 (pp. 70–1).
12. Kemp, *Medieval Psychology*, p. 98.
13. Macrobius, for example, in his widely circulated commentary on Cicero's *Somnium Scipionis* (The Dream of Scipio), identifies five categories of dream; these were borrowed and adapted by many medieval writers, while similar ideas were contained in commentaries on Cato's *Distichs*, a popular schools text. Chaucer plays with dream-vision theory across his works, in particular in his dream-vision poems and in the *Nun's Priest's Tale*.
14. Mary Carruthers argues that the idea of an 'ear of the mind' was not usual, as a result of the emphasis on the visual in relation to the idea of storing images in the brain, but notes that the Rule of St Benedict urges the monks: 'inclina aurem cordis tua' (incline the ear of your heart), a phrase adapted from Psalm 44 and also used by St Jerome. See Carruthers, *The Book of Memory*, p. 27.
15. Recent scholarship on sound and the senses includes the work of Penelope Gouk (see, for example, her study *Music, Science, and Natural Magic in Seventeenth-Century England* [New Haven, CT: Yale University Press, 1999]), and on reading and hearing, the work of Jennifer Richards (see, for example, Jennifer Richards and Richard Wistreich's chapter in this

volume, 'The Anatomy of the Renaissance Voice', pp. 276–93; and Richards, 'Reading and Hearing *The Womans Booke* in Early Modern England', *Bulletin of the History of Medicine* 89.3 (2015), pp. 434–62.

16. See further Angela Woods, Nev Jones, Ben Alderson-Day, Felicity Callard and Charles Fernyhough, 'Experiences of Hearing Voices: Analysis of a Novel Phenomenological Survey', *Lancet Psychiatry*, 2.4 (2015), pp. 323–31.
17. See Tasioulas, ' "Dying of Imagination" ', in particular pp. 213–19.
18. Love-sickness is termed *amor hereos* in a number of medieval medical texts; the term originates in Greek *eros*, but is influenced by Latin *heros*, hero, and *herus*, master. Robert Burton in *The Anatomy of Melancholy* uses the term 'heroick love'. See further Larry D. Benson (ed.), *The Riverside Chaucer*, 3rd edn (Oxford: Oxford Paperbacks, [1987] 1988), explanatory notes to *The Knight's Tale*, lines 1355–76. All subsequent references are to this edition, cited by line number.
19. See Bartholomaeus Anglicus, *De Rerum Proprietatibus* (Frankfurt: Minerva, [1601] 1964), 5.3, and John of Trevisa, *On the Properties of Things*, ed. M. C. Seymour (Oxford: Oxford University Press, 1975), 1.73. Trevisa instances 'grete thoughtes of sorwe, and of to grete studie and of drede', but not love specifically.
20. Tasioulas, ' "Dying of Imagination" ', p. 218.
21. See further the work of Charles Fernyhough, including 'The Dialogic Mind: A Dialogic Approach to the Higher Mental Functions', *New Ideas in Psychology* 14 (1996), pp. 47–62; 'Alien Voices and Inner Dialogue: Towards a Developmental Account of Auditory Verbal Hallucinations', *New Ideas in Psychology* 22 (2004), pp. 49–68; and his recent study *Pieces of Light: The New Science of Memory* (London: Profile, 2012).
22. See further the review paper by Eleanor Longden, Anna Madill and Mitch G. Waterman, 'Dissociation, Trauma, and the Role of Lived Experience: Toward a New Conceptualization of Voice Hearing', *Psychological Bulletin* 138 (2012), pp. 28–76.
23. On the relation of fasting to visionary experience, see further Caroline Walker Bynum, *Holy Feast and Holy Fast: The Religious Significance of Food to Medieval Women* (Berkeley: University of California Press, 1987). Jerome Kroll and Bernard Bachrach, *The Mystic Mind: The Psychology of Medieval Mystics and Ascetics* (New York: Routledge, 2005), bring to bear modern biological and psychological research on medieval mystical experience, to explain how extreme physical practices may have affected body and brain in order to create altered states of consciousness. On Julian of Norwich and Margery Kempe, see also my discussion in 'The thoghtful maladie', pp. 78–82.
24. Julian of Norwich, *A Revelation of Love*, ed. Marion Glasscoe, revised edn, Exeter Medieval English Texts and Studies (Exeter: Exeter University Press, 1993), ch. 2, p. 3. All subsequent references are to this edition, cited by chapter and page number. For a modern translation, see Julian of Norwich, *Revelations of Divine Love*, trans. Clifton Wolters (Harmondsworth: Penguin, 1966); and trans. Barry Windeatt (Oxford: Oxford World's Classics, 2015). For contextual studies, see Barry Windeatt, 'Julian of Norwich' in A. S. G. Edwards (ed.), *A Companion to Middle English Prose* (Cambridge: D. S. Brewer, 2004), pp. 67–81; and Liz Herbert McAvoy (ed.), *A Companion to Julian of Norwich* (Cambridge: D. S. Brewer, 2008).
25. On felt presence, see, for example, J. Allan Cheyne and Todd A. Girard, 'The Nature and Varieties of Felt Presence Experiences: A Reply to Nielsen', *Consciousness and Cognition* 16 (2007), pp. 984–91.

26. See further, for example, Marius Romme, Sandra Escher, Jacqui Dillon, Dirk Corstens and Mervyn Morris (eds), *Living with Voices: 50 Stories of Recovery* (Birmingham: PCCS, 2009).
27. *The Book of Margery Kempe*, ed. Barry Windeatt (Cambridge: D. S. Brewer, 2000), I, 1. All subsequent references are to this edition, cited by book and chapter number. For a modern translation, see *The Book of Margery Kempe*, trans. Barry Windeatt (Harmondsworth: Penguin, 1985); trans. and ed. Lynn Staley (New York: W. W. Norton, 2001); abridged and trans. Liz Herbert McAvoy (Cambridge: D. S. Brewer, 2003). For contextual studies, see John H. Arnold and Katherine J. Lewis (eds), *A Companion to Margery Kempe* (Cambridge: D. S. Brewer, 2004); and Clarissa W. Atkinson, *Mystic and Pilgrim: The Book and the World of Margery Kempe* (Ithaca, NY: Cornell University Press, 1983).
28. See Richard Lawes, 'The Madness of Margery Kempe', in Marion Glasscoe (ed.), *The Medieval Mystical Tradition: England, Ireland, and Wales. Exeter Symposium VI: Papers Read at Charney Manor, July 1999* (Cambridge: D. S. Brewer, 1999), pp. 147–67: Lawes argues against diagnoses of hysteria and psychosis, showing that a diagnosis of temporal lobe epilepsy is more fitting, though still limited.
29. See further Lawes's discussion, and Atkinson, *Mystic and Pilgrim*, p. 209.
30. See further Simon McCarthy-Jones, *Hearing Voices: The Histories, Causes and Meanings of Auditory Verbal Hallucinations* (Cambridge: Cambridge University Press, 2012), p. 122.
31. Ibid., p. 35.
32. See further ibid., p. 282.
33. For a lucid overview of the limits of psychopathological diagnoses in relation to Margery Kempe, see Alison Torn, 'Madness and Mysticism: Can a Mediaeval Narrative Inform our Understanding of Psychosis?', *History and Philosophy of Psychology* 13 (2011), pp. 1–14; and 'Looking Back: Medieval Mysticism or Psychosis', *Psychologist* 24.10 (2011), pp. 788–90.
34. On voice-hearing in modern evangelical tradition, see further T. M. Luhrmann, *When God Talks Back: Understanding the American Evangelical Relationship with God* (New York: Alfred A. Knopf, 2012).
35. McAvoy, Introduction to *The Book of Margery Kempe*, p. 15.