

The Medieval and Early Modern Iberian World

(Formerly Medieval Iberian Peninsula)

Edited by

Larry J. Simon (Western Michigan University)

Gerard Wiegers (University of Amsterdam)

Arie Schippers (University of Amsterdam)

Donna M. Rogers (Dalhousie University)

Isidro J. Rivera (University of Kansas)

VOLUME 48

Between Desire and Passion

Teresa de Cartagena

By

Yonsoo Kim



BRILL

LEIDEN · BOSTON

2012

without providing any commentary.⁹³ Subsequently, no one referred to her existence or works for some two centuries. Then, in 1865, her two treatises were rediscovered and read by José Amador de los Ríos in the unique manuscript deposited in the archive of the Real Monasterio de San Lorenzo de El Escorial, Spain.⁹⁴ The critic brought to light the significance of these works, while making some speculations regarding the author. Until recently, the very existence of Teresa was in question, while occasional conjectures and guesses about her biography were made by several critics. In 2004, Seidenspinner-Núñez and Kim finally provided a convincing biography of Teresa de Cartagena with substantial archival data. Nonetheless, some periods of Teresa's life are still under a veil of speculation, and there is much to explore and uncover in her treatises. Seidenspinner-Núñez and Kim's study at last gave Teresa the place she deserved in the history of Spanish literature, and their findings confirmed that she was indeed, a deaf, *conversa*, and woman writer of medieval Castile. Based on this more consistent biography of Teresa, I will study her first treatise thoroughly by detailing the literary models of *Arboleda* and then by analyzing the main, discursive practices of the work. The next chapter aims to situate *Arboleda* in the European tradition of religious and consolatory writings.

⁹³ Serrano y Sanz, *Apuntes para una biblioteca*, 219.

⁹⁴ José Amador de los Ríos, *Historia crítica de la literatura española*, vol. 8 (1865; repr., Madrid: Gredos, 1969), 176–79.

WRITING WITH TRADITIONAL DISCOURSES

In her first treatise, *Arboleda*, Teresa de Cartagena writes about the spiritual torment she suffered due to her unexpected deafness and about her acceptance of her hearing impairment as God's blessing. Her life and works were shaped by her experiences of physical suffering from deafness, and also by the social effects her illness had on her. To better comprehend Teresa and her works, I would like to reflect on how the Middle Ages understood illness and health, patient and physician, body and soul in order to alleviate not only physical but also spiritual suffering. These concepts play a significant role in her writings, and her understanding of her illness as a gift from God was intriguing, yet not original. The reasoning and arguments she appropriates to develop her basic concepts of curing the body and soul are indebted to a longer history that goes back, at least, to the early Church Fathers. Examining this history will allow us a greater appreciation of the discourse on suffering that Teresa presents in *Arboleda*, which we shall examine in the following two chapters.

1. *Traditional Medico-religious Discourses*

In early Christianity, one can find many of the same varied and at times contrasting attitudes toward medicine as in classical pagan society. As Darrel W. Amundsen stresses, however, a fundamental difference underlined these attitudes. The difference lay in the highly personal relationship that existed between an individual Christian and an omnipotent God. Christianity did not mean devotion to one deity among many, but to the Deity, a Deity who, it was believed, had a direct concern and involvement in each believer's life.¹ This gave God a special therapeutic role in the lives of individuals.

Early Christianity began to take hold in a society that was heterogeneous, gentile, and pagan. Though Christianity began in a Jewish context,

¹ Darrel W. Amundsen, *Medicine, Society*. Peter Biller and Joseph Ziegler, ed., *Religion and Medicine in the Middle Ages* (Rochester, NY: York Medieval Press, 2001), 128. See also Mark Humphries, *Early Christianity* (New York: Routledge, 2006), 178.

it soon made use of Greek language and thought, which united the Mediterranean world at the time. The gospels were written and preached in Greek, and evangelists employed ideas from the pagan tradition as long as they did not deviate from Judeo-Christian teaching. Two of the major philosophical schools, Stoicism and Middle Platonism, especially helped to further develop Christianity, because both were centered around religious questions and reflected a trend amongst the educated toward monotheism and a concept of divine providence.² It soon became a matter of course to think of a philosopher as someone interested in God.³ Those who defended Christianity pointed out that revelation had much in common with philosophy, since both found inspiration in the logos. Stanley Jaki notes that Christians must have felt overjoyed at seeing their belief in a personal, rational Creator, who represented the “weight, measure and number of the universe,” reflected in the teachings of ancient philosophers.⁴

Texts began to be written in order to introduce and explain Christianity to pagans and Jews. In order to convince pagans to convert to Christianity, and at the same time educate Christians about their faith, Christian writings embodied pagan discourses of curing and healing the body and soul. Since “for pagans and Christians alike the ability to heal validated their religious message and the special nature of the healer’s relationship with the divine,”⁵ it was an effective method to unify their believers in one religion. Thus the written texts were soon been accepted and spread among them. For example, Clement of Alexandria (ca. 150–215) composed *Exhortation to Greeks* to convert Greeks to Christianity.⁶ Clement made conversion more amenable by building connections between Christianity and the Greek philosophical tradition.⁷ He spoke of “the word of God” as “physician of the soul.”⁸ Indeed, Clement best represents the amalgamation of the Greek philosophical tradition and the Christian faith.⁹ According to Clement, the benefits gained from

² Robert M. Grant, *Augustus to Constantine: The Thrust of the Christian Movement into the Roman World* (New York: Harper and Row, 1970), 106–8.

³ Werner W. Jaeger, *Early Christianity and Greek Paideia* (Cambridge, Mass.: Belknap, 1961), 311.

⁴ Stanley L. Jaki, *Science and Creation: From Eternal Cycles to an Oscillating Universe* (Edinburgh: Scottish Academic, 1974), 168.

⁵ Vivian Nutton, *Ancient Medicine* (2004; repr., London and New York: Routledge, 2005), 305.

⁶ Humphries, *Early Christianity*, 115.

⁷ Jaeger, *Early Christianity and Greek Paideia*, 21.

⁸ Owsei Temkin, *Hippocrates in a World of Pagans and Christians* (Baltimore: Johns Hopkins University Press, 1991), 144.

⁹ Jaeger, *Early Christianity and Greek Paideia*, 38n.

the exercise of human reason come from God’s gift to man of understanding, which sparks human reason. Human cooperation and health through medicine owe their existence to God’s benevolence; thanks to man’s wisdom the art of healing can be learned.¹⁰ Underlining the direct relationship between God and humans, Clement agrees with the Stoics that the soul is not influenced by the body. Thus he claims that those suffering from pain must practice self-command and be “high-souled.”¹¹ Clement takes on a much more Christian vein when stating that pain and illness are an admonition from God to atone for the past and to prepare for the future. And since the true and instructed Christian (the *Gnōstic*) has the advantage of his knowledge (*gnōsis*), he could pray for comfort from illnesses.¹²

One of the most important early commentators on Scripture was Origen Adamantius (ca. 184–ca. 253). His theology was also influenced by Greek philosophy, which he combined with a close reading of the Bible. Like Clement, Origen believed it was better to have faith supported by philosophical reasoning, though he adopted Greek philosophy only when it was consistent with the truth as found in the Scriptures. In interpreting the Bible, he saw both a literal meaning as well as an allegorical one, although this type of hermeneutics had a long tradition in Alexandria, going back to Philo of Alexandria (20 BC–50 AD). Origen’s methodology and use of Greek philosophy had an immense influence on the future of biblical exegesis, as can be seen, for example, in the Cappadocian fathers, Basil of Caesarea (ca. 329–79), Gregory Nazianzen (ca. 330–ca. 390), and Gregory of Nyssa (ca. 335–94).¹³

Neo-Platonism had a particular influence in the Latin West. Augustine of Hippo (354–430) had a keen interest in Neo-Platonism, and pagan philosophy in general, and this helped to convert him to Christianity, which he came to view as a true philosophy.¹⁴ After he had lost his mother, his mistress, and his son, Augustine started to question why God allowed suffering to exist in the first place. In his quest to answer this question, he

¹⁰ Clement, *Christ the Educator* 1.2.6.

¹¹ Clement, *Stromateis* 4.5.

¹² Clement, *Stromateis* 7.14. Humphries, *Early Christianity*, 178.

¹³ Amundsen, *Medicine, Society*, 131.

¹⁴ Gary B. Ferngren studies the contributions of the fourth-century rhetorician Arnobius, “who, as a recent convert to Christianity, offers an example of an intellectual Christian who was anxious to denounce pagan views that he had only recently abandoned but who considered medicine a gift of God and hence appropriate for Christians to use.” Gary B. Ferngren, “The Christian Reception of Greek Medicine,” in *Medicine and Health Care in Early Christianity* (Baltimore: Johns Hopkins University Press, 2009), 14–41.

changed Western thought. Augustine believed that since God gave man the materials, such as suffering, and the knowledge needed to cure spiritual and physical illnesses, Augustine regarded health itself as a blessing from God.¹⁵ Another learned Doctor of the Church, Jerome of Stridonium (ca. 345–420), knew little of the ancient Greeks, but he was very familiar with pagan writers and the pagan tradition. Jerome, unlike Augustine, thought that health in an unrighteous man came not from God, but from the devil, since it leads them to sin.¹⁶ The righteous, however, should rejoice in health as well as in sickness.¹⁷

The Church Fathers inherited one essential attitude toward medicine from the Classical pagan heritage: the metaphorical value and the idea of the physician, who altruistically dedicates his life to caring for the ill. The physician often works in disagreeable jobs and at times needs to make use of painful, yet necessary, cures for a patient. The Church Fathers also inherited the use of classical analogies between the body and soul, medicine and ethics, and they compared the training of the body with the discipline of the soul.¹⁸ According to Basil, God gave us medicine in order to help cure our bodily ills,¹⁹ but this was only the secondary reason. The primary reason was to provide us with an example or model of how we can cure our souls. God allows believers to suffer from illnesses and obtain cures in order for them to learn how they might cure their souls. But since illnesses are often punishments for sins, those who cannot find cures and who suffer greatly are even more greatly rewarded for their pains. Similarly, Gregory Nazianzen argued that the mind could overcome illness and, through the practice of patience, the physically ill person could strengthen his or her character.²⁰ He notes that great saints in history were allowed to suffer from physical pain because it was beneficial, “either for the cleansing of their clay, slight though it may be, or a touchstone of virtue and test of philosophy, or for the education of the weaker, who learn from their

¹⁵ Augustine, *Tractate 30 on John 1*.

¹⁶ Jerome, Letters 10.

¹⁷ Jerome, Letters 39:2.

¹⁸ Ludwig Edelstein, “The Relation of Ancient Philosophy to Medicine, in *Ancient Medicine: Selected Papers of Ludwig Edelstein*, ed. Owsei Temkin and C. Lilian Temkin (Baltimore: Johns Hopkins Press, 1967), 360.

¹⁹ Basil, “The Long Rules,” in *Saint Basil: Ascetical Works*, trans. M. Monica Wagner (New York: Fathers of the Church, 1950; repr., Washington: The Catholic University of America Press, 1962), 55.

²⁰ Nazianzen, *Letters* p. 31.

example to be patient instead of giving way under their misfortunes.”²¹ John Chrysostom also addresses the question of why God allows saints to suffer and provides twelve reasons for why such suffering benefits them. As with Gregory, one reason was to serve as an example and thus a source of consolation for others who suffer. Furthermore, when others are exhorted to imitate the saints, they will realize that they are of the same nature as them. Those who suffer are also “more approved,” since, as Rome 5:3 says, “tribulation produces patience.”²²

The Church Fathers inherited beliefs about the positive value of suffering, though their Christian setting gave such beliefs a rather different meaning than in their classical form. Some pagans assumed that suffering could help the sufferer mature and become more attune to values. Severe ascetics attributed purificatory powers to suffering. In this way, some early Christians considered that the suffering endured during persecutions was desirable. Just as in pagan times, some ascetic Christians inflicted suffering on themselves in an act of atonement. Here we can see a basic paradox in Christianity’s attitude to health and illness, an attitude that differed greatly from the pagan and that is often misunderstood. The Church Fathers understood suffering due to illness according to a mix of popular Stoicism and teachings from the Bible.

The Fathers of the Church examined here were all influenced by and often explicitly indebted to their Classical heritage and yet showed no aversion to it. From this Classical tradition, they made the most of analogies based on the physician-patient relationship and on medical theories and practices. Pagan philosophers had used physician-patient analogies when considering themselves “physicians of the soul” and, likewise, the Church Fathers viewed their office as that of *medici animarum ipse et medicus et medicamentum*—himself both the physician and the medication.²³ Early Christian discourse also employed analogies from anatomy, physiology, and specific medical techniques used to treat patients. When it came to the use of medicine and physicians by Christians, however, they were guided by spiritual principles. For the Fathers of the Church, the ultimate physician is God and He is the only one who can cure patients both

²¹ Nazianzen, *On the Death of his Father*, 28; Gregory Nazianzus, *Select Orations, Sermons, Letters; Dogmatic Treatises*, trans. Nicene and Post-Nicene Fathers, 2nd Series, eds. P. Schaff and H. Wace, (repr. Grand Rapids MI: Wm. B. Eerdmans, 1955), VII, 254–69.

²² John Chrysostom, *Homily I on the Statues*.

²³ Amundsen, *Medicine, Society*, 133.

physically and spiritually.²⁴ The Christian tradition is built upon these spiritual beliefs, and the discourse of suffering was a fundamental element in praising God, who can cure any human suffering.

2. *Religious Discourse on Physical Existence and Spiritual Life*

In homogeneous societies where one religion dominates—like Christianity during the Middle Ages—medicine is subsumed under that religion.²⁵ Medicine, which deals with well-being in a limited sense, is contextualized and understood within religion, which deals with the well-being of humanity in an all-encompassing sense. In societies where gnosiological and therapeutic models are religious or magico-religious, there is a compatibility between religion and medicine with only latent tensions. Because of the much broader concerns of Christianity, all moral questions related to physical well-being are subject to religion. But once naturalistic understandings of illness and disease take hold, as is the case in medieval Europe, more tensions arise. Though ecclesiastics did have an essentially naturalistic understanding of disease and often promoted naturalistic cures, there was a fear that this would lead people to stray from the belief in God as the Final Cause. Thus, Church authorities strove to subordinate all aspects of medicine to Christian dogma.²⁶

During the Christian era, sin was one of the principal concerns of believers. Sins could not be absolved with any type of skeptical or magical ritual unless the Church approved such a ritual first, since Christian dogma had spiritualized any form of primitive notions about sick bodies. Turner notes that the sacraments maintain the idea that man finds cures through the traditional rite of penance:

Catholic sacramentalism had partly retained the notion that the cure of souls and bodies could be effected through the rituals of penance. There is some historical justification for this interpretation, since confessional

²⁴ See Adammán, *Vita Sancti Columbae auctore Adammo*, ed. W. Reeves (Dublin: Banatyne Club, 1857), 55–60.

²⁵ See Amundsen, *Medicine, Society*. Peter Biller and Joseph Ziegler, eds., *Religion and Medicine in the Middle Ages* (Rochester, NY: York Medieval Press, 2001); Faith Wallis, ed., *Medieval Medicine: A Reader* (Toronto: University of Toronto, 2010); Jeremy Citrome, "Medicine as Metaphor in the Middle English Cleanliness," in *The Chaucer Review* 35, no. 3 (2001): 260–80; Carole Rawcliffe, *Medicine and Society in Later Medieval England* (Phoenix: Alan Sutton Publishing Limited, 1999).

²⁶ Joseph Ziegler, "Religion and Medicine in the Middle Ages," in *Religion and Medicine in the Middle Ages*, eds. Peter Biller and Joseph Ziegler (Rochester, NY: York Medieval Press, 2001), 3–7.

practices in Christianity have characteristically been based on an analogy between priest and physician.²⁷

The Catholic Church considered the ritual of penance the most efficient way to cure the body and soul of an individual. This was one important way in which Teresa de Cartagena understood her deafness: as a way to practice the rite of penance. Penance could be self-inflicted or not when it came to a bodily pain. For this reason, during the Middle Ages and before the Reformation, obvious forms of corporal penance thrived amongst religious believers, and such practices, as Turner explained, were reinforced by the manipulations of confession. In other words, the ecclesiastic could persuade the sinner to accept their painful situation as penance and, at other times, could convince them to find a way to torture the body as penance for their sins. Penitential asceticism and self-inflicted suffering became especially characteristic of devote women. Among saints, of which women comprised 17.5 percent, women represented 53 percent of those sanctified primarily for bearing illness.²⁸ This number perhaps explains why women's religious writing tended to be more affective than men's and stressed Christ's humanity and the Eucharist. Besides holy female writers, various female intellectuals such as Gublielma of Milan, Constanza de Castilla, and Teresa de Cartagena, amongst others, are examples of the power of the rite of penance, because of what they revealed and alluded to in their works.

3. *Practices of Healing Women's Bodies*

The above discussion of the history of medico-religious concepts of pain, illness, and health usually applied to both men and women in the Christian era. Nevertheless, there also existed a Latin medical *corpus* that exclusively focused on the practice of medicine for women. In the Middle Ages, a sick woman had different types of doctors and healers to attend to their health, such as physicians trained in the university, surgeons, *curanderas* (traditional female folk healers), midwives, amongst others.²⁹

²⁷ Bryan S. Turner, *The Body and Society: Explorations in Social Theory*, 2nd ed. (London: Sage, 1996), 88.

²⁸ Donald Weinstein and Rudolph M. Bell, *Saints & Society* (Chicago: University of Chicago Press, 1982), 234–35. See also Herbert Thurston, *The Physical Phenomena of Mysticism*, ed. Joseph Crehan (Chicago: Regnery, 1952); Rudolph Bell, *Holy Anorexia* (Chicago: University of Chicago Press, 1985).

²⁹ Michael Solomon has done research on the practice of medieval physicians. For more information see *Fictions of Well-Being: Sickly Readers and Vernacular Medical Writing in Late Medieval and Early Modern Spain* (Philadelphia: University of Pennsylvania Press,

On one hand, bodily pain from an illness or self-infliction represents a vehicle for the salvation of the soul, which is accepted as a positive experience. On the other, the demands of strict religious norms and the very needs of the female body (treatment after childbirth, menstruation, and, especially, care or restoration of virginity) determined gynecological practices during the Middle Ages. Already in the eleventh century, at least twelve texts had been written, such as collections of recipes (receptaries), *Book on Womanly Matters*, short theoretical works on education concerning virginity, *Letter on Virginity*, which determined the future of the diagnosis of female health in the field of gynecology. Before the late eleventh century, such literature showed the influence of two major ancient medical traditions. The first was the Hippocratic tradition, which circulated in anonymous writings in fifth- and fourth-century Greece BCE. This collection was later attributed to Hippocrates and the two principles texts were *Diseases of Women I* and *Diseases of Women II*. Later and longer editions of these works would take the name of *On the Diverse Afflictions of Women*.³⁰ The second major tradition was the Soranic. Soranus of Ephesus was a Greek physician who practiced in Rome in the late first to second century CE. Soranus believed that Greek thought about the anatomy, physiology, and causes of diseases concerning women were of little use and unnecessary.

In Italy, the Soranic tradition was developed in the city of Salerno during the eleventh or twelfth centuries. It is believed that the first female professor of medicine, Trotula de Salerno, composed *De passionibus mulierum*.³¹ Though it is not clear whether or not Trotula was a woman, Monica

2010). See Kathryn Taglia, "Delivering a Christian Identity: Midwives in Northern French Synodal Legislation, c. 1200–1500," in *Religion and Medicine in the Middle Ages*, eds. Peter Biller and Joseph Ziegler (Rochester, NY: York Medieval Press, 2001), 77–90. See also Luis García Ballester, *La búsqueda de la salud: Sanadores y enfermos en la España medieval* (Barcelona: Península, 2001); Dangler, *Mediating Fictions*.

³⁰ See Ann Ellis Hanson, "The Medical Writers' Woman," in *Before Sexuality: The Construction of Erotic Experience in the Ancient Greek World*, ed. David Halperin, et al. (Princeton: Princeton University Press, 1990), 309–37; Helen King, *Hippocrates' Woman: Reading the Female Body in Ancient Greece* (London: Routledge, 1998).

³¹ There are many questions about the authorship of the book and Monica H. Green explains that although at least one of the *Trotula* texts was "probably and another certainly of male authorship (*Conditions of Women* and *Women's Cosmetics*, respectively), the possibility of female authorship is not in and of itself far-fetched, as there is plenty of evidence to suggest that women practiced medicine in eleventh- and twelfth-century Salerno." Green, *The Trotula: An English Translation of the Medieval Compendium of Women's Medicine* (Philadelphia: University of Pennsylvania Press, 2002), 48. See George L. Hamilton, "Trotula," *Modern Philology* 4 (1906–7): 377–80.

Helen Green argues that this is not so important. What matters is the "performed gender of the individual authors (or readers or auditors) surrounding our texts, since this will reveal the gendering of medical knowledge and medical practice in medieval Salerno."³² Trotula's book is a compendium of three works dedicated to the health and care of the female body, such as gynecology and cosmetics: *Liber de Sinthomatibus Mulierum* (*Book on the Conditions of Women*), *De Curis Mulierum* (*On Treatments for Women*) y *De Ornaty Mulierum* (*On Women's Cosmetics*).³³ *De Curis Mulierum* shows a preoccupation with women's physical health, based on a biological opposition of the two sexes, where woman was considered weak by nature:

When God the creator of the universe in the first establishment of the world differentiated the individual natures of things each according to its kind, He endowed human nature above all other things with a singular dignity, giving to it above the condition of all other animals freedom of reason and intellect. And wishing to sustain its generation in perpetuity, He created the male and the female with provident, dispensing deliberation, laying out in the separate sexes the foundation for the propagation of future offspring. And so that from them there might emerge fertile offspring, he [sic] endowed their complexions with a certain pleasing commixtion, constituting the nature of the male hot and dry. But lest the male overflow with either one of these qualities, He wished by the opposing fridity and humidity of the woman to rein him in from too much excess, so that the stronger qualities, that is the heat and the dryness, should rule the man, who is the stronger and more worthy person, while the weaker ones, that is to say the coldness and humidity, should rule the weaker [person], that is the woman.³⁴

We could expand here on the binary scheme as defined by Caroline Bynum: active/passive, rational/irrational, reason/emotion, order/disorder, to which we could add hot/cold, dry/humid.³⁵ Woman's health was thus always already understood as stemming from the weaker, biological qualities.

³² Monica H. Green, *The Rise of Male Authority in Pre-Modern Gynaecology* (New York: Oxford University Press, 2008), 30.

³³ Green, *Trotula*, 17–48. See also "Authorial Gender and the Genesis of the Trotula," in *Making Women's Medicine Masculine: The Rise of Male Authority in Pre-Modern Gynaecology* (New York: Oxford University Press, 2008), 29–69.

³⁴ Green, *Trotula*, 71.

³⁵ Caroline W. Bynum, "'...And Woman His Humanity': Female Imagery in the Religious Writing of The Later Middle Ages," in *Gender and Religion*, eds. Caroline W. Bynum, Stevan Harrell and Paula Richman (Boston: Beacon Press, 1986), 257.

When addressing illnesses that specifically affect women, Trotula emphasizes some of the social pressures involved:

[W]omen, from the condition of their fragility, out of shame and embarrassment, do not dare reveal their anguish over their diseases (which happen in such a private place) to a physician. Therefore, their misfortune, which ought to be pitied, and especially the influence of a certain woman stirring my heart, have impelled me to give a clear explanation regarding their diseases in caring for their health. And so with God's help, I have labored assiduously to gather in excerpts the more worthy parts of the books of Hippocrates and Galen, ...³⁶

This passage describes the traditional belief that any woman who manifests a physical illness reveals bodily weakness, which, in medieval terms, meant a manifestation of spiritual illness or sin. Hence women felt embarrassed to talk about their physical illnesses. Whoever the author of this passage was, s/he had a sense of the social pressures women faced when they fell ill, and s/he knew that this medico-religious reality needed to be included in the treatment. One clear example of this social pressure on women is demonstrated in the following passage:

[141] There are some women to whom carnal intercourse is not permitted, sometimes because they are bound by a vow, sometimes because they are bound by religion, sometimes because they are widows, because to some women it is not permitted to take fruitful vows. These women, when they have desire to copulate and do not do so, incur grave illness. For such women, therefore, let there be made this remedy. Take some cotton and musk or pennyroyal oil and amount it and put it in the vagina. ... This both dissipates the desire and dulls the pain.³⁷

The values concerning the norms of sexual behavior for early Christianity were virginity, chastity, and countenance. In order to preserve these social norms, some women—particularly those who were not chaste—sought a necessary treatment.³⁸

Besides remedies for the female body, general recipes were also included in Trotula's compendium for both men and women, including the illness of deafness. Since this was the illness that Teresa de Cartagena

³⁶ Green, *Trotula*, 71.

³⁷ Green, *Trotula*, 121.

³⁸ In *On Treatments for Women*, for example, recipes are included which aim to restore virginity: "A constrictive for the vagina so that they may appear as if they were virgins. Take the white of eggs and mix them with water in which pennyroyal and hot herbs of this kind have been cooked, and with a new linen cloth dipped in it, place it in the vagina two or three times a day" (*Ibid.*, 147).

endured, it is interesting to note that at that time they did indeed have cures for deafness. To heal deafness was prescribed as follows:

For deafness of the ears. Take the fatty residue of fresh eels which appears after cooking them, and juice of honeysuckle, and houseleek, and a palmful of ants' eggs; grind them and strain them. ... After the cooking let vinegar be added to it so that it might be the more penetrating, or wine as suffices. And pour it into the healthy ear and stop up the afflicted one, ...³⁹

This kind of treatment shows that, while the symptoms could be the same for a specific ailment, the method to cure it varies from one era to another. Here, however, there is no reference to a gender distinction. Social preoccupation and prejudice were only important when dealing with illnesses that affected only women. At the same time, we should remember that medieval treatments, such as this one, were administered not alone, but with prayers and rituals to make it effective, since without God's power they believed it was not possible to be cured from any illness.

4. *The Womanly Virtue of Passion*

As we shall see in the following chapters, Teresa de Cartagena appeals to traditional religious images and rites in order to purify her ailing body and soul. These rites and images were fundamental in giving order to society. In the Middle Ages, where a theocentric vision predominated, the rites that assimilated its members were highly codified in accordance with that society. Primitive rituals inscribed in the social system express cosmic orientations and moral directives by means of the condensation of symbols. Society itself, which is organized around positional values, possesses similar methods of explanation and control. In this type of society, God is recognized for His attributes as manifestations of a social structure. Thus we notice, with respect to a central traditional rite in Christianity, the Eucharist, the following considerations:

People were eating God. The eucharist, albeit a recapitulation of Christ's execution, was not therefore a symbol of death but of life, birth and nursing [...]. By eating it and, in that eating, fusing with Christ's hideous physical suffering, the Christian not so much *escaped* as *became* the human. By "saturating," as Turner puts it, the fact of eating, the eucharist itself summed up the asceticism (denial of the body, especially through fasting) and the anti-dualism (joy in creation and in physicality), which were part of medieval

³⁹ Green, *Trotula*, 155.

Catholicism. Not merely a mechanism of social control, a way of requiring yearly confession and therefore submission to the supervision of local clergy, the eucharist was itself both intensely feared and intensely desired. As symbol, it encapsulated two themes in late medieval devotion: an audacious sense of closeness to the divine (Christians ate Jesus!) and a deep fear of awfulness of God (if one ate without being worthy, one ate one's own destruction!).⁴⁰

As has been shown, the rite of the Eucharist has a connection with symbols of power related with women. Given the fact that the female sex is theoretically excluded from clerical professions, the Eucharist represents the means by which one can elevate one's status. For example, through the Eucharist, Christ offers women the power to preach, teach, criticize, dispense absolutions, and administer the Eucharist to another believer.⁴¹ Nevertheless, this power is only offered to women when she becomes completely integrated into the dominant clerical structure: "In order to have visions, she must attend the liturgy, controlled by exactly that clergy which her visions might seem to bypass or criticize."⁴² Women remain in this vicious circle of society in order to show their insertion and at the same time their disassociation from this same circle that controls her. The sacramental power of priests was often undercut by the miracles and visions of female virtuosi. Women's miracles demonstrated the virtue of women who receive, sometimes implying that the clergy, who consecrate, were unnecessary.⁴³ At times, as in the case of Lidwina of Schiedam, the Eucharistic wafer offered by a priest was rejected, with Lidwina claiming that Christ had already provided her with one in a vision.⁴⁴ Yet, at the same time, such women often fawningly revered the clergy, as in the case of Catherine of Siena, who called priests, "Little Christs."⁴⁵ And though Troeltsch argued that sectarians must reject the doctrine of purgatory and the cult of saints, these women believed they served other Christians by substituting their suffering for those in purgatory.

⁴⁰ Caroline W. Bynum, *Fragmentation and Redemption: Essays on Gender and the Human Body in Medieval Religion* (New York: Zone Books, 1991), 44–45.

⁴¹ See Vern Bullough, "Medieval Medical and Scientific Views of Women," *Viator* 4 (1973): 487–93.

⁴² Bynum, *Fragmentation*, 46.

⁴³ See Peter Browe, *Die eucharistischen Wunder des Mittelalters* (Breslau: Müller and Seiffert, 1938).

⁴⁴ To learn more on Lidwina, see Bynum, "Fast, Fest, and Flesh: The Religious Significance of Food to Medieval Women," *Representations* 11 (1985): 4–8.

⁴⁵ Catherine of Siena, *Il Dialogo della Divina Provvidenza ovvero Libro della Divina Dottrina*, ed. Guiliama Cavallini (Rome: Edizioni Catheriniane, 1968), 37–42, 51–54, 274–86.

Medieval women chose to enunciate their devotion to Christ by fulfilling their social roles as wives and mothers, and as religious individuals, which meant remaining within the parameters set by society. However, Bynum underlines how the expression, practice, and inclination of women come from the necessity of the same masculine clerics to control the spiritual life of women:

Thus, one might argue that women *had* to stress the experience of Christ and manifest it outwardly in their flesh, because they did not have clerical office as an authorization for speaking. This argument must also recognize that the clergy themselves encouraged such female behavior both because female asceticism, eucharistic devotion and mystical trances brought women more closely under the supervision of spiritual directors and because women's visions functioned for males, too, as means of learning the will of God.⁴⁶

The questions that are constantly addressed by women fluctuated between the Eucharist, crucifixion, and ecstasy, full of images of pain and nourishment, which are fundamental expressions of female corporality. Bynum explains, "when women spoke of abstinence, of eucharistic ecstasy, of curing and healing through food, they called it *imitatio Christi*. 'Imitation' meant union—fusion—with that ultimate body: the body of Christ's body. The goal of religious women was thus to realize the *opportunity* of physicality."⁴⁷ The most predominant "opportunity of physicality" was represented by Christ on the cross and women frequently identified themselves with Him through two forms of bodily suffering. On the one hand, involuntarily, due to a certain type of physical illness; on the other, voluntarily, by means of self-mortification. Illness and asceticism are preferred and are used as an alternative to *imitatio Christi*, which demands a greater effort on the part of the individual in order to imitate the most humanized moment of Christ suffering and dying on the cross. Through their painful body they could reach ultimate salvation. This belief in the need to turn to mortification to purify the soul comes, indeed, from the tradition of original sin of the religion.

In the thirteenth century, there was a notable increase among women of a series of behaviors, such self-mortification, which helped convert their physical bodies into a medium that allowed access to consecration. There began a flowering of particular female religious forms and

⁴⁶ Bynum, *Fragmentation*, 195.

⁴⁷ Caroline W. Bynum, *Holy Feast and Holy Fast: The Religious Significance of Food to Medieval Women* (Berkeley: University of California Press, 1987), 246.

mystical practices all over Europe that have left indelible marks in their writings.⁴⁸ The nuns who practiced certain divine experiences not only gave a voice to women, but they also contributed to the feminization of Christianity. According to Mary Elizabeth Baldrige, "The feminization of Christianity describes a cultural change that improved the perception of women and gradually allowed them a more active role in Christianity."⁴⁹ The female body served to reproduce, in one's own flesh, the suffering of Christ. And society tolerated this process as a manifestation of human love towards the divinity. In spite of the fact that women remained in silence and separated from the exterior world due to their vow of seclusion, some nuns, such as Teresa de Cartagena, could reveal and attest to their experiences.

An important aspect of the writings of religious women, according to Barbara Newman, was that they expressed themselves in their writings: "that women, qua women, could practice some form of the *imitatio Christi* with specifically feminine inflections and thereby attain a particularly exalted status in the realm of the spirit."⁵⁰ These women could get closer to God in an exclusive way, different from the practice of men. The testimonies of women in different countries, starting from the twelfth century, illustrate the popularity of the feminization of Christianity in the development of medieval writings, though they do not form part of a single movement:

However, since women's writings were not widely distributed, and since most women were more than likely unaware of works by other women, the feminization of Christianity cannot be attributed to a concerted or coordinated effort on the part of women writers. The lack of uniformity in this movement is evident in the variety of different gender strategies used by these women. Some develop a "Christ as mother" theology by focusing on Christ's maternal characteristics. This type of imagery was most famously developed by Bernard of Clairvaux. Others emphasize His humanity without focusing on His motherliness. Some emphasize their own feminine "debility" while others ignore it. Some remain orthodox while others slip into heterodoxy.⁵¹

⁴⁸ Caroline W. Bynum, *Jesus as Mother: Studies in the Spirituality of the High Middle Ages* (Berkeley: University of California Press, 1982), 172.

⁴⁹ Mary Elizabeth Baldrige, "Christian Woman, WomanChrist: The Feminization of Christianity in Constanza de Castilla, Catherine of Siena, and Teresa de Cartagena," (PhD diss., University of Tennessee, 2004): 4.

⁵⁰ Barbara Newman, *From Virile Woman to WomanChrist: Studies in Medieval Religion and Literature* (Philadelphia, PA: University of Philadelphia Press, 1995), 3.

⁵¹ Baldrige, "Christian Woman, WomanChrist," 9.

Because of the scarcity of communication between them and the complications in the public distribution of their manuscripts, it was impossible to establish a uniform movement amongst these women. In general, they depended on masculine authorities and their confessors, who endorsed orthodox practice with respect to the institution of the Church. One may notice two principle characterizations of believers in these behaviors and unusual acts: saints and heretics. These individuals represent conformity or socio-cultural resistance. This same orientation and expression of women represents a blossoming of the thresholds of the female voice. And, as mentioned earlier, though we cannot say that an *écriture féminine* prevails here as of yet, we can indeed distinguish a movement that carefully expresses itself as feminine. Although many critics consider female discourse to be absent from the medieval panorama, precisely in the Middle Ages a distinctive female event is produced across Europe.

Mystics like Saint Bernard of Clairvaux, Saint Francis of Assisi, or Saint Thomas Aquinas, were among the great teachers of the Middle Ages. In synthesizing Christian tradition and in proposing new models for the Christian community, they were leaders who inspired others. Nevertheless, there were also female mystics who were popular at the time, but eventually became neglected by history. The power and influence of women mystics represented the only exception in a medieval society that presumed women to be inferior. They were highly respected religious leaders because of their role as prophets and healers. Women mystics, such as Hildegard of Bingen, Clare of Assisi, Mechthild of Magdeburg, Angela of Foligno, and Julian of Northwich, spiritually guided their fellow Christians by drawing on their personal experience of the divine. Convent life could often encourage women to take the path of mysticism and leadership roles. The convent was, until the fourteenth century, the only place women could turn to if they wished to learn to read or write. The convent also provided a library, others with whom to exchange ideas, and the only space for women to have privacy.⁵² Nuns in the convent were also able to develop leadership and teaching skills. And it was in this setting Teresa de Cartagena spent some twenty years before writing her first treatise.

This examination of the traditional religio-medical discourses concerning women's health and their bodies demonstrates the influence of Christianity as the dominant culture and tradition, dominating every social sphere from the Classical Period to the Renaissance. But this

⁵² See Lina Eckenstein, *Women Under Monasticism: Chapters on Saint-Lore and Convent Life Between A.D. 500 and A.D. 1500* (Cambridge: Cambridge University Press, 1896).

tradition was a male one; there was no female discourse or tradition. Like other women intellectuals in the Middle Ages, Teresa accepted traditional discourses regarding concepts of suffering and penance, and these arguments are expressed in her works as part of her natural discourse. Nevertheless, when criticized by her male audience and accused of plagiarism, she was aware of the problem women had when they dared to give themselves a voice in society. She creates out of her marginalized state as a (no)body—because she had no voice of her own—an existence gained through her experience by writing *Arboleda* and *Admiración*. With the framework I have built in this chapter regarding body and soul, physical healing and spiritual healing, sins and virtues, I will analyze Teresa's first treatise, *Arboleda*, in the next two chapters.

CHAPTER THREE

WRITING TO ALLEVIATE AND UNDERSTAND: FIRST PART
OF *ARBOLEDA DE LOS ENFERMOS* (*GROVE OF THE INFIRM*)

1. *Writing to Alleviate: Auto-Consolation*

In the last decade, there has been a surge of interest in Teresa de Cartagena's first work, *Arboleda de los enfermos* (ca. 1475). While various studies have concentrated on specific aspects of her text, no comprehensive analysis of this work has been produced. Keeping in mind the contributions of other scholars, in this chapter and the following, I would like to examine the organic structure and thematic unity of Teresa's first treatise. Unlike a number of prominent religious and spiritual women leaders in medieval Europe, Teresa was not a mystic, nor did she have visions. She did not search for an experience of union with God; rather, she felt content to know and understand God's will. She described her deafness in figurative images, similar to those used by mystic writers to depict their experience of visions. For example, Hildegard of Bingen, while explaining her visions, portrayed herself as someone suffering with a chronic illness. As a child, she felt apprehensive and embarrassed about mentioning her visions because of the marginalization she would encounter from society. In later years, Hildegard understood that her visions were a gift from God.¹ Correspondingly, Teresa de Cartagena first viewed her deafness as something that only brought suffering upon her. She too would then accept it as a divine gift. In this chapter, we shall see how this gift from God authorized Teresa to write and develop a discourse of her physical ailment. In writing *Arboleda*, Teresa became capable of triumphing over the marginalized state society placed her in for being a woman and a deaf person. Before proceeding to analyze *Arboleda*, I shall outline the contributions recent specialists in Teresa have offered us in understanding Teresa's first work.

One pivotal issue in current studies lies in the significance of Teresa's illness in *Arboleda*. After all, if she had not fallen ill, one might wonder if she would have been spurred on to write at all. Alan Deyermond succinctly

¹ Newman, *From Virile Woman to WomanChrist*, 19.