

Love and Duty in the Time of Family Crisis

Physical Disability and Marriage in Later Medieval (c. 1200–1500) Miracle Testimonies*

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In September 1470, a man called Laurencius Rawaldi from Linköping in Sweden was struck by a severe condition in his eyes. The illness left him blind for three years, during which he—according to his own testimony—was useless for both himself and others. Following the advice of the abbot of Alvastra Abbey, he made a vow with his wife and children to Catherine of Vadstena, promising that if the saint cured his blindness, he would travel to her shrine and bring two wax eyes. When the vow was done, ‘jugs of water’ streamed from his eyes and he regained his vision. Afterwards he travelled to Vadstena with his family without anyone guiding him.¹

The testimony Laurencius gave of his miraculous cure in the 1470’s² is only one example of the thousands of similar testimonies included in later medieval canonisation hearings. Beginning in the early thirteenth century, the popes wanted to take more control on the veneration of saints, which had earlier been in the hands of local bishops. As a result a procedure known as the canonisation process developed.³ It always started with a local cult, and if the Pope considered it worth investigating, he sent a commission to interview people about the life, merits and miracles of the putative saint. During these interrogations, priests, monks, nuns and also a large number of laymen and laywomen testified under oath about the miracles they had experienced or witnessed, and the sources can be compared with other juridical sources of the era. The witness accounts are strongly influenced by the practicalities and legal aspects of the canonisation hearing, by the preferences of the commissioners, by the typicalities of the said cult, and by the widely accepted and internalised views about the miraculous. Moreover, the witnesses often gave their testimonies years, even decades after the actual event, and thus time as well as communal discussions and opinions undoubtedly distorted the retellings. It was, however, important that the witnesses’ replies were recorded accurately and the testimonies were read to them so that possible mistakes could be corrected.⁴ Thus it

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¹ *Processus seu negocium canonizacionis B. Katerine Katharina de Vadstenis: Efter Cod. Holm. A 93*, Isaac Collijn ed., Almqvist och Wiksell: Uppsala 1942–1946, 88–89.

² For a summary of Catherine of Vadstena’s life and (unfinished) canonisation process, see Christian Krötzl, *Pilger, Mirakel und Alltag. Formen des Verhaltens im skandinavischen Mittelalter*, SHS: Helsinki 1994, 96–98.

³ One of the earliest and most prevalent studies on medieval canonisations is André Vauchez, *La sainteté en Occident aux derniers siècles du Moyen Âge. D’après les procès de canonisation et les documents hagiographiques*, École française de Rome: Rome 1988. Since then, scholars such as Michael Goodich, Gábor Klaniczay, Christian Krötzl, Laura A. Smoller and Thomas Wetzstein have continued the study of the process and the formation of the sources.

has been concluded that the message delivered in the testimonies is that of the witnesses, even if the language belongs to notaries and other civil servants.⁵

For the past decades, canonisation processes have provided a rich source material for the everyday life of the laity.⁶ Because a large part of the miracles included in the canonisation dossiers were cures of various illnesses and impairments,⁷ they are also an exceptionally rich source for the study of disability in the Middle Ages—a topic which has started to arouse significant international scholarly interest during the past decade.⁸ Although disabled people were not missing from medieval society, sources about their everyday life are extremely rare. Miracle testimonies included in the canonisation processes are, however, the one genre of sources, in which conceptions of laypeople and ideas about family life at the time of disabilities and prolonged illnesses frequently appear.

In this paper testimonies given in the canonisation hearings from thirteenth to the fifteenth century regarding miraculously cured physical impairments will be analysed from the point of view of marriage and family life. How do they portray marriage, marital roles and the relationships and attitudes of married couples when one of the spouses acquired long-term physical impairment? First we will take a look at the roles the spouses had in the invocation of saints when searching for a cure. Then we will proceed into the attitudes towards disability in domestic sphere as well as the nurturing and care-giving roles of husbands and wives, and finally discuss the role work and family economics had in the family dynamics and miracle narratives. One purpose of those giving miracle testimonies was to convince the officials of the hearing about the severity of the condition and, respectively, the saints' powers. Then what was the significance of the marital and domestic issues in these descriptions, and how do they construct medieval disability? Geographically, this article analyses materials from the whole western Christendom—canonisation documents are mostly comparable despite their wide geographic distribution, because they were conducted based on the same legal regulations. A major part of

⁴ Thomas Wetzstein, *Heilige vor Gericht, Das Kanonisationserfahren im europäischen Spätmittelalter*, Böhlau: Köln, Weimar & Wien 2004, 45.

⁵ See e.g. Michael Goodich, 'Mirabilis Deus in sanctis suis. Social History and Medieval Miracles', in Kate Cooper & Jeremy Gregory eds., *Signs, Wonders, Miracles. Representations of Divine Power in the Life of Church*, The Boydell Press: Woodbridge and Rochester 2005, 135–156, at 143–144; Laura A. Smoller, 'Miracle, Memory, and Meaning in the Canonization of Vincent Ferrer, 1453–54', *Speculum* 73 (1998), 429–454, at 430–431.

⁶ For the historiography of canonisation processes, see Sari Katajala-Peltomaa, 'Recent Trends in the Study of Medieval Canonizations', *History Compass* 8/9 (2010), 1083–1092.

⁷ Of the 'traditional' physical disabilities, mobility impairments were most common, followed by blinding conditions. Cures of deafness and muteness were reported rarely. See Ronald C. Finucane, *Miracles and Pilgrims. Popular Beliefs in Medieval England*, St. Martin's Press: New York 1995, 49–50; Michael Goodich, *Miracles and Wonders. The Development of the Concept of Miracle, 1150–1350*, Ashgate: Aldershot 2007, 8–12; Krötzel 1994, 188–189; Irina Metzler, *Disability in Medieval Europe. Thinking about Physical Impairment during the High Middle Ages, c.1100–1400*, Routledge: London & New York 2006, 134–136; Pierre-André Sigal, *L'homme et le miracle dans la France médiévale (XI^e–XII^e siècle)*, Les Éditions du Cerf: Paris 1985, 256; Vauchez, 1988, 530–533. For a catalogue of Swedish miracles, see Janken Myrdal & Göran Bäärnhielm, *Kvinnor, Barn och Fester i medeltida mirakelberättelser*, Saraborgs Länsmuseum: Skara 1994.

⁸ The first study concentrating solely on the topic was Metzler 2006. Since then new contributions have been emerging; among the most important ones are Joshua R. Eyler ed., *Disability in the Middle Ages. Reconsiderations and Reverberations*, Ashgate: Aldershot 2010; Irina Metzler, *A Social History of Disability. Cultural Considerations of Physical Impairment*, London & New York: Routledge 2013; Cordula Nolte ed., *Homo debilis. Behinderte – Kranke – Versehrte in der Gesellschaft des Mittelalters*, Didymos-Verlag: Korb 2009; Edward Wheatley, *Stumbling Blocks before the Blind. Medieval Constructions of a Disability*, University of Michigan Press: Michigan 2010.

the processes was executed in Italy and France, but northern European sources will be used when possible.

Before moving on, it is worthwhile to point out a few things about disability theories and terminology. In modern disability studies, the most prominent theory used during recent decades has been the social model of disability. According to it, impairment means a factual physical state, which exists regardless of the society. 'Disability', on the other hand, is a cultural construct and the creation of a given society and its norms, conceptions and restrictive practices. In other words, while impairment is a biological or physical 'fact', the degree of disability varies depending on the society in question.⁹ This theory has been discussed and justifiably criticised by several scholars of medieval disability as well.¹⁰ I however tend to share Irina Metzler's view that when discussing the Middle Ages, it is useful to separate these two terms, because 'disability' implies certain cultural connotations that medieval impaired persons may not have shared with modern impaired people,¹¹ although impairment, too, is definitely a cultural concept.

It is also worth pointing out that umbrella terms such as 'disability' did not exist in the Middle Ages, but words like *infirmus* (infirm), *impotens* (powerless), *debilis* (weak, crippled), *contractus* and *claudus* (crippled) were the Latin words used to describe various conditions. In the miracle depositions, blindness (*caecitas*), deafness (*surditas*) and being mute (*mutis*) were more specified.¹² Although especially incurable congenital disability was recognised by the medical writers and philosophers of the time,¹³ and most likely also by the laity, the terminology used in the testimonies appears vague. The witnesses thus specified the given condition rather by its symptoms than by the (medical) terminology.¹⁴

Spousal Roles in Invoking the Saint

It has been concluded in several studies that in medieval society, women were the ones holding nurturing roles, and young girls were socialised into this from an early age on. As a result, except perhaps in the richest families, women were held primarily responsible for taking care of the sick.¹⁵ These gendered nurturing roles

⁹ See Simi Linton, *Claiming Disability. Knowledge and Identity*, New York University Press: New York and London 1998, 11–12.

¹⁰ See e.g. Joshua R. Eyler, 'Introduction. Breaking Boundaries, Building Bridges', in Eyler ed., *Disability in the Middle Ages*, 5–7; Wheatley 2010, 9–19.

¹¹ Metzler 2006, 2.

¹² Hans-Werner Goetz, 'Vorstellungen von menschlicher Gebrechlichkeit in frühen Mittelalter', in Nolte ed., *Homo debilis*, 21–55, at 26–42; Metzler 2006, 3–5. I have also discussed the used terminology more thoroughly in Jenni Kuuliala, *Disability and Social Integration. Constructions of Childhood Impairments in Thirteenth- and Fourteenth-Century Canonisation Processes*, University of Tampere 2013, 38–47.

¹³ See Metzler 2006, 68–125.

¹⁴ See e.g. Sigal 1985, 228.

¹⁵ See e.g. Leigh Ann Craig, *Wandering Women and Holy Matrons. Women as Pilgrims in the Later Middle Ages*. Brill: Leiden 2009, esp. 93–94; Barbara A. Hanawalt, 'Of Good and Ill Repute'. *Gender and Social Control in Medieval England*, Oxford University Press: Oxford and New York 1998, 164–165; Martha C. Howell, *Women, Production, and Patriarchy in Late Medieval Cities*, University of Chicago Press: Chicago & London 1986, 9–12; Sari Katajala-Peltomaa, *Gender, Miracles, and Daily Life. The Evidence of Fourteenth-Century Canonization Processes*, Brepols: Turnhout 2009, *passim*. Mothers and also other women of the family and community were more often responsible for taking care of sick children. Ronald C. Finucane, *The Rescue of the Innocents. Endangered Children in Medieval Miracles*, St. Martin's Press: New York 2000, 85. Louis Haas, however, writes that both parents had the responsibility for finding treatment. Louis Haas, *Renaissance Man and His Children. Childbirth and Early Childhood in Florence, 1300–1600*,

also pertain to acting as intercessors when invoking saints for children and other household members.¹⁶ Even though medical professionals called to help with impairment and illnesses were commonly men, these ideals seem to place the practical aspects of physical disability into female sphere.

In hagiographic sources, the caring and nurturing roles of both family and wider community are most visible in the descriptions of invoking saints, and this is why this aspect of disability in medieval marriage will be discussed first. The 'hero' of the events in a miracle narrative was usually the invoker, which is why the role of this person tends to be emphasised.¹⁷ Invoking a saint for one's husband or wife was thus a way to help the spouse *and* a means to strengthen the relationship between the invoker, his or her family, and the saint. Successful invocation could also improve one's status in the community.

The examples of wives' invoking activities are numerous, regardless of the geographic origin of the canonisation process. As an example, when a nobleman Ragwaldus Niclisson from Strängnäs in Sweden was paralysed and could not speak, his wife and a priest called Johannes vowed him to St Birgitta of Sweden.¹⁸ The gendered division was not, however, carved in stone, but physical impairment and chronic illness could change the nurturing roles in a family, and besides other female family and community members, the husband could take responsibility of the invocation. For example, a woman called Katerina from Frödinge was unable to speak due to a swollen tongue. At some point, her husband Birger promised that if she was cured, *he* would make a pilgrimage to Catherine of Vadstena's shrine.¹⁹

It appears that men in northern European families took more part in care for the family than their southern counterparts, especially based on children's miracles.²⁰ In the narratives regarding adults' cures the ailing person was, however, most often the one making the vow especially in the case of men,²¹ and thus such comparisons are difficult to make. Even when the beneficiary made the vow, the activities of the spouse are commonly emphasised and the husband or the wife is mentioned as the person who suggested it. As an example, Ferrarius Salvani from France had an illness in his legs which he described as being horrible and causing several fissures to appear on the skin, making him wish for his own death. Witnessing his desperation and agony, his wife suggested a vow to St Louis of Toulouse.²² Similarly, a Breton woman Petronilla, who lost sight of one eye, made a *votum* to St Yves of Tréguier after a suggestion by her husband Guillelmus.²³ There are also mentions of other community members suggesting or making the vow, even if the ailing person was

St. Martin's Press: New York 1998, 162.

¹⁶ Craig 2009, 92, 114–115; Didier Lett, *L'enfant des miracles. Enfance et société au Moyen Âge (XII^e–XIII^e siècle)* Aubier: Paris 1997, 141.

¹⁷ Smoller 1998, 429–454. Stanko Andrić writes that the main characters of a miracle are the Beneficiary, the Saint, the Intercessor, the Assistant (often the same person as the Intercessor), the Reporter of the miracle, the Witnesses and the Jury. Stanko Andrić, *The Miracles of St. John Capistran*, Central European University Press: Budapest 2000, 228–238, 323.

¹⁸ *Acta et processus canonizationis beate Birgitte*, Isaac Collijn ed., Samlingar utgivna av Svenska fornskriftsällskapet (Serie 2, Latinska skrifter I): Uppsala 1924–1931, 110, 151.

¹⁹ *Processus seu negocium*, 111.

²⁰ Katajala-Peltomaa 2009, 116–117.

²¹ See also Craig 2009, 111; Katajala-Peltomaa 2009, 115.

²² *Analecta Franciscana sive chronica aliaque varia documenta. Processus Canonizationis et Legendae variae Sancti Ludovici O. F. M. Episcopi Tolosani*, Firenze 1956, 227.

²³ *Monuments originaux de l'histoire de S. Yves*, A. de La Borderie & al. eds., Imprimerie L. Prud'homme: Saint-Brieuc 1887, 268.

married. Such was the case of Margareta, who testified about horrible pain and ulcers in her left eye, eventually cured by the merits of Catherine of Vadstena.²⁴ These kinds of descriptions portray the search for a cure as a communal concern.

The assistance received from one's spouse is occasionally mentioned also when describing the pilgrimage, although the witness accounts are commonly quite reticent about the experiences while travelling, as it was not essential for proving the miracle true. Wives more commonly accompanied their husbands than vice versa, but the narratives also portray other members of the family as the helpers.²⁵ Wealthier women could also have a servant to escort them.²⁶ It must, however, be noted that the social sphere of the beneficiary had a big impact on the gendered side of assistance. For example, many miracles in the Breton canonisation process of Charles of Blois from 1371 are related to the battles of the Hundred Years' War. They portray the cures of the injured or captivated military men, whose assisting persons consisted of male servants and other soldiers.²⁷

Unfortunately, most cases in which men are on a pilgrimage without their wives do not report whether they were married in the first place. It was not a rule that a wife should have accompanied her husband. One such case is recorded in St Louis IX's miracles, in which a lumberjack called Richart hurt his leg badly, and went to various pilgrimages alone. When he once again returned home uncured, his wife started to cry, told him that miracles were occurring at St Louis's shrine, and said that he should first confess his sins and then walk to St.-Denis.²⁸ The narrative gives no reason why she did not escort him, but the possible explanations are, obviously, numerous. Women too could be working elsewhere, they could be giving birth, or staying at home to take care of children.

Attitudes and Nurturing Roles in Everyday Life

The descriptions about invocation discussed above are a typical element of all miracle narratives. Although they give us interesting information about the roles in a family in the search for a cure, they do not yet provide many details about other aspects of medieval disability and its domestic consequences. But how, then, did families deal with everyday life when prolonged impairment struck one of the spouses? And what do the miracle accounts reveal about the marital attitudes towards physical difference and its disabling consequences?

²⁴ *Processus seu negocium*, 112. The friends and acquaintances also made a vow for a man called Karolus Haquinj, who was unmarried. He broke his arm when falling from a horseback and his friends suggested a vow to Charles of Blois. *Ibid.*, 117.

²⁵ For example, Robert du Puis, who could only walk on crutches, was assisted by his wife as well as by his father and sister. At some point Robert told his old father and his pregnant wife to go back home and continued the journey with his sister. Another Frenchman called Jacques de Allucies went on a pilgrimage on crutches and was assisted by his wife. Guillaume de Saint-Pathus, *Les Miracles de Saint Louis*, Percival B. Fay, & H. Champion eds., Librairie ancienne Honoré Champion: Paris 1931, 194–195.

²⁶ See Craig 2009, 113.

²⁷ E.g. Città del Vaticano, Biblioteca Apostolica Vaticana, MS Vat. lat. 4025, ff. 121^r–121^v, 122^r–122^v.

²⁸ Guillaume de Saint-Pathus, *Les Miracles de Saint Louis*, 86–88. The wife's tears presumably were a manifestation of her sorrow over the husband's continuing disability. There however also existed an idea that futile invocations resulted from the petitioner's lack of devotion, which could add to her emotions. See Maria Wittmer-Butsch & Constanze Rendtel, *Miracula. Wunderheilungen im Mittelalter. Eine historisch-psychologische Annäherung*. Böhlau: Köln 2003, 207. The advice she gave about confessing one's sins revives from the idea that one needed to have a clean soul before starting a pilgrimage. See e.g. Simon Yarrow, 'Narrative, Audience and the Negotiation of Community in Twelfth-Century English Miracle Collections', in Kate Cooper & Jeremy Gregory eds., *Elite and Popular Religion*, The Boydell Press: Woodbridge and Rochester 2006, 65–77, at 70. In St Louis IX's miracles this idea is recorded regularly.

It has been a common, though now considered out-dated, conception that in medieval society, physical impairment was an unquestionable reason for marginalisation, considered a direct result of sin, and that impaired people were invariably treated badly.²⁹ Canonisation testimonies are notoriously silent about this aspect of medieval disability. Mockery from the community, let alone family members is extremely rare. The only such example I have come across is recorded in St Louis of Toulouse's canonisation process from 1308, where a woman from Marseille called Berenguaría testified about her blindness. Some years earlier, she had lost her eyesight as a result of a fever. Once she searched for a table when her husband asked what it was that she looked for. When she told him what it was, he responded: "*O misera!* It is right in front of your eyes, are you blind?"³⁰ The husband's words made Berenguaría blush, while he went on, asking how he ever came to marry a blind woman. This made her grieve greatly, and eventually she made a vow to St Louis.

As mentioned in the introduction, the specific description of the condition to be cured was essential to the testimony, and it was also a part of the mentally and culturally established pattern of a miracle narrative.³¹ Laura A. Smoller writes that witnesses generally tended to place the miracle at the most dangerous or desperate time.³² For Berenguaría, her husband's reaction thus seems to have been such a moment, manifesting the most severe consequences of the impairment, which in this case were domestic. It is possible that the reaction of Berenguaría's husband towards his wife's blindness at least partly derived from the cultural models of blindness that were rather negative especially in France. The blind were occasionally described in literature as greedy, lacking sexual morals and as a parallel of the Jews who choose not to see the light, and also the mockery of the blind appears every now and then in literary texts³³ The only other such miracle I have found however concerns a beggar boy and is thus related to social hierarchies and the beggars' inferior status.³⁴

Interestingly enough, Berenguaría's husband did not report having had any negative emotions towards her blindness,³⁵ and it is impossible to know whether he really regretted marrying her because of it. Generally, canonisation processes are rather silent about the marital opportunities for the disabled, partly because cases in which a person acquired impairment in childhood but was cured as an adult are extremely rare. There are, however, occasional cases in which a person who had a relatively mild mobility or visual impairment was married. As an example, one man from Brittany, who was blind in one eye since infancy and in both eyes since his

²⁹ For the historiography of disability till the 2000's, see Metzler 2006, 11–20. On the ambiguous causality between sin and illness, see *ibid.*, 8–9, 38–47, 67–68, 88–94.

³⁰ "Et tunc ipse dixit: 'O misera, et iam habes ante oculos tuos: es ceca?'" *Processus Canonizationis et Legendae variae Sancti Ludovici*, 149.

³¹ See Goodich 2007, 93–99; Gábor Klaniczay, 'Miracoli di punizione e *maleficia*', in Sofia Boesch Gajano & Marilena Modica eds., *Miracoli. Dai segni alla storia*, Viella: Roma 2000, 109–136.

³² Laura A. Smoller, 'Defining Boundaries of the Natural in Fifteenth-Century Brittany: The Inquest into the Miracles of Saint Vincent Ferrer (d. 1419)', *Viator* 28 (1997), 333–304, at 345.

³³ Wheatley 2010, esp. 1–3, 63–72, 76–89, 90–128.

³⁴ Guillaume de Saint-Pathus, *Les Miracles de Saint Louis*, 27–29.

³⁵ *Processus Canonizationis et Legendae variae Sancti Ludovici*, 150.

early twenties, had a wife,³⁶ and an Italian woman, who had been *claudicante* (limping or lame) since birth, was married.³⁷

The cases in which impairment appears to have hampered a person's chances to marry are equally rare. The ones we have, however, all portray women as the miracle beneficiaries, and are about miraculously cured facial disfigurements or deafness.³⁸ As an example, in the Naples process of St Thomas Aquinas there is an account of a woman called Margareta de Piperno, who had a swelling in her throat. Margareta was betrothed, but the deformity had caused her fiancé to reject her. It was reported that after the cure she was married to him and they had children.³⁹ In this case the disfigurement indeed was an obstacle to her getting married, and the marriage a manifestation of the saintly cure. These accounts support the view that disfigurements, deafness and blindness were, besides very severe mobility impairments, among the most disabling conditions.⁴⁰ Ronald Finucane reads these Italian accounts as proofs of the anxiety of parents in the 'frenetic marriage competition faced by many fourteenth-century Italian parents',⁴¹ but due to the low number of such mentions, geographic comparisons cannot be made. Nevertheless, supposedly a girl's possible inheritance or a big dowry was an important factor in her chances to marry, even when she had disability.

A significant majority of miracle narratives that give us details about physical impairment and marriage however show patterns related to domestic and communal care instead of scorn, let alone mockery. Although here we again have to work with individual cases, one gets the impression that when husbands are the ailing spouses, the wives are—quite unsurprisingly—more present in the narratives than the other way around. As an example, a man called Robert du Puis from northern France suffered from an illness in his leg. According to Guillaume de Saint-Pathus's narrative,⁴² the nerves of the leg were rigid and hard, so that he was unable to extend or put weight on it. Sometimes Robert had other people carry him out, as he was unable to get out from his house or go to his necessities on his own. Moreover, reportedly he was unable to get from one place to another unless his wife Genevieve

³⁶ Città del Vaticano, Biblioteca Apostolica Vaticana, MS Vat. lat. 4025, f. 178^v. It is not revealed whether he married before or after losing the sight of the other eye.

³⁷ *Il Processo di canonizzazione di Bernardino da Siena (1445–1450)*. *Analecta Franciscana*, XVI, Letizia Pellegrini ed., Frati editori di Quaracchi: Grottaferrata 2009, 45–47.

³⁸ On a case concerning a girl who tried to hide her partial deafness in order to be able to marry, see *Materials for the History of Thomas Becket, Archbishop of Canterbury, Vol. I*, James Craigie Robertson ed. (Rerum Britannicarum medii aevi scriptores; Rolls series, 67), Longmans: London 1875, 446–447.

³⁹ *Fontes vitae S. Thomae Aquinatis 1–4. Fasciculus IV, Processus canonizationis S. Thomae, Neapoli*, M.-H. Laurent, O.P. ed., Revue Thomiste: Saint-Maximin 1911, 340–343. See also *Il processo di canonizzazione di Chiara da Montefalco*, Enrico Menestò ed., La Nuova Italia: Firenze & Perugia 1984, 480–481, where a mother was afraid that no man would marry her daughter who had a swelling in her throat.

⁴⁰ See Metzler 2006, 166.

⁴¹ Finucane 2000, 59.

⁴² The situation with the sources concerning Louis IX's canonisation is rather particular. Only testimonies of three miracles from the actual canonisation process survive. They have been edited by H.-F. Delaborde in 'Fragments de l'enquête faite à Saint-Denis en 1282 en vue de la canonisation de Saint Louis', *Mémoires de la Société de l'Histoire de Paris de l'Île-de-France*, 23. However, in ca. 1303 Guillaume de Saint-Pathus, who was the confessor of Louis IX's widowed queen Marguerite and daughter Blanche, wrote a miracle collection based on the canonisation documents. The comparisons between the fragments of the process and Saint-Pathus's compilation, as well as his own description of the writing process, show that he followed the original documents rather faithfully. See Sharon Farmer, *Surviving Poverty. Gender, Ideology, and the Daily Lives of the Poor*, Cornell University Press: Ithaca and London 2005, 7–10; M. Cecilia Gaposchkin, *The Making of Saint Louis. Kingship, Sanctity, and Crusade in the Later Middle Ages*, Cornell University Press: Ithaca and London 2006, 36–40.

helped him.⁴³ Here it seems that Genevieve was the primary witness, because Robert had died before the investigation, and thus we do not know if he had mentioned his dependence on his wife, or whether it was only her particular memory and manifestation of the husband's impairment. In addition to the descriptions of problems in mobility and other functions, these kinds of narratives also use the personal memories of assistance as manifestations of the disability.

There are several other remarks of the assistance of wives especially in the descriptions about blindness. While many other types of impairments had other visible manifestations that could be mentioned as a proof of the condition, in all types of medieval miracle accounts blindness is typically defined by the need to be led by others,⁴⁴ and thus we have most information about the assistance received in regard to this particular impairment. For example, Hugo le Barber from London was blind for three years, during which his wife Juliana and sons guided him.⁴⁵ Hugo himself only mentioned the need for being guided, while Juliana specified her own role.⁴⁶ It is then possible that the sons had actually the most prominent role in assisting their father, but Juliana remembered her own care-giving role best—after all, people tend to remember small details and emphasise their own activity when reminiscing events which hold special value for them.⁴⁷ Similar caring roles are visible in the testimony of Hugo Gregorii de Baguholis from southern France. During his blindness, he was guided by his daughters, wife and mother-in-law.⁴⁸ As already the testimonies regarding the cures of the two Hugos point out, the guiding and caring role within a family when the husband was disabled was not reserved only for the wife but also for children and other family members. Illness and disability could change the roles and models of behaviour within a family, also switching the roles of parents and children.⁴⁹

In some, albeit rare cases also the roles of servants appear in the narratives, which describe the disability of a married woman before pilgrimage. A woman called Gile was married to Estiene Phelipe, a bourgeois and butcher, from St.-Denis near Paris. After giving birth to a stillborn child Gile got severely impaired and was completely unable to move. The narrative describes her disability by stating that she was carried by her chambermaid Bourgot, Jehenne, who was the wife of Jehan Vaus, and also by other women.⁵⁰ It is of course no wonder that a bourgeois woman had a chambermaid to assist her nor are the nurturing roles of the female community exceptional either. What strikes in this particular case is the complete absence of the husband, as he is also not mentioned when the vow and pilgrimage are described. Unfortunately we do not know if he was among the original witnesses, and if he put some emphasis on his own activities.

In Gile's case disability was, all in all, something that belonged to the female sphere both within the extended family and the community during both everyday life and the search for a cure. The absence of a husband during a wife's infirmity

⁴³ Guillaume de Saint-Pathus, *Les Miracles de Saint Louis*, 98–99.

⁴⁴ Metzler 2006, 175–176.

⁴⁵ “[S]icut cecus ducitur per ipsam et per filios suos cum non videret ire.” Città del Vaticano, Biblioteca Apostolica Vaticana, MS Vat. lat. 4015, f. 29^v.

⁴⁶ Hugo's testimony is in *ibid.*, ff. 27^r–28^r.

⁴⁷ Smoller 1998, 433–434.

⁴⁸ *Processus Canonizationis et Legendae variae Sancti Ludovici*, 150–151.

⁴⁹ Lett 1997, 139–140.

⁵⁰ Guillaume de Saint-Pathus, *Les Miracles de Saint Louis*, 12–15.

appears perhaps even more striking when the wife was being transported back to her native home during the time of her impairment. When *domina* Marthalonucia, the wife of a nobleman Vannucius, was unable to walk due to a condition in her leg, she resided in her father's house.⁵¹ Similarly, in St Margaret of Hungary's process from 1271 Sura, the wife of *dominus* Andree de Sancto Georgio, suffered from falling sickness and stayed at the home of her parents. She could not get out of the house unless they carried her.⁵² We do not have information on Vannucius's economic situation, but the testimony of *dominus* Andree sheds more light on the matter. He stated that because he could not take care of Sura, she was taken to her parents. When the commissioners asked whether he was poor or wealthy, he responded that he was poor.⁵³ Although Sura's father stated that he had been wealthy but was robbed of his money,⁵⁴ it would appear that Sura was taken to her parents mostly because of economic reasons rather than because of her husband's unwillingness to treat her.⁵⁵ This does not signify that such emotions could not be a part of the husband's decision, especially because Sura testified that that everyone was abhorred by her appearance,⁵⁶ but a spouse's impairment could put a big economic strain on a family, which for its part had an effect on how the situation was handled. The economically disabling effects of impairments will be discussed in the remaining pages.

Economy and Domestic Roles

Mentions of the inability to work as well as of begging are relatively rare in medieval miracle narratives, and apparently they were not important components in constructing a miracle story.⁵⁷ It is also worth pointing out that disability and illness did not necessarily lead to inability to work or poverty, especially if the person was not on the verge of poverty to start with.⁵⁸ Then again, it is also possible that the picture the sources give is biased. The poor are an underrepresented group as beneficiaries and witnesses, because they were considered less trustworthy than the wealthy.⁵⁹

Sometimes the references to the inability to work must be read in between the lines. As an example, a tailor called Laurencius suffered from a condition, which made his hand twisted and useless (*invtilis*) for eight days, until he was cured at the

⁵¹ *Il Processo per la canonizzazione di S. Nicola da Tolentino*, Nicola Occhioni O.S.A. ed., Padri Agostiniani di Tolentino & École française de Rome: Roma 1984, 322.

⁵² *Monumenta Romana episcopatus Vesprimiensis (1103–1526)*, vol. 1, Vilmos Fraknói ed., Collegium Historicum Hungarorum Romanum: Budapest 1896, 311.

⁵³ *Ibid.*, 314–315.

⁵⁴ "Interrogatus, si est dives, vel pauper, respondit: 'Dives eram, sed depredatus sum a predonibus.'" *Ibid.*, 313.

⁵⁵ Although Andreas was titled a *dominus*, in thirteenth-century Hungary it does not yet mean that he should be wealthy, but rather that he had a free status instead of being a serf. See József Laszlovszky, 'Fama sanctitatis and the Emergence of St. Margaret's Cult in the Rural Countryside. The Canonization Process and Social Mobility in Thirteenth-Century Hungary', in Ottó Gecser et al. eds., *Promoting the Saints. Cults and Their Contexts from Late Antiquity until the Early Modern Period. Essays in Honor of Gábor Klaniczay for his 60th Birthday*, Central European University Press: Budapest 2011, 101–123.

⁵⁶ "[Q]uod omnes abhorrebant me." *Monumenta Romana episcopatus Vesprimiensis*, 311.

⁵⁷ Metzler 2006, 165–167.

⁵⁸ As an example, Richart de Briquerville could only walk on crutches but he continued in his work. He was also supported by an inheritance, and never ended up begging. Guillaume de Saint-Pathus, *Les Miracles de Saint Louis*, 81–83. The collection also includes a narrative of a deaf-mute boy who first worked for a smith and later in the kitchen of the Countess of Auxerre. *Ibid.*, 50–55.

⁵⁹ Farmer 2007, 52–53.

shrine of Catherine of Vadstena.⁶⁰ In this case the condition undoubtedly made it impossible for Laurencius to continue in his profession. Laurencius Rawaldi, whose testimony was cited at the beginning of this article, used a similar expression.⁶¹ Most such remarks, however, do not inform us how the beneficiaries then survived before the cure, or how the situation was handled in their domestic circles. When wishing to analyse these aspects of medieval impairments, *Les Miracles de Saint Louis* is one of the most illuminative medieval sources. One of the miracles included in the collection portrays the case of Jehenne, the wife of Jehan de Serris, a carpenter. Jehenne was struck by a condition, which left her unable to walk. In his narrative Guillaume de Saint-Pathus writes that because her husband did not want to provide her what was necessary, she was taken to a hospital.⁶²

The case has similarities with the testimonies regarding the cures of Sura and Marthalonucia discussed above, as in both cases the husband did not keep an ailing wife at home. Sharon Farmer writes that Guillaume wanted to emphasise the negligence of Jehan, which he did not accept, by stating that he did not *want* to provide what she needed.⁶³ The husband's marital duties were generally considered to be supporting one's wife and children,⁶⁴ which Jehan clearly failed to do. However, rather than being an example of abandonment, also this case points to the importance of family economics. After Jehenne had been to the hospital for a while, she was given a pair of crutches and once she got used to them, she became able to slowly get from one place to another. At some point she decided that she wanted to be in the company of her husband and children, after which he came to fetch her and even carried her on his back half the journey. It is possible that the improvement in Jehenne's condition made the husband more willing to take her back, or the hospital wanted her to leave,⁶⁵ but if he had absolutely decided to get rid of her, it does not sound convincing that he would have carried her back—especially as the narrative does not say anything about the hospital's willingness to discharge her.

Jehenne's case also gives us a glimpse of the wife's economic duties. After she got back home, she started to beg—according to Guillaume, again because her husband did not want to give her what was appropriate.⁶⁶ The text does not inform us whether she had been helping her husband in his work before her illness, but considering that she had to beg in order to increase the family's income, that seems likely. The emphasis on Jehenne's laborious activities may, at least partly, derive from the geographic differences in women's supposed roles in earning an income for

⁶⁰ *Processus se negocium*, 100.

⁶¹ *Ibid.*, 88–89.

⁶² Guillaume de Saint-Pathus, *Les Miracles de Saint Louis*, 131–134.

⁶³ “[E]t son mari ne li vosist amenistrer ce qui li failloit.” Farmer 2005, 121; Guillaume de Saint-Pathus, *Les Miracles de Saint Louis*, 131.

⁶⁴ See e.g. Roberto Rusconi, ‘St. Bernardino of Siena, the Wife, and Possessions’, in Daniel Bornstein & Roberto Rusconi eds., *Women and Religion in Medieval and Renaissance Italy*, The University of Chicago Press: Chicago & London 1996, 182–196, at 186.

⁶⁵ French hospitals in the late thirteenth and early fourteenth centuries had several rules on the admittance of patients. Often the crippled or those considered incurable were not accepted. See Irina Metzler, ‘Liminality and Disability: Spatial and Conceptual Aspects of Physical Impairment in Medieval Europe’, in Patricia A. Baker, Han Nijdam & Karine van ‘t Land eds., *Medicine and Space. Body, Surroundings and Borders in Antiquity and the Middle Ages*, Brill: Leiden and Boston, 2012, 273–296, at 282–283.

⁶⁶ “Et avint après que son mari et avecques ses fiuz. Et avint après que son mari ne li voloit pas trouver ce que il li couvenoit, et por ce ele aloit a grant poine a potencies a l’eglise Saint Merri de Paris querre des aumones.” Guillaume de Saint-Pathus, *Les Miracles de Saint Louis*, 132.

a family, as especially in the central and northern Europe they often played quite a big role in the family business.⁶⁷

Considering Guillaume de Saint Pathus's apparent disapproval of the husband's behaviour, it seems that despite a wife's previously active role, on an idealistic level the wife's disability lessened her responsibilities and increased those of the husband. As Jehenne's case shows, in everyday life that often was not the case. In the fragments of St Louis IX's canonisation process there is another kind of an example pointing to this direction, portraying the miraculous cure of Lucie Ruimilli who was blind. Her daughter Amelina testified that during her blindness Lucie gave birth to three children, whom she nurtured and breastfed because she was too poor to hire a wet nurse. She received help from Amelina *and* her husband.⁶⁸ The testimonies portray Lucie as still having the nurturing role, and she continued to fulfil her most important task: giving birth to children and taking care of them.⁶⁹ At the same time they challenge the established gendered view of the responsibilities of husbands and wives.

Lucie's blindness was *not* manifested by her inability to take care of her everyday tasks, which is untypical of a miracle narrative. It could even be said that precisely for these 'slips of tongue', as Michael Goodich calls such deviations from the typical pattern,⁷⁰ these testimonies probably portray the everyday life of many impaired men and women. Moreover, this particular case is in accordance with the term 'partnership marriage', which for example Barbara Hanawalt has used. The husband was the head of the family, but marriage was a unit where collaboration was needed and emphasised.⁷¹ Although disability was a situation for which cure was searched, it did not need to be a big strain on family life, even if it changed the patterns of behaviour.

In some, albeit equally rare cases, we get a glimpse of the strains of impairment for married men who lose their income. Moving southwards, in one central Italian case a man called Bonapace had to beg because of his blindness, in which his wife assisted him. Both reported that it made him very much ashamed,⁷² thus portraying the poverty and shameful begging as the most significant disabling consequences of his blindness. In a way the blindness also 'disabled' his wife, who had to start begging as well. This seems to support the aforementioned view that in northern Europe women had more individual roles in family economy than in the south. Often it is, however, not revealed whether the husband's inability to work resulted in the need to beg, and how that influenced the wife's position. For example, Hugo Gregorii de Bahugolis testified that because of his blindness, he

⁶⁷ See e.g. Howell 1986, 9–12.

⁶⁸ The testimonies are on 'Fragments de l'enquête faite à Saint-Denis en 1282', 54–71.

⁶⁹ The attitudes towards infertility are beyond the scope of this article. However, probably in many cases infertility was more socially disabling than many physical impairments. Interestingly enough, miracles curing childlessness are absent from Scandinavian sources, which Göran Bäärnhielm and Janken Myrdal interpret as a possible proof that it was 'less shameful in the north as in some regions in the south'. Göran Bäärnhielm & Janken Myrdal, 'Miracles and Medieval Life. Canonization Proceedings as a Source for Medieval Social History', in Gábor Klaniczay ed., *Procès de canonisation au Moyen Âge. Aspects juridiques et religieux*, École Française de Rome: Rome 2004, 101–116, at 109.

⁷⁰ Goodich 2005, 143–144.

⁷¹ Barbara Hanawalt, *The Ties That Bound. Peasant Families in Medieval England*, Oxford University Press: Oxford & New York 1986, 205–209.

⁷² 'Processus Apostolici, de B. Joanne Buono', J. Bollandus et al. eds., *Acta sanctorum quotquot toto orbe coluntur Octobris IX*, 67 vols, Société des Bollandistes: Antwerpen and Bruxelles 1643–1940, 874–875.

could not work or earn his bread,⁷³ and Ferrarius Salvani reported that he could not work as before, since his legs would not support him.⁷⁴ Neither one of these men however mentioned how the family then made a living. Helping him move from one place to another remains the only reported task of Hugo's wife, which is typical of miracles curing blindness; Ferrarius only mentioned that his wife was the one making the vow.

Conclusions

The witnesses of medieval canonisation hearings primarily constructed physical impairments by describing their functionally disabling effects. References to difficulties in marital life, family dynamics or earning one's income are exceptions rather than a norm. Scorn or mockery from a spouse was very rarely expressed, but it would seem that in the context of marriage, as well as in other areas of society, disfigurements and sensory disabilities were the ones most easily causing negative reactions. Whether a direct link between the narratives and the experiences in everyday life remains to be guessed, but if marital problems and negative emotions had been a typical result of physical impairments, it would most likely have been an easy way to underline the severity of the situation. Medieval society was, after all, very communal by nature, and one's reputation and relationship with their family and other community was of crucial importance. Being 'healthy' was not a black-and-white matter, but social inclusion and the ability to fulfil one's social expectations accordingly were important factors.

Based on the miracle testimonies, it seems that for a large part, the roles and attitudes spouses had during one's disability follow the established pattern of gendered nurturing roles. Women are more present when their husbands are disabled, especially when invoking the saints but also in giving everyday assistance. The absence of husbands in certain cases does not necessarily tell about their negligence or indifference but rather reflects the economic realities and their gendered expectations. Yet because the severity of the situation had to be highlighted, it is possible that for men the dependence on someone's help was a more explicit way of underlining their disability than it was for women.

That being said, the few sources, which are more verbose about the lived realities of their protagonists, portray the gendered roles as varying and flexible. Especially for poor families one adult's inability to work could be a huge strain for the whole household. This seems to have been the primary reason for the remarks we have about husbands sending their disabled wives elsewhere, as well as for the reports of begging and being ashamed of it. However, as the case of Lucie Ruimilli indicates, when the situation and the type of disability allowed it, the gendered roles could simultaneously remain and change, portraying the flexibility and support inherent in medieval marriage.

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⁷³ *Processus Canonizationis et Legendae variae Sancti Ludovici*, 150–151.

⁷⁴ *Ibid.*, 227.