The Animated Pain of the Body

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Among all her other illnesses, the first was a great and continuous headache: because of this it often seemed to her that the back of her head boiled like a pot placed on the fire: and because of her great anguish, it looked to her as though her eyes, full of fire, were about to pop out of her head; and that she could not retain even one of her senses, were it not for the grace of God helping her supernaturally. The second illness oppressed her terribly in the ribs, so that it was impossible for her to describe either in word or in writing, much less for anyone else to understand. Another illness affected her several times with a great pain in her heart, so that it seemed to her that her heart was being squeezed, as an apple is squeezed by hand to express the juice . . . and in this great pain she often remained for the space of four or five hours, and during her anguish she cried out loudly, so that it seemed her life was about to end. Because of those terrible pains, she was weakened.1

SISTER ALEYDIS, IN FIFTEENTH-CENTURY GENT, was eventually cured of her illness and her pains by St. Colette of Corbie (d. 1447). Aleydis herself did not write of her pains; they were related by another sister of the convent of St. Peter, as part of the miraculous cures performed by the saint. That the tale should have been told in extravagantly expressive language and that it should not have been told by the sufferer are both significant and typical of the time and place. The flowery, obsessive description of pain is characteristic of late medieval religious writing in the Low Countries. The sufferer’s own silence is typical of a larger phenomenon. Before the days of Erasmus and Montaigne, very few people wrote of their own physical pain. Pope Gregory the Great (d. 604) might excuse himself for a belated answer to a letter by pleading ill health, but other than such perfunctory and peripheral statements, very few medieval authors have left evidence of their own physical distress.

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1 “Inter alios autem morbus, primus erat magnus et continuus dolor capitis; propter quem visum est ei frequenter, quod cervix sui capitatis bulliebat ad modum potti igni suppositi; et ex magna angustia ei videbatur, quod oculi exierant e capite, repleti igne; et quod non posset unum sensuum retinere, nisi gratia Dei supernaturaliter auxiliente. Secundus morbus eam coactabat terribiliter in costis, ut ei esset impossible verbo vel scripto enarrare, ut posset ab aliquo ad plenum intelligi. Alius vero morbus eam detinebat aliquoties cum tam grandi dolore in corde suo, quod ei videbatur cor ita comprimi, sicut pomum inter manus comprimitur, ut succus exprimatur . . . Et in isto tam gravi dolore saepe manebat per spatium quatuor aut quinque horarum, et illa durante angustia alte adeo clamabat, ut videretur vitam debere finire. Una autem vice propter nimios dolores facta est debilis.” Miracula Sanctae Colettae, in Acta Sanctorum quotquot toto orbe coluntur (hereafter, AASS), 62 vols. (Brussels, 1863–1925), March 1: 593.
physical sensations.\textsuperscript{2} Even the rare autobiographies we possess dwell far more on mental than on physical anguish.\textsuperscript{3}

The aim of this article is to examine expressions of pain prior to the early modern fashion of verbal articulation. As historians cannot view actual behavior, we are forced to rely on descriptions, which probably depict normative rather than actual behavior. These norms, I would argue, are related to a theoretical matrix of abstract considerations of feelings, especially pain. As both anthropologists and neurologists agree, certain uninhibited expressions of pain and grief are both universal and virtually indistinguishable. Weeping and its facial gestures, the turned-down mouth, the drawn brows, the cry, are common to all humans.\textsuperscript{4} What is neither spontaneous nor uninhibited is the culturally conditioned expression such as specific gestures or immobility, types of vocalization and speech, and behavior patterns. Anthropologists of the body have consistently noted the difference in pain reactions of various ethnic groups. The distinction was not, they claim, in a different pain threshold but in societal norms: “the response to pain in different ethnic groups varies because of

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different values associated with the expression of responses to painful stimuli.”

In many cases, an overt expression of pain might invite care and help, which would not be otherwise forthcoming; in such situations, there is indeed a premium placed on overt pain expressions. Furthermore, within each context, there are different prescriptive codes for different hierarchical positions of the sufferer. In Western society, expressions of pain are more acceptable in children than in adults, among women than men, and among lower classes than those who consider themselves elite. And even within those groups, different pain situations indicate different types of behavior. Late Antique women giving birth were allowed to vent their feelings loudly, but when facing martyrdom were expected to display serenity and control. Similarly, the same modern youth who must not cry out when hurt in a playing field is allowed to display both fear and pain in the dentist’s chair.

It has been a commonplace in the history of Western culture to equate heightened pain sensitivity with a higher degree of development. The assumption was simply that the “cruder” the creature, the less likely it was to feel intensely—or at all—sensations of physical distress. These lesser creatures could come from various types of alterity: European men and women of past ages, non-white races (especially blacks), criminals, and animals. But the attribution of insensitivity to the “primitive” had nothing to do with the permitted degree of expressivity. To the contrary, the more “highly developed” beings, who felt pain more keenly, were judged also by their ability to master pain and express it in a socially acceptable manner. Those lower on the hierarchical scale were assumed to be more likely to exhibit a lack of control in the face of pain. The combination of sensitivity and restraint, therefore, is the hallmark of civilization.

When Mark Zborowski studied pain and its expression in modern American society, his conclusion—since then hotly debated—was that different ethnic groups even within one society had different norms for expressing pain. The difference, however, lay not in the type of language or gestures used but in the level of intensity employed to denote pain. The scale ran from stoicism to vociferousness. What was lacking in the description was a vocabulary to denote not only gradations but also

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6 This belief was best articulated by the martyr Felicitas, who gave birth in jail prior to her execution. The labor was extremely painful, and the future martyr displayed no ability whatsoever to tolerate or control her suffering. However, “what I am suffering [dolo] now,” she told the guard who warned her that childbirth was easy compared to the ordeal facing her as yet, “I suffer by myself. But then another will be inside me who will suffer for me, just as I shall be suffering [passura sum] for him.” The Acts of the Christian Martyrs, Herbert Musurillo, ed. and trans. (Oxford, 1972), 123–25.


varieties of pain. For that, anthropologists of pain relied on questionnaires charting an entire typology of pain: burning, stabbing, throbbing, and so on.\(^9\) The questionnaires, meant to provide patients with a vocabulary of pain, do not address the type of reaction the sensation provoked in the patient: did it cause the sufferer to jump, scream, contort his features, or cry?

Like anthropologists, the few historians dealing with the history of pain have concentrated on management of sensation rather than expression.\(^10\) In this sense, the study of physical pain differs from the study of grief.\(^11\) In the latter case, historians and anthropologists have not been content to investigate only the suppression or venting of grief but have examined also the manner of expression. In the case of physical pain, almost all the research has concentrated on the problem of suppression rather than expressive modes. The classic questions of journalism are pertinent here, too. Not only Who, Where, When, and Why did people cry out, but also How? When and how did people bear pain uncomplainingly, under what circumstances did they feel it was permissible to cry out, and in what voice or gestures did they vent their feelings? The very existence of pain expressions and their forms is culturally conditioned, and must be examined within the given historical context.

There are good reasons for historians' avoidance of physical pain expressions. While the sources are rife with descriptions of rage, fear, grief, and other emotions abundantly expressed in body language, few literary sources have left us descriptions such as that of Aleydis. Silence in itself is significant, but the historian wishing to investigate the manner in which people in the past conveyed their physical pain is reduced to analyzing descriptions of expressions, almost invariably given at one remove from the source. Furthermore, one must beware of equating expression with sensations, all the more so since those norms usually belong to the observer, not necessarily the sufferer. Times in which extravagant expressions are acceptable, even praiseworthy, are likely to be seen as periods of greater distress or joy. One speaks of "baroque sensitivity" as though the artistic and literary conventions of the period were true yardsticks of sensation, not of expressive norms. Conversely, groups and eras prohibiting the untrammeled exhibition of pain are likely to be labeled not as stoic but as insensitive. But since we can only see the external expressions, we can study them to double effect. In the first place, they will indicate the norms governing behavior in any given society. Secondly, those same norms will indicate how that given society regards pain. Societies that prize strength and equate the sensation of pain or grief with weakness are most apt to insist on its suppression, while groups accepting pain and grief as normal would not try to do so.\(^12\) The study of pain thus does not belong only in the realm of the history of physiology but also in the history of human behavior.\(^13\)

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\(^12\) See above, n. 5.

Physical pain is a highly charged subject in human relations. On the one hand, the naked sensation is a subjective and intransmissible experience. To describe it, sufferers must resort to similes and metaphors, which vary from period to period, in the attempt to convey, however partially, their experience. “It is as though,” most descriptions begin. On the other hand, the need to share the unsharable, and as vividly as possible, belongs not only to the sufferers—hoping for relief or empathy—but primarily to society as a whole. Individual intransmissible experiences, if unique and felt by only a select few (such as mystical illumination), can be tolerated, albeit with a certain amount of suspicion. Physical pain, however, is felt by all humanity: felt but not shared. While almost no one (other than those few with neurological impairments) is free from pain, it isolates each one of us within his or her own sensations. Unless it is tamed, socialized, provided with a vocabulary of expressive gestures, and made intelligible in verbal terms, it can be a dangerous tear in the fabric of any society. This is perhaps why many human societies have prized stoicism and control of all pain expressions. The suppression of pain expression became a fundamental behavioral norm for these societies. Other human groups, however, have chosen another alternative: to create a vocabulary of acceptable pain expressions, while forbidding others. Since no verbal expression can fully communicate the physical experience, body language plays an important role in this vocabulary.

The historian possesses a double vision of body language in the past. On the one hand, there is the description of actual behavior, present in those sources that make no attempt to structure the actions of sufferers but merely tell of them. Accounts of illness and cure, for example, might consider pain a corollary to the main narrative, and thus not sufficiently important to construct stereotypes for. On the other hand, there are those sources that will employ or create a specific set of symbolic gestures in order to connote and convey physical pain: theater instructions, art, and poetry. Whether those gestures are congruent with the behavioral norms of expression acceptable within the specific society in which they are prescribed remains to be verified.

Finally, a physical vocabulary of expressive gestures does not emerge in a conceptual vacuum. It is born in the framework of perceptions of pain, its location and function. While the theoretical, learned discourse on the subject very probably did not permeate all strata of society, it is possible to chart certain links. For example, in a period when most theater consists of religious drama, theological theories of pain would be bound to influence public enactments. People absorbing the behavioral norms seen in plays might well let nature imitate art, deliberately copying the same gestures. But would they do so under the stress of physical pain? It will therefore be necessary to investigate the relationship between theory, behavioral prescription, and actual practice.

The history of expressive behavior in the West has yet to be charted. Thus far, a
few turning points have been noted. Judith Perkins and Brent Shaw have already outlined the appearance, in Late Antiquity, of martyrdom’s revolutionary ideal, which exalted passive tolerance of pain as a “virile” virtue.¹⁶ Historians of art and culture have long noted the increased intensity of late medieval religious expressivity, beginning with the thirteenth century.¹⁷ Finally, Norbert Elias has posited a growing restraint in Europe’s upper classes between the fifteenth and the eighteenth centuries.¹⁸ Each of these turning points is largely based on a certain type of source material: martyrdom accounts, artistic expression, or handbooks of behavior. While this selectivity in no way invalidates the conclusions, it does leave room for further exploration, especially of the relationships between theories, prescription, and behavior.

In the following, I shall examine those three factors and their interrelationships within the specific cultural context of late medieval Western Europe (the thirteenth to fifteenth centuries). As noted above, expressivity and emotional religiosity have long been known to characterize these centuries. It is therefore a period in which one might also expect a greater variety of physical pain expressions. It is also a period of a considerable corpus of theoretical writings in disciplines concerned with pain, notably law and medicine. The theories informing those expressions, therefore, could stem from the entire body of scholastic writing in several disciplines. A juxtaposition of scholastic writing, whose traditions go back to Antiquity, with prescriptions and descriptions of people in pain can illuminate certain behavioral patterns and their intellectual matrix.

Ever since the appearance of Caroline Walker Bynum’s path-breaking Holy Feast and Holy Fast: The Religious Significance of Food to Medieval Women (1987), the role of the human body in late medieval practical religiosity has attracted the attention of scholars. One of Bynum’s most important insights was that late medieval women mystics used their bodies, rather than rejecting or transcending them, in the search for spiritual experience. While this perception has had a tremendous influence on subsequent research, several of its interpreters have chosen to re-divorce the body from the soul. One writes, unwrites, deconstructs, genders, or conceptualizes the body as though it were an inanimate object, separate from the rest of the human experience and identity. While I agree with recent research on the body that all its perceptions are cultural constructs, I maintain that one ought to place the research within the cultural constructs of the period under consideration, not our own. Much of this research refers not to the physical body but to its modern construct, which includes the senses. We tend to associate “physical” sensations such as pain, pleasure, heat, or cold with the body rather than the soul. But did late medieval opinions agree? Were sensations indeed part of the

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¹⁷ Of the best-known classics, see Johan Huizinga, Herfsttij der Middeleeuwen, Verzamelde Werken 3 (Haarlem, 1949); Emile Mâle, L’art religieux de la fin du moyen âge en France (Paris, 1925).

body? If not, much of the research about the body will be forced to reevaluate its stance and connect body and soul once more.19

All major late medieval discourses on pain—in theology, medicine, and law—viewed "physical" pain as a function of the soul.20 What exactly was meant by the term "soul" differed according to the intellectual tradition and context of the writer, but, in all cases, the sensation of pain was not a matter of the body alone. This view was to have a major impact on theories and prescriptive modes of pain expression. Theological discussions of pain revolved around three Christian themes: Hell, martyrdom, and the Crucifixion. Clearly, the damned in Hell were souls, and yet their sufferings were for the most part physical. The doctrine of retribution in the afterlife tied three elements together: pain, soul, and life. Without life, there is no pain, said Augustine of Hippo (d. 430), for dead bodies do not suffer. Souls, being eternal, go on suffering. This opinion, however, posed a number of difficulties. In the first place, Augustine was aware that severe pain could bring death. If pain could lead to death, why was it so ineluctably tied to life? Secondly, he was faced with the commonly held identification of sensory pain with the body, and with the inescapable fact that all sensations, pain included, originated with the body.

But if we were to examine the matter more closely, what is said to be the body's pain belongs rather to the soul. For pain belongs to the soul, not to the body, even when the cause of its pain is derived from the body, when the soul's pain is felt in a place where the body is hurt. Just as we speak of sentient bodies and living bodies, though the body has sensation and life only through the presence of the soul, so also we speak of bodies in pain though the body can have pain only from the soul. Thus the soul feels pain with the body in the place where there happens to be a cause of pain. It also suffers alone, though it be dwelling in the body, when it is sad from some cause that may even be invisible, while the body is unharmed. It also suffers when it is not situated in the body.21

Concerning the problematic connection of pain and death, Augustine pointed out that if salamanders could live in fire without being consumed, so could souls in Hell, suffering as they did. In fact, he found the continued existence of souls within the corporeal fire of Hell far less of a wonder than the existence of worms living only in boiling water, or salamanders in fire. The human soul perceives physical images even when only the idea exists (such as the vision of mountains in a dream). By the same token, the human soul has a concept of the body (similitudo corporis), and this is what suffers in Hell. Even devils, who lack a body, suffer in Hell.22 Several times,

19 See below, n. 93; for the body as a cultural construct, see The Body in Parts: Fantasies of Corporeality in Early Modern Europe, David Hillman and Carla Mazzio, eds. (New York, 1997).
20 This theory was prevalent until the seventeenth century. See Richard Toellner, "Die Umbewertung des Schmerzes in 17. Jahrhundert in ihren Voraussetzungen und Folgen," Medizinhistorisches Journal 6 (1971): 36-44; Morris, Culture of Pain, 152-73.
21 "Si autem consideremus diligentius, dolor, qui dicitur corporis, magis ad animam pertinet. Animae est enim dolere, non corporis, etiam quando ei dolendi causa existit a corpore, cum in eo loco dolet, ubi laeditur corpus. Sicut ergo dicimus corpora sentientia et corpora uiuientia, cum ab anima sit corpori sensus et uitae: ita corpora dicimus et doletia, cum dolor corpori nisi ab anima esse non possit. Dolet itaque anima cum corpore in eo loco eius, ubi aliquid contingit ut doleat; dolet et sola, quamuis sit in corpore, cum aliqua causa etiam inuisibili tristis est ipsa corpore incolumi; dolet etiam non in corpore constituta." De civitate Dei, Bk. 21, chap. 3, Bernard Dombart and Alphonse Kalb, eds., Corpus Christianorum Series Latina, vols. 47-48 (Turnhout, 1955), 2: 760; English trans. by William M. Green, Loeb Classical Library (London, 1972), 11.
22 De genesi ad litteram lib. xii, Bk. 12, Joseph Zycha, ed., Corpus Scriptorum Ecclesiasticorum
Augustine was faced with descriptions of pain resident in the body, and as a rule he dismissed those as a trick of speech, a manner in which people wrongly described pain. After the Last Judgment, he said, the damned will also be restored to their body and suffer in it; then bodies will burn, and souls will be gnawed by the worm of regret. Paradoxically, the reunification of body and soul, achieved by reincarnation, will thus separate the sensory nexus that tied them together. Sensory pain will become fully physical, and emotional pain will reside purely in the soul.

Augustine’s theory of pain would be known, cited, and reaffirmed for centuries to come. Pope Gregory the Great repeated it, and scholastics took it up from the very beginning of their movement: Aelred of Rievaulx (d. 1167), Peter Abelard (d. 1142), and Peter Lombard (d. 1160) in the twelfth century, and Thomas Aquinas (d. 1274) in the thirteenth. Aelred pointed out that people suffer in their sleep to show that the soul, not the body, suffered. Peter Lombard’s statement to this effect is the strongest: “The son of God accepted the passible human nature; a passible soul, a passible and mortal flesh . . . the soul also feels evil, which it would not sense without the body, through it . . . Therefore the soul feels pains, some of them through the instrumentality of the body, some not.” The role of the body was thus not summarily dismissed. It was the instrument, the gateway through which pain reached the soul.

In placing pain within the soul, Augustine and his followers were giving a Neo-Platonist twist to the accepted Aristotelian view. While Platonic theory had placed the senses within the province of the body, Aristotle categorized both pain and pleasure within the tactile sense, and hence as part of the soul’s perception, which interacts with the body. The Aristotelian soul was thus very different from the Platonic and Christian one. Aristotle’s distinction between the soul (anima) and the spirit (spiritus) allowed for a subtlety of placement of all senses in a realm that was neither purely spiritual nor purely corporeal. Placing pain within the senses and the soul did not make for a dichotomy. For patristic and early medieval theologians, however, the human being was dichotomous, consisting only of body and soul. The

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25 “Dei filius naturam hominis acceptis passibilem; animam passibilem, carnem passibilem et mortalem . . . anima . . . etiam per corpus quaedam sentit mala, quae sine corpore non sentiret . . . Sentitigitur anima dolores, sed quosdam per instrumentum corporis, quosdam vero non.” Sententiae, 2: 93.

soul included spiritual and sensory matters alike, and pain became grounded in this new type of soul. The dichotomous distinction was to remain dominant in the West, and was destined to have a momentous effect. The placement of sensory pain within the Christian soul, and thus within a theological framework of salvation and damnation, made it transcendentally meaningful in a fashion the Aristotelian tradition never could. The emotional and spiritual basis of pain was too significant for neutrality. Even in the thirteenth century, when the Aristotelian theory reemerged in the writings of Thomas Aquinas and the more encyclopedic Vincent of Beauvais (d. 1264), it merged with the Augustinian tradition, and never did cancel it out.27

The Augustinian interpretation formed an ideal ground for a new theory of pain, connecting various functions of the human soul. The soul's role went beyond sensory perception alone. Several thinkers considered the role of awareness and predisposition to be central in causing fear of pain. One does not fear fire and flame, insisted Hugh of St. Victor (d. 1141), one fears the pain they cause: "the force of pain is established not in the torment but in the feeling of the sufferer... So why do you fear fire and flame unless because you fear to be burned? But if wounds and blows did not give pain, who would fear arms or weapons? Indeed, it is the fear that causes the pain: stones and blows do not hurt in themselves, it is the perception of torture that they imprint upon the soul that hurts."28

The placement of pain within the context of the soul also clarified two perplexing phenomena: the martyrs' ability to withstand pain and the miraculous occurrence of painless childbirth. Both were seemingly contrary to human nature following the Fall, and both required explanation. When Augustine was faced with the wonder of St. Perpetua displaying total "impassibility" (lack of pain), in the arena, his explanation was grounded partly in miracle, partly in her total lack of fear:

The fear of death and of physical pain strive with each other; sometimes one, sometimes the other triumphs in man. The tortured man lies so as to avoid death; he lies and dies, lest he be tortured... [M]artyrs of Christ, in his name and for his justice vanquished both; they feared neither death nor pain... he [Christ] showed them spiritual delights, so that they should not feel corporeal attacks; so that exercise sufficed, and absence was not needed. But where was this woman, that she did not feel herself fighting that most savage of cows; that she asked when would what had already occurred [i.e., the fight in the arena] happen? Where was she? What did she see, that she did not see this? What did she enjoy, that she did not feel this? By what love was she rapt, by what vision called away, by what potion intoxicated?29

O. Rorty, eds. (Oxford, 1992), 228-34; in this, Aristotle departed from the Platonist tradition, which identified mind and soul; see Michael Frede, “On Aristotle’s Conception of the Soul,” in Nussbaum and Rorty, Essays, 94–95. In Book 12 of the literal exegesis of Genesis (De genesi ad litteram), where Augustine discusses perception in detail, he uses the terms spirit and soul interchangeably. Only vision, “the gateway to the senses,” is credited with a threefold understanding—corporeal, spiritual, and intellectual.

27 Thomas Aquinas, Summa Theologicae, 1a–2ae, q. 35, art. 1; Vincent of Beauvais, Speculum naturale, Bk. 25, chap. 82 (Douai, 1624), cols. 1822–23, citing Avicenna.


29 “Timori autem mortis et corporales dolores solent utcumque conferri. Nam aliquando ille, aliquando iste uinict in homine. Mentitur tortus, ne moriatur; mentitur et moriturus, ne torqueatur...
The same attitude explained the Virgin Mary’s freedom from childbirth pains. Since she was free of guilt and fear, she suffered no physical discomfort.\(^{30}\) The message was clear: pain lay in the soul; it resulted from the soul’s sin and guilt, and its awareness of that guilt, of the ensuing retribution, and of the fear thereof. Saints were therefore immune to pain. Though their bodies might be passible (susceptible to pain), their souls were not, and unless the soul accepted the impression of pain from the body, it would not suffer.

The suffering of martyrs in life and of the damned in the afterlife were two axes around which the argument on pain revolved. Martyrs earned reprieve and insensibility through virtue, but the damned did not. No wonder that Late Antique monks striving for sanctity tried to reach apatheia, or insensibility to pain.\(^ {31}\) In both, pain was assumed to be a negative force, preferably vanquished through the soul’s force and virtue. But this entire framework was contradicted by the third phenomenon theologians had to confront, namely, the sufferings of Christ. Here, the entire ideological framework negated impassibility, for Christ, so all orthodox authorities from the Council of Chalcedon (451) onward agreed, had well and truly suffered in his human nature in order to erase the taint of sin from the entire human race. His pain was of a positive, redeeming force.

The pains of Christ and those of his mother—often viewed as the emotional duplication of her son’s—began assuming significant proportions in the Western Christian imagination from the thirteenth century onward.\(^ {32}\) What characterized them was their totality and their expressivity. According to Thomas Aquinas, Christ suffered in all his senses—his eyes darkened by fire, his ears assaulted by noise and insults, his nose offended by stench, his mouth embittered with the taste of gall, and his skin hurt with blows. But worst of all was his grief at his betrayal.\(^ {33}\) Christ was thus affected by every conceivable type of pain, at once inexpressible and deafeningly vocal. Neither he nor the Virgin, in late medieval images, made any attempt at impassivity. In visions and meditations, they expressed their suffering by...
words, tears, and gestures: "Your pain-filled words and tearful gestures could soften a heart of stone”; “your most blessed soul left your most holy body with justified crying and tears.”

Why did Christ have to suffer in order to atone for human sin? Could it not have been done in any other way, avoiding the pain and degradation of the Crucifixion? This is the question the German mystic Heinrich Suso (d. 1366), posed to Christ, only to receive Job’s answer: some things are beyond human comprehension, and we must not seek to understand them. Suso perceived the Crucifixion as a series of inversions: “your painful deformation shall be, by spiritual grace, my soul’s joyful beauty; your punitive straining [appodiatio] shall be my perfect rest in you; your heavy sinking shall be to me constancy in virtue and elevation; your severe wounds shall heal my soul of wounds and sin.” Furthermore, whoever would follow Christ must imitate his sufferings and strive with all his might to feel the wounds, the pain, the contempt, and the grief that Christ had felt.

Late medieval passion visions and meditations made no distinction between the physical and the spiritual anguish of Christ. All his pains are listed together as one total experience of the soul. In the thirteenth century, James of Voragine (d. circa 1298) described the mixed sufferings of Christ in the *Golden Legend*. These stemmed from both his nature and his surroundings. Christ suffered for five reasons: humiliation, injustice, the desertion of his kin, the delicacy of his body, and the physical pain, which fell again into five categories, matching the number of senses. The suffering of each sense is somewhat different from the later description of Aquinas given above. The distinction between the two types of pain emerges not in devotional writing but in Aquinas’s scholastic philosophy. Confronted with the problem of a God who suffered while his martyrs were spared the sensation, Aquinas explained the difference by two factors. The difference lay first in Christ’s willing assumption of pain and, secondly, in the fact that the greater part of his suffering was sadness (*tristitia*), rather than pain (*dolor*): “he suffered also from his friends and familiars, as is obvious concerning Judas who betrayed him, and Peter who denied him . . . Christ suffered from his friends’ desertion, in his reputation from the blasphemies pronounced against him, in honor and glory from mockeries

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37 “His eyes cried tears, his ears were assaulted by calumny and blasphemy, his nose smelled the stench of the dead bodies at Calvary, his tongue bitten by vinegar and gall, and his entire body suffered in touch.” Jacobus of Voragine, *Legenda Aurea, vulgo historia lombardica dicta*, Th. Graesse, ed. (Leipzig, 1850), 224. Other contemporary texts give variations on the same theme.
and slander proffered against him." 38 The martyrs, by contrast, went joyfully and serenely to their deaths, either impassible or impassive.

All three types of suffering shared one basic insight, that pain had meaning. If modern recorders of their pain, be it political torture or the Holocaust, must seek in vain for a meaning to their experience, the medieval theological context affirmed the positive value of suffering. It had significance both in its immediate effects and for the ultimate salvation of mankind, and as such was part of the entire cosmological framework. Job's question, why should he suffer, a just and blameless man, becomes irrelevant under such circumstances: that the just should suffer is not an absurd, incomprehensible act of an arbitrary will but a test or an imitation of Christ. And that the unjust should suffer is no more than justice. In all cases, the suffering soul could choose whether or not to express itself in bodily gestures or speech. The body transmitted sensations to the soul; whether it communicated back into the surrounding world the impression of the soul's sensations depended on the specific context of the pain. Even an avowed Aristotelian like Aquinas, who could discuss pain and pleasure in a completely utilitarian fashion elsewhere, stuck with the Augustinian concept of the soul when dealing with theological matters. 39

Medical discourse possessed no such ambiguity. Like theological scholasticism, it relied on an intellectual Aristotelian infrastructure, but the very history of the discipline made its treatment of Aristotelian elements different. Unlike theological discourse, which discovered Aristotle's writings only in the twelfth century, Western medicine had been aware of the Greek heritage roughly a century longer. Before Aristotle's Ethics were translated from Arabic into Latin, and thus made available to Western scholastics, Arab medical writings drawing heavily on classical medicine (Aristotle's Physics, Galen's and Soranus's work, among others) had been accessible to Western physicians. 40 But intellectual medical writing in the West did not achieve prestige and sophistication until it became grounded in thirteenth-century universities, and in the scholastic discipline of thinking and writing. Aristotelian theories were thus no thirteenth-century discovery but rather a longstanding tradition, often conflicting with Galenic doctrine. 41 Consequently, medical opinions on pain were inconsistent, with a clear demarcation between abstract theory and prescription of practice. Thirteenth-century scholastic teachers of medicine such as Petrus Hispanus (d. 1277) and Bernard de Gordon (d. circa 1318) repeated that pain was indeed located in the sense of touch, and therefore in the soul, but in defining pain, its sources and functions, resorted to Galen and Avicenna. 42 The latter's definition of pain and its causes was purely organic: "pain is the sensibility of a contrary thing;

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40 Nancy G. Siraizi, Medieval and Early Renaissance Medicine: An Introduction to Knowledge and Practice (Chicago, 1990), 10-12, 14. Beginning with Constantinus Africanus (d. 1087), a monk of Monte Cassino, who translated and published (under his own name) the works of Haly Abbas and other Arabic physicians, a great part of the Arabic medical corpus became available in Latin by the end of the twelfth century.

41 Siraizi, Medieval and Early Renaissance Medicine, 1-7.

all causes of pain belong to two kinds: the sudden alteration of complexion . . . and the solution of continuity." In modern parlance, pain could result either from an organic imbalance of humors, resulting in disease, or from an external trauma, such as a wound.

Beyond this definition, the issue crops up in a variety of medical scholastic contexts. Pain was perceived differently according to its context: sometimes, it appears as an independent illness (headaches and toothaches); in other cases, it was seen as the accidental result of another illness (such as the pain deriving from what we would call an infection) and thus a diagnostic tool, and sometimes it was even diagnosed as the cause of illness, for it attracted to its center matter and humors that caused further imbalance and illness. Pain thus held a great deal of meaning for physicians. Mostly, its meaning resided in the reading it gave of the body. The type of pain, its location, and its duration could all indicate the illness that was causing it. Avicenna counted fifteen different types of pain, although Western followers contented themselves with fewer: dull, throbbing, acute, piercing, corrosive, stabbing, and gnawing. Whatever the typology, the type of pain determined the diagnosis. In the second half of the thirteenth century, the growing influence of Galen's writings on evil complexion—one of the two main causes of pain—made the diagnostic importance of pain loom large. Consequently, while in theory medical writing did consider pain as belonging to the soul, medical practice used it as a mirror of the body.

Even though medicine was supposed both to interpret and occasionally to alleviate pain, the amount of medical writing on the subject is smaller than that of theological discourse. The ineptitude of medicine in face of physical suffering is no explanation, for a great deal of learned medical writing was expended on other lost causes, such as the reasons for the plague. Furthermore, medicine was not helpless, for it had several pain-killing methods in its arsenal, ranging from drugs and spells to phlebotomy (bloodletting). Nor was pain unimportant; as a disease, it had to be


45 Itching (pruritivus), scratching (asperativus), stabbing (pungitivus), squeezing (compressivus), stretching (extensivus), shattering (concussivus), breaking (frangitivus), loosening (laxativus), piercing (perforativus), inflaming (acualis), stunning (stupefactivus), throbbing (pulsativus), dull (gravativus), tiring (fatigativus), gnawing (mordicativus). Avicenna, Liber canonis in medicina, 117.


47 See Bartolomeo da Varignana, cited in Siraisi, Taddeo Alderotti, 223, n. 56.


49 For methods of pain alleviation, see Esther Cohen, "Physicians' Pain, Patients' Pain: Learned and Popular Pain Relief in the Middle Ages" [Hebrew], Theory and Criticism 10 (1997): 133–44; for
treated and, as a diagnostic, to be analyzed and understood. On the practical level, the most learned physician had to consider his wealthy patients’ demands for alleviation or lose his practice. One possible explanation for this relative paucity of writings on pain is the fact that pain baffled the neat taxonomies of scholastic medicine. It cropped up in various places: in sections devoted to drugs, to abscesses and growths (aposthemes), to diseases of the nerves, to surgery, and to simple anatomy. While it was possible to build a coherent theory of pain including all its manifestations, it was impossible to apply its analysis to one issue. Pain resulting from surgery was entirely different from headaches, in both meaning and treatment. Since the pain of surgery indicated no illness, it required neither analysis nor treatment. By contrast, a headache required interpretation according to the type of pain, which would dictate its causes: if diagnosed as an illness by itself, it could be treated in a variety of ways; if diagnosed as a symptom of another internal disorder, the original reason required treatment. The fact that the pain of surgery resulted from a solution of continuity, while the headache from an alteration in complexion, did not affect the treatment of pain. Nor was there any overall requirement that pain should be treated in and of itself. The result was that medical writing on pain is sporadic and far less consistent than theological discourse.

If medicine did not develop an integrated theory of pain, the law was even less coherent on the subject. Medicine sometimes caused and sometimes dealt with pain, while the law—in form of interrogation or punishment—invariably caused it, with the result that the circumlocutions and avoidance of the subject are remarkable. Albertus Gandinus, a practicing Italian judge during the second half of the thirteenth century and the first to devote a whole systematic tractate (treatise) to criminal law, concentrates in the section on penology almost exclusively on corporal punishments—executions, maiming, whipping, and branding—but mentions the resulting pain only once in passing. Even though monetary fines were far more common in thirteenth-century Italian cities, Gandinus hardly mentions them.


50 See, for example, Arnaldus of Villanova, Opera Omnia (Basel, 1585), 1501-06; Bartholomeo de Montagnana, Consilia varia Medicinalia, Biblioteca Apostolica Vaticana, Rome, Ms. Vat. Lat. 2471, fols. 157v-211r.

51 He notes that the judge who passes a corporal sentence or a hangman who executes people by orders of judicial authority cannot be accused of sin, or of spilling blood. Albertus Gandinus, Tractatus de maleficiis, vol. 2 of Hermann Kantorowiez, Albertus Gandinus und das Strafrecht der Scholastik, 2 vols. (Berlin, 1907-26), 2: 266; the entire tractate is pp. 209-349.

52 The only mention of fines occurs in connection with whipping, which is the penalty of those who cannot afford to pay the fine. Gandinus, Tractatus de maleficiis, 269-71.
There is no rationale given for the concentration on corporal punishment, and no discussion whatsoever of the pain involved. Gandinus’s tractate was the basis for almost all subsequent penological writing. Whether out of reliance on his attitude or simply because it was convenient to avoid the subject, other texts of penology adopted a similar approach. Legal discourse had no theory of pain, only uses.

As in medicine, pain was a diagnostic tool in justice. Most of the discussions of pain come under the heading not of punishment but of judicial torture. Torture, or quaeestio, was defined as “an inquisition performed in order to extract the truth by way of torment and bodily pain.” Pain was the means of discovering truth. Whether this pain resided in the body or in the mind was not clear. Some jurists claimed that the word tormentum derived from torquere mentem, to torture the mind: “torment, or torment, is called [by this name] as though it tortures the mind; for by the agony of the body the mind is also tortured.” Others began substituting cordis (heart’s) for corporis (body’s) dolor, since the suffering of the soul was considered an integral part of the torture: “Torture . . . can be called agony of soul and body for the extraction of truth.”

This etymology, however, was neither universal nor particularly influential. More important, torture tractates usually devoted space to the specific degree of torture that consists only of frightening the “patient.” Gandinus speaks of fear of torment as the equivalent of the real thing, though lighter, “since it is illusory.” He who confesses from dread of torture is held as though he had confessed under torture, and must repeat his confession free from fear as well as from the actual pain. Jurists distinguished five degrees of torture, of which the first consists only of fright and threats. In all cases, the fear of torture was treated as torture. It is doubtful that late medieval jurists were familiar with the twelfth-century theology that made the same connection, but the mental matrix remained the same.

On a similar principle, jurists also determined the order in which a number of suspects in one crime were to undergo torture. The judge must always begin with the one of least resistance, thus gaining the necessary evidence with a minimum of effort:

When several people are to be tortured, in what order should they be tormented? The wise judge will see from whom the truth will be most easily found, and begin with torturing him, starting with the most easily frightened, according to the [degree of] suspicion, the oldest and the weakest, not the strongest . . . Item, if father and son are to be tortured, one must begin with the son in sight of his father, for thus [you must] say that also the father [will confess] faster, for he is the greater sufferer . . . Item, the woman before the man, because
the man has greater constancy and will take longer to confess, and the woman will do so faster, for her heart is sudden and inconstant.\textsuperscript{57}

In this statement, used verbatim in several tractates, two mental elements coexist with the individual physical resistance: the father’s anguish at his son’s suffering and the presumed lesser mental fortitude of women as opposed to men. Both indicate that the pain of torture, as the jurists viewed it, was hardly a purely physical phenomenon. The spiritual element (though not precisely the Aristotelian or the Augustinian soul) had a great deal to do with it.

What mostly troubled jurists were those cases in which the diagnostic device failed to work: people who did not confess under torture. Legally, all agreed in Gandinus’s wake that if a suspect successfully resisted confession, torture could not be repeated unless two judges concurred and new indications had surfaced.\textsuperscript{58} But the very fact of resistance under torture was puzzling. Innocence was a possibility, but not a very likely one, since there had to be specific indicators (indicia) of guilt before a suspect was delivered to torture. All the same, it was dangerous to exceed the degree of severity, since “the disposition of moderate reason desires that the tortured should be delivered safe and sound either to innocence or to execution,” and a judge who allowed the questioned to suffer permanent damage or death might be held responsible, if he could not prove his lack of intent.\textsuperscript{59}

Resistance could result from a mysterious form of impassibility. In some miracle tales, an innocent under torture felt no pain, or possessed the strength to withstand it without confessing,\textsuperscript{60} but jurists were made of sterner stuff than hagiographers, disregarding the possibility of a miraculous protection against pain. They were far more concerned with the ability of the guilty to use the witchcraft of silence, maleficium taciturnitatis, which prevented all sensation of pain under torture.\textsuperscript{61} Insensibility to pain could be achieved by various means, often stemming from popular medicine: spells from biblical texts, concoctions based on mother’s milk or on the ashes of an unbaptized baby’s body, or a magical stone called Memphites. All of these could be counteracted with blessed water or counterspells, although some jurists simply recommended a thorough search of the suspect’s hair for hidden parchments prior to a torture session.

None of these themes can unquestionably prove that scholastic jurists had

\textsuperscript{57} “Quo ordine sint habenda tormenta, posito quod de pluribus sint habenda, iudex sagax a quo veritas facilius oriri possit videat, et ab illo quaestionem incipiat, et a timidiore ut exigit suspicio, et a maiore et debiliore, non a fortiori ... Item si torquendi sunt pater et filius, a filio incipiendum est in conspectu patris, quia per hoc dic et citius pater, quia magis torquetur ... item prius foemina quam masculus, quia homo tanquam maioris constantiae tardius confiteetur, et mulier citius, qua momenta-neum cor habet et instabile.” Repetitio super materia quaestionum sive toturarum, attributed, among others, to Bartolus of Sassoferrato, Omnia quae extant opera, 11 vols. (Venice, 1615), 10: fol. 250. For the various titles, dates of composition (probably second half of the thirteenth century), and attributions of the Tractatus de tormentis, see Fiorelli, La tortura giudiziaria, 1: 133, n. 6; compare Gandinus, Tractatus de maleficis, 158–59. Baldus de Periglis repeats the same statement, changing “oldest” to “youngest” (minor) (De questionibus et tormentis tractatus, in Tractatus diversi, 688).


\textsuperscript{59} Gandinus, Tractatus de maleficis, 156, 170–71.

\textsuperscript{60} For example, Hieronymus, Sancti Eusebii Hieronymi Epistulae, 1: 1–9; “Miracula sanctae Colettae,” AASS, March 1: 590.

\textsuperscript{61} Grillandus, De Questionibus, 671–73; Fiorelli, La tortura giudiziaria, 1: 218–23.
absorbed the scholastic theology and medicine of their times. But clearly they were
not thinking in a vacuum. Though not bothering to cite extra-judicial sources, they
had taken the etymology of tormentum from Isidore of Seville’s (d. 636) Etymologies
and the Memphites stone from Dioscorides’s (first century) writings and pseudo-
Albert the Great’s (thirteenth century) popular magic manual. Apparently, jurists
too considered physical pain to reside in parts of the human entity other than the
body, pure and simple. While none of them disregarded the role of the body, pain
and its roles belonged elsewhere. Consequently, the role of pain expression
assumed a greater significance than mere self-indulgence. For the jurist, fortitude
under torture denoted the hardened criminal or the magician, while feeling and
expressing pain led to the truth. Similarly, for the physician, expressions of pain led
to the truth of illness, and, for the theologian, to the truth of sin and salvation. It
was not the old Stoic issue of being able to transcend one’s sensations or tolerate
them without groaning; to the contrary, expressing pain was laudable, necessary,
and salutary.

Theories of pain, its location, uses, and expression, thus hardly formed one
monolithic corpus of opinion, but they did share some basic perceptions. By the
thirteenth century, it was clear in all scholastic disciplines that pain resided in the
soul and was closely tied to truth and knowledge; therefore, observers could learn
a great deal from watching expressions of pain. At the same time, and perhaps in
relation to these theories, a prescriptive vocabulary of such expressions began
emerging in artistic discourses. If describing Christ’s pain mattered to mystics and
theologians, breaking down the barrier between sufferers and observers was
important also to those who had to convey feelings and sensations to the greater
public: writers of theater scenes, poetry, and the visual arts. The main problem with
these sources for historians, of course, is that they describe (or prescribe, in the case
of theater instructions) stylized, ritualized gestures. They are far removed from the
universal common vocabulary of pain and grief. As we shall see, they also bear little
relation to descriptions of actual behavior in pain situations. Across the various
expressive media, ritualized gestures of grief and pain are few, consistently similar,
and fairly static.

In the verbal arts, the first problem encountered when seeking expressions of pain
is semantic. Pain and grief are both described by the same word, dolor, and more
often the word refers to emotional rather than physical pain. Furthermore, the two
are often perceived as one and the same: the sorrows of the Virgin, mourning for
her dying son, are traditionally depicted as seven swords piercing her heart. But
where the distinction is made, the differences between the context of body
symbolism for grief and for pain are highly significant. Art, drama, and literature all
devote a great deal of space to grief and far less to pain. The same is true for visual

62 Isidore of Seville, Etymologiae sive originum libri XX, W. M. Lindsay, ed. (Oxford, 1911), Bk. 5,
chap. 27, art. 22; Fiorelli, La tortura giudiziaria, 1: 218; Liber aggregationis, seu liber secretorum Alberti
Magni, de virtutibus herbarum, lapidum, et animalium quorundam (Amsterdam, 1643), 150.
63 Carol M. Schuler, “The Seven Sorrows of the Virgin: Popular Culture and Cultic Imagery in
expressions: in passion plays, there are often specific instructions for the actresses playing the Virgin or Mary Magdalene which gestures of grief to use, but none for the crucified Christ and his physical pain.64 Art does depict both pain and grief, but the descriptions were often startlingly different in context and form. While grief was often attributed to positive, even holy, figures, pain was most often shown in the context of the damned in Hell.

Though limited, the vocabulary of pain and grief gestures is always contextualized. There is a distinction between gestures attributed to figures whose pain or grief is laudable and sympathetic and those of figures deserving condemnation. The bent head and the cheek leaning on the hand go back to Antiquity, and continue appearing in vernacular literature, in art, and in theater instructions, notably from the thirteenth century onward.65 These are approved ritual gestures, which might be correctly attributed to positive suffering figures—the grieving Virgin or an ill man—and show no change or development. Tears were somewhat more ambiguous, especially if accompanied by loud weeping and moaning. Even in the later Middle Ages, the Virgin was rarely shown as overtly weeping. Epic poetry has heroes weeping for grief, anger, and various other emotions but not for pain. High and late medieval literature is full of weepers for a wide range of reasons, grief being only one of them, and physical pain is almost totally absent. Weepers included saints, emperors, queens, and heroes. While some of these figures are sympathetic and positive, others are not. Thus tears, while not rejected out of hand as an expression of feeling, were not as laudable as the more static gestures.66

But the most problematic were those gestures under the condemnatory heading of *gesticulatio* in ecclesiastical writings: self-injury (face-scratching, breast-beating), tearing hair and clothes, wringing hands, or dishevelment.67 *Gesticulatio*, the unrestrained, spontaneous, over-energetic movement of buffoons, dancers, and actors, was decidedly undesirable. Long before the term became common, the gestures themselves were roundly condemned by St. John Chrysostom (d. 407):

> There is this sickness among women, that they show off in mourning and weeping, baring their arms, disheveling their hair, scratching their cheeks; some do it out of pain, others to show off, and others bare their arms in a spirit of indecency . . . What are you doing, O woman? In the middle of the market-place, tresses unbound and clothes torn, you emit great

64 Anke Roeder, *Die Gebärde im Drama des Mittelalters: Osterfeiern; Osterspiele* (Munich, 1974), 68–69.


67 For the difference between *gestus* and *gesticulatio*, see Jean-Claude Schmitt, *La raison des gestes dans l’occident médiéval* (Paris, 1990), 34, 266–73.
cries, you dance around . . . Indeed, better-class women do not dishevel their hair or bare their arms.\textsuperscript{68}

While the condemnation refers unambiguously to women who break the canons of modesty in their public mourning behavior, later literature does have a great many figures performing similar actions in grief and mourning.\textsuperscript{69} Iconographic and literary figures were often depicted wringing their hands, tearing their hair, or biting their thumbs.\textsuperscript{70} While such active gestures never became entirely laudable, they obviously gained some sort of legitimacy in the later Middle Ages.

These gestures rarely denoted physical pain, however. And descriptions of prescribed gestures for expressing physical pain are hard to find, indeed. Occasionally, one finds a reclining figure of a sick man, supporting cheek in hand, very much in the manner of the spiritual sufferer. But the most common depiction of physical sufferers—that of the damned in Hell—shows them with contorted bodies, straining muscles, and bared teeth.\textsuperscript{71} Perhaps the most interesting depiction is that of various illnesses sculpted in Beverley Minster, which show the sufferers of


\textsuperscript{69} See sources cited in n. 66.

\textsuperscript{70} Moshe Barasch, \textit{Gestures of Despair in Medieval and Early Renaissance Art} (New York, 1976), 1–33, 57–68; Braeder, \textit{Zur Rolle des körperlichen}, 27.

\textsuperscript{71} These depictions may have been based on the iconography of the Laocoön sculpture, the prime example of physical pain. See L. D. Ettlinger, “Exemplum Doloris: Reflections on the Laocoön Group,” in \textit{De Artibus Opuscula XL: Essays in Honor of Erwin Panofsky}, Millard Meiss, ed. (New York, 1961), 121–26.
lumbago, sciatica, stomachache, and toothache placing their hands on the aching spot. In this case, the hands are not gesturing but indicating the locality of pain and the nature of illness; other than the information, the carvings do not impart any emotional or physical sense of suffering. Facial and bodily contortions, therefore, are attributed in the arts to figures under punishment, deserving condemnation rather than sympathy.

Where pain gestures do appear, there is no difference between men and women. All the gestures listed above—those of head and hand, and also tears, sighing, and weeping—appear in the later Middle Ages in both female and male contexts. The one exception is the bared teeth. Although women screaming with an open mouth can be found, bared teeth seem to belong mostly to men. This fact is in itself suggestive of ritualized rather than "real" gestures; some gestures acceptable in men are often not permitted to women, as in the case of overt mourning.

Ritualized, formal depiction laid little stress on the phenomenon of physical pain. On the whole, the overt expression of pain carried negative connotations; while the damned in Hell showed their pain clearly, tortured martyrs were not depicted as writhing in pain but rather as composed, still figures, stoically bearing their punishment. Perhaps the reactions attributed to pain were far too close to the basic human reflex to merit ritualized representation; gestures that were part and parcel of a cultural vocabulary were far more normative and acceptable, and the depiction of pain never achieved this level. Furthermore, gestures are multivalent symbols. Not only did the same gestures signify both pain and grief, other emotions bore the same signifiers: bared teeth could equally signify anger; a head leaning on a cheek could mean death throes; drawn brows could mean pain or fear, mourning, and distress.

Ritualized gestures are not necessarily evidence of behavioral patterns; the prescriptive might well influence behavior in certain classes, but only up to a point. However, the paucity of gestures for expressing certain specific sensations, as opposed to the plethora for others, is significant. The poverty of pain gestures is a suggestive index of the dubious legitimacy of expressing pain at all. Yet the overall picture indicates that by the thirteenth century there was a clear development of such a vocabulary. Eleventh-century plays contain no instructions for gestures. Two centuries later, the text instructs the players to display grief, but not how. By the fifteenth century, the exact vocabulary of the instructions is present and contains pain as well as grief. Drama thus mirrors the development of graphic arts, which

72 The figures' placement, as carvings in an aisle, indicates their minor importance. J. Reay Forster, Beverley Minster: A Brief History (London, 1975), xvi–xvii.
73 Garnier, Le langage de l'image, 1: 139.
74 The "Renaissance elbow" studied by Joaneath Spicer, the defiant gesture of hand placed on hip, with the elbow stuck out, common in Renaissance paintings of men, is another such assertive, overt gesture for the use of which women could incur censure. See Spicer, "The Renaissance Elbow," in A Cultural History of Gesture, Jan Bremmer and Herman Roodenburg, eds. (Ithaca, N.Y., 1991), 84–128.
75 Garnier, Le langage de l'image, 2: 411, D 212.
77 Roeder, Die Gebärde im Drama, 66.
evolve a much wider range of pain expressions.\textsuperscript{78} Obviously, during the later Middle Ages, physical pain gained a voice and a legitimation for using it.

\textbf{IT IS IMPOSSIBLE TO DETERMINE} whether the increased legitimacy and usage of ritual gestures of pain stemmed from a certain intellectual milieu or from changes in actual behavioral norms. It is equally impossible to say whether those same behavioral norms changed as a result of altered artistic expression. It is possible, however, to chart certain parallel changes. Perhaps the best sources for studying behavior in pain situations are those describing illness, pain, and cure but deriving from a layperson’s pen. Chronicles do so only occasionally, and any description of the behavior of the famous and noble is bound to be stereotypical.\textsuperscript{79} For the later Middle Ages, two types of sources, concerned with the behavior of both exceptional and unexceptional figures, provide a far richer lode: first, the reports of miraculous healing at saints’ shrines describe the behavior of cure seekers. On rare occasions, we have the narration of those miraculously cured in person or of a close relative, but in most cases the shrine’s scribe is the author. Second, biographies of living saints and heretics in this period are far less stereotypical and more individual than the earlier hagiographic genre; some of these saints (a considerable proportion of whom were female) left their own autobiographical or semi-autobiographical writings, providing a rare firsthand source.

Naturally, behavioral norms also permeate and influence these sources. If a scribe at a shrine merely noted that a certain cure seeker had suffered from kidney stones—a notoriously painful disease—without referring to his or her pain, was that because the patient had displayed self-control or because the scribe did not consider the pain resulting from the condition to merit mention? If a saint’s biographer spoke of stigmata as a sign of grace, keeping silent concerning any associated pain, does the reason lie with the biographer and his standards or with the saint’s own evidence? If pain were perceived as negative, or merely unimportant and irrelevant, sources would be likely to suppress it. Conversely, its reiterated mention is proof of its importance in the mind of the writer. Even though the absence of objective description is a problem common to all sources, narrative ones allow us to deduce the norms governing pain expression, and occasionally also actual behavior. The latter was often noted precisely because it did not accord with the norms.

Miracles performed at shrines have been much studied in relation to illness, cure,


\textsuperscript{79} The recent sensitivity to the narrative qualities and construction of chronicle material (see Karl F. Morrison, \textit{History as a Visual Art in the Twelfth-Century Renaissance} [Princeton, N.J., 1990], and Gabrielle M. Spiegel, \textit{Romancing the Past} [Berkeley, Calif., 1995]) has made it clear that, no less than epic poems, chronicles are literary constructs. The references to pain, especially in early medieval chronicle material, are scattered and stereotypical.
and performance. The situation of a sick pilgrim approaching a shrine was equivocal. Any term used to describe such people already qualifies them: pilgrims, ill, petitioners, seekers of miracles. As pilgrims, they were already temporarily liminal figures in society. But even before starting their pilgrimage, they had

become detached by virtue of an illness that, according to most narratives, was long and insupportable enough to make the sufferer despair of secular medical aid. They came to a more powerful healer, seeking aid beyond medicine’s power. But, though liminal, their situation was hardly anomalous. Petitioners appealing to powerful patrons, making themselves clients, were a common sight in late medieval society. They could be Florentine merchants begging a local magnate to arrange an advantageous marriage, condottieri, or war captains, seeking employment from a king, or any subject seeking political advance. Networks of clientelism and patronage, which had constituted the very foundation of society in earlier centuries, did not vanish but merely changed form. It was thus perfectly in line with contemporary perceptions that one should address the powerful for help and protection when all else failed. That the protector in this case was a saint made little difference.

All these elements—liminality, clientelism, and pain—banded together to create a specific norm of behavior for the ill pilgrim. For a client and a sufferer, the stance of begging, humility, and affliction was appropriate. Indeed, the examples of such attitudes are numerous: a knight consumed by St. Anthony’s fire (as terrible as hellfire) came to the grave of St. Stephen of Muret, “showing his intolerable bodily pain ... speaking with great humility and weeping profusely.” Another knight suffering from a fistula arrived at Canterbury all the way from Flanders, “kneeling, showed his torture with sighs and weeping.” For common folk, humility was no anomaly, but overt expressions of pain were still notable: a simple man, brought to Canterbury after five years of unremitting dysentery, “began suddenly to cry and screaming, giving proof by both groans and gestures.”

Were these people letting themselves go in an unrestrained manner or acting out the petitioner’s role? The only answer to that can be found in the scribes’ occasional comments. A knight who flew into a tantrum, wailing and pitying himself for losing his lord’s falcon, was told by his wife, “Act like a man” (age ergo viriliter); a monk complaining loudly of his stomach pains was admonished for bothering his brothers in the sleeping quarters. When behavior, vocalization, and gestures exceeded the norm, a note of criticism crept into the description. People thrashing around uncontrolledly were regarded as smitten with insanity. Even at the shrine, there


83 On the origins of the saint as a patron, see Peter Brown, The Cult of the Saints: Its Rise and Function in Latin Christianity (Chicago, 1981), 50–68.


85 Liber miraculorum sancte Fidis, Auguste Bouillet, ed. (Paris, 1897), Bk. 1, chap. 23; William of Canterbury, Miracula, 5.9.
were proper ways to express pain. The shrine's clergy distinguished between what was both permissible and desirable in an ill pilgrim and what was unsuitable. Appearances of humility and subjection fostered the hierarchical structure of the sacred place and enhanced the saint's power. But total abandon of control abolished all structures and hierarchies and was not to be tolerated, unless conveniently labeled madness. The pilgrims' status did not deprive them of all position; they had a clear-cut role, albeit one divorced from their everyday standing. To abandon that role completely was to abandon the entire ritual framework of begging protection.

This distinction is even clearer in the few cases where the scribe noted that the patient had suffered extreme pain but had restrained all expression. A priest with an abscess in his armpit, expecting his patron's visit, was worried lest he should, in his pain, wrinkle his nose and thus offend against the canons of hospitality. He was granted a cure so that he could properly entertain his august visitor with a cheerful face. A noble lady with a broken arm hid her pain "because of matronly modesty." Another man, struck with an embarrassing accident that had effectively pushed his penis inside, was ashamed to confess it. A fifteen-year-old girl dying of cancer (cancrum) preferred her virginal shame to pain expression. What distinguishes all these cases and similar ones is that the self-control was exercised at home. At the shrine, one behaved differently. Expressing pain was showing need, begging a favor, and that was the expected attitude of the pilgrim at the shrine.

But of all people in pain, the most common, and most problematic from the point of view of expressiveness, was the situation of childbirth. On the one hand, it pertained only to women, and these weaker beings, as the jurists had stated, had less resistance to pain than men. On the other hand, labor pains were punishment for Eve's crime and therefore ought to be patiently borne. The Virgin, free of all sin, did not suffer any pains during the birth of Christ. Conversely, St. Elizabeth, John the Baptist's mother, had suffered much during childbirth. Had her pain had any merit? How meritorious could pain due to penalty be? The preacher discussing the issue pointed out that necessity, when patiently tolerated, can become a virtue.

Though the result of sin, labor pains could thus be acceptable, even meritorious. In fact, the screams of women in labor were probably accepted as normal. I have found no descriptions of laboring women behaving impassively. Even misogynistic literature, such as Les quinze joies de mariage (The Fifteen Joys of Marriage), which described a woman making cynical use of her suffering to manipulate her husband, did not deny the reality of labor pains. To the contrary: despite male preachers'
Fainting woman, late thirteenth century. Her body language is the same as that of mourning or sad women. MS. Ashmore 399, f. 33r, Bodleian Library, Oxford. Photo courtesy of the Bodleian.
exhortations to accept the pain and internalize it, popular medicine recommended an appeal to the Virgin and other saints for help against birth pains, and miracle tales describe such situations. Moreover, in miracles, the Virgin often acceded to such requests—proof of the fact that even for the clerical authors both the expression and the supernatural alleviation of birth pains were legitimate. In one case at least, Mary interceded even for a Jewish woman in childbirth, so that, after severe labor, she gave birth painlessly.

Like the pilgrim at the shrine, the childbearing woman was in a liminal situation. She was temporarily outside society, and she would need the reintegration of the churking ceremony later on in order to rejoin it. It was not an ailment or a wound that made her suffer but the common lot of her entire sex. Possibly, this was partially the reason for her license to scream. It is more likely, however, that her female nature allowed it. The combination of the unique situation of childbirth, together with the greater tolerance for female expressivity, allowed childbearing women to beg for relief and express their pain.

But childbearing women and ill pilgrims were temporary outsiders, removed by their pain or geographic placement from society and begging for restoration to their place. Neither can qualify as the voluntary outsider who chose pain as a form of self-expression. This role was reserved for saints, both confessors and martyrs. Even though actual martyrdom was rare in the later Middle Ages, the thirst for martyrdom was ever present, and late medieval saints were notorious for their self-inflicted tortures. While the phenomenon has been studied in depth more for female than for male saints, it existed in both genders. Much of the devotional life of late medieval saints revolved around pain, in various forms. Many of them suffered from diseases, which they bore with fortitude and patience, thanking God for the gift of suffering. But saints were also known to seek pain voluntarily: both women and men sought to identify with Christ and his suffering, by meditation, self-inflicted injuries, and prayers for supernatural infliction of pain (as in the case of stigmatization). In addition, women saints often prayed for the gift of suffering in exchange for the tormented souls in Purgatory, or even Hell. The voluntary, naturally, or miraculously inflicted suffering of women saints paid the debt of pain


91 Vincent of Beauvais, *Speculum historiale* (Douai, 1624), 258; for another case, involving a Christian woman, see 252.


incurred by others and released their souls from eternal punishment. Finally, the saints’ oversensitive consciences often made them resort to harsh penance for the slightest imaginary transgression.96

Did late medieval saints express their pain in words and actions? This would seem to depend on the source of the pain. On the one hand, penance and illness seem to have been quietly borne and hidden. Peter of Luxembourg (d. 1387) hid his hairshirt and cord from his entourage; penances were often undertaken in private, and more than one spiritual guide reproved the saint for his or her over-enthusiastic self-chastisement. Colette of Corbie suffered her illnesses most patiently; Heinrich Suso was chastised in a vision for weeping “in a womanly fashion” because of his sufferings, and promised to desist; in both cases, the pain was divinely inflicted.97 On the other hand, pain received as a gift from God and identification with Christ was often ostentatiously visible. When undertaking sufferings for others, Christina the Astonishing (d. 1224) showed her pains openly, and Catherine of Siena (d. 1380) spoke of her “sweet pains.”98 The impact of living saints and their ascetic practices was known since Late Antiquity, when Syrian holy men performed incredible feats of asceticism on top of a column, in sight of all.99 But the living saints of late medieval Europe were not expressing the same sort of power: it was not the ability to control the body but the capacity to channel the suffering from sinners to their own bodies. They were mediums, not athletes. In those cases, expressions of pain were anything but self-indulgence. They were proof positive of the saint’s power.

This was a new departure in models of suffering sanctity. Martyrs in Late Antiquity and the early Middle Ages were known to display impassivity in the face of torture. For Late Antique Christians, martyrdom was “agon”—a contest, and a very public one at that. The fact that they stood witness in the arena to their faith and suffered for it without recanting already signified victory.100 Late Antique narratives of martyrdom recorded two distinct attitudes toward the physical pain of martyrdom. Some martyrs were described as impervious to torture, but most were perceived as sensitive to pain but able to tolerate it with a fortitude born from awareness of their exalted destiny.101 The accounts of firmness and self-control displayed by martyrs far outnumber those of miraculous trances. The tradition of the impassive or impassible martyr continued in high medieval tales of martyrdom. The legends of saints Vincent, Lawrence, Agatha, and Agnes—all martyrs who had undergone horribly painful deaths—were retold in the Golden Legend and in late medieval sermons in great detail, almost invariably stressing their fortitude or their

lack of sensation. In a contest with pain and the enemy inflicting it, one reacted by ignoring the pain. Of all these stories, St. Lawrence’s joke when being grilled, claiming that one side was already done and it was time to turn him, was the most famous. But for those late medieval saints who dreamed of martyrdom and could achieve its semblance only through self-inflicted pain, the norms were different. Fortitude no longer meant hiding one’s pain; rather, the public exhibition of suffering became a new virtue. Unless the pain and the wounds were there for all to see, the impact and efficacy of the living saint was lost. Though removed from the normal, day-to-day intercourse, the behavior of saints was noted and occasionally imitated. At the same time, saints were also products of a certain behavioral matrix. Unrestrained gesticulation or tears might be frowned on, but they were known as existent modes of expression before saints had had recourse to them. The fact that saints did so might, to some extent, have removed the stigma of unsuitable behavior from certain expressions.

The sources describe four nonverbal forms of pain expression: bodily motion, stigmatization, weeping, and screaming. All of them came in, at one point or another, for disapproval, but all were clearly known and acceptable. I would suggest, however, that there was a scale of legitimacy of expression, and the higher one went on that scale, the less one was expected to use those gestures for expressing one’s own pain. At the bottom stood gesticulation and screaming, at the top stigmatization. Tears were in the middle, ambiguous territory. They could be used both by saints and by simple folk; when used by the saints, their application was restricted to religious grief, rather than personal physical pain; other people, however, could cry for their own pain.

Uncontrolled bodily motion, thrashing about, and convulsions are often mentioned as a symptom of both madness and pain, leading observers to confuse the two. A sufferer from toothache’s “immoderate pain” was imprisoned as a madman because of his screams and gestures (gestus et clamor) by those ignorant of his condition; a girl with a tumor in her abdomen thrashed about in pain so much “that she almost went mad.” In one case, a woman was indeed described as “having gone mad with pain” (infirmitatis dolore constricta amens effecta). Severe pain, especially headache, was often described as leading almost to madness, though not necessarily to mad behavior. When it comes to saints, the distinction between

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102 Jacobus of Voragine, Legenda Aurea, 113–20, 170–73, 488–500; for special devotion to St. Lawrence, see Kieckhefer, Unquiet Souls, 68; for some model sermons concerning martyrs, see Leonardus de Utino, Sermones aurei (anni 1446) de sanctis fratris Leonardi de Utino sacre theologie doctoris ordinis predicatorum (Strassbourg, ca. 1481), fol. 72ro–76vo, 77ro–79vo, 268ro–279ro; Olivier Maillard, Summarium quoddam sermonum de sanctis per totum anni circulum, simul et de communi sanctorum et pro defunctis: hactenus nusquam impressorum reverendi patris fratris Olivierij Maillard ordinis minorum divini verbi preconis celeberrimi (Paris, 1507), fol. 95ro–96vo; Jacobus of Voragine, Registrum in sermones Iacobi de Voragine de sanctis (Lyons, after 1500), n.p., sermons 65–71, 83–85, 204–06; Pelbart of Themeswar, Pomerium sermonum de sanctis per anni circulum tam hyemalium quam estivalium; vulgati per venerabilem fratrem Pelbartum de Themeszvar Minoritanum vere theologie professorum eximium; annotatibus in marine denuo additis; opus divini verby seminatoribus fere utilissimum (Hagenau, 1520), pars hyemalis, sermons 48–49; pars estivalis, sermons 46–48.

103 Aviad M. Kleinberg, Prophets in Their Own Country: Living Saints and the Making of Sainthood in the Later Middle Ages (Chicago, 1992), 21–39.

104 “Miracula sancti Gibriani, post translationem corporis in novam aream anno 1145 patrata, et a Baldewino (ut videtur) monacho coaevo descripta,” AASS, May 7: 630.

105 Benedict of Peterborough, Miracula, 1: 14, 4: 53; “Alia quadam vice dicta Stephana gravem
controlled and involuntary motion is not always clear. What, for example, is one to make of Christina the Astonishing's motions? Christina, having once died and visited Purgatory, knew all about the sufferings there and was willing to undertake them in place of the guilty souls. Whenever a townsman of hers died, and she knew he was heading toward Purgatory, "she cried, twisted herself again and again, arched again and again her arms and fingers as though they were boneless, soft and flexible; her intolerable pain was visible to all." When Dorothy of Montau (d. 1394) and Elisabeth of Spalbeek (d. after 1274) carried out their reenactments of the Crucifixion in a series of rigidly controlled motions, clearly related to Christ's progression to the Crucifixion, they were obviously conscious and willing to perform them. When Elisabeth reenacted the Virgin's role, she used the standard gesture of grief, leaning her left cheek on her hand. This is one of the extremely rare descriptions of actual behavior deriving from art and prescription, but it does not depict physical pain. It is unclear, however, whether Christina the Astonishing was expressing pain voluntarily or not. What does not remain in question is the impact her body language had "upon all who saw her." And in her case, nobody considered her expressions of pain as being akin to madness. Some interpreted them as demonic possession—an opinion that two centuries later would undoubtedly have been universal—but her biographer saw her as a saint.

On the borderline between the voluntary and the involuntary, the contemporary interpretation of Christina the Astonishing's motions veered toward the first. She had voluntarily chosen to take upon herself the pains of the damned. Thomas of Cantimpré makes that much clear in his biography. Hence the corporal contortions originated with her soul, which had once already visited Purgatory. What was mediated by the saint's soul was not the external force of madness or possession, nor a purely physical reaction. Purgatory was the place where souls suffered physical torments, burning in a real fire. It was an ambiguous space, where body and soul were almost indistinguishable. The conjunction of dead souls feeling physical sensations and a living body expressing physically the torments of souls is the identifying mark of the voluntary from the involuntary, of the consciously expressive from the insane.

Stigmatization was even more ambiguous. All the saints who exhibited and suffered from these symptoms had begged for them, wanted them, and welcomed

incurrunt capitis infirmitatem, ad hoc deducta, quod tota stolida, quin imo penitus rabida, monstrabatur, "una religiosa ... multum affligebatur dolore capitis, et specialiter passione guttae malorganatae, taliter quod vi doloris afficiebatur quasi furibunda." Miracula Sanctae Coletae, AASS, March 1: 580.

106 De S. Christina Mirabili, AASS, July 5: 655.


110 "[V]isiones quasdam et revelaciones ... et in hiis tamen nichil nisi corporale, vel corporalibus simile, recitasse ... se quoque corporalibus solutus manibus trahis, pedibus deduci, collo suspendi, flagellari precipitati, et alia multa hujusmodi." Prologue of H., Abbot of Sartis, to the Purgatory of St. Patrick, in Etude sur le Purgatoire de saint Patrice, C. M. van der Zanden, ed. (Amsterdam, 1927), 5.
them. But unlike self-flagellation, stigmatization was miraculously induced and could not be self-inflicted.\textsuperscript{111} It was a case of the human will according with the divine. Conscious and voluntary, and yet a passive reception of grace from above, stigmatization was a visible sign of the saint’s power and special relationship with God. The distinction of the voluntary from the involuntary is clearer when the texts speak of weeping as opposed to screaming. The scream is the totally unmediated, primary expression of experience, the absolute truth of the body. This much is most clearly told in one of Gerald of Wales’s (d. 1223) most horrific stories. In a castle somewhere in Francia, he recounts, the lord had imprisoned and blinded one of his enemies. The blind man was free to go about the castle, and grew familiar with the place. One day, he succeeded in abducting the lord’s son and bringing him to one of the highest turrets. Standing there, he placed a terrible choice before his jailer: either the lord castrated himself, or the blind man would pitch the boy off the battlements. Counting on the man’s blindness, the lord tried to fool him by screaming in pretended pain. Twice, the blind man recognized the scream for the fake it was, and proposed to carry out his threat. Finally, the lord did indeed castrate himself, and the blind man, recognizing the scream of real pain, declared that he now wished to add death to his revenge; “you will never produce another, nor enjoy this one.” Thus saying, he plunged to his death, taking the boy with him.\textsuperscript{112}

The story is lurid enough, even for Gerald, but it does make one thing clear. The scream of real pain originates directly in the body and cannot be voluntarily or spuriously produced. Nor can it be controlled, any more than convulsions and contortions. The scream is thus connected to involuntary reactions and madness, while tears proceed from the soul. This is why mourners weep in literary sources but do not scream. Thaumaturgic miracles show numerous sufferers weeping also from physical pain, in and out of the shrine, but their expression of pain was not considered as insensate. Screaming, however, was different, often appearing in conjunction with involuntary contortions, both denoting insanity.\textsuperscript{113}

Within the hagiographical context, tears could be as involuntary as stigmatization. It is told of many saints that they wept copiously, and at least one dubious saint, Margery Kempe, considered her tears a sign of grace and a gift from God. That her noisy weeping annoyed all those surrounding her bothered her not at all. What clearly emerges from her book is that, as far as she was concerned, her weeping was involuntary. She could neither induce nor restrain it. Like stigmatization, it placed her apart from the rest of society, and she had to show her special devotion by openly weeping.\textsuperscript{114} But these tears were not an expression of physical


\textsuperscript{113} Arnaldus of Villanova noted both “impetuous movement in the manner of foxes” and screaming as signs of mania. Muriel Laharie, \textit{La folie au moyen âge, XIe–XIIe siècles} (Paris, 1991), 130.

pain. The tears of repentants and converts were considered a baptism of the soul, born of contrition or emotional upheaval. Weeping from physical pain emerges only in the context of illness and suffering, not in the context of sanctity. Even though saints suffered a great deal of physical pain, either self-inflicted or proceeding from God, this pain they bore patiently, without crying. Their tears were reserved for empathy with Christ and his mother.

Obviously, the context in which each form of nonverbal communication was used mattered a great deal. The live saint differed materially from the ill layperson. Each obeyed different norms, and each could earn a different negative label for transgressing those norms. But in all cases, the pain situation in itself removed the sufferer from standard daily intercourse, with its normal expressions. When the scribe records that a sufferer from earache or pain in the eyes could hardly eat or sleep, that a headache patient was convinced that her eyes would pop out of her head, and another could not “govern herself” and was driven almost mad with pain, he was describing people whose sensations had placed them outside the normal sphere of communication and behavior. That much also holds true for saints. Insofar as there were norms of behavior appropriate for pain situations, those norms were distinctly different from those of healthy, non-saintly people.

What is most striking is the total disjunction between the norms prescribed by the arts and actual behavioral norms. The closest one comes to “realistic” depiction in late medieval art is the image of Christ shedding tears. But for the rest, there are

115 “Liber miraculorum,” in Processus canonizationis et legendae variae Sancti Ludovici O.F.M., Analecta franciscana, sive chronica aliaque varia documenta ad historiam fratrum minorum 7 (Florence, 1951), 275–331; Nos. 76, 83, 89 (earache and eyes); Nos. 15, 36 (headache).
no descriptions of people in pain leaning their cheek on their hand, wringing their hands, biting their thumbs, or tearing their hair. Their behavior accorded much more with the basic human pattern than with any cultural superstructure. At times, cultural tenets condemned this behavior as immodest or insane, but there is little indication that such condemnations bore any fruit.

Nevertheless, beyond the total lack of formal gestures in actual use, there is a certain correlation. All the descriptions of ill people controlling their pain at home or being considered mad at the shrine stem from twelfth-century sources. The pain descriptions of later centuries, even when concerning the ill rather than the holy, are far more sympathetic. Like Sister Aleydis, Brother Petrus “suffered for a year and a half of a headache, a pain [passio] that is called in the vernacular migraine, which could in no way be healed without horrible pain and inexpressible affliction. Thus, he often arose from the table, walking to and fro in the garden, weeping and crying out piteously, so that he could not hear those who wished to talk to him from the violence of the pain.” No note of condemnation of his behavior is heard, even though he cried and screamed in the monastery, not at a shrine.

Norbert Elias’s famous study of the civilizing process equated physical expressivity with impulsiveness and “roughness,” while self-control and ritualized motion indicated civilization. Barbara Rosenwein, in her perceptive essay on anger in the Middle Ages, has already pointed out the weaknesses inherent in this approach. The evidence of pain expressions also contributes to the reexamination of Elias’s approach. Expressivity, with its variety of forms and symbols, is as much a cultural artifact as restraint, not an instinctive reaction shorn of all normative trappings. The very fact that the arts used a highly specific vocabulary to express pain indicates as much. And yet, beyond the normative language of pain expression, there existed manifestations that went beyond the acceptable vocabulary. When this happened, contact between sufferer and audience was lost, signs were misrepresented, and expressivity turned into an unbridled, solitary explosion of non-behavior.

The attempts to translate the sensation of pain into a language shared by others than the sufferer exist on a number of levels. The direct expression through nonverbal communication is the most basic. Insofar as any type of expression approaches the basic human reaction, gestures do so. Verbal descriptions of these universal gestures are already acculturated, and include societal perceptions of what these gestures ought to be. Often, coupled with those descriptions, we have words trying to convey the experience itself, using the language as a verbal gesture. Descriptions of pain are the verbalization of an endeavor at breaking down the barrier between the sufferer and the surrounding world. These are often far less ritualized and standardized than the gestures of art and theater.

Behind this multiplicity of expressive forms lies a certain theory of pain. It was only spelled out coherently by theologians, but it clearly permeated the entire scholastic world of thought, spilling over to expressive norms. Whether in the arts

116 AASS, March 1: 584.
or in situations of illness, total lack of control, a total relinquishing of the human voluntary action, earned disapproval and the label of insanity. Both in behavior and in the arts, the criterion distinguishing between positive and negative pain—the pains of Christ and the saints as opposed to the pain of the damned—was the will to suffer, and the will, like the senses, pertained to the soul. Even with the involuntary sufferers, such as the ill, what distinguished one from the other was the "sanity" of their behavior. What is nowadays therefore termed "physical pain" is an oxymoron. Pain, in the later Middle Ages, belonged far more in the soul than in the body. The expression of the sensation, therefore, was bound by norms of volition and soul. When the soul broke its boundaries of sanity, the body followed.