

Pain and epiphany:

Julian of Norwich' revelations of divine love as pathography

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This article discusses the medieval English mystic Julian of Norwich's autobiographical text Revelations of Divine Love and the significance of physical pain in Julian's holy visions. Applying Anne H. Hawkins' idea of the 'myth of rebirth', the article argues that although Julian's work is not a narrative about illness as such, it may nevertheless be read as a medieval pathography or as a representative for a pre-stage genre of the modern pathography. Moreover, by applying theories on the phenomenology of pain, it discusses whether we may learn something today from the way in which medieval religious writers found a theological meaning in pain and whether painful experiences may help develop positive character traits.

In 1373, Julian of Norwich received a series of sixteen holy visions during a serious illness from which she was expected to die. Instead, she miraculously recovered from her illness and wrote down her visions in what has become known as her *Revelations of Divine Love* or *Shewings* (modern English 'showings'). Julian's writings are known to be the first literature written in English by a woman. But her writings are much more than that: *Revelations of Divine Love* is also a medieval illness story, an account of a near-death experience, an account of sixteen holy visions – some of which manifested themselves in intense physical pain – and it is an account of Julian's highly developed theology of love, for which she is best known.

Finally, it is an account of how Julian, in line with medieval religious ideas, found meaning in pain and suffering and how her religious epiphany led to personal growth and spiritual wellbeing.

In this article, I explore whether theology and medieval studies may contribute to the field of medical humanities by examining descriptions of holy pain in Julian of Norwich's *Revelations of Divine Love*. More specifically, this article is a contribution to the study of pathographies, and I argue that the genre may be traced back at least as far as the Middle Ages. I discuss whether Julian's work may be read as an early pathography despite the fact that Julian hardly describes her own illness at all in her autobiographical account. She does, however, describe the intense somatic pain she experiences in her visions, although she does not relate this pain to her actual illness *per se*. In line with medieval religious ideals, moreover, Julian finds meaning in this pain, which becomes instrumental for her spiritual development and wellbeing. With Julian's epiphanic experiences in mind, I will discuss whether we might learn something today from medieval attitudes to pain as a means for personal growth. In doing so, I provide a phenomenological approach to the topic under discussion and apply theories on the phenomenology of pain articulated by scholars such as Drew Leder, Espen Dahl and Ariel Glucklich.

What is a pathography, really?

There are numerous definitions of the term *pathography*, ranging from the definitions that include more or less anything you want to be included to the more stringent, narrow interpretations of the term. The Merriam-Webster online dictionary gives the following, broad description: "*biography that focuses on a person's illnesses, misfortunes, or failures; also: sensational or morbid biography*" (<https://www.merriam-webster.com/dictionary/pathography>). Literary scholar Anne H. Hawkins, on the other hand, suggests a more exclusive definition, emphasising the personal experience and the illness as key factors: "*a form of autobiography or biography that describes personal experiences of illness, treatment, and sometimes death*" (Hawkins 1999:1).

If we dissect the compound *pathography*, the first part of the Greek term is Πάθος (pathos), meaning 'emotion', 'passion'. The meaning of the Latin *passio* furthermore, a translation from the Greek Πάθος, is 'illness', 'suffering' or 'martyrdom'; the term is best known to us with reference to the passion story in the New Testament. The Latin verb *patior*, moreover, means 'to suffer' or 'to endure'. Based on these meanings, we may broadly define pathography as written texts

(γραφή, 'graphē') about strong emotions, passion, illness or suffering, and even martyrdom, with the biblical accounts of Christ's passion as the literary climax of the latter. Hawkins moreover focuses on the *transition* brought about by the passion, illness or suffering in the life of the affected, emphasising that

"[p]athographies are compelling because they describe dramatic human experience of real crisis: they appeal to us because they give shape to our deepest hopes and fears about such crises, and in so doing, they often draw upon profound archetypal dimensions of human experience. If this is so, one might wonder why it is that pathographies were not more in evidence in previous eras and cultures" (1999:31).

She goes on to argue that these stories do in fact exist in previous eras and cultures, but in a different form (or should we say forms?), and that the modern pathographies' closest counterpart are autobiographies that describe religious conversion (Hawkins 1999:31). One of the striking similarities between the modern pathography and the older conversion narrative is that they both *"give special prominence to myths about personal change"* (33). In her treatment of conversion stories from seventeenth-century England, Hawkins notes that there are very few accounts of actual illness, but in those that do exist, the illness is treated as *"a means for spiritual growth"*, and the physical dimension of the illness is interpreted as *"a metaphor for the spiritual"* (31). Thus physical recovery and wellbeing equal spiritual growth and wellbeing, underlining Hawkins' emphasis on change in the life of the experiencer. This is in line with the pre-Cartesian world-view, which lacks the modern, post-Cartesian, dichotomy between body and soul, representing a more holistic view of physical and mental wellbeing as interconnected and co-dependent (McKinstry and Saunders 2017: 141-142, Saunders and Fernyhough 2016, Saunders 2016:412). I concur with Hawkins in this claim. She goes on to demonstrate how narratives concerning such personal transformation with emphasis on the spiritual and the religious – described by Hawkins as precursors to the pathography – go much further back in time than Hawkins' own treatment of the phenomenon in seventeenth-century England. In fact, considering the examination of the term pathography above, we may at least go as far back as Jesus Christ and further (as shown by Hawkins). By way of example, the gospel narratives' descriptions of Christ's passion provide biographical accounts of experiences of suffering, pain and death, in line with Hawkins' definition above. Moreover, although the term 'martyr' (Gr. Μάρτυς) is also used in the secular sphere, I believe it is safe to say

that the passion narrative is the most famous *passio* in the martyrdom sense of the term. In further accordance with Hawkins, the story of Christ's passion is doubtlessly a description of a "*dramatic, human experience of real crisis*", which may perhaps partly explain why the Bible still has such an appeal. At least, in her own discussion of pathographies, this is one of Hawkins' explanations to why these illness stories fascinate so many readers. Moreover, in line with Hawkins description, the biblical account of the resurrection, following the passion narrative, has for centuries or even millennia been "*giving shape to our deepest hopes (...) about such crises.*" It is precisely the passion narrative, describing an extreme, but nevertheless meaningful pain, that brings about personal change in Christ's followers. This, we shall see, is also the case with Julian of Norwich. Thus, although it may be argued that his pains do not bring about personal change in Christ himself, his meaningful suffering for the love of humankind has an epiphanic and transformable effect on his followers.

Hawkins also notes with regard to the connection between seventeenth-century conversion narratives and the modern pathography that "*[i]t almost seems as though pathography has replaced the conversion autobiography of earlier, more religious cultures*" (Hawkins 1999:31). This replacement of the religious conversion narrative in the seventeenth century with the illness story of today demonstrates a move from religious to secular society, from trust in God to trust in medical science and from finding relief and wellbeing in the faith in God to laying our lives in the hands of science and medical doctors. Yet at the same time, recent research shows that patients of today also seek out more spiritual treatments such as healing, not necessarily to replace conventional medicine, but as a supplement in their need for a more holistic treatment than what they find offered in the conventional medical institutions (Larsen 2018, Kiil & Salamonsen 2013, Kiil 2019). That conventional medical treatment is not always enough for the ill patient and/or relatives, who wish to be seen as more than a diagnosis or a body part, is also indicated from the subgenre of the modern pathography termed 'angry pathographies' by Hawkins: "*Recent pathographies demonstrate our cultural discontent with traditional medicine in two different ways: by the expression of anger at callous or needlessly depersonalizing medical treatment and by a concern with alternative therapies*" (Hawkins 1999:5).

The Norwegian professor of psychology Ole Jacob Madsen has noted that in today's society, the clergy has been replaced by the psychologist, whom he terms 'the new clergy', as carers for human mental and spiritual wellbeing, in a shift from focus on salvation (with emphasis on the afterlife) to health (with emphasis on this life) (<http://www.verdidebatt.no/innlegg/11685197-de-nye-prestene>, Mad-

sen 2017b). The similarity that Hawkins sees in the modern pathography and in the older conversion narrative is what she describes as the ‘myth of rebirth’ also referred to as ‘the regeneration paradigm’. This myth or paradigm is characterised by “the belief that it is possible to undergo a process of transformation so profound as to be experienced as a kind of death to the ‘old self’ and rebirth to a new and very different self” (Hawkins 1990:547). A common feature is the death to an old troubled or sick self and the birth of a new, healthy or enlightened self, that is, physical and mental wellbeing through pathos/passio. This description is in line with Julian of Norwich’s experiences as recounted in her autobiographical writings, to which I will now turn.

Julian of Norwich: her life, her works and her religious experiences

Hardly any information exists about Julian of Norwich apart from what she provides herself in her own writings.¹ We don’t even know her real name. But through her own account, we know that she was an English mystical writer (c.1343-c.1416) who by the age of thirty experienced a series of sixteen holy visions while lying seriously ill in 1373 (Windeatt 2016:xiii). Although she, her family and companions expected her to die from her illness, she nevertheless recovered and in the aftermath, she wrote down her experiences in the texts now known as the *Revelations of Divine Love* or simply *Shewings*. These texts are the first pieces of literature known to ever have been written in the English language by a woman, and considering that Julian describes herself as ‘ignorant’ and ‘unlettered’, and the fact that women were normally not given any proper education in England at the time (Windeatt 2016:xv, Novotny 2015:1), they are of remarkably high literary quality. Following her illness, Julian became an anchoress connected to the Church of St. Julian (from whence we have her name) in Norwich, and she flourished there as a religious councillor for people who came to seek her spiritual guidance until her death in c. 1416. Julian’s *Shewings* exist in two versions – the short text and the long text – written with a gap of approximately twenty years, according to her own estimation. In the more or less immediate aftermath of her illness, she first wrote down her experiences in what is known as the short text, divided into twenty-five short chapters. She then meditated and reflected upon her visions for another twenty years before she wrote her long text of eighty-six chapters, consisting of a longer account of her

visions but also of her own well developed theology. In essence, Julian's theology, which is based upon her mystical experiences, teaches that God is all wisdom and all love and all power, and that therefore, in the end, all shall be well (cf. ch. 27: *"all will be well, and all will be well, and every kind of thing will be well"*).

Her visions have been known as a literary work to the public since a version of the long text in modernised language was first published in 1670 by the English Benedictine Serenus Cressy. Only one copy of the short text has survived, found among other shorter spiritual works in the MS British Museum Add. 37790, also called the 'Amherst' manuscript after its last private owner. The handwriting of the manuscript has been dated to c. 1450. The British Museum bought the unique manuscript of the short text in 1900, after it had been passed from the hands of one private owner to the other since the Dissolution of the Monasteries in the 1530s and 40s (Colledge and Walsh 1978:17). Only one surviving manuscript witness of the long text predates the Dissolution of the Monasteries in the sixteenth century. This manuscript has been dated to c. 1500. The manuscript now considered the most important witness is the MS Fonds anglais 40 from c. 1650, preserved in the Bibliothèque Nationale in Paris (Colledge and Walsh 1978:21).

Before turning to Julian's visions, let us have a look at what characterises medieval vision literature and mysticism. Vision literature, that is accounts of holy visions, make up a large corpus within medieval devotional writing. These accounts can be fictional, semi-fictional, biographical or autobiographical. Autobiographical descriptions of holy visions, revelations or religious experiences are often referred to as mystical, forming the textual basis of what in modern times has been termed mysticism. Definitions of mysticism abound and cannot be discussed at length here, but one of the most authoritative researchers on the topic is Theologian Bernard McGinn, who defines 'mysticism' as *"a special consciousness of the presence of God that by definition exceeds description and results in a transformation of the subject who receives it"* (1998:26). Medievalist and Religious Historian Barbara Newman (2013:41) provides a much wider definition: *"a quest for experiential union with God."* It is uncontroversial to say that medieval mystics, or visionaries², experienced what they perceived as one or several encounters with the divine. These encounters were of a highly spiritual character, yet they often involved intense physical pain, which is often also referred to as 'sweet' or joyful.

Whereas McGinn in the above definition emphasises the experience of divine presence and the experiencer's personal epiphanic transformation, Newman underlines the quest for divine union. All these aspects are in play in Julian's mystical experience: In her quest for experiential divine union, she receives visions in

which she experiences a divine presence. As a result, she undergoes a personal transformation and comes to know herself and God in new ways. Herein lies her epiphany. This is in line, as far as I can see, with Hawkins' description of conversion narratives from the seventeenth century and her 'myth of rebirth', and supports my argument that this myth may be drawn further back in time than Hawkins' treatment of seventeenth-century conversion literature.

Julian's illness

Julian's illness is the vessel through which she experiences her visions, and her autobiographical text is one of few first-person accounts of pain and illness by a woman from the Middle Ages. According to Medieval Historian Esther Cohen, no women left as graphic descriptions of pain and illness as some men did, and although "*there is no lack of self-descriptive women's writings, the voice of the ill woman is silent on the whole*" (Cohen 2003:207). Neither is Julian particularly communicative in terms of describing her illness as such. Whereas she describes and elaborates on the pains she experiences in her visions, the only information she shares with her readers about her own illness – which was so severe that she was close to death and thus presumably also painful for her – is that her body felt "*dead from the middle downwards*", then that the upper part of her body began to die, and that "*the greatest pain that I felt was my shortness of breath and the ebbing of my life*" (Short text, chapter 2, p. 128). Disappointingly, perhaps, this is all the information we get from one of the few first-hand accounts we have in literary history of what seems to have been a near-death experience. Although we can deduce little information about her illness, however, her account of her visions are all the more elaborate and provide invaluable information about her mystical experiences.

Julian's five desires and her experiences of ecstatic pain

In the opening chapters of both the short and the long text, we learn that Julian prayed to God for the gift of a bodily illness so serious that she would be close to death, and

"[i]n this sickness I wanted to have every kind of pain, bodily and spiritual, which I should have if I were dying (...) and every other kind of pain except the departure of the spirit, for I hoped that this would be profitable to me when I should die (...)" (Short text, chapter 1, p. 126).

She goes on to describe five desires that she prayed God to fulfil, all being described in terms of pain. The first desire was 1) to experience a serious illness, the second 2) to experience the pains of Christ's suffering, and next that she would receive three 'wounds' from God: 3) the wound of contrition, 4) the wound of compassion, and 5) the wound of *"longing with all my will for God"* (Short text, chapter 1, p. 127). That Julian's desires are five in number and described in terms of pain (illness, suffering, wounds) is not coincidental. They reflect the medieval devotion to the five holy wounds of Christ and the belief in their healing powers as stated in 1 Peter 2:24: *"By His wounds you were healed"*.

Julian's first desire is fulfilled with her illness; the second when she receives her sixteen holy visions wherein she experiences the pains of Christ's suffering on her own body. It is in her visions that she receives the recollection of Christ's Passion and her third desire, the 'three wounds' of contrition, compassion and longing for God.' These wounds lead to her epiphanic awakening and her union with God, and she thus considers the illness a gift from God through which she received her visions and ultimately her personal transformation.

In her visions, Julian sees a *"supreme spiritual delight"* free from pain before everything changes. She then feels abandoned and such despair that she *"hardly had the patience to go on living"* (Long text, chapter 15, p. 204). These two opposite feelings alternate over and over again in the vision:

"And then again I felt the pain, and then afterwards the delight and the joy, now the one and now the other, again and again, I suppose about twenty times."
(Long text, chapter 15, p. 205)

She then has a vision of the Crucifixion of Christ, which she experiences as immensely painful:

"[t]his revelation of Christ's pains filled me full of pains, (...). And in all this time that Christ was present to me, I felt no pain except for Christ's pains; and then it came to me that I had little known what pain it was that I had asked, and like a wretch I regretted it, thinking that if I had known what it had been, I should

have been reluctant to ask for it. For it seemed to me that my pains exceeded any mortal death. I thought: Is there any pain in hell like this pain? And in my reason I was answered: Hell is a different pain, for in it there is despair. But of all the pains that lead to salvation, this is the greatest, to see the lover suffer.” (Long text, chapter 17, p. 209)

There is a paradox in Julian’s description that is not uncommon in medieval accounts of mystical experiences: On the one hand, Julian describes what we typically refer to as an out-of-the-body or ecstatic experience that is highly spiritual, yet on the other hand, she describes it as physically painful. Moreover, the pain she experiences in her visions is a pain that she has prayed for and that she welcomes. This feeling of positive affect in relation to holy pain is reflected in various other mystical writers from the middle ages and the early modern period. Julian’s contemporary, the English mystic Richard Rolle describes in his work *Incendium Amoris* (‘The Fire of Love’) a similar experience:

“I was more astonished than I can put into words when, for the first time, I felt my heart glow hot and burn. I experienced the burning not in my imagination but in reality, as if it were being done by a physical fire. I was really amazed by the way the burning heat boiled up in my soul and (because I had never before experienced this abundance), by the unprecedented comfort it brought. In fact, I frequently felt my chest to see if this burning might have some external cause.” (Rolle 1981:93)

One of the best known such experiences of holy pain is found in the writings of the Spanish sixteenth-century mystic Teresa of Avila, who, like Rolle, describes the pain both in terms of burning flames in the heart and as a sweet pain:

“I saw an angel close by me, on my left side, in bodily form. This I am not accustomed to see, unless very rarely. (...) I saw in his hand a long spear of gold, and at the iron’s point there seemed to be a little fire. He appeared to me to be thrusting it at times into my heart, and to pierce my very entrails; when he drew it out, he seemed to draw them out also, and to leave me all on fire with a great love of God. The pain was so great, that it made me moan; and yet so surpassing was the sweetness of this excessive pain, that I could not wish to be rid of it. The soul is satisfied now with nothing less than God. The pain is not bodily, but spiritual;

though the body has its share in it, even a large one." (<http://www.gutenberg.org/files/8120/8120-h/8120-h.htm#l29.0>, Ch. XXIX, 16-17)

How should we explain these two paradoxes between the spiritual and the physical on the one hand, and the painful and the joyful on the other? And how are these tensions relevant to Julian's religious healing? I suggest that the key notion in explaining these tensions lies in the medieval ideal of *Imitatio Christi* through bodily pain.

Late medieval culture of pain and the ideal of *Imitatio Christi*

In the European later Middle Ages, pain and suffering were central themes, among theologians, physicists and legal scholars alike as well as in monastic circles and among the laity (Cohen 2010, 2003). But why this focus on pain and suffering? Pain was, of course, an ever-present part of medieval society, with plagues, various wars, low life expectancy, few medical cures for diseases and so on, but there is little evidence to suggest that the later Middle Ages were more painful than earlier times (Cohen 2010:3). Yet the focus on pain and suffering seems to have escalated precisely in this period. This focus seems to go hand in hand with increased attention to the suffering Christ. In the later Middle Ages, the Christian world-views reflected in both scholasticism and monasticism saturated Christian European societies. Scholasticism saw its peak in the later Middle Ages, while new monastic orders were established across Europe simultaneously. The religious focus was on the Crucifixion and the Passion of Christ, and consequently, the holy was largely connected to pain. Because suffering was seen as such a central part of human and salvation history, with Christ's passion as its zenith, this focus on pain is perhaps not so surprising after all. What further characterises this central theme in the later medieval period, however, is a new emphasis on the positive aspects of pain that we see, for instance, in medieval mysticism. Mystical writers drew attention to the usefulness of pain and to how pain might function as a way to perfect the soul. Pain and suffering were in some cases seen as a gift from God, as reflected in Julian's five desires. In a culture where everything in this life could be considered to affect the next, pain was regarded as a meaningful preparation for the afterlife and as a way to reduce suffering on the other side. Ultimately, the meaning of

pain was to understand Christ's sufferings. Christ had suffered and died for humankind, and human salvation was founded on his pain. The ideal way to perfect one's own soul in preparation for the afterlife was to attempt to fully comprehend this through imitating His pain – *imitatio Christi*. The idea was to seek identification with Christ through suffering, to experience His pains as far as possible, although the mystics acknowledged that He had suffered more than any other human being for the entire human race. This is what we see reflected in Julian's desire to experience Christ's suffering, and in her visions of the passion in which she takes share in his pain. Theologian Frederick Bauerschmidt has noted that

"[i]t is only when Julian actually becomes sick that she seems explicitly to connect her second request [to experience Christ's passion] to the first [a severe illness], so that the pain of her bodily sickness becomes part of her identification with Christ. [...] Her desired sickness is not simply purgative; it is [...] a form of imitation" (Bauerschmidt 2008:39).

In line with the ideal of *Imitatio Christi*, the way to God is through pain. However, as Christ suffers with joy because of his love for humankind, in a similar manner the mystics also found joy in their pain, since they suffered for their love of Christ, and the pain they experienced was considered a means for getting closer to the divine. Herein lies yet another meaningful aspect of the pain. But the main emphasis is on how identification with Christ through pain enables the perfection of the soul and leads to spiritual development. Julian recovers from her illness and her pain experiences as a new, transformed human being.

In today's western society, there seem to be a tendency to use all means necessary in order to avoid pain. We take a painkiller if we have a headache or we see the doctor when we feel pain that can not immediately be explained as something natural that will soon pass in and of itself. Theologian and phenomenologist Espen Dahl describes pain as an 'evil', and as "*something that should not be*", although he acknowledges that there are certain gains that may come through pain, such as "*the pain of growth, pain as signals of danger, and gains that can only come through pain*" (Dahl 2017, 396, my emphasis). In theological discussions on theodicy, that is, the question of why an almighty, omniscient and good God permits evil to happen, theologians such as John Hick (2010) and Richard Swinburne (1998) both argue that evil is a necessary ill that promotes the development of favourable human character traits such as love, empathy, truthfulness and courage. I will argue that the medieval religious idea of illness and pain as gifts from God may be read

today as a metaphor for something similar. In Western secular society, thoughts about perfecting the soul in preparation for the afterlife may seem dated to many of us and of little relevance today. Yet in line with Hick's and Swinburne's ideas of evil as a necessary ill for developing positive character traits, is it possible to consider pain not only as an evil but also as a meaningful human experience that may promote the same kinds of favourable traits?

The medical doctor and phenomenologist Drew Leder has pointed out how we tend to forget our body when it works normally. We don't think about our body when we breathe normally, walk, drive, cook or conduct other everyday activities that involve the use of our body. Leder terms this 'the absent body' (Leder 1990:69). When we experience pain, however, we become immediately aware of our body and we suddenly focus on the body that had hitherto been 'absent'. As Dahl has noted in this connection, when we experience physical pain, we no longer *have* a body, we *become* our body (Dahl 2015:153). He further argues that "*pain is the human experience that to the highest extent manifests human embodiment*" and that therefore, nothing makes us more self-conscious than when we experience bodily pain (Dahl 2015:151). I suggest that the notion of pain as an evil that should not be represents a relatively modern western idea and a modern, western focus on physical wellbeing free from pain precisely because pain is considered an unnecessary evil. In the mystical visions from the Middle Ages, however, this idea of pain as "*something that should not be*" is not recognised, because although the pain experienced in the visions is extreme, it is also described in terms of positive affect and considered meaningful. The experiencers welcome the pain, they have prayed for it and don't want it to go away.

Through the physical pain experienced in the visions of Christ's passion and the identification with Christ, I argue that it becomes impossible for Julian to forget the body and the pain, since, in accordance with the phenomenology of the body outlined above, the bodily presence is at its most intense when we experience pain. Although, the pain offers an intense here-and-now experience, the joy related to the identification with Christ paradoxically offers an ecstasy³ that involves a *loss of self* or an out-of-the-body experience. The mystical experience thus becomes both intensely physical and ecstatic at the same time. The physical comes to represent the pain, and the spiritual, or ecstatic, to represent the joy of union with the divine, which, paradoxically, derives from the painful imitation of the Passion. Julian's ultimate religious healing or transformation lies in her realisation upon which her theology rests, the epiphany that all things shall be well because God is all love and all power. It is significant that Julian's desire for suffering is not

for the pain in and of itself but because experiencing this holy pain is a way of focusing her attention on God, which will ultimately lead to her own religious transformation or fulfilment. Bauerschmidt notes in this connection that ultimately, it is not Julian's mystical experiences or the pain or the illness in and of themselves that are of significance; "*what matters is the revelation that she is given – the message of the nature and scope of God's merciful love*" (Bauerschmidt 2008:46). It is what comes out of the pain experience that is meaningful. So what may we learn from Julian's experiences today? Dahl's notion above, that there are certain gains that can only come through pain, is essential here, as Julian sees pain as a means to achieve a higher goal. We immediately consider pain an evil, something that should not be, says Dahl. This implies that we rid ourselves with a fundamental human experience, and we may ask ourselves if something would be lost to us if the experience of pain disappeared altogether. But to the medieval mystics, pain was something that definitely *should* be. Although Dahl recognises that there may be gains that can come through pain, he fails to address a deeper, positive meaning that was so central to the medieval mystics. And although the theological significance of pain that was acknowledged and appreciated in the later Middle Ages may seem distant to us today, I argue that there may be ways of appreciating meanings of pain or meanings that may come from pain also today. Giving birth would seem to be the ultimate example of such meaningful pain, and birth-giving may also serve as a metaphor for Julian's experiences: although the illness and the suffering itself may not be meaningful *per se*, the pain *gives birth* to meaning by way of her participation in the passion of Christ. Although Julian is not resurrected as such, she comes out of her near-death experience as a transformed human being transformed as a result of her participation in *Christ's* death experience. Thus, the pain experience also gives birth to the newly awakened and transformed Julian.

Conclusions

May mystical literature of holy visions be included in the precursory genre of the pathography as suggested by Hawkins in her discussion of seventeenth-century conversion narratives? Whether we can regard Julian's autobiographical writings as a pathography or not depends on our definition of the genre, and how inclusive we are in our definition. The *Revelations of Divine Love* is certainly not a typical, conventional pathography, but I will nevertheless make a case for Julian's work as

a medieval pathographic text or as representing a pre-stage to the modern pathography.

Julian is healed from her illness following a series of holy visions, some of which include intense physical pain. When Julian recovers and comes back from her near-death experience, she comes back as a fundamentally different person, as an 'other' Julian than the person who commenced the journey by praying for illness and suffering. When she comes out of her mystical experience, she perceives herself, her faith and the world in new ways. The illness that brought her to the verge of death may be read as a metaphorical death of Julian's old self, and her climax, her shared suffering with Christ in his death on the cross marks a rebirth of a new, transformed self. Herein lies her conversion narrative, comparable to the precursors of the pathography suggested by Hawkins.

Julian's visions mark the climax of her spiritual journey from a naïve, uneducated believing woman to a spiritually fulfilled mystic with a highly developed theology. Julian acquires mental and physical health and wellbeing through illness and suffering, and thus, concretely, Julian is healed of her illness through her visions, but her visions also offer spiritual healing, making Julian's soul whole and filled with love for God and compassion for her fellow humans. This compassion has a social aspect in her functioning after her recovery as a religious councillor for those who sought her spiritual guidance. Her own epiphany and transformation results in wisdom with which she reaches out to others in need of religious guidance. The new Julian thus takes on a role as a medieval therapist. She becomes the manifestation of the Nietzschean cliché 'what doesn't kill you makes you stronger' and her new strength is channelled into helping others in their spiritual search. This social aspect of Julian's religious wisdom can still be seen today in her great popularity among people both belonging to the Christian faith and to other religions, from both within academia and outside, from both among the Church and the laity. In Norwich today, Julian's church and shrine have been restored and has become an attractive destination for pilgrims. Her works and secondary literature on Julian and her visions are on sale in churches and bookshops across the western world. Her words are quoted frequently, and she is revered by the Anglican Church (Grange 2003:11). According to Physician John Grange, Julian has also played

"a key role in bringing silent contemplative meditation back into the English Christian tradition. There are, in Britain, around 400 ecumenical Julian Meet-

ings – groups of people who meet regularly for contemplative meditation” (Grange 2003:11).

Thus, Julian’s own religious transformation has brought religious healing and wellbeing even to contemporary worshippers, and her message of love is as relevant today as it was in her own time. Through her works, she still heals today.

The *pathos* of Julian’s autobiographical pathography is certainly present, both in her illness and in her experiences of Christ’s *passion*. One may argue that given the focus on her religious experiences rather than on her illness, *Revelations of Divine Love* is not an illness narrative as such. This same argument goes for Hawkins’ conversion narratives. Yet, although illness is a key factor in the modern pathography, I would argue that they, too, are about something fundamentally *more* than the actual illness experience. They, too, are often about the positive traits that may come from experiencing something as life-changing and epiphanic as serious illness may be, such as hope, personal growth, a realisation of life’s realities, compassion and courage. We find such traits also expressed in the vocabulary of illness itself in the pathographies, whether they belong to the religious sphere of the Middle Ages, the sixteenth century or to the modern-day world of medicine. As Linda Nesby has noted, in the vocabulary of illness “we find not only expressions of grief, pain and death, but also of hope, joy, courage and coping with life”⁴ (Nesby 2018 <http://nordnorskdebatt.no/article/hvordan-skriver-vi-om-sykdom>).

Notes

1 For details about the historicity of Julian and the transmission of her texts, see Windeatt’s introduction to Julian of Norwich’s *Revelations of Divine Love* (2016)

2 I use the two terms synonymously here

3 As in Greek ἔκστασις ‘ekstasis’, being a compound of ‘ek’, out of and ‘stasis’, state, position, standing, condition – suggests a definition along the lines of ‘being set out of one’s state or position’, or, as Ariel Glucklich suggests, “standing outside oneself” or “in a state of trance” (Glucklich 2015:4)

4 I vokabularet for sykdom “ligger ikke bare uttrykk for sorg, smerte og død, men også for håp, glede, mot og livsmestring.”

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