

The Trauma of Pain in Later Medieval Miracle Accounts

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Traumatic experiences are an essential aspect of medieval hagiography: saints and martyrs were often victims to painful deaths or had long-term infirmities, which highlighted or even enabled their powers and glory. Moreover, the various miraculous deeds which saints performed (following the example of Christ and his apostles) often brought help to those who experienced highly painful and frightening situations, be it during accidents, in childbed, or during acute or long-term phases of illness, infirmity, or impairment. In fact, a vast majority of recorded miracles belong to the category of therapeutic examples.¹

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1 On the proportions of healing miracles, see e.g. David Gentilcore, *Healers and Healing in Early Modern Italy* (Manchester: Manchester University Press, 1998), 194-95; Barbara Heller-Schuh, 'Hilfe in allen Nöten? Inhalte von hoch- und spätmittelalterlichen Mirakelsammlungen im Vergleich', in *Mirakel im Mittelalter. Konzeptionen – Erscheinungsformen – Deutungen*, ed. Martin Heinzlmann, Klaus Herbers, Dieter R. Bauer, Beiträge zur Hagiographie, 3 (Stuttgart: Steiner, 2002), 151-65; Christian Krötzel, 'Miracles au tombeau – Miracles à distance. Approches typologiques', in *Miracle et Karama. Hagiographies médiévales comparées*, Bibliothèque de l'École des Hautes Etudes, Sciences Religieuses 109, ed. Denise Aigle (Turnhout: Brepols, 2000), 557-76; Christian Krötzel, *Pilger, Mirakel und Alltag: Formen des Verhaltens im skandinavischen Mittelalter (12.-15. Jahrhundert)* (Helsinki: SHS, 1994), 188-89; Georg Schreiber, 'Deutsche Mirakelbücher. Zu ihrem Werden und ihrem Inhalt', in *Deutsche Mirakelbücher. Zur Quellenkunde und Sinngebung*, ed. Georg Schreiber, Forschungen zur Volkskunde 31/32 (Düsseldorf: Schwann, 1938), 9-76, esp. 56-58; Barbara Schuh, *Jenseitigkeit in diesseitigen Formen. Sozial- und mentalitätsgeschichtliche Aspekte spätmittelalterlicher Mirakelberichte*, Schriftenreihe des Instituts für Geschichte, Darstellungen, 3 (Graz: Leykam, 1989), 100-01; Pierre-André Sigal, *L'homme et le miracle dans la France médiévale (XI^e - XI^e siècle)* (Paris: Les Éditions du Cerf, 1985), 256; André Vauchez, *La sainteté en Occident aux derniers siècles du Moyen Âge. D'après les procès de canonisation et les documents hagiographiques* (Rome: École française de Rome, 1988 [1981]), 549-50, 547.

To what extent, then, was pain depicted as a traumatic experience in the accounts of miracles that healed infirmity, and to what end?² In the following essay, the topic will be discussed from the point of view of later medieval hagiography (ca. 1300-1500), focusing on the following questions: When was suffering from extreme pain recorded in hagiographic texts, and to what purpose? What kinds of emotions, if any, towards a traumatic experience of physical pain were described? It is important to note that the aim is not to provide a statistical analysis of pain in miracle narratives but rather to detect and analyse the narrative patterns and techniques, and within these the ways pain as a traumatic experience was used in retelling a miraculous cure. Following this premise and the nature of the sources underlying our analysis, it should furthermore be noted that we do not apply the category of 'trauma' in the sense of a psychiatric diagnosis, nor do we set out to uncover potential cases of Post-Traumatic Stress Disorder (PTSD)³ within our source material. Instead, we make use of the (modern) concept of 'trauma' as a loose, not strictly (medically or psychologically) defined category because it allows us to analytically combine the historical study of extreme physical pain with the emotional responses that were attributed to this kind of experience within the analysed source material. So far, pain tends to appear only as an almost 'natural' byproduct of illnesses, injuries, and impairments in premodern disability history, in contrast to being studied as a culturally shaped, embodied experience in its own right. This essay attempts to open up this area of research to disability history as well as to trauma studies by taking a tentative first look at the depiction of extreme and/or long-term pain and its affective dimensions in hagiographical sources. 'Trauma' as category of analysis helps us to sharpen our research questions when we study the emotional experience of pain and its effects on daily life, the social world, and its cultural significance.⁴ The first

2 Miracles bringing help in situations such as fatal accidents and in other life-threatening situations, painful childbirth, as well as miracles healing madness and possession will be excluded from the analysis. Those types of cures are equally important for the medieval mindset concerning pain and trauma, but as they have different societal and cultural connotations, taking them into focus of this essay would make the viewpoint unnecessarily extensive.

3 For PTSD and historical research, see Christina Lee and Wendy J. Turner, 'Conceptualizing Trauma for the Middle Ages' as well as the articles of Donna Trembinski, Ronald J. Ganze, and Christina Lee in this volume.

4 It should be noted that this approach is especially promising since according to medieval concepts, physical and emotional pain were not thought of as categorically different. 'Trauma' might also well prove to be an insightful concept in order to approach classical and medieval concepts of pain as an 'escalating' factor, e.g. the notion that emotional responses and states have a decisive impact on the development of an illness/infirmity, or that pain could

step is to assess the extent and possible functions of hagiographical pain narratives that refer to the affective dimension of pain.

As a subject of historical analysis, however, pain is equally difficult to approach. The experience of pain is shaped by personal, situational, socio-cultural, and biological factors: cultural frameworks and societal norms do not only have an impact on the way pain can be expressed, they also leave their marks on the experience of pain itself, and on the way pain is remembered.⁵ Therefore, categories like gender, age, and dis/ability must be taken into account – not because it should be assumed that, for example, women and men feel pain differently due to their anatomical structure, but because being brought up as a man or a woman might lead to different ways of ‘learning’ how to experience pain or how to respond to it.⁶ Furthermore, someone suffering from severe pain all of his or her life might have different experiences than a person subjected to occasional pain. Certain constitutions, injuries, illnesses, or impairments might lead to a heightened sensibility to pain or cause a lack of sensation in certain body parts, or even shift the locus of pain to another part of the body. It is therefore difficult to detect which of these factors might have been crucial in the shaping process of a miracle story. Therefore, the cultural and conceptual background of miracle narratives provides an important viewpoint. Whereas individual body experiences, situational and personal assessments certainly played a part in shaping painful experiences, cultural

attract other illnesses to its location in the body. The physiological concept of *imaginatio* is also worth considering as a description of a (voluntary or involuntary) traumatic experience that manifests in form of a material wound within the body. However, as these concepts are not referenced or hinted at in the following examples, they cannot be discussed in this article. For further references see Esther Cohen, ‘The Animated Pain of the Body’, *The American Historical Review* 105 (2000): 36-68; Bianca Frohne, ‘The Body in Pain’, in *Dis/ability History der Vormoderne: Ein Handbuch*, edited by Cordula Nolte, et al. (Affalterbach: 2017), 409-15; Corporealities of Suffering. Dis/ability and Pain in the Middle Ages, ed. Bianca Frohne and Jenni Kuuliala (Amsterdam: Amsterdam University Press, in preparation, forthcoming).

5 David B. Morris, *The Culture of Pain* (Berkeley: University of California Press, 1991), 1-3; Javier Moscoso, *Pain. A Cultural History* (Basingstoke: Palgrave Macmillan, 2012), 1-8, see esp. 2: ‘Halfway between the world of emotions and the realm of sensations, the history of pain refers back to the history of experience: that is, to the history of what is at once familiar and strange, one’s own and another’s, individual and collective. This word choice is not arbitrary, for under the umbrella of this term, experience, the body does not separate from the soul, the material from the spiritual, the self from the other’.

6 Moscoso, *Pain*, 10.

frameworks and social norms concerned with appropriate pain 'behaviour'⁷ have to be taken into account as well, next to the culturally informed mechanisms of memory, and the pragmatics and rhetoric of medieval miracle narration. The texts that were ultimately produced within these contexts had to follow specific rules and were meant to accomplish specific tasks, which coloured or even completely altered experiences and descriptions of pain.

The Texts and Their Audiences

The following analysis will be based on two types of late medieval hagiographic sources: the witness accounts included in canonization processes from late thirteenth to the fifteenth century, and miracle accounts compiled in fifteenth-century German miracle books. These sources give a representative picture of late medieval concepts and practices of sainthood and the miraculous, which were an inseparable aspect of lay piety and everyday life.

Concerning the first type of source material addressed in this essay, canonization processes developed in the early thirteenth century as a result of a pope's desire to have more control over the veneration of saints. During canonization inquests, dozens or even hundreds of people – lay and religious alike – were interrogated about the putative saint's life, deeds, and miracles. The inquests followed a strict set of rules set out in the Canon Law and can be compared to other juridical sources of the era.⁸ At the same time, the commissioners of the hearings were specifically interested in the views and experiences of the so-called 'common people'. The point of the interrogations was to find proof to establish if the event was a true miracle or not. Suspicion, and even doubt towards the miracle described was always inherent in the recorded testimonies. For example, it was thought that demons could play tricks on people and cause incidences that looked like miracles, but were not. It was crucial to spot these kinds of misdeeds, as well as to secure that the miraculous cure could not have occurred by any earthly means, such as medicine or incantations, or be the result of a vow to another saint.⁹ Therefore, the written statements are

7 Esther Cohen, *The Modulated Scream. Pain in Late Medieval Culture* (Chicago: University of Chicago Press, 2010), 113-44.

8 On the development and practicalities of the hearings, see Vauchez, *La Sainteté*; Thomas Wetzstein, *Heilige vor Gericht. Das Kanonisationsverfahren im europäischen Spätmittelalter* (Cologne and Vienna: Böhlau, 2004).

9 Michael Goodich, *Miracles and Wonders. The Development of the Concept of Miracle, 1150-1350* (Aldershot: Ashgate, 2007), 69; Christian Krötzel, 'Prokuratoren, Notare und Dol-

thoroughly coloured by these requirements and by the cultural ideas about miracles. Furthermore, the language in them belongs to the notaries who recorded the witness accounts. However, it has been concluded that the message of them is of the witnesses.¹⁰ Thus, the records of the hearings have proven to be a treasure mine for the scholars of late medieval social history.¹¹

Concerning miracle books, the second source type that will be analysed in this essay, it is noticeable that the main task of these collections was to generally underline the power of the saint in question, and to demonstrate that he or she promised rescue and salvation in as many different plights and emergency situations as possible. Miracle books were compiled from reports of miraculous events collected at the shrines. *Miraculées* or other witnesses sometimes handed in handwritten reports, but commonly pilgrims reported the miracle they had experienced to a scribe, who put it down in writing. These case stories were later transferred to miracle books; however, it is often impossible to determine what alterations might have been made to the original reports in these various stages of writing and rewriting, or how many reported miracles were not included in these books at all. Authors and compilers of miracle books were acutely aware of competing shrines and often took pains to assure the public of their superior miracle-working potential.¹² At the end of the fifteenth century, printed miracle books became a prominent feature within the ongoing process of competitive cult propaganda.¹³ These printed collections are

metscher. Zu Gestaltung und Ablauf der Zeugeneinvernahmen bei spätmittelalterlichen Kanonisationsprozessen', *Hagiographica* 5 (1998): 119-40, at 128.

- 10 Michael Goodich, 'Mirabilis Deus in sanctis suis. Social History and Medieval Miracles', in *Signs, Wonders, Miracles. Representations of Divine Power in the Life of Church*, Studies in Church History, ed. Kate Cooper and Jeremy Gregory (Woodbridge: Boydell & Brewer, 2005), 135-56, at 143-44; Laura A. Smoller, 'Miracle, Memory, and Meaning in the Canonization of Vincent Ferrer, 1453-54', *Speculum* 73 (1998): 30-31.
- 11 See Sari Katajala-Peltomaa, 'Recent Trends in the Study of Medieval Canonizations', *History Compass* 8/9 (2010): 1083-92.
- 12 On general difficulties in interpreting late medieval German miracle collections, see Matthias Zender, 'Mirakelbücher als Quelle für das Volksleben im Rheinland', *Rheinische Vierteljahrsblätter* 41 (1977): 108-23, esp. 109-12, and the comprehensive study by Schuh, *Jenseitigkeit*; also Schreiber, *Deutsche Mirakelbücher*.
- 13 Harry Kühnel, "'Werbung", Wunder und Wallfahrt', in *Wallfahrt und Alltag in Mittelalter und früher Neuzeit. Internationales Round-Table-Gespräch, Krems an der Donau, 8. Oktober 1990*, Veröffentlichungen des Instituts für Realienkunde des Mittelalters und der Frühen Neuzeit, 14; Sitzungsberichte der Österreichischen Akademie der Wissenschaften, Philosophisch-Historische Klasse 592, ed. Gerhard Jaritz and Barbara Schuh (Vienna: Verlag der Österreichischen Akademie der Wissenschaften, 1992), 95-114; Hermann Bach, 'Mirakelbücher bayerischer Wallfahrtsorte. Untersuchung ihrer literarischen Form und ihrer

interesting as they do not simply consist of successively recorded events in chronological order, but are purposefully arranged. The book for the shrine at Altötting (1497), for example, presents the power of St. Mary as an intercessor by arranging miracles neatly into different sections, such as accidents, illnesses, or spiritual afflictions.¹⁴ This common practise underlines the extent to which these texts were produced with a wide public audience in mind. Furthermore, miracles were often disseminated through many different channels: they were publicly announced by preachers at the shrine, and later on often retold in sermons.¹⁵ We can assume that the success of a miracle book depended on its ability to mirror the lived experiences and expectations of its lay audience.

Regardless of the source type, the records of miraculous cures throughout the medieval period follow a culturally established structure.¹⁶ People who reported their miracles and those recording them down during the inquests or at shrines had adopted this pattern, and were aware that conformity to it made them more credible.¹⁷ The narrative structure always included certain crucial elements. In addition to the miracle itself and the events leading to it, the stories tend to emphasize the discomfort and suffering of the *miraculé*, for a troublesome situation was a precondition for a miracle to be recorded and proven. The role of physical pain in delineating this is the focus of the following discussion. At the same time, we may assume that the established concept

Stellung innerhalb der Literatur der Zeit', (PhD diss., University of Munich, 1963), 29-31, 38-42, 58-71.

- 14 'Das Büchlein der Zuflucht zu Maria. Altöttinger Mirakelberichte von Jacobus Issickemer', ed. Robert Bauer, *Ostbairische Grenzmarken* 7 (1964/65): 206-36; see also Bach, *Mirakelbücher*, 58; on later examples Schreiber, *Deutsche Mirakelbücher*, 58-64.
- 15 Schuh, *Jenseitigkeit*, 17.
- 16 The structure of miracle accounts has been studied in Stanko Andrić, *The Miracles of St. John Capistran* (Budapest: Central European University Press, 2000), 225-57; Gábor Klaniczay, 'Miracoli di punizione e maleficia', in *Miracoli. Dai segni alla storia*, ed. Sofia Boesch Gajano and Marilena Modica (Rome: Viella, 2000), 109-36; Gábor Klaniczay, 'Ritual and Narrative in Late Medieval Miracle Accounts. The Construction of the Miracle', in *Religious Participation in Ancient and Medieval Societies*, ed. Sari Katajala-Peltomaa and Ville Vuolanto (Rome: Institutum Romanum Finlandiae, 2013), 207-23.
- 17 Laura A. Smoller has demonstrated that canonization hearing themselves educated lay-people about the proper structure of a miracle story. Laura A. Smoller, 'Defining the Boundaries of the Natural in Fifteenth-Century Brittany: The Inquest into the Miracles of Saint Vincent Ferrer (d. 1419)', *Viator* 28 (1997): 333-60. In canonization processes, already the questions asked from the witnesses according to the so-called *formulae interrogatorii* emphasized the structure and formed the witnesses' experiences accordingly. On the *formulae*, see e.g. Klaniczay, 'Proving Sanctity', 123-24; Vauchez, *La sainteté*, 58-59; Wetzstein, *Heilige vor Gericht*, 538-39.

of a miracle had an influence on the ways people later shaped and re-told their traumatic experiences.

Traumatic Causes for Pain in Canonization Processes

When it comes to long-term illnesses and impairments, all miracle narratives tend to record the pathology or aetiology of a cured condition only in sporadic cases.¹⁸ At the same time, the need for scientific, medical proof increased, especially in canonization inquests, heavily in the late Middle Ages and in the early modern period. This led to new ways of categorizing miraculous cures and diagnosing the conditions. Nevertheless, in the fourteenth and fifteenth centuries, the witnesses were still rarely questioned about the exact causation for and the type of their condition, presumably because the commissioners did not expect them to have such information.¹⁹ As for traumatic experiences such as accidents, they were most commonly recorded in later medieval canonization records when the miracle in question concerned resuscitation or saving from a mortal danger. Such miracles often concerned children, and in them the primary trauma coming up in the witness accounts was the parents' emotional turmoil.²⁰

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- 18 Sigal, *L'homme et le miracle*, 248; Gabriela Signori, 'Körpersprachen. Krankheit, Milieu und Geschlecht aus dem Blickwinkel spätmittelalterlicher Wundergeschichten', in *Frömmigkeit im Mittelalter. Politisch-soziale Kontexte, visuelle Praxis, körperliche Ausdrucksformen*, ed. Klaus Schreiner and Marc Müntz (Munich: Fink, 2002), 529-57, at 539-45; Raymond Van Dam, *Saints and Their Miracles in Late Antique Gaul* (Princeton: Princeton University Press, 1993), 86-87.
- 19 For further discussion, see Jenni Kuuliala, *Childhood Disability and Social Integration in the Middle Ages. Constructions of Impairments in Thirteenth- and Fourteenth-Century Canonization Processes*, Studies in the History of Daily Life 4 (Turnhout: Brepols, 2016), 46-48. For medicine in early modern and modern canonization processes, see Jacalyn Duffin, *Medical Miracles: Doctors, Saints and Healing in the Modern World* (Oxford: Oxford University Press, 2009).
- 20 The proportion of resuscitations and savings from accidents increases in the later medieval collections. One possible explanation for this is the change in obtaining saintly assistance. While in earlier centuries the common way to do this was a pilgrimage, it became now more and more common to make a vow to the saint on spot. See Vauchez, *La sainteté*, 549-50. For miracles saving children from mortal danger, see e.g. Sari Katajala-Peltomaa, *Gender, Miracles, and Daily Life. The Evidence of Fourteenth-Century Canonization Processes*, Studies in the History of Daily Life 1 (Turnhout: Brepols, 2009); Christian Krötzel, 'Parent-Child Relations in Medieval Scandinavia according to Scandinavian Miracle Collections', *Scandinavian Journal of History* 14 (1989): 21-37.

In the protocols of canonization inquests concerning physical infirmities, the onset – or the traumatic or painful event leading to it – was most commonly recorded when it was crucial for proving the physical condition and the miracle, and/or when it held specific importance for the witness. One such group of miraculous cures with recorded traumatic onsets was war injuries.²¹ An illustrative example was investigated in the 1371 canonization hearing of Charles of Blois, the Duke of Brittany (1319–64). Theobaldus de Beloczac, nobleman and *miles*, had been fighting with Charles at the Battle of La Roche-Derrien in 1347. According to Theobaldus's testimony, his right tibia was wounded in the conflict by the enemy's sword. The numerous surgeons, which Theobaldus consulted afterwards, told him that the nerves of his tibia were incurable.²² Defining Theobaldus's injury as caused by battle was important for proving its existence. However, in most such cases the painfulness of the situation was not explicitly referred to, even when the injury itself was carefully depicted. As an example, we may look at the case of another *miles*, Gaufridus Budes, who was badly injured also when fighting with Charles of Blois. Yet, although the painfulness of his injuries (fractures and dislocations) appears relatively self-evident, his testimony does not refer to it at all.²³

The lack of 'pain narrations' in testimonies about military injuries may at least partly be based on ideals of knighthood – after all, a suffering nobleman had no place in medieval story-telling patterns.²⁴ No such reservations existed for people from lower social groupings.²⁵ Although the painful/traumatic onsets of their infirmities were also recorded relatively rarely, when they were,

21 On war-related miracles, see Michael Goodich, *Violence and Miracle in the Fourteenth Century. Private Grief and Public Salvation* (Chicago: University of Chicago Press, 1995), 121–45. A majority of war-related miracles concern fatal injuries and captivations; prolonged suffering of a knight is very rarely reported. See also Jenni Kuuliala, 'Nobility, Community, and the Care of the Ill and Disabled in Later Medieval Canonization Processes', in *Infirmity in Antiquity and the Middle Ages: Social and Cultural Approaches to Health, Weakness and Care*, ed. Christian Krötzel, Katariina Mustakallio, and Jenni Kuuliala (Aldershot: Ashgate, 2015), 67–82; Irina Metzler, *A Social History of Disability. Cultural Considerations of Physical Impairment during the High Middle Ages, c. 1100–1400*, Routledge Studies in Cultural History (London and New York: Routledge, 2013), 32.

22 Vatican City, Biblioteca Apostolica Vaticana (hereafter BAV), MS Vat. lat. 4025, f. 132r.

23 BAV, MS Vat. lat. 4025, f. 121r.

24 E.g. Rachel Koopmans, *Wonderful to Relate. Miracle Stories and Miracle Collecting in High Medieval England* (Philadelphia: University of Pennsylvania Press, 2011), 42.

25 It is difficult to come to any conclusions on this question with regard to German miracle accounts, as they rarely specify the social background of the beneficiaries. Generally, the number of beneficiaries of noble birth or high social standing seems to have been in decline throughout the later Middle Ages, see Heller-Schuh, 'Hilfe in allen Nöten?', 164.

the painfulness of such an experience was mentioned, if not elaborated on. For example, a five-year-old English girl Alicia de Lonesdale was badly injured after a seemingly trivial accident of falling down on a road. However, her and her father's testimonies in the canonization inquest of St. Thomas Cantilupe (1307) describe the mishap in detail. Alicia's injury led to severe disability, it was painful, and it put an end to the father's and the daughter's pilgrimage to Santiago de Compostela, forcing them to stay in London and support themselves by begging.²⁶ Thus it appears that not only the physically devastating impact of the accident gave it special importance but also the long-term socio-economic effects played a part. More commonly, unpleasant illnesses stayed in the witnesses' minds and could be considered important by the commissioners as the proofs of the cured condition.²⁷ There are also several cases that record a condition being caused or aggravated by medical treatment.²⁸ More difficult to interpret are cases where the painful infirmity appears to have been acquired randomly, usually while being outdoors. As an example, a boy called Johannes Nani testified in the hearing of St. Yves of Tréguier in 1330 that a year earlier he had been pulling up salt cedar or greenweed, when he suddenly started to feel very fatigued and soon afterwards a *guta* with great pain took hold of him.²⁹

26 The testimonies are in BAV, MS Vat. lat. 4015, ff. 64v–71v. For further discussion about this case, see Kuuliala, *Childhood Disability and Social Integration*, 142–43, 152–54.

27 As an example, the canonization protocols of St. Louis of Toulouse (1308) record the case of a girl who became unable to walk as a consequence of having contracted of St. Anthony's fire and being treated for it in a hospital. *Processus canonizationis S. Ludovici ep. Tolosani*, in *Analecta Franciscana sive chronica aliaque varia documenta, Tomus VII. Processus Canonizationis et Legendae variae Sancti Ludovici O.F.M. Episcopi Tolosani*, ed. Collegio S. Bonaventura (Florence: Ad Claras Aquas, 1951), 173–75. St. Anthony's fire is an old term for ergot poisoning. For the illness leading to prolonged disability, see Irina Metzler, *Disability in Medieval Europe. Thinking about Physical Impairment during the High Middle Ages, C.1100–1400* (London and New York: Routledge, 2006), 71.

28 As an example, Louis of Toulouse's hearing records the cure of a woman, who was bedridden for several years after the midwife removed a dead foetus from her womb *Processus canonizationis S. Ludovici*, 165–66. The miracle collection of St Louis IX of France, written by Guillaume de Saint-Pathus based on the now lost canonization records from 1272–73, tells how the illness in a young apprentice's leg only got worse after he was treated by a Parisian surgeon. Guillaume de Saint-Pathus, *Les Miracles de Saint Louis*, ed. Percival B. Fay (Paris: Librairie Ancienne Honoré Champion, 1931), 23. On Guillaume's work, see M. Cecilia Gaposchkin, *The Making of Saint Louis. Kingship, Sanctity, and Crusade in the Later Middle Ages* (Ithaca and London: Cornell University Press, 2006), 36–40.

29 *Processus de vita et miraculis Sancti Yvonis*, in *Monuments originaux de l'histoire de Saint Yves*, ed. A. de La Borderie et al. (Saint-Brieuc: Imprimerie L. Prud'homme, 1887), 151. See also *Processus canonizationis S. Ludovici*, 158–61, for a case about a young woman who

In general the painful onsets of physical infirmities were recorded most often when the beneficiary was among the witnesses for the miracle, which highlights the importance of personal experience for these narrations.³⁰

At any event, when the traumatic and painful onsets of conditions were recorded, they also helped to illustrate the symmetry of a miracle account and, consequently, the saint's power. Although her cure was partial, Alicia de Lonesdale was able to work after the miracle, and thus the saint's power restored also her social standing.³¹ Medical practitioners who failed in their attempts to cure often managed to heighten a saint's healing powers when a beneficiary found relief via a miracle,³² which inevitably wove the recipient's experience into fabric of proof toward the saintly candidate's holiness. However, it is virtually impossible to read any psychological responses to trauma in these testimonies in the framework of modern psychiatry or trauma theories.³³ Rather, the sporadic emotional reactions of the *miraculées* or their

suddenly felt great pain around her heart and lost her speech and the use of one hand when crossing a graveyard.

- 30 It is, of course, also possible that there were other factors that made these instances noteworthy for the witnesses, but which were not considered essential by the commissioners. For example, falling ill while wandering outdoors has certain resemblance to the occasional accounts of demonic possession as a result of wandering in uncultivated areas. See Nancy Caciola, *Discerning Spirits. Divine and Demonic Possession in the Middle Ages* (New York: Cornell University Press, 2003), 50-51; Sari Katajala-Peltomaa, 'Demonic Possession as Physical and Mental Disturbance in the Later Medieval Canonization Processes', in *Mental (Dis)Order in Later Medieval Europe*, ed. Sari Katajala-Peltomaa and Susanna Niiranen (Leiden: Brill, 2014), 1-20. However, there is very little evidence about demons or other supernatural agents causing physical infirmity, and it is thus impossible to deduce how often such conceptions lay behind these incidents. See Ronald C. Finucane, *Miracles and Pilgrims. Popular Beliefs in Medieval England* (New York: St. Martin's Press, 1995), 75; Kuuliala, *Childhood Disability and Social Integration*, 94-102. For folkloric beliefs in canonization processes, see Klaniczay, 'Ritual and Narrative'.
- 31 For further discussion, see Jenni Kuuliala, 'Heavenly Healing or Failure of Faith? Partial Cures in Later Medieval Canonization Processes', in *Church and Belief in the Middle Ages: Popes, Saints, and Crusaders*, ed. Sari Katajala-Peltomaa and Kirsi Salonen (Amsterdam: Amsterdam University Press, 2016), 171-99, at 174-75, 182-85.
- 32 This does not mean, however, that hagiographic writers in general would have looked down on medicine as a science. See Louise Elizabeth Wilson, 'Conceptions of the Miraculous: Natural Philosophy and Medical Knowledge in the Thirteenth-Century *Miracula* of St Edmund of Abingdon', in *Contextualizing Miracles in the Christian West, 1100-1500. New Historical Approaches*, ed. Matthew M. Mesley and Louise E. Wilson (Oxford: The Society for the Study of Medieval Languages and Literature, 2014), 99-125.
- 33 For the discussion on these theories, see Donna Trembinski's article in this volume.

close ones intermingle with the humility and devotional tears essential in asking for saintly assistance.³⁴

The Need for a Miracle: Pain as an Unbearable Situation

In contrast to canonization records, miracle accounts in later medieval miracle books are often rather short, made to fit the collection as another example of an already established trope in a few sentences. It is noticeable that in many miracle books, the experience of pain is also often only implied rather than directly shown. There is a simple explanation for this: pain narrations were not necessarily needed in order to highlight a miraculous event. Apparently the mere mention of physical damage was often deemed sufficient to underline the severity of what could be considered a traumatically painful experience: one of the earliest German miracle books in the vernacular, which was dedicated to the shrine of St. Mary 'im Elende' (Thuringia)³⁵, contains the case of a woman who was struck by lightning. Assumed dead, she came back to life after the priest and the village community promised an offering. The account specifically states that her hair and face had been burned by the severity of the lightning strike: 'At this moment she revived, and also her hair and face were burned from this very lightning strike'.³⁶ It is telling that the description of the woman's injuries appears like an afterthought, as if the writer realized that the severity of the injury had not been made clear enough. There is no mention of pain or anguish throughout the narrative. Instead, the miracle focuses solely on the woman's survival of a lethal injury. To this end, the gruesome details of her injury merely serve as an authentication of a miraculous event. There is no attempt to reconstruct the feelings of those involved in the miracle, or to use pain as a way to underline the personal experience of the beneficiary.

34 See Ronald C. Finucane, *The Rescue of the Innocents. Endangered Children in Medieval Miracles* (New York: St. Martin's Press, 2000), 151-54; Katajala-Peltomaa, *Gender, Miracles, and Daily Life*, 88.

35 *Das Wunderbuch Unserer Lieben Frau im thüringischen Elende (1419-1517)*, Veröffentlichungen der Historischen Kommission für Thüringen. Große Reihe 12, ed. Gabriela Signori (Cologne, Weimar, Vienna: Böhlau, 2006). See also Karl Heinrich Schäfer, 'Das Mirakelbuch von St. Maria im Elende am Harz', in *Deutsche Mirakelbücher. Zur Quellenkunde und Sinngebung*, ed. Georg Schreiber (Forschungen zur Volkskunde 31/32) (Düsseldorf: Schwann, 1938), 135-45.

36 *Wunderbuch*, 47, no. 14: 'Do wart su lebende, vnd or was ouch vorbrant or ho[e]r vnd antlicze von deme selbin blitcze.'

The same can be said for the majority of miracle stories in miracle books: the experience of severe pain can be inferred from the injuries or illnesses that are described, but the corporeal as well as emotional experience of pain is often omitted. However, this finding should not lead to the conclusion that the expression of pain was perceived of as extravagant or shameful: suffering from severe pain and talking about it was not contrary to social norms or cultural expectations.³⁷ A closer look at later medieval German miracle books proves this point: although pain is not emphasized regularly, there are recurring narratives where the experience of pain is described as traumatic, causing significant fractions in the experience of daily life as well as diminishing elementary abilities. It is significant that such accounts of traumatically severe pain are often related to a number of specific ailments. In German miracle collections, the most notably painful infirmities are ‘ruptures’, (urinary) ‘stones’, ‘gout’, ‘pustules’, and, in the late fifteenth century, syphilis (*franzosen*)³⁸. These conditions gained increasing importance in later medieval miracle collections.³⁹

Among them, suffering from ‘stones’ was probably most commonly associated with excruciating pain, to such an extent that the majority of those miracle accounts focus almost entirely on the experience of pain. There is even a specific pain vocabulary which cannot be found as regularly in miracle stories concerned with other conditions. In case of stones, people are ‘tormented’ by them; they experience *martyry*; they ‘suffer’ for years without end, or they have to ‘live with great pain’. For example, Heinrich Scheffer from Cappelndorff had been ‘tormented by two stones in his body’ (*‘gepyniget von czwein steinen jn syne libe’*) for eleven years. When he pledged himself to St. Mary im Elende, he lost the stones miraculously in a hot bath, and without any pain (*‘an alle wee’*).⁴⁰ Even when the miracle reports are very short – some of them barely more than a sentence in length – those who suffered from ‘stones’ are always

37 See also Cohen, *The Modulated Scream*, 133–138, 143.

38 On syphilis miracles see also Schreiber, ‘Deutsche Mirakelbücher’, 58.

39 In comparing several miracle collections from the fifteenth and sixteenth centuries, Schuh, *Jenseitigkeit*, 100, has noted that the majority of cases with either unspecific or less severe ailments, as well as cases of painfulness, were reported by beneficiaries who lived in close vicinity to the shrine. Their importance within the miracle books vary, however. Among the miracles reported at Altötting, they make up only 15,9%, whereas among those of Maria Waldrastr they form the biggest group of miracles, with 33,8%. It is possible that less severe cases were also considered less promotionally effective, as they might not have been selected for the miracle books at Altötting. However, lacking the original notes, this cannot be determined with any certainty.

40 *Wunderbuch*, 68, no. 93.

referred to as having been subjected to great torment.⁴¹ In these cases, pain almost seems to become the primary illness, which might then lead to the inability to work or to even get out of bed: a woman from Pfarrkirchen in Bavaria had been bedridden (*bettryse*) for three years because of the stone. After pledging herself to Altötting, she awoke the next day and realized that the stone had gone from her painlessly, and that it was lying in her bed. It is explicitly stated that the stone had left her in an unnatural way, proof of which was the painlessness.⁴²

That pain itself could become a condition in need of a miraculous cure is further shown by several cases of 'gout', an umbrella term that included a variety of afflictions, including those that led to cramps or paralysis.⁴³ One example is the account about Georg Putz, who had suffered from *vergicht* in one leg for five years and experienced great pain. The nature of his affliction is impossible to determine; possibilities range from inflammations of the joints to cramps or paralysis. This miracle focuses entirely on the pain the sufferer experienced, regardless of its cause. Putz vowed to undertake a pilgrimage and immediately his pain vanished; it is emphatically underlined at this point that he did not feel any of it any more.⁴⁴ Interestingly, in cases such as these, the emotional experience of suffering severe pain is often explicitly pointed out. The writers underline the inability of the sufferers to bear this kind of pain, as well as desperation at the prospect of having to endure it any longer. Those who were afflicted by this kind of long-term pain are depicted as being caught in a spiral of suffering with no way of escaping: once their pain was so intense that they

41 See, for example, *Wunderbuch*, 83, no. 150, about a woman who had been suffering 'große martir' for two years due to stones. A four year old boy had 'den steyn gar swerlich' (Ibid., 87, no. 165). Severe pain is also mentioned on Ibid., 120, no. 304; *Büchlein der Zuflucht*, 215-16, no. 16.

42 *Büchlein der Zuflucht*, 215, no. 15. The utterly painless excretion of stones is a common feature; possibly due to the fact that, even though living with kidney or bladder stones was considered terribly painful, the excretion of a stone was even more unbearable, comparable maybe to the pain caused by surgical procedures. This fear is also often emphasized with regard to other conditions, see, for example, *Büchlein der Zuflucht*, 217, no. 24. The painfulness of the excretion of the stone is occasionally referred to in canonization testimonies too. See e.g. *Il processo per la canonizzazione di S. Nicola da Tolentino*, ed. Nicola Occhioni, Collection de l'Ecole française de Rome, 74 (Rome: École française de Rome, 1984), 310.

43 *Gutta* in Latin and *gih/gicht* (also *vergicht*) in German could often refer to the illness known nowadays as gout, but presumably also included other conditions. See e.g. Matthias Lexer, *Mittelhochdeutsches Handwörterbuch*, 1 (Stuttgart: Hirzel, 1970 = 1872), s.v. 'gih', 1014.

44 *Büchlein der Zuflucht*, 218, no. 40.

were unable to move, eat, or sleep, all they could do was lie in bed. In this condition, they further lost their strength, and were susceptible to despair and fright.⁴⁵

A typical example that shows the basic elements of a miracle story focused on pain is from the miracle book of St. Mary at the shrine at Waldrast (Tyrol):

An honorary man, a taylor [...] / had a urinary stone, and suffered great pain and torment from this / that he did not know what to do / and almost despaired / when he had the idea / to pledge himself to Waldrast / to our dear lady / and so he did / and then the stone was excreted without any pain / and the stone is still kept at Waldrast.⁴⁶

A similar narrative is employed within the account of a man suffering from boils and pustules on his arm. It is said that these had been acquired when he had been drinking wine in a bath. The pustules were of such size that many people marvelled at them, and that he could not bear the pain they caused ('*daz he is nicht vorwinden konde*'). He prayed to St Mary and asked her to free him from the torment ('*von der marter*'), promising half a pound of wax. He then was immediately healed from his illness/pain ('*gesund von syner krankheit*').⁴⁷ People suffering from pustules, and/or from *franzosen* are furthermore often described as being in agony without respite, experiencing severe pain all

45 According to Signori, 'Körpersprachen', 553-54, there are also miracle collections of the same time period that feature screaming as a regular narrative marker of unbearable pain. These sources were sadly not available to us at this point. In the miracle book from Marienthal from the second half of the fifteenth century, there is a single miracle account that involves screaming: A girl screams out loud at night several times, and is later thought to be dying. It is unclear whether the screams were caused by pain. Karl Meisen, 'Ein Mirakelbüchlein des 15. Jahrhunderts aus der Wallfahrtskirche Marienthal bei Hamm an der Sieg. Ein quellenkundlicher Beitrag zur religiösen Volkskunde und zur Volksmedizin, *Annalen des Historischen Vereins für den Niederrhein*, 129 (1936), 88-115, 112-113, no. 68. The only miracle in this collection that at least alludes to pain is a case of a man who was 'ruptus jn menbro [sic] virili', *Ibid.*, 109, no. 45.

46 Hans Moser, 'Mirakelbuch von Maria Waldrast I. Die Texte des 15. Jahrhunderts', in *Literatur und Sprachkultur in Tirol*, Innsbrucker Beiträge zur Kulturwissenschaft. Germanistische Reihe, 55, ed. Johann Holzner, Oskar Putzer, Max Siller (Innsbruck: Institut für Germanistik, 1997), 219-59, 245, no. 51: 'Ain erberger man ein schneyder [...] / der het ainen harmstain [sic] / vnd led grosse kranckhayt vnd marter dar an / das er nit weste wie er tun solt / vnd hyet schier verczaget / da cham im in syn / er solt sich verhayssen auf die waltrast czü vnserr lieben frawen / vnd das tet er / da kam der stain heraus an allen smerzen / vnd ist der stain noch auf der waltrast'.

47 *Wunderbuch*, no. 94, 68-69.

day and night.⁴⁸ This, coupled with further reference to the inability to find sleep, is a common trope within pain descriptions in general; it can be found in Latin as well as vernacular miracle books.⁴⁹ In many of these cases there is also emphasis on the complete removal of the pain. Again, as could be seen in cases of 'stones' or 'gout', pain could appear not only as a consequence of an illness, but also as a form of illness in its own right, a phenomenon that attached itself to an ill or diseased body, appearing and disappearing like an independent entity.⁵⁰

There are several explanations for the depiction of only a few specific painful conditions as traumatic in these vernacular miracle books: the *miraculéés* themselves might have highlighted their emotional plight, such as fear or desperation, or their inability to eat or sleep. The attempt to mention the experience of pain at all could have been informed by the exceptional severity of the pain, or result from the way an illness or infirmity was remembered, with pain being one of the most unforgettable aspects. However, it is also possible that the personal experience of sufferers had little or nothing to do with the way certain painful conditions were depicted. It is highly likely that writers and compilers of miracle books added well established pain narratives to specific afflictions when they matched a certain trope, regardless of the original report.⁵¹ It is noticeable, for example, that in the process of compiling and rewriting miracle accounts for a miracle book, some authors started to make use of established patterns more and more regularly, using and reusing phrases and sometimes repeating whole accounts verbatim.⁵²

The somewhat repetitive nature of these miracle accounts might also be partly responsible for the stereotypical emphasis on the 'trauma' of pain in miracle books. In fact, the severity of these ailments could vary greatly from one person to another, so the writer had to make sure that the grave need for a

48 See e.g. *Büchlein der Zuflucht*, no. 33, 219; see also *ibid.*, 200, no. 48.

49 See e.g. Signori, 'Körpersprachen', 536, n. 32, 553-54.

50 Signori, 'Körpersprachen', 543, suggests that within miracle stories, the symptoms become, in a way, the cause of the ailment.

51 Conversely, the reception of such tropes in already existing miracle collections, many of which were also referenced in sermons, might have led to specific pain associations in the mind of the public.

52 The miracle book of Maria Waldrast (Tyrol), which started out with a series of very detailed accounts, later employed a shortened form of miracle records. It is especially noticeable that at one point, the author seems to have found a liking for healing miracles that transpired without any pain ('an allen smerczen'), so that three miracle accounts following in quick succession mention this special trope, which has been less frequent before. *Mirakelbuch* (Maria Waldrast), 250, no. 72b, no. 74, no. 76.

miracle was narratively enhanced without spending too much time on personal details. Furthermore, 'stones' and 'gout' were common and widespread ailments, but in themselves they did not justify the need for a miraculous cure: they did not necessarily lead to any functional problems that endangered the ability to fulfil social roles. Therefore, focusing on the experience of excruciating pain was a convenient narrative 'shortcut'. It allowed the writer to bring together many short and concise miracle stories that were emotionally effective as well as easily understood.

Pain Defining a Condition

In comparison with the German miracle books, canonization documents have a slightly different way of depicting pain as a bodily condition. It frequently appears as one of the main symptoms of an infirmity, but even then rarely as the most important one – at least from the commissioners' point of view. Especially when it comes to long-term infirmities, the witness accounts mostly focus on the functional disabilities such as mobility problems, which were easily viewable for the witnesses.⁵³ Pain could, however, be intertwined in such narratives, as the following cases concerning *gutta* (or gout) illustrate. A cleric called magister Gerardus acquired the illness as a punishment for blaspheming bishop Philip of Bourges's sanctity. Gerardus testified in the canonization inquest of 1265/66 that he could not mount a horse 'because of the pain of *gutta*'.⁵⁴ Similarly, an armiger called Roulandus Taillari from Brittany reported that *gutta* started to vex (*vexare*) him on the road so that he could not calm down, walk, or ride a horse for three weeks and more.⁵⁵ Furthermore, the merits of St. Yves of Tréguier cured six people of the said infirmity. Some of them

53 Kuuliala, *Childhood Disability and Social Integration*, 48-59. With acute conditions, the physical torment was more often the main delineator of the situation. As an example, the merits of St Thomas Aquinas cured a young girl, who was suddenly greatly tortured by an unspecified infirmity. *Fontes vitae S. Thomae Aquinatis, notis historicis et criticis illustrati*, ed. Dominicus M. Prümmer (Toulouse: Revue Thomiste, 1912), 448-49.

54 BAV, MS Vat. lat. 4019, f. 70v: 'per se non poterat ascendere pro dolore gutte'. Punishment miracles are relatively rare in the later medieval canonization hearings. The conditions saints punished people with were as varying as in all miracles, and pain, although occasionally reported, was not specifically pronounced in them. See e.g. Klaniczay, 'Miracoli di Punizione e *maleficia*', 114-20. For earlier examples, see Kate McGrath's article in this volume.

55 BAV, MS Vat. lat. 4025, fol. 153r: 'taliter quod quiescere, ire, vel etiam equitare, per spacium trium septimanarum et amplius non poterat'.

highlighted the painfulness of their condition, sometimes using established tropes: for example, Adalicia Alani Thome reported that during her *gutta* ten years earlier, she and nobody near her could sleep because of her cries of pain.⁵⁶ Nevertheless, in all these narrations the functional disabilities caused by the illness received much more attention.⁵⁷

Canonization documents, like other miracle narratives, therefore also portray the desperation of the *miraculés*. Occasionally the suffering was highlighted to the point that the witnesses reported they would have rather died than lived in such a state, as testified by Johannes Alani mentioned above,⁵⁸ or the beneficiaries could, for example, be reported to have grinded their teeth because of the pain,⁵⁹ or cried and wailed like Adalicia Alani Thome.⁶⁰ In research on high medieval miracle collections, these kinds of expressions have been related mostly to the female experience of physical suffering,⁶¹ but men referred to this kind of behaviour as well.⁶² These reports were equally a trope-like way of highlighting their need for a miracle – after all, it was common to place the vow to the most desperate time,⁶³ and references to pain or even pain behaviour could be used to underline this.⁶⁴ These descriptions

56 *Processus de Vita et Miraculis Sancti Yvonis*, 194.

57 *Ibid.*, 151-52, 212, 229-30, 236-37, 245-46, 248.

58 *Ibid.*, 151-52: “Sancte Yvo impetretis mihi gratiam a Deo, ut me liberet de ista infirmitate per mortem vel per vitam.”

59 See e.g. Guillaume de Saint-Pathus, *Les Miracles de Saint Louis*, 47, 195.

60 In one testimony the inability to sleep or walk, and the physical pain appear almost synonymous, as the woman in question her knee so inflated and suffered from such pain that she could not sleep, nor walk without crutches. BAV, MS Vat. lat. 4019, f. 94r. See also Guillaume de Saint-Pathus, *Les Miracles de Saint Louis*, 71-72; *Processus canonizationis S. Ludovici*, 194.

61 See e.g. Leigh Ann Craig, *Wandering Women and Holy Matrons. Women as Pilgrims in the Later Middle Ages*, Studies in Medieval and Reformation Traditions 138 (Leiden: Brill 2009), 100-01.

62 As an example, Petrus Hysnardi, cured of *gutta*, testified that he cried loudly (*fortiter clamabat*) because of pain, and a galley captain Nicholaus Parisius, suspected of having *lepra*, stated in the hearing of Pope Urban V (1376-79) that because of the suffering, he ‘cried and roared like a raving dog’ (*vociferabat et latrabat ut canis rabidus*): *Processus canonizationis S. Ludovici*, 194; *Actes anciens et documents concernant le Bienheureux Urbain V pape*, ed. Joseph Hyacinthe Albanès and Ulysses Chevalier (Paris: A. Picard, 1897), 152-53.

63 Smoller, ‘Defining the Boundaries of the Natural’, 345.

64 The knight Teobaldus Beloczac mentioned above is one such witness. He only got cured twenty years after the battle, and made a vow to the saint when suddenly sensing great pain in his old wound, and apparently crying or wailing because of it. BAV, MS Vat. lat.

differ, however, from those in the German miracle books in a sense that they were not meant to serve any didactic or 'propagandistic' purpose, which may explain why they are more infrequent. Instead, they were the witnesses' way of highlighting their own experience of the saint's power, and an example of how the same elements of a miracle story could be used for slightly different purposes depending on their context.

The idea of pain as a condition requiring miraculous cure is occasionally visible in the actual 'diagnoses' in the miracle narratives. Although the commissioners of the canonization inquests were not exactly interested in the aetiology of the cured conditions, their nature had to be defined, and pain could serve in this process even if subordinate to the functional issues. In the case of Gerardus, the presbyter punished by *gutta*, the summary of the hearing even classifies the infirmity as 'gout or severe pain' ('*guta seu dolore grauis*').⁶⁵ More often the descriptions of pain appear to have been the witnesses' way of delineating the condition. The process of St. Thomas Aquinas is one of those reporting pain relatively often, and it for example includes an account of a carpenter who testified that he was unable to work because of severe pain in one arm.⁶⁶ In the canonization hearing of Dauphine of Puimichel (1363), Bertranda Bartholomea, a *socia* of the putative saint, reported how Dauphine had cured the headache a woman called Francisca de Mari had had for five years.⁶⁷ Bertranda identified Francisca's condition as her 'having the greatest pain, due to which she could not see or hear'.⁶⁸ After Dauphine touched Francisca's head, she was liberated of the pain.⁶⁹ When the commissioners asked if Francisca sensed it afterwards, Bertranda said that she heard from her

4025, f. 132r. See also *Processus canonizationis S. Ludovici*, 194. A French woman Aryxenda Torta, who had dropsy, gout, and other illnesses, made the vow after her condition got worse after being sick for seven years. In her narrative the physicians' verdict of the incurability of her condition also appears at this point. *Ibid.*, 182. On physicians' role in the inquests, see Joseph Ziegler, 'Practitioners and Saints: Medical Men in Canonization Processes in the Thirteenth to Fifteenth Centuries', *Social History of Medicine* 12 (1999): 191-225.

65 BAV, MS Vat. lat. 4020, f. 17v.

66 *Fontes vitae S. Thomae Aquinatis*, 437-38; for other references to physical pain, see 353, 403, 454, 458, 467, 498, 499, 502.

67 She was a member of the household of Sancha of Majorca (c. 1285-1345), the second wife of King Robert of Naples.

68 *Enquête pour le procès de canonisation de Dauphine de Puimichel Comtesse d'Ariano, Apt et Avignon, 14 mai – 30 octobre 1363. Édition critique*, ed. Jacques Cambell (Turin: Bottega d'Erasmus, 1978), 308-09: 'habentem dolorem maximum, propter quem non poterat videre nec audire'.

69 *Ibid.*: 'non senciit dictum dolorem et liberata fuit a predicto dolore'.

that she sometimes felt the abovementioned pain, but not as severe as before. Thus, although the commissioners mostly used the word *infirmitas* when referring to Francisca's condition, and although her inability to hear and see were essential for proving the case, they accepted Bertranda's classification of it being primarily a pain.⁷⁰

This seems to have been a recurrent phenomenon in miracle reports about headache, which was a common condition in later miracle collections. Here, the equalization of pain with the affliction itself can also be traced back to the vagueness of the language.⁷¹ For example, the miracle book of Altötting mentions a woman from Erbach who had '*grosse krankheit ores houbitis*', which could be translated as suffering from 'headaches', rather than having an 'illness of the head'. When her husband prayed to Mary, a handful of worms fell out of her ears.⁷² In the case of Katharina Zehetnerin, the worm in her ear is explicitly mentioned as a cause of great pain.⁷³ The multivalence of the German words *krankheit* or *wetagen*⁷⁴ is especially noticeable in the miracle account of Hans Sperr, who had been ill and infirm/lame ('*kranck vnd siechlam*') in one leg, so that he could neither walk nor stand.⁷⁵ He pledged himself to 'Waldrast' and undertook the pilgrimage while he was greatly infirm/in pain ('*in grosserr [sic] krankhayt*'). When he knelt at the altar, he noticed that 'something' felt different than before, and as soon as he got up he felt no more pain and was cured ('*vnd da enpfand er kaines wetagens mer / vnd was gesunt*'). As a token, he left

70 For other examples in a canonization inquest, see See *Fontes vitae S. Thomae Aquinatis*, 403, 466-67.

71 See Cohen, *The Modulated Scream*, 97.

72 *Wunderbuch*, no. 46, 56.

73 *Büchlein der Zuflucht*, 218, no. 348. People suffering from these worms are also often described as being unable to sleep or find rest, see, for example, *Wunderbuch*, 86, no. 161. On ear worms see Gundolf Keil, 'Die Bekämpfung des Ohrwurms nach Anweisungen spätmittelalterlicher und frühneuzeitlicher deutscher Arzneibücher', *Zeitschrift für deutsche Philologie* 79 (1960): 176-200.

74 Jacob and Wilhelm Grimm, *Deutsches Wörterbuch* (DWB) (Leipzig: Hirzel, 1854-1971; vol. 28: München: Dt. Taschenbuch-Verl., 1999 = 1955), 314-22, s. v. 'wehtag'; online, <<http://www.woerterbuchnetz.de/DWB?lemma=wehtag>> [accessed July 18, 2015]. On the meanings of *krankheit* see for more references Bianca Frohne, *Leben mit 'kranckhait'. Der gebrechliche Körper in der häuslichen Überlieferung des 15. und 16. Jahrhunderts. Überlegungen zu einer Disability History der Vormoderne*, Studien und Texte zur Sozial- und Geistesgeschichte des Mittelalters 9 (Aalfalterbach: Didymos, 2014), 20-23.

75 *Mirakelbuch* (Maria Waldrast), 240, no. 33a. This phrase appears commonly; see e.g. *Wunderbuch*, 94, no. 198.

behind the boot of the leg in which he had had the impairment/pain ('*dar an er den wetagen gehabt hett*').

In cases like this, pain seems to have been considered as crucial part of the impairment which caused, for example, a beneficiary's limited mobility, or even as an impairment in its own right. When pain was the most excruciating symptom of the condition and the one that prevented the *miraculé* from fulfilling his/her social role, it had a larger role in defining the infirmity in the miracle narrative, cancelling out the need for another diagnosis. Consequently, this is what made painful experiences appear 'traumatic' in the hagiographic narration.

This is further emphasized in the vocabulary of the sources. There are, in fact, several examples among the miracle narratives used as sources for the current discussion in which impairment, illness, and pain cannot be distinguished: a man with a hernia 'suffered great hardship and infirmity/pain' ('*vnd leed grosse not vnd kranckhayt*').⁷⁶ A girl lay in great infirmity/pain ('*in grosser kranckhayt*') so that her parents prayed to God for her death so that she might have relief from such torment (*grosser marter*).⁷⁷ A woman had a 'distorted' or possibly 'withered' (*erchrumpt*) arm, so that she could not work and feed her children. She pledged herself to 'Waldrast', and immediately her impairment/pain vanished ('*da vergieng ir der wetag*').⁷⁸ Another man had an illness/pain (*wetage*) in one leg for over four weeks so that he could neither walk nor stand.⁷⁹ The Latin words *patere* and *affligere* commonly used in the canonization testimonies equally include the sensation of physical pain as well as other discomforts caused by the condition; for example Brunictus Thomaxii testified in the 1325 hearing of St. Nicholas of Tolentino that for a long time he suffered (*passus fuit*) so greatly from rupture that he could hardly walk.⁸⁰

It is also worth pointing out that also the Latin word *dolor*, although in this context usually primarily referring to physical pain, could also signify grief. Presumably on occasion these two concepts were mixed up in the narrations. Especially those narratives which emphasize pain put the *miraculé* into the position of a supplicant, and therefore indulge symbolic gestures of abjectness, which include, for instance, clamouring.⁸¹ However, it is noticeable that in miracle accounts which explicitly refer to pain as part of prolonged suffer-

76 *Mirakelbuch* (Maria Waldrast), 238, no. 27.

77 *Mirakelbuch* (Maria Waldrast), 245, no. 52.

78 *Mirakelbuch* (Maria Waldrast), 246, no. 54.

79 *Wunderbuch*, 94, no. 198.

80 *Il processo per la canonizzazione di San Nicola*, 204.

81 See also Cohen, 'The Animated Pain of the Body', 57-59.

ing, long-term pain is associated mainly with a state of intense helplessness and growing desperation.

Conclusions

There is great variation in the miracle narratives, regardless of whether they were included in the miracle books or canonization dossiers, concerning expressions of pain. While some, or even most, witnesses and notaries in canonization inquests, and some scribes and witnesses to other miracles only referred to it in very neutral and inexpressive ways, some chose to highlight the agony of pain. Most often pain as a traumatic onset of a long-term condition or chronic pain itself was underlined when it became a diagnosis category, delineating the infirmity to be cured and/or preventing the future beneficiary from fulfilling his or her social roles and activities.

How, then, does the lack of accounts of pain relate to the idea of traumatic experiences? First, it is always possible that the *miraculé* in question did not feel any pain – this could be due to shock or nerve damage, or due to loss of consciousness – or that pain was not considered to be of foremost importance, either by the person reporting the miracle or by the scribe writing it down. Whereas a lack of pain in the descriptions can be ascribed to a personal evaluation of the situation, it is, however, difficult to distinguish individual assessments from cultural interpretations: for example, pain might have been regarded as such a natural or self-evident phenomenon that no further mention was needed. Furthermore, in many cases, pain must have appeared as irrelevant for the purpose of verifying the miracle, unless it was easily observable. We also need to consider changes in language: people reporting their painful experiences might have had a different ‘pain vocabulary’ than the person recording the event.

It is also worth pointing out that miracle narratives naturally only portray the successful cases. Most likely the number of those asking for saintly assistance without receiving it was vast, and many had to simply find a way to continue their lives with pain. At the same time, even in those cases where the pain was relieved, it must have affected the beneficiaries’ understanding of their self, their bodies, and the world in general. Miracle accounts can be seen to have provided a way to understand the incomprehensible and bring meaning to experiences that were distressing and painful – or even psychological ‘traumas’ if we want to use the modern concept. As has been discussed by

some other scholars too,⁸² the miracles describing painful conditions and situations functioned as a group of healing stories that helped the healing process itself by interpreting and reformulating traumatic events.

82 On miracles as healing stories, see Gábor Klaniczay, 'Speaking about Miracles: Oral Testimony and Written Record in Medieval Canonization Trials', in *The Development of Literate Mentalities in East Central Europe*, ed. Anna Adamska and Marco Mostert (Turnhout: Brepols, 2004), 365-95, at 369. For this idea in the case of children's deaths, see Smoller, 'Miracle, Memory, and Meaning', 433.