

Spring 6-2022

Trouble Within the Fold: The Communal Response to Madness in Medieval Europe

Alice P. Holland
Portland State University

Follow this and additional works at: <https://pdxscholar.library.pdx.edu/honorstheses>



Part of the [European History Commons](#), and the [Medieval History Commons](#)

Let us know how access to this document benefits you.

Recommended Citation

Holland, Alice P., "Trouble Within the Fold: The Communal Response to Madness in Medieval Europe" (2022). *University Honors Theses*. Paper 1263.
<https://doi.org/10.15760/honors.1294>

This Thesis is brought to you for free and open access. It has been accepted for inclusion in University Honors Theses by an authorized administrator of PDXScholar. Please contact us if we can make this document more accessible: pdxscholar@pdx.edu.

Trouble Within the Fold: The Communal Response to Madness in Medieval Europe

By

ALICE HOLLAND

A thesis submitted in partial fulfillment of the requirements for the degree of

BACHELOR OF ARTS WITH HONORS

In

HISTORY

Portland State University, 2022

THESIS APPROVAL

The thesis of ALICE HOLLAND for the Bachelor of ARTS with Honors in History was presented JUNE 9th 2022, and accepted by the thesis committee and the department.

COMMITTEE APPROVALS:

John Ott, Advisor

Tim Nidever, Reader

DEPARTMENTAL APPROVALS:

John Ott, Chair History

Abstract:

Medieval descriptions of mental distress can inform us on a range of subjects, from community organization to diagnostic and interpretive practices. While we often employ the medical model of understanding disability presently and, while this model was still present in the Middle Ages, medieval individuals often understood mental distress as a religious phenomenon. This paper utilizes two miracle collections written in the twelfth century: *The Miracle Collections of Thomas Becket* and the *Miracle Collection of Our Lady of Rocamadour*. Miracle collections record miraculous occurrences at a saint's shrine. Many of these miracles documented healings and, of these healings, some concerned themselves with the healing of mental illness and madness. Thus, the content of miracle collections raises questions both of how people understood mental distress and how they treated it. These documents show that those experiencing mental distress were often cared for by their communities. Medieval communities were acutely aware of the problems that their mentally ill neighbors were experiencing. Due to this communal experience, communities came together to care for individuals with mental disorders.

Table of Contents

| | |
|--|----|
| 1. Introduction..... | 1 |
| 2. Chapter One: Historiography..... | 7 |
| 3. Chapter Two: Pilgrimage Culture..... | 23 |
| 4. Chapter Three: Medieval Shrines and Their Miracle Collections..... | 30 |
| 5. Chapter Four: Madness Represented..... | 38 |
| a. From Wicked Stepmothers to Divine Punishment: The Onset of Madness..... | 39 |
| b. A State of Terror: Perceptions and Responses to the Mad..... | 45 |
| c. Driven From Our Midst: The Initial Expulsion of the Uncured Mad..... | 51 |
| d. A State of Peace and Praise: The Responses of the Healed Mad..... | 58 |
| 6. In Conclusion..... | 61 |
| Bibliography..... | 63 |

Introduction

Christina the Astonishing's story is one of extremes. Though fantastical, it illuminates social systems and modes of communal interaction in medieval Europe in regards to mental states. Born in 1150 in the county of Loon, Belgium, Christina lost her parents at a young age and lived with her sisters, working in the fields as her sisters concerned themselves with religious contemplation and house labor. Immediately, God looked favorably upon Christina and her lowly position and imbued her with a sense of sweetness.¹ As a young girl, Christina fell ill and died. When she died, according to a written hagiographical account, angels led her through purgatory, where she witnessed the torment of men. After she reached heaven, the Lord gave her a choice: either stay with him or go back and live purgatory on earth in her worldly body to save the souls she had so pitied through her journey. Christina chose the latter. God restored her to life "for the improvement of people."² As parishioners said mass over her dead body, she suddenly flew from where she lay and rose to the rafters of the church. She fled the company of people as their "stench" horrified and overwhelmed her.³ Christina was later found by "her own people"⁴ and bound in chains. She then proceeded to enact the impossible. She crawled into ovens, swam in icy waters, felt neither the heat nor the cold, and re-emerged unscathed. Christina did not shy away from the pain of mortal life. She would stretch herself on the rack and her screams were so terrible that they were unbearable to hear.⁵ She would walk to the gallows where thieves were receiving their punishments and hang alongside them.⁶ Beyond this, she would lie in the graves of the newly dead. Her bewildering behavior shocked her sisters, and though they tried to

¹ Mary-Ann Stouck, *Medieval Saints: A Reader* (Burnaby, B.C.: Simon Fraser University, 2007), 438.

² Stouck, *Medieval Saints: A Reader*, 439.

³ Stouck, *Medieval Saints: A Reader*, 439.

⁴ Stouck, *Medieval Saints: A Reader*, 438.

⁵ Stouck, *Medieval Saints: A Reader*, 440.

⁶ Stouck, *Medieval Saints: A Reader*, 440.

imprison her multiple times, God released her, and in doing so, used her as a conduit to demonstrate miracles.

Holy men and women began to flock towards her to witness her miracles. Fearing their motivations, Christina fled to the desert once more. After her seclusion, she came to a neighboring town and bathed in the baptismal font and her erratic nature was subdued. Christina gave all she had to the Lord, even what was owed to her by birth, that being her inheritance.⁷ Due to her behavior, she found herself on the margins of society. Christina would beg door to door and would even steal to feed herself.⁸ Though her behavior was odd and alarming at times, she was perhaps surprisingly not rejected by all. Her sisters who once sought to imprison her now revered her as holy. Many townspeople began to celebrate her and the miracles that God performed through her. When she chastised a wealthy man for his immoral behavior, he took credence in her words, and, after he gave her something to drink, Christina told him he would reach salvation, influencing him to change his ways.⁹ Those around her believed in her holiness and asked for guidance and prayers. Christina died forty-two years after the day she first rose from the grave, and religious and lay figures alike visited her tomb for years after.¹⁰

Christina's story has been taken up time and time again. Nancy Caciola argues that even though Christina was revered as a saint-like figure while she was still living, many saw her as a demoniac. This was common among female mystics, Caciola argues.¹¹ She was feared due to her erratic behavior and extreme fasting. If we assume that Christina was a person with a mental illness or condition – demoniacs presented the same symptoms we often categorize as signs of mental distress today – her story presents many themes that will be addressed throughout the

⁷ Stouck, *Medieval Saints: a Reader*, 443.

⁸ Stouck, *Medieval Saints: a Reader*, 443.

⁹ Stouck, *Medieval Saints: a Reader*, 443.

¹⁰ Stouck, *Medieval Saints: a Reader*, 451.

¹¹ Nancy Caciola, *Discerning Spirits: Divine and Demonic Possession in the Middle Ages* (Ithaca: Cornell University Press, 2006), 40

course of this paper. For example, how did medieval communities respond to mental illness? In Christina's case, they sought to both imprison her but later treated her with care and even admiration. This is exemplified by her sisters, who after attempting to confine her in chains, came to believe Christina was a servant chosen by God, thus giving credence to her teachings. Community members provided food for her. Christina's story exemplifies the many possible ways communities responded to those we might assume were mentally ill, from fear and imprisonment to compassion.

Christina's experience shows the intertwined relationship between religiosity and the body in medieval thought. Irina Metzler writes that, in medieval Europe, no discussion of the body would be complete without the discussion of religion, specifically sin.¹² This was true of the mind as well. Medieval communities often saw mental illnesses as a result of demonic or divine intervention, with either God sending mental illness down as a punishment or the devil possessing the mentally ill. The mental state of individuals seeking the care of saints, such as at the shrine to Our Lady of Rocamadour or at Christ Church at Canterbury, was written about in multiple miracle collections. These sources provide a plethora of examples of the perception and treatment of those with mental illnesses, whether through the care and treatment of the saints themselves, the community, or those recording the miracle. These sources can provide a wealth of information that allows for the examination of medieval interpretation and responses to "madness." For this reason, this paper will explore the themes present in miracle collections, namely the collections of the shrine of Thomas Becket, published in 1174, and the shrine at Our Lady of Rocamadour, written between 1172 and 1173, as they pertain to community perception of and response to mental states and disorders.

¹² Rebecca Laughlin, et al., *Medieval Disability Sourcebook* (Brooklyn, NY: Punctum Books, 2020), 14.

Miracle collections, such as those written at the shrine of Thomas Becket and the shrine of Our Lady of Rocamadour, consisted of short stories or accounts of miracles attributed to the relics of the shrine. Many concern themselves with miraculous healings. These miracle collections could be written to secure the legitimacy of the shrine and to produce a cult following for the saint. A popular cult¹³ produced esteem for the church and brought economic advantages to not only the churches and shrines that pilgrims gave thanks to, but the towns they were located in. These collections could also serve political purposes. The miracle collection of Thomas Becket was written, in part, to aid in the case against King Henry II (1133-1189), who ordered Becket's assassination in 1170.¹⁴ These collections demonstrate the power of saints, the importance of the shrine, those who were cured, and the manner in which they were cured. Miracle collections provide insight into the lives outside the seats of power and influence and what a common person's life and struggles would have looked like.

Methodology

It is important to note that, throughout the course of this paper, much of the language used to describe mental states and conditions will be the original language found in the texts. While this may be off-putting considering current language practices and beliefs around mental illnesses, according to Irina Metzler, modern colloquialisms and terms “do not necessarily improve the lives of those being spoken on.”¹⁵ Medieval language can help us understand contemporary attitudes around people with disabilities and how they were understood. For this reason, it should not necessarily be replaced. This paper will employ a denotative approach for

¹³ Religious cults played an instrumental role in medieval European life. Holy men and women produced great followings and the shrines they were associated with would often receive many visitors who brought esteem and wealth with them. Sumption.

¹⁴Rachel Koopmans, *Wonderful to Relate: Miracle Stories and Miracle Collecting in High Medieval England* (Philadelphia, University of Pennsylvania Press, 2011), 141.

¹⁵ Irina Metzler, *Fools and Idiots?: Intellectual Disability in the Middle Ages* (Manchester: Manchester University Press, 2018), 31.

this reason, and the terms the authors used in their miracle collections to describe those they wrote on will be used and examined. This includes terms such as “mad” or “madness,” “*mens absentia*” or “separation of the mind,” “vexed” (specifically when referring to possession), and “disturbed” or “disturbance” of the mind.¹⁶

Modern scholars have recently embarked on the study of medieval disabilities and medieval mental illnesses. These studies have attempted to understand the dynamics of mental illness in the Middle Ages, utilizing source materials such as hagiographies and legal texts. While some of these stories survey communities, many take the approach of examining singular figures. This study attempts to add to the discourse on community perception and response to the mentally ill. Beyond this, it seeks to add to the existing, though not expansive, studies on common individuals who have often been overlooked in historical documentation and analysis. This paper illustrates the relationship between medieval understandings of mental distress and popular religious practices. This research attempts to aid in filling the gap that is often left within the subfield of medieval madness when community response is not stressed. It also seeks to understand the type of care communities extended and possible explanations for variations in care.

Through the examination and comparison of miracles from the collections of Thomas Becket and the shrine at Our Lady of Rocamadour, I will attempt to address multiple lines of inquiry referenced below. What forms did madness take and how was it depicted? How did communities perceive and treat mental illnesses, or, what treatments were “mad” people met with? What did medieval writers deem to be the cause, and correspondingly, the cure to these

¹⁶ While original language will be used, terms such as “mental illness” will be employed when talking about modern understandings of symptoms. I will still strive to allow the sources to speak for themselves to gain insight into how individuals saw themselves and those around them, thereby attempting to refrain from forcing modern understandings onto the past.

illnesses? Through examining these questions, I shall argue that madness and other forms of mental illnesses in the Middle Ages were viewed as a community matter and experienced in a communal manner, often extending to the village level. As disability was a community issue, it was necessary for neighbors to respond and care for those with disabilities. Reactions to those with mental disabilities varied, as did treatments. While there is a popular narrative that the Middle Ages were part of a barbaric past, the majority of individuals experiencing mental distress were cared for, often in a compassionate way. Medieval communities were adaptable enough to embrace and care for differences within the fold and showed strong hesitation when it was suggested that a mentally ill community member be removed, even if they presented a threat to themselves and others. Medieval communities did not understand mental illness in the way we do now, however, and the writings that address mental illness often do so through a religious lens. How communities understood madness was informed by religious rhetoric, usually with reference to sin.

Chapter One: Historiography

Of Jesus' various miracles, few include the healings of individuals experiencing mental distress. Yet, this does not indicate that the apostles' recordings of various miracles did not shape the medieval production of miracle collections.¹⁷ Among Jesus' miracles, there are two that shaped medieval understanding of mental impairments and the nature of cures. Mark 5, which will be examined shortly, and John 9 demonstrate the frameworks in which medieval individuals related to disorders and their relationship to sin. John 9, though not concerning a miracle that relates to mental illness, is one of the primary passages that shaped medieval thought around the relationship between sin and physical health. This was then applied to mental health in the production of miracle collections.

John 9 tells of a blind man. When the disciples come upon him, they ask Jesus "Rabbi, why was this man born blind? Who sinned, this man or his parents?" To which Jesus responded, "he was born blind so that God's power might be displayed in curing him."¹⁸ Jesus proceeds to spit in the dirt and rub the mud on the man's eyes. Jesus tells him to wash in the pool of Siloam. When he emerges, his eyes have been opened and he could see. The people who had known him prior to his cure were in a state of disbelief, and some denied that he was the man they knew. The man was questioned by the Pharisees and, after telling them all he knew, found Jesus and became one of his followers.¹⁹

Many medieval understandings of mental illnesses are mirrored in this passage about the blind man. Firstly, the disciples, when seeing the blind man, quickly come to the conclusion that this man's blindness was surely a result of sin. In the absence of biological reasoning for why

¹⁷ The Bible established a model in which miracle stories could be written, shaping the production of miracle collections and providing legitimacy for the stories found within.

¹⁸ John 9:3.

¹⁹ John 9:38.

physical and mental deformities occurred, religious piety and the person's character and actions were seen as determining factors. In many medieval miracle collections, the authors illustrate the distinction between madness as a punishment²⁰ and madness as a result of phenomena outside of a person's control. Through this assumption that disabilities were the result of someone's ill-repute, deformities and disorders were given a logical cause. Once medieval communities determined deformity had a divine cause, they believed a logical treatment along religious lines would cure those who were afflicted.

Jesus, in responding that the man's blindness was handed down by God so that his cure might demonstrate God's power, upended the presumption that all deformities were the result of sin. Instead, it shows that the man was a receptacle of God's power and God blinded him to demonstrate this power. God's willingness to use disability as an opportunity to perform miracles, shows that disability was not only viewed as a public experience but a public spectacle. While disability may have been recognized as resulting from something other than sin in some cases, through blinding a man and then curing him so others might see Jesus' power, all elements of agency are removed from the blind man. He is disabled by God, and then miraculously cured by him. He is not an agent in his own story, in that not even his sins resulted in his physical state, but rather a conduit for divine power. These ideas of disability, espoused both in the bible and later religious texts that were common throughout the Middle Ages, resulted in the failure to acknowledge complex relationships between disability, community, and even personal interpretation and response. The story reduces the man to a prop and robs the reader of any idea that the man was an individual capable of autonomy over his actions. Increasingly, scholarship in

²⁰ Punishment for sins extended beyond the manipulation of mental states, and often included physical punishments as well. In the miracle collection of Rocamadour, the Virgin Mary punished a woman who continued to work on a holy day by lodging a sewing needle through her tongue. She was only able to dislodge it when she repented for her actions.

disability studies has sought to elucidate medieval experiences, perceptions, and thoughts around disability, exploring the agency of individuals along with the ways the world received them.

While religious frameworks were indicative of a popular viewpoint on the cause of mental illness, it is important to remember that this was not a universally held belief. The Greco-Roman medical model was still widely used. The medical model argued that an imbalance of the four humors in the body resulted in all states of mental distress. “Medical texts described four distinct types of madness: frenzy, mania, melancholy, and lethargy, each of which corresponded to an excess in one of the humors.”²¹ An excess of one of the humors could result in severe health problems and, according to medieval medical professionals, resulted in all forms of madness.²² “Each type of burnt humor created a particular type of madness, however, with blood creating joy and laughter, phlegm creating sloth, yellow bile creating frenzied violence, and black bile creating ‘great thoughtfulness and less agitation and frenzy except when the patient is provoked and quarrels, or nourishes a hatred which he cannot forget.’”²³ The medical tradition demonstrates the complexity and nuance of differing attitudes around madness in the Middle Ages. Attitudes and treatments of individuals with mental illnesses differed and, though this paper utilizes religious texts, it is important that we remain cognizant of this fact when exploring the past.

Scholars have approached the subject of disability in the Middle Ages through multiple lenses and modes of interpretation. They have identified six prominent historical models for understanding disability, its causes, and its treatments: the medical model, the religious model, the social model, the cultural model, the critical realist model, and the gendered model. Scholars

²¹ Aleksandra Nicole Pfau, *Medieval Communities and the Mad: Narratives of Crime and Mental Illness in Late Medieval France* (Amsterdam, Amsterdam University Press, 2021), 59.

²² Pfau, *Medieval Communities and the Mad*, 59.

²³ Pfau, *Medieval Communities and the Mad*, 59.

have not only employed these models as a tool with which to provide classification and understanding of past phenomena, but many historical actors also employed these understandings in their perceptions and treatments of people with mental conditions. The medical model is perhaps the most pervasive and has endured the longest, as its viewpoints extend into modern medical discourses. This model attempts to diagnose and cure impairments and disabilities. The overwhelming view of disability through this model is that impairments are “abnormal” and in need of “repair.”²⁴ The religious model was widely and prominently employed in the Middle Ages and extended far beyond this era; though it can be harder to find in modern contexts, it remained prevalent into the nineteenth century. Through this lens, the bible and other religious texts were crucial to shaping medieval understandings and treatments of impairments and madness. A person's moral character is often used in conjuncture with the religious model as, in accordance with a religious understanding of disability, individuals may be able to judge the person's worthiness of their punishment through their moral status. The social model, a more recent mode of interpretation, argues that disability is a cultural or social construct that limits an individual's access due to impairment.²⁵ Similarly, the cultural model posits that environmental and bodily variation impinge upon each other to result in the constraints that people with impairments face. The critical realist model argues that there are many different factors that comprise the experience of people with disabilities. These include factors such as socioeconomic status, the presence or lack of a support system, societal treatment, and physical or mental impairments that would hinder someone's ability to function. Lastly, the gendered model states that the female body is the deformed male body. This otherness demonstrates the ties between embodied identities. Under this model, women with impairments are doubly disabled due to their

²⁴ Laughlin et al., *Medieval Disability Sourcebook*, 15.

²⁵ Laughlin et al., *Medieval Disability Sourcebook*, 15.

female body being seen as “other” and their physical or mental state compounding this existing state of otherness.

The religious model of understanding was largely employed in medieval cases of impairment and madness. As expressed in John 9, sin was linked to almost every discussion of the body, especially where impairment was concerned.²⁶ While we must understand the models through which disability is thought of today, the religious model is by and large how medieval people related to madness and physical and mental impairments. This is not to say that the medical model was not used, only that the religious model is the most pervasive. We must begin to understand the religious model in its own right to achieve a greater understanding of the past historical notions of disability and gain appreciation for its nuances.

The study of madness in the Middle Ages has grown substantially since its emergence in the 1960s. When the field first came into being, scholars largely examined this subject through the lens of presentist concerns. Often, the historical subjects and phenomena would be retro-diagnosed with modern classification of symptoms and the disorders that corresponded to them. This practice was largely maintained into the early 1980s until Michel Foucault’s work criticized these approaches. He argued that medieval madness should be thought of on its own terms and should not be evaluated through the lens of modern understandings. The 1990s produced scholarship along these lines and utilized an interdisciplinary approach to understand mental illness, including studies of medieval law, religion, and economics. Yet, many of these works employed strategies that evaluated a “snapshot” or case study, and did not evaluate changes over time and space.²⁷ Recently, subjects such as melancholy and lovesickness have received a much closer examination. Madness in law has also grown as a subfield, and works

²⁶ Laughlin et al., *Medieval Disability Sourcebook*, 14.

²⁷ Leigh Ann Craig, “The History of Madness and Mental Illness in the Middle Ages: Directions and Questions,” *History Compass* 12, no. 9 (2014): 729-744, 729.

such as Aleksandra Pfau's *Medieval Communities and the Mad: Narratives of Crime and Mental Illness in Late Medieval France* have been seminal in examining communal responses to madness and how communities utilized legal systems to their advantage. Though the examination of medieval law as it pertains to mental illness has grown, canon law has often been missing from this discussion. Categorical terms around medieval madness have also been reexamined and, although the majority of scholars now steer away from posthumous diagnosis, it must be recognized that our current understandings of mental illness inevitably shape our understandings of the past. Questions remain around the utility of comparing past symptoms to modern disorders. Some, such as the Espí Forcéns', argue this would encourage greater understanding and empathy for the reader as they would be able to relate to the historical subject to a greater degree due to their existing knowledge. Conversely, we must recognize that medieval conceptions of mental illness shape our own. The evaluation of language and the connotations that derive from it can help us in this work.²⁸

Often, the examination of mental illness in the Middle Ages has had a somewhat limited scope that fails to address for the ways that medieval people would relate to the mental states of their neighbors. Among understudied topics is the perception and treatment of demoniacs. The cure of demoniacs comprises a large portion of hagiographical texts and miracle collections. The outward symptoms that demoniacs presented often strongly resembles what modern readers would categorize as mental illness. While medieval people might not have perceived these characteristics as an indication of madness, they are still worthy of exploration, as this religious response to mental behaviors is as valuable an approach as legal and medical responses. Nancy Caciola's work, *Discerning Spirits: Divine and Demonic Possession in the Middle Ages*, delves into the study of possessions, whether they be divine or diabolic, utilizing a gendered reading of

²⁸ Craig, "The History of Madness and Mental Illness in the Middle Ages: Directions and Questions," 734.

medieval religious texts. By taking this gendered approach, Caciola examines both the descriptions of demoniacs in medieval writings and how their depictions illustrate ideas of gender in the Middle Ages. This work shows the vast disparity between female demoniacs and male demoniacs, as women far outweighed men.²⁹ Caciola outlines the numerous symptoms that demoniacs would present, with some strongly resembling symptoms of madness.³⁰ She points to an example where a woman whose demon “used to plunge her into fire and water... she would seek out the forests and plains and used to howl like a dog.”³¹ Demoniacs, according to Caciola, were described in various ways with differing symptoms. One demoniac could act in a state of frenzy while the other remained immobilized. Another may spew garbled and incoherent sentences, while the other spoke of prophetic visions.³² Caciola argues in her text that examining medieval notions of demonic possession allows for a richer understanding of gender dynamics and how they relate to who we determine to be mad and who is worthy of sainthood.³³

Many medieval writings on the symptoms and cures of demoniacs strongly resemble Mark 5. Mark 5 presents the story of a man in the country of the Gerasenes possessed by the demon Legion. As Jesus reached the shores of the sea of Galilee, the man approached him “from the tombs where he made his home.”³⁴ It is reported that no one could hold him and, even though placed in chains and fetters multiple times, he could not be contained. He would cry day and night from the tombs and “gash himself with stones.”³⁵ He threw himself at the feet of Jesus and begged to be delivered from his torment. Jesus compelled the unclean spirits to leave the man,

²⁹ Caciola, *Discerning Spirits*, 40.

³⁰ Caciola, *Discerning Spirits*, 45.

³¹ Caciola, *Discerning Spirits*, 45.

³² Caciola, *Discerning Spirits*, 53.

³³ Caciola, *Discerning Spirits*, 3.

³⁴ Mark 5:2.

³⁵ Mark 5:5.

and they flew into a herd of grazing pigs. Once the spirits entered the pigs, the herd ran off a cliff only to drown in the waters below.

Mark 5, though not a medieval text, aptly demonstrates the scholarly need to examine accounts of demonic possessions. The man's symptoms, as argued by Carlos Espí Forcén and Fernando Espí Forcén, can be interpreted as emblematic of a mood disorder. They argue that his supernatural strength could be a result of an increase of energy with psychomotor agitation, his practice of dwelling in caves and howling day and night could be a result of mania and the reduced need for sleep, and the presence of self-harm can be tied to mental states often common in mood disorders.³⁶

Espí Forcén and Espí Forcén utilize posthumous diagnosis not only for the story of Mark 5, but employ this tool to aid in the understanding of medieval hagiographical literature. They cite stories from three hagiographical works: *The Legenda Maior* which recorded the life and miracles of Saint Francis of Assisi, written by Saint Bonaventure in 1262; *La Vida de San Millán de la Cogollo*, concerning Saint Aemilian; and *La Vida de Santo Domingo de Silos* written of Saint Dominic, both recorded by Gonzalo de Berceo (1197-1264). From these works, Espí Forcén and Espí Forcén cite thirteen depictions of demonic possessions and their healings, including paintings found at shrines and chapels. The authors provide medical analysis of these depictions and brief social analysis. As most of the individuals healed in medieval depictions of demoniacs were women, they argue that this is emblematic of women's lower status compared to men in medieval communities. Each instance evaluated in the article is accompanied by a modern medical analysis of the medieval depiction of the individual's symptoms. Throughout the article, they posthumously diagnose disorders including grand mal seizures, Tourette's,

³⁶ Carlos Espí Forcén and Fernando Espí Forcén, "Demonic Possessions and Mental Illness: Discussion of Selected Cases in Late Medieval Hagiographical Literature," *Early Science in Medicine* 19, no. 3 (2014): 258-279, 261.

psychosis, *folie à deux*, Diogenes syndrome, severe depression, schizophrenia, mood disorders, delirium, and dissociative trance disorder.

The Espí Forcéns' practice of posthumous diagnosis is controversial, as many have criticized the practice as anachronistic. Yet, as argued briefly by Leah Anne Craig, posthumous diagnosis can provide the reader with a greater understanding of the historical subjects and, therefore, facilitate increased understanding and empathy for past individuals.³⁷ While the Forcéns' method is useful, it brings up questions about how we should treat the past. Is it appropriate to evaluate the past through the lens of the present, as the Espí Forcéns have? Should the past strictly be evaluated on its own terms? Or should we seek to understand the past and how contemporaries thought about the experiences they underwent in the attempt to understand how our modern conceptions of events relate and color our interpretation of the past? Though the Forcéns have heavily adopted the first approach, the third approach utilized in this paper is most widely accepted and is largely preferable.

Jesus's direct command to Legion to leave the man's body in Mark 5, thereby exercising him, is often mirrored in medieval hagiographical texts. Often a saint will speak directly to the demon itself by harnessing the word of the Lord by reciting scripture. When saints could not physically attend to demoniacs in the flesh, they could do so posthumously from their shrines. Often the power of the saint would be accessed through prayer, pilgrimage, and promise of donations, such as wax.³⁸ Other times, an object that belonged to the saint, relics, or holy water could be used to cure demoniacs of their symptoms. This was true for most mental ailments, whether the result of demonic possession or not.

³⁷ Craig, "The History of Madness and Mental Illness in the Middle Ages: Directions and Questions," 734.

³⁸ Wax was a popular offering given to shrines as churches were always in need of it. Sumption remarks on a man who, upon seeing the sheer volume of wax figurines at the shrine of Rocamadour, accused the monks of planting them there themselves.

Though madness was viewed as primarily a result of religious experience in the Middle Ages, there were characteristics that allowed both secular and religious figures to discern if the madness of the person in question was a result of divine or medical intervention. Of those classified as being a religious experience, some were considered holy visitations and not madness. A determining factor between a pious individual with divine connections with God and someone experiencing madness was the perceived character of the individual both before and during their fantastical visions and behavior.³⁹ Even when the character of the person was established as worthy of fantastical visions, many still expressed doubt. Francis of Assisi, Margery Kempe, and Gertrude Rickeldey of Ortenberg, all well-known mystics or saints who experienced divine visitations, were doubted at first. Saint Francis's strange behavior, such as preaching to birds, was greeted with skepticism and was perceived as symptomatic of madness, though he later went on to be considered a highly regarded mystic. Though there were mystics who were revered, Francis was unusual and Simon Kemp argues that most were met with skepticism and were not found to be credible by their contemporaries.

Once a person's madness was recognized by their community, there came questions of the culpability of their actions. Many medieval communities recognized that mad individuals could not be held to the same level of accountability as their sane counterparts. An important source for the study of mental illness in the Middle Ages and how communities engaged with their mentally ill neighbors are the letters of remission. These were a tool by which French families could appeal to the French king on behalf of their family or community members who had been arrested for crimes.⁴⁰ The first remission letters appeared in the records of the king's chancery in

³⁹ Simon Kemp, "Mental Disorder and Mysticism in the Late Medieval World," *History of Psychology* 22, no. 2 (2019): 149-162, 159.

⁴⁰ Pfau, *Medieval Communities and the Mad: Narratives of Crime and Mental Illness in Late Medieval France*, 34.

the early 1300s.⁴¹ Aleksandra Pfau argues that these remission letters were written with a direct goal in mind and would selectively include information that would aid in this goal, resulting in a somewhat skewed account of the crime.⁴² Many successful appeals attested to the singularity of the crime, stating that it was not part of a criminal lifestyle.⁴³ The existence of these letters reflects the power of the king. Pfau argues that remission letters showed the mercy of God, placing the king in the role of the benevolent Father protecting his herd.⁴⁴

Remission letters addressed particularly heinous crimes, including murder. Through Pfau's work, we see many examples of mad individuals harming their own family members. They also posed a larger threat to the community as a whole. Jehan de Moustier, described as mad by his own family, posed a threat to his village when he wanted to use a community oven on a hot day when members of the community were told not to. When his father attempted to stop him from doing so, Jehan de Moustier picked up a stick and beat him to death.⁴⁵ While Jehan was an obvious threat to his father, whom he killed, he also attempted to endanger the community by breaking its guidelines. In another instance, a woman more directly harmed a member of her community. As she was looking out of a window, she called a young servant girl to come over to her and bashed her over the head with a rock, killing her.⁴⁶ Communities were often described in these letters as being somewhat involved in the lives of the mentally ill individuals; they would respond, contain, and treat the mad.

Mad individuals could pose a threat to all, and communities had to respond to madness by coming together to reach a common goal.⁴⁷ By attempting to protect the community and

⁴¹ Pfau, *Medieval Communities and the Mad*, 34.

⁴² Pfau, *Medieval Communities and the Mad*, 40.

⁴³ Pfau, *Medieval Communities and the Mad*, 35.

⁴⁴ Pfau, *Medieval Communities and the Mad*, 44.

⁴⁵ Pfau, *Medieval Communities and the Mad*, 85-86.

⁴⁶ Pfau, *Medieval Communities and the Mad*, 96.

⁴⁷ Pfau, *Medieval Communities and the Mad*, 120.

ensure that the mad individual was properly accounted for, Pfau argues that madness was a problem that required collective solutions. There were cases in which, wishing to bind mad individuals, neighbors would provide families with stronger chains or a more secure way of inhibiting the individual's movement.⁴⁸ In cases of suicide, the family of individuals who took their own lives was given back their property. In 1420, a man named Jehan du Puy slit his own throat. He had been gravely ill for some time, had made his will, and confessed before ultimately taking his life. In the letter written on his behalf, his family said he was tempted by evil forces and due to the "oppression of his illness."⁴⁹ Even though Jehan was seen as mad by his family and community members, those around him understood that there were conditions that led to his suicide. Jehan and his treatment also underscore the connection between religion and mental health. Not only did his community members understand that his physical state affected his mind, but they attributed his actions to the work of the devil, illustrating the medieval capacity to hold many different explanations for madness in a single case.

The murders Pfau examines disrupted social norms where the perceived safety of the home was upended. These murders most often occurred in the household, combining both relationships and spaces where murder was jarringly unexpected. Unlike the public tavern, where drunken arguments could lead to accidental murder with the daggers and knives carried by most people,⁵⁰ murders in the household were seen as disruptive to social structures.⁵¹ Murders within the family broke bonds of kinship and were shocking as the murderer was often not in danger, giving them little rational reason to commit the murder.⁵² In each murder examined in Pfau's

⁴⁸ Pfau, *Medieval Communities and the Mad*, 130.

⁴⁹ Pfau, *Medieval Communities and the Mad*, 58.

⁵⁰ Pfau, *Medieval Communities and the Mad*, 45.

⁵¹ Pfau, *Medieval Communities and the Mad*, 94.

⁵² Pfau, *Medieval Communities and the Mad*, 94.

work, the expected ties of kinship were broken, resulting in the sense of communal safety being upended.

With successful remission letters, mad individuals were integrated back into communities. The theory of the remission letter is that once approved, the crime of the mad individual would be wiped clean. As the crime of a mad family member would bring shame to their relatives, the integration of a mad person back into their community was vital.⁵³ The act of granting remission served to reforge familial and communal ties.⁵⁴ This does not mean, however, that these individuals were necessarily given agency. Pfau argues that communities focused on the safety of the mad person as well as their community. To do so, many were restrained in chains as cures were sought. Pfau's methodology, like my own, utilized the stories of individuals often underrepresented in historical works. Through using remission letters written by communities, Pfau's work demonstrates the need to look at community dynamics by examining how communities reacted to mentally ill individuals.

The subject of intellectual disabilities has also been taken up by scholars who focus on the Middle Ages and, though not to the extent of physical disabilities or mental illnesses, their works have been able to elucidate how medieval individuals thought of and understood intellectual incapacity. Irina Metzler, in her 2016 book *Fools and Idiots: Intellectual Disability in the Middle Ages*, examines the presence of intellectual disabilities and the evolution of the language used to describe them as well as the ways that intellectual disability can be used to illuminate other aspects of society. Metzler shows that medieval communities described and understood intellectual disabilities in a much less unified way than how medical history in

⁵³ Pfau, *Medieval Communities and the Mad*, 124.

⁵⁴ Pfau, *Medieval Communities and the Mad*, 129.

general and psychiatric history specifically have written about disability.⁵⁵ Intellectual disabilities were not understood as a single condition but rather brought together a range of ideas that shaped social and behavioral actions.⁵⁶ Metzler examines the language medieval sources used and how this affects the way we can historically understand the perceptions of those with intellectual disabilities. Language and its evolution are worthy of close examination, as it represents historical changes in attitudes surrounding disabilities.

For example, Metzler poses the question of why there were no medieval writings on the healing of those with intellectual disabilities. She argues that, unlike physical or mental disabilities that were sometimes viewed as a result of sin or demonic possession, intellectual disabilities could be seen as the result of divine power.⁵⁷ Since genuine idiocy is so different from what is viewed as normalcy and almost defies natural understanding, it must be the result of God.⁵⁸ Medieval authors saw those with medieval disabilities as simpler in their devotion to God and therefore purer, as they lacked disbelief and doubt. “Curing” them would therefore strip them of their pure devotion and distance them from God. This serves as a stark contrast to madness as examined in this paper, which was largely seen as a religious or physical malady that had to be cured. There is, however, one case that Metzler found of a person with intellectual disabilities being cured in a miracle story. He is described as having a large adult body controlled by a simple childlike mind. Unlike other sources which describe those with intellectual disabilities as being met with sympathy and compassion,⁵⁹ he was met with cruelty and laughter.⁶⁰ Though he was described as “mad in the head,” he was a danger to no one but

⁵⁵ Metzler, *Fools and Idiots?*, 23.

⁵⁶ Metzler, *Fools and Idiots?*, 23.

⁵⁷ Metzler, *Fools and Idiots?*, 227.

⁵⁸ Metzler, *Fools and Idiots?*, 227.

⁵⁹ Metzler, *Fools and Idiots?*, 19.

⁶⁰ Metzler, *Fools and Idiots?*, 228.

himself.⁶¹ The author of this miracle story goes to great lengths to situate this story within other accepted depictions of miracles.⁶² In doing so, the writer justifies the miracle as not distancing the man from God, but helping to ease his social suffering.

Metzler's work demonstrates the range of attitudes towards individuals with mental impairments. As with other mentions of divine intervention, medieval communities believed that intellectual disabilities should not be cured unless they posed a threat to the community. Metzler's work builds upon Pfau's examination of communities using a different lens that accounts for the more mundane communal experiences of mental impairments. As intellectually disabled individuals did not pose the same threats that the individuals in Pfau's work did, the community response was different, though still present. These two works both establish that communities were incredibly involved with the lives of those around them. This resulted in madness being part of the collective consciousness, experienced as a community, and thus addressed collectively. The frameworks of madness and the scholarship on how medieval individuals wrote about and perceived mental distress contribute to these findings.

"Madness" was thus a varied experience. As demonstrated in works that address questions of mental illness in the Middle Ages, medieval communities understood this and reacted accordingly. There was no singular prevailing attitude toward those with mental illnesses or intellectual disabilities. Pfau's text illustrates the capacity of medieval communities to view madness as naturally occurring and separated from religion, illustrating the fact that community members understood madness on a case-by-case basis with different causes. As Metzler's work shows, medieval communities did see the body and mind through a religious lens, while also countering the assumption that medieval communities scorned and actively tried to cure those

⁶¹ Metzler, *Fools and Idiots?*, 228.

⁶² Metzler, *Fools and Idiots?*, 230.

who had intellectual disabilities. Though Metzler's work demonstrates the nuance in thought about God's influence on an individual's mental wellness, the Forcés' analysis of mad individuals in hagiographical texts demonstrates the actions of medieval communities in regard to mental illness, mainly the need to cure them through religious means. Using miracle collections as its source, this work will further explore how communities treated and cared for the mad. Due to the nature of the source material, my work will address the performance of religion and religious devotion in the onset and cures of madness. While this paper will address religious understandings of madness, it is vital that works such as Metzler's and Pfau's be actively considered throughout this conversation, as they remind us of the multiplicity of medieval attitudes toward mental illness.

Chapter Two: Pilgrimage Culture

The practice of pilgrimage was an integral part of the display of religion in the Middle Ages. Individuals would depart from the close-knit communities they lived in and venture out in search of the divine. The journey towards saints' shrines could be embarked upon for many reasons, ranging from performances of piety, penance, individuals' search for miraculous cures, or as an escape from the monotonous nature of village life. These journeys reflect not only popular ideas about religion and what it meant to be a pious individual, but allowed for an understanding of the relationship between common people and their faith. Beyond this, the significance of pilgrimage in medieval culture illustrates how pilgrims shaped medieval religion.

Pilgrimage is first and foremost a religious journey. Yet, many sought out these journeys as a respite from the ever-watchful eyes of their community members. In *The Age of Pilgrimage: The Medieval Journey to God*, Jonathan Sumption writes that privacy was far from the minds of medieval individuals.⁶³ He states that the sins of one community member were seen as the business of all. This was especially true of sexual indiscretions, and can be demonstrated through public displays of repentance.⁶⁴ Pilgrimage offered not only a break from the lack of anonymity found in individuals' villages and towns, but a way to explore the wider world. People would also venture out to escape from the domineering presence of parish priests.⁶⁵ For example, Sumption points to an extreme case in which a dying woman was carried on a litter to Canterbury to avoid paying the five-shilling burial fee to her parish priest.⁶⁶ Some individuals

⁶³ Jonathan Sumption, *The Age of Pilgrimage: The Medieval Journey to God* (Mahwah, NJ: HiddenSpring, 2010), 7.

⁶⁴ Sumption points to an example in the Loire Valley in which a prostitute wished to repent. The whole town debated whether she should go immediately to the nearest priest or wait for his arrival for mass on the next day. When they met with the priest, those present recounted the woman's sin's to the priest together, thereby making her repentance a public event. Sumption, 7.

⁶⁵ Sumption, *The Age of Pilgrimage*, 8.

⁶⁶ Sumption, *The Age of Pilgrimage*, 8.

went on pilgrimage to confess their sins without having to incur communal shame by publicly performing penance, thereby avoiding nosy neighbors and priests.⁶⁷

Beyond secular motivations, there were many devout reasons for which people embarked on pilgrimages. People would depart from their homes in an attempt to pay penance to a saint, to give thanks for a favorable outcome that was attributed to a saint, and in search of miraculous cures. The greater the sin, the more significant the pilgrimage journey would be.⁶⁸ Penance as a punishment extended to powerful individuals in medieval society as well as common people, such as in the case of Henry II's pilgrimage after the murder of Thomas Becket.⁶⁹ A successful pilgrimage not only revitalized people's relationship to the divine, but served as a performance in which community members could see that individuals had repented for their public crimes and therefore were worthy to be embraced back into their communities.

Many pilgrims embarked on their journeys to have a closer connection to the saints by walking where they did and coming in contact with their relics. These relics were highly regarded for their healing powers, though they were sometimes used for other purposes, such as shielding homes from fire.⁷⁰ The vast majority of those seeking the aid of relics went for their curative powers. Ronald Finucane argues that nine-tenths of miraculous reports recorded between the twelfth and fifteenth centuries were divine healings.⁷¹ The healing power of relics turned shrines into faith-healing centers to which the sick flocked.

The relics within shrines, as seen by medieval pilgrims, emitted power that one could absorb simply by being near them.⁷² Medieval communities saw the bodies of saints as having

⁶⁷ Sumption, *The Age of Pilgrimage*, 8.

⁶⁸ Sumption, *The Age of Pilgrimage*, 137.

⁶⁹ Sumption, *The Age of Pilgrimage*, 138.

⁷⁰ Ronald C. Finucane, *Miracles and Pilgrims: Popular Beliefs in Medieval England* (Basingstoke: Macmillan, 1995), 25.

⁷¹ Finucane, *Miracles and Pilgrims: Popular Beliefs in Medieval England*, 59.

⁷² Finucane, *Miracles and Pilgrims*, 26.

the greatest healing powers and, in an attempt to distribute the power of the saint, the bodies of saints would often be dismembered and disseminated to multiple shrines. The importance of the relics in the pilgrimage journey added to the performance of the ritual in that they provided a physical outlet for individuals to journey to and interact with. Pilgrims would attempt to kiss the bones of dead saints and would bring home relics such as water that had touched something belonging to the saint, such as a piece of clothing. The placement of relics within their shrines reflected the importance of the relics and the shrines themselves. Eleven years after Saint Cuthbert died in 687, for example, the monks at his shrine decided to give him a new coffin, but above the ground this time, as was reflective of his station.⁷³ As relics emitted a powerful healing force, they were constantly in demand and medieval churches were often desperate to obtain them. Relics could bring a shrine out of obscurity and, if miracles were reported there, these newly acquired relics could be the destination for future pilgrims. Amid this scramble to find relics, opportunists began to distribute false relics for a high price. The church began to crack down on the acquisition of new relics, however, and began to test them through trials of fire and other means.⁷⁴

The healing power of relics was directly related to the presence of the saint at their shrine. Medieval pilgrims viewed the saints as inhabiting their tombs in an almost ghost-like manner. Pilgrims reported saints being present in their dreams, and this phenomenon grew as the pilgrim grew closer to a saint's shrine.⁷⁵ Beyond dreams, medieval pilgrims often 'saw' saints walking among them or coming to them from heaven dressed in fine clothes and in the presence of God.⁷⁶ Saints were also far more responsive in granting miracles depending on the proximity

⁷³ Finucane, *Miracles and Pilgrims*, 27.

⁷⁴ Church leaders would place the relic in question in a fire under the presumption that a true relic would remain unharmed.

⁷⁵ Finucane, *Miracles and Pilgrims*, 34.

⁷⁶ Finucane, *Miracles and Pilgrims*, 34.

of a pilgrim to their shrine and relics, contributing to the idea that saints inhabited their tombs and the closer one got, the greater their relationship would be to the saint.⁷⁷ In accordance with this idea, medieval people believed that the nearer one was buried to a saint would affect their resurrection.⁷⁸ It was necessary, therefore, for medieval pilgrims to venture out towards these shrines, bringing power and economic growth to the shrines they visited.⁷⁹

Medieval individuals who believed they were having fantastical visions brought on by God would often venture to shrines so their stories could be recorded. Those worthy of divine visitation had to meet six different criteria. They had to exercise humility to the point where they barely believed God was speaking to them.⁸⁰ They had to be patient and not act rashly. Their visions had to contain an element of truth as, if they did not come to fruition, they could not be from God. They had to perform charity and good works with no thought of personal gain. Lastly, their visions had to elicit a feeling of tranquility if they were a result of a true religious experience. These behaviors were evaluated not only when visions arose, but on a day-to-day basis, and the previous actions of the person before their visitations began to be incredibly important, as this would show if they were worthy to receive God's message. Miracle collections contain stories that address fantastical illusions, particularly in the first book of *The Miracles of Thomas Becket*. These visions are often of the deceased saint and were used to validate the church's claim that Becket was a martyr and saint.⁸¹

Of the recorded miracles at saints' shrines, healings were by far the most frequently reported. Miraculous healings have had a long history outside of Christian religious beliefs and

⁷⁷ Finucane, *Miracles and Pilgrims*, 39.

⁷⁸ Sumption writes that those buried near the saints would be the first to rise with them on the Last Day, thus ensuring their holy resurrection.

⁷⁹ Sumption writes that pilgrims could aid in the economic growth of shrines through their offerings. However, churches also had to provide for the pilgrims visiting their shrines, sometimes resulting in shrines spending more on pilgrims than they received.

⁸⁰ Kemp, "Mental Disorder and Mysticism in the Late Medieval World."

⁸¹ These stories largely comprise the first book of the *Miracles of Thomas Becket*.

practices. There was a long tradition of pagans believing and experiencing miraculous cures, so much so that in the fifth century, shrines and offerings to Christian saints were burned down out of the fear that they were too pagan.⁸² Miraculous cures proved a powerful tool in later converting pagans, who saw the cures of the saints as similar to their own beliefs and therefore worthy of worship.⁸³ As more pagans converted and joined the church, shrines that emphasized the healing power of their relics were able to grow in power.

Finucane groups those searching for a cure into three categories: (1) self-limiting, (2) chronic but subject to remission, and (3) psychogenic.⁸⁴ The first category describes ailments that would heal on their own over time, such as headaches and indigestion. The second describes chronic illnesses such as arthritis. Lastly, the third describes mental impairments and madness.⁸⁵ The successful cures of individuals that belonged to these three categories were often viewed as a result of not only the power of the saints but the devotion of the individual who sought a cure. Saints, according to medieval writings, could also cause ailments for those they deemed to be acting in a sacrilegious manner.⁸⁶ For example, Sumption brings up a case in which a woman was struck blind for scoffing at the idea that a saint had cured another woman's eyesight.⁸⁷ In accordance with the idea that divine powers could dole out punishment through sickness, so too could diabolic forces work. This explanation was especially plausible for mad individuals who appeared to act with little reason and were, therefore, subject to the merciless acts of the devil.

Though pilgrimage in the attempt of finding cures was incredibly common, pilgrims sometimes sought out other treatments. This often took place before undergoing a pilgrimage.

Medical professionals would often attempt to balance the four humors of a person's body to bring

⁸² Finucane, *Miracles and Pilgrims*, 19.

⁸³ Finucane, *Miracles and Pilgrims*, 19.

⁸⁴ Finucane, *Miracles and Pilgrims*, 79.

⁸⁵ Finucane, *Miracles and Pilgrims*, 79.

⁸⁶ Sumption, *The Age of Pilgrimage*, 106.

⁸⁷ Sumption, *The Age of Pilgrimage*, 106.

their elements into alignment, thereby curing the person. Doctors would often administer treatments such as blood-letting. Once these were unsuccessful, sick individuals would take to the road and seek out the help of a saint. When they reached the shrines, they were often chastised for their attempts to obtain a secular cure.⁸⁸ Faith healing was seen as one of the only legitimate routes to cures by the medieval church. Religious figures often criticized the sick for attempting to seek out medical care and emphasized the power of the saints alone to heal ailments. Beyond distrust and contempt of secular healers, shrines would attempt to compete with one another by delegitimizing the power of other shrines in their writings. They would state that an individual first tried one shrine and when this was unsuccessful would come to another and be miraculously cured. This served to bolster the reputation of certain saints while questioning the legitimacy of others.

Shrines kept collections of all the miraculous happenings that were attributed to saints. Miracle collections attempted to faithfully record each miracle that occurred at a shrine. These documents not only demonstrated the power of saints, but provide records of the lives of common people that would otherwise go unrecorded. Miracle collections allow for insight on subjects from the worries of medieval people, the conflicts and problems they faced, to family and village dynamics. These documents provide a route by which to view the medieval world from the position of ordinary people and how they responded to illness. The community dynamics described in miracle collections represent how neighbors, both secular and monastic, perceived and responded to sickness, impairments, and madness. It is for these reasons that this paper will embark upon the study of the contemporaneous miracle collections of two prominent shrines, the miracles of Thomas Becket at Canterbury and the miracles at the shrine of the Virgin Mary at Rocamadour. The examination of these two documents will allow for a look into how

⁸⁸ Finucane, *Miracles and Pilgrims*, 64.

two communities responded and wrote about the lives and mental illnesses of medieval individuals.

Chapter Three: Medieval Shrines and Their Miracle Collections

The shrine of Thomas Becket and the shrine to the Virgin Mary at Rocamadour attracted countless pilgrims during the Middle Ages. Of these pilgrims, many came in search of cures for ailments or to report miraculous events that were attributed to the saint. These miracles could take the form of shipwrecked and drowning men emerging from the waters unscathed, massive fires unable to consume houses, the punishment of thieves, and the freeing of prisoners. The vast majority of miracles collected, however, addressed sickness in its many forms. The power of the saints, as reflected in their miracle collections, treated numerous people and was a route by which individuals could experience divine intervention in everyday life. The massive influx of pilgrims to these shrines ensured the economic well-being of the shrine and brought power and prestige to the monastic community connected to the shrine itself. For this reason, it was crucial for a shrine's miracles to be dutifully recorded, thus showcasing the power of the divine as it worked through the shrine in question. A successful miracle collection could establish the prominence of a shrine and ensure that it remained at the forefront of people's minds in competition with other shrines.

The miracle collections at Rocamadour and at the shrine of Saint Thomas in Canterbury did just that. Their expansive collections range in topic and provide insight into individuals of little or no importance in historical reporting. Yet, these collections provide a glimpse into everyday life in medieval Europe and provide a view into the ways in which medieval communities treated mentally ill individuals in their communities. To gain a deeper appreciation of each collection, an understanding of the shrine and the collections themselves is essential.

The Shrine of Thomas Becket

The death of Thomas Becket shocked medieval Europe and encapsulates the struggle over the power of church and state in the Middle Ages. Appointed by King Henry II in 1163 to the archbishopric at Canterbury, Thomas Becket's ecclesiastical power grew.⁸⁹ It is possible that when appointed, Henry II believed that Becket would prioritize the powers of the state. Becket, however, fought to retain the traditional roles of the archbishopric. Becket and Henry II engaged in a series of conflicts surrounding the power of the state over church affairs, including the jurisdiction of secular courts over religious figures.⁹⁰ As Becket and Henry II's relationship continued to dissolve, Henry attempted to sway other bishops against him. King Henry II, in the attempt to weaken monastic ties with Rome and ensure less clerical independence, drafted the constitutions of Clarendon in 1166. Proceeding with all English church officials except Becket, Henry II ordered Becket to appear before a grand council in 1164 on charges of an attempt to disregard royal authority. When convicted, Becket fled to the continent. Upon an agreement between Becket and Henry facilitated by the pope, the archbishop was able to return to England in 1170.⁹¹

The king and the archbishop's relationship continued to sour, and in 1170 four of Henry's knights interpreted his displeasure with Becket as an order for his death.⁹² The four knights set out for Canterbury and when they arrived, they ordered Becket to answer for his traitorous crimes. When Becket refused to accompany them to Winchester to recount his actions, they brutally murdered him in Canterbury Cathedral.⁹³ The monks at Canterbury Cathedral hesitated to venerate Becket as a martyr at first because of his polarizing positions within the church. Two

⁸⁹ Koopmans, *Wonderful to Relate*, 141.

⁹⁰ Koopmans, *Wonderful to Relate*, 141.

⁹¹ Koopmans, *Wonderful to Relate*, 141.

⁹² Koopmans, *Wonderful to Relate*, 141.

⁹³ Koopmans, *Wonderful to Relate*, 141.

years after his death, Becket was canonized by Pope Alexander III. All four of the saint's assassins were excommunicated and Henry II was ordered to undertake a penitential pilgrimage to absolve him of his sins and restore his standing in the eyes of the church and God.

Becket's cult following quickly expanded and he was venerated by the faithful as a martyr. His shrine at Canterbury cathedral grew in prominence and contemporaries regarded his body as a powerful relic. As pilgrims began to travel to Canterbury, the miracles they experienced were recorded by the monks at the cathedral.⁹⁴ Of the miracles recorded, there are two principal collections.⁹⁵ The larger was written by the monk William of Canterbury and contained 420 individual stories. The smaller, and most likely earlier, collection was by Abbot Benedict of Peterborough and held 280 stories.⁹⁶ Scholars such as R.W. Southern have referred to the miracle collections of Saint Thomas as "the greatest collection of miracle stories connected with any shrine in the whole Middle Ages."⁹⁷ The biography of Thomas and his miracles have been used many times to both represent a model of resistance to the oppressive power of the state while also presenting Becket as a stubborn man who was just as much a victim of his own pride and foolishness as he was a victim of an overreaching king.⁹⁸

The first editor of Becket's miracles was John Allen Giles who published his edition in 1850.⁹⁹ Though his work was greatly needed, Giles has been accused of being a careless and even negligent scholar.¹⁰⁰ It was Giles who first published the miracles of Saint Thomas which allowed other scholars to build from this endeavor. One such scholar was James Craigie

⁹⁴ Nicholas Vincent, "William of Canterbury and Benedict of Peterborough: The Manuscripts, Date and Context of the Becket Miracle Collections," In *Hagiographie, idéologie et politique au moyen age en occident*, 2012, 347-387, 347.

⁹⁵ Vincent, "William of Canterbury and Benedict of Peterborough," 347.

⁹⁶ Vincent, "William of Canterbury and Benedict of Peterborough," 347.

⁹⁷ Vincent, "William of Canterbury and Benedict of Peterborough," 348.

⁹⁸ Vincent, "William of Canterbury and Benedict of Peterborough," 349.

⁹⁹ Vincent, "William of Canterbury and Benedict of Peterborough," 349.

¹⁰⁰ Vincent, "William of Canterbury and Benedict of Peterborough," 351.

Robertson. Unlike Giles, who came from a monastic background, Robertson's approach to the miracle collections was "essentially Protestant, skeptical, and rationalist."¹⁰¹ Where Giles preferred to view Becket as a religious figure who had died in service of a noble cause, Robertson viewed the cult of Becket as purely historical, differing from Giles in his use of terms such as 'saint.'¹⁰² Though Giles was the first translator of the Becket miracles, it was Robertson who was chosen by the Rolls Series to officially edit Becket's miracle collection. Giles protested this decision to no avail and, due to Giles' protests, to appear that he was not simply copying Giles' work, Robertson drew from a more expansive range of manuscripts.¹⁰³ Attributed to his rivalry with Giles, Robertson's work contains numerous errors of his own, resulting in the two available editions being inadequate by modern scholarly standards.¹⁰⁴

The writings of William and Benedict differ both in organizational structure and geographical range. Benedict's collection is often viewed as more simplistic and recorded miracles chronologically as they occurred or were reported.¹⁰⁵ In 1883, Eirikr Magnusson drew attention to the letter of dedication to King Henry II which prefaced the Winchester manuscript. Magnusson argued that this suggested that Benedict was writing seventeen months after the passion of Becket, either in May or June of 1174, around the time of the King's penitential visit to Canterbury in July of 1174.¹⁰⁶ He further argued that three books of the collection were composed in the early 1170s and that book four was added in 1177.¹⁰⁷ William's works touched on foreign material and he approached them thematically.¹⁰⁸ Scholars agree that the first three

¹⁰¹ Vincent, "William of Canterbury and Benedict of Peterborough," 352.

¹⁰² Vincent, "William of Canterbury and Benedict of Peterborough," 353.

¹⁰³ Vincent, "William of Canterbury and Benedict of Peterborough," 354.

¹⁰⁴ Vincent, "William of Canterbury and Benedict of Peterborough," 355.

¹⁰⁵ Vincent, "William of Canterbury and Benedict of Peterborough," 359.

¹⁰⁶ Vincent, "William of Canterbury and Benedict of Peterborough," 356.

¹⁰⁷ Vincent, "William of Canterbury and Benedict of Peterborough," 357.

¹⁰⁸ Vincent, "William of Canterbury and Benedict of Peterborough," 359.

books of Benedict's text were published between 1173-1174.¹⁰⁹ Williams's miracle collection was embarked upon in 1174, with book five added in 1178 or 1179.¹¹⁰

In 1898, scholar George Abbot applied synoptic criticisms to the works of Benedict and William, strategies that scholars had already applied to the works of the four evangelists.¹¹¹ Abbot's findings allowed for advances in the dating of the texts as well as their significance. He found that Becket had come to almost rival Christ in popularity in certain communities of the English Church.¹¹² Abbot discovered that William and Benedict were working separately, with William not merely copying Benedict but instead drawing from the same sources in a different manner.¹¹³ He concludes his arguments by stating that it was likely that William was writing for a monastic audience and Benedict was writing for a secular courtly audience.¹¹⁴ Though the material on the miracles of Thomas Becket as found in the Rolls Series is criticized as containing numerous errors, this work remains one of the greatest miracle collections from the Middle Ages in existence. The miracles of Thomas Becket are expansive and the six books reveal a great deal about communal life in twelfth-century England, from subjects of the rivalries between church and state, to the injuries of peasant children and how this affected their families and communities.

¹⁰⁹ Vincent, "William of Canterbury and Benedict of Peterborough," 360.

¹¹⁰ Vincent, "William of Canterbury and Benedict of Peterborough," 360.

¹¹¹ Vincent, "William of Canterbury and Benedict of Peterborough," 364.

¹¹² Vincent, "William of Canterbury and Benedict of Peterborough," 364.

¹¹³ Vincent, "William of Canterbury and Benedict of Peterborough," 365.

¹¹⁴ Vincent, "William of Canterbury and Benedict of Peterborough," 365.

The Shrine to Our Lady of Rocamadour

In the cliff sides of southwestern France in the former province of Quercy lay a shrine to the Virgin Mary. During the twelfth century, Marian cults gained prominence throughout Europe. According to Marcus Bull, who provided a translation and expansive introduction to *The Miracle Collection of Our Lady of Rocamadour*, the Virgin Mary was viewed as the gateway to heaven, a channel between God and mankind, a savior through her son, the star of the sea, and the cure for earthly ailments.¹¹⁵ Bull argues that three attributes present in Mary allowed her cult to rise to such prominence. These three were her position as “lady and queen,” her relationship with Christ as a mother, and her holy status as a virgin.¹¹⁶ These three qualities formed the foundation of her ability to intervene on behalf of those who devoted themselves to her and sought her aid. As it was necessary to throw oneself at the mercy of the Lord, it was a natural step to pray to his mother, as medieval theology stated that she held a unique position in that she could encourage, and even persuade, her son to grant forgiveness.¹¹⁷ It is through these beliefs that the Black Madonna at Rocamadour became a pilgrimage site of great esteem and interest among medieval people, from royalty to commoners.¹¹⁸

Marcus Bull argues that the miracle collection that was written on the shrine at Rocamadour was composed between 1172 and 1173, making it a contemporary of the miracle collections of Thomas Becket. The name of the author of this collection is unknown and will likely remain so.¹¹⁹ Though it is likely that there was only one author, Bull admits that there could have been two creators, as signaled by the break in the writing timeline, as the writings

¹¹⁵ Marcus Graham Bull, *The Miracles of Our Lady of Rocamadour: Analysis and Translation* (Woodbridge, Suffolk: Boydell Press, 1999), 29.

¹¹⁶ Bull, *The Miracles of Our Lady of Rocamadour*, 29.

¹¹⁷ Bull, *The Miracles of Our Lady of Rocamadour*, 30.

¹¹⁸ The black Madonna refers to the statue of the Virgin Mary found at Rocamadour. She is depicted as holding a young Jesus on her lap. It is said that she was carved by Saint Amadour. Amadour was a hermit who secluded himself at Rocamadour. The church and pilgrimage site emerged from Saint Amadour.

¹¹⁹ Bull, *The Miracles of Our Lady of Rocamadour*, 26.

ceased for a period during the winter probably due to the weather and the lack of natural light.¹²⁰ The author, or authors, as argued by Bull, belonged to the Benedictine priory that was located at the site of the shrine.

The collection is comprised of 126 stories across three books. Each book is introduced by a prologue and a list of chapter headings attached to each story.¹²¹ Book I, which holds 53 stories, and Book II, which is comprised of 49, are similar in length and tone. Bull argues that this could reflect the size of the original parchment. With both pieces of parchment being of similar size, the stories had to remain somewhat even in number.¹²² Book III has significantly fewer chapters, as it is comprised of only 24 stories. Still, it maintains the average length of the first two books due to each story being of greater length, partly due to an increase in authorial insertions.¹²³ Bull introduces the idea that the third book of the collection could have possibly been intended to hold the same amount of chapters as the first two books, yet, it is likely that the author ran out of material to utilize.¹²⁴ Each book was written as part of a larger whole, demonstrating the arc and aim of the collection; that being to venerate the Virgin Mary and increase the power of her shrine.¹²⁵ The miracles touch on a range of human experiences but a unified theme presents itself. The collection concerns itself with the idea that God intercedes on behalf of men through the workings of the Virgin Mary, who is the central character of the text, as the miracles in the collection are of her doing.

While many of the stories in the *Miracle Collection of Our Lady of Rocamadour* lie outside of the realm of miraculous cures – the Virgin Mary rescued many from drowning, imprisonment, death while traveling on pilgrimage, and preserved individuals' properties from

¹²⁰ Bull, *The Miracles of Our Lady of Rocamadour*, 27.

¹²¹ Bull, *The Miracles of Our Lady of Rocamadour*, 27-28.

¹²² Bull, *The Miracles of Our Lady of Rocamadour*, 28.

¹²³ Bull, *The Miracles of Our Lady of Rocamadour*, 28.

¹²⁴ Bull, *The Miracles of Our Lady of Rocamadour*, 28.

¹²⁵ Bull, *The Miracles of Our Lady of Rocamadour*, 28.

natural disasters – those that do address sickness provide insight into the way that medieval writers conceived of ailments. Bull states that medieval writers were far less preoccupied with diagnostics, or what caused disease, and instead wrote a great deal more on an individual's symptoms. While this is not a strict rule, this trend can be seen throughout the collection and, when the cause of an ailment is discussed, medieval authors ascribe it most frequently to sin and divine punishment.¹²⁶ Instead of delving too deeply into the cause of sickness, the authors of miracle collections often bluntly described symptoms and utilized categories such as blindness, lameness, paralysis, and deafness.¹²⁷ Through Bull's examination of medieval miracle collections, he has found that, when writing on mental disorders or madness, medieval authors often commented on the physical symptoms of individuals such as thrashing, hemorrhaging, or vomiting. Miracle collections, as argued by Bull, often marked an individual as cured when their physical symptoms ceased and they were observed to be in a state of calm.¹²⁸

In accordance with the miracle collection of Thomas Becket, the divine intervention in the lives of individuals from lower classes represented in the *Miracle Collections of Our Lady of Rocamadour* allow for a comparative analysis of community responses to mental health and wellbeing. Through this comparison, we can better understand the placement of individuals in their communities. The community response to sickness, in this case, madness or mental illness, provides us with a route to understand the organization, values, and care that communities held and how this related to the treatment of the sick.

¹²⁶ Bull, *The Miracles of Our Lady of Rocamadour*, 14.

¹²⁷ Bull, *The Miracles of Our Lady of Rocamadour*, 14.

¹²⁸ Bull, *The Miracles of Our Lady of Rocamadour*, 14.

Chapter Four: Madness Represented

The stories recorded at Canterbury and Rocamadour address miracles of many natures, the cure of madness being one of them. Throughout the course of this chapter, I will examine fifteen of the 703 stories recorded at Canterbury, all of which address the curing of madness or other ailments relating to madness. To supplement these stories, I will utilize seven of the 126 stories collected at Rocamadour. While the sample size provided by the Rocamadour collection is not substantial enough to allow for a successful comparative approach, these collections both provide evidence that can be used complementary to examine phenomena around the communal response to madness. Through the supplementation of the *Miracles of Thomas Becket* with the *Miracles of Our Lady of Rocamadour*, evidence from two cults in two different communities may be taken together to achieve an in-depth analysis of community response to madness.

It is important to note the religious objectives of these sources. Miracle collections were written to demonstrate the power of the saint and served as a guide on how to behave in a pious manner. Though this is true, this does not discount the community engagement found within the texts. Multiple communities are present, whether they be religious or secular. They could be forged communities made on the pilgrimage paths, or families who were related by blood. Even if we criticize miracle collections as being idealistic, they provide information on a wide range of topics and include stories from multiple community types.

As in other aspects of medieval life, madness was a public experience, one in which privacy or discretion was seldom present. Due to the public nature of madness, communities saw it as a public issue, one that had to be addressed collectively. Contrary to popular assumption, mad individuals were not necessarily cast out nor were they ostracized from their

communities.¹²⁹ Instead, as exemplified by the stories examined here, communities approached madness together to ensure some level of care was provided to the person suffering from it. Collective decisions that addressed the expulsion of a mentally ill individual could be overridden in the attempt to protect a mad individual or the community at large. The stories examined will illuminate questions around the role of a mad individual's community in their treatment, as well as how communities perceived mad individuals.

Through the course of this chapter, I will examine the perception and treatment of mad individuals as they are recorded. In doing so, I will explore the perceived cause or onset of madness, the perception of the mentally ill, a mad individual's possible expulsion from their community, their return and subsequent cure, and, lastly, the reaction of the cured individual after their miracle has occurred. Through the separation of each element found in miracle stories, we are able to examine the communal response to madness across multiple stories.

From Wicked Step-Mothers to Divine Punishment: The Onset of Madness

Due to the nature of the texts utilized in this project, medieval individuals, as they are represented in miracle collections, often experienced madness as the result of divine or diabolic intervention. Doctors were dismissed or outright detested in the attempt to understand and treat strange, erratic, or mad behavior. When a doctor was consulted and a secular cause could not be found or did not prove to be useful, medieval communities turned to religious leaders in an attempt to gain answers. Though no discussion of the medieval body would be complete without the mention of sin,¹³⁰ medieval communities understood some cases of madness to have natural

¹²⁹ This phenomenon nevertheless occurred in medieval society. The chroniclers of the miracle collection at Rocamadour recorded a story in which a woman named Stephana was cast out of multiple communities due to her severe wounds following a wolf attack. One such community even went so far as to tie her to the back of a donkey and leave her to die from exposure. It was not until a noble knight came upon her that she was taken to Rocamadour and cured. While this story does not fit within the larger themes explored in this paper, it is useful to call attention to the fact that the communal reaction to madness was not homogenous and that communities did not always meet madness with a level of compassion or care.

¹³⁰ Laughlin et al., *Medieval Disability Sourcebook*, 14.

causes or causes separated from the divine. While medieval communities recognized that madness could stem from natural causes, this did not indicate that there were strict categories through which madness was understood. In some cases, when the cause of madness was not clear, those caring for the mad would explore multiple explanations in an attempt to understand the possible origins of the illness.

The diagnostic process that medieval communities deployed is present in the story concerning a young boy named Nicholas from the collection of Thomas Becket.¹³¹ Nicholas had not yet turned fifteen when he joined the priory of Pontefract in Yorkshire. He was sleeping in the dormitory one night alongside his brothers, when suddenly he let out a tortured scream and jumped out of bed, “as if he was trying to escape wicked hands.”¹³² He began to shout “Help! Help! Look, they are holding me and squeezing my neck. And they will violently twist away my life” (*Succurite, succurite! Ecce tenent me jugulum meum coarctantes. Jam vitam mihi violenti extorquebunt*).¹³³ Though his brothers tried to calm him, he continued to scream throughout the night. This prompted the prior to question the previous actions of the youth, whether he had lived a life of sin and somehow brought this upon himself. The prior of the monastery is recorded as saying, “Perhaps he had dwelled in the world with certain wicked men, writing protective symbols or inspecting swords” (*Fortasse vacabat in saeculo maleficiis aliquibus, characteres scribebat aut gladios inspiciebat*).¹³⁴ The prior believed that Nicholas was in a state of distress due to his own personal sins. His possible explanations reference sacrilege that the boy could have performed through pagan practices, indicated by his mentioning of protective magical signs. His suggestion that Nicholas had behaved wickedly serves to complement Nicholas’s

¹³¹ *The Miracles of Thomas Becket* V, 8.

¹³² *MTB* V, 8.

¹³³ *MTB* V, 8.

¹³⁴ *MTB* V, 8.

supposed religious crimes with secular ones.¹³⁵ After the suggested form of treatment for Nicholas' supposed sins did not work, they abandoned the idea that Nicholas had invited this punishment on himself.

The prior's suggestions poignantly demonstrate the diagnostic process, even if it was largely based on assumptions, used by medieval communities, particularly religious figures, when assessing madness. When Nicholas could not be calmed and his symptoms continued, his brothers attempted to find the root of his behavior in order to treat him. The monks assessed his situation through the lens that was most familiar to them.¹³⁶ When the religious lens that purported that Nicholas' faults had caused his illness failed to yield results, his brothers abandoned it, embracing an unknown cause for Nicholas' madness. This demonstrates the adaptability of diagnostic views that communities practiced. Though the search for a religious cause may have been their first response, it was not the only option in their mind and certainly was not an explanation that communities refused to depart from in their search to understand madness.

Though we never truly learn the cause of Nicholas's illness, in many cases medieval miracle collections diagnose the onset of madness with a sense of certainty. In the case of a woman named Alice, the cause of her madness is clear in the eyes of her chronicler. When we are introduced to Alice's tale, we find her in the throes of childbirth. As her birth progressed and she endured severe pain, her fear grew and she became separated from her mind (*alienationem mentis*.)¹³⁷ Her fear continued to grow until the pain became so immense that she thought the

¹³⁵ The assumption that Nicholas "inspected swords" points to secular violence whereas the Prior's suggestion that Nicholas made protective signs points to religious crimes.

¹³⁶ We might recognize Nicholas' symptoms as night-terrors, supported by the fact that he was young, separated from his home and family, and now resided in an unfamiliar place, though his brothers did not see Nicholas in this way.

¹³⁷ *MTB* VI, 113.

loss of her mind would put an end to her birth (*partum interimeret*).¹³⁸ In Alice's case, the cause of her illness was clear to those recording it. Her state stemmed from a physical phenomenon they could witness and understand, diminishing any confusion about the onset of her madness. As her chroniclers found the cause of Alice's case to be clear, they had a better understanding of how to treat her. Because medieval individuals often recognized madness or altered mental states in terms of their physical effects,¹³⁹ cases like Alice's provide an example of how medieval people saw the mind as inextricably linked with the body, realizing that when one was unwell, the other often responded. This idea is not without merit, even if it is a bit incomplete. Cases other than Alice's correspond with this recognition.¹⁴⁰ In book II.47 of the miracles of Thomas Becket, we are introduced to the story of Peter the Fool. Though the members of the house he resides in already saw him as a fool who provided comedic relief, his mental state became altered due to an injury. Peter, when running through the kitchen, slipped on some water from the rain the night before. His head slammed into the door frame and he lost consciousness. When he awoke, he was incoherent and moaned unintelligibly.¹⁴¹ This was clearly a case of head trauma, something his housemates would have understood. The links between the mind and body, as evident in both Peter and Alice's cases, provide insight into how madness was evaluated. Not only did medieval people view madness as a behavioral issue, but also as a physical one, resulting from physical trauma of the head or body.

Alice, Peter, and Nicholas present cases in which a natural occurrence influenced their mental state, even if the specific cause was not found. Medieval observers, however, recognized a number of causes of mental distress from natural to the divine. If madness was not brought on

¹³⁸ *MTB* VI, 113.

¹³⁹ Bull, *The Miracles of Our Lady of Rocamadour*, 14.

¹⁴⁰ *MTB* II, 47.

¹⁴¹ "A coquina properans in anteriorem domum lapsu supino corrui, qui humo lubrica, quae praecedentis diei pluvia maduerat, non potuit firmare vestigia; et allisum est occipit ejus liminibus mediae domus, adeo ut utrimque maxille pugillarus tumore grossitudinis collique confina non minus enormiter excrescerent."

either by God or the Devil, it could be brought on by individuals. A man named Gerard, “having eaten food made by his stepmother,” for example, “became incredibly agitated as he left his senses” (*Gerardus clericus, lator praesentium, novercali, ut ait, confectione cibatus, ita sensu excesserat*).¹⁴² Gerard’s case adds further depth to the diagnostic procedures observed in miracle collections, supporting the conclusion that medieval narratives around madness were not fixed with one explanation for the onset of illness and instead many were employed, even if the ultimate cure remained the same.

When natural causes could not immediately be found, medieval miracle stories pointed to the divine. There were distinctions within this diagnostic group – primarily whether illness was handed down by God as punishment, or whether it was due to possession or demonic influence. These categories further reinforced connections between the body and mind as they related to religion, specifically sin. One such case can be found in the collection at Rocamadour.

A woman named Gervada of Salques faced a terrible illness. She foamed at the mouth, ground her teeth, and stuck out her tongue. She shocked and horrified her community members as she gnawed at herself with her teeth and tore at herself with her hands.¹⁴³ Her neighbors looked at her with disdain, however, as they believed her ailment to be divine punishment. She was accused of committing fornication with one man or many.¹⁴⁴ Whoever recorded Gervada’s tale wrote that the judgments of God are often complex and “hidden in depths,”¹⁴⁵ but he firmly states that sinners must be punished in this life so they do not suffer two-fold in the next. Gervada’s story is mirrored in other tales in both collections examined in this project. For example, the Virgin Mary punishes a group of thieves who stole a cow. In her punishment, she

¹⁴² *MTB VI, 3.*

¹⁴³ Bull, *The Miracles of Our Lady of Rocamadour*, 127.

¹⁴⁴ Bull, *The Miracles of Our Lady of Rocamadour*, 127.

¹⁴⁵ Bull, *The Miracles of Our Lady of Rocamadour*, 127.

turned all sixteen thieves mad.¹⁴⁶ The martyr Thomas brought opprobrium upon a certain knight named Osbern, driving him “out of his mind” (*alientionem mentis*).¹⁴⁷ Throughout the diagnostic process which determined these people's illnesses to be the result of sin, medieval authors highlight the link between the mind and the divine. This link allows the reader to conclude not only that the body was a tool for God to work with, something that could be molded to teach individuals and demonstrate God’s will, but that madness could be a punishment.

For example, the miracles of Thomas Becket provide a story in which a demon possessed a man and to such an extent that, “so that, with the company of men spurned, in the manner of beasts he traversed the haunts of wild animals” (*ut hominum spreto consortio more bestiarum lustaret lustra ferarum*).¹⁴⁸ In another, the devil convinces a young girl to jump into a well to her death, only for the martyr Thomas to save her.¹⁴⁹ In another story in the collection, the devil even appears as a dog and terrifies a young man to the point of death. When he is restored, those around him find him to be mad.¹⁵⁰ Demonic powers, as they are represented in miracle collections, terrify, possess, and influence to the point where the possessed are unrecognizable to those around them.

The onset of madness and mental distress sheds light on the medieval perception of individuals with mental conditions. While onsets varied, and medieval communities accounted for and accepted these variations, how did these variations affect the medieval perception of the mad, their treatment, and ultimate cure? The case of Gervada, whose community members viewed her sexual relationships with men as a direct cause of her mental state, introduces discussions of the merit of individuals and what they must undergo to be cured. Miracle

¹⁴⁶ Bull, *The Miracles of Our Lady of Rocamadour*, 186.

¹⁴⁷ *MTB* VI, 87.

¹⁴⁸ *MTB* VI, 86.

¹⁴⁹ *MTB* II, 3.

¹⁵⁰ *MTB* V, 38.

collections concern themselves not only with the onset and cure of mental distress, but the character of the individual and how this shapes how their communities view and ultimately treat them.

A State of Terror: Perceptions and Responses to the Mad

Madness was not a homogenous experience, even if the symptoms of certain cases remained similar. Communities reacted, therefore, to madness corresponding to each individual case, with responses ranging anywhere from fear and annoyance to extreme worry and care. While trends emerge around the response to madness, it is important to recognize the multiple factors that contributed to the ways communities perceived the mad and responded to their mad neighbors. The perception of mad individuals had much to do with preconceived ideas as to why they had gone mad as well as the level of disruption they inflicted on their communities. These factors allow for a picture of communities' understandings of madness to present itself, leaving us with a greater understanding of the nature of community involvement in the treatment of madness.

Gerard, the man poisoned by his stepmother, exhibited symptoms that shocked, and ultimately terrified, the monks who attempted to care for him in his state of madness. His alarming symptoms included physical outbursts, such as thrashing his arms and legs, and behavioral symptoms such as high pitched screeching, disturbed singing, and frequent laughter.¹⁵¹ These acts served not only to strike fear into the monks but took up much of their time and energy. Though they attended to him, he refused to eat and became even more ill due to extreme hunger.¹⁵² The person who recorded Gerard's story writes that "I do not remember

¹⁵¹ *MTB* VI, 3.

¹⁵² *MTB* VI, 3.

having seen anyone afflicted so gravely by a misfortune of this kind.”¹⁵³ He later goes on to say that Gerard had become “intolerable” (*intolerabilis*).¹⁵⁴ Nevertheless, the monks attempted to care for him. Gerard was not denied help, at least not initially, regardless of the fact that the monks were terrified of him. The monks' treatment of Gerard illustrates the compassion that medieval individuals could extend to even the most disruptive members of society. Though Gerard disturbed them, the monks came together to respond to him, illustrating that communities were not only capable of extending compassion and care to mad individuals even in disruptive states but that it was a collective action, in which members worked together to secure the best outcome.

Gerard and his disruptive presence are mirrored in other miracle stories. Gervada, the woman who was suspected of having sexual relations with multiple men, experienced similar symptoms. Though her community members saw the onset of her madness as incurred by God, they did not leave her to this fate. Her neighbors carried her to the shrine at Rocamadour where she bathed in “the fount of mercy.”¹⁵⁵ The Virgin Mary, who “took pity on her pitiable state,”¹⁵⁶ answered the prayers of the pilgrims and restored Gervada to her right mind. The fact that Gervada’s community members not only physically took her to the shrine at Rocamadour but that they prayed for her demonstrates a sense of compassion for the madwoman. Though Gervada was a sinner, and in their minds, somewhat deserved her punishment, they still came to her aide. This illuminates broader themes about the morality of medieval communities. Gervada’s neighbors simultaneously judged her as a sinner as well as actively participated in her cure and ultimate redemption. This illustrates a sort of moral rejuvenation in medieval life, one

¹⁵³ “Totaque sui habitudine suam adeo declarabat miserium ut hujusmodi incommodo gravius afflictum non meminim me ullum vidisse.” *MTB VI*, 3.

¹⁵⁴ *MTB VI*, 3.

¹⁵⁵ Bull, *The Miracles of Our Lady of Rocamadour*, 127.

¹⁵⁶ Bull, *The Miracles of Our Lady of Rocamadour*, 127.

in which someone was not bound to their moral station and, having repented, could be embraced back into the fold. Similar compassion is poignantly clear in Nicholas of Pontefract's story. When he first exhibits symptoms, his brothers respond with care. "What is it brother Nicholas? Look we are here. Your brothers are with you. Make the sign of the cross.' Even in their arms he did not cease to shout."¹⁵⁷ Though his brothers are met with the unknown that accompanies Nicholas's frightful and disruptive illness, they do not hesitate to comfort him. Mad individuals, like Gervada, were treated with concern as their community members feared not only for their lives on this plane but also for their eternal souls. Gervada's treatment, therefore, is a reflection of God's mercy on earth.

Demonic possessions often resulted in the same symptoms that madness did, and often the response to behavior deemed to result from demonic possession was approached in a similar manner to ordinary madness. A man named Robert was seized by a demon who, upon entering him, deprived him of the use of his tongue (*illud erat mutum...arreptus est a demonio*).¹⁵⁸ His neighbors, in an attempt to restrain him and simultaneously calm him, placed their hands on him while holy water was brought for him to drink. In another, a possessed woman who was experiencing agitation was guarded by her community members in order to preserve her safety as well as the safety of the community.¹⁵⁹ Though the writer of this story states that those guarding her began to feel fatigued as she had been exhausting them, they continued to keep watch over her (*multorum manibus custodum contrectari*).¹⁶⁰ The involvement of communities in physically guarding possessed individuals shows up multiple times,¹⁶¹ and though some of these stories lack detailed evidence on the involvement of others, through even these short chronicles, community

¹⁵⁷ "Quid est, frater Nicholae? Ecce vobiscum sumus, fratres tui. Imprime tibi signum crucis." *MTB* V, 8.

¹⁵⁸ *MTB*, III, 49.

¹⁵⁹ *MTB*, III, 52.

¹⁶⁰ *MTB*, III, 52

¹⁶¹ *MTB* III, 51; III, 52; III, 50.

involvement is evident. The inclusion of these details in passing exhibits the commonality of this occurrence. They are not delved into deeply due to the frequency of communities' responding in this manner when faced with demonic possession. In other words, this was not an extraordinary response, as demonstrated by the multiple occurrences throughout numerous stories as well as the blasé nature of the depiction of this response.

The devil or his agents could drive individuals mad without necessarily possessing them. The miracles of Thomas Becket recount the story of a young girl who, having been distraught over an undeserving punishment she received from her mother, contrives a plan to jump down a well. She does not create this plan on her own, however, as “the enemy of humankind transformed into the likeness of one of the female servants and was urging and pushing her on.”¹⁶² The devil convinced the girl to jump, though when she does, she shouts for God and the blessed Thomas to have mercy on her soul. Thomas hears her and places a plank of wood across the middle of the well, so the girl would not fall down 33 cubits to her death. Her mother, upon hearing the state her daughter was in, was overcome with fear and came as quickly as she could toward the girl. Her neighbors ran with her, and a certain youth named Ralph was able to descend the well and subsequently saved the young girl.¹⁶³ Though the girl was convinced by the devil to commit suicide, her attempt to do so was a very serious sin, and if she had been successful, she would not have attained salvation. Regardless, her neighbors did all they could to care for her and preserve her safety. This tale further supports the fluidity of the medieval response to madness and mental distress. Her neighbors did not automatically see her as a sinner, one that should be scorned for her attempt to take God's will into her own hands and end her life.

¹⁶² “Hinc instigabat et propellebat eam hostis humani generis.” *MTB* III, 3.

¹⁶³ *MTB* III, 3.

Instead, they do everything in their power to help her, and ultimately rescue her from the depths of the well.

In another case, Satan appears as a dog in the middle of a thunderstorm. He terrified two young men as they hauled peat to a nearby town. Between flashes of lightning and thunder, Satan arrived in the shape of a horrid black dog with wide-set and horrible eyes, and with his tongue hanging out of his mouth.¹⁶⁴ One of the oxen transporting the peat was immediately struck by lightning upon seeing the dog and reduced to ashes, while the other fell into a state of madness (*in amentiam*).¹⁶⁵ While one of the boys was able to get away, the other, named Geoffrey, is struck by lightning and is killed. His companion ran to the nearest town to share the news of his friend's death. Geoffrey's master, named Paganus, was so horrified by this story that he did everything in his power to provide a proper burial for Geoffrey. When those attending to his body sprinkled some "holy water of Saint Thomas" (*sancti martyris Thomae liquore*)¹⁶⁶ on Geoffrey's corpse, he reanimated, though when he returned to the living, he became mad. The concern that Paganus and others showed Geoffrey did not dissipate at the onset of his madness, however, and they continued to care for him. This care even extended into death as, throughout the story, his companions could have deserted his body at any time. Instead, they did everything in their power to ensure his body and soul were attended to.

Throughout *The Miracles of Thomas Becket*, there are examples of communities responding to their mad members with care and compassion, though this was not always the case. In many instances, mad individuals were confined in chains and either bound within churches or dragged to shrines. Gervada's community members chained her on her journey to

¹⁶⁴ "Obvenit canis qui delabi turbine videbatur, niger et hispidus, lingua ab ora projecta, spatiosis oculis et terribilis," *MTB* V, 38.

¹⁶⁵ *MTB* V, 38.

¹⁶⁶ *MTB* V, 38.

Rocamadour.¹⁶⁷ A knight named Osbern was treated similarly and was “thrown in chains” (*in vincula coniectur*).¹⁶⁸ Christina the Astonishing, though she was later venerated as a saint, was also confined in chains by her community members who saw her behavior as alarming. In another case, an unnamed mad woman is securely tied up and taken on a tour of shrines until she reached Rocamadour and was ultimately cured.¹⁶⁹ Though the individuals in these stories were not treated humanely by standards we would use today, their containment is still emblematic of community concern and care.

Communities did not always rush toward their mad neighbors with concern. In some cases, they were the cause of great nuisance. The Rocamadour collection includes a story about a frenzied cleric who lived within the vicinity of the church. According to the story, “he used to scream and rage, rage and scream.”¹⁷⁰ His chronicler describes him as being burdensome and intolerable.¹⁷¹ It is only due to his mother’s persistent prayers and attempts to have other pilgrims pray for the mental well-being of her son that he is cured. In another case, an excommunicate entered the church at Rocamadour and was punished for his disrespect with madness. The story records those at Rocamadour as finding him “unpleasant and terrifying.”¹⁷² Throughout the majority of these stories, mad individuals were met with some sort of care even if it was not always compassionate. There were a plethora of responses to madness, from concern to fear. This did not, however, affect the ultimate cures of mad individuals, as their community members still found ways to care for them.¹⁷³

¹⁶⁷ Bull, *The Miracles of Our Lady of Rocamadour*, 127.

¹⁶⁸ *MTB* VI, 87.

¹⁶⁹ Bull, *The Miracles of Our Lady of Rocamadour*, 119.

¹⁷⁰ Bull, *The Miracles of Our Lady of Rocamadour*, 147.

¹⁷¹ Bull, *The Miracles of Our Lady of Rocamadour*, 147.

¹⁷² Bull, *The Miracles of Our Lady of Rocamadour*, 104.

¹⁷³ There is only one case within those examined in this paper in which those punished with madness were left in their state without their communities attempting to help them. The men who were driven mad were cattle thieves and their madness was seen as divine punishment. They were left to their fates. While we might view this as

Driven From Our Midst: The Initial Expulsion of The Uncured Mad

Medieval communities, while extending care and treatment to mad individuals, also had to ensure the collective well-being of the community. When the mad proved to be too disruptive, dangerous, or alarming, communities could decide to expel them. This was not taken lightly, however, and when communities decided to eject a mad individual, it was not without hesitation. It is also important to note that in each story examined in this project where an individual was driven out of their community, those attending to them did try to cure them first. When these cures proved ineffective, communities had to weigh out whether caring for the mad person was causing more harm than good, including the morality of abandoning some of their most vulnerable members.

After Gerard's stepmother poisoned him and the monks who were charged with caring for him could find no remedy, he was cast out for the disturbance he caused. The author of his story writes, "He was driven out by us, for the reason that he was intolerable" (*Qui a nobis exturbatus, pro eo quod intolerabilis erat*),¹⁷⁴ after stating that he "did not remember having seen anyone afflicted so gravely by a misfortune of this kind" (*ut hujusmodi incommodo gravius afflictum non meminerim me ullum vidisse*).¹⁷⁵ The monks did all they could for Gerard, as they tried to calm him and persuade him to eat something; yet, he showed no improvement. As the author of his story states, he was a detrimental force within the community. While he displays sympathy with Gerard, he ultimately acknowledges the need for his removal. The choice to remove Gerard was made by the brothers together, demonstrating further the collective engagement that communities practiced when treating madness. As the care of Gerard was placed in the hands of the brothers

alarming, it is important to note that these men had committed a crime against a community as a whole. The community in the story, therefore, leaves them in their state so they can pay for their crimes against the community.

¹⁷⁴ *MTB VI, 3.*

¹⁷⁵ *MTB VI, 3.*

together, and it was the brothers whom he was disturbing, the decision came down to all of them.¹⁷⁶

Like Gerard, Nicholas and his night terrors proved to be incredibly disruptive and resistant to treatment. Though Nicholas confessed his sins fully to the prior, who suspected him of “writing protective marks” (*chracteres scribebat*) or “inspecting swords” (*gladios inspiciebat*),¹⁷⁷ his fantastical illusions continued. The brothers who endured this disruption every night eventually lost patience with Nicholas. They suggested to the prior that Nicholas “be separated into the guest house” (*in domum infirmorum dormiturus segregaretur*),¹⁷⁸ that is, removed from the dormitory. The prior was hesitant to do this, however, even though the brothers unanimously agreed that Nicholas should be separated. The prior feared that both the station of Nicholas’s birth, considering he was “well-born,”¹⁷⁹ and his young age would endanger him. Having compassion for the boy, he argues that, if Nicholas were ejected, “indeed he will be suffocated by the night activities of the drunken servants” (*revera inter obrorium somnolentias famulorum suffocabatur*).¹⁸⁰ Ultimately, the prior refused to risk the boy’s fate by separating Nicholas from the monastic community.

The expulsion of Gerard and the attempt to eject Nicholas provide insight into ideas around the greater good of communities. Though communities were willing to care for mad individuals almost regardless of the cause of their madness and, to a certain extent, their symptoms, when a mad person began to serve as too great a detriment to society, the needs of the community as a whole were put above the care of one ill individual. Nicholas’s case shows that there was an extent to which this remained true. Though Nicholas was ultimately just as

¹⁷⁶ *MTB* VI, 3.

¹⁷⁷ *MTB* V, 8.

¹⁷⁸ *MTB* V, 8.

¹⁷⁹ *MTB* V, 8.

¹⁸⁰ *MTB* V, 8.

disruptive as Gerard, the prior refused to expel him, placing the preservation of his life over the needs of the community.

After Gerard was expelled, he “imposed himself” (*ingessit nobis*)¹⁸¹ upon the monks once more. When the author of his story asked Gerard if he wished to drink the water of the Martyr Thomas, he replied that he did. The next morning Gerard appeared so changed that the monk barely recognized him and would not have known it was him save for his clothes. Gerard tells the monk that he was now well and that he slept the whole night through and felt nothing of his previous condition.¹⁸² Not only is Gerard restored to health, but he begins to speak languages that were previously unknown to him. Gerard's return to his community and his subsequent cure not only reflect the power of Saint Thomas, which is the principal aim of the collection, but also demonstrate that expulsion from communities due to madness did not have to be absolute. Gerard desired a cure and, for this reason, continued to come to the brothers. His willingness to be healed certainly impacted the decision for the brothers to take him in again, but even so, his treatment shows the ability of medieval communities to accept the mad back into their fold, even if they had been previously expelled.

Sano Surrexit: A Return to Sanity

The cure of an individual at a saint's shrine demonstrates the power of God through his saints. With each cure performed, the prestige of the saint and their shrine grew. Each miracle collection had this aim in mind, and the cures recorded within the texts illustrate this. The power of the saints to overcome sickness, diabolic intervention, and even death, resulted in communities placing their faith in the saints and their shrines. It is through these systems of community that the treatment and ultimate cures of individuals can be demonstrated. Though

¹⁸¹ *MTB* VI, 3.

¹⁸² *MTB* VI, 3.

each cure is specifically designed to highlight the healing power of the saint, many contribute to our understanding of medieval faith-based healings and community involvement and perceptions of these practices. Throughout each story in which a cure was present,¹⁸³ mad individuals are brought back through a variety of methods. These include the consumption of the holy water of Thomas Becket, which contained very small amounts of his blood collected at the scene of his murder; through relics that were found in people's homes, such as vials of holy water; and through the power of prayer, the performance of a vow, or the promise of an offering.

At the end of Nicholas's story, we find the brothers exasperated by his nightly outbursts and the prior at a loss for how to move forward. The treasurer, however, urged them to place their faith in the martyr "who does not abandon those who put their hope in him" (*Speremus in martyr Thoma, qui sperantes in se non destituit*).¹⁸⁴ In a final effort to save the boy, they secretly sew a piece of Saint Thomas's clothing into Nicholas's cloak. From that night on and for all nights after, Nicholas slept in peace.¹⁸⁵ Though there is no information about the reception of Nicholas back into his community nor the brothers' reactions to his cure, the collaborative nature of his cure is of interest. Throughout the entirety of Nicholas's story, his community members worked together in an attempt to help him. Though the majority of the brothers voted to expel him and the decision was then ignored by the prior, it was still not solely up to the prior to cure Nicholas but this responsibility was also placed into the hands of the treasurer and the monk who performed prayers over his sleeping brothers. The collective nature of Nicholas's care, even when it was reduced to just three men, illustrates that madness was something experienced not just by one member, but by all individuals within a community and that it was seldom only up to one to resolve issues around madness.

¹⁸³ Book III, 48 in the Rocamadour collection is the only story examined where a cure is not sought.

¹⁸⁴ *MTB* V, 8.

¹⁸⁵ *MTB* V, 8.

Geoffrey, the boy struck by lightning, killed, revived, and then reduced to madness was similarly attended to. Throughout his journey through multiple states of illness and death, Geoffrey was cared for by his community members. Paganus, his employer, worked to ensure he received a proper burial and when Geoffrey was restored to life but vexed by madness, Paganus had great compassion for him and continued to facilitate his cure. He asked for holy water that the cloak of Saint Thomas had been soaked in, to be brought to Geoffrey. It was given as “the sacrament to the madman and immediately he was brought back to his right mind.”¹⁸⁶ The persistence of Paganus shows the ties that community members had with each other. Presented with Geoffrey’s death and then serious illness, Paganus continued to ensure the well-being of his servant.

While the most common cures are the result of relics or holy water coming into contact with a mad individual, this did not have to be the case. In some stories, the mad could be healed through the power of prayer alone. This occurred most frequently when one was physically separated from a shrine or had little access to relics. Even at shrines, however, the power of prayer could be powerful enough to cure someone of their ailments. This is demonstrated through the story of the frenzied cleric who is cured after his mother begs her fellow pilgrims to pray on his behalf.¹⁸⁷ The mother’s work demonstrates the mutability of communities. They could be fashioned and refashioned and were not determined by where one originated from. Instead, medieval individuals could find makeshift communities who could provide them aid, such as the pilgrims in this cleric’s story. The healing power of prayer is most poignantly evident in the story of the young girl who was convinced by the devil to jump down a well. The townspeople rushed to the girl who was then standing on the plank of wood that prevented her

¹⁸⁶ *MTB* V, 38.

¹⁸⁷ Bull, *The Miracles of Our Lady of Rocamadour*, 147.

death. Yet no one could reach her. They prayed to the martyr Thomas and their prayers were answered as a nimble youth named Ralph descended into the well, tied a rope around the girl, connecting her to him, and was then pulled out of the well. At each stage of this young girl's rescue, her community members were engaged. The servant who first witnessed her jump, after trying in vain to save her himself, retrieved the girl's mother. The mother then alerted the parish priest and after this, more and more of her neighbors came to the scene. It was through their collective efforts and worries that the martyr Thomas saved the young girl. It is also worth noting that, when the young girl jumped, she herself cried out for mercy. This demonstrates a willingness to be cured. Though she had gone down a dangerous and sinful path, even if it was not completely of her own choosing, her recognition of the power of Saint Thomas, at her darkest moment, influenced her rescue.¹⁸⁸ This is similar to the return of Gerard to the monks who had tried and were unsuccessful in healing him, and subsequently expelled him. His desire to be cured was the reason the monks embraced him again. So, too, did the young girl wish for mercy and forgiveness and was, therefore, embraced not only by Saint Thomas but by her community as well.

The cures of mad individuals indicate the power of the medieval church and medieval communities to welcome members back into the fold. Individuals who experienced madness and harmed the community, such as Nicholas and Gerard; who harmed themselves, such as the young girl who attempted suicide; or had incurred their madness on themselves, such as the fornicator Gervada, were embraced back into their communities once they no longer posed a threat. This, yet again, demonstrates the flexibility and social mobility within medieval societies. Though a person started out committing serious sins, such as Gervada, they were not necessarily barred from social redemption. This is true throughout the stories examined here, whether the person

¹⁸⁸ *MTB* III, 3.

was a nuisance or a serious threat. This could be true even when an individual committed a religious crime. When an excommunicate entered the church of Rocamadour, uttered blasphemies, and acted shamefully, the Virgin Mary punished him with madness. To cure him, the community at Rocamadour agreed that he must travel back to his parish priest and make amends; only then would the Virgin Mary release him of his punishment.¹⁸⁹ After the excommunicate had done so, “the demented man became well.”¹⁹⁰ This story is interesting as it is not only exemplary of the care that communities extended to mad individuals but the reparations that individuals had to perform to absolve themselves of the harm they had caused to their communities. The excommunicate had to be healed by his parish priest, as it was him whom he offended, leading to the conclusion that the mad were not automatically absolved of the harm they had caused, even if their communities had supported their treatment throughout the course of their madness.

Miracle collections stressed the importance of religious forms of community. Throughout individual stories, miracle collections note the power of the saints as doctors, stating that it is only devout doctors whom communities should trust with the care of the infirm among them. In the miracles of Thomas Becket, the healing power of the saint is stressed. In a story about a boy on the brink of death, Saint Thomas is called “a most pious and devout doctor.”¹⁹¹ In the story about Alice, the woman who experienced alienation from her mind due to the pain of childbirth, Saint Thomas is referred to again as the “heavenly doctor” (*divini muneris*).¹⁹² Again, though not directly disregarding the power of secular doctors, the emphasis of Thomas as the supreme and devout healer emphasizes his power, encouraging those who are ill to turn to their religious

¹⁸⁹ Bull, *The Miracles of Our Lady of Rocamadour*, 104.

¹⁹⁰ Bull, *The Miracles of Our Lady of Rocamadour*, 104.

¹⁹¹ *MTB* IV, 4.

¹⁹² *MTB* VI, 113.

communities and seek out divine cures in preference to searching for cures rooted in secular knowledge.

A State of Peace and Praise: The Responses of the Healed Mad

When miracle collections include the response of the cured to their miraculous recovery, they are often filled with a sense of tranquility that they attribute to the grace of the saint who cured them. Many offered thanks in the form of promises of offerings or pilgrimage if they were not present at the shrine, while others left the shrines where they were cured with praise for God and his saints. These reactions illuminate questions about the state of mind of the cured. Were they aware of the help they had received from their communities? Did they leave with greater bonds to those around them? How did those cured respond to their cures, and to whom did they give thanks? The reactions of those who had been saved from their madness can inform us how the recently mad reflected on their communities' care for them as well as provide insight into their own religious interpretations of their cures.

After Gerard returned to the brothers who had previously expelled him and drank the water of Saint Thomas,¹⁹³ his behavior changed almost immediately. Even after he had returned to his right mind, miraculous events continued to occur. He began to speak German and French, two languages he was unable to understand or speak at the outset of his story. Beyond this, he demonstrated a sense of calm and “acted wisely in all things” (*prudenter agere in omnibus coepit*).¹⁹⁴ Gerard was so overcome with gratitude that “he swore and stated that he would not repatriate himself (for he was from Liège) until he had journeyed to Thomas.”¹⁹⁵ Gerard's gratitude, not only to those who had immediately cared for him but to Saint Thomas who made his cure possible, illustrates the need for cured individuals to provide a return for the

¹⁹³ *MTB* VI, 3.

¹⁹⁴ *MTB* VI, 3.

¹⁹⁵ *MTB* VI, 3.

communities who had helped them. By performing a pilgrimage to Saint Thomas' shrine, Gerard recognized the power that it took to cure him and felt he had a sense of duty to those that made his cure possible. The author of his story also writes that Gerard did this in an attempt to prevent his madness from returning.¹⁹⁶ This signifies a recognition of the recurrent nature of symptoms and uses religious actions as treatment, something that had to be performed and practiced in order to remain well.

Similarly to Gerard, the excommunicate who entered the church at Rocamadour "extolled the glorious Virgin with wonderful praises."¹⁹⁷ The now redeemed excommunicate delivered an annual payment to the church of Rocamadour to give thanks to the kindness of the Virgin Mary who had saved him from madness and eternal damnation. The young girl who jumped down the well offers a similar payment to Saint Thomas when she says, "Prepare a measure of my body vowing as I am to the blessed Thomas" (*'Praeparate mensuram corporis mei, voventes beato Thomae.'*)¹⁹⁸ Her repayment in wax to Thomas recognizes him as her protector in this situation. It is interesting to note that the preparation of this payment is also a community affair, as they are all giving thanks for the restoration of the young girl.¹⁹⁹

Another possessed man, when cured, woke up completely devoid of memories of his madness but asked those who were restraining him, "why are you holding me?" (*Quid me tenetis?*).²⁰⁰ His community members let him go but, when the man sins again, his madness returns.²⁰¹ Unlike the young girl, the excommunicate, and many others who appear within miracle collections, this man does not give thanks and repair his relationships with the divine or his community. As he does not give thanks, nor recognize the harm he might have caused, his

¹⁹⁶ *MTB* VI, 3.

¹⁹⁷ Bull, *The Miracles of Our Lady of Rocamadour*, 104.

¹⁹⁸ *MTB* III, 3.

¹⁹⁹ *MTB* III, 3.

²⁰⁰ *MTB* III, 49.

²⁰¹ *MTB* III, 49.

symptoms reoccur, serving as an example of the need to recognize community and religious involvement in the aid of mad individuals.

Community involvement in the care and treatment of mad individuals is present in every aspect of the Rocamadour and Thomas Becket miracle collections, from the way communities understood the onset of madness, to how they treated and responded to mad individuals, and lastly how mad individuals responded to them. The collective nature of care demonstrates the interconnectedness of medieval life, even with something so intimate and complex as mental distress and madness. As seen throughout the examination of miracle stories in this paper, communities did not shy away from the mad. When they were forced to expel them, it was a collective decision and was not taken lightly. Even when mad individuals were driven out, medieval communities did not bar their reentrance regardless of the cause of their madness. The willingness of the mad individual to be cured aided in their ultimate restoration and led to an appreciation of their community members and the care that they received. They often recognized their cures as conditional, something that could, and would, return if proper thanks were not given to both communities and the divine. The medieval approach to madness recognized the multiplexity of mental distress as an experience and worked to adapt and care for those suffering from it.

In Conclusion

Medieval communities' responses to madness and those experiencing it demonstrate the organization of medieval society. Though communal responses to madness ranged from fear, confusion, sympathy, and sometimes disgust, members of medieval society nevertheless used ties of kinship to embrace and care for the mentally ill. The evaluation of mad individuals, whose stories have seldom come to the surface, reveals the fabric of medieval life. The vulnerable position of mentally ill individuals within their communities shows the ability of medieval society to incorporate diversity.

As demonstrated in Pfau's work *Medieval Communities and the Mad: Narratives of Crime and Mental Illness in Late Medieval France*, madness was an important narrative tool in demonstrating the power of saints and kings. While the documents Pfau examined underscored the power of the French king, *The Miracle Collection of Thomas Becket* and *The Miracles of Our Lady of Rocamadour* demonstrate the divine power of Saint Thomas and the Virgin Mary. The saints cured the mad, even if the mad brought about their own fate, and medieval communities mirrored this care. These collections provided routes in which medieval individuals should behave, as the examples present in the works demonstrate the need to care for those experiencing mental distress, regardless of how uncomfortable that act might be. Medieval individuals took the care of the mentally ill into their own hands, from a mad person's initial assessment to their cure.

Though the texts that this paper utilized are religious and, therefore, present a picture of the medieval perception of madness in a religious model, we must remember that this is not the only model that medieval people used to understand madness. Works such as Pfau's demonstrate the need to utilize texts outside the religious realm while Metzler's texts show that even when

religious frameworks are used, they do not present a homogeneous picture of how medieval communities understood and treated mental illnesses and cognitive disabilities.

This paper has attempted to situate a vulnerable identity within the context of its community. The response to communal madness cannot be underscored in the conversation about medieval madness and medieval communities as a whole. In understanding the dynamics of medieval communities, we are able to elucidate what life might have looked like for those who often have been ignored or marginalized in medieval historiography. Miracle collections are important in doing so as they allow historians, particularly social historians, wide-ranging examples of how medieval individuals outside the realm of power and prestige lived their lives, what concerned them, and how they worked with one another.

Similar to Pfau's work, this work has illustrated the communal reaction to madness. Unlike Pfau, however, this analysis has illustrated the intersections between popular religion and understandings of mental disorders. This study adds to existing discourses on medieval madness while stressing the need to both utilize texts that demonstrate the impact of madness on communities and those they are comprised of and how popular religious beliefs shape communities' responses to madness.

The vast majority of mentally ill individuals that this work examined were cared for with great concern. Medieval communities undertook long pilgrimages to find help for their ill friends and family, no doubt to the detriment of their finances. While responses to madness varied, medieval communities did not lightly cast the mad out of their midst and expressed great concern for their well-being. Thus, we must conclude that madness was a force that communities organized around, demonstrating the interwoven nature of medieval life, its adaptability, and its ability to care for those that belonged within the fold.

Bibliography

Primary Sources

Bull, Marcus Graham. *The Miracles of Our Lady of Rocamadour: Analysis and Translation*. Woodbridge, Suffolk: Boydell Press, 1999.

Materials for the History of Thomas Becket: Archbishop of Canterbury (canonized by Pope Alexander III., A. D. 1173). ed. by James Craigie Roberts, London: Longman, 1965.

Secondary Sources

Blumenfeld-Kosinski, Renate. *The Strange Case of Ermine de Reims: A Medieval Woman Between Demons and Saints*. Philadelphia: University of Pennsylvania Press, 2015.

Caciola, Nancy. *Discerning Spirits: Divine and Demonic Possession in the Middle Ages*. Ithaca: Cornell University Press, 2006.

Craig, Leigh Ann. "The History of Madness and Mental Illness in the Middle Ages: Directions and Questions." *History Compass* 12, no. 9 (2014): 729–44.
<https://doi.org/10.1111/hic3.12187>.

Espí Forcén, Carlos, and Fernando Espí Forcén. "Demonic Possessions and Mental Illness: Discussion of Selected Cases in Late Medieval Hagiographical Literature." *Early Science in Medicine* 19, no. 3 (2014): 258–79. <https://doi.org/10.1163/15733823-00193p03>.

Finucane, Ronald C. *Miracles and Pilgrims: Popular Beliefs in Medieval England*. Basingstoke: Macmillan, 1995.

Kemp, Simon. "Mental Disorder and Mysticism in the Late Medieval World." *History of Psychology* 22, no. 2 (2019): 149–62. <https://doi.org/10.1037/hop0000121>.

Laughlin, Rebecca, Cameron Hunt McNabb, Eliza Buhner, Anne Galanaud, Danielle Allor, M.W Bychowski, Pierre Galanaud, et al. *Medieval Disability Sourcebook*. Brooklyn, NY: Punctum Books, 2020.

Metzler, Irina. *Fools and Idiots?: Intellectual Disability in the Middle Ages*. Manchester: Manchester University Press, 2018.

Pfau, Aleksandra Nicole. *Medieval Communities and the Mad: Narratives of Crime and Mental Illness in Late Medieval France*. Amsterdam: Amsterdam University Press, 2021.

Sumption, Jonathan. *The Age of Pilgrimage: The Medieval Journey to God*. Mahwah, NJ: HiddenSpring, 2010.

Vincent, Nicholas. "William of Canterbury and Benedict of Peterborough : The Manuscripts, Date and Context of the Becket Miracle Collections." In *Hagiographie, idéologie et politique au Moyen Âge en Occident*, ed. by Edina Bozóky, 347-387 (Turnhout: Brepols, 2012) <https://doi.org/10.1484/m.hag-eb.1.101043>.