

## **Communities of Care: Women, Healing, and Prayer in Late Medieval Europe**

With the support of an ACLS Fellowship, I plan to complete a monograph on the caregiving practices and therapeutic knowledge of religious women living in the late medieval southern Low Countries. Historians have long recognized that women formed the first “port of call” for the sick in premodern European societies; however, due to a perceived lack of sources, they have struggled to account for the circumstances of women’s engagement with knowledge about the body, health, and therapeutic practice. By relying primarily on the authoritative sources from which female caregivers were socially estranged, our past histories of medicine have reproduced feminine erasure and silence. To recover this absence, I argue, we must expand our conception of the kinds of reading, writing, and performance that constitute medical history. The sources of medieval women’s health knowledge and healthcare practice appear not in the form of coherent academic treatises, but in fragile traces detectable in liturgy, testaments, land transactions, poetry, recipes, meditations, sacred objects, and the daily behaviors that constituted their world. By attending to these sources, which past scholars have reckoned as “religious” rather than “medical,” my book exposes the sites where suffering bodies sought care and reported cure; it thus re-embeds women’s therapeutic authority into the everyday world of late medieval healthcare.

### **Sources and Methods:**

I have developed a new method of analysis of feminine caregiving based on uncovering the therapeutic relationships that stood behind Christian documents of practice. I focus on sources that circulated within women’s religious communities in thirteenth- and fourteenth-century Flanders, Brabant, and northern France. This region experienced vast demographic changes in response to the growth of textile production and the expansion of overland trade, a process that resulted in the increased visibility of urban social needs. With the limited presence of academic physicians in the region, Cistercian women and beguines (unmarried laywomen who lived communally without taking permanent vows) founded key institutions to meet those needs. Because their caregiving activities took place in an intellectual and social arena removed from the analytical categories of scholastic textual production, scholars have always

regarded those activities as spiritual and penitential. My work shows that they were at the same time medical and that they reveal the roles that religious women played in sustaining a broader European medical infrastructure.

Beguine and Cistercian women served the daily health needs of their communities by acting as nurses to the sick, custodians to the dying, midwives, caretakers of lepers, and managers of hospices who provided food, shelter, medicine, healing prayers, and other comforts to the suffering. Archival documentation and cartularies from dozens of hospitals and leprosaria established and staffed by beguines and Cistercian nuns provide evidence for the economic transactions that supported their caregiving. Wills and testaments from such communities as the Bijloke in Ghent or St. Christopher in Liège show that citizens of the region called on beguines and Cistercian nuns to join them at bedside during crisis points in their illnesses, and foundation records from such sites as Zwijveke in Dendermonde and the Refuge of the Blessed Mary in Oudenaarde indicate that lay and clerical supporters wished to institutionalize and sustain religious women's care. This social support for feminine care has been overlooked because religious women show up in the documentation differently than male practitioners, who were given occupational markers. By recovering the archival vestiges of these institutions, I demonstrate a reliance on feminine labor in the distribution of urban healthcare and establish the specific material circumstances and spiritual relationships supporting religious women's therapeutic practices.

After exposing the extensive support for these caregiving institutions, *Communities of Care* then uncovers the transmission and construction of therapeutic knowledge within them by harnessing evidence from devotional and liturgical manuscripts used in beguine and Cistercian women's communities in the region. These manuscripts, overlooked by historians of medicine, include scattered recipes, textual amulets, medical indulgences, salubrious poetry, health calendars, charms, and healing prayers. These writings often appear as fragments of Latin text to be inscribed or uttered, leaving the remainder of the medical formula to be shared orally, from memory and habituated practice. Additionally, these manuscripts include images featuring women performing phlebotomy, serving as midwives, preparing steam baths, and gathering prescriptions at the apothecary, indicating modes of instruction beyond the

text. Some of these manuscripts also include vernacular French medical poetry that, I argue, was performed at the bedsides of the sick, dying, or parturient in order to ease pain, allay fear, or induce an incantatory state. In short, women's medical proficiency was oral, performed, and embodied, which is precisely why it has, until now, eluded modern scholars.

In addition to recovering these unsystematically-recorded modes of caregiving, my book also integrates narrative sources that reflect how religious women were understood to have exercised healthcare. *Lives* and *exempla* from the region represent women engaging in diagnostics and prognostics, as well as in the prescription of regimen and the maintenance of a hygienic environment. Rather than characterizing those caregiving practices as legitimate medical knowledge, these sources rendered them in stories of penitential efficacy and virginal holiness. Additionally, accounts of posthumous miracle cures demonstrate that local populations so insistently associated Cistercian nuns and beguines with efficacious therapeutic practice that they pursued them even after their deaths. Revering them as unofficial saints, the local sick gathered at their tombs in informal social networks dedicated to the acquisition of cure. Hagiographic portrayals of Cistercian nuns and beguines demonstrate how stories of their medical efficacy were conveyed in devotional language and reveal the patterns through which individuals explained their diseases and bodily transformations in affective, gendered, and spiritual categories.

Although shared orally at the local level, as *texts* these hagiographic stories were transmitted in Latin by clerics well-versed in the precepts of humoral medicine. For example, the Dominican preacher, Thomas of Cantimpré, penned an encyclopedia of natural philosophy, the first book of which incorporated anatomical knowledge from the most recent translations of the Islamicate medical corpus. At the same time, Thomas positioned female practitioners with authoritative medical status in his four *Lives* of female saints who, he asserted, performed remarkable healing interventions. The final section of this book seeks to cast light on the trajectory of female practitioners in late medieval Europe by examining encyclopedias and medical commentaries from natural philosophers and scholastic physicians who offered explanations for the bodily effects of remedies culturally associated with religious women, that is of charms, prayers, amulets, rituals, poetry, and the movements of the soul's passions. Even while learned

practitioners such as Theodoric Borgognoni, Peter of Spain, and Peter of Abano transmitted some of these remedies, they obscured their feminine associations by attributing their efficacy to the virtuous spirits and confidence-inspiring presence of the male physician, which could only be gained through mastery of ancient, text-based authorities in a university setting.

### **Scholarship and Contribution:**

This book engages scholarly debates in the history of medicine, the history of medieval Christianity, and within the field of medical anthropology. Monica Green's scholarship has traced the subtle ways that women's participation in the production of body knowledge was eroded by their lack of access to textual culture. Building on her work, scholars of premodern gender and medicine such as Montserrat Cabré and Sharon Strocchia have located women's health agency by circumventing scholastic medicine and instead focusing on domestic and personal texts. My book takes the next step by pushing scholars to think beyond textual culture to traces of performed, oral, and embodied medical knowledge and practice. It discovers in wills and testaments the economic transactions that brought women to the bedsides of the sick as a primary source of comfort in moments of anguish.

I adapt for medievalists methods developed by scholars working in the medical anthropology of sub-Saharan Africa and the history of enslaved women in North America and the Caribbean, who have demonstrated the necessity of challenging privileged categories of analysis. By recovering an alternative history of medicine that does not rely on the antecedents of present medical practice such as diagnostic habits, academic texts, and occupational titles, *Communities of Care* reveals a heretofore hidden constellation of feminine knowledge production about the body, health, and dying well. The therapeutic knowledge and practice that I uncover provides critical nuance to dominant interpretations of medieval Christian female spirituality. While feminist scholars of medieval Christian devotion have paved a way for the inclusion of women's voices and the operation of feminized genders, the overdetermination of religious women as imitating Christ's suffering has obscured the historically-situated ways that their embodied performances of prayer and penance carried medical significations that mattered deeply to the communities surrounding them.

## **Chapter Outline:**

After an introduction grounding the project in its methodological and historiographic contributions, the first chapter uses wills, testaments, and monastic cartularies to establish the presence of women at the bedsides of the sick and dying and the public support of religious women's caregiving institutions in the thirteenth-century Low Countries and northern France. Chapters two and three examine fragmentary traces of the transmission and construction of body knowledge in women's religious communities by focusing on a corpus of thirteenth-century Mosan psalters belonging to beguines (chapter two) and a series of devotional manuscripts (chapter three) connected to Cistercian women's communities such as La Ramée, La Cambre, and Vrouwenpark. Chapters four and five turn to the evidence of women's caregiving found in hagiographic narratives. Chapter four uses the *Lives* and *exempla* of thirteenth-century female "living saints" from the southern Low Countries to portray the quality of their health-related interactions with the local public and comparing them with stories shared about local male saints; chapter five explores the narratives of posthumous miracle cure generated at their tombs and in the presence of their relics. Finally, the sixth chapter reads scholastic medical treatises to show how physicians often defined their own practices against those they associated with unschooled women or *vetulae*.

## **Workplan and Final Product:**

I have completed the research for this book in the archival repositories and manuscript libraries of London, Cambridge, Oxford, Paris, Valenciennes, Cambrai, Brussels, Leuven, Liège, Namur, and Ghent. I have now written, workshopped, and revised three of the book's chapters (3-5), and have drafted a fourth (1). With the support of an ACLS Fellowship, I will complete the remaining chapters following the same workshop and revision process in the faculty research seminars hosted by my home institution. Following this plan, I will be positioned to complete the manuscript by June of 2020. At that time, I will submit it to Cornell University Press, who published my first monograph and has maintained an active interest in this project.