

Institute of Advanced Studies Conference Transcript

“Why is my pain perpetual?” (Jer 15:18): Chronic Pain in the Middle Ages’ Conference

This transcript has been prepared from audio recordings taken on the day of the conference. Opening remarks and Panel 1 were recorded to one file, with other panels and the keynote recorded in individual tranches. As such, **time markings** in the below refer to these separate files. **Yellow markings** indicate unclear, inaudible, or potentially erroneous text due to lack of clarity in the audio recording. **Pink markings** indicate foreign language citations, which may be incorrect and incomplete, having been captured by ear alone.

CONFERENCE PROGRAMME

Opening remarks by Dr Alicia Spencer-Hall, conference organiser, Junior Research Fellow, Institute of Advanced Studies (IAS), University College London (UCL)

Welcome address by Prof Tamar Garb, Director of the IAS, UCL

Panel 1: Men

- Chair: Dr David Murray (University of Oxford, UK)
- Dr Andrew Fear (University of Manchester, UK), ‘Suffering as Salvation: A Visigothic Bishop’s Pains’
- Dr Michele Moatt (National Trust and Lancaster University, UK), ‘Chronic Pain and Prophecy in the Twelfth-century Life of Aelred of Rievaulx’

Panel 2: Women

- Chair: Dr Alicia Spencer-Hall (UCL, UK)
- Katherine Briant (Fordham University, New York, USA), ‘Pain as a Theological Framework in Julian of Norwich’s Vision and Revelation’
- Dr Nicole Nyffenegger (Bern University, Switzerland), ‘Mary’s Perpetual Physical Pain: Affective Piety and “Doubling”’

Panel 3: Miracles and Realities

- Chair: Dr Alexandra Lee (UCL, UK)
- Prof Wendy J Turner (Augusta University, Georgia, USA), ‘Mental Complications of Pain: Age and Violence in Medieval England’
- Dr William Macle hose (UCL, UK), ‘A Locus for Healing: Saints’ Shrines and Representations of Chronic Pain’

Keynote address by Prof Esther Cohen (Hebrew University of Jerusalem, Israel), ‘What is Chronic Pain in a Non-Neural Age? Working Definitions, Sources, and Methodologies’

OPENING REMARKS & WELCOME ADDRESS

Dr Alicia Spencer-Hall (00:00:03): Hello! Hopefully you can hear me. Yes, it's a microphone: how exciting! Welcome. It's amazing to see so many of you here at what is going to be possibly the most thrilling day of my year (laughter from the room). So thank you in advance, as we are cutting new ground in pain studies, in medievalism, in being really awesome researchers, frankly. So I really hope today we have productive conversations, make new connections and expand our knowledge collaboratively.

All information about the day should be in your packs. If not, come and talk to me or my husband who I roped in as free labour. That is Jon, who is over there at the back. That's why I married him: yes, the free labour. We will be live-tweeting the whole day today so you should see on the walls our hashtag is #CertainPain. Emma here is our dedicated live-tweeter so don't feel that you have to keep putting every little morsel; Emma is doing that and she is being paid for it as well, so don't worry. Due to some shall I say 'shenanigans' with AV/Tech, we will not be having a livestream today unfortunately, but we have a workaround so we will be recording all of the audio of all of the speakers and the Q&A and then those will be transcribed and available online. So I'll be emailing everybody about those and how to get them and if you have any questions about that please feel free to talk to me about it.

We also have—excitingly—a Quiet Room at our disposal today, which is literally the room right opposite this room, called the lofty heights of The Council Room. Please use it. It's there for us to use and enjoy. The Etiquette Guide is there: it's a space to have some time out, have water, snacks, there's blankets. Really do make the most of it if you're feeling like you want to. Please also feel free to eat when you want to. Please eat. There's a lot of food. And wine. **00:02:00** So please, please consume, and also get up and move about if you need to. This is a conference about chronic pain, at its heart, so let's not make chronic pain an issue for our own bodies today.

I really want to say, before I introduce the amazing Tamar Garb, that it's been a real pleasure to start my chronic pain project here at the Institute of Advanced Studies and Tamar has been an exceptionally supportive ambassador, really, for UCL, and for facilitating meetings like today where we're all joining together to do genuinely interdisciplinary research. So I'd just like, kind of, have my little moment at the end of my tenure here of my Fellowship to say how great it is that we can have these kind of days that are funded, that are international, and that are both informal and exciting. So with those logistical practicalities announced and my little sentimental schmaltzy moment done, I'd like to introduce Tamar properly.

Tamar Garb is the Durning-Lawrence Professor in the Department of History of Art and the Director of the Institute of Advanced Studies where we are today. So over to you Tamar.

Professor Tamar Garb (00:03:11): Thanks very much. Thanks Alicia, and thanks everybody for coming, and a very, very warm welcome to all of you here today. I am delighted to see that some of you are even holding the IAS Annual Review, as I have to depart from this conference to go and write next years' review, as I just said to Wendy a minute ago. So the fact that people actually read it is enormously gratifying. It's not just some kind of PR or bureaucratic job.

But it's really my pleasure just to say a few introductory words and to welcome you here and to say what a delight it has been to have Alicia Spencer-Hall here as a Junior Research Fellow in the IAS

throughout the year. Alicia has been one of two JRFs who have been working under the research theme, 'Sense and Sensation', and her own scholarship and research around pain has fitted very interestingly and very challengingly into that overarching conceptual framework. **00:04:13** Over the year she and one of her colleagues, who has interpreted the Sense and Sensation theme very differently but in a very complementary way, they have been running workshops and reading groups and events and programmes around the Human Sensorium and how we challenge preconceived notions about the sensory hierarchies and senses, the bodily, and the kinds of pressures that the bodily put onto conceptual categories and modes of thinking. So this is really the culmination of a whole year's work of thinking around sense and sensation. The other research theme that we've had this year has been on 'Planetary Futures'. So we've had four JRFs and that culminated in a conference last weekend on Planetary Poetics with colleagues from the Sydney Environment Institute. So that's just to give you a sense of some of the kind of work, the sorts of intellectual programme that we have here. It's by no means all directed from the top down. There is some leadership and a framework for thinking around themes.

Our two themes for next year are just about to be announced: one is the very topical theme of lies, the second is the theme of vulnerability, and we have four new JRFs coming into the IAS who themselves will convene events and forums like this one to help us think through those frameworks with colleagues across the University and indeed with other institutions both in the UK and abroad. So this conference fits very much into the intellectual agenda and the spirit of genuine engagement that we like to foster in the IAS. **00:06:01** We hope that the IAS is an environment for generative and generous thinking but also rigorous thinking in an atmosphere of mutual support but also, a sort of, let's say a tough environment as well as a generous environment, so that we can push at the boundaries of our own thinking and work together to push knowledge in new ways.

So this conference really fits into that. I am told—and I am no expert in Medieval Pain—but I am told that it is the first conference of this kind, an academic conference that actually focuses on the whole issue of Medieval Chronic Pain. I think it's really an exciting concept, an exciting category, because of the way with which it brings together so many different disciplines and modes of thinking from the historical and medical humanities, medieval disability studies, historical pain studies, theories of the medieval body, etc. And from what I can see from your programme, which looks so incredibly interesting and exciting – speakers here are at the cutting edge of the connection between those disciplines, the very boundaries of those disciplines, so they are drawn from a host of disciplines themselves, from international research institutions, but that you've all come together to think in a way that cuts across the boundaries and the silos through which departments and institutions are conventionally structured. So what's very interesting here is I think that this interdisciplinary collective of scholars reflects the key conundrum of pain itself: the way that pain flows through, destabilises, typical categories of organisation, be they somatic, medical, academic; the way that the experience of pain challenges the conceptual categories that we deploy because pain, of course as you all know much better than I do, pain is not just a biochemical or a physical process but it is a social and psychological reckoning too. **00:08:15** So studies of premodern chronic pain are valuable to us now for many reasons: for their pure historical... what they can generate for our historical understanding, of course, but also I think as models for thinking about chronic pain today, the way in which we suffer pain, the way in which we experience pain, and the way in which we understand pain are informed by historical precedents, by the way in which people imagined, wrote about, represented, depicted, symbolised pain in the past. And this idea of scrambling temporalities and thinking about the present in relation to past precedence is something which I think is very interesting for those of us in the historical disciplines, in any case. So I think it's going to be very

generative to think about the pain that we conceptualise and experience now in relation to these historical precedents. We're very lucky today to have an extraordinary array of speakers amongst whom is our keynote, Professor Esther Cohen, whom I've not yet met but I shall. Hello, and welcome. It's really a delight and an honour and privilege for us to have you with us. Esther Cohen as you know is one of the foremost scholars on pain in the Middle Ages and she is going to be discussing medieval chronic pain for the first time, I understand? Or not.

Professor Esther Cohen (00:09:47): Chronic pain is definitely Alicia's idea, not mine. I don't claim any originality there (laughs).

Professor Tamar Garb (00:09:54): Okay. So you're going to open up your own field of inquiry to Alicia's challenge to think of chronic pain, that's why I understand, and I think that's going to be very exciting and interesting and we look forward to hearing what you have to say. **00:10:07** So in this conference, what I understand from Alicia is that she and you together are interested in mapping the nascent field of Medieval Chronic Pain Studies, grappling with it in its theoretical and in its corporeal parameters, thinking about the problematic of the experience of pain as well as the conceptualisation of pain, the way it's metaphorised, the way it's lived, the way it's symbolized, the way it's narrated, the way it's represented, the way it's understood in the past, and how this really impacts and influences the way in which we understand pain today. So that's the way in which I understand what it is that you're going to do. Probably you will do some of that, not all of it, and maybe none of it, it remains to be seen, but that's the way I've been briefed, and it sounds really, really exciting to me. So I wish you well, and I hope that you have a really, really good and productive day. I will be coming in and out throughout the day, but I will leave you to it. Welcome.

(Applause)

Professor Tamar Garb (00:11:24): Oh! Can I say one thing on—that was a very near accident. I am a very fussy housewife here, and the carpets have just been cleaned and the one disaster zone is coffee and tea on the floor. So can I ask you, please, drink the coffee, enjoy it, and not kick it over!

PANEL 1: MEN

Dr David Murray (00:11:45) (inaudible 00:11:43) So good morning, my name is David Murray. I came from the University of Oxford on the train this morning. It's a delight to be chairing this first panel on men. We have two very exciting speakers this morning, Dr Andrew Fear and Dr Michele Moatt. I think we will have the first two papers back to back and go on to the questions and discussion after. 00:12:02 (inaudible set-up-oriented discussion from 00:12:03- 00:12:37)

Dr Andrew Fear (00:12:37): These are just some edited highlights—or perhaps we should say lowlights—of Eugenius's poetry. But the edition, I'm afraid, is the olden edition by Vollmer from MGH, the reason being that although we are up to date in Manchester, we believe someone has hidden the Vollmer Complete Works of Eugenius of Toledo in our lab. I am delighted that someone feels so strongly about this as to hide the book in the library but it was jolly annoying yesterday.

Anyway, perhaps we should begin. So, begin with a quotation: *xxxxx animum tut malefemicim*. (Latin 00:13:13). "For it wearies my spirit to bear so many ills, all at once." Thus the ending of poem thirteen which I think I've quoted *in extenso* for you on the handout of Eugenius of Toledo's Libellus—"little book"—of poetry. Now Eugenius II or III, it depends how you count him, was a product of the so-called Isidorean Renaissance of mid-seventh century Visigothic Spain. There can be no doubt, I think, of the popularity of his poetry. His work circulated not only within the Iberian Peninsula, where within a generation he was already being cited in textbooks such as Julian of Toledo's *Ars Grammatica*, a standard textbook there, but also without the Peninsula. 00:14:01 Some of his extremely varied output, for example in particular, his poetry on the nightingale became widely diffused across Western Europe in the early Middle Ages. As the poems on the nightingale show, Eugenius wrote on many topics. But sickness and ill health formed a very prominent theme within his work. He also composed no fewer than four auto-epitaphs for himself, and not content with his own dirges he also composed epitaphs for others, and most notably both for his patron, the Visigothic King Chindaswinth, and for Chindaswinth's queen, Reccibergera.

He was, we might say, truly a man who walked in the valley of the shadow of death. His sense of place in this regard came from the fact that throughout his life he appears to have been a very sickly individual. We learn this not just from his poems, but from a short biography found in *On Famous Men, De Viris Illustribus*, of his successor, Bishop Ildefonsus of Toledo, where Eugenius is described as 'weak in body', *paurus in corpora* (Latin 00:15:09) something his biographer tells us was compensated for though by his religious zeal. He is described as *valide veresten spiritus to mea tute* (Latin 0:15:18). This zeal, given the religious ambience of the time is likely to have involved fairly heavy ascetic practices which of course in turn are likely to in fact have exacerbated his physical condition. Ildefonsus's account of his predecessor is also corroborated by one of only two surviving letters written by the Bishop himself. This was written to his friend and mentor, Braulio, the Bishop of Zaragoza, in which he speaks of his growing sickness and troubles – *in gruentibus xxxxx et corarum multi filis tempus startibus* (Latin 0:15:53) as he puts it, so "with my growing sickness and the multifarious storms of troubles that I have." 00:16:02 Those troubles may in fact be bureaucratic—he doesn't really, I think, enjoy being a Bishop—but sickness is certainly there as well. We can see, therefore, I think, that the themes of death and sickness were not clichés for Eugenius but actually touched him personally and almost constantly throughout his life.

Now if we turn to some other poems, poem thirteen of the Libellus treats Eugenius's illness and describes his symptoms in graphic detail for his readers. There is both mental and physical fatigue.

“Broken in spirit,” he says, “I drag along my weary limbs.” And this is accompanied by both physical and mental anguish: “While pain bores into my bones, my heart quakes with terror.” Eugenius complains that he is always *fessus* (Latin 00:16:53), or weary, a complaint which he returns to in many of his other poems, and I think as we can see, is borne out by his description as *paurus morbores* (Latin 00:17:05) and indeed it’s there in the biography. Of his plagues, his bowels seem to be the main focus of the problems. “Everything I enjoy in health,” he says, “is noxious to me now. Delicate my stomach bears its afflicted entrails.” And his sickness takes away the wish to live. So, *dum male corpus habit*, (Latin 00:17:24), “While my body is ill,” *nec vita me a vita placet* (Latin 00:17:29), “even my life is not pleasing to me.” The poem ends for a prayer for Christ’s mercy and for a cure I suppose as we can see cannot endure such a concatenation of suffering. It ends on a miserable note, and I think this is something which we’ll come back to with Eugenius. It’s quite important in what he’s trying to do.

Poem fourteen B, this is where actually you do need the new and splendid edition by Farmhouse Alberto, of Eugenius’s poems. He divided up the poems from the manuscripts. 00:18:02 So poem fourteen was once regarded as a very large poem. He has, I think, convincingly shown that it actually comes in three little bits, so to speak. One of them, fourteen B, continues this theme and, again, its graphic treatment. Eugenius laments that old age has suddenly descended upon his life. The life itself is described as unhappy with known failings, and he is only forty-nine in fact at this point. The result is that his weary limbs have now been long tortured by sharp pain, so *acdeiu volotine fessu cruciaret acqui nembrat dolore* (Latin 00:18:39) and fever has been boring through his enfeebled bones: *febris incurta terebras ossa* (Latin 00:18:46). The tenses and verbs used here (*inaudible* 00:18:49) of course, *accruciare*, *terebrare*, *tebore* (Latin 00:18:53), are chosen to underline the pain felt and, in the imperfect tense, I think the length of its duration as well. This isn’t sort of a bad hangover—actually Eugenius writes about getting drunk and why that’s a bad thing—but it’s clearly something that happens for a long period of time. His illness makes him weary again, *lassus* (Latin 00:19:14) this time, and the flesh so weakened has begun to decay. Neither food or drink is of any help. The result of all this suffering was to induce a terror of death which he says, “death which is to be feared.”

However, Eugenius’s masterpiece of misery, so to speak, is his longest text and poem, poem fourteen. I think in fact actually I have cut and pasted the wrong numbers on there, so I think fourteen B and fourteen can switch round on the handout. This is given in our manuscripts the title, “*Lament on the arrival of his old age*,” but in fact the poet casts his net much wider than that and it encompasses the horrors of old age but also sickness, death, and the fear of final judgement. And again, I think I want to convince you that those things are very closely linked together in the way Eugenius is approaching his audience. 00:20:04 Overall this poem takes the form of an ascending or perhaps we should say descending tricolon, in terms of its themes. After a short introduction of six lines in *elegi* couplets—Eugenius is very proud of his metrical virtuosity—the Bishop informs us he will now sing his dirges inspired by a new sorrow. He then changes metre to iambic trimeter and five, sorry, six five-line stanzas follow which graphically describe the onset of his problems. There is a long list of the woes that old age has brought him: health gives way to sickness, the senses become dull, beauty fades, bones begin to break, *bulbous* and grey hair set in, teeth break, mucus runs from the nose, the whole body trembles, the feet spawn hard protuberances (possibly a reference to gout), phlegm starts to be coughed up, liver spots and sores appear all over the body. Our Eugenius lays it on and he lays it on thick, so to speak. Once again we are told that food and drink have lost their appeal. There is no consolation except lamentation: *lamenta sola conferent solacia* (Latin 00:21:16) is what he says. There then follows a short admonition about the vanity of the world, and again I think

you'll see how that fits in to Eugenius's overall project. After all this, Eugenius draws breath, changes metre again, and changes addressee to the results of old age: death.

Like old age, death's universality is immediately emphasised. It is *omnivorax*, it devours all. It seeks out its victims actively: *sequeris* (Latin 00:21:46), Eugenius says, "you hunt us down." And Eugenius's vocabulary underlines the rapidity of its onset. Its looming presence deprives life of its joys. "The shadow to be feared arrives," says Eugenius. 00:22:02 "Radiant light takes flight." *Umbra pauen de wanit, lux radiata fugit* (Latin 00:22:07). The consequences of death are then spelled out in a long list which parallels that cataloguing the tribulations of disease in old age. Some of them seem blindingly obvious, really, but nonetheless I think again the fact they're there is to increase the rhetorical tension. So bowel movements cease, sight and speech end, along with the senses of hearing and smell, breathing comes to an end, rigor mortis sets in, the blood grows cold, and finally the flesh decays and worms eat all. Thus what's deemed a man becomes decayed ash. This is bad enough. "I have suffered many fearful things, many terrifying things," affirms Eugenius, "but there is much worse to come. I fear still more that of which now weeping"—and again I think the weeping is important here—"I shall speak."

This fear is revealed to be that of the final judgement, which is made all the worse for Eugenius by recognition of how vile and worthless the life he has led. "I have oppressed, stolen, despoiled, formulated crimes," he confesses, and culminates in an admission that "I have raged in bitterness, nor have I been without killing." I suspect this last, actually, is not Eugenius confessing to actual murder, but more likely to be a reference to Matthew 5:22 about anger and indeed 1 John where we get the same sort of thing. The poem ends with the hope that Christ will be merciful to the poet, but even this hope is not for complete forgiveness but rather merely a diminution of his just desserts. "Let wretched Eugenius's punishment, I beg you, be slight," he ends.

Now, the obvious biblical *comparandum* for this material is the Book of Job, especially chapters fourteen and thirty, and I quote: "His flesh upon him shall have pain and his soul within him shall moan," and also "my bones are pierced in me in the night season and my sinews take no rest." 00:24:05 It comes, I think, as no surprise, that Job appears to be Eugenius's favourite book of the bible. It certainly produces the largest number of *locking similes* in his poetry. But of course, though a miserable tale, the Book of Job in fact has a happy ending. We are told that after testing his servant, and again I quote, "The Lord blessed the latter part of Job's life more than the first." And that is a theme also taken up in the New Testament. I'll quote again: "We consider happy those who have endured. You have heard of the endurance of Job and have seen the outcome that God gave, that God is very tender in his affection, and merciful." Here we have a striking contrast with Eugenius: in Eugenius's poetry, there is no hope at the end. We are simply left with despair. Moreover, death brings no release. Eugenius, in fact, is extremely anxious to show that death can lead to even greater travails than the suffering of life. Now, self-pity of course is one of the least attractive of human emotions. What therefore can provoke these outpourings?

Well while there is engagement with Job in these poems, I would suggest that the bulk of their intertextual references and indeed their metrical virtuosity look primarily not to the Biblical but to the Classical world. Poem fourteen is in fact stalked by two Classical authors. The first is Juvenile, whose tense satire contains a graphic description on the onset of old age and its problems which rivals that of Eugenius. His piece was intended as a counterblast to those foolish enough to wish for a long life. Now it is a fact that Juvenile was known and read and appreciated in Visigothic Spain. But the tenor of Eugenius's poem is entirely at odds with the tradition of the Classical world of

philosophical resignation in the face of suffering. (Inaudible 00:25:58) also seen Cicero, who tells his readers that the wisest man is he who dies with most equanimity, while the most foolish is he who dies with the least. 00:26:09 Eugenius, with his stress on despondency and lamentation, would simply reverse this order. So although there is a reference there to the Attic world, there is clearly a very different ideology lurking behind it. Also present, and much more strongly than Juvenile, is a man called Maximianus Attrocius. Active in the sixth century and now, I'm afraid, very little appreciated, Maximianus was extremely popular in the early medieval period. His poetry is normally divided into six elegies. The first of these is a lengthy discourse on the terrible troubles brought by old age which is presented as a prison and a living death. The thrust of Maximianus's poetry is that old age in its sickness deprives its victims of all that is pleasurable in life, and thus death is a welcome release. Eugenius's list of woes is most certainly very heavily influenced by that in Maximianus. But once again we can see that the thrust of what is being said is quite, quite different. For Maximianus, death cannot come quickly enough. "Why old age," he says, "do you hold back from bringing the end?" But for Eugenius it comes all too soon: "Why do you come in haste?" he asks death. As for him, far from bringing the requies which Maximianus believes is its bounty, death leads, as we have seen, to that which is maddis tremendum (Latin 00:27:37), more fearful still than what is being suffered.

I think as well as there are clear verbal overtones of those points in Eugenius's work, there is a third figure we should think about here that Eugenius wishes to challenge, and that's someone else who was popular in Visigothic Spain and actually used from time to time by the Church, namely the poet Lucretius. 00:28:01 Now Church Fathers were delighted to use Lucretius when Lucretius has a go at classical deities, to expose the ridiculous nature of Paganism. But they were no fools: they were all too well aware that the underlying doctrines of Epicureanism that lurk in Lucretius's work are deeply at odds with Christian belief. Isidore of Seville was to write a Christian *De Natura Rerum*, again the name deliberately challenging Lucretius's old *De Rerum Natura* as an explicit riposte to this Epicureanism. And, I think, in the same way, Eugenius stressing the horrors of the final judgement is to challenge Lucretius's assertion, made in Book III of the *De Rerum Natura* that death is nothing to fear. According to Bishop, quite the reverse is the case: death is everything to fear.

For Eugenius, then, old age brings illness, chronic illness and suffering, which in turn brings death in its wake. Eugenius fears death and wants his readers to fear it. Why is this the case? Well, sickness as both a punishment for sins and a warning to turn to God and despite earthly life has been a constant of Christian teaching. In Eugenius's case it's particularly important as it is found in the works of Gregory the Great, a man who was highly prized in the Visigothic church. In his guide on how to be a pastor, a regular *pastoralis*, dedicated significantly to Gregory's great friend, Bishop Leander of Seville, Gregory tells us the healthy are to be warned not to take their health for granted, but to use it for God's work. And then citing Hebrews, and I quote: "my son despise thou not the chastening of the Lord, nor faint when thou art with you to him, for whom the Lord loveth in chasteness and scourgeth every song whom He receiveth." Gregory advises that the sick are to be admonished precisely by telling them that their illnesses is a divine corrective which will, by warning them of the frailty of the flesh, prepare them for a heavenly life. 00:30:11

But Eugenius, I think, is not content to leave sickness merely as a form of punishment. He combines this advice of Gregory found here with another of Gregory's favourite themes, that of sincere lamentation or compunction. In one of his letters to a chap called Bonantius of Syracuse (this is letter 11:19, for those who are keen on Gregory), Gregory notes that both he and his correspondent suffer from probably gout, in fact, and goes on to assert that pain is not just chastisement but also

invitation for a genuine and true change of heart, a *toto conversion mentis* (Latin 00:30:50), as he puts it, where the believer, realising through the suffering, the true vileness of the life he has led and the danger he is now in as a consequence of that when facing the final judgement, turns in penance to God in sincere contrition. This in turn would hopefully lead to the higher compunctions. That's the first bit, being sorry, which is the sense of pain in being separated from the Godhead itself. Weeping was seen as a sincere guarantee that these emotions were genuine. As Benedict puts it in his *Rule*, another great fan of compunction, "We know that we are heard not through the abundance of our prayers, but that our prayers are made acceptable through the purity of heart and tears of compunction."

Compunction put down deep roots in the Iberian Church and arguably, I think, in the Middle Ages it is the definition of it given by Isidore of Seville in his work the *Sententiae*, which is the one which is most commonly diffused right across Western Europe. According to Isidore, it was provoked by what he calls "a healthy anxiety," a *tidium salubrae* (Latin 00:32:02), when reflecting on one's life. 00:32:04 Eugenius, when lamenting his ills, uses, as we have seen, precisely this verb's verbal counterpart, *tidet animum* (Latin 00:32:14), to describe his situation. For Isidore, *tidium* included "a reflection on one's journey through the length of this life," a quotation from the *Sententiae*, and the idea of life as a hard pilgrimage would have been a notion, I think, deeply felt by Eugenius, whose journey had been one throughout his life of deep physical suffering. And it was this suffering, rather than any form of abstract reflection, that had led him personally to compunction through the realisation of how far he had fallen short of his God and what he required.

You might say here there's a problem in the argument, and I think it's a problem for Eugenius, which is a sort of *post hoc ergo propter hoc* argument, isn't it, so if you see sickness as punishment then we can see that we are not up to the mark and the whole thing goes round in a circle. But maybe that is in the medieval mind set anyway. Perhaps that's something wiser heads than I can address. Although I think Eugenius is unlikely to have known his Eastern contemporary John Climacus's *Scala Paradisi*, I think he would have assented wholeheartedly to John's belief that, and I quote from the *Scala*, "those who aim to ascend to heaven with their bodies need violence and constant suffering until our pleasure-loving dispositions and unfeeling hearts are tamed to the love of God and chastity by visible sorrow."

The suffering that led Eugenius to compunction and discerned the follies of the world can be seen from poem five which I quote for you on the handout, where it is his illness which leads him to see the truth about the horrors of the world. The way Eugenius deploys his chosen medium I think is also designed to arouse compunction. There can be no happy ending in his poems as this would destroy their pastoral value. They're meant to jolt you towards compunction in this way. 00:34:04 As Gregory pointed out, present pain can lead to *conversio anime* (Latin 00:34:08), and thus to an end to our sins. Or, stoically like the Classics, we could ignore it, but of course the latter course for Eugenius simply means that the sufferer will in due course pass from the pain of the physical world to the torments of hell later on. As Gregory puts it in his letter, *de tormento ad tormenta transiamus* (Latin 00:34:31).

Chronic pain is therefore immersive. It is a continual reminder of where we need to go and in fact, in a way, is a sort of blessing in disguise for people. So on one level, Eugenius is a form of pain management trying to understand why this is happening, but also seeing it also not as an infliction of punishment, although it is that to some degree, but it is a nice punishment. It is like smacking a child to correct their behaviour, so to speak.

To get over these messages Gregory recommends the notion of *condescensio* (Latin 00:35:08), a technique whereby the preacher tries to create an imaginative sympathy in his audience to get the idea across. I think here we can see why Eugenius is so graphic in his description of illness. Few cannot feel Isidore's *tidium salubrae* (Latin 00:35:25), that healthy worry when confronted with Eugenius's graphic writing. Here is death. Here is suffering. Here are their messages, and we're not talking about this in the abstract: we see the phlegm being spat out in the poems, and such like. Its power, perhaps, can be seen from the way that Eugenius's ninth century admirer, a Mozarabic poet called *Al-Varis of Cordova* 00:35:50, who uses many of Eugenius's topics including illness, actually recoils at this point. He notes that sickness can help you but he certainly recoils from these long graphic descriptions of what that pain and sickness was like. 00:36:08

So why the context as well, if we can end briefly? And I think it's because Eugenius also sees himself very proudly as part of the Classical tradition. Now, Isidore of Seville, a great intellectual man of the seventh century in Spain was very worried about pagan poetry, but sort of grudgingly accepted that, you know, it could bring people to compunction by its somewhat meretricious form rather than just mere preaching, so the words themselves worked. I think rather than sulking about this Eugenius, a man who, you know, was very proud of eighteen other books, like Cliff Richard, did not want them all to have all the best tunes, and actually puts into this poetry this very graphic material to get over this preaching message. Moreover, he is operating at a bookish time. We know that King Chindsawinth was a bibliophile. We know that his courtiers, *Cablorentius* 00:37:09 for example, was a bibliophile. Some of the stuff they were reading, *Maximianus*, was not only wrong-headed from Eugenius's point of view, but downright damning in the messages it was teaching about pain, about death being a release. And so I would suggest to you that actually what Eugenius is doing is not only a form, if you like, of confronting pain and trying to reinterpret it in a Christian perspective, to explain to people why I have suffered so long if I'm a good man, so to speak, is God actually helping me, but it's also an attempt to use nice classical metres, classical allusions to jolt other people out of their complacency about death, challenge the messages of Stoicism that one finds in the pastoral world, and bring them round them to a proper, as he would see, Christian and correct vision of how to deal with chronic pain. 00:38:05 On that note I think I've run out of time. I should have said at the beginning that I am interloper to this conference. Thank you very much Alicia for allowing me to speak today and also I hope that people thought it was vaguely worthwhile, so I shall call it a day.

(Applause)

Dr David Murray (00:38:26): Thank you very much Andy... Thank you very much, Andy, for a terrifically exciting opening paper. Much in the style of James Bond films we have an exciting curtain-raiser and now we get the opening credits, which I should have read earlier. Andy Fear is a Lecturer in Classics at Manchester University and as I'm sure you'll all know has done terrific and very valuable and useful translations of the *Roses* and various Gothic States' advice for TTH and is currently the editor of a forthcoming *inaudible* 00:39:00 volume on Isidore of Seville. Thank you once again. Our next speaker, Michele Moatt is, in contradistinction to what the handout says, currently exclusively in service of the National Trust and is Volunteering Development Officer for the Trust in the Bateman's, Bodiam Castle and Monks House Portfolio. She took her BA in Durham and her PhD in Lancaster where she worked under the supervision of Professor Andrew Jotichsky. Subsequently she has taught at Lancaster and the University of Cumbria, before going to work as a Post-Doctoral Research Assistant on the Norton Priory Project. Today Michele is going to give us a

paper with the title, 'Chronic Pain and Prophecy in the Twelfth-century *Life of Aelred of Rievaulx*'. Michele, would you take the floor.

(Inaudible but not really relevant discussion about seating 00:39:54-- 00:40:04)

Dr Michele Moatt (00:40:04) Just before I start my paper proper I'll explain who Aelred of Rievaulx was. He was the Abbot of Rievaulx. He was a Northerner, born in Hexham. And his writings were found all over Latin Europe in monasteries—not just Cistercian, which is the order to which he belonged, but also Benedictine. For example, Durham Priory had all of his works. I can't help but notice that we have so much in common. Many familiar texts between the seven hundreds and the eleven hundreds.

The Cistercian Monk Walter Daniel wrote his *Life of Aelred of Rievaulx* soon after Aelred's death in 1167. It revealed that Aelred suffered from chronic pain from the time he was elected Abbott of Rievaulx in 1147. According to Walter, the number and type of Aelred's ailments gradually increased throughout this period. This paper represents a work in progress, largely because I have not yet managed to unpick all the ribbons of exegesis woven into the chapters on the subject. However, so far, it has become clear that Walter associated Aelred's pain with the development of his gift of prophecy. My method is influenced by Mary Carruthers' research into monastic memory training and *Lectio Divina*, and Latin text databases have compensated for my lack of a monastic mind. Today I'll share with you two areas of research into Walter's trope. **00:42:00** First, I'll discuss the intertextual and intratextual links placed by him within this text, then I'll consider any templates on chronic pain and prophecy from among the *vitae* available to Walter up to 1167 in the Rievaulx. I'd also be very grateful to know if you recognise any of the elements I discuss from other Saint's lives.

The first reference to chronic pain comes in chapter twenty-seven. In a refutation of criticism that ambition brought Aelred to the Abbacy **00:42:38** of Rievaulx. Alluding to Matthew 11:19, these critics also said, "He is a glutton and a wine bibber, and a friend of publicans, who gives up his body to baths and ointments." Walter responds with a strong riposte:

Aelred drank wine as recommended by Paul in his Letter to Timothy, for his stomach's sake, because of his old malady, the stone, which grievously tormented him every month. The agony was intense, for very often his urine contained fragments of stone as big as a bean, the passage of which was unbearable, that if in his suffering he had not tempered and softened the obstruction in the bath to ease its course, he would have incurred sudden death. And you dare talk about the bathings of Aelred!

I should also say that I am using Powicke's translation, and I edited out a lot of the Latin because it was a bit too long yesterday. Walter's typological strand comparing Aelred to the apostle Paul now surfaces again. This time, he draws from 2 Corinthians 12 to illustrate that first, Aelred made his own Paul's words: "I will gladly spend and be spent for your souls." **00:44:06** Secondly, his suffering could be compared to Paul's because he too could say, "When I am weak, then I am strong." Here, Walter also brought into play Aelred's own words as Rievaulx's Abbott. In his pastoral prayer, he had begged God: "As for myself, let me find happiness in being utterly spent for the brothers' benefit." The living Aelred was thus revived through Walter's constructed Aelred, and his chronic pain was associated with self-giving love for his brethren. The very next chapter tells the third and final part of the story of a monk who struggled with monastic life. This story measures the spiritual progress of an ordinary

monk against that of Aelred. It is significant, then, that the first part of this final chapter on the monk describes Aelred's first vision. In it, Aelred sees a prophet who foretells the death of the monk. The passage begins with a quote from 2 Corinthians 12 which links Aelred's chronic pain of chapter twenty-seven with his vision in chapter twenty-eight. Walter confesses: "Aelred was sleeping or sleepy, I do not know. God knows. *Nescio deus scit*. This leads to Paul's words on visions and revelations, and to a man caught up in the third heaven, whether in the body or out of the body, I do not know. God knows. *Nescio deus scit*." (Latin 00:45:49) However, Aelred's gift is not yet fully formed, for he repeats the litany for the dying twice before remembering on the third litany to hold the monks' head in his hands as the prophet had specified. 00:46:04 This suggests that what makes a man a prophet is not his visionary experience itself but his perception of its significance. Walter's tale thereby demonstrates Aelred's own advice in his second Homily on the burdens of Babylon in Isaiah.

Having described the chronic ailment Aelred was suffering from twenty years before his death, Walter waits four more chapters before he returns to the theme. In chapter thirty-one he writes:

Throughout the last ten years of his life, this holy man frequently underwent intense suffering, as the agonies of arthritis were added to his old distresses. I have seen him suspended in mid-air in a linen sheet, being carried to relieve himself, or from one bed to another. A mere touch affected him like a piercing wound and his cries revealed the measure of his pain.

Consider: Aelred was suffering because of the agonies of arthritis and a mere touch was like a piercing wound. Even the linen sheet used to carry him is evocative. The whole passage implies that Aelred's suffering was in imitation of the crucified Christ of St John's Gospel, which Aelred always had with him. And that's the bit of Latin I edited, so I apologise that I'm not going into the details, but it matches John's Gospel in the *Vulgate*.

Aelred found the provisions made for his health by the Cistercian general chapter so difficult to accept that he ordered a mausoleum to be built for him close by the common infirmary. And, taking up his quarters there, he entrusted the care of his illness entirely to the ministrations of two of the brethren, refusing with disdain all dainties and useless blandishments. (Unclear if the preceding is a quotation? 00:48:05) 00:48:06 In reality, according to Stuart Harrison and Peter Ferguson, the archaeological remains of this building resemble a knight's hall. Walter's choice of mausoleum, therefore, implies that, Christ-like, Aelred entered the tomb. This of course had already been signalled by the passage above. The next chapter, thirty-two, extolls Aelred's writings, composed in that abode of light. Walter saw in him the divine spirit, and he tells us that Aelred "left a living image of himself, for what he there commended in writing, he himself practiced in life." Walter perhaps feared a reader might miss the way such allusions infuse his meter with that living image.

Then follow Aelred's first four miracles: two restoring speech—which I haven't yet analysed—but the third which neatly links chapter thirty-one on Aelred's mausoleum with the release into Heaven of his monk. John's Gospel has a central role. The final miracle concerns Aelred's successful petition to God for an end to the malice of an evil Abbott. The Abbott dies. It involves more allusions to on the burdens of Babylon, both miracles other connected to the chapter on his growing gift of prophesy. Walter continues in chapter forty-one with:

Our Father experienced what I may call a second circumcision, by depriving himself of necessities very helpful to him in his great weakness. He sacrificed himself on the altar of unflinching suffering, hardly any flesh clung to his bones; his lips alone remained, a frame to his teeth. **00:50:08** The thinness of his face gave an angelic expression to his countenance. Eating scarcely anything and drinking less, by his unbelieve fasting, he lost altogether the desire for food. During this time he rejected the curatives which he had been wont to take, and if by chance he tasked anything of that kind in his mouth, he took it out with his fingers and, while his attendants were engaged on other things, he threw it to the ground and ground it to powder with his foot so that no one should see it. Nor, as had been his custom, would he take a little wine, although the physicians had prescribed pure wine as the particular remedy for his infirmity, asserting that otherwise, the disease would take its course and that he would soon die.

This chapter emphasises Aelred's willing acceptance of his pain, and it hints at his motives when Walter writes, "For God's sake, Aelred despised the cure of the body and considered in all ways the health of the soul."

Chapter six of Ambrose's homily thirteen on Psalm 118 states that "the heart can be purged of filth only through a second circumcision, which involves complete bodily denial, since only then can God's law be discerned." Ambrose refers to the "need to be rid of the old **levan** which corrupt", so that the old man with his ailments comes to a new truth. The ageing Aelred's fasting and refusal of medical help, despite his intense physical suffering, is explained. These actions propelled his spiritual purification.

Chapter forty-two, the next one, ostensibly on his private devotions, reveals more about Aelred's mausoleum. **00:52:06** It contained an Oratory in which he prayed and practiced vigils. He would sit in a kind of grave in the floor, and remembering how he was but dust, he would weep in it every day and say to God, "How long Lord shall this wretchedness encompass me? How long shall night? How long the darkness surround me? How long shall my own clothes abhor me?"

In these two chapters, Walter combines Aelred's chronic illnesses with asceticism. His passive acceptance of chronic ill health, with an allusion to Job's trials, and his self-inflicted self-denial. Note too that Aelred began his life of chronic pain as a type of Paul, with some agency in dealing with his afflictions, but he has become at type of Job, enduring suffering and refusing relief because he realises that God has given Satan permission to test him. Walter's choice of trope and typology returns to Aelred's works. His dialogue on the soul insisted that the human body must be ruled by reason, even all its ills, all its suffering, even death itself. He continues with reference to Job 2:7:

Notice to what good use the Holy Patriarch Job put his bodily infirmities. Look how pleasing a fragrance the dunghill on which he sat, purulent sores that he scratched, the foetid odour that exuded from his pores, the maggots that covered him, have wafted over all the earth.

Walter's constructed Aelred re-enacts Job's model of spiritual excellence justified by Aelred the man. By now, educated monks would expect the events that follow. **00:54:03**

In chapter forty-three, the reader learns that while sitting in his grave, he began to experience angelic visitations. These manifested as a visible bright shining light around his head, and the sound of his conversations with many heavenly spirits. Chapter forty-four reveals that Aelred is now

saturated with the spirit of prophecy, and he tells his monks in detail what they've done before they confess. Walter ends with reference to John 3:8: "Oh man after God's heart! Endowed with the spirit of prophesy in the correction of his sons."

Usefully, Aelred rule of life for a recluse part II, 'On the Inner Man', begins by addressing the recluse as follows:

Whoever you may be who have given up the world to choose this life of solitude, to be dead, as it were, to the world, and buried with Christ in the tomb, listen to my words and understand them.

He continues in chapter thirty-three:

Truly he sleeps in glory whose falling asleep is attended by angels, whom the saints come to meet, bringing help and solace to their fellow citizen and withstanding his enemies, driving off those who stand in the way, repelling those who bring charges against him, and so, accompanying his holy soul right up to Abraham's bosom and depositing it in a place of peace and rest.

Tellingly, therefore, Walter's four chapters from forty-one to forty-four also present his saint's experience within the bounds of this section of the rule for a recluse, at the point in Aelred's life when he has retreated into his little grave to prepare for death. In one sense, Aelred's establishing of a relationship between Aelred's ascetic withdrawal and his general spiritual progress echoes a commonplace in saint's lives. **00:56:03**

Of course, Aelred and Walter knew well Bede's descriptions of Cuthbert living in isolation in a farm just prior to his death. We also know from Reginald of Durham that Aelred visited the hermit, Godric of Finchale, who once lived among the hermits outside Jerusalem. It's possible that Aelred and Walter even knew the rule of Basil, which sees prophesy as a natural result of spiritual progress through withdrawal. Well-thumbed twelfth century copies have survived for Clairvaux and Rievaulx, and a copy was listed within the Rievaulx in the twelfth century. On the other hand it is less easy to find earlier models for Walter's juxtaposition of chronic and the development of prophesy. The vast majority of saints listed in the twelfth century Rievaulx library lists begin life in perfection. Even Aelred's own St Minion experiences prophetic illumination for the first time with on hint of ill health. Added to that, Walter's narrative construction is so subtle that it never lifts wholesale chunks of text from earlier lives. Identifying where his refined template—sorry, identifying where he has refined a template to the circumstances of his saint takes some patience. Nonetheless, from earlier work on the text I know that the Eadmer's Anselm had provided narrative patterns for Walter, so I turned to this text in the hope of finding connections. I thought I had solved the problem when I re-read Eadmer's account of Anselm's unspecified 'serious illness' in chapter twenty-one. It lacks Walter's detailed description of his saint's symptoms, but it is striking that as Anselm begins to recover he experiences a vivid vision which he understands. **00:58:04** Without doubt this scene marked a step forward in Anselm's development of prophesy, in association with an illness. On the other hand, the illness was not chronic and Anselm was already a prophet, both in the sense of having foreknowledge of events and also in seeing evil spirits tempting his monks. Significantly, even as he dies, Anselm feels no pain.

One life not listed in the Rievaulx is the *Vita Prima Bernardi*, the first life of Bernard of Clairvaux. This has puzzled me, because Rievaulx is Clairvaux's daughter-house. Bernard had commissioned Aelred's first book, and Rievaulx's first Abbott, William of Clairvaux, was venerated at Rievaulx, having featured in the *Vita Prima* as Bernard's secretary. The distribution of this text is complex and circulation was limited before 1165, but Adriaan Bredero believes the first two redactions were completed in 1156 and 1163 respectively, before Walter was writing. Therefore in search of the elusive influence on Walter's association of chronic pain and prophesy, I decided to abandon the library lists and examine the text. Within, I found a definite link between Bernard's development of prophesy and chronic ill health in William of Saint-Thierry's section of the book. The text was written by four authors. William of Saint-Thierry's was the first section, which was begun when Bernard was alive and finished soon after his death. William first discusses Bernard's ill health in chapter eight, on Bernard as a novice. In a long passage the reader learns that Bernard was a vigorous ascetic. As a result, he became very ill, vomiting anything he ate and suffering great pain in his bowels. **01:00:03** In chapter nine, Bernard had his first vision which reassured him the new monastery would be a success. By chapter twelve, his stomach condition has become very serious, while in chapter thirteen he has withdrawn to a little hut outside of the monastic enclosure, where he is consoled by angelic voices. Bernard's gastric disorder continues to worsen, so that by chapter fifteen, he has sunk a bowl into the floor of the choir in order to vomit during the **offices** without leaving the church. Unlike Walter's Aelred, however, the illness now serves as the propellant for Bernard's mission out into the world, as an instrument of the Papacy and the wider church. William specifically records that in this way, the church gained the gifts of prophesy, miracles and healing. In William's final chapter, Bernard's health has worsened and the community think he is dying. It is now that he receives to full prophetic visions and he knows that he will live. Finally he asks a monk to pray for him at the altar's dedicated to the Virgin, **St Lawrence Donata** **01:01:23**, and St Benedict. As the monk prays, the three saints appear to Bernard and lay their hands on him. The stream of vomit dries up and the pain subsides.

There are similarities between Walter's and William's accounts, in juxtaposing chronic illness with the growth of prophesy. The exception is Bernard re-entering the world, but even this helps us to understand Walter's application of William's theme. Bredero has shown that William's account of Bernard's illness is a justification for his unorthodox behaviour, for which he was heavily criticised during his lifetime. **01:02:04** Aelred's ill health alone should have prevented him from continuing as Abbott, and it seems to me that Walter is justifying his retreat from normal monastic observances and abbatial observances. The two hagiographers face similar problems. Their saints have lived too recently to mould them easily into sacred form. William's elegant solution, perhaps informed by Eadmer's association of an episode of sickness and visions surely provided Walter with exactly what he needed to weld Aelred's chronic illnesses with the development of his spiritual gifts. Finally, Walter had an opportunity to read the *Vita Prima* while accompanying Aelred—he was Aelred's secretary—while accompanying Aelred to Clairvaux (**inaudible** **01:02:56**). But I think it more likely that a copy of an early redaction of the *Vita Prima* was copied for Rievaulx. Its omission from the library lists suggests that perhaps it was not kept in the book cupboards but in the sacristy, or even the sanctuary. This is very likely, because the night office lectionary for the Cistercians required it to be read on the Feast Day of Bernard. For the same reason, the *Life of Aelred*, which is also oddly absent from the twelfth century library lists, was probably there too. Thank you. **01:03:30**

(Applause)

Dr David Murray (Chair) (01:03:36): Thank you very much for that. So, for questions I will be roving around with a microphone so please let me know. Oh, we have one. A first question.

Professor Esther Cohen (01:03:57): Thank you. Yes, thank you. Yes, just a footnote to add about circumcision. I don't think your source is St Ambrose, in this case. What (**inaudible 01:04:11**) is the Jews did, they interpreted it in the flesh which is where I (**inaudible 01:04:19**) document all the biblical reference right now, it sort of said in **hysterics 01:04:23**. But what you get in the twelfth century is the beginning of a meditation exegesis on the circumcision of Christ and the (**inaudible 01:04:35**) where two guys who would be the authority on this, were indeed Anselm and Bernard, who wrote about it, and then it would become the total (**inaudible 01:04:45**) that would be used in every single biography of Christ, the *Vita Christi* and all the rest **01:04:53**. And it always stresses the flesh circumcision and how much it hurt Christ. And I am still looking for a pictorial depiction of this circumcision where you see Christ suffering, because the literature is very rich and very emphatic on the subject.

Questioner 1 (01:05:24): Great. Well, thank you. The references are (**inaudible 01:05:28**) so it's—

Unknown speaker (?ASH) (01:05:32): Sorry can I ask you to (**inaudible 01:05:33**)

Dr David Murray (Chair) (01:05:34): (**inaudible 01:05:34**)

Questioner 1 (01:05:33): It's hard for me... with the... I'm sorry. So, in the Church there is no (**inaudible 01:05:40**).

Dr Michele Moat (01:05:43): Ah thank you. Circumcision?

Questioner 1 (01:05:45): So, what I was going to say is that there's something intriguingly oppositional in your two papers in the sense there's the first discussion of Eugenius is about natural, naturally occurring pain, that comes just with old age. Whereas the Aelred tale, of course, is the self-induced sicknesses. And yet at the same time they kind of come to almost the same conclusion, which is that the suffering brings this awareness of solitude and the future. So it's more of a comment than a question, but I was wondering if you could say anything about that kind of interesting parallel of contrast and yet resolution in the kind of scholastic **sed contra solutio** (**Latin 01:06:30**).

Dr Andrew Fear (01:06:29): No I don't I think circum—thank you for pointing that out, because it didn't occur to me, but now you say that, I mean, it very is much that way. I think Eugenius probably, you know, amplified, his sufferings by, we're told that he's "fervent in spirit" and suchlike. Given the practices of the Visigothic Church, that's likely to be asceticism of some fairly severe form, I would guess. Whether one could argue that if you didn't suffer in the way Eugenius suffered, inducing such suffering as a spiritual good would be a technique that would attempt, generally, is an interesting question. I can't think of any Gothic saint who goes in for that very much, albeit the famous saints, San (**inaudible 01:07:22**) for example, we are told goes in for very, very strict asceticism. Perhaps Eugenius thought he didn't need it. I don't know. But I do see him as a man who—we could have talked about his early poetry where he's Bishop of Zaragoza. Not Bishop, actually, (**inaudible 01:07:43**). But he's attracted very much to the shrine of **San Guilliame 01:07:47** and focuses—although **San Guilliame** is quite a lot of things in the hagiographic tradition—focuses on the healing nature of the saint in his shrine. Which suggests to me that even as a young man these medical

problems were with him, and he then tries to see why this is happening to him. Now, I think to some degree his poetry is management of his own personal situation but then, picking up Gregory, he uses it as a preaching aid to try to persuade other people. Whether it was a good or a bad thing that he didn't have to suffer (inaudible 01:08:23) inducing suffering, I don't know. It's an interesting question. But thanks very much. That's a very interesting parallel.

Dr Michele Moatt (01:08:29): I was struck by the fact that you referred to Gregory because, not in this—I haven't yet analysed the actual description of pain, but I have done for two or three miracle stories. And what I found was that the words and phrases were plucked from Gregory the Great's *Mirago* on the Book of Job, and also Ambrose's *Hexameron*. So I think... yes. I have, I started to research the descriptions of Aelred's pain and expected those texts to come up on the databases, but they didn't. So I'm very puzzled, if anybody has any other texts. But a lot of your descriptions reminded me of miracles (inaudible 01:09:26) description. But Powicke can. When Powicke translated (inaudible 01:09:31) in the 1950s, there's one footnote that says: "I have painted this pathological extravaganza. And one of the earlier things I have done is retranslate and reinstate the whole section." So it is interesting.

Dr David Murray (Chair) (01:09:53): Alicia.

Dr Alicia Spencer-Hall (01:09:54): I'll come forward so the audio can pick me up. A thing that I was thinking about is, would the methodology of—is chronic pain too broad? I'm sort of hoisting myself on my own petard. But in the sense that, sort of, I know in a lot of the holy men and holy women's stories I read, there's obviously a difference between, kind of, a chronic pain or a chronic illness in youth or middle age, and what that does. You need healing. But a lot of them have monks at the end of their lives who are kind of a geriatric chronic pain. And should we be splitting that up? I mean it is a very special case, and even in the modern medical discourse and disability studies, geriatric pain is treated separately and we think about it differently. So that's kind of a provocative...

Dr Michele Moatt (01:10:42): I actually did that because the chapters on Aelred's chronic pain go on beyond the point where I stopped. But where I stopped was four years before his death. The next chapters on chronic pain are as he comes close to death and it's fairly, pretty certain, the holy... it's an enacting of the holy will. I'm pretty certain of that. But because it was connected to his old age by then, and diet, I decided to stop there, you know, because that's different to chronic pain somehow.

Dr Alicia Spencer-Hall (01:11:21): Exactly. I mean that's something I also thought in Andy's paper, as well. This is different to have the chronic pain and dying, or old age and pain, but I don't know how his research could handle that. Andy do you have a comment?

Dr Andrew Fear (01:11:37): Well Gregory talks about chronic pain. I mean, Gregory doesn't talk about old age very much at all, actually. Eugenius seems fairly obsessed with it, even though he's not very old. So he's quite interested, in one of his poems, "this descends on me when I am forty-nine." Now if you look Isidore's definition of what it is to be *senex* (Latin 01:11:56) it actually kicks off at fifty. So in that respect there's almost a sort of hint at this point, you know, you might think that this only happens to crumbles, but in fact it can happen to anyone! So you could say that may be a line give a little bit there 01:12:12. Certainly I don't know how old Bonantius of Syracuse 01:12:18 was, perhaps that's something I should go away and dig out, when Gregory sort of sympathises about gout and such like. But in that and in the regular *pastoralis* there is no hint there that these things are predicated on old age. They could happen at any time. And the notion of castigation leading to this

conversio and compunction, again, the implication is that it could happen to you at any point in your life. But I agree with you. When I actually wrote this stuff, I was thinking, yes am I in the right place here? Am I really a, a really sneaky interloper? On the grounds that the focus, certainly, of Eugenius, is on old age. Maybe again there's a sort of pastoral thing there, so you know, and I think particularly, possibly, anyway, King Chindaswinth is this bibliophile. His young son, Recceswinth, who of course goes on to be King, is regarded as a bit of tearaway at the time. Tearaway Goth is an interesting thought. But it's just possible, I think, that part of this may be addressed at the prince and his circle, saying "Look you may think that things are wonderful now, but give it, just think back twenty years down the road, this stuff will hit you. Isn't repentance now a good idea?" So maybe old age is being used not just to address those suffering for old age at that time, but is part of the shadow of death which Eugenius thinks a great deal about, which warns you to mend your ways now.

Dr Alicia Spencer-Hall (01:13:57): So really it's about...

Questioner 2 (01:14:03): I have a question for Michelle Moatt. Elsewhere in (inaudible 01:14:06) he tells us that he is a doctor. Now I was wondering if, and if so, how, you think this impacts on his writing as well as his arguments?

Dr Michele Moatt (01:14:15): Yes, that's quite interesting, because one of the things I've done is interrogate that. Aelred describes himself as a *medicus* and when he does, it's clear that he's talking about a *medicus* of the soul. And I'm absolutely certain that that is what Walter... yes. Powicke's footnotes all the way through are sort of assuming, like, how else can we make sense of all these graphic descriptions of Aelred's body unless there's some professional interest? But when I interrogated the lyrical stories, the links to the *Mirago* on Job and the *Hexameron* were really, really strong. And I think... I edited this out because my paper was too long, but one of the things that I think has happened: Gregory and Ambrose were influenced by Galenism, and they tried to make sense of the medical texts of Galenism to the spiritual side of Christianity. They welded them together. And I think that's why Walter has these great long passages of detail. And something else: when I was at Lancaster, the Linguistics department had a Latin corpus linguistics programme. So I put five chapters through the linguistics programme, and what the programme did was pick out semantic tags. And I was fully expecting to see 'medicine'. But no: 'anatomy'. And there was more anatomy than there was about sanctity, religion, spirituality, in these four texts that included a description of Aelred's chronic ill health and (inaudible 01:16:19). So, yes. I'm pretty sure he wasn't an infirmer. I don't think he'd have had time. By the time he was falling ill everywhere. Yes. I'm pretty sure it's an allusion to Aelred's words. (inaudible 01:16:38).

Questioner 3 (01:16:44): Yes, I just, I had a thought really. You know Eckhart Tolle's *The Power is Now*, and thinking that these are quite special really, actually, because they're very, very understated, sort of religiously. And so it's almost got something very dispiriting 01:16:56 about their experience of chronic pain and what they think of that and how they're relating it to death and salvation. And also, kind of the, the kind of account that we've got that's come to us from them or from their biographers (inaudible 01:17:11).

Dr Alicia Spencer-Hall (01:17:15): But if I could just rail in quietly there...

Questioner 3 (01:17:18): Yes, no definitely!

Dr Alicia Spencer-Hall (01:17:21): But they, kind of... I was really searching for a way to kind of, divide the papers and panels into a way that they could sort of handle discrete units, but basically, it's all about religion all the time. (Multiple voices laughing). And, you know, I was trying really hard to find somebody to speak really seriously at length, if nobody is going to, basically you are our non-religious person (multiple voices laughing). And that really, kind of, struck me as, kind of, obviously that is where we find a lot of pain, chronic pain, chat, in other words, in the Middle Ages. And that is interesting. But then like you say, these are not run-of-the-mill men, and also people in these kinds of texts who aren't, you know, the main players, they're still quite special people in [that] they're featured in a text, or a life, you know. They got healed, or they're (inaudible 01:18:11). Do you know what I mean? And so we're talking about spectacularly different people. So even though, yes, I'm kind of really interested in, you know, religious experience for medieval people, well, what actually the records were looking at are very selective in that way. And I think that is a problem and an interesting area we need to try and figure out what to deal with.

Questioner 3 (01:18:33): And I think that's really interesting also because, when we're trying to access things like pain, you know, if we're seeking narratives (inaudible 01:18:39) and where do we get narratives? And yes, so.

Michele Moatt (01:18:44): I thought, one of the miracle stories involves a young boy that Aelred meets wandering on the Scottish borders, who has swallowed a frog. And he seems to be become very sick. And I thought, oh this is good, we'll see a little bit about how ordinary people, you know, experienced things. But when I'd finished deconstructing everything, it actually was an allegory for King of Gowrie. He wasn't interested in the boy at all. So you're right. It is bad. It was really disappointing (laughs).

Dr Andrew Fear (01:19:20): There's one question you might ask, and I think you're right. I mean, certainly, I would want to argue that Eugenius's output of poetry, I mean, he's very, very proud of being (inaudible 01:19:29) on the ball. I don't know why else, really, the reason why I got interested in Eugenius is because (inaudible 01:19:35)'s book on Christian poetry says he's rubbish (multiple voices laughing). And being a natural sort of contrarian, I thought, no that's probably not true. But I think they are aimed at an audience that knows its classics, and wants to take on a Pagan vision of pain, you know, [where] the virtue of pain is to endure it and ignore it. Whereas what Eugenius wants to say is actually, no, if not embrace it, you can actually see that it's doing something for you and you ignore those messages at your peril. Arguably, I suppose, some of the metrics would have bounced off individuals. We did know that Eugenius was commissioned to compose for church services, so you know, the common man would listen to some of the hymns that he writes. Sadly, although there are some, but they're... it's quite controversial which ones he may or may not have done. The other thing, I suppose, is that nowadays, Paul might say that the experience of pain for, say, us in the West, and those who work in the Third World is radically different. I wonder whether that would have been true in seventh century Spain. That, you know, the common man and—if one (inaudible 01:20:50) chronically ill with cancer, or something like that—the pain that one would endure would be the same at both ends of society, and the way that nowadays that would not be the case any more. So in on one way, albeit, these are very aristocratic in one way, pain is more, perhaps, on a level then than it is now.

Questioner 3 (01:21:08): That's really interesting.

Professor Esther Cohen (01:21:10): If I may continue your train of thought, I think there is a big difference between Eugenius and twelfth century Abbots, and I think it's high time we reminded ourselves of what Caroline Bynum wrote about Christ, his Mother, **and as mothers**, especially **01:21:29** and there's a difference between he who writes his own pains—the self-narrative—and the biographies. Those are two different things. Two different types of writing that definitely, you could take—I agree with you, Gregory the Great is the grandfather of the hypochondriacs, but it's not, I think, an aristocratic type of writing so much as, indeed, a classical prose. Whereas your Abbots are not writing their own pains. Well, if you look at the letter and think, you know, sometimes, I mean, but the genre of biography is different.

Dr David Murray (Chair) (01:22:29): If you would just—

Professor Wendy J Turner (01:22:29): Keeping on from that, I think we need to remember that it's not just women that have this odd relationship with food. It's men as well. And when we're looking at these texts that are written for a very spiritual audience, it's not just the pain that's suspect, but also the healthy that is suspect. So you'll notice that when he is sick, or bedridden, everything smells wonderful, even if it's really gross. So I think they're playing upon that? I don't know how much we can trust that as reality. I do draw your attention Jenni Kuuliala's **01:23:20** new work on—although it's on, you know, children and what we can know about children's disabilities, she's also looking at miracle stories, and these children are then re-interviewed later in life as to whether or not they actually, you know, these things occurred to me, and what their memories are of their pain and their recovery, of these miracles, as they try to prove somebody then can be canonised. So that's an interesting new piece that I hadn't known was out there, but it might really be an interesting way for you to look at the material.

Dr Andrew Fear (01:24:02): That is different as well, isn't it? Because Eugenius, you know, the nastiness is there, and there is no notion that the nastiness is nice, you know, when I'm there I'm suffering, the stench is there, but there is no nice smell. And then the thrust to the poetry is that usually I really rather like food and drink but now because of where I am the food and drink, even that will not, you know, my favourite tippie will not help. So there is a very much more sort of bleak aspect to it, in that respect.

Professor Wendy J Turner (01:24:33): Both of these people (laughs) I kept thinking, "They're coeliacs!" After a while, when you don't realise you have it, then you start to reject food, like no, I don't want to eat anything. But, so I was wondering that. But that's a silly notion, but he is taking the food out of his mouth and throwing it on the floor.

Professor Ester Cohen (01:24:57): Yes, yes. And (**inaudible** **01:24:56**)

Professor Wendy J Turner (01:24:57): And he was rejecting food as well, like, no I don't want to eat any more, I don't want any of that, but I'll take some wine. And coeliacs will do the same. Like, that'll be okay, because it won't hurt your tummy.

Dr Michele Moatt (01:25:10): One of the things about Walter's text is that absolutely nothing is as it seems. Once... the whole thing is written exegetically, so that a monk—or either, because Walter was thinking exegetically. I think perhaps both. So that each chapter can be interpreted via at least two kinds of meaning. And as you go on in the book, the meaning moves more and more and more into the mystical sense, which ties in with (**inaudible** **01:25:44**) of course. So I don't—

Professor Wendy J Turner (01:25:46): He's actually a really clever writer.

Dr Michelle Moatt (01:25:48): Oh very clever. And—like you, Powicke rubbishes Walter, really, he's terrible. But I think Walter was really clever, yes.

Dr David Murray (Chair) (01:26:00): Your question?

Questioner 4 (01:26:01): My question is about the relationship between the chronic pain and narrative and narrative representation, because what interested me was the relationship between chronic pain as a process and chronic pain as catalyst, and how it occurs. And I think both of you, Andrew I know you spoke about pain as a catalyst for conversion and the process of conversion, and Michele you spoke about illness as a propellant to mission in the world. And so I'm just wondering if, we're talking about chronic pain as a process, how does it also act as catalyst or propellant and at what point is there a shift in the experience of pain that pushes it to that point of narrative momentum in this representation, if you like?

Dr Andrew Fear (01:26:47): I think with the length, I mean, what Gregory says is that, you know, you should embrace this as least a continual reminder of where you should be going. And presumably there is a potential tipping point where your illness and the unpleasant way that makes you feel about the world makes you see that actually that is the correct way of seeing the world. In other words, that no longer are you apart from something which is actually wonderful; you're embedded in something which is really rather awful. And that's the weight of thought, to adjust to your mental thought processes, to see where you're going to go. And, you know, one of the things is that Eugenius is saying, well, you know, there is this attitude that, you know, it'll all end one day and that will be great, but actually, like Gregory says, if you don't think about this properly you'll go *de tormento, ad tormenta* (**Latin 01:27:42**). There will be very much worse, so now, see the goodness of God. He is continually chastising you because it will affect his *conversio mentis*. Gregory is very careful about this, actually. So it's like he said in here, you've got to be careful, we've got to make sure that these tears are sincere. You know, the idea of the battle without the (**inaudible 01:28:06**). You can deliver yourself from the pit. But I think it isn't just like Gregory. If—I mean, Gregory's writings were of course very voluminous and I think you'd probably find a notion that just a simple moment of chastisement would effect this. But I think Gregory's view is that actually it is the continual process which helps one go in this direction. And again, depending on how you feel about this, I mean that may well be a way that certain people in the past could manage the fact that they were never going to get well, and try to understand why that was the case.

Dr Michelle Moatt (01:28:48): One of the things that's clear about Walter's description of Aelred's crumbling health is it's definitely a progression because as he gets more ill, he's more skilled at prophesy. But at the same time there are moments where that gift causes him to (**inaudible 01:29:10**) allowing him to do things such as, in the story of unsavoury monk that I mention, in the chapter before his death, Aelred retreats to pray when the monk is trying to escape the monastery, and what I discovered through the exegetical deconstruction was that Aelred then had taken on the sins of the monk, and was tormented in hell on behalf of his monk, so that his monk could return. So there was also that sense of acute pain could also happen, which could be a significant staging post for his life and the monk. And actually, when it comes to his chronic pain chapters, I didn't talk about it today, but I'm pretty certain that there's a return to help out his monks during (**inaudible 01:30:14**).

Unknown interlocutor (01:30:15): Is that a kind of substitution for your team then? In a sense?

Dr Michele Moatt (01:30:21): Yes. I think so. Yes.

Dr David Murray (Chair) (01:30:24): Well, perhaps on that note we could move conversation to more informal setting and get the lunch. So I hope you could join me in clapping once again speakers Andrew Fear and Michele Moatt, and all those who (**inaudible 01:30:36**). Thank you very much.

(Round of applause)

Dr Alicia Spencer-Hall (01:30:46): Lunch... is served!

PANEL 2: WOMEN

Dr Alicia Spencer Hall (Chair) (00:00:02): Welcome back everyone! I'm sorry to delay. It is purely me and my coffee need. I should I take an intravenously, I know. But I'm very excited to say we're going on from our warehouse of men, to now going to our warehouse of women this panel. I'm delight to be able to introduce Katherine Briant, who has a bursary from the Society for the Social History of Medicine to be here—so top VIP—and she is an English PhD student at the university of Rochester. Her research interests centre on late medieval literature, manuscript culture, embodiment, and (inaudible 00:00:35). So basically all the best things ever. Katherine recently contributed to digital projects such the Digital Scriptorium, the Online Medieval Sources Bibliography, Visualizing Chaucer, the Oxford Outremer Map Project, and French of England, and she is currently assisting a project that utilizes machine learning to transcribe Latin manuscripts and to recover the lost texts of palimpsests, which I'm basically going to bug her about the whole wine reception. So without further ado, here is Katherine with 'Pain as a Theological Framework in Julian of Norwich's *Vision and Revelation*'.

Katherine Briant (00:01:14): Thanks very much, Alicia. So this project started as a paper in MA program and I'm just revisiting it now to try to come up with ideas for expansion in the future, so I'd really welcome any suggestions that you have.

Scholarly literature has just begun to explicate the role of embodiment and pain in Julian of Norwich's *Vision and Revelation*. Studies largely focus on the impact of Julian's gender and illness on her mystical experience, analysing her bodily identification with Christ on a cross as an *Imitatio Christi* within the medieval tradition of feminine compassion. However, imagery of the body in pain permeates Julian's understanding of Christian doctrine, and extends beyond issues of gender. 00:02:00 This embodied framework for belief has received less attention.

Elaine Scarry and others assert that suffering resists direct linguistic expression and this unspeakable aspect of pain invites interpretation by its witnesses and allows it to function as a polysemous symbol. I argue that Julian of Norwich interprets the pain of Christ through the act of viewing it, and her active reading of suffering and embodiment advances her own theological perspective on the incarnation, sin, embodied suffering, and humanity.

Scholarship that addresses cultural understanding of pain in the Middle Ages notes that it operated on a dichotomy. In her monograph, *The Modulated Scream: Pain in Late Medieval Culture*, Esther Cohen cites William of Auburn and captures the paradoxical nature of pain, stating that it is: "Beneficent because it is destructive." She further delineates the oppositional relationships surrounding pain to analyse silencing and performance, clarifying that pain's meanings were "invariably articulated within a dualistic value system. Pain was either good or bad. It signified either virtue or vice. Sufferers were shown to behaving according to these values."

Julian's depiction of pain in her *Vision and Revelation* takes advantage of such dualities and plays with the constructive potential of the body's destruction. These dichotomies however do not work to define or limit suffering for Julian, but rather open up the notion of pain for representing paradoxical theological beliefs. Her explication of bodily pain centres on the duality of Christ's suffering and the pain of sin, forwarding that they were characterized by both weal and woe, are behovely for the soul's salvation and fracture the body to form spiritual connections between all Christian people. 00:04:02 Julian's rhetorical emphasis on seeing bodily pain and mutilation is deeply

implicated with her theology and is a sign of her interpretative power. Through her narrowing field of vision, she becomes a witness to the crucifixion and throughout her texts she is careful to differentiate between what she sees in her bodily sight, in her spiritual sight, and in her understanding.

Mitchell Merback considers sight significant in reading the suffering of divine figures and explains that, “For Medieval people the experience of seeing and imagining a body that was ravaged and bleeding from tortures inflicted upon it lay at the centre of a constellation of religious doctrines, beliefs, and devotional practices.” Meditative devotions to the passion of Christ required a form of contemplative immersion and the grisly details of his affliction. Likewise Cohen claims that for visionaries seeing pain is akin to sensing it.

Sarah McNamer’s *Affective Meditation on the Invention of Medieval Compassion* notes that gazing at the crucified Christ is unavoidably an act of interpretation and bodily perception. She defines the word “beholding” in the context of Julian’s visions and argues that, “Julian’s use of this word—her assumptions about its qualitative functional difference from seeing or looking—appears to me to be responsible for generating some of her most profound theological insights.” McNamer gestures to the holding’s proximity to forms of holding, as well, which reveals, “A 14th century assumption that to behold is to see apathetically because it is also to hold, to hold with the eyes.” She also points out a sense of obligation or being beholden that beholding implies.

With these lexical implications in mind, I suggest that Christ’s suffering becomes a spectacle that Julian possesses somatically through her own beholding, and that beholding forms a basis of the affective theology that she offers to the reader. As Julian gazes at the wonder Christ and contemplates his pain, she reacts to his words and images with her own exegesis. In her vision, Christ asks if she has been pleased by his suffering and explains that he would undergo more pain if he could, with joy. Julian tells the reader that she “saw sothly” **00:06:40** what he meant by this awkward take on more pain stating:

And that shewed he me wele sobarly, sayande this worde: “If I might suffere mare.” He saide nought, “if it ware nedfulle to suffer mare,” botte, “if I might suffer mare.” For though it be nought nedefulle and he might suffer mare, mare he walde. (*Vision* 12.24-7)

She continues to interpret the words that Christ chose to express his joyful pain in her vision, explaining:

And in this thre wordes—“It is a joye, a blisse, and ane endeles liKinge to me”—ware shewed to me thre hevens, as thus: for the joye, I understode the plesance of the fadere; for the blisse, the wirshippe of the sone; and for the endeles liKinge, the haly gaste. The fadere is plesed, the sone is wirshipped, the haly gaste likes. Jhesu wille that we take heede to this blisse that is in the blissedfulle trinite of our salvation... .. And this was shewed me in this word: “Erte thow wele payed?” Be the tothere word that Criste said—“if thowe be payed, I am paid”—he shewed me the understandinge, as if he had saide: “It is joye and liKinge enough to me, and I aske nought els for my travaile botte that I might paye the...” **00:08:06** Thinke also wiselye of the gretnesse of this worde: “That ever I suffred passion for the.” For in that worde was a hye knowinge of luffe and of liKinge that he hadde in our salvation. (*Vision* 12.31-43)

Julian doubles Christ's speech in her vision with the sight of his meaning in her understanding. The location of this meaning within her understanding presents Julian as a passive recipient of the message, which belies the active interpretation she offers on the tripartite nature of Christ's pain.

Watson and Jenkins note on their commentary on the text that Julian draws this technique from medieval biblical exegesis, and that the analytic paraphrase assigned by Christ blurs the boundary between text and commentary, revelation and exposition. In this way Julian situates Christ's words within a figurative framework of the Trinity to explicate how he could experience joy, bliss, and pleasure from his bodily suffering. From this interpretation of pain, she exhorts the reader to conduct her life with joyful worship and to reconsider her relationship to salvation.

Julian interprets Christ's speech and wounded body again in the following section. She begins:

Fulle merelye and gladlye oure lorde loked into his side and behelde, and saide this worde—
“Lo, how I loved the”—as if he hadde saide: “My childe, if thow kan nought loke in my
godhede, see here howe I lette open my side, and my herte be clovene in twa, and lette oute
blude and watere alle that was tharein” (*Vision* 13.1-4)

This emphasis on reading the bleeding and damaged flesh of Christ is emblematic of the 13th, 14th, and 15th centuries. Caroline Walker Bynum examines this movement of devotion and theology towards embodiment in Jesus' mother and (inaudible 00:10:03) mother. 00:10:04 And similarly Sarah McNamer posits that, “By the 13th century a different image has begun to dominate and it will do so until the Reformation.” Naked and disfigured, covered with blood, Christ has become a vulnerable human victim, one for whom the meditator could and should feel compassion.

Cohen too notes that writers in the late Middle Ages increased the bleeding and pain of Christ in the style of Anselm. She argues that mystics such as Suso and Rolle 00:10:36 contemplated Christ's lacerated body as a religious exercise to understand the passion and to forge new affective tools. The striking iconography of flowing blood and open wounds that Julian offers in her interpretation of the phrase, “Lo, how I lovid the” 00:10:55 aligns with the trends that these scholar observe. Julian begins with Christ's own act of beholding as he gazes into his bleeding side. After she recounts his speech she moves into her reading of his wounds, revoicing Christ's words and articulating her conception of divine love through his lacerated body.

Like the Lord in the *Revelation's* allegory, who looks on the servant with both joy and sorrow, mixing “rewth and pitte” with “joy and blisse,” Julian sees Christ's tortured body at the Passion and his salvific presence in humanity as “a mervelous medelur both of wele and of wo.”

Anthony Bale identifies a contemporary writer who also sees pain doubly in this way. He quotes from Nicholas Love's *Mirror of the Blessed Life of Jesus Christ* to show that

The tortured Christ is at once “a piteuouse siht & a joyful siht”—piteous “for that harde passion that he suffrede for our savacioun,” joyful “for the matire & the effect that we have therbye of oure redempcion;” after “long exercise of sorouful compassion” can this be felt, “not onely in soule but also in the body.”

00:12:10 This passage that Bale cites to examine medieval conceptions of *passio* (Latin 00:12:15) exhibits striking similarities to Julian's work. Nicholas Love highlights the act of seeing and gives it a double valence of joy and pity. And he posits that pain can be perceived through spiritual and bodily contemplation of Jesus' suffering. This resonance with Julian's understanding of humanity's weal and woe suggests that her way of thinking about pain as a spectacle with two oppositional interpretations as a mode to investigate faith and as a way to practice piety fits into a larger cultural and literary context.

Julian uses the wounded and suffering body of Christ as an interpretative model to contemplate the theological implications of his incarnation and crucifixion. Robert Mills considers an altarpiece of Saint Barbara to analyse a similar Christological interpretative framework. He argues that the presence of mutilated bodies in the altar's iconography expresses the "paradoxical status is simultaneously human and divine, visible and invisible, of Christ and the saints." This paradox of carnality and divinity signified by the body in pain recalls the *Revelation's* allegory of the Lord and the servant. Julian interprets the pain of the servant's fall in dichotomous ways. It serves as a symbol of the pain of sin, inflicted on humanity by Adam's fall, as well as Christ's own fall into the womb of Mary and his subsequent suffering. Thus bodily pain offers a network of meanings that orient Julian's explication of sin and salvation. Just as other mystics map the seven stages of the passion on the seven monastic hours, Julian mapped her study of sin onto the servant's seven pains. 00:14:06

Because of this conceptual link between sin and suffering, Julian's understanding that sin is behovely—that it is pleasing to God and benefits our progress to salvation—establishes that the experience of pain is behovely as well. But while Julian draws parallels between pain and sin, she also complicates a direct comparison between the two. In her earlier text she perceives pain as a pact to purgation of sin, and to self-knowledge, explaining that among other concepts sin is: "the paines and passions of alle his creatures, gastelye and bodelye..." However, she then clarifies that God does not want the soul to be afraid of the ugly sight of "alle the paines that ever ware or ever shalle be," because sin has no substance and it might not be known except for the pain that it causes.

Unlike sin, which is nothing, she calls pain something which "purges us and makes us to knowe oure selfe and aske mercy." Julian fleshes out the substance of pain as a theological concept by relating it to the nothingness of sin, and she sets up God's compassion for her own pain as a model for the reader's compassion for her fellow Christians' suffering. Although on a literal level pain tears the flesh apart Julian's text, the implications of her affective theology suggests that pain knits flesh together. The touring "whit kirtel" of the servant of *Revelation* represents the mutilated flesh of Jesus, and that text is also preoccupied with the Crown of thorns rending of the skin. As Anne Minura 00:15:54 has noted the vision also treats the drying and dying of Jesus's face as if it were fabric. 00:16:01 While these representations of physical pain rend the body of Christ, Julian knits his followers together as one body by evoking compassion for his pain and establishing that his carnality is present within all Christians.

In the fifty-third section of the revelation she exclaims that

Therefore oure lorde wille we know it in the faith and the beleve, and namly and truly that we have all this blessed will hole and safe in oure lorde Jhesu Christ. For that ech kinde that heven shall be fulfilled with behoveth nedes of Goddes rightfulness so to be knit and oned in him, that therein were kepte a substance which might never nor shulde be parted from him.

Here, Julian's image of the whole and immutable will and of the mystical body is built upon the fractured body of Christ. Dualities such as broken and whole, torn and knit, and weal and woe, use the pain of the crucifixion to unite all people as one entity. Merback has argued that, "medieval pain can be a powerful emblem of intersubjective experience: it actuated empathic bonds between people." Robert Mills also forwards this perception connects. To return to his contemplation of injured bodies in the Saint Barbara alter piece, he states that the image

...constructs these networks of bodily interaction and identification to create the impression of a suffering Christian community, a community woven together from the fleshly fibres of the saints, Christ, the Virgin, and Christian beholders into a single symbolic purpose. This corpus Christianum is potentially empowering for certain viewers who identify themselves as part of its makeup because it underscores the notion that fleshly suffering can be transmuted into sacred truth through the medium of martyrdom.

00:18:05 Although Mills' point addresses iconography of wounded martyrs, he captures the rhetorical action behind Julian's figurative language. Her radical presentation of one universally saved body of people is interwoven with her meditation on physical pain, as both a destructive and constructive force, as that which tears apart to bind together.

Julian of Norwich writes pain within a religious and cultural context that values suffering for its positive and interpretative potential. Her rhetoric of embodiment fits into a wider framework of devotional, hagiographical, and Christological texts and it conforms to medieval perceptions of pain that Cohen, Mills, Merback, and others establish. Julian made a deliberate choice to participate in a community of interpreters of pain using her visionary experience to understand and authenticate suffering's role in Christian theology. Future scholarship can look to other late medieval writers who use bodily suffering as a vehicle for exegesis to contextualize Julian's discourse of pain as a complex theological signifier. We might compare representations of pain and vulnerable flesh in the works of other English mystics who wrote in the vernacular. Here I'm thinking in particular of Rolle's **00:19:27** second meditation on the passion, which has abundant metaphors for Christ's wounded body. He refers to stars, a net, a dove house, honeycomb, a book written all over with red ink, a meadow with flowers and herbs. So I think those bodily metaphors for the wounded body can be read alongside Julian fruitfully. This approach could help flesh out the ways in which representations of bodily pain function in English vernacular theology. Thank you.

(Applause)

Dr Alicia Spencer-Hall (Chair) (00:20:13): Thank you so much Katherine. I'm just so full of ideas now and I love the resituating of Julian. Because you sort of think, "Oh I know that one," but you've really brought fresh eyes to it. So, again I'm going to interrogate you about that too later. Now to our second speaker, Nicole Nyffenegger. Fantastic. She's a Lecturer of Medieval and Early Modern Literature and Culture at the University of Bern, Switzerland, and in her current research project she focusses on tattoos and textuality of human skin in medieval and early modern literature. She has just co-edited a volume entitled *Writing on Skin in the Age of Chaucer*. Sounds fantastic! She's published a book on authorship in medieval historiography and co-edited two more volumes, one on bodies in medieval literature and another one on margins and marginality. Her research interests include discourse to the human body, literary representations of violence and pain, human animal studies, cultural contacts, representations of self and other, and constructions of authorial identity.

Her teaching too has covered this whole range of topics, including many relevant today about literary theory, the history of language, abject studies. So over to you.

Dr Nicole Nyffenegger (00:21:25): Thanks a lot. (Long pause) **00:21:55** Hey, I'm sorry: some of these quotes in the back I've printed super, super small, which is why I have them on the PowerPoint as well. But thank you very much Alicia. Am I pronouncing your name correct?

Dr Alicia Spencer-Hall (Chair) (00:22:08): Yes!

Dr Nicole Nyffenegger (00:22:08): Alicia?

Dr Alicia Spencer-Hall (Chair) (00:22:09): Alicia.

Dr Nicole Nyffenegger (00:22:10): Thank you! So in line with Alicia has asked us to this about let me start with my claim. Mary at the foot of the cross is chronically in physical pain. I will argue this point by looking at three crucifixion lyrics: Harley 2253 and Codec-4621. But I first want to explain the angle from which I am coming to this project. My recent focus of the past few years has been on wounds, scars, tattoos and in particular on the ways in which such marks on skin invite conceptualizations of human skin as page and of marked human skin as text.

However, in a workshop with Elaine Scarry a year ago, I realized with some shock that I had been writing about wounds, bleeding, and bodies that are cut open and tortured, without ever actually thinking about the pain of the wounded person. And, you know, talking to you I realize that that's the case for some others as well. So I've only just recently started to look into pain, but because I'm coming from this wound and torture angle, the pain that I usually come across in the text I work on is acute pain—pain that is realized in one specific moment—and there's not anything about 'chronic'. But the following thought may be helpful here—and Katherine already said something very similar. A wound, and the pain it causes, does not signify emancipation. It is seen, interpreted and in some cases appropriated by others. Others feel empathy with the person in the pain, or not. What it means to be wounded and to be in pain is a questioned that is negotiated between self and individual or communal other. This negotiation can be repeated many times over. For example, every time someone reads a crucifixion lyric or contemplates a painting of the crucifixion. **00:24:01** It is true this repeated interaction, which happens at different moments in time, like the pain of Christ that Mary has perpetuated, and can be understood as chronic pain.

I will make my argument in three steps. First, I will speak about how Mary's pain at seeing her son on the cross is sometimes conceptualized as physical pain. This is the case I think because pain—someone has mentioned that before—is gendered as well, of course. Second, I want to suggest that Mary's serves as a doubling a concept proposed by Elaine Scarry by which she means a locus of suffering that is separate from the site of body damage. And third, I want to argue that Mary's physical pain was perpetuated and made chronic pain practices of affective piety. So this is still a very project and is actually kind of a detour for me to finally start thinking about pain. So please bear with me if some of this is still rather raw at this stage, and of course I still very much looking forward to your input on my ideas.

So let me turn to my first step. Mary's pain at witnessing her son's suffering and eventual death was sometimes conceptualized as a physical pain because pain is gendered. The Middle Ages had inherited the Aristotelian notion that the female is the more body bound, the more physical being

while the male is more intellectual and more spiritual. Elizabeth Robertson calls this “The female rootedness in the body”. We will see this rootedness in the body and consequently the portrayal of Mary’s pain as a physical pain in my first example, the 13th century crucifixion lyric, “Stond well, moder,” of Harley 2253. This is the first item on your handout page two. We have here eleven stanzas, nine of which represent the dialogue between Christ and Mary. I meant to show you things with—here it is. **00:26:02** Ok sorry. No... Eleven stanzas, nine of which represent the dialogue between Christ and Mary. In each case he starts speaking, addressing her in three lines and she replies in three lines. The number three also repeats in the thematic structure of the poem. The first three stanzas: Christ tells Mary to be joyful, that’s the first one; to stop weeping, second one; to stop crying. She replies by then closely looking at his body, seeing the feet, the hands nailed to the tree and the blood streaming down from his heart to her feet. Sarah Stanbury has discussed the female gaze in his poem in detail, “as an unusually uninhibited, penetrating and thus empowering one”. And she has also suggested that the pain is transferred from Christ on the cross to Mary and in fact to all women, a point I will return to in the second step of my argument.

What I want to focus on here in this poem, however, is the way in which this pain of Mary is constructed as a physical pain that is specific to women. You can see this in the second stanza here. Sorry I keep losing my lines. In which, Mary says she “feels the hour of death and the sword at heart that was prophesied by Simeon.” The sword metaphor potentially signifies physical pain and her focus on the body parts of Christ to express the sorrow also suggests this rootedness in her body. This impression is further underlined in the next three stanzas in which Christ explains to his mother that he chose death for mankind, that’s the first one; death for her sake; and for Adam and his kin, that’s the third one. In all three stanzas, he is concerned with the eschatological implications of his sacrifice. **00:28:02** Mary, however, cannot follow him there:

I se thy body beswungun,
Fet and honden thourout stongen—
No wonder thah me be wo.

Her pain has pained her to death, so much so that she wishes to die before him. In the middle stanza she refers to her kind as woman or mother. “It is my kind my way as a mother to feel sorrow for you.” In the last three stanzas of the dialogue Christ then finally addresses her pain: “Now you know what sorrows mothers have when a child dies. Now you know what it is to be mother, least like being a virgin.” And she replies that, yes, it is the pain of hell indeed that she will die with the pain that seeing his wounds causes her: “I deye, iwis, for thine wounden.” This pain, the second of the three stanzas here makes clear, is a specifically female experience, when Mary here implores Christ to help all those who experience it, maidens, wives, and “fol wimmon,” which can be translated as prostitutes or ‘fallen’, ‘foul’ women.

Before we go onto our next poem, a late 15th century lament of Mary, let me just remark that the development between these two portrayals in these two poems here, in this poem of Christ at the cross and in the next one of Mary as a Pietà figure is also paralleled in art, with the depictions of the Pietà gaining importance in the later Middle Ages. This is a varied example from the Victoria and Albert Museum of a little—it is only 13 cm high—a little walnut statuette of a Pietà figure.

In the second step of my argument, I want to propose that Mary serves as a doubling as defined by Elaine Scarry. Scarry has drawn our attention to the fact that an other does not have access to the pain of a wounded person, cannot ever feel it. In her seminal book *The Body in Pain*, she speaks

about the enormous distance that this fact creates between torturer and tortured, while they are physically, of course, very close at that moment. **00:30:06** She has since taken this argument a step further by claiming that the sight of a wound can be so overwhelming that it impedes empathy. In such a case, she claims a doubling facilitates empathy. Let me just show the relevant quote from her article 'Among Schoolchildren', although I will only read the bits in bold here. So she says [that] a doubling has to happen because,

[T]he image of body damage often sits on top of and blocks our access to the person in pain.

So what is needed is this doubling:

It is spatial separation, or a willed act of doubling, that seems to assist us in carrying out an act of sympathetic attention.

And then again in a later page she says that, doubling is

[S]patially separating the site of body damage and the locus of suffering.

If we translate this concept of Mary at the foot of the cross, then Christ's body is the site where the damage is, and Mary is the locus of suffering.

I would like to explore this idea in my second poem, which is a fifteenth-century lament of Mary found in Ashmole 61. This is the second item on your handout. According to George Shuffelton, who edited this poem for the TEAMS Series, it is part of the "Quis dabit" tradition: a text that was erroneously attributed to Bernard of Clairvaux, who is sometimes identified as the speaker. This speaker expresses his difficulty at feeling compassion, something Scarry would say a doubling can help with. At the end of the introductory stanza which is concerned with the setting, a Pietà statue starts speaking. While she starts out by saying that Christ lies here and is dead—it lost lines of the first stanza—so with the Pietà motif, Christ lies here is and is dead. **00:32:17** In the next stanza she asks all mankind to look at the crucified Christ on the cross, evoking the nails in feet and hands, the Crown of thorns, the side wound and gushes of blood. So this is a kind of flashback, and I think it is inserted here to emphasize the transfer of the pain to Mary in quite a literal way. The pain is placed in her lap. When she makes the next stanza, it is again as seen as the Pietà figure. This transfer happens when Mary addresses mothers and asks them to contemplate her pain in direct comparison to their own happiness. She goes back and forth between the living children of other mothers and her own dead one,

When you dance with children on your knees, see my son and me because he died for your son.

This direct appeal gets more striking in the next few stanzas when she first compares a garland on a child's head to the garland of thorns her son has, and it becomes almost unbearable, even to a twenty-first-century mother, when she compares the playing of mothers with their children to her being able to stick the longest finger of her hand through the foot of her son and pulling back out again. I don't know about you but that hurts me almost physically, as a mother. So, and it's kind of an imitation of the little finger games that I think we can safely assume medieval mothers would also have played with their children.

In the next stanza, she compares a mother's breasts to her son's breasts that have "grete gappys." So again, Christ's wounds and the pains they would have caused him before his death are accessed through the pain that Mary feels at contemplating them. **00:34:00** Christ's pain on the cross is transferred to a second separate locus: that of Mary, showing her pain at seeing, touching, kissing the wounds of Christ. In Mary, this pain becomes easy to empathize with for all mothers, whose daily gestures of tenderness are juxtaposed to the pain Mary experiences. R. N. Swanson and George Shuffelton, among others, have drawn our attention to the fact that such a focus on an isolated point within the passion narrative—so that can be the dialogue between Christ and Mary that we've seen in the first poem or, here, the Pietà—so a focus on such an isolated point constructs that moment as static. This moment of pain here, Shuffelton points out is "a fiction since Mary's sorrow was replaced by her joy at the Resurrection and her own assumption that for the purposes of contemplation the moment of the crucifixion is effectively timeless." And this gets me to the third step of my argument.

I have suggested that Mary's pain can be conceptualized as physical pain and that she serves as a doubling that facilitates empathy. I now want to suggest how Mary's physical pain can be conceptualized as chronic pain. It happens, I think, in the engagement by medieval believers with her pain. Every time someone invoked her pain in practices of affective piety, this pain was perpetuated. I thus would like to expand on Shuffelton's thought that Mary's pain was timeless. Instead, I think it is recurring every time someone contemplates it and it thus becomes chronic. Mary, in other words, is not allowed to heal and to overcome the pain, as she is again and again used as a doubling through whom medieval believers saw to access the pain of Christ.

Let me explain this idea of not being allowed to heal in a short excursus into early modern times. I am also presently working on Shakespeare's *Coriolanus*, in which the eponymous war hero is described by his mother, Volumnia, as having 27 wounds. **00:36:04** Volumnia is in fact a very interesting antithesis to Mary as a mother who rejoices in the wounds of her son and doesn't suffer from them, but that's not a point I can go into. Instead, what I want to bring to my discussion of the medieval crucifixion lyrics is the fact that every character in the play always, with one exception, refers to Coriolanus' wounds rather than to scars. Volumnia explicitly states that he had 25 wounds before this last battle at Corioli that gave him his new name, and Menenius, his surrogate father so to say, adds that there are now two new ones. So conventional logic suggests that 25 of these wounds are actually scars. In fact, in contrast to the other characters, Coriolanus himself repeatedly refers to them as scars. Now, they are constantly calling them wounds: Volumnia and other characters refuse to acknowledge the processes of healing and of closing up. They semantically—and Katherine said something very similar just before—they semantically perpetuate the wounds, semantically impede healing, and thus implicitly express their wish that Coriolanus' body remain open and permeable for their own purposes. And I think something similar happens with Christ's wound and Mary's pain in crucifixion lyrics.

So let's turn to my last poem. This one is an Anglo-Norman one from Harley 2253 again, entitled 'Quant fu en ma juventé', 'When I Was Young'. It describes how a young pleasure seeker hears a song instructing him or her on how to find the mystic friendship with Christ, in terms of a description of a really physical approach to the cross: an entering of the body of Christ through his sighing wound. The wound as an entrance is of course in line with what Sarah Beckwith calls the "obsession with belonging" that is typical for affective piety. But in this poem this intimate act is not just between the believer and Christ, but Mary is present as well, and in a very specific function. **00:38:02** The thirteenth stanza which, let me see, is on page six, second from the bottom. Let me just check

that I'm getting this right. (Long pause). Yes, page six second from the bottom. That's the translation on the right side. So the thirteenth stanza invites the believer to contemplate the wound and see the blood; to pray, worship, and cry until he or she feels compassion. In the next stanza the believer is invited to taste the plant and wash his or heart in it. The next one—and that's the first one, on page seven—invites him or her to step closer, bow to the cross, and enter into the wound, which, I quote the translation,

...is long and large,
Hold fast there,
Don't issue out for anyone living."

Inside the wound the believer is asked to seize the heart of Christ and hold it tight and there is no enemy he or she now needs to fear. This act of entering Christ's body is empowering for the believer.

But the pain has not actually been addressed yet. There is the mention of compassion in stanza 13 but it is soon losing importance in comparison with the excitement of approaching the body, and I think there is clear sexual undertone in the poem, penetrating this body. Pain is addressed only now that the believer is envisaged inside the body of Christ and asked to look outside. And that's now the third stanza on your page seven:

Look at Mary, close
To the cross standing;
Think of her sorrow
As she stands crying.

This is the first moment that pain is addressed. Pain is then again addressed in the next stanza in which the believer is told to speak to Mary asking for her help. **00:40:02** That help, I think, can mean help to feel compassion. The first words that the song suggests the believer should direct at Mary are in fact,

From you was born that one
Who endured great pain.

So this is again Mary as doubling: pain transferred to a second locus of suffering rather than being in the site of body damage. Only through looking at her is it possible for the believer to empathize with the pain of the wound he or she has entered. On the way to Christ, and we can imagine that as a really literal way of walking to the cross, the believer has basically had to sidestep Mary only to be forced now to look back at her, look out of the wound and at her in order to access not just the wound, which she has just accessed, but also the pain it has caused. And in order to see Mary the believer needs to hold the wound open.

So to come back to Shuffelton's comment, Mary is not only immortalized in this moment because the believer focusses on that moment in order to feel compassion, the believer—and this is true for the believer in the text and for the believer outside of the text reading the text—actively impedes healing in his search for compassion. And generations of believers did so with this poem, again and again and again until Mary's pain became chronic pain. Thank you.

(Applause)

Dr Alicia Spencer-Hall (Chair) (00:41:37): Thank you so much for that. I've literally almost broken a pen by saying, "Yes! Yes! Chronic pain! Mary! Yes!" You've really managed to elucidate something that usually is just floating around in my brain. You really nailed it. That was great. So we have plenty of time for a Q&A because unfortunately our third speaker couldn't be with us today. So, please questions at the ready, and if our speakers could come to the front just so we could see everyone. So it's open to the floor. Can I kick off? And sort of be annoying, I think, maybe. The thing that I really enjoyed that connected both your papers was what do we do about the manuscript? The job is to skin bodies; the whole, you know, motif of Christ as a book that has red writing in it. Or that how do we force this issue maybe, or do we, with chronic pain with these specific texts? And then theorize how somebody would interact with those manuscripts? Kind of, how would you build this personal relationship with a manuscript as a body? Did that happen? How did that happen?

Dr Nicole Nyffenegger (00:42:58): Yes, I think it did. I mean I have this idea that obviously because partly—I'm not the only one who has this idea—because parchment is skin. There is animal skin, there is this very close connection to human skin and that... just trying to remember, it's Sarah Kay. Sarah Kay has written on that, yes, who saw similar stuff. This kind of realizing that what you have when you touch with your hands while we read a text in a manuscript is, of course, also the skin of a formerly living being, and that you are reading about destroyed wounded skin reading skin of people on that kind of skin, that that kind of serves to create layers of meaning. And that even the fact you have parchment that you are touching that adds another layer of... with which it is possible to engage emotionally.

Katherine Briant (00:43:59): This is making me think of the section of Julian of Norwich which she talks about flesh as fabric. And I was thinking you could take like a material approach in terms of parchment fabric and understanding the embodied experience of parchment manuscript.

Dr Alicia Spencer-Hall (00:44:17): Again, I'm feverishly just writing down everything you guys say at this point. Does everybody have questions? Yes, Michele?

Dr Michele Moatt (00:44:25): I just wondered what the date is of the Anglo-Norman poem?

Dr Nicole Nyffenegger (00:44:30): I really tried to find out. It's so hard! It's around 1350

Dr Michele Moatt (00:44:34): Around 1350?

Dr Nicole Nyffenegger (00:44:35): 1350, yes. But that's because the manuscript is that date. I've really tried to find out about it. I wasn't able to find a specific reference, I'm afraid.

Dr Michele Moatt (00:44:49): Thank you!

Dr Alicia Spencer-Hall (00:44:52): Oh yes, Esther. (inaudible 00:44:55).

Professor Esther Cohen (00:44:57): I'm going to attempt to return to something that Eleanor said at the end of their last session about—sorry the last panel it was about men, and here, I wonder how much of this is about women. And since you have brought up theology, I almost have to ask whether

in doctrine or a matter of perception had anything to do with Mary's suffering. Because I know that there is a great deal about Christ's suffering being influenced by this miraculous body and I wonder whether this is true for Mary. The question is addressed to both of you.

Katherine Briant (00:45:48): I'm sorry I don't have any immediate thoughts on that one.

Professor Esther Cohen (00:45:51): Could you please speak up?

Katherine Briant (00:45:52): I'm sorry I don't have any immediate thoughts to that. I'll think on it for a moment.

Dr Nicole Nyffenegger (00:45:56): So I think if you look at the Anglo-Norman one... no not the Anglo-Norman one. Muddled up. If you look at that poem that says "now you know what it is to be suffering as a mother, now you know, even though you are a virgin." I think it is conceptualized exactly: "you are also a mother". And I think that that's exactly an important point in that poem to really reach out to mothers and say, "Look she is this part—Forget all of the Immaculate Conception, she is actually a mother, as well". She is suffering as a mother. And I think that is a very important point of that poem. Sorry that's not the Anglo-Norman one, that's the first one, "Stond wel, moder."

Professor Esther Cohen (00:46:37): So Mary as a woman, you mean, not as a miraculous...

Dr Nicole Nyffenegger (00:46:39): It's Mary as a woman. Exactly. (Long pause) I wonder about whether Mary went—whether it is more stress, the immaculate conception and her and her extraordinary status, whether she is suffering less?

Professor Esther Cohen (00:46:56): That's what I don't know. I know about Christ, I don't know about Mary.

Dr Nicole Nyffenegger (00:47:01): I think here it's really conceptualised as a human experience. The experience of human mothers.

Dr Alicia Spencer-Hall (00:47:09): Alex?

Dr Alexandra Lee (00:47:10): So this whole idea of imagining pain, where you can be in mind of (inaudible 00:47:13) or imagining illness? So my question is kind of about instructions for how you're supposed to feel? So, as an example (inaudible 00:47:22) imagine that you are feeling seasick. So this is what your body is supposed to be doing today. And so obviously in this poem here it's got, kind of, specifically, instructions of how you are supposed to feel that can sound like (inaudible 00:47:34) an indication of how you are supposed to experience the pain. Or suffering.

Katherine Briant (00:47:42): Could you repeat that last bit? I couldn't hear.

Dr Alexandra Lee (00:47:44): Yes. So, are there kind of implications of then, and then through how we're supposed to sort of experience the pain separate but then, yes, what would we do?

Katherine Briant (00:47:54): I think in Julian's text it's meant to evoke compassion and bodily identification, and reflection.

Dr Nicole Nyffenegger (00:48:04): I think your question is whether you have, kind of, pointers in a painting as to how you are supposed experience pain. I'm just thinking of this article by, what's his name? Saavers? Severn? It's on the bibliography. Mark Swanson! Swanson, sorry. And he has paintings in his article where you see a Pietà figure but you see a margin with all kinds of instruments around it. And I think the idea is that that's the kind of pointer. You're thought to look at the painting and then look at the instruments and feel how they inflict pain on you. Plus I think then the other instruction on how to approach a painting is in such texts, right? Again they're not, they don't happen in isolation they don't just look at a painting, you have knowledge of such poems as well and of text that instruct you on how to do this.

Dr Alicia Spencer-Hall (00:48:57): Wendy first, then Alison.

Professor Wendy J Turner (00:48:57): So I'm thinking about the word *passio* (Latin 00:49:02). "Passion" is an interesting word. We often think of passion now as being this idea of love for your child or love for somebody else, being passionate about life. And yet *passio* is really suffering. And so suffering, suffering. It's a... passion is an interesting play on what we think about feelings and how we think about emotion, tied to wounding and pain and other things too. So both of these were really interesting looks at how people are passionate about their feelings about Christ, and women who are also passionate about getting other people to be passionate about Christ's suffering. And how they are trying to draw their reader into that world that they're feeling. And I wondered if both of you could speak to that a little bit?

Dr Nicole Nyffenegger (00:50:14): You can go.

Katherine Briant (00:50:16): Sure. No, I think that what you said makes me think of the double valence of joy and pity, and weal and woe, and how passion, it's suffering but it's also, in our modern understanding of the word, a pleasure, so. And I think that comes across in the text.

Professor Wendy J Turner (00:50:33): Love and pain. They're very close.

Katherine Briant (00:50:35): Yes.

Dr Nicole Nyffenegger (00:50:38): Yes, I mean that's the thing I've already learned today. To not think of pain as negative, but we have this kind of idea of beneficial pain, right? Of pain that you actually search for, that you want, that you want to experience in order to get access to that mystic adventure. Yes, so I think that that is very, very interesting. I mean this kind of reading how Mary does this thing with the foot, why would someone want to do that to themselves? To hurt yourself so much? Thinking—and the poem is asking, "Think of your child. Look at your child. Think of your child. Doing that to your child." And it's really, you know, over and over and over again. And so well why would someone want to engage so much with that pain? That pain is beneficial I think is an important point.

Professor Esther Cohen (00:51:30): *Compassio*.

Dr Nicole Nyffenegger (00:51:31): Yes exactly.

Professor Esther Cohen (00:51:32): *Compassio!*

Professor Wendy J Turner (00:51:33): Yes! Yes. And if I can just add to that? So this is making me think of the difference between the men and the women. And men are explaining their pain. Explaining what is going on. And women, these, both of these women, and I think other women that I can think of, are inviting you, the reader, to come and experience it with them. And that's more of a nurturing rather than a teaching moment. So that might be an interesting avenue to explore. I have to think about it more.

Questioner 5 (00:52:13): Thanks I enjoyed both your papers very much. I liked the idea of when we're suffering our representation of pain is a vehicle for exegesis, which I think brings in, perhaps, the explanation it will give maybe troubles the gender by just a tad. But my question is actually about really a response to you, to some extent. It was whether or not you can describe something that is iterative and only... and dependent on the presence reader as chronic pain in, as a response. So not the methodological question—and I really enjoyed your paper. I just wondered how something that requires the reader to activate, as it were... I can see how it worked really nicely in Coriolanus if you've got the performance as an experience, sort of, you know, intra-character in that sense and the audience is absorbed into that as an event. What I couldn't work out was if it's the reader through time, how that's chronic pain on Mary's part? If it's the reader identifying Mary's pain as she experiences the pain of watching Jesus, how that makes Mary's pain chronic? That's all. So it's not a question. I loved the paper. I just it's a query about how that's chronic pain.

Dr Nicole Nyffenegger (00:53:23): No, I think that's a very valid question. I was really there playing around with that model toy a little bit. And I know that's not, you know, theoretically nicely embedded. So I was really thinking... I mean really what got me to think about was the call for this conference. To say ok, well Mary is in pain and she is kept in pain. Mary's always in pain. And that's where I'm coming from. But I completely admit to that not being, you know, nicely embedded in the response to her.

Questioner 5 (00:53:55): Sure. I mean, I'd like to see how it could be, but I don't understand what it would take. Could you expand?

Dr Nicole Nyffenegger (00:53:58): (Overtalking) But I think it's like gravitating towards the centre. Why? We can say that Mary is always in pain. Despite the fact there is a narrative. There is a long narrative of different events in the Passion narrative. There is this joint assumption throughout the Resurrection. But the Mary that we see in these in these pieces of writing is in pain. And she stays there. It's this giving stasis to a moment in one scene in the Passion, and staying there that I meant. But I can see the difficulty you're having. Absolutely. I have it too.

Katherine Briant (00:54:33): I wonder if we can think about it as far as like a practice of reading aloud and that being a type of performance that involves, you know, a bodily engagement. I don't know if that works with reader response. But...

Questioner 5 (00:54:47): I think it's absolutely fine in terms of representation and the artefact. But it's the response of the believer-reader that I am struggling with in terms of conceptualizing that as a mechanism for activating chronic pain. I don't have an issue with it as the perpetual wound, as it were, in the object if you, if this is the way you're bringing the audience or the reader or the believer into response that I was quite.... And it's not to undercut it. It's just to ask how it would work, that's all.

Dr Alicia Spencer-Hall (00:55:15): Bill?

Dr William Macle hose (00:55:15): Great. Yes. Well, in response to that, and working on that issue, the very last stanza of “Stond wel, moder,” is that wonderful shift from sorrow to bliss. So there’s already that merging of seemingly opposites together, in which of course the sorrow has led to the bliss through salvation. So, yes. I just wanted to point out that actually within the text there is this issue. The reference to the joys of Mary is very common in later religious (inaudible 00:55:49) it’s often the (inaudible 00:55:51) of her, that talks about the joys of Mary. And I mean sometimes they are sorrowful joys, but these sorrowful joys pose no contradiction. So just to take one thing that’s actually missing from Wendy’s point: the danger of what you’re suggesting, that it’s female voices, which is that: who is the author of that text? There’s a certain danger of the, you know, male assumption of female roles of instead of women writing.

Dr Nicole Nyffenegger (00:56:14): That’s true yes.

Dr Alicia Spencer-Hall (00:56:18): Yep. Did you have something to add Wendy? You had your hand up. I saw you.

Professor Wendy J Turner (00:56:22): Oh I’m just going to suggest that maybe rather than perpetual pain, chronic pain, maybe it’s more like a hall of mirrors where you see the reflection of this one in the next one, and it’s restarting every single time. It’s recurring pain. It’s your culture is in pain.

Dr Alicia Spencer-Hall (00:56:40): It’s chronic as much as it is episodic because chronic pain is not, let’s say, you hurt in the same way all time.

Questioner 5 (00:56:49): But do you need a same subject for that to be chronic? Does the episode have to be on the same body? Because we are talking about different reading of the bodies.

Professor Wendy J Turner (00:56:56): And each person is going to read what they want into it.

Dr Alicia Spencer-Hall (00:57:00): Yeah. I think it can work in that way. But then I’m just going to go and rant about my own research, (laughs) so I might not do that now! Andy.

Dr Andrew Fear (00:57:11): This is well out of my period, as they say, so this may just be nonsense. So looking at this last point, I’m just wondering whether the depth of time is actually the individual contemplating, in particular Christ. And if we go down to line around a hundred, it says, “Look at the wound that your” —

Dr David Murray (00:57:32): Sorry, just. Something is happening with the speakers...

Dr Nicole Nyffenegger (00:57:37): And it’s getting louder and louder.

Professor Wendy J Turner (00:57:41): Just turn that off.

(Laughter and jubilation over the cessation of the noisy intrusive speaker)

Dr Andrew Fear (00:57:56): Well maybe that was a divine warning to me. (Multiple voices laughing). But looking at this this last poem, it seems to me that the notion of chronic pain, if you like, comes in

the invitation for whoever is looking at the wounded Christ. It says, doesn't it, "Look at the wound that your Creator suffered, and blood that issues out of your love. Don't cease to pray, by night or day; worship and cry until you feel compassion." That sounds very much like *compunctio* (Latin 00:58:26) and maybe, there Mary is being held up as a model for which one should imitate. So there's a sort of *imitatio Mariae* (Latin 00:58:37), in a way here. That you should get to feel the same sort of pain that she felt, and indeed, that pain will be chronic as you contemplate this because this will then bring home to you permanently, as one does this to oneself, the pain that's going on and then bring you to your realization that life is awful, etc. If I may say one other thing, one thing that struck me very much about this is there's an obsession is blood which comes and goes all the way back to primitive Christian martyr acts, but there is a thing that I've never come across before, and maybe it's just because I don't read this sort of stuff regularly. It's this idea of entering into the womb and then this sort of almost like sort of, an alien-reverse type thing, in the following stanza, where it urges you to seize and hold tight the heart of your friend. Well if that's read literally rather metaphorically, that's a most peculiar imagery, isn't it? We're entering into Christ and embracing his heart. Now I can see how that sort of works for you, but is that the reading of myself, as a moron, or is that really there in the text?

Dr Nicole Nyffenegger (00:59:53): It's absolutely there, and I think it's not, this is not, this is not an individual poem doing that. This kind of penetrating through the wound, wound as feminising, as wound as vagina. And Bynum Walker has done a lot of work on that, on how Christ is feminized through that, not in the same way as Julian where it's more the motherly thing than the the lover, kind of... But I think that that's exactly—that's an affective piety. That's the idea, right. To have a really physical experience and that's why I came to these poems searching for physical pain. That this is really something you have to imagine holding something and squeezing it. And I think that's very typical actually. But there are people who can say much more about that than I am able to.

Dr Andrew Fear (01:00:40): I just think, if I may, you know, but down to the antepenultimate stanza on page seven, where we get this imagery again, then curiously we have a line which I don't quite understand: "If you wash your heart and you do it well with His precious blood," fair enough, "then you are entered into the great wound," fair enough. "You embrace the heart" (*inaudible* 01:01:02), etc., etc. But this says, "And you possess the lady." Immediately we switch away from Christ's body to this reference to Mary. Now, is that again, is the embracing or having the lady there at that point embracing the sorrow, Mary, at this point. I mean are we meant... you see, again there's an awkwardness between metaphor here and what it actually literally says so to speak, which I found very jarring as I read them. And again maybe I ought not to find that troubling.

Dr Nicole Nyffenegger (01:01:31): In a very erotic way, right? I mean, "have the lady." But you wanted to respond...

Professor Esther Cohen (01:01:36): I just wanted to say the same thing that there's a great deal of iconography of the wound of Christ's side, which is a vagina.

Dr Nicole Nyffenegger (01:01:44): Yeah.

Katherine Briant (01:01:45): There's an Anglo-Norman text that this poem made me think of, by Henry of Lancaster, *The Book of Holy Medicines*, that talks a lot about entering wounds and using blood to wash yourself clean of sin. And, I don't know, that just was in mind as I was reading through some of the metaphors here. Even though that's a completely different context because yeah... he

didn't have a religious...

Dr Alicia Spencer-Hall (01:02:08): And I think actually, Andy, your point about it's like the scene from *Alien*, you know, the chest busting, eurgh! That it's visceral. And that's what I think forces a reaction. So you might not necessarily have the right reaction yet because you don't know to go, "Oh I feel that's terrible actually that's because Christ is great." But when you read it, it makes you feel, it makes you physically do something. And that's the whole point. So it doesn't, I mean, kind of, it doesn't matter on the first level whether you get real meaning or any theology or whatever. It's forcing—it's affective piety. It's forcing the bodily. It's forcing kind of a very human response.

Dr Michele Moatt (01:02:47): Just stepping back a little bit, I wonder whether we need to look more than at simply men/women because our texts are much earlier, much much earlier. That's why I asked the age of the Anglo-Norman poem. And also, the certainly the *Life of Aelred*, wasn't simply a teaching vehicle for young monks, though it was that. On top of that, very educated monks who've memorized lots of texts would use it as a meditation, and in meditating. And certainly Walter, as he wrote, because it's clear that it is informed by his knowledge of all these texts, would have meditated on Aelred's wounded body in his chronic pain. And what's interesting, I didn't talk about it today, but having found the link between, you know, the life of Bernard and the life of Aelred and a tenuous link to Anselm, stepping forward I've found that *The First Life of Francis of Assisi* also has this similar correlation between chronic pain and prophecy. But it's much more developed and focussed ultimately on his stigmata. So I'm wondering if what we're really seeing is the development of these ideas through time. So, *First Life of Francis* is about 1224-ish and then going forward into the 1300s and so on. I think it would be really interesting to look at that thread. And one of the reasons that I asked if anyone knew of the saint's lives earlier (**inaudible 01:04:48**) was because I wanted to make absolutely sure that this wasn't something that appeared with Anselm or Bernard, and see what the thread going forward might be.

Dr Alicia Spencer-Hall (01:04:59): And I think that, in a way, takes us kind of back to this, how can you have like chronic pain on different subjects, on different bodies? That the stigmata are great because they are Christ's wounds, but they are on loads of different people but they are all always Christ's wounds. And they, you know, I think it is in the *Catholic Encyclopaedia* with an article from like you know 1911 is like, "Stigmata is fantastic because it is a perpetual martyrdom." So again this idea that even in those moments of actually kind of acute wounding there is this chronic pain, a chronic collectivity of bodies that I think you know it's weird and interesting and we need to think through.

Questioner 5 (01:05:39): Can I just comment on that? What I found really helpful when you say (**inaudible 01:05:42**)—I'm an early modernist so, I should say I'm not speaking as a medievalist at all, but what I found really helpful in the way you both framed your papers was thinking about the body corporate and the body of Christ, and the suffering body of Christ. And I can go—I find that it's not just because I deal with Protestants, so obviously stigmata is not necessarily as easy to work with and is beyond, but in terms of seeing it as a shared theme both theologically and as a mode of historical analysis I can kind of see how that works. I guess what, maybe it's an issue of discipline here. Because I mean I work in literature, so reader response, the response to a literary text is one kind of thing. Representations of that in a historical text which contemporaries of later medieval within that tradition would have responded to. It's the elision of those distinctions or how it might work across those distinctions, and I'd love to see how it would, and could, but that's where I was having a slight tension in that sense.

Dr Alicia Spencer-Hall (01:06:42): You're right and that makes total sense. It's something that I, often when I working with my 13th century early women of the age, I want to know more about how these texts were used or consumed, basically, because they are so rich in terms of pain. We have lots of stigmata, some zombies. But what I want to know who *read* them and where they read them and why. I think that is often a real problem with medieval material to be honest. That it is quite rare to have exact records that we can work through and work with—

Katherine Briant (01:07:15): I think that kind of recalls your first point about the actual manuscript, the only evidence that we could have would be the marks that they made in the margins and that's their bodily response that they left behind.

Questioner 5 (01:07:27): And traditions of liturgical practice, as well. You can situate it in Communion practices, to some extent, and that's something you could be doing entirely. (Overtalking) Thinking about chronic pain to complicate, you can test it.

Dr Alicia Spencer-Hall (01:07:35): (Overtalking) Yes. And tracing a lot of these images. Do you...?

Dr Michele Moatt (01:07:41): I can't remember what I was going to say!

Dr Alicia Spencer-Hall (01:07:46): Yes. Emma?

Dr Emma Sheppard (01:07:48): This is kind of a slightly disjointed thought because it's coming from a very different academic standpoint as a sociologist of chronic pain, but one thing is that kind of these—and I think it was Andy's thought as well brought it back to me—this, the concept that pain only exists once it is acknowledged and regarded by an other. So this constant... the kind of becoming of, or of entering a body is almost that kind of reaffirming that the pain happened? If that makes sense, is what I'm seeing here, if that's...

Dr Alicia Spencer-Hall (01:08:31): In the sense of pain as interactional.

Dr Emma Sheppard (01:08:33): Yes. You can't have pain on your own. You can only have pain when it is actually recognized as pain by somebody else.

Dr Alicia Spencer-Hall (01:08:41): So pain is that deeply social experience, which we've, Emma and I are in a reading group on chronic pain, which we've read an article about but I can't remember who wrote it. There was a recently an article about specifically pain as interactional and social, which...

Dr Emma Sheppard (01:08:58): Is that the Price one?

Dr Alicia Spencer-Hall (01:08:59): Sorry?

Dr Emma Sheppard (01:08:59): Was it Pr—the Price one?

Dr Alicia Spencer-Hall (01:09:02): It might have been Margaret Price on the bodymind, which is from 2015, I think... Questions? Comments? I think that has been a fantastic session, so we shall go to coffee and to snacks. Please give a round of applause to our speakers.

(Applause)

PANEL 3: MIRACLES AND REALITIES

Dr Alexandra Lee (00:00:16): Hello and welcome back to panel three, which is on miracles and realities. We've only got two of our speakers, so they are going to be speaking for slightly longer than twenty minutes, and we're going to hear both papers and have questions at the end. So our first speaker is Professor Wendy J Turner, who is a Professor of History at Augusta University in Georgia in the USA. She works on the intersection between Law and Medicine in Medieval England and has recently published a book called *Care and Custody of the Mentally Ill in Medieval England*. She has more recently been working on trauma, and her paper today is called 'Mental Complications of Pain: Age and Violence in Medieval England'. So, welcome.

Professor Wendy J Turner (00:01:15): Thank you very much. And I know I'm not very loud, so if you can't hear me at some point just say, "Oh my gosh! Speak up!" (Long pause). And magically it will appear, so yes. So I'm coming at things a little differently than many of you. This is not a literary text but most of this is from the law and/or from administration of the law and so we may have a conversation later about where this is and where I'm going with it. **00:02:04** Let's see, where did the little clicker thing go? Oh I'll just use this. Don't worry about it. There you go. I'm really not worried about it. We'll do it without that. I'm good.

Eustice Percy Heselarton was thirty-seven years old and widowed at the time of the plague. The following is her request to parliament in 1350:

We request protection for Eustacia. Eustacia, who was the wife of Walter Heselarton, widow, on her own petition to ask that she is now broken and so feeble, she is hampered by her same injuries and on that pretext cannot stand by while grievances and injuries are brought upon her daily, and lately her lands and tenements, which are held of us in chief, and goods and chattels are destroyed in many ways. Therefore, and for the greater security of the same Eustacia, and at her request the King grants that the estate be divided and given to our faithful Thomas Ughtred, Johannes de Hothum de Scoreburgh the Younger, and **Martin DeScarin, clerk 00:03:27** such that the aforementioned—sorry, such that of the aforementioned—the latter two are to be her custodians. Thomas is to be one of the keepers and guardians of the same Eustacia and her lands, tenements, goods, and chattels, guarding the same of the said Eustacia during our pleasure such that Eustacia is sustained out of her lands, tenants, goods, and chattels. And they will answer to her for any balance over through the court and answer to her about who is doing work and this is permitted because of the custody of Eustacia.

00:04:04 Now Eustice had been married, probably about the time she was of age for marriage at twelve. Her husband inquired at court after Eustice's inheritance in 1327 at the moment she became of full age, which at the time would have been fourteen for women. When Walter Heselarton died of the pestilence in 1349, their son Walter was still an unmarried minor and became a ward of the Crown, and that guardian then controlled both his manor and marriage. It was the following year, 1350, after a time of grieving for her husband, of suffering and possible other plague deaths around her, and at watching her son in wardship that Eustice must have realized that she was not managing her estate well. After all, her husband had controlled her properties since the time she had been little more than a child herself, and she had undergone several mental shocks.

In 1350, as described in the opening passage, Eustice petitioned the Crown to have assistance with

her estate. She said that she was *confracta et tauta debilitate*, broken and very feeble, which could have been the case in the Middle Ages at thirty-seven, as well as having *iniurie*, injuries, although it is unclear whether the injuries were to her person.

(Wendy skips ahead: "Sorry, I'm going to skip forward because I think I have... yes I do. Look at that!" 0:05:40.8)

There, injuries. Although it is unclear whether the injuries were to her person or her properties, injured and feeble are not, she was not managing the inheritances from her father and husband with any degree of competence. 00:06:00 The King agreed that she could use assistance and provided three guardians, which was quite a few given the size of the estate. Thomas Ughtred, Johannes de Hothum, Martin DeScarlin 00:06:13 were to be keepers and guardians of Eustice and her lands but only at her pleasure. Further, while they would collect and distribute funds as needed out of the income, these were just to save her out of the lands, they were also to answer to her for any balance through the court.

When Eustice... Sorry when the Escheater 00:06:44 finished his full request after her death in 1366, the inquest complete in 1367, he pointed out that Thomas Ughtred Knight was deceased. And that Martin DeScarlin and Walter Coats 00:06:56 were in possession of the premises from the death of Walter, her husband, until her own death about a year ago. Which was not entirely true, as we just saw. Walter Coats must have been added as one of the guardians to replace either Thomas Ughtred, who died, or Johannes de Hothum, who has not mentioned in the post-mortem record. And no guardians were of Eustice or the inherited properties from her husband or from her father, for at least a year after Walter, her husband died, and until she was until asked for assistance. Other possible inaccuracies include references in both the inquests and at least one other record Close Roll that year, the year after her death, to Eustice being *idiot a nativitate*: an idiot from birth.

So here we see on the Close Roll which released her properties to her son as his inheritance this scribe also added that not only was the jury informed of her supposed condition, but also that because, however:

[I]diocy after the death of the idiot may not, by the law and custom of the realm be provided and examined, and by inspection of the roles of chancery. 00:08:15 And the King is assured that only the twenty-first day of May, in the thirty-ninth year of his reign [which is 1365], he took the homage and fealty of the true and faithful said Walter Heselarton, heir of the said Eustice, with the lands and tenements of his said mother, Eustice, held of us in chief, and on the same day the King commanded livery thereof the lands and tenements to be given to him forthwithmade, and the King deems that the cause of taking the same to his hands insufficient.

In other words, normally the Crown claimed the lands of all mentally disabled persons, including and especially all individuals born *idiot* - an idiot or quite possibly meaning something to do with intellectual disability. Yet Eustice was not questioned by the Crown Court as to her intelligence earlier in her life. She was married, had at least one child, and petitioned the court, clearly on her own in full possession of her faculties, as the Patent Roll suggests several times. Eustice died at fifty-five years old. True, at thirty-seven years old she had been granted royal guardians, a specific office for legal and physical protection. But at her own request. Oh sorry, there is, oh here we go...

On the one hand, and perhaps over the intervening eighteen years, Eustice's *debilitate*—feeble state—had grown worse. And while this term may indicate physical feebleness, perhaps she meant and the court understood her to be, mentally feeble. There are examples in English court records of other persons being intellectually slow, but not so insufficient to the point of ineptitude or disability. **00:10:07** And in those case those individuals were allowed to marry, inherit, and continue in their local communities without royal interference. In this light, Eustice could have been somewhat intellectually impaired with her impairment growing worse over time and with age. By the time of her death she might have acted or appeared to be disabled enough to warrant explaining her condition to the jury and endangering the inheritance of her son. If she had been proved intellectually disabled, the King had rights in the lands of all such persons and he could have demanded reparations for the years he did not receive compensation out of her estate earnings.

On the other hand, Eustice could have been quite sane and intellectually astute, recognising her lack of understanding of estate management of financial affairs. She was first and foremost a good mother, and protecting the inheritance that came to her from both her father's estate and that of her husband for her under-age son. She was physically feeble and in pain, which the original record only hints at with the word *iniurie* (Latin **00:11:22**) and which could be taken that she became injured or possibly, although there is no evidence for this, that she was a survivor of the plague. The long term repercussions of the plague might have brought on early senility and over time this condition would have made her seem quite confused and intellectually impaired.

The eighteen-year interval between her request for aid and her death would have meant that some of the scribes could have been born in the year she petitioned the King. They would have no memory of her earlier life at court or among her peers. **00:12:03** It is surprising, though, that there is no corrective statement from her son, or *Martin DeScarin*, who presumably met her after his appointment in 1350 as her guardian, to her being born mentally healthy.

Eustacia was only one of many persons in medieval England who needed long term legal and physical care following the plague because of a mental health condition or intellectual disability. And, so here I'm going just walk over here for a second, so this is the population in tens of thousands over the course of, you know, English history during the plague. And here's the plague. And you see that that's the point at which they cross quite incidentally, and I counted, oh I don't know, thousands... not thousands, I shouldn't say that, about twelve hundred cases from 1250—well actually I started counting in 1200 and these are (*inaudible* **00:13:11**) and to just past 1500. But you see here the reverse of what shows up in the English record. Part of this collapse is not due to a change in mental health status. So this might actually continue in a slightly less downward motion, but they stopped keeping track of so many and they are sending them into a different kind of system and they are not sending them into the records that I'm reading, as they take on Poor Laws, etc. And so I can explain that later if you're interested.

The court and its representatives identified many land holders in need of care and provided them with Royal Guardians. **00:14:00** Mentally disabled persons without inheritances were less fortunate, often relying on relatives or neighbours for physical and legal support. At times, legally incompetent landholders sold off property, which the Crown found intolerable. In a few instances, buyers swindled mentally impaired individuals out of their properties, tricking them into away while they were not mentally cognizant of their actions. In other cases, squatters claimed incompetent persons had turned properties over to them. Yet in every case lands might have been sold because the holders needed money, and the court system needed to verify such activities with great scrutiny. If a

person's mental health deterioration was physical... sorry, was a physical response to an illness, as might have happened with Eustice, the illness could have left the individual without the ability, or will for that matter, to care for his or her properties, or to work generally. Without income he would have faced the real possibility of starvation or losing his properties for lack of tax funds. These individuals might have sold their inheritances off in desperation rather than because of mental unawareness of their actions. Also, we can state no matter the cause, the Crown could have legally misdiagnosed individuals as mentally impaired in order to claim their lands, either out of concern for the health and legal safety of a landed estate or out of simple greed, being able to claim as ward, all persons whom the Crown deemed mentally disabled. Caregivers and patients... sorry, caregiving and patience must have been an essential part of the overall health. In medieval England, individuals with long term mental health afflictions, much like today, needed both legal support and constant care.

00:16:01 Mental health conditions in medieval England ran a gamut, much as they do today. Some individuals were born with their conditions, while others became impaired later as a consequence of injury or illness. Certainly, after the Black Death there was a rise in mental health cases seen in court. Intellectual disabilities including *idiota*, idiot; *fatuus*, which is similar to *idiota*, probably somewhat a little more of emotional responses as well as fatuousness; *fatuitatis*—oops, sorry, I jumped back... hold on... I'll need to click everything now! *Fatuitatis*, imbecility; and *non intellectus est*, without intelligence, were among the conditions listed in various court and administrative records, especially those of inheritances and Escheat records since the Crown had rights in the wardship of such heirs, As well, the court had established terminology for persons who might be considered dangerous, and at least worth watching, having what today might be called neurotic or psychotic disorders. These individuals had conditions such as *furiosus*, raving; *freneticus* or *phreneticus*, depending on your spelling, frantic individuals; *insanitas*; *non compos mentis*; *lunaticus*; *mania*; *demencia* or *amencia*; and many others. Many of these people had a *Custos* or a keeper assigned to them whether they had lands, goods, chattels or not, and only that second group gets a keeper. No matter the condition, landholders who were mentally impaired to the point of disability would either be supported by the Crown or by their town, if their town were a borough with an independent charter from the Crown. Families generally cared for the intellectually impaired individuals without property on their own. **00:18:03**

Individuals with some sense of their condition—generally individuals with limited intellectual ability or intermittent affliction—sometimes fought the system of control, trying to hold onto their legal and monetary independence. For example, John Berton, who had some sort of mental health episode when his father died. I was telling a couple of people during the break about him. In 1345 the court described the onset and long-lasting effects of his condition being,

But a great terror and excessive grievousness because of the death of the aforesaid James, his [John's] father. Afterward John endured so much painful sorrow, that he had an almost total loss of memory and remained unconscious of himself for three years, and with occasional lucid intervals, so that for a time he thought as an idiot, but after such time, the same John recovered, and his healthy memory was restored, and he remained in good memory for more than five years before the date of the set inquisition, as a healthy mind, and not an idiot.

John's total loss of memory and three year condition could indicate all sorts of mental difficulties from stress disorder to psychogenic amnesia to a dissociative disorder. This Patent Roll record

00:19:29 says only that his condition was long—three years—but temporary. During his affliction, the Crown issue John a guardian, Thomas Mussenden, who was to oversee John's lands, legal affairs and his personal needs. When the Crown found John to be *compos mentis* and *non idiota*, of sound mind and not an idiot, the Crown ordered Thomas to return John's lands and tenements. Likely, because the wardship was lucrative, Thomas became reluctant to give it up, accounting for the five years between when John returned to health and him gaining his lands. **00:20:05** Earlier, other persons told the Escheater that John existed as an idiot and without his mental ability for sixteen years prior to the date of court, and he was in the same state always without enjoying lucid intervals. John had a substantial inheritance worth over a hundred and one shillings and property. The King put Thomas Mussenden in charge and Thomas tried to stay there by keeping John in court. John finally sued to regain his rights and properties, and then in an odd addendum, the Patent record records—so this is very strange, and if you know that I'm reading it wrong, let me know:

For the security of the said Thomas and his heirs from the impeachment in time to come on account of the idiocy alleged against the person of the said John, the King has thought good to exemplify by these presents that the process was done duly and reasonably, and he accepts and confirms and reconnaissance which the said John has made before the Justices of the bench. To which the manner of Farley and the advowson of the church of the same town which Mary laid the wife of James Berton, held in dower of the inheritance of the said John, showing made to the said Thomas de Mussenden, Isabelle his wife and his heirs forever, as by the foot of fine levied thereof before the said Justices fully appeared.

The King must have thought that John might try to get even with Thomas for having falsely accused John of being an *idiota*. Yet, it was John who gifted the Mussendens with the manor and other properties near Farley, presumably in Southampton, and which had been his mother's dower lands. **00:22:01** Perhaps the Mussenden's were his mother's relations? John's uncle or cousin? And in a way this was a restoration of part of a larger estate in her keeping? That can be just a guess on my part. The other possibility is that Isabelle, Mussenden's wife, was John's sister who had missed out on her inheritance. Even after this gift, John still had four hundred acres including a (inaudible **00:22:29**), dumb coat, and gardening pasture in Wenton and Oakley from his father. John did not return to court in the records as ill, therefore his mental collapse, whatever it was, might have been a condition that had run its course.

As with John Burton, a long term illness, depression, or a severe grief could leave an individual vulnerable to attack from unscrupulous neighbours, relatives, or so-called friends. For example, Alice Parker became *idiota et non compos mentis* in 1296. The illness became a falling sickness and paralysis by which she became insane. She came to the attention of court when she sold lands to **John Mayesden**. Her illness described presents many questions. Did she have epilepsy in her head? Did she have some sort of seizure caused by other pre-existing conditions? Given her paralysis, could this be a catatonia associated with schizophrenia? Likely, none of these questions can be answered. Yet Alice's long suffering offers clues to how susceptible individuals with mental weakness or damage could be.

In another example—that's funny, it's highlighted—Margery Anlauby was ill and unable to defend herself due to shock and grief. A writ of *care terori* (**Latin 00:23:58**) into the state of Margery and her child went out in September 1279. **00:24:06** Thomas de Normanville, the King's Steward, found in early October that

the said Margery fell ill a fortnight before the purification last [that's January 19th, 1279] and is so infirm that she is not of sound mind; after which date came Robert de Stotevyll of Cottingham, of whom the said Margery held nothing, and without any authority took away John her son and heir, and still unjustly detains him.

The King placed Margery under the guardianship of **William Bevercoe** who died in May 1289, and by June, a new writ came back with updated information on the condition of Margery and her properties. The crown learned that everything Margery had, including further lands from other inheritances, since her original collapse, including the responsibility of sending money to her sister, who was a nun in **Swinn**, was now in need of new guardian. Margery is seen to have made no improvement in her mental health. It was said Margery is an idiot, not from her birth, but she has been continuously so since the death of her husband nine years ago. The record now mentions all four of her children, none of whom seemed to be of age yet, and other members of her household, all of whom were dependent on Margery via the deceased William. So Margery, it seems, fell ill and her husband died of the same illness, maybe, and she never fully recovered.

While illness and depression triggered most mental health conditions outside of congenital ones, records indicate injury upon occasion as the cause. Injuries can be accidental, after falling or have something falling on your head, or purposefully inflicted to cause mental health deterioration or sustained long term illness. **00:26:04** Bartholomew Sakeville, whom I've written about in other places, was a prisoner of war and either experienced abuse while in custody or had untreated injuries in battle. He never regained his abilities by reason of the same fatuousness ("*ratione fatutitais eusdem*") and was, for many years, under the care and custody of his mother Matilda. As she aged, she became unable to attend to his various properties in England and Ireland, and his inheritance from his father, Jordan Sakeville. The King assisted by assigning a temporary guardian over some of Bartholomew's properties. Bartholomew continued to be *non compos mentis* but his family needed the income from the lands and tenements. The Crown arranged that Bartholomew's brothers, Walter and John, would be his guardians, and would now also care for their ageing mother.

Long term illnesses and mental health conditions kept others in the family from moving forward with their lives as they waited for return to health, inheritances, or gifts of marriage. The ill person, if well, would have gifted these dowries or other things, filled vacated positions, or set money at the point of a birth or marriage or change in status, something like coming of age. While guardians were supposed to do these things, some did not. For example, John Gerard, was mentally incompetent. Robert Gerard, John's first born son and heir had married Rosie, daughter of Robert, no name given, no family name. They came before the justices to ask if they might have basically a third of his tenement for her dowry. And the court looks at it and then realize, like, "No you don't need to do that. Really, we... you've got a dowry and you can just wait." **00:28:13** And so Rosie and Robert just did not know how to get what they considered to be their rightful dowry from the estate of the long-term ill John.

But let me get to John Roger. John Roger is an idiot from birth and he's the legitimate heir of James and his wife Margery. And his father has another son, John fitz James Roger. So you see, they both have the same name, but not. James's wife is probably not too happy about any of that, and the father ends up leaving his property to the bastard son, and tells him that he must give the said idiot, during his life, a peck of wheat and a peck of peas, legally for his maintenance, a tunic yearly at Christmas for his clothing, two pairs of boots, two pairs of shoes, and a bed with two shillings. Well, James Roger, you know, dies soon after he fiefs his son. And later his son, his bastard son, then in

turn fiefs the property to somebody else, to **Richard Perant**, with the same provisions for his brother as part of the deal. Richard, though, does not follow the conditions of wheat and peas and tunics. He utterly refuses to fulfil the conditions but remains seized of the property for nine years. After Richard died, his son inherited the property and held them for seven years, again refusing to care for John Roger. At that point the case entered the records as

Royal officials confiscated all of the property, and provided John Roger, an idiot, with a guardian.

00:30:07 James Roger died in or just before 1356 and his younger son, the bastard, was of age to enter the property without question. If he was then at least eighteen, and his half-brother was older—and guessing, quite a bit older—such that his impairment was noticeable at the time of John fitz James' conception, and caused his father to use his chosen name on another son, that would put James Roger around twenty-three to twenty-eight. The inquisition into the property took place in 1374 when James would have been about forty-one years old. His post-mortem record, though, was in 1378, putting the death of James Roger around forty-five to fifty years old. John Roger lived in the care of his mother until her death, and his father until his death, and his half-brother until he sold the property. After that his health and care are questionable, with at least sixteen years without support until he came to the court's notice and a royal guardian was obtained. His father's provisional care worked only because his brother felt obliged, since the property technically was his brother's anyway—and probably it was somebody in town that got tired of handing out free food to this guy that brought it to court.

So let me just say a few closing remarks here. It is difficult to gage pain, *per se*, from these medical records. Unless, as in the case of Eustice, who was injured, or John Burton, who had been traumatized, the record clearly states that there was a sort of pain, *injuria*, or excessive grief and terror. We cannot know then if they felt pain. Yet, as in many of these cases we do not know that they suffered. We do know that they suffered often for years. And as with John Roger, they had to have very uncomfortable, if not painful existences. Thank you!

(Applause)

Dr Alexandra Lee (00:32:30): Thank you very much, Wendy. So our next speaker is Dr Bill Maclehorse, who happens to be one of my PhD supervisors. He is a Lecturer here at UCL in History and Philosophy of Science, in the Science and Technology Studies Department. He has worked on childhood, and his book is *A Tender Age: Cultural Anxieties over the Child in the Twelfth and Thirteenth Centuries*, and he is currently working on sleep. Bill's talk today is entitled, 'A Locus for Healing: Saints, Shrines and Representations of Chronic Pain.'

Dr William Maclehorse (00:33:20): I should actually begin by saying actually you're incorrect on one element, and it's that I am one of your former supervisors! (Laughter from the room). You are Doctor Lee now, so... Thank you! And thank you Alex. Thank you Professor Cohen. Thank you Alicia. So today I'm turning away a bit from my work on sleep, though you'll see at the end that I do bring it in because I do think it plays an important role that brings a new angle to this discussion.

So what I'll be look at is the variety of phenomena that we might be able to call, 'chronic pain', and I really want to kind of explore what the parameters of it are. And I heard you, someone discussing

this in the break between the last session and this. **00:34:05** And I'm going to be focussing on the twelfth and thirteenth century... Early, sorry... Late twelfth and early thirteenth century English collections of miracles. I'm going to focus on three issues. First of all, what language is used to describe these types of recurring pain and the effects they had on the sufferer's body, as well as mind. And secondly, how the chronic pain was transformed, that is, healed, or at least partly relieved, through some form of access to the holy figure, through a real or imagined visit to the shrine or a vow to do so. And thirdly, related to the previous, is the specific role of sleep in both chronic pain and its relief in these sources. So my intention is to suggest the ways in which chronic pain became not only a means by which the healing power of the saint could be revealed—and that's the norm for these texts of course—but also a means by which the saint's intimate concern and enclose interaction with sufferers could be made manifest.

Now the main sources I'll be looking at are well known to those who work on in this field and that is the two major collections of miracles related to Thomas Becket, gathered very soon after his martyrdom by Benedict of Peterborough and William of Canterbury, as well as the large collection of miracles gathered by Thomas of Monmouth between 1150 and the 1170's for his *Life in Miracles of William of Norwich*. You might have looked at him in the book on the history of childhood, as he is the first known instance of the accusation of ritual murder in which he would kidnap and torture and kill children, Christian children. This will be supplemented by a few other materials, including the collection which Michele has already referred to, of the miracles associated with the emergent hermit Godric of Finchale, and one other example I'm going to turn to.

00:36:03 So there are various scholars, including Ronald Finucane, and **Laura A. Smoller**, and Rachel Koopmans as well as our Ruth Salter, who is here, and Claire Trenergy, who have identified the miracle tales as immensely rich sources of evidence of the variety of human suffering in this period. There are hundreds of miracles across these sources, and they form a really clear genre of its own, with very specific narrative and linguistic tropes, and it's those that we have to kind of work around because, as you'll see, there are very commonly repeated elements. Among these tales are many references to chronic pain and what we could perhaps refer to as chronic pain. For example, Thomas of Monmouth, in a catch all description of what the collection that he is going to describe contains, mentions

[T]hat many were languishing with long standing pains of the intestines and limbs came to the shrine and returned to their homes healed and whole.

He then lists further sort of ailments, there is a very lengthy list and it's very typical list for this genre. It appears in other miracle collections as well, in order to demonstrate the effectiveness of the saint. But here, importantly, long term illnesses receive pride of place at the beginning of this list. Now, the miracles collections include many tales also of acute pain. But I want to focus, of course, on the elements of both chronic pain, what I'll kind of momentarily define as recurring as a constant or intermittent pain over a relatively long period of time. Now every part of that phrase that I just used is immensely problematic, and I'll give you some examples of that. So, for example, what constitutes that duration? That is, how long is long enough for something to be chronic? **00:38:00** Now, the miracles often include materials describing a chronic condition with recurring pain of course, but at times it appears as a kind of momentary flare up, and therefore many of the descriptions actually sound, as you'll see from some language, like they are acute forms of pain, but in fact they are just a momentary increase in what is otherwise described as a fairly long-term illness.

So, one issue that we have to deal with before I turn to the materials is the problem of how representative are these examples of the experience of chronic pain in this period, of course. The problem is that we are only dealing with fairly extreme cases, and that is the nature, of course, of these narratives. People with less dramatic chronic pain may well have come to shrines for assistance, but their stories were not considered particularly worthy of being recorded. So that notion of *mirabile dictu*, of kind of marvellous to relate, requires that something that must be powerful and really dramatic enough for it to be considered newsworthy. So, for example, I'll give you a source that's not in the (inaudible 00:39:19) of Godric of Finchale, there are actually quite a few headaches that are mentioned in the text, and almost without exception the headaches are chronic, in the sense that, they, you know, if you just had a single headache, you're necessarily going to more than invoke the saint, rather than go to the shrine. So that's not going to be recorded. So either the headache is extremely acute, or of long duration, or both, and generally it is in fact the last category: both.

So let's turn to this issue of... sorry, that was what I just discussed there... Let's turn the kind of language of pain that I'm going to acknowledge that much of this has been discussed at length by people like Esther. 00:40:04 So the most common term, of course, is *dolor*, but this is a very complicated term because there are multiple meanings that sometimes overlap and sometimes cause incredible confusion. In the verbal form connected with that word, we see something that you will probably all recognise as something closer to not physical pain, but, of course, lament and mental anguish. That is, *dolendus* (Latin 00:40:29) and the verb *dolere*. *Dolere* (Latin 00:40:32) is about lamenting and mourning. So to further complicate the word *dolor*, though, unfortunately, it can also come to mean the illness itself. So at times there are moments when you have to distinguish, well, is this the physical manifestation, so the actual disease, or sensation connected with it that we associate with pain? Similarly the term *angustia* has both again that physical and psychological component in which there's no question we're dealing with somatic and mental concerns there. As, I believe Andy mentioned, there are variations where *crucio* or *cruciatu* appears very commonly, tormenting and torture appear as markers of this particularly onerous form of illness. And I've just listed a few of the others: *molestia* and *agonia* appear fairly rarely but, and are actually quite a bit more vague and difficult to define in relation to pain.

So there's one reference in here of Godric, once again, to this kind of unusual phrasing, an incredible type of pain, and I love the idea that it is invoked here but of course not followed through because it does not fit with the interest of the miracle collector, to define, well, what other types are there? So there's a sense of a kind of potential typology that is never fully realised, sadly, in this text at least, and I would refer you to Esther's book for a more extensive discussion of typologies. 00:42:14 Now, as you can see from the last line of this slide, we have, kind of, common metaphors and we have to kind of realise that they are simultaneously metaphoric and, of course, the way people experienced these things, with references to, kind of, needles and stinging, pricking and stabbing pain. So *aculeos* and *punctio* refer to these images of the kind of prickle, pricks and stings, and I would of course note that just as *passio* and *compassion* have close connections, I wonder about the connection between *punctio* and (inaudible 00:42:51) as well. It's a bit, a slightly more difficult, association.

Now in terms of duration, the issue is again slightly complicated. The most common term in these texts is *diuturnus*, which simply is an adjective referring to something that lasts a long time, of course, and it's perhaps closest to our notion of 'chronic'. But there are—and sometimes there are direct references to, "Oh I've suffered for four years," whereas we'll see up to thirty years, from a particular disease. 00:43:27 There are other words such as 'persistent' that would suggest the same

thing. And there's one particular phrase that I love that is from William of Canterbury's Becket Collection, which is the phrase *nocturnus et diurnus et diuturnus* (Latin 00:43:42), so "by night, and by day, and for a long time." And what's intriguing to me about that is that it works between two different forms of chronicity, between the daily phenomenon, kind of the quotidian, and then the longer term, so parallel to the notion of say, the modern phrase "twenty-four-seven," to some extent, or Groundhog Day or something like that, in the Bill Murray sense of the word.

00:44:08 So that notion of *diuturnus*, unfortunately, is a bit problematic. So, for example, in one Becket miracle there is a reference to intolerable pain in the knee which lasted several days. Now, that is to say, in one moment, in one part of the sentence it refers to this pain as *diuturnus*, and the other several days. Now, is it that what we might consider chronic pain? Or is that simply one form, one ailment that happened to last several days? So again the term, even that most common term is not in itself completely transparent as parallel to *dolor*.

So, in terms of verbs and adjectives connected to it—and I'll turn to examples shortly—we have these kind of, again they are largely metaphors: the notion of being held, or bound, or weighed down. And here is where the acute element appears. Pain appears invading and abounding, rushing in. Again, that sounds more acute than chronic, but in fact it's describing the context of a disease that has lasted for months or years. Another verb that actually threw me for a slight loop then I realised its etymology made perfect sense, the passive version of the verb *angor*. *Angor* is to be squeezed or to be tormented and, in fact, it's directly connected to *anxius*, that is, you know, anxious or worried, and *angustia*, of course, as we've just seen, anguish and something more, a potentially mental form of pain.

Many of the terms and many of the adjectives, just to conclude this bit on the language, tend to involve this sense of incredible immediacy and extremity of pain. **00:46:02** So vehement, sharp, heavy, bitter, intolerable, inestimable. I mean, these adjectives go on, and on. They are all approximately the same root in the sense that they all give that idea of the unbearable burden of this pain. But the one I've singled out on a separate line above that is one that's a little bit more complicated, because the term *incommodus* could potentially, if we translated it as 'inconvenient', not necessarily refer to extreme pain but could be simply closer to that kind of dull constant, you know, annoying but not particularly horrific form of pain. But unfortunately it's not always clear what that particular term means in contrast to sharp, or heavy, or something like that. Just, but, pretty much a clear sense that it's meant to communicate a form of extreme anguish.

Now there's one term I do want to kind of mention because it appears so often in the text and that this combination twinning of two words, and that is notion of swelling and pain, *tumor et dolor* appear just so often in these texts. I have never—and at first I was bit confused, and then I realised, well it is just this idea that, you know, that what you see on the surface and what you feel within the body, or even perhaps on the surface, but appearance and sensation are what's being identified here between this *tumor et dolor*. And so for example, I can give you one instance that there is a bit of blurring of them, where the leg is inflated with pain. Now that could just be, again, *dolor* as illness rather than as pain but, you know, there is kind of almost metaphoric sense that it's, that the pain is taking on the role of the *tumor*, of the swelling.

We'll come back to the language of pain relief but again, in contrast to what we've seen of being burdened and heavy with pain, of course there's a notion of liberation, freedom, of release for the sufferer and what the saint does is mitigate, relieve, loosen, extinguish, scrape away. **00:48:18** Again

that may well be a reference to disease rather than, to *dolor* as disease rather than pain. But also these wonderful ones of the pain is resting, the pain sleeps, or flees. In one text there's a wonderful moment that I'm particularly interested in, which argues that with sleep—and we'll come back to this notion of pain disappearing with sleep—the pain disappears just as sleep disappears, as you wake as you enter the waking state.

Now, what I was talking about... I do want to mention several cases, just to give you some sense of the flavour of this, because these types of pain get muddled in a number of very, I think, particularly intriguing ways, in particular the relationship between chronic physical and chronic mental pain. So I want to just mention whom I've written about in a very different context elsewhere, that is Benedict of Peterborough's early selection of the Becket tales. There appears the story of a knight named Stephen of Hoyland. For thirty years, Stephen had suffered from what he described as "nightly attacks by a demon." And strangely he never uses the word *incubus*, even though that's pretty clearly what he's describing, almost exactly. Although his doctors use the medical term *ephiopolis* 00:49:45 which is the Greek equivalent to the Latin *incubus*. And every night, we are told, the demon exhausted Stephen in his sleep, and Stephen felt that he would be crushed or suffocated unless he were awakened with this fear of death. 00:50:01 So the experience is described as a "great anguish" or as a *miseria*, you know, a misery or suffering. And here we have, once again, seemingly a mix of that physical sensation of being crushed and the panicked, psychological response of great fear. This is not all. In fact, in the tale, we hear that he would have his servants keep watch over him in case he manifested such an attack, and if he did, they were to wake him and raise him to a sitting or standing position. He even would call out to them to pull his hair harshly in order to awaken him. And here we find a form of chronic self-induced pain and masochism which he perceived as life-saving, this is the way to keep him from being crushed by this demon, as he calls it.

I should also note that these are early miracles of Becket, so the vast majority of Stephen's thirty years' of suffering predate the martyrdom of Becket. And it was only after Thomas's murder that Stephen finally found relief from the demon whom he described as a dwarf—think of Fuseli's Nightmare—and through appealing to it, to the saint and then going to the shrine, he is healed. But it's also noteworthy to note that the miracle immediately following that of Stephen of Hoyland begins with the awful—this is Benedict of Peterborough—distinguishing the fantastical illusion of Stephen's tale from what is described as a true and vehement pain of (*inaudible* 00:51:47). So we've got this sense of a falseness of at least the source of terror, anguish, in Stephen. Even if the anguish is real, they think the source is a product of the imagination, contrasted with this idea of 'true' pain, *dolor verus* (Latin 00:52:05) experienced by a servant, whose teeth caused him "such immoderate suffering that his gestures and shouting would have convinced others that he was more mad than in pain."

00:52:15 Now this brings up multiple other themes that come into play and that we have already seen in a number of talks of today. We have the theme of pain inducing behaviour parallel to that of the insane, to go to Wendy's discussion of the legal definitions of insanity. In fact, there are moments when bodily movements associated with extreme pain could actually cause insanity, at least temporarily. Not just appear—the person doesn't simply appear to be raving, but in fact, properly goes into what is identified as a state of madness. So we have the... The other element of course that I want to emphasize is that that notion of the actions of the person in pain is what is very important here. The idea of the sounds that again we've seen with discussions of Mary and others, of mourning. But in this case it's the sound of screaming with pain. The idea of arm movements, of rolling on the floor, and, kind of, the expressive dance of pain, is what's being described in these

texts. And that reference to shouting, we see very, very often in other miracles. And crying, in a sense, crying out, in a sense, is a kind of marker of the extent of pain. This is seen over and over especially with children who are suffering from pain. The parents know the child is suffering because of this expression, verbal expression that would otherwise may not be easy for an infant or young child to express.

00:54:00 I should note that the servant who had the extreme tooth pain that I just mentioned was eventually freed from—once again, the phrase is very strange—from “bad pain”, *malo dolor*, a phrasing with some very intriguing implications, that is to say, what is good? I imagine that—was it Katherine?—that Bob Mills whom you invoked would have interesting things to say about that notion of good and bad pain. His work has been focused quite a bit on those issues. So, there’s just an incredible variety of materials that we see, and—I’m sorry, I’ve missed out on a bit of this, I’ve realised. One element of all of this is this notion that pain can be so extreme that sufferers begin to resort to a number of extreme and unorthodox and even morally dangerous remedies. That is, in one Becket miracle a man suffering from gout asks his servants to help him cut off his foot. Of course, no one would, so he decides to go it alone, but luckily, thankfully, Becket intervenes just in time—or at least in time. Elsewhere we see a man with kidney stones, kind of, seeking a quick death to end the pain that he is suffering, and a girl asking her parents if she can die. And so again, it’s back to that notion of imagining if this is a true account how that could have been experienced by those parents. So suggestions of self-mutilation or even suicide further cement the drama of these situations and the seriousness of the person’s plight, and again the miraculous healing abilities of the saint.

I’ve actually skipped a page there by accident... Now, what I want to discuss though is kind of, is the connection to, if that’s the person suffering, wherever the suffering begins and continues, but I want to turn to its potential solution or at least relief. **00:56:15** And that is to say this notion of kind of gaining access to and getting proximity to the whole (*inaudible* **00:56:23**). So what we’ll look at now is, you know, sometimes it’s simply a vow to go on a pilgrimage or in vocation of the saint, but often it is both visions, dream visions, and visits, both real and imagined, of course to the shrine. And what I’m showing you here is from the famous *manuscript*. I know that’s a bit later than my sources by a generation or two, and that is to say this is from the mid-thirteenth-century *Life* in French and the Norman *Life of Edward the Confessor* **00:56:56**. And what I love about these images is that we get a few elements. First of all, as some of you will know, these are kind of the measuring of rope that had been used to measure the candle, to measure the body in order to decide what size candle you would leave. But I also love these kind of portholes, and that sense of proximity, of kind of, gaining access to the holy. And, particularly, I love this one where the body is still warm and the people—and there’s this cripple here praying on his knees and those which you will recall, but he’s there in supplication to the holy figure. So this is a reminder of the variety of actions that we see. So the drinking of holy water mixed with blood, or touching the affected parts to the tomb, votive offerings and clean candles, all of these are part of this long-standing tradition that Benedicta Ward and others have studied in greater depth than I can, and because they’ve done it, need to!

00:58:04 So, for our purposes, the healing of chronic pain—but to be honest it’s not just chronic pain, it’s other pains as well—could occur in two primary ways. That is to say, there is either an immediate cure or a more gradual and extremely painful process. There are other ways as well, but I’m going to focus on these two. Now the suddenness... oh jeez, ok... The suddenness of some cures... I’ve just been told there are five minutes left, don’t worry... The suddenness of some cures strictly contrast the extent of suffering the person had endured before seeking the saint’s

intercession. That is to say, there is a direct contrast between the duration of the illness and the brevity of the cure. And in fact this is noted in some of the texts. So we have this notion of, you know, *mira velocitas*, this kind of a marvellous swiftness, is this idea of, “Wow, that was incredibly quick” began as a kind of advertisement for the saint, of course. But the other element that I, for the purpose of time, will turn to, is this issue of a slower, much more painful response. And that is, the idea is that suddenly, while the person is suffering from chronic pain, there is a massive increase in the pain as the body is transformed from its ill or twisted or bent state to something that I’ve seen literally described as, kind of, nerves are moving and, in one case, a man’s testicles are re-growing. There’s a sense that the body is being transformed, and that moment of transformation is a form of, as a moment of acute pain that is undoing the chronic pain that has occurred before.

Now I’ll just give you, again, for the purpose of time, of course, the Canterbury... the joy of looking at the Becket materials is that we have, not just the written materials but some wonderful stained glass. **01:00:07** This is one of the few of the stained glass that potentially relates to chronic pain. First of all, that a lot of glass isn’t easily mappable onto the stories and miracle collections, but this may be a man named **Richard of Velonia** who suffers from horrible leg disease. And here we see him being bathed by the shrine, and then being brought holy water. And the holy water actually isn’t in the written text but it is here in the glass. But what I really wanted to kind of end with, and this brings us back to some of the work that Michele has mentioned, is—and I have no time for this, I’m afraid—is to bring it to my work on sleep. And that is to say, even if you couldn’t get to the shrine, you could potentially have this very close interaction with the saint and healing via the saint’s literal hand, in this case, through dreams. And this has a very long tradition, of course, of the incubus—sorry, the incubation materials from Asclepius and from the ancient world. But, the idea that you would go and sleep in the shrine, or perhaps even just at home have a dream, often involved sometimes the saint is angry and beats you, but sometimes he is benevolent and heals. And here we have a moment of, that we see multiple times, of this interaction where there is physical contact. The hand, interestingly, coming from the tomb—it’s not in the Bede text, it’s just how it appears—the hand goes the length of this man’s paralysed side and touches the head, the other side of which has this headache. So there is that sense of contact. Even, sometimes, once Becket kind of has to... has to finish... has to finish the work that Saint Edmund had done, he didn’t quite get everything so Becket, again, in a dream has to kind stick his feet into the body of his supplicant and he thereby removes the final bits of this man’s... what’s the source of the pain for this individual. **01:02:13**

So what I want to suggest is that these loci of healing and loci of holiness are not simply the physical structure of the tomb but places like sleep visions. But also even there’s case of a man who remembered having gone to Norwich and seen the shrine, and can’t get to it, so he kind of imagines this and this brings us back to a very early version of those imagined pilgrimages that become so prominent in the late Middle Ages with the seasickness that Alex mentioned earlier.

I think I’ll end there with essentially minimal conclusion. But just to say that, yes, we have these very dramatic notions of chronic pain, that actually mimics, in a sense, acute pain, with these flare ups that kind of stand in contrast to dull constant pain that we might expect from chronic conditions. But that ultimately the narratives that we see here are about not simply healing, and therefore proving the power of that saint, but also creating that sense of interaction between the spiritual and the terrestrial sufferer and saint. So I think I’ll leave it there. Thank you.

(Applause)

Dr Alexandra Lee (01:03:36): Thank you very much. If you both want to take a seat at the table. Okay. And I would like to open up the floor to questions. Yes, Alicia.

Dr Alicia Spencer-Hall (01:03:57): Thank you. I'm really struck by the both of your papers, which were fabulous by the way. For me, it was just, the idea of kind of, the rational, well, "rational systems" encountering "irrational", messy, bodily, you know, unable to be fit into these discrete units. And I was thinking, could we do something with that in terms, particularly of, say, temporality? I mean you could talk more about kind of being outside a law because you're insane or not insane, but to do with chronic pain as forcing fractures in rational time, and showing that actually, people have their different, subjective experiences of time, or can't fit into a rationalizable system. And my thought there, according to the law, being that sometimes you go insane, but then you get better. But then you can go insane again, but then you can get better. And how to deal with that in a legal system. Is that what we're talking about? "Chronic", in a sense, actually is the temporality and the different, within the fracturing, what it does to normative chronotopes around people, including the family and including many other people. Is that another way for us to focus on these so diverse and disparate tales and annals and...?

Dr William Macle hose (01:05:30): (Laughs) Sure!

Dr Alicia Spencer-Hall (01:05:31): Sorry that was such a massive question.

(Laughter from the room)

Professor Wendy J Turner (01:05:33): That's a big question! Well, so, in terms of mental health, it depends on what you have, obviously. So if you have a cyclical disorder in which you are mad, for lack of a better term, in the Middle Ages, but if you have a *lunatica*, or you are a *lunatica*, I should say, and lunacy is one of those things that has phases like the moon, right? You phase in and out. And so some people, if they've had a good moment and they were clear they could get married, they could have kids, they could, you know, property, etc., but then when they were not so good they had to have a guardian and they had to have, well, you know, legal guardianship. So some people, the Crown worked out a deal, depending on who it was. There is somebody I've written about quite extensively, **John DeBruise**, who, his wife actually ends up with some of his property and ends up as kind of being one of his guardians. But she just gets a little chunk so they can take care of their family and everything, and don't have to constantly wait for the guardian to kick in again. "Oh by the way, I can't go to court, or I can't pay my people," or whatever. So it depends on what you have. But yes. They do have—that is one issue. The other issue that you bring up is, if you have a chronic condition and you're ageing, ageing makes it worse over time. And you saw that in some of the cases I was talking about today. So it certainly is weighing on people as they get older, that it gets worse. Or as you age you might get senility, or some other disease that's taking away your mental faculties. There's a very interesting case in which one guy, they've taken away his property, he's now in the hands of his sister, and he suddenly has a clear day. And he goes home, and he says to his son, "What are you doing in my house?" and they end up having a sword fight on the lawn, and his son ends up hitting him the head and the, you know, the sheriff is brought and everything. And the father can't figure out what's wrong. Why is he in my house? And they're like, "We took it away years ago. Dude."

Dr Alicia Spencer-Hall (01:08:06): You're literally out of time. You're in (**inaudible** 01:08:07).

Professor Wendy J Turner (01:08:07): So you've had time slippage. Which we see in cases today. And I've looked at some of the Canterbury stained glass windows, especially Mad Matilda.

Dr William Maclehose (01:08:20): Oh everyone's Matilda.

Professor Wendy J Turner (01:08:21): And what's the other one? The... Henry?

Dr William Maclehose (01:08:23): Henry of Fordwich.

Professor Wendy J Turner (01:08:24): And Henry. Yes.

Dr William Maclehose (01:08:26): I almost put Henry in but, the pain that he causes is just that he's mad. He's kind of, you know, he isn't sick, he's with his friends, so it's not his own pain that's very immediate. The issue of... I don't exactly know how to respond to your question in part because, as I say, I mean, the problem of using, of looking at these texts is that even within a single collection, that notion of whatever work, (inaudible 01:08:50) or pilgrims, whatever it is, will have very different meanings. As I said, in ones it's a few days, others it's explicitly for, yes, for four years. So that sense of timing is just elastic. But interestingly, though there's no reference to pain in this context, but there is a story of a woman who kind of, she's an incredible traveller. She's in Southern Italy and then she's in Canterbury and Rochester and London and Osterley, so travels a lot. And she describes herself as, she has this incredible pain and she says, "Ah, that's because I have a chronic disease." *Chronicus modus* (Latin 01:09:30). And she actually uses that term. And she says, "And the doctors say that a chronic disease lingers." I mean it's almost a tautological statement, but it's kind of a way of defining what chronic means to someone who doesn't already know it. But that's the only time I've come across that word in these collections. But again, it's not in reference to pain, though pain appears in the story. It's a reference to the illness. But again there's that question that you and I were discussing earlier of, sometimes, there's a whole description of an illness—this still doesn't answer your question, but (laughs) (inaudible 01:10:02)—of just, and then all of a sudden at the end it says, "And the pain goes away." But there's no reference to pain earlier, because pain is assumed part of that process. And that's, you know, that that's the dilemma, that (inaudible 01:10:14) unless it has some particular, and it's either blind or mad or even—

Dr Alicia Spencer-Hall (01:10:20): Or it's spectacular in some way.

Dr William Maclehose (01:10:21): Or something—exactly. And that which was the (inaudible 01:10:23) of my conclusion, to go into (Latin 01:10:25) which is that notion of it is (inaudible 01:10:28), that these tales are often about creating these vision stories. Whether they're true or they're based on true events, we can't absolutely be certain, but what is very clear is that they're describing these events that are parallel to, you know, things that are looked at in terms of the miracles of the Virgin, where the child who is thrown into the fire is—a Jewish person throws them into the fire—is saved, the whole town comes out and says, "Ah, look what's happened, it's the Jews." So there's that sense that it is all about spectacle. And as I said, *mirabile dictu*, you know, to be on this (inaudible 01:11:06) *mirabile* (inaudible 01:11:08) miracles are marvellous to see, as well as (inaudible 01:11:14). Sorry! (laughs)

Dr Alexandra Lee (01:11:19): Yes?

Questioner 9 (01:11:21): There's sort of, Bill earlier was talking about your research on sleep. Is sleep

sort of seen as diametrically opposite to pain because it's a kind of moment of relief? Or is it seen as a time when we might experience different kinds of pain in terms of, I mean, dreams, nightmares? And is it a recovery? Is positive or maybe a negative? Is it bound up with...?

Dr William Macle hose (01:11:45): It's a much more ambivalent space than that. I mean there is this sense that, you know, kind of one, that one of the terms that's used is the verb *quiere* (Latin 01:11:55), that the pain rests, so the pain sleeps. But actually in our sleep there's so many kind of elements. Fear certainly is one of the most common descriptions of what's happening in sleep. Fear and desire. But note it's really in the descriptions of healing, where the saint is actually kind of digging literally into the body. No, they're describing excruciating pain that is again, dreamt pain. So its veracity, or whatever the word is, its truth, as a descriptive it's much more problematic (inaudible 01:12:35). But no, I think there is this awareness that you can sense or think you're sensing pain during sleep. And so in the medical arguments about the Ancients, for example, is that no, that's just indigestion causing you to feel pain and then you therefore imagine that there's this creature on top of you because you're trying to, with your mind, with your rational faculty not working you're trying to explain that's happened but you cannot rationally explain it. So no, it's... but sometimes it's, yes, the, you know, *resquies* in peace (Latin 01:13:16) has got this sense of, partially, is there's some sort of relaxing, of comfort, of sleep as the ultimate refuge. But at other times it is saying that it's that sleep can be an incredibly traumatising time mentally and, as a response to that, physically, because you feel anguish. The body thinks it's just... you know...

Professor Wendy J Turner (01:13:45): You do know that they forced the mentally ill to sleep—if they were, you know, (inaudible 01:13:52)—to sleep on, in the, next to the tombs of the saints. So they would tie them up and leave them there.

Dr William Macle hose (01:14:02): Yes. Well, also it's actually, often, sometimes is described as being on top of the tomb.

Professor Wendy J Turner (01:14:06): Sometimes they're on top. It depends on what's...

Dr William Macle hose (01:14:08): And it's—not tied there, but sometimes they would just fall asleep on top.

Professor Wendy J Turner (01:14:12): They're hoping they will fall asleep.

Dr William Macle hose (01:14:12): And then wake up saying, yes. That's a very common trope in these texts.

Dr Alexandra Lee (01:14:19): Esther?

Professor Esther Cohen (01:14:20): This question is, I apologise, it's only to Bill really here. I am very much interested in what different registrars chose to write and not only how. You, for the purpose of your lecture, have conflated three different orders, but could you share with us any differences you found. He's a—with Thomas Becket, you've got two people writing the same thing.

Dr William Macle hose (01:14:50): Well, they're not always the same... But yes.

Professor Esther Cohen (01:14:52): No of course not but they're writing for the same...

Dr William Maclehose (01:14:54): They're writing about the... there are some differences, yes. So for example, this isn't between the Becket authors but Thomas of Monmouth often uses this kind of interesting phrase, "the anguish of pain." He kind of uses the two together, *angustia* and *dolores*. And it's something that doesn't—like *angustia* doesn't really appear, for example, in Benedict of—no, I mean in William of Canterbury's collection. So there are certain terms that certainly do appear in some and not in others. But, for example, one thing that does carry across is the notion of swelling pain. But I did try and look for differences and yes, you're absolutely right, I had conflated. I conflate these things in a way that I hope isn't fully flattening them, but is synthesising in a hopefully more subtle way. But I've been looking and there is, there are a few differences. I haven't been able to kind of create some sort of argument about those differences. But certainly, there are a few words that only appear in certain texts. But I've not, especially because—one thing, I have been working on the kind of medieval incubation, if you want to call it that, materials for a little bit now, for about a year of it. And, because Alicia asked me to give a talk I thought, "Oh I'll look at the pain materials." And I realised that actually there's very close correlation: that not all of the sleep incubation stories are about chronic pain, nor are the chronic pain tales relieved via sleep, but they are very closely connected. I realised that I was actually working with the same, often the same tales.

Dr Alicia Spencer-Hall (01:16:39): I mean, that's really interesting given—again, a very modern viewpoint—but very bad pain wakes you up completely.

Dr William Maclehose (01:16:46): Yes! I'm sorry but one thing—yes of course. Among, you know, not eating, not sleeping, are very common in the descriptions of pain.

Dr Alicia Spencer-Hall (01:16:52): Yes. And so that's a really interesting notion that also, kind of, the thing often prescribed for chronic ill health and chronic pain is, you know, rest. Which again is not sleep, but it's active lying down, and how that doesn't really function well in kind of a productive capitalist, certainly modern way. You'll see (**inaudible 01:17:16**) talks about that a lot. I think that's interesting. Like, it's sleep but it's not sleep. It's special.

Dr William Maclehose (01:17:22): But that's precisely it, because they went, "No this sleep is not natural," so there is both sleep and waking, and then labour and rest. And of course, you know, rest is not the same as sleep. I mean they can overlap, but they are absolutely not the same thing. And they certainly do have connections but they're not to be conflated, especially, explicitly in that schematic.

Dr Nicole Nyffenegger (01:17:49): Thank you both very much for taking us through the language of pain and through the words that were used in terms of pain. And I'm still thinking about the quality of pain. You had some terms there that were pricking or stinging, and Elaine Scarry, of course, says that there's no way that you can ever understand the quality of pain. And there's these two metaphors, either wound or weapon. And I'm wondering, as a question for both of you, whether you found a lot of references to that, trying to actually describe what kind of pain we're looking at or whether—you know, I feel in many of our papers we've just been speaking about pain. But what is it? What is it? And how can we distinguish between different types of pain and qualities of pain, and is there anything that helps us to do that?

Dr William Maclehose (01:18:40): Do you want to?

Professor Wendy J Turner (01:18:41): Well you certainly address serious pain and long-term pain. I would say it's just, it's case by case. I'll just say that. And then the descriptions will say, this person is either in pain or not in pain, or whatever. But to say that someone is suffering and they are suffering for so many years, and sometimes they're in anguish, that comes up a lot. Sometimes they're—I have one guy who, I was telling somebody, that was *depressus* (Latin 01:19:18). He's actually, David—because now have you seen that? Crushed and feeling...

Dr David Murray (01:19:21): No. No. *Compressus* (Latin 01:19:22).

Professor Wendy J Turner (01:19:22): Yes, yes. So I think that's an interesting... it's probably not what we moderns think of as depressed, but he certainly is feeling held down. And that's a mental anguish type. But mental pain is going to be different than physical pain. And sometimes those two are linked, so if something physically happens to you, then you could have a mental reaction to that. So if those cases that are, say, from fever, and then they mentally are out of their minds and end up killing someone, then they can have a long-term condition of feeling guilty, of needing to go on pilgrimage, other things. And they may be mentally fine now, because really their mental health state was connected to that illness, but now they have to undergo this guilt thing and it's separate but at the same time connected to that moment in time in which they were ill. And so you do see pain come up, but in different ways than you might be used to seeing. It's not just going to be the word *dolor*, you know, although I do see that term. And I do see swelling and pain, especially in cases of head injury. So if there's a swelling, and then they have pain, and then they're mad, because they can't think any more.

Dr William Macle hose (01:20:53): In terms of these materials, yes. It is often, to go to back to pricks and stings and all that, it is often metaphoric. That is to say, in one text it uses the notion of being a feeling needs to sting, and it says, *possis spinosis* (Latin 01:21:09), as if you can, you know, feel a thorn in your side. So it's trying to use these metaphors. Again, it's not a wound metaphor—well, it is and it isn't. It's something pressing against the skin. The question of how to explain these things, as I mentioned—I don't know if I mentioned it earlier or not? Okay, I did—but there's one reference to someone that goes a bit further than stings and pricks, and that is to say that the person has a head ache that he describes as *virgule* (Latin 01:21:45), so little rods, little stabs, and hitting him on the head. So, yes, it's about this kind of external attack, parallel to the incubus, interestingly. And I think that's, I wonder if that's just a way we understand pain, is via active metaphors. And there's this... I shouldn't say I wonder, I know that there's a huge amount of literature on exactly that issue. So yes. But otherwise, no, it's just these kind of generic terms like 'intolerable' or something like that doesn't really help us beyond saying "Oh that's extremely painful." And it's not colourful in the sense that we want. But, far more colourful than your sources would be, if that makes sense.

Professor Wendy J Turner (01:22:35): Yes. It does. A great deal.

Dr William Macle hose (01:22:34): But that's not relevant to your sources. Whereas it flavours the narrative of these saints lives.

Katherine Briant (01:22:43): Thank you both. I have a two-part question for Wendy in terms just of that graph you had that showed the correlation between plague and mental health cases. So I was wondering where you got those figures: is there a database somewhere? And the second part of my question deals with one of the figures you mentioned who wasn't infected by the plague, I think it was Bartholomew Sackville.

Professor Wendy J Turner (01:23:04): Sorry I missed the second question?

Katherine Briant (01:23:06): So I wanted to hear more about Bartholomew Sackville as a prisoner of war, how his case might have been framed differently, or maybe there was language used, compared to your other examples since he was the only who maybe didn't suffer from the death of a relative or infirmity from birth.

Professor Wendy J Turner (01:23:25): Okay so the answer to the answer to the first question is I went and looked at all the people that had done population studies of plague and I just looked at all of theirs and averaged them about here, and I referenced those in something I think I may have published at some point on plague and mental health. Or maybe it's not published. I don't know. But if you wanted those references I could send them to you. And then, of course, the line on mental health is all the case studies that I had done, and that's published in an article in Cory Rushton's book on defining disabilities in the Middle Ages, or some title like that. But it's Cory Rushton. And then there's lots of other charts in there. So I mean you can see the counting I'm doing as well as the statistical data on the different types of terms, like *idiotia, et vetuitatis* (Latin 01:24:24) and one's that are not so well used at certain times, and used by other people. For whatever reason Edward II decided *non compos mentis* was the term and they use that a lot. But with Edward I and Edward II they used different terms instead. So it's interesting to see the terminology shift with the crown, who's in charge. I don't know. It's fascinating. So the second question was, remind me?

Katherine Briant (01:24:58): It's not really a specific question but I wanted to hear more about Bartholomew. Well, and his (inaudible 01:25:02) and his experiences.

Professor Wendy J Turner (01:25:01): Oh! Bartholomew's—yes! So that's published in one of those three volumes, I think it's in volume two of Don Kagay and Andy Villalon's book on thinking differently about the hundred years war. And so I wrote an article about people that had mental health conditions following torture and being held capture and all sorts of different things. But in reality I think your question is a valid one: there is no difference. The only reason they are showing up, for me, as, this was a war or other things, is because somewhere along the way, in looking at them over a long period of time, that ends up being mentioned. And so in his case they say it's because of the sufferings of war and that he was held for x number of months or whatever, that he is now mentally incapable of thinking for himself. And so, I didn't know that that was his case when I first came across his name, because he is talked about in the exact same terms as anybody else. He has a mental health problem. He is in the wardship. He is being given a guardian. It's looking exactly the same. And the reason he doesn't show up right away is his mother is his guardian, and all mothers automatically could be guardians so long as they were capable of managing the estate. So that's always the first recourse of the King, is to automatically leave them alone in the hands of their mother if she is alive and well. That's interesting.

Dr Alexandra Lee (01:26:51): I think we've got time for one more question. Yes?

Questioner 6 (01:26:57): You described a sort of rich and complex vocabulary which concerns pain. Is there any at all similar to do with the lack of pain, the absence of pain, the passing of pain?

Dr William Macle hose (01:27:09): Yes. I left that out. There's some very interesting material on that issue. But it's actually even more complicated. It's this, you know, paralysis—you know, the story

here, which is the first one I read, I didn't read the bit about the headache. But why is there pain if he's paralysed? And (**inaudible 01:27:29**) two bits of his body having two different pains in. But that sense, because of my interest in sleep, yes, the kind of, the idea that, I mean Aristotle argues that we don't, the senses don't work and therefore you shouldn't be feeling pains. So there's quite a bit of discussion—I'll leave these materials for here now—about what it is to be senseless in that sense of some specific sort of sensation. And yes, the argument is you shouldn't be feeling anything. Well, let's see. You should not be receiving any external stimulus of course. Even Aristotle says, well, you kind of can see, you can almost hear the cock crow and you, kind of, you see the sunlight but dimly through a glass darkly or something. So there's always this sense that there's a spectrum of senselessness. And you get **asensus (Latin 01:28:26)** actually is often, is sometimes the word that's used for it, which is a bit like **amens (Latin 01:28:31)** for 'out of your mind'. And so, but there's not too much of that in this material in particular because it's much more a philosophical and Aristotelian kind of debate. But here... Yes, the desire here, for example, is to stretch, on one level to reduce an access of sensation, the headache, and on the other, the other part of the body, to actually you know, introduce sensation, to return of course to sensing. So there's an interesting kind of back and forth I didn't get to because I ran out of time. But certainly that's the awareness of that particular textual route.

Dr Alexandra Lee (01:29:22): Okay! So now it's time for a tea break, and let's thank our speakers once again.

KEYNOTE: “What Is Chronic Pain In A Non-Neural Age? Working Definition, Sources, and Methodologies”, Prof Esther Cohen

Dr Alicia Spencer-Hall (00:00:02): I hate to break up good conversation but I shall because I am so excited about this next talk. Professor Esther Cohen, who we’re honoured to have with us, received a rather enthusiastic email from me about what, nine months ago, saying “please, please come to this conference, we need your insight.” I am just so thankful that Esther was so gracious to accept my frantic emails over months and months. And so it’s absolutely my delighted opportunity to introduce her today, and give a biography of one of the scholars that really has shaped my field and made my research possible—again I’m going to get a bit weepy in a minute, so bear with me.

Professor Esther Cohen was born in Jerusalem, and grew up in Zurich, New York, Santiago de Chile and Jerusalem. After military service, she did her BA at Hebrew University of Jerusalem, specialising in Medieval History. She did her graduate work at Brown University, Providence, Rhode Island, under the guidance of Professor Bryce Lyon, as a fellowship recipient. Subsequently, she taught in Ben Gurion University from 1976-1994, when she joined the Faculty of the Hebrew University. Over the years, Professor Cohen has been affiliated with several prestigious research institutions: she was a Research Fellow at the National Humanities Centre in Research Triangle Park, USA, and for three years she was the research group leader, “Knowledge and Pain”, at the Scholion Interdisciplinary Centre of the Mandel Institute for Jewish Studies, and she is a Life Fellow of the Netherlands Institute for Advanced Study—I hope now a sister organisation for our IAS here—and she is also a life member of Clare Hall, University of Cambridge.

Professor Cohen’s research interests have been and remain wide-ranging. Her thesis and its follow-up articles dealt with the economic impact of pilgrimages in southern France and northern Spain. Subsequently, she spent several years researching the history of crime in Paris and its surroundings, which resulted in two pretty damn fabulous books, *The Crossroads of Justice: Law and Society in Late Medieval France* (1993) and *Peaceable Domain, Certain Justice: Crime and Society in Fifteenth-Century Paris* (1996). 00:02:14 She also co-edited the volume, *Medieval Transformations: Texts, Powers and Gifts in Context* (2001). Throughout this time, Professor Cohen published several incredibly important articles on pain in Middle Ages—I think everybody in this room knows that, let’s face it. These established her as one of the foremost thinkers on medieval pain in the Academy. Professor Cohen’s articles, such as ‘Towards a History of the European Physical Sensibility,’ ‘Pain in the Late Middle Ages,’ and ‘The Animated Pain of the Body,’—which is my favourite, I have to say—urged for a genuinely period-specific appreciation of pain in the Middle Ages, forwarding our understanding of affirmative and useful encounters with pain for medieval subjects. Such work laid the groundwork for the publication of her landmark 2010 monograph, *The Modulated Scream: Pain in Late Medieval Culture*. The book’s quality was recognised not just by, again, everybody in this room who has read it, but in 2011 a Polonsky Prize for Excellence in the Humanities. *Modulated Scream* stakes a claim as the importance of the recognition of the capacity of medieval individuals to feel pain. Indeed, the book discusses the prevailing view of scholarship up ‘til the 1970s, somewhat terrifyingly, that medieval were more ‘brutish’ than us moderns, and thus likely didn’t really feel pain. The book also detailed the ways in which the function, understanding and, ultimately, the experience of pain in the Middle Ages was the product of specific sociocultural forces expressed in law, theology, popular devotion, and medicine. Beyond such focus on medieval period, Professor Cohen continues to agitate for greater historical comprehension on pain, full stop. 00:04:00 As such, in 2012, she co-edited the volume that I recommend you all get, *Knowledge and Pain*, with Rodopi, published in New York. And this volume “rejects the widespread belief that pain cannot be expressed

in language, and that it is intransmissible to others.” Instead, “it demonstrates that the replicability of records and narratives of human experience provides a basis for the kind of empathetic attention, dialogue and contact that can help us to register the pain of another, and understand its conditions and contexts.” That’s something that I feel all of us in this room, as scholars working on this cutting-edge of historical pain studies, acknowledge as central to our scholarly methodology. More than that, it’s central to not just how we do our work, but why we do our work: to meet with empathy our historical forebears and bring their pain, and thus our modern pain, to greater understanding. As I said, we are absolutely honoured to have Professor Cohen with us today, and I’d like to thank her for raising to the challenge when I said, “Could you do something on chronic pain?” and she so graciously agreed to come and look at working definitions, sources and methodologies for chronic pain in the non-neural age. So over to you, Professor Cohen.

(Applause)

Professor Cohen (00:05:50): Sorry, a dumb question: to move to the next slide do I just... there doesn’t seem to be a mouse here? Ah that’s better. Let’s go back. Okay. First of all, many thanks for this praise and eulogy. Normally these things are said only after your death. (Audience laughs) And in general, I would like to thank University College London and the Institute of Advanced Studies for hosting us today, and of course Alicia who invited me. And I have to say, I feel honoured to be here, because this is a living, dynamic group of people who can really do significant work. At my age, this gets rather rare.

Somewhere, among the Ten Commandments of the academic world, it is written that if you give your lecture an enigmatic title, you must explain it at the beginning of your lecture. My title was chosen under the influence of modern chronic pain research. One of the few consistent definitions of chronic pain, in a field that is constantly changing, is based on the perception of neural activity. When a human body suffers a trauma it is followed by pain, and the pain is sensed in the brain. If, once a trauma has healed, the pain persists, it is chronic pain. The pain is sensed by a brain conditioned to continue feeling it, though there is no longer any functional reason for it. We however, are dealing with a period in which persistent pain was perceived as an unhealed injury to a limb or to an organ; not a brain activity. Can we transpose the term to the Middle Ages?

As you might expect, my answer is positive. But I do have to explain why and how. Modern historians of chronic pain usually begin the history of their field in the 1970’s and ‘80s, when research physicians Ronald Melzack and Patrick Wall published a seminal work on pain and its neural pathways. **00:08:04** The present day narrative of the history of chronic pain is of a field without a past, but with a highly active present and an even more active future. One of the most notable changes in the field is the ever-growing contribution of social workers, psychologists, psychiatrists and experts on pain management. It’s a field by itself: not neurologists necessarily, but people coping with intractable life-long suffering of human beings incapacitated by severe chronic pain. Consonantly with this development of chronic pain, as published in 1986 by the journal *Pain*, as the organ of the International Association for the Study of Pain, is not a neurological one. It is highly functional and simple. Any pain that persists for more than three months is chronic pain. Brain or no brain. Note that only a few years ago it was six months, which raises the interesting question of growing sensitivity to the suffering of chronic pain patients.

Coupled with this development was the appearance of *ego-documents*. I deliberately use the term for eighteenth century autobiographic material. Sufferers wrote their own experience, added their

own opinions and feedbacks to the world of pain managers. Among them I would like to cite Lous Heshusius *Inside Chronic Pain: An Intimate and Critical Account* (2013). And I quote,

Several of the authors conclude that we need to study the less well-known aspect of chronic pain, the social, cultural and personal dimensions that interact with pain mechanisms.

00:10:12 Heshusius has suffered from severe chronic pain since she was hit in a car accident in 1995—figure out how many years that is. Her chronicle is both personal and public, and she is one of the most notable advocates of turning chronic pain research, from neurology to social science—not to stop any neurological studies but certainly to widen the field. Her comment on the present direction of chronic pain research might well be a pointer for us. In the following, I intend first to construct the ancestry of our subject, for chronic pain has a long historical past. Next, I will try and come up with a working definition, which hopefully will remain flexible and changing and will be outdated, I hope, as research progresses. Whatever definition we propose should be based on what we know of continuous, intractable pain in the Middle Ages - and we do know a great deal. Following this, I would like to survey the types of sources at our disposal—and there I am woefully incomplete because I have learned a great deal today—and to try and evaluate and critique them. Finally, I will attempt to delineate possible methods of research, beginning with our forefathers and I'm sorry, I can't find any foremothers.

Western culture carries records of chronic pain, going back at least a millennium before the period we designate as the Middle Ages. In 409 before the Common Era, Sophocles presented in Athens a play called *Philoctetes*, describing the pains of a Greek mythological hero. **00:12:08** Bitten by a snake in his foot on the way to Troy, Philoctetes was abandoned by his comrades on Lemnos—in great pain, with a suppurating, foul-smelling wound that refused to heal. Ten years' later, Odysseus came back to retrieve him—but that is another tale. At the beginning of the tale, Philoctetes meets Achilles's son Neoptolemus and pours out, in great and vivid detail, his ten years' long pain. His account, as some modern doctors noted, tallies very closely with present day accounts of difficult, embittered chronic pain victims. He is neglected, stinking, lonely, hopeless, depressed, and of course, in pain. There is little question that Sophocles and his Athenian audience knew whereof he was speaking. Indeed, the Greek tradition of chronic pain was longstanding. Greek mythology is full of heroic figures suffering great pains. Of these I wish to mention only two, who have accompanied Western imagination from ancient to modern times. One is the satyr Marsyas, who challenged Apollo to a music competition and was flayed alive as punishment for his presumption. The other one was, of course, Prometheus, chained to a rock with an eagle pecking his liver out every day for stealing fire from the gods and giving it to humans. Lest I be considered a myth-teller, I have to note that at the same time as Sophocles, the Hippocratic corpus, which is also fifth century before the Common Era, already makes a distinction between chronic and acute diseases and as you will see, the distinction between the disease and pain—Bill said it already—is very, very fluid. **00:14:17**

Several centuries later—and I have to jump anything between five hundred and eight hundred years—the Cappadocian physician Areteaus, any time from the first to the third century—we don't know—wrote in his preface to the book *On the Causes and Signs of Chronic Diseases*:

Much suffering and a long period of weight loss accompany chronic diseases, and their cure is uncertain... If, additionally, the patient suffers from the protracted treatment from the thirst, the starving, the bitter drugs and the pains from cutting or cauterizing, the treatments that are necessary for prolonged diseases, then they withdraw from the treatments because

they—at least that is what they say—long for death. [We have encountered this already.]...the patient too should resist the disease and cooperate with the physician in fighting the disease, as it not only gets hold of the body, consumes and tortures it, but also, because of his disease, the patient does not view things as they are and becomes enraged because he does not have control of his body anymore.

Clearly Aretaeus conceived of protracted pain as an integral part of chronic diseases, and so both physician and patient joined in the fight against pain. Unfortunately, his work was not translated in Antiquity into Latin and was completely unknown in the West until the mid-sixteenth century.

00:16:06 I read his words, therefore, not as a contribution to medieval dealings with chronic pain but as proof that physicians and patients alike were familiar with chronic pain.

Following Aretaeus, there was a clear tradition of medical transmission of writing that distinguished between acute and chronic diseases, and the latter were composed largely of long lasting pains. Soranus, better known for his gynaecology, a near-contemporary of Galen, early second century, adopted this distinction between acute and long lasting pain in his own, very similar to Aretaeus, *On the Causes and Signs of Acute and Chronic Diseases*. We don't know exactly what the title was. This is guesswork, not mine.

Unlike Aretaeus' texts, this one had the good fortune to be translated into Latin by Caelius Aurelianus in the fifth century—this was already Common Era—and thus survived into the Middle Ages. He was widely quoted by Cassiodorus and Isidore of Seville, though later, under the influence of Arabic translations, he grew less popular. The rediscovery of Aristotelian methodology in the twelfth and thirteenth centuries meant that medicine acquired new taxonomies, relegating chronic disease and pain to a minor category. Most commonly, diseases in the later Middle Ages were divided into simple and composite, at least in textbooks. As we shall see in personal opinions of doctors, it was different. Its division was according to the humoral aetiology, and I, you will forgive me for not going into it for you as anybody knows that. The very word describing chronic conditions changed largely from *diuturnus* to *cronicus* or *continuus*. **00:18:07** The latter term is almost invariably used in conjunction with *doron* or *febris*, continuous pain being defined as an illness. The awareness of the ambiguity of chronic pain remain present throughout the Middle Ages in a variety of writings.

So much for our genealogy. Let us try and define what we are dealing with. There are several different definitions for “chronic pain” in modern research. And most of them are not very useful for our purposes. For example, and I come back to what I said, the definition for pain as an activity that persists in the brain while the original trauma that causes it is no longer present, is useless to us. Most continuous pain in the Middle Ages was not post-traumatic but an integral part of the trauma. People who suffered from recurring headaches for thirty years do not have an original trauma as the basis of their pain. The same may be said for some present day taxonomies of chronic pain, for they change with bewildering speed. This is deliberate, this mixture. In 1980 the Journal of International Association for the Study of Pain published the first comprehensive taxonomy of chronic pain. The second edition came out in 1994, reprinted in 2002, updated in turn in 2011, and this updated edition was revised this very year. However, the IASP has adopted a criteria remarkably similar to that of medieval medical texts, which survey the human body *de capite ad pedem*. **00:20:05** And if you can see in the bottom picture here, the taxonomy—no, this doesn't carry the year, this only carries the types, it does not carry the rest of the texts but it does go from head to foot. In contrast, the clinical definition of chronic pain, as pain lasting in three months at least, is highly relevant, and if—Bill asked before how long? I think we can use this. It opens up a dauntingly wide field of

research. One must remember that not only were many present acute illnesses chronic at the time but that specific diseases we would not consider as chronic pain were included by medical authorities among the chronic. Two outstanding cases, with which Aretaeus, Soranus and Caelius Aurelianus begin, are melancholy and madness.

Melancholy and madness both are closely related but of different humoral aetiology—melancholy being cold and wet, and madness hot and dry. Ours is not only a neural age, but also an antibiotic and inoculation age. The number of illnesses that would last for months at any time and possible end in death, up to the twentieth century, is enormous. A simple ear infection, an abscess due to poor hygiene, all childhood diseases, numerous diseases of the digestive tract, like dysentery and cholera, all traditional venereal diseases. **00:22:02** In addition, kidney and gallbladder stones, we keep coming back to them, nowadays treated immediately, could take several months to dissolve and pass out in the urine. A less common and definitely time-specific chronic pain was love-sickness, definitely diagnosed as an illness. Finally, gout was a major complaint, and we see that already and there was really no cure. All of these may be prevented or cured within a few days in the present—at least given Western medical standards, but they were definitely severe and long lasting in the past, and I might add, also in the Third World today.

We may add to the chronic pain conditions recognised in the Middle Ages important types of recurrent headaches, especially migraines (**Latin 00:23:00**), nowadays treated with over-the-counter safe analgesics, but we must not forget that aspirin was only marketed commercially in 1899. Prior to that almost any effective analgesic contained an opiate, and we all know the Victorian stories about London. We are therefore talking about very long Middle Ages (Laughter) until a little more than a hundred years ago. We can work with these frameworks and we don't have to research everything up to the year 1900, but these frameworks allow a great deal of medieval material to be analysed as chronic pain, as we shall see in our search for sources.

It seems, from all that has been said here today, that in speaking of religious Christian sources I am preaching to the pulpit—to the choir, sorry—so to speak. **00:24:04** Nevertheless, we cannot ignore these fields, if only because of undoubtedly the richest types of medieval writing in existence. Many miracles—and here forgive me for being far more superficial than Bill, but I was doing a big survey—stress that the cured person had suffered for a long time before being cured. What types of chronic suffering were relieved? For one, chronic headaches, and I'm quoting a knight who came to Saint Thomas of Canterbury, he had suffered *capitis dolor immoderatus*—I found one word you didn't (Laughter)—for years until the saint cured him. St Louis of Anjou cured a woman of a similar condition, also of many years. Other common sufferers from chronic pain were victims of kidney stones. And the miracles of St Thomas once more give us a detailed description of one man's agony. A certain *comes* "from the terrible attack of this single sickness he was tortured every single day of his life."

The stone had descended, but was blocking his urinary tract, making the pain even worse. A final disease often recurring in miracle stories is recurring fever of all types: continuous, tertian (recurring every three days) and quartan fever.

Other than miracles, hagiography is a rich source of lifelong sufferings of saints. Biographers of saints dwelled lovingly on the pains their subjects bore, and the glad willingness of the same saints to do so. One should note that these were not necessarily self-inflicted pains. **00:26:02** Many saints bore illnesses throughout their lives. Lukardis of Oberweimar was famous for her perennial ill health as

were Colette of Corbie, Hildegard of Bingen and several others.

If thaumaturgic miracles mentioning long-lasting pain are thick upon the ground and available as sources, formal theology is available but not as easily useful. It rarely deals with human pain, unless we count the pains of purgatory and hell as chronic, which indeed they were. Both Latin and Vernacular theology concentrate far more on the pain of Christ, which was not chronic and not amenable to treatment, I think. Pardon if I say it was not chronic. The exception lies in vernacular autobiographical texts such as Heinrich Suso's *Exemplar*, Margery Kemp's book, and Margaretha Ebner's *Revelations*. In all three we have, coupled with meditations and visions, the record of illnesses and pain. A unique record of disability can be found in Teresa de Cartagena's *Arboleda de Los Enfermos* (Grove of the Ill, mid-fifteenth century) which examines the devastating effects the onset of deafness had on the author. What the text reveals is closely akin to what modern chronic pain patients perceive as a social pain, namely the isolation, stigma, and lonely despair of constant sufferers. And I recommend the work of Jean Jackson on the subject, *Camp Pain*.

When it comes to medieval literature, I must confess that my knowledge is extremely limited, largely in medieval French, Anglo-Norman, (which in reality is langue d'oïl) and langue d'oc. **00:28:08** What follows therefore is a very idiosyncratic survey, which in no way represents all literary possibilities. Medieval literature is one of our best sources for the history of love-sickness, as recorded by Chaucer in *The Knight's Tale*. Love-sickness, in many guises, also appears in the works of Marie de France, Chrétien de Troyes and other Romance literary works. Less attractive from the literary point of view, perhaps, but definitely relevant, is Hartmann von Aue's High German poem *Der arme Heinrich*, in which the hero seeks a cure for his leprosy. Epic poetry and Icelandic sagas also have their incurable sufferers, and I really gave up on looking for them right now. They are largely reminiscent of *Philoctetes*. But perhaps the most eloquent depictions of chronic pain in medieval literature is Dante's *Inferno*, and I shall refrain from quoting the text. All of these works, and many more, testify not only to the powers of eloquence of their authors but mostly to the prevalence and consciousness of the existence of chronic pain.

And here I would like to move to my favourite source: medical sources. All medical sources treat chronic pain in one way or another. Here I wish to concentrate on one type of medical source that is invaluable for our purposes: medical *consilia*. Many of the cases described in this literature are putative, invented as a literary device to chart the treatment of specific diseases rather than a concrete response to a specific patient's pain, an author writing *consilia* to path off his own knowledge and erudition. **00:30:14** Others however do indeed relate to concrete cases, people who paid for the counsili, and many of those add chronic pain to the picture.

I would like bring here one specific case, treated by Baverio Maghinardo de Bonetti, who died in 1480, Professor of Medicine of Bologna in the fifteenth century. Bonetti received a letter from the Lord V.—that's all we have, and I haven't managed trace him—of Tusculum, recounting his ailments. This was the third year that V. was suffering from the pains of a stone. At one stage it came out and the pain disappeared but within six months it returned. When the second big stone came out, V. was relieved for almost two years of pain and burning in the urine. The pain and sand in his urine returned in Mid-August of 1469—here we have a concrete date—and by October the pain and burning had become insupportable. In addition, he become incontinent, with urine leaking out constantly, accompanied by burning and pain, and there was blood in the urine. The situation remained unchanged from October to the following April when he appealed to Bonetti. By then the bleeding came about twice a week, it had taken off, and the pain was also variable. The diagnosis

was what Hippocrates—and here is Bonetti speaking—the diagnosis was what Hippocrates has called *lithiasim*. In plain Latin, stone (*lapis* or *calculus*) which Bonetti immediately diagnosed as a chronic ailment. That’s his words. **00:32:01** It is typical, he wrote, of full-bodied man approaching old age, of sedentary habits, whose natural and animal powers were in good condition, barring his stomach, liver, kidneys, and penis. By nature his complexion is choleric—which is good—especially his liver and kidneys. But his stomach was declining into old age—a cold and wet complexion, which is not good. The diagnosis is followed by lengthy and learned disquisition, and a very boring one, on the causes of kidney stones, and finally the cure. In essence, the treatment was composed of prevention and cure. The prevention consisted in adopting a healthy regimen of life, including diet. The cure was expulsive, meant to clean out the body. It included baths, phlebotomy, clysters, diuretics, and laxatives. Sounds horrible! The cure of stones, says Bonetti, is from three means. I know I just said two but he changes his mind: diet, potions, and surgery. But, “about surgery there is nothing to say at present.” Given that he’d never seen, and was destined never to see the patient, that is obvious, and anybody who knows the history of stone treatments in the modern period finds that remarkable, that surgery is not relevant. Aware of the debilitating effects of this regime, Bonetti ordered an ample diet specified in detail. Any recurrent attacks of pain should be promptly sedated. Perhaps the most interesting sentence in this context is the following: “It often happens that strongly established pain requires stronger measures,” which fits exactly with what we know about chronic pain nowadays. **00:34:04** A modern physician could not have said it better, though I doubt the modern physician would have recommend oil of scorpions. And that, I swear, that is from a pseudo-Arab recipe. The oil of scorpions is followed with several other analgesic measures and ointments. Obviously the physician is treating the pain while waiting for the stone to come out. The rest of the *consilium* details measures for provoking the stone’s ejection, which to me sound totally... Oop! (Long pause to pour and drink water).

There are many *consilia* narrating similar stories. As a rule, personal consilia are written in response to the appeal of a wealthy long-term sufferer and therefore contain the closest thing we have to case histories. Unfortunately, we have no follow up on the effects of the recommended cure. Once a patient is diagnosed and provided with a detailed diet for further treatment, to be followed presumably by a local carer, all contact between writer and patient was finished. Still, the narrative itself, if it came from the patient—and it does look as though Bonetti was taking (Latin **00:35:33**) in this case—was also a means for treating the pain. At least many chronic pain managers nowadays recognize the importance of narrative and treatment and acceptance of chronic pain. I must add one caveat about *consilia*: I have examined several hundred medieval *consilia* in manuscript and in print, and I have yet to find one discussing love-sickness. **00:36:00** This chronic pain it seems was far more popular in the seventeenth than in the fourteenth century.

As I said at the beginning of this section, all medical sources may contain information on chronic pain. Lecturers in Montpellier classrooms, ordinances of hospitals and leprosaria, commentaries on Galen or Hippocrates, recipe collections and incantations all might be relevant.

The final type of source that I wish to discuss, and I again apologize for missing out on very important types. Though what I would like to discuss is a much neglected one, largely because mining it is hard work. Like *consilia*, a great many correspondence collections of obscure people still lie unedited in the archives. Nevertheless, we do have proper editions and even translations of letters of all popes, from thirteenth century onwards, of all great scholastic and religious figures, and surprisingly, these authors were remarkably candid, even garrulous, about their medical problems. By modern standards, we would expect a bishop to be reticent about his haemorrhoids, but Augustine can be

brutally candid about them. He has a wonderful letter, a totally administrative topic:

Sorry I've taken so long to answer you. My haemorrhoids are killing me."

(Laughter from the room) And that in great detail. Nor is this a phenomenon only of late antiquity. The letters of Anselm of Canterbury and Bernard of Clairvaux are equally rife with complaints about chronic pains.

The pride of place as the greatest hypochondriac of the Middle Ages, belongs undoubtedly to Gregory the Great. Gregory suffered from gout, and his letters are generously larded with references and complaints about the pain it caused him. **00:38:04** His rich language and frequent use of hyperbole and superlatives, makes his pain come alive from the text.

It is a long time now that I cannot get out of bed. Sometimes the pain of gout tortures me, and sometimes it runs throughout my body like fire. And often both the fire and the pain contend with each other in me, so that I am left breathless. I have no wish to add more than I have said of the illness. But briefly I shall say that the infection of noxious humours so depletes me that it is punishment for me to live and I look forward to death, which, I believe, is the only remedy for my sufferings.

One of the remarkable thing about this letter is that it was written to people Gregory had never met, two obscure Sicilians, Patricia Italica and Dominus Venantius, who came all the way from Sicily to meet him and he was excusing himself. So the context does really not a call for this sort of pain. It would take a millennium until an even more garrulous hypochondriac, Erasmus of Rotterdam, would provide more vociferous complaints about gout. You can add Montaigne about the stone. It seems to have been an inexhaustible subject.

The great advantage of letters is double. For once, we have the unmediated voice of the sufferer. And if we are lucky, we have it over time, rather than a small encapsulated narrative of the moment, and with a backwards glance added, which is what we have in miracles. Here we can follow the patients sometimes for a period of years, observing how she is coping with chronic pain. **00:40:03** We do not have all that many long term correspondences, but even those that we have, even those that have been explored and exploited, have never been examined for illness and pain, let alone chronic pain. This has been done in early modern history with diary of Ralph Josselin, but not in medieval history. We need not search literary public letters, but if I might speculate, the letter of Francesco Datini and his wife, Margarita, and the Paston letters, might yield some surprising results. As a final suggestion, I suspect that a close reading of *ricordanze*, both in Italy and in Southern France, might also shed interesting light on our problem.

Here I get to the knotty part, the methodologies. Come, it's time to tackle the most important and the most unimpressive part of my lecture, the methodologies. The plural is a conscious choice, for I do not believe that we should limit ourselves to a single methodology. I would like to begin with quoting a statement of Helen King, the great expert on classical medicine:

Medicine is never neutral. In any society, it carries cultural values. For example, beliefs about the human body and about the roles and relative importance of different age and gender groups.

One striking example that she instances is a notoriously wide use of opiates in Hippocratic medicine, a phenomenon which has greatly influenced the modern view of Ancient Greek medicine as being narcotic conscious. However, King notes that the ancient uses are in no way correspondent to our perceptions, and I quote:

Twenty-one out of twenty-five Hippocratic uses of the opium poppy recur in gynaecological texts but the most common purpose of its administration is to recall the wandering womb.

00:42:22 Not analgesic, not anaesthetic at all. This cautionary comment on the importance of the social and cultural context should be our guideline. In researching and perceiving chronic pain in the Middle Ages, we must follow the definitions of the time, and not ours. Coming back to our struggles with definitions, I would propose that we define as chronic pain what the authors whose work we mine and analyse defined as such. And as we have seen throughout the day they use the term *dolor cronicus*. In one sense, our sources were far more advanced than modern medicine. Medieval medicine unquestionably considered continuous pain as illness, while present-day carers for chronic patients are still struggling with the medical institutions that refuse to recognize it as such.

A quick look at the table of contents of a small *consilia* collection, that of Antonio Cermisone who died in 1441, shows us their perception of pain. The first section concerns illnesses of the skin, and we will skip it, the second one of the head, and here are two different *consilia*, one about *dolor capitis* and the second about *dolor cronicus capitis*, which is caused by vapour arising from the uterus. There is a great of gendered material here. Bartolomeo Montagnana, who is another great source for *consilia*, between 1380 and 1452, is the most prolific of Italian *consilia* writers, has forty-five *consilia* for treating headaches, many of them expressly designated as chronic. **00:44:13** To further illuminate the differences between then and now, one must add that all chapters on illnesses of the head or the brain included melancholy and epilepsy, both labelled chronic, as did all works in the wake of Hippocratic medicine. Thus, physicians writing *consilia* definitely considered the ancient taxonomy of acute and chronic pain as relevant.

The second point I wish to make is that the method to source. I sound like a politician. I would adopt an interdisciplinary flexibility. We have a large variety of sources and must not impose a single method on the research. I think I have said it already, that sometimes the medieval quantification has not served the field well, especially with the study of miracles. Needless to say, literary sources require their own type of analysis, which is entirely different. At the risk of being labelled a heretic by literary experts, I would suggest that literary sources be read not so much for style and structure but looking for agency, power, and the shaping of narratives. Medical sources require more than one method because there are so many of them. Here one must be strongly aware of the role of tradition in shaping the text, of past texts interleaved within what we are reading. Nevertheless, even given that intertextual weight of tradition, it is possible to use *consilia* in micro-historical studies. **00:46:02** This has been done with criminal court records, but very rarely with medical *consilia*. In fact, I know one article like that.

Above all, chronic pain histories are lifelong experiences. As you can see, I have no method to advocate. No source will give us the entire picture. But we must be aware of the importance of the narrative study of chronic pain. Already Sophocles knew this when Philoctetes, devoid of human society for ten years, meets Neoptolemus, he cannot stop talking and telling his tale. Neoptolemus, under orders from Odysseus, tries to steal Philoctetes's bow and arrows and get away. But the wounded man will not let him go. He keeps grabbing him. Like the ancient mariner, he forces his

interlocutor to listen to his tale, and the tale has been told and retold many times. One of the most powerful retellings is that of Lawrence Learner, who died last year, in his poem *Philoctetes*:

When the pain strikes, I get no warning.
Waves Totter, and overturn; and then my foot
Is foaming metal, and a tangled sound
Bursts in the air. Salt water in my head,
The waves exploding in my foot, then nothing.

Thank you!

(Applause)

Dr Alicia Spencer-Hall (00:47:47): Thank you, Esther, for that. I love the call to arms in vindication for what we're doing here today. We'll open the floor to questions. Esther, would you prefer to sit or stand?

Professor Cohen (00:47:56): I'll stay here.

Dr Alicia Spencer-Hall (00:47:57): Great! So we have just around twenty-five minutes. So please bring your questions.

Questioner 7 (00:48:14): It was really fantastic that you talked about *consilia* because they're such a (inaudible 00:48:18) source, and I wondered that do you think they are a kind of document in which narratives can emerge effectively?

Professor Cohen (00:48:26): As I said, some of them are totally theoretical. If it starts with a "*quidam domina*" (Latin 00:48:35), you can be sure that he invented the "*quidam domina*". But very often most *consilia*, especially the fifteenth century ones, have a specific name and a specific case. And what they tell us is definitely interesting, and it is indeed often a whole encapsulated narrative.

Questioner 7 (00:49:06): And a reported narrative, so it's the physician reporting the narrative of the patient?

Professor Cohen (00:49:10): Yes. I must add on one warning about this. There have been a few scholarly editions in the last few years, of *consilia*, and much to my fury, the editors usually cut out what I consider the most interesting part. All the pharmacology is out because it is not interesting for history of science, and all the personal case studies are also out. So there is a six hundred page edition of Taddeo Alderotti, and it is useless, absolutely! It is selective. And so anyone who wants to work on *consilia*, go to the Vatican, to the Biblioteca Apostolica Vaticana, sit and read. Dreadful handwriting!

Dr Alicia Spencer-Hall (00:49:57): Bill?

Dr William Macle hose (00:49:58): Thank you, Esther it was wonderful. This is not fully thought out but over the Summer I was at a wonderful conference on healthy ageing, and the history of ageing.

And Michael Stolger gave a really great comment—

Professor Cohen (00:50:13): I'm sorry, I can't hear you.

Dr William Macle hose (00:50:14): Sorry?

Professor Cohen (00:50:15): Could you speak louder?

Dr William Macle hose (00:50:16): Oh sorry! There was conference on healthy ageing and Michael Stolger gave a great talk on something that was just source of incredible jealousy for me, because working on a seventeenth century German diary, he had found a man who just wrote—the diary exclusive contained basically his bodily functions. This man was having incredible problems. And it really was just “I spat, and I urinated, I vomited.” But, I just, what I like about your talk is that you give us different angles to say, ok, yes those correspondences—and thank you for the many great references—are filled with these moments of awareness of the moment in which we live, that is the closest we can come to (inaudible 00:51:06) wonderful and insane diary of bodily fluids. So I'm just trying to think if there are other ways that we can access these moments of the personal experience. You know, because the problem with miracles that I was discussing with you, as well, because of they are so mediated by the narrative of the (inaudible 00:51:28).

Professor Cohen (00:51:28): Yes of course. It's a registrar who was writing, yes.

Dr William Macle hose (00:51:29): Yeah exactly. And so, I think, that's why even the diaries obviously have that as well, to some extent, with the correspondences missing. But that comparatively unmediated access is—as I said I'm so jealous of this—but I'm just trying to find ways in which we as medievalists can find anything close to that that access that...

Professor Cohen (00:51:52): I'm sorry to destroy your illusions. But here I'm quoting the guy who invented ego-documents, Rudolf Dekker.

Dr William Macle hose (00:52:00): Yes that's him. He did.

Professor Cohen (00:52:01): In his edition of the diary of Otto—I forgot what. Otto got a diary from his parents at the age of ten, with the specific injunction to write every day all his sins. Good Calvinist family. (Laughter) And, well he died of the age of eighteen, and (inaudible 00:52:22) and Rudolph Dekker edited it. But if we take that to be the innermost thoughts and feelings of the kid, it isn't. So even the diaries are not...

Dr William Macle hose (00:52:40): Yes. No, that's right.

Professor Cohen (00:52:43): You can look at fourteenth and fifteenth century Italian diaries that ninety per cent is business transactions.

Dr William Macle hose (00:52:56): I mean that there are these moments where there's kind of unexpected ones—I'm asking, actually, for it.

Professor Cohen (00:53:04): Yes.

Dr William Macle hose (00:53:04): I'm not saying that they are just going to happen to say, "Oh yes," as with Gregory perhaps, "well I couldn't meet you because I have some gout, and the gout pain is too great." So it's just that those moments of, you know, whether it's very similar to or actual reality. How much can you claim those? I mean...

Professor Cohen (00:53:24): Well I think that gout or haemorrhoids or whatever it was is very much what my mother would call a diplomatic headache. He really didn't feel like meeting those obscure Sicilians. So he wrote something—what is amazing to us that he wrote such a very live discussion, and other letters. He has several letters about gout, and they are all very, very eloquent. So that was not only an acceptable excuse but it was also something that Gregory was known to write about. Oh, he has also other letters about other sicknesses too.

Dr Alicia Spencer-Hall (00:54:06): I'm just going to jump in and ask, because I'm working at the moment on letters as kind of hybrid zones between public and between private, and I was just wondering, again your thoughts, because you're mentioning in this it's is two specific people about a specific meeting. But is it a very kind of modern imposition to say "Oh well he's mixing the public and the private there"? Because like you say, clearly, he just...

Professor Cohen (00:54:29): Well now this is a public letter.

Dr Alicia Spencer-Hall (00:54:31): Yes.

Professor Cohen (00:54:31): We have it because it was preserved by the chancery in Rome. We don't have the letter with the parchment that went to Sicily. We have the archives of the Roman chancery.

Dr Alicia Spencer-Hall (00:54:48): I just think that's a really... again, an interesting thing that you were saying about, that you can say that publicly and that's—everybody just goes, "Oh yeah right ok." I think that's very interesting.

Questioner 8 (00:54:58): Just as a comment on genre there. I mean letters aren't really personal, in any real way.

Dr Alicia Spencer-Hall (00:55:03): Exactly.

Questioner 8 (00:55:03): Just like, even in seventeenth century, which is when I'm working on, if someone wanted to transmit something privately, it was carried by the bearer as an oral message usually. So I think that's got a long history and background to Classical times, as I understand, so yeah. They are very ingratiating documents.

Dr Alicia Spencer-Hall (00:55:22): Oh yeah exactly! And again, that came up too, somebody, about a thing. But it's for everybody, there everybody is listening in. Yes, absolutely. Yes, Wendy.

Dr Wendy J Turner (00:55:35): I love your talk!

Professor Cohen (00:55:36): Thank you!

Dr Wendy J Turner (00:55:41): So have you looked at many casebooks? Physician's casebooks?

Professor Cohen (00:55:49): Physician's casebooks?

Dr Wendy J Turner (00:55:51): Because some of those do describe what's happening with each of their patients. Because it's a commonplace book. They're just keeping notes.

Professor Cohen (00:56:02): No I haven't, but you're right.

Dr Wendy J Turner (00:56:04): So that might be another place...

Professor Cohen (00:56:06): Yes.

Dr Wendy J Turner (00:56:07): ... that we could look, is the commonplace books.

Professor Cohen (00:56:09): Yes, fifteenth and sixteenth century, you would find quite a lot of them. And again, they are in the archives.

Dr Wendy J Turner (00:56:16): Yes, they are in the archives. They are not published. There are some wills published and sometimes they describe, you know "I have this condition or I don't want people with mental health inheriting or given to anybody who has this or this or this. I want it to go to somebody who is mentally healthy." And that starts probably in the fourteenth century. But I've seen other bodily conditions described, although I don't recall whether or not people say "I'm in pain." But...

Professor Cohen (00:56:57): I don't recall any wills. I did look not in a very thorough way at wills. This is again something not to be done from a collection of edited wills. It's go into the archives and sit there and do the work. And I haven't done it really, as far as wills are concerned.

Dr Wendy J Turner (00:57:22): And let me just share your concern that things are being translated or transcribed oddly these days. And I was complaining to somebody earlier today that *idiotia* is now almost consistently being translated as congenitally idiot, congenital idiot.

Professor Cohen (00:57:46): But it's not...

Dr Wendy J Turner (00:57:47): And that's not true. Just so you know.

Professor Cohen (00:57:50): Wendy, I think I told you in the twelfth century you will find the word *idiotia* used also for laymen!

Dr Wendy J Turner (00:57:59): Laymen! Of course.

Professor Cohen (00:58:01): Yes! Perfectly sane laymen.

Dr Wendy J Turner (00:58:03): So unless it says *a nativitate* or, you know, some other...

Professor Cohen (00:58:08): *Non compos mentis*.

Dr Wendy J Turner (00:58:10): *Naturalis* then...

Professor Cohen (00:58:11): *Amens*. That's one of the favourite.

Dr Wendy J Turner (00:58:12): Yes.

Professor Cohen (00:58:13): Yes.

Dr Alicia Spencer-Hall (00:58:17): Alex.

Dr Alexandra Lee (00:58:18): You were talking about chronic pain, kind of, as a result of trauma, and I was wondering if there any examples of chronic pain that are sort of spontaneous? And if that should be considered terminologically differently to traumatic happening.

Professor Cohen (00:58:36): Spontaneous pain?

Dr Alexandra Lee (00:58:37): Yeah! So kind of chronic pain but with no tangible cause.

Professor Cohen (00:58:42): I can think of modern cases: aneurysms, for example, that there is no warning and suddenly something a vein bursts in your brain. And, from what I'm told, it's acute pain, it's not chronic pain. And recovery is from the disability more than from the pain.

Dr Alexandra Lee (00:59:08): So then does medieval chronic pain always have a cause?

Professor Cohen (00:59:12): Well, that is the neural theory of the pain gateway and the brain adapts to receiving and generating feelings of pain. The main idea is that if somebody hits you on the hand, your hand doesn't hurt, your brain hurts. And what the neurologists are saying is that if your brain gets used to projecting pain it will go on doing so.

Dr Andrew Fear (00:59:50): Would that work in a sort of psychosomatic way? But certainly, I think, Gregory the Great would say that pain always has a cause, and that is sin, at the end of the day.

Professor Cohen (01:00:00): But it's not psychosomatic, necessarily.

Dr Andrew Fear (01:00:04): And, you know, if you feel you're sinful, you can see how you can then get trapped into a cycle.

Professor Cohen (01:00:09): Yes, definitely.

Dr Andrew Fear (01:00:10): Of then feeling badly, and so on and so forth.

Dr Alicia Spencer-Hall (01:00:17): Yes? No? Well, I think we can break early for wine! (Laughter and jubilant noises from the room) And we can have more complex, I think, discussions over wine and that's always helpful. So please thank Esther Cohen for me, once more, for being amazing as a speaker and providing a great end to the day.

(Applause)