



Jenni Kuuliala

Saints, Infirmity, and Community in the Late Middle Ages

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Premodern Health, Disease, and Disability

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Tampere, 1 October 2019

Jenni Kuuliala



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Abbreviations

AASS	<i>Acta sanctorum quotquot toto orbe coluntur vel a catholicis scribtoribus celebrantur</i> , vols. 1-68
BAV	Biblioteca Apostolica Vaticana, Vatican City
BNF	Bibliothèque nationale de France, Paris
PC Bernardino of Siena	<i>Il processo di canonizzazione di Bernardino da Siena</i> , ed. Letizia Pellegrini (2009)
PC Birgitta of Sweden	<i>Acta et processus canonizationis beate Birgitte</i> , ed. Isaac Collijn (1924-30)
PC Brynolf of Skara	<i>Vita s. Brynolphi episc. Scarensis, com processu euis canonizationis</i> , ed. C. Annerstedt (1876)
PC Catherine of Vadstena	<i>Processus seu negocium canonizationis b. Katerine de Vadstenis</i> , ed. Isaak Collijn (1942-46)
PC Celestine V	<i>Il processo di canonizzazione di Celestino V</i> , ed. Alessandra Bartolomei Romagnoli and Alfonso Marini (2015)
PC Charles of Blois	<i>Monuments du procès de canonisation du bienheureux Charles de Blois</i> , ed. A. de Sérent (1921)
PC Clare of Assisi	<i>Santa Chiara di Assisi</i> , ed. Giovanni Boccali (2002)
PC Clare of Montefalco	<i>Il processo di canonizzazione di Chiara da Montefalco</i> , ed. Enrico Menestò (1984)
PC Dauphine of Puimichel	<i>Enquête pour le procès de canonisation de Dauphine de Puimichel</i> , ed. Jacques Cambell (1978)
PC Dominic of Caleruega	<i>Processus canonizationis s. Dominici</i> , ed. A. Waltz (1935)
PC Dorothea of Montau	<i>Die Akten des Kanonisationsprozess Dorotheas von Montau</i> , ed. Richard Stachnik, with Anneliese Triller and Hans Westpfal (1978)
PC Elizabeth of Hungary	<i>Quellenstudien zur Geschichte der hl. Elisabeth</i> , ed. Albert Huyskens (1908)
PC Frances of Rome	<i>I processi inediti per Francesca Bussa dei Ponziani (Santa Francesca Romana)</i> , ed. Placido Tommaso Lugano (1945)

- PC Lawrence Loricatus Benedict XIV [Prospero Lambertini], *De servorum Dei beatificatione et Beatorum canonizatione* (1840)
- PC Louis of Toulouse *Processus canonizationis s. Ludovici ep. Tolosani*, ed. Collegio S. Bonaventura (1951)
- PC Margaret of Hungary *Legenda vetus: acta processus canonizationis et Miracula sanctae Margaritae de Hungaria*, ed. Ildikó Csepregi et al. (2018)
- PC Nicholas of Tolentino *Il processo per la canonizzazione di s. Nicola da Tolentino*, ed. Nicola Occhioni (1984)
- PC Thomas Aquinas *Processus canonizationis s. Thomae, Neapoli*, ed. M.-H. Laurent (1911)
- PC Vincent Ferrer *Procès de la canonisation de saint Vincent Ferrier*, ed. P.-H. Fages (1904)
- PC Yves of Tréguier *Processus de vita et miraculis Sancti Yvonis*, ed. A. de La Borderie et al. (1887)
- Vie, Dauphine *Vie de Ste Dauphine*, ed. Jacques Cambell (1963)
- Vie, Elzéar *Vie de s. Auzias*, ed. Jacques Cambell (1963)

Introduction

Abstract

The starting points for this book are late medieval *imitatio Christi* and the valorization of pain, and their importance for saints' lives. It presents gender and dis/ability as vital concepts for such analysis. Bodily suffering has been seen as a definitive factor for female saint's cults; while this book does not question these conclusions, it stresses the importance of the ambiguity of gender as a historical category and in defining the characteristics of a saint's cult, and approaches dis/ability as a cultural construct incorporating positive connotations of certain bodily variations. The introduction also discusses source-critical aspects that must be taken into account when using medieval canonization processes for the study of saints' lives and the accounts of contemporary witnesses.

Keywords: canonization processes, sainthood, lay piety, infirmity, disability, gender

Approaching Holy Infirmity

Bodily infirmity and sanctity are inseparable in all medieval hagiography. Since late antiquity, saints' miraculous and charitable actions towards their followers were recorded in an endless number of legends and miracle collections, in sermons and *exempla*, in liturgies, in pictorial depictions, and from the thirteenth century onwards, in the protocols of canonization inquests. As a large majority of recorded miracles were healings, hagiographic sources place illness and impairment at the core of lived religion.¹

¹ For lived religion, see Katajala-Peltomaa and Toivo, 'Religion as an Experience'; Arnold, 'Histories and Historiographies of Medieval Christianity'. For lived religion and canonization processes, see Katajala-Peltomaa *Demonic Possession and Lived Religion*. Miracle narratives have been widely used for the study of healing, illness, and disability in the Middle Ages. See e.g. Farmer, *Surviving Poverty*; Farmer, 'Young, Male and Disabled'; Finucane, *Rescue of the Innocents*; Katajala-Peltomaa, 'Demonic Possession as Physical and Mental Disturbance'; Kuuliala, *Childhood*

In my earlier research I have mostly focused on miraculous healing, the more famous connection between saints and their devotees. While researching disability and sanctity in late medieval canonization processes,² I started to wonder about the other side of the coin. Although much sparser and usually less elaborate than descriptions of miracles healing bodily illness and impairment, the depictions of the sufferings of the saints themselves caught my eye. What meanings did saints' devotees give to the ailments of those they venerated, and how were infirmities used and investigated in canonization proceedings? Some late medieval saints for whom a canonization process was opened, such as St. Louis IX of France (d. 1270) or St. Clare of Montefalco (d. 1308), are known sufferers. What surprised me was that with very few exceptions, in virtually all *inquisitiones in partibus* the topic was approached even when the holy person's death was not in question. At the same time, it soon became evident that despite the established structure of the inquisition into a saintly candidate's *vita*, the reports of their bodily infirmities received very variable nuances and emphases. It were precisely these variations that started to intrigue me. Although there are certain patterns in the ways canonization inquests were conducted and in their development in the course of time, each process is also a unique entity that is influenced by the preferences and practicalities of those conducting it, by the way the witness statements were taken down, and by the local and cultural customs, views, and practices.³

The suffering saint is, of course, an age-old and built-in theme in all hagiography. Following in the footsteps of Christ, the very first martyrs were described as facing their gruesome deaths with grace and patience, and infirmity and suffering played a major role in the lives of many of the saints in late antiquity.⁴ Similar attitudes and characteristics were attributed to later saints. In the thirteenth century, coinciding with the development of the canonization inquest itself, the idea that a human body could imitate the passion of Christ became prevalent and suffering acquired even more significance among the ideals of holiness.⁵ It has even

Disability; Metzler, *Disability in Medieval Europe*, 126-85; Van Mulder, 'Miracles and the Body Social'; Wilson, 'Hagiographical Interpretations of Disability'.

2 For example, Kuuliala, *Childhood Disability*; Kuuliala, 'Disability and Religious Practices'; Kuuliala, 'Heavenly Healing or Failure of Faith?'

3 Already André Vauchez noted in *Sainthood*, 4, that the conformity of witness accounts has been much exaggerated in research.

4 These have been studied in depth in Crislip, *Thorns in the Flesh*.

5 See Cohen, *The Modulated Scream*, 188; Gaposchkin, *The Making of Saint Louis*, 45; Hollywood, 'Inside Out'. In the early thirteenth century the view perhaps received most emphasis



been suggested that bodily suffering became a prerequisite for sainthood in the late Middle Ages, something that conclusively sealed their saintly existence. Suffering thus became valorized and glorified, showing saints as true followers and imitators of Christ. This was emphasized especially in the case of holy women.⁶ Suffering appears to have had entirely different connotations for saints than for the ailing *miraculées*. The former faced it with patience and humility, even gratitude, whereas for the later hagiographic texts highlight the unfortunate functional consequences of physical infirmity and sometimes also the physical pain. To emphasize the saint's power, the illnesses and impairments of *miraculées* were placed among the problematic, undesirable aspects of human existence that needed to be remedied.⁷ And yet, the two infirmities – those of saints and those of their devotees – belonged to the same cultural sphere of the body, illness, impairment, pain, and healing, and knowing about saints' attitude towards their infirmities could work as a way of coping with one's own experiences.

Sainthood as a concept, as well as the individual saint's sanctity, was always a fluid category negotiated within communities. Sainthood formed as a gradual process, which included conflict and cooperation. It was primarily shaped in everyday interaction between the saints – or people considered to be holy⁸ – and their communities and devotees. The agreement that someone was a saint was not fixed, but in many instances continuously

in Franciscan hagiography, as the Franciscans attempted to give the right to imitate Christ's passion solely to their founder; Vauchez, *Sainthood*, 440. Gábor Klaniczay writes that it is precisely the *imitatio Christi* that marked the starting point of the greater awareness of the self and individuality, as well as the importance and knowledge of historical models of life, which he has studied in the context of sanctity. *Imitatio Christi* was already an essential ideal for those attempting to live saintly lives in late antiquity, and gained increasing importance and popularity in eleventh- to twelfth-century religious movements. The old models thus became a prescription for late medieval saints aspiring to a similar lifestyle and similar glory. Klaniczay, *The Uses of Supernatural Power*, 95-110.

6 Cohen, *The Modulated Scream*, 27-28.

7 As will be discussed further in this book, and as shown by recent studies on medieval disability, bodily impairment did not need to be a personal tragedy – this image in hagiographic writings is first and foremost connected to the purpose of the texts and to the need to give sufficient proof for the healing miracle.

8 See Finucane, *Contested Canonizations*, 3-4, and Wetzstein, *Heilige vor Gericht*, 211, on the problems of the term 'saint' with its two meanings: a person considered to be holy, and a canonized saint. To avoid repeating definitions such as 'a putative saint' or 'a person considered to be a saint', I am using the term 'saint' or 'holy person' here to refer to those persons for whom a canonization inquest was opened and who were, therefore, considered to be saints by a group of devotees. As pointed out by Finucane, the problem lies in the Latin word *sanctus/sancta*, which can be either an adjective or a noun. In the witness accounts the word *beatus/beata* is also frequently used.

renegotiated.⁹ This naturally pertains also to the views of saints' bodies and infirmities, and their meanings and connotations. In the case of living saints, their community members and devotees saw their symptoms and ailments with their own eyes when interacting with them, either in the public sphere or when visiting them in person. At the same time, we may assume that there were different levels of information spread about saints' suffering from the promoters of the cases. The canonization inquest itself also had an influence on the communal nature of a cult. Although few of the saints under investigation in this book were actually canonized in the medieval period, just the opening of an inquest planted an idea in people's minds that the subject of the inquest had the status of an 'authentic' saint. For this reason this study focuses on what we could label as 'official sainthood', even if a vast majority of saints venerated through the medieval period were never subjects of a canonization inquest.¹⁰

The purpose of this book is, therefore, to investigate how bodily infirmities of late medieval saints were used to construct sanctity in canonization inquests conducted from the thirteenth to the fifteenth century. I have chosen this particular group of sources because my primary interest lies in the communal views of saints' ailments and in the ways they were negotiated, narrated, and interpreted by the witnesses of canonization inquests. Here the inquests and the testimonies about sainthood are treated as belonging to the sphere of lived religion, in which theological ponderings and institutionalized aspects of belief intermingled with everyday experience and functioned as important background elements. From this viewpoint religion, and consequently the veneration of saints, is viewed as a dynamic process, which 'created a performative space and gave meaning to people's experiences.'¹¹ In the sources, the issues raised by the conductors of the hearings, the views of the witnesses, and the experiences of the saints under investigation intertwine, creating a fluctuating yet persistent cultural image of 'holy infirmity'.

Because of the way canonization protocols were formed (discussed below), they are the best group of texts to use for analysis of groups of devotees' views and conceptions regarding sanctity. Although there were many saints for whom a canonization inquest was opened and who had a great influence on Christendom at large, some of whom will be discussed in this book, many of their cults were relatively local. In his book *Prophets*

9 Kleinberg, *Prophets*, 4-6.

10 Vauchez, *Sainthood*, 142, 250. See also Kleinberg, 'Canonization without a Canon'.

11 Katajala-Peltomaa and Toivo, 'Religion as an Experience', 2.



in their Own Country: Living Saints and the Making of Sainthood in the Later Middle Ages, Aviad Kleinberg criticizes quantitative analysis of hagiographic texts and rightly points out that it is hard to find a representative saint, because we do not even know exactly what they were supposed to represent, and all saintly people were somehow exceptional. Therefore, one must concentrate on the saint's community instead.¹² Or, as Jacques Dalarun famously put it, saints were exceptions, placing themselves in opposition to the norms,¹³ which holds true for their bodies as well. This is also the standpoint of this book. Based on the canonization processes, it is impossible to characterize a 'typical' or 'representative' saintly infirmity, although certain characteristics belonged to the tool kit for reconstructing sanctity. Since saints were exceptional yet human, their infirmities were just that too; they were not immune to the bodily ailments that their communities suffered from. Yet their bodies and minds surpassed those of other people in tolerating pain and discomfort, even surviving extreme asceticism. Although there are certain recurrent characteristics and factors that seemingly have similar connotations in the narrations of saints' physical ailments, each community gave them their own meaning. Furthermore, the canonization inquest itself unavoidably influenced the manner in which witnesses' views and testimonies were written down. Instead of even attempting to draw a synthesis, let alone a quantitative analysis, my intention is to look into the canonization testimonies and the meanings the witnesses as individuals and as groups of devotees gave to a holy person's physical illness, impairment, and suffering.

Although all canonization inquests follow a set of rules, they differed in character.¹⁴ Furthermore, geographical setting, as well as the type of individual saint – both of which have been thoroughly analysed in André Vauchez's seminal study *Sainthood in the Later Middle Ages (La sainteté en Occident aux derniers siècles du Moyen Âge)* – had a big influence on the way a saint's body was treated. Vauchez has pointed out that, concerning sainthood at large and not just those saints subject to a canonization process, the Mediterranean region preferred saints who willingly suffered by voluntarily inflicting hardship upon themselves, whereas elsewhere suffering was

12 Kleinberg, *Prophets*, 17. As for the problems of quantitative analysis, Mulder-Bakker 'Invention of Saintliness', 16, reasonably points out that the gender balance in veneration of saints may have been quite different from the balance in quantity of hagiographic material, which is what the modern reader sees; the Virgin Mary, Mary Magdalene, and virgin saints such as Catherine, Barbara, and Agnes were widely venerated, even if male saints were more numerous.

13 Dalarun, *L'Impossible sainteté*, 237

14 See Vauchez, *Sainthood*, 4-5.



primarily seen as violent death and ‘martyrdom’. Of the Mediterranean saints, the vast majority were ascetics and hermits, practising extreme austerity. Mediterranean sainthood was also to some extent defined by the ‘emotion experienced by the faithful at the spectacle of an existence renounced’.¹⁵ This phenomenon will also become clear in this book. Although we will see that saints from other regions were reported as having suffered from various infirmities related and unrelated to their ascetic practices, Mediterranean saints appear more corporal as a consequence of the focus on their asceticism, and their infirmities, as witnessed by their devotees, receive more attention in their canonization documents.

The saint’s origins and lifestyle obviously had an effect on the way witnesses viewed and constructed his or her possible infirmity. Different aspects of saints’ lives were emphasized depending on their position in the society. Generally, the sainthood of hermits and female saints, especially mendicant nuns and anchoresses, was most corporeal by nature, whereas the sainthood of prelates and male members of the secular elite was primarily constructed through their other deeds. During our period of investigation, most saints still came from the nobility or other elite sectors of society, although theological shifts between the mid-twelfth and mid-thirteenth centuries changed the Christian ideal of perfection and brought virtues such as humility, poverty, and asceticism increasingly to the fore. During the late Middle Ages, the number of lay saints began to increase. As a result of the influence of apostolic movements and also heresies, a growing number of laypeople considered it possible to live an ‘authentic Christian life’ without renouncing the world. In addition, certain royal dynasties promoted their own members as saints, in our period notably the Angevins and the Capetians.¹⁶ Italy, and the Mediterranean as a whole, is a separate region in this sense, since the origins of the saints were significantly more modest than elsewhere. This at least is partly explainable by the strong eremitical tradition.¹⁷

There are several important conceptual and theoretical viewpoints that will shape the following discussion. One of the most important ones concerning holy suffering is that of gender. Overall, especially saints’ *vitae* have been widely used for the study of medieval gender practices, while canonization testimonies about saints’ lives have been used for this purpose

15 Vauchez, *Sainthood*, 190–93, 217.

16 Vauchez, *Sainthood*, 175–83, 354–55; see also Goodich, *Vita perfecta*, 127, for friars and clerics; and Vauchez, *Laitly in the Middle Ages*, for the importance of lay saints.

17 Vauchez, *Sainthood*, 182–84, 187–89.



only sporadically. Before late 1990s, this research focused primarily on women.¹⁸ In recent years, a more nuanced and balanced view of gender and sanctity – which concerns the handling of male saints as well as female – has gained ground, but there are still relatively few individual studies that compare male and female saints or that focus on male piety.¹⁹ It has been concluded in earlier research that the sources on female saints' lives put far more emphasis on their penitentiary practices, especially fasting, and enduring illness or impairment, than those on men.²⁰ Among these works, the most influential one has been Caroline Walker Bynum's *Holy Feast and Holy Fast: The Religious Significance of Food to Medieval Women*, in which she studied the religious significance of food for medieval holy women. Although infirmity is not the main topic of her study, it includes a considerable amount of discussion about the significance of suffering for female sanctity, a topic which she also addresses in her collection of essays *Fragmentation and Redemption: Essays on Gender and the Human Body in Medieval Religion*.²¹ Many other scholars have taken a similar viewpoint, while a number have also criticized it.²² Another influential study, useful for my current analysis, is Dyan Elliott's *Proving Woman: Female Spirituality and Inquisitional Culture in*

18 See Lewis, 'Gender and Sanctity in the Middle Ages'. For studies on holy women, see e.g. Bynum, *Holy Feast and Holy Fast*; Dinzelbaheer, *Heilige oder Hexen*; Elliott, *The Bride of Christ Goes to Hell*; Elliott, *Proving Woman*; Minnis and Voaden (eds.), *Medieval Holy Women in the Christian Tradition c. 1100-c. 1500*; Goldy and Livingstone (eds.), *Writing Medieval Women's Lives*.

19 See Cullum, 'Feasting Not Fasting', 184-86. For collections focusing on both men and women, see e.g. Riches and Salih (eds.), *Gender and Holiness*; Blumenfeld-Kosinski and Szell (eds.), *Images of Sainthood in Medieval Europe*; for studies focusing on holy men, see Cullum and Lewis (eds.), *Holiness and Masculinity in Medieval Europe*; Weissenberg, 'Generations of Men and Masculinity'; Weissenberg, 'Men, Marriage, and Masculinity'; Cullum and Lewis (eds.), *Religious Men and Masculine Identity in the Middle Ages*. Men as writers of women's sainthood have been analysed in Coakley, *Women, Men, and Spiritual Power*; Mooney (ed.), *Gendered Voices*.

20 This phenomenon is visible elsewhere in medieval religious culture as well. For example, the German *Nonnenbücher* portray illness as a way of *imitatio Christi* and as an equivalent substitute for serving in a monastic *officium*. Garber, *Feminine Figurae*, esp. 20-24, 99, 109. The significance of illness is also highlighted in the lives of beguine saints. Elliott, *The Bride of Christ Goes to Hell*, 181.

21 Fasting and female sanctity is also analysed in Bell's *Holy Anorexia*, in which he contextualizes the fasting of holy women with the modern framework of anorexia nervosa. This view has been criticized by Bynum as anachronistic, a view which I share. The importance of suffering for female saints is also noted in Weinstein and Bell, *Saints and Society*, in which they study certain phenomena related to sanctity by quantitative analysis of saints' *vitae*. This viewpoint, however, omits the communal realities and individual characteristics of cults; for criticism, see Kleinberg, *Prophets*, 14-16.

22 For this discussion, see e.g. Riches and Salih, 'Introduction', 2-4. Especially the article collections referred to in note 19 have taken a nuanced viewpoint in this discussion.

the Later Middle Ages, in which she brings together the inquisitorial practices of sainthood and heresy and analyses the significance of female religious corporality, suffering and mysticism included, within this framework. Elliott's work is one of the few that systematically uses canonization records for this kind of analysis, although she focuses on a limited number of them. Making the case that corporality was of great importance to female saints need not, of course, imply that it was insignificant for male saints. In her seminal study on pain in later medieval Europe, *The Modulated Scream: Pain in Late Medieval Culture*, Esther Cohen has concluded that female saints had to have a written record of their empathetic pain as evidence of their intimate connection with Christ while men did not, even though there were several male mystics and men were also encouraged to shed tears publicly as sign of empathy.²³

It is not my intention to compromise the view that medieval culture tended to associate holy women with bodily suffering more readily than holy men. I think, however, that concept of gender and its impact on sainthood should be treated with care, and that to form a comprehensive picture, female and male sanctity should be compared. Studies on (holy) women's religiosity are mostly based on *vitae* written by men, and, as pointed out by Sarah Alison Miller, 'it is a problematic task, then, to determine to what extent such instances of extreme corporeal phenomena [...] bespeak hagiographic enthrallment with the suffering of holy women or the religious praxis of women themselves'.²⁴ Furthermore, medieval gender categories are not so clear that simply dividing people into 'men' and 'women' suffices for research purposes. Rather, gender was constantly negotiated and fluctuating.²⁵ Imitating Christ's passion was considered symbolically female, because as women were thought more susceptible to bodily sensations and pleasures, they could more easily share in his suffering. Therefore, despite this discourse being symbolic and ideological, feminine expression of religiosity was not necessarily considered inferior to the masculine.²⁶ Bynum concluded that

23 Cohen, *The Modulated Scream*, 129.

24 Miller, *Medieval Monstrosity and the Female Body*, 100. See also Elliott, *Proving Woman*, 191, who writes that there was an increasing spiral of physicality that characterized the spirituality of late medieval women, or at least the way in which their spirituality was ultimately represented. See also Hollywood, 'Inside Out', and Scott, 'Mystical Death', for the view that male hagiographers may have been more keen to see suffering as essential for female holy women than the women themselves.

25 Katajala-Peltomaa, 'A Good Wife?', 83.

26 Toivo, 'Gender Performance in Early Modern Religious Life', 172-73; McNamer, *Affective Meditation*, esp. 7, 27.

the gender dichotomy was relatively insignificant for the holy women, 'who saw themselves as human beings – fully spirit and fully flesh', and the whole of humanity as capable of *imitatio Christi*.²⁷ Damien Boquet and Piroska Nagy have pointed out that the female mystics found authority in their embodied piety, although not without risks.²⁸ Martha G. Newman has argued, in an article focusing on late twelfth-century Cistercian choir monks and nuns who had saints as their role models, that their corporalities largely depended on their social standing. Of the male monks, the *conversi*, who had a lower social standing, were presented with saints whose holiness was constructed in very corporeal terms as role models. Therefore, in certain times, places, and contexts, social status and hierarchies were more powerful than gender as defining factors of corporality and spirituality.²⁹ Or, as Sharon Farmer has put it, 'when we fail to incorporate other categories of difference into our analysis of gender constructions, then it is *we*, and not the authors whom we study, who end up constructing simplistic gender categories'.³⁰

As the following analysis will show, in the case of canonization inquests, as elsewhere, gender was not the only aspect defining the importance of *imitatio Christi* or suffering in general. The putative saints' other societal roles affected how their corporalities were viewed, and a female saint in whose holiness corporality played a major role could be remembered from her other societal, even 'masculine' deeds. How these mechanisms worked is one of the important questions of this book. As regards the impact of gender, another interesting question would be whether male and female witnesses in canonization inquests interpreted saints' infirmities differently. However, because of the ways the testimonies on the putative saint's *vita* were constructed – a matter discussed further in this chapter – this question can never be resolved conclusively.

Another important framework is that of body, illness, and impairment. During the past decade, medieval dis/ability studies have grown into an independent branch of research, and dis/ability history has also been one of the starting points for this book. In previous research, there has been much discussion of what is meant by 'medieval disability' and if and how modern disability terminology and theory may be applicable

27 Bynum, *Holy Feast and Holy Fast*, 296.

28 Boquet and Nagy, *Medieval Sensibilities*, 204.

29 Newman, 'Crucified by the Virtues'. As pointed out by Sharon Farmer in her introduction to the volume, Newman's article presents a more versatile and nuanced gender categorization than Bynum's *Holy Feast and Holy Fast*. Farmer, 'Introduction', xx-xxi.

30 Farmer, 'Beggars' Body', 171. See also Muravyeva and Toivo, 'Introduction', on gender and societal relations.

to it. Medieval terminology concerning bodily impairments or illnesses is always vague, and there was no consistent umbrella term like ‘impairment’, let alone ‘disability’.³¹ Rather, late medieval Latin hagiographic texts label various bodily and mental ailments most often as *infirmities*, infirmities, which is also the primary term used in this book.³² As the following analysis will demonstrate, in the hagiographic context, saints’ bodily infirmities were rarely specifically diagnosed or defined, and the specific nature of the illnesses or impairments of holy persons did not have a great impact on the way they were used to reconstruct sanctity. To attempt to distinguish ‘impairment’, ‘disability’, or ‘illness’ in the modern, cultural, medical, and political sense of the words would be anachronistic and not very useful.

The fact that saints were extraordinary people whose bodies carried extraordinary messages is of great significance for this study’s connection with medieval dis/ability studies.³³ Holiness manifested itself in various ways, of which infirmity was one. Although medieval society valued the soul and depreciated the body,³⁴ medieval people perceived phenomena that we would interpret as psychological in very physical and material terms.³⁵ This is in accordance with B. Hughes and K. Paterson’s view regarding modern society, that the body itself is a source of knowledge about the world.³⁶ However, as Sarah Kay and Miri Rubin point out, we can never know other people’s bodies, even though we persist in making analogies to our own bodies as a means of knowing others. The body is external and internal, personal and public, life-giving and vulnerable, and it leads to different ways

31 Frohne, *Leben mit ‘krankheit’*, 18-24; Goetz, ‘Vorstellungen von menschlicher Gebrechlichkeit’; Kuuliala, *Childhood Disability*, 44-48; Metzler, *Disability in Medieval Europe*, 4-5. On the categorizations of ‘illness’, ‘disability’, and ‘impairment’, see Frohne, ‘Moderne Begriffe und Definitionen’.

32 See also Kuuliala et al., ‘Introduction’. Especially in earlier centuries, the word *debilitas* was also widely used of various bodily ailments and infirmities. Goetz, ‘Vorstellungen von menschlicher Gebrechlichkeit’.

33 Writing about the ‘extraordinary bodily quality in women’s piety’ in later medieval Europe, Caroline Walker Bynum has stated that ‘[b]ecause preachers, confessors and spiritual directors assumed the person to be a psychosomatic unity, they not only read unusual bodily events as expressions of the soul but also expected the body itself to offer a means of access to the divine’. Bynum, *Fragmentation and Redemption*, 235. Although often emphasized in the case of female pious women and in female saints’ *vitae*, this holds true also in the case of many male saints, and the idea can be seen to have penetrated many layers of society, as I hope to show in this book.

34 See e.g. Dinzelsbacher, *Körper und Frömmigkeit*, 14-16.

35 Camille, *Gothic Art*, 23.

36 Hughes and Paterson, ‘The Social Model of Disability and the Disappearing Body’, 334.



of perceiving the human person.³⁷ Furthermore, the challenge is that the study of the medieval body usually means the study of what was written about the body, and even in that context the focus of the texts was commonly on what the body was supposed to be like, or what it was supposed to do.³⁸

Therefore, saints' infirm bodies – and the interpretations given to them in canonization depositions – primarily tell us about the corporality of sainthood. We cannot 'know' saints' bodies or bodily experiences, and neither could their communities, but, at the same time, the sensations of their bodies became public, at least in the later reconstructions of their sanctity. That being said, the veneration of saints had penetrated the whole of medieval society, and the conceptions of saints, and their infirmities, were not born in a vacuum, but from everyday experiences and views of communities. The corporality of saints was not entirely separate from the corporality of other people. However, the 'social model of disability', which sees 'impairment' as a biological state and 'disability' as a consequence of the restrictive practices of a given community does not fit very smoothly with the hagiographic valorization of infirmity, although such a phenomenon has been seen as harmful in modern society, where disability activists have coined the term 'supercrip'.³⁹ If we want to impose one theoretical model here, saints' infirmities must be viewed in the context of a 'cultural model of disability', in which religion obviously plays a major role.⁴⁰ The 'cultural

37 Kay and Rubin, 'Introduction', 7.

38 See Neal, *The Masculine Self*, 127.

39 For example, Rhonda Black and Lori Pretes write that the 'supercrip' representations in the media mean that disabled people or characters are portrayed as someone with great stamina and courage, who overcome their physical limitations because of their determination and therefore motivate non-disabled people; Black and Pretes, 'Victims and Victors'. If we want to play with this idea, some saints can, in their religio-cultural context, be seen as 'supercrips' of their period, where they were able to endure excessive pain and discomfort gratefully and without complaint, performing their other duties (such as those of a bishop or an abbess) with perfection. However, it is reasonable to ask if this view of them had much effect on the way society viewed infirmity in general. Furthermore, the negative consequences of the 'supercrip' figure cannot be transferred as such to the later Middle Ages, where the whole cultural concept of 'disability' was significantly different from ours.

40 Another model that could be used when analysing saints' infirmities is the so-called 'religious model of disability', first proposed by Edward Wheatley in his discussion of blindness. However, Wheatley's supposition is that the medieval 'religious model' is a similar paradigm to the 'medical model' of modern society, which sees disability as a personal tragedy that needs to be cured, and that the medieval church would, through its views and institutionalization, have diminished disabled people's agency. Wheatley, 'Blindness, Discipline, and Reward', 197; Wheatley, *Stumbling Blocks before the Blind*, 12. For criticism of this model, see Eyler, 'Introduction', 7-8, who points out its 'top-down approach'. Saints' infirmities certainly were formulated according to a 'religious model', but in a completely different way than Wheatley's classification suggests.

model' is especially suitable for the study of premodern dis/ability history, because it sees the concept of 'impairment' as fluid and culturally defined, and dis/ability as a cultural construct. Furthermore, the model allows an analysis of the body in both its material and symbolic dimensions.⁴¹ The current study therefore offers a window onto one of the many ways, often overlapping and occasionally contradictory, in which physical infirmity was viewed and explained in late medieval culture. It connects infirmity with one crucial aspect of lived religion, the veneration of saints. Whereas studies of miracle narrations have revealed mainly negative attitudes to infirmities, in the lives of saints infirmities were primarily seen in a positive light. However, as the following analysis will show, this was not always the view, as even the desirability of holy infirmities was subject to varying views and negotiations.

Furthermore, although emotions are not the primary object of this study, canonization records show that they had an important role in reconstructing holy infirmity, which brings together the 'cultural model of dis/ability' and the history of emotions. Groups of saints' devotees can be defined in the framework of 'emotional communities', as established by Barbara H. Rosenwein. An 'emotional community' denotes a group of people that adhere to the same emotional experiences and also value and devalue the same emotions.⁴² These communities were not static, but the veneration of saints was nevertheless a deeply emotional practice, and especially in miracle accounts, emotions follow each other in a certain order, from despair and affliction to hope and joy.⁴³ Veneration of saints meant experiencing and witnessing emotional events, which in turn confirmed and created communities and strengthened the sense of belonging.⁴⁴

Saints' infirmities can also be viewed in terms of 'emotional practices'. Monique Scheer has defined them as actions, which are learned and transferred between people intergenerationally and/or through a socialization process between adults. Emotions-as-practices are conscious and sub-conscious bodily acts of experience and expression, which allow people to 'communicate to themselves who they are.' Furthermore, they include rituals and habits, which assist in attaining a certain emotional state. Scheer presents Christian penitential acts as an example of a practice that helped

41 Frohne, 'The Cultural Model of Dis/ability'. See also Eyler, 'Introduction'.

42 Rosenwein, *Emotional Communities*, 2.

43 See Devaney, 'Everyday Miracles in Seventeenth-Century Spain', 193-94; Katajala-Peltomaa, *Demonic Possession and Lived Religion*.

44 See Boquet and Nagy, *Medieval Sensibilities*, 217.



in achieving an emotional goal, a corporeal experience of regret.⁴⁵ The same framework would help to interpret saints' ways of representing the pain they felt and its connection to *imitatio Christi*, as well as the community members' participation in it by observing and interpreting the holy people's practices and expressions that generated emotions in them. Medieval lived religion and emotional practices are inherently interlinked with infirmity. A saint's infirmity was, at the same time, a lived practice, and a tool used for inquisitorial needs as well as a tool used by the community to achieve certain emotional states.

The discussion of saints' infirmities and how they were used to construct holiness is divided into four chapters. The first one will highlight the way infirmity functioned in conversion narratives. The idea that a holy figure's often sudden illness or impairment stimulated conversion that secured a saintly lifestyle and a later *fama* can be read as a hagiographic *topos*. The most famous saint of our period whose dramatic conversion was prompted by infirmity was St. Francis of Assisi. According to the earliest *Life*, written by Tommaso di Celano, his conversion was partly triggered by a long bout of infirmity.⁴⁶ As Jacques le Goff explained, we do not know much about Francis's illness during this time, but it established his physical and spiritual personality as a sick man, even if it was not the sole reason behind his change of lifestyle.⁴⁷ We may expect this to have been an important example for the hagiographers of the thirteenth and fourteenth centuries, especially in Franciscan circles.⁴⁸ At the same time, each (future) saint's situation at the time of the conversion, or 'turnaround', to use André Vauchez's term,⁴⁹ was different, and so are the means by which the information about such an event was transferred. Therefore, even if physical infirmity or suffering had a role in this process, its emphases and characteristics varied. Among the saints whose canonization protocols we have, such a dramatic infirmity-conversion chain of events is very rare, but it is somewhat more common for infirmity to play some role at the 'outset' of their journey to sainthood. Therefore, the chapter will focus mostly on the other significant roles infirmity played at the outset of these figures' saintly careers.

In the established pattern of a saintly lifestyle, two aspects that were tightly interlinked with their corporality were patience, *patientia*, and

45 Scheer, 'Are Emotions a Kind of Practice?', esp. 202.

46 Tommaso di Celano, *Vita prima*, 20. Other *vitae* of Francis also give evidence that he suffered from bouts of ill health even in his early life. See Trembinski, 'An Infirm Man', 273.

47 Le Goff, *Saint Francis of Assisi*, 25-26. See also Vauchez, *Francis of Assisi*, 117.

48 See also Goodich, *Vita perfecta*, 120.

49 Vauchez, *Francis of Assisi*, 117.

penitence, including *abstinentia* and the corporeal forms of devotional practices. *Patientia* and *penitentia* were most tightly interlinked with imitating Christ's passion as well as purifying one's soul, and therefore suffering in one way or another is integral to these concepts. The second chapter of this book will address the question of *patientia* and how infirmity was, or was not, used to reconstruct it in canonization depositions. Raptures and ecstasies are included in this analysis. In this chapter the question of (un)diagnosing 'holy infirmity' will also be addressed, asking which aspects of it were essential to record in the hearings of different saints. At the end of this chapter the discussion will move on to the ways a family member's infirmity, especially in the lives of married saints, was used in the construction of their patience. In the third chapter, the discussion will turn to abstinence and penitentiary and devotional practices. Abstinence was one of the key features of late medieval saints' lives, and was therefore also investigated intensely in canonization inquests. For the topic of this book, the most essential element of abstinence and penitence is the way a holy person's community reportedly attempted to delineate austerity and devotional practices when they had corporeal forms. My main interest lies in non-self-inflicted infirmities, but austerity was often delineated precisely on grounds of its causing or aggravating infirmity. My viewpoint will therefore be centred on infirmity as a factor defining austerity and the role various community members played in this process.

The final chapter of the book will move away from the framework of delineators of sainthood and focus on saints' infirmities and their cultural and communal meanings on a more general level. We will first turn our attention to the ways community members interacted with a living saint and the roles infirmity played in this. How was a saint's infirmity presented in the depositions concerning such encounters? In this chapter the question of saint as medical practitioner will also be addressed, especially from the viewpoint of charity and the medical pluralism of the period,⁵⁰ asking if and how the saint's own bodily suffering influenced these activities. In the end, the question of the benefits of infirmity will be addressed. As mentioned above, late medieval society valorized pain and suffering, and the concept of 'holy infirmity', as depicted in canonization protocols, is a part of this discourse. How, then, did saints manifest the beneficial side of infirmity, especially when there were attempts to treat their ailing bodies,

50 The concept of 'medical pluralism' means that people sought the help of educated medical practitioners, various types of folk healers, and religious healing methods side by side. See Gentilcore, *Healers and Healing*, for this concept.

and is their attitude to their bodily suffering comparable to the attitudes to it within their communities?

In this analysis, saints and other well-known persons will be referenced by the established English versions of their names. The names of people testifying in the canonization inquests will appear in the Latin (or occasionally Italian or French) form, as recorded in the original document. All translations and transcripts from manuscript sources are my own, unless stated otherwise.

Canonization Processes as Sources for Holy Infirmity

This study uses the testimonies of canonization inquests conducted between the early thirteenth and the mid-fifteenth century as the main source material, which determines the saints who will be its focus. There are some important holy figures of this period strongly associated with corporality or suffering, the most obvious examples being St. Francis of Assisi⁵¹ (1181/1182-1226) and St. Catherine of Siena⁵² (1347-1380), who were canonized but not subjects of official canonization inquests and who therefore appear

51 St. Francis is perhaps the saint most closely associated with suffering, although, as noted by Donna Trembinski in her studies on his physical illness and disability, this aspect of his life has been largely ignored in research and subdued in most of his *vitae*. Trembinski, 'An Infirm Man', 269-70. Trembinski analyses Francis's disabilities thoroughly in her forthcoming monograph *Illness and Authority: Disability in the Life and Lives of St. Francis of Assisi*. As portrayed in his *vitae*, in Francis's later life, he began to suffer pain in his eyes and his vision gradually worsened, he suffered from fevers, and evidently received the painful *stigmata*. During the last years of his life, when he was in his forties, he was almost blind and often so weak he could not get up from bed on his own. Modern scholars have attempted to diagnose Francis's ailments – the conditions suggested are, for example, glaucoma, iritis, trachoma, corneal ulcers, leprosy, malaria, or dropsy. As Trembinski has convincingly shown, there is no evidence that Francis's infirmities were considered to be caused by leprosy, but they were regarded as having separate causes. See Trembinski, 'Illness and Authority', 114-17. For criticism of the leprosy diagnosis, see also Klaniczay, 'Illness, Self-inflicted Body Pain and Supernatural Stigmata'; for Francis's suffering, see also Wells, 'Exemplary Blindness of Francis of Assisi'.

52 Beside St. Birgitta of Sweden, Catherine is one of the most controversial yet influential fourteenth-century religious women. Her visions and mystical marriage to Christ, excessive penitence and fasting, political role in attempting to get the pope to return to Rome, and her *stigmata* are recorded in various writings, the most influential of them being Raymund of Capua's *Legenda major*. Nocentini, 'The *Legenda maior* of Catherine of Siena'. Especially the claims of her having been stigmatized like St. Francis made her canonization a problematic issue, and, despite the widespread veneration of Catherine as a saint during her life and after her death, Stefano Manconi and Tommaso da Siena (or Tommaso Caffarini) only succeeded in organizing a diocesan hearing, known as the *Processo Castellano*. Catherine was finally canonized in 1461

only as comparative cases. The characteristics of the hearings addressed below will influence the analysis, as those saints whose inquests tackled the question of infirmity most profoundly will receive the most attention. Each saint and her or his hearing will be introduced when first discussed in the course of the analysis.

Papal canonization is usually considered to have started in the early thirteenth century, although there were some earlier saints whose cases occasioned a process.⁵³ Their inquests, however, were conducted in a rather summarized form, with a short biography followed by some miracles,⁵⁴ so the image of infirmity in these early canonization protocols is not very detailed. From 1230 on, there had to be a wider recognition of sanctity for a canonization process to be opened,⁵⁵ and an established local cult was a prerequisite for this. The case was then brought to the knowledge of the Holy See by its promoters.⁵⁶ If the pope found there was enough reason (usually politics played an important part here), he sent a commission to investigate the life, deeds, and merits of the putative saint. During the hearings dozens or even hundreds of people testified about the miracles they had witnessed or experienced and related what they knew about the saint's life. The inquests were conducted according to a number of principles. The basic rules were set by canon law, but there were only a few of them. The major rulings concerning the implementation of the processes were issued during the early thirteenth century,⁵⁷ but each process put these principalities into practice in a different way. Nevertheless, the protocols can be compared with other legal documents of the period.⁵⁸

The witness statements given in canonization inquests have been widely used as source material in the recent decades, especially for questions

by the Sieneese pope Pius II. On Catherine's process and canonization, see Klaniczay, 'The Power of the Saints', 131-32. See also p. 85 n. 194 below.

53 The earliest processes used in this study are those of St. Dominic (1233) and St. Elizabeth of Hungary (1235). Dominic's hearing is the first one in which *articuli interrogatorii* was specifically referred to. Vauchez, *Sainthood*, 506. Elizabeth's inquest is important for the development of the canonization procedure because the famous *testes legitimos* was first included in it; it provides the standard set of question for the commissioners to use so as to determine the cogency of the witness statements. Klaniczay, 'Proving Sanctity', 123-24; Wetzstein, *Heilige vor Gericht*, 538-39.

54 See Vauchez, *Sainthood*, 324.

55 Vauchez, *Sainthood*, 327.

56 For the different parties of the canonization process, see Katajala-Peltomaa and Krötzl, 'Approaching Twelfth-Fifteenth-Century Miracles', 21-23.

57 These include *audivimus*, *venerabilii*, and *testes legitimos* (*interrogatorium*). Katajala-Peltomaa and Krötzl, 'Approaching Twelfth-Fifteenth-Century Miracles', 17-21.

58 On the legal development of the canonization process, see Paciocco, *Canonizzazioni e culto dei santi nella Christianitas*; Wetzstein, *Heilige vor Gericht*.



related to lay piety, lived religion, family, gender practices, and the social history of medicine. In these analyses it is precisely those depositions that concern miracles which have gained most attention, although the testimonies on saints' lives have been analysed as well.⁵⁹ In their discussion of miracles, Laura Ackerman Smoller and Michael Goodich have pointed out that although the language of the documents belongs to the notaries who recorded the depositions for other civil servants, the messages in them belong to the witnesses.⁶⁰ There is no need to assume that this was not also true of testimonies concerning saints' lives, although there the preferences and practicalities for those conducting the inquests may have been even more pronounced. After all, there had to be a public cult for a canonization inquest to be opened. This, in turn, had to be welcomed and accepted by an ecclesiastical institution, and therefore collaboration between clergy and laity, the elements of the lay religious life or 'popular' religion and ecclesiastical influence are intertwined.⁶¹

Both miracles and an exemplary life were of crucial importance in constructing and examining the authenticity of sainthood. There are some indications that while miracles were the most visible and crucial aspect of sanctity for the larger public, many theologians emphasized the beneficial side of saints' lives. Thomas Aquinas, for example, stressed the virtue of saints as an example for others, implying that sacrifice and sanctity were intertwined.⁶² Exactly how much weight was given to a saint's life in the inquest varied. André Vauchez states that the processes increasingly emphasized the saint's life instead of their thaumaturgic powers in the course of the thirteenth and fourteenth centuries. For example, in the early thirteenth century there were still inquests into saints who had died recently, such as Ambrose of Massa in 1240-41, that focused on their miracles, whereas the process of Brynolf of Skara (d. 1317) in 1417 includes a much higher

59 For studies analysing testimonies to *vitae*, see e.g. Archambeau, 'Remembering Countess Delphine's Books'; Elliott, *Proving Woman*; Kleinberg, *Prophets*; Smoller, 'Northern and Southern Sanctity'; Vauchez, *Sainthood*. For a recent historiography of canonization processes, see Katajala-Peltomaa, 'Recent Trends in the Study of Medieval Canonizations'. For the historiography of miracles, see Katajala-Peltomaa and Krötzel, 'Approaching Twelfth-Fifteenth-Century Miracles', 9-15.

60 Smoller, 'Miracle, Memory, and Meaning', 430-31. See also Goodich, '*Mirabilis Deus in sanctis suis*', 143-44. One of the principal rules of the hearings was to faithfully record the witnesses' statements and read them back to them, and the failure to do this could result in the failure of the case. Wetzstein, *Heilige vor Gericht*, 45.

61 Katajala-Peltomaa and Krötzel, 'Approaching Twelfth-Fifteenth-Century Miracles'; Vauchez, *Sainthood*, 142, 250.

62 Goodich, *Miracles and Wonders*, 19.

proportion of depositions on his life.⁶³ However, in the fifteenth-century hearings used in this study there appears to be a balance. The processes of St. Frances of Rome (1440, 1443, 1451) and St. Bernardino of Siena (1448-49) were indeed carefully built around sets of articles on their *vitae*, but the number of healing miracles investigated was substantial. At the same time, the 1457 process of St. Rose of Viterbo, who lived in the thirteenth century, focuses almost entirely on miracles undoubtedly also because of the long time span between the saints' death and the inquest.

In the testimonies on saints' lives, their corporality and infirmity included, the framework of a holy life, constructed around virtues, played a crucial role. Ideally, the inquests were conducted based on *articuli*, a list of propositions related to the saintly candidate's life and miracles. In most cases, the *articuli* were collected beforehand by the procurator of the hearing, and in them the pattern of sainthood intermingled with the details of the saint's life. The articles demonstrate the 'profile' that the promoters of the cause hoped to get recognition for, and therefore they guided, channelled, and restricted the future witness accounts and the focuses of the hearings.⁶⁴ The conductors of canonization inquests were mostly preoccupied with ascetic and moral virtues, with chastity emphasized in all hearings. However, although some educated, clerical witnesses could emphasize theological virtues in their testimonies or otherwise use the classification of virtues by established authors, the *articuli* include a more traditional model of sanctity, inspired by hagiographic literature.⁶⁵ As already mentioned, among the *articuli* touching on the topic of *infirmitas*, the most important are those related to *patientia* and *penitentia*.⁶⁶ However, there is great variation in the length, detail, and level of organization in the articles between various processes, and in some cases they were crafted only after the interrogations or are lacking altogether.⁶⁷ Even if the inquest in question was not conducted based on *articuli*, these concepts were investigated, albeit with some variation.

63 Vauchez, *Sainthood*, 499-505.

64 See e.g. Menestò, 'The Apostolic Canonization Proceedings of Clare of Montefalco', 109. The articles record certain concepts, but at the same time the details of saints' lives are often left quite vague. Vauchez, *Sainthood*, 302 has emphasized this notion regarding St. Thomas Cantilupe's humility, but the same holds true for many other hearings and concepts as well.

65 Vauchez, *Sainthood*, 518-19.

66 Especially *abstinentia*, and within it fasting, was one of the most important ways of acquiring spiritual perfection. This is why the conductors of canonization proceedings invested so much time and effort in exploring this particular subject. Vauchez, *Sainthood*, 191; see also pp. 111-12 below.

67 Wetzstein, *Heilige vor Gericht*, 505-6; Smoller, 'Northern and Southern Sanctity', 292-93; Katajala-Peltomaa and Krötzel, 'Approaching Twelfth-Fifteenth-Century Miracles', 23-24. See also note pp. 67-68 below.

Despite the variations in the *articuli*, the importance of sanctity for medieval culture was such that witnesses are likely to have known which aspects of the saint's life were essential, especially those specifically called to testify about the matter. These witnesses were a specific set of people, which is of great importance for any analysis based on canonization protocols.⁶⁸ Although a large variety of people benefitted from saints' powers in receiving miraculous assistance when they had difficulties, and although saints were venerated at all levels of society, only a very particular group of people were given the chance to present their views about their lives. Clerics and men from the secular elite were valued most as witnesses, especially when a saint's *vita* was investigated; in the case of miracles, women are more common as witnesses.⁶⁹ Additionally, servants and companions were interrogated in some inquests. The commissioners valued the word of those who had known the saint personally or even lived with them; this is the case especially with monks and cloistered nuns, many of whom came from elite families.⁷⁰ As for laity, women were only summoned to testify about a saint's *vita* if they were of 'good reputation', usually meaning *matronae* known to be pious and to have a religious lifestyle, but even they were rare among the witnesses unless they personally knew the putative saint. Their voice is most often heard in the processes of Dauphine of Puimichel (1363) and St. Frances of Rome, whose companions and spiritual daughters frequently testified.⁷¹ Therefore, although sainthood was communally formed, the picture of a *vita* we get from canonization protocols was constructed largely by the saints' innermost circle, and the view we get is also often quite masculine.⁷² Some

68 See e.g. Lett, 'La parole des humbles', 233-34.

69 On gender, wealth, and the selection of witnesses, see Farmer, *Surviving Poverty*, 50-55; Katajala-Peltomaa, *Gender, Miracles, and Daily Life*, 32-42; Lett, *Un procès de canonisation*. See also Esch, 'I processi medioevali', 42; Golinelli, 'Social Aspects in Some Italian Canonization Trials', 170-71; Goodich, 'Politics of Canonisation', 177, for women as witnesses. For women's significance in giving testimony on children's miracles, see Lett, *L'Enfant des miracles*, 32.

70 See also Park, 'Relics of a Fertile Heart', 120. In the case of St. Margaret of Hungary, for example, the majority of the nuns in her monastery had been royal princesses or widows or daughters of higher aristocracy. Klaniczay, *The Uses of Supernatural Power*, 102. Concerning the sanctity of King (St.) Louis IX of France (1214-1270), one of the 'ailing saints' also discussed in this book, M. Cecilia Gaposchkin has concluded that even among the miracle beneficiaries, the elite had some kind of personal tie or knowledge of him, so that his miraculous powers were a more personal matter for them, while the poor travelled to his shrine and created the culture of the miraculous at Saint-Denis. Gaposchkin, 'Place, Status, and Experience', 249-66.

71 In Frances's case, this is particularly striking, as virtually all the men testifying about her life were clerics. Esposito, 'St. Francesca and the Female Religious Communities', 198.

72 As an example, in Louis IX's canonization inquest there were only three female witnesses out of thirty-nine to his *vita*. Of the thirty-six men, two were Louis's family (his son and brother),

information was disseminated to the general public in everyday discussions, sermons, and *vitae*, but in many cases the view of the holy person's life was presumably somewhat vague outside their inner circle.⁷³

Despite the similar principles behind all canonization inquests, the amount of information we get about the saintly candidates' lives, and their infirmities, varies greatly. The length of the depositions varies from process to process; while some of them record the witness statements in detail, others are much more summarized, presumably after a series of rewritings and edits.⁷⁴ As mentioned earlier, there is also a change over time in that the witness statements in the earliest inquests are less structured or sketchier than those in later ones. Furthermore, from the turn of the fourteenth century onwards, there was a growing need to investigate (especially female) saints' mystic experiences more thoroughly and in medical terms,⁷⁵ which influences the level of detail in these processes. This need coincides with a growing tendency to highlight and investigate the legendary aspects of a holy life.⁷⁶ Letizia Pellegrini has recently pointed out that because there was a significant gap in the canonization inquests following the Western Schism, the tradition of conducting them was to some extent lost. Therefore, the commissioners of the mid-fifteenth-century inquests could 'start anew' and form a new set of preferences.⁷⁷ In all processes under investigation here, some witness depositions were also recorded in more detail because of their value. Therefore, although all inquests are similar to a certain degree because of their common method and purpose, the differences between the protocols and testimonies must be taken into account when making any comparisons, especially when researching a specific topic such as *infirmitas*.

one was the son of the king of Jerusalem (Jean of Acre, 1258-1296), eleven were clerics of various ranks and titles, eight were titled *monseigneur* and/or *chevalier* (one of them was also Louis's chamberlain), six other witnesses also belonged to Louis's staff, as mentioned above one was his surgeon, and the rest were other distinguished laymen. Many of the witnesses had accompanied him on his crusades. Guillaume de Saint-Pathus, *Vie de saint Louis*, 7-10; O'Tool, 'Caring for the Blind', 92-93.

73 See Gaposchkin, 'Louis IX and the Liturgical Memory'; Gaposchkin, 'Place, Status, and Experience', esp. 252, on this matter in the context of Louis IX's sanctity.

74 Katajala-Peltomaa and Krötzel, 'Approaching Twelfth-Fifteenth-Century Miracles', 20.

75 Elliott, 'The Physiology of Rapture and Female Spirituality', 157, 161-64.

76 Vauchez, *Sainthood*, 527-34.

77 Pellegrini, 'Testifying to Miracles'.

