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Evidence of Miracle Narratives and ars *moriendi* Guidebooks

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ACADEMIC DISSERTATION
To be presented, with the permission of
the Faculty of Social Sciences
of Tampere University,
for public discussion in the auditorium 1096
of the Pinni B building, Kanslerinrinne 1, Tampere,
on 4 September 2021, at 12 o'clock.

ACADEMIC DISSERTATION
Tampere University, Faculty of Social Sciences
Finland

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The originality of this thesis has been checked using the Turnitin OriginalityCheck service.

Cover design: Roihu Inc.

ACKNOWLEDGMENTS

My studies on medieval death and dying have already lasted several years. Numerous people have helped me in many ways during those years. First of all, I want to thank my supervisors, Professor Christian Krötzl and Docent Sari Katajala-Peltomaa. I have benefitted so much from their expertise, encouragement, and support, not only during this PhD project but also when I was writing my master's thesis. They have provided me first-class guidance to medieval miracle narratives.

Docent Katariina Mustakallio had an important role in instructing me during the early stages of this journey, when a PhD was nothing but a distant dream. It was in her bachelor's seminar when I first learned about medieval *ars moriendi*. I thank Katariina for guiding me into the interesting world of death studies. Regarding my undergraduate studies, I want also thank University lecturer Juhani Sarsila for the thought-provoking discussions, many of which were related to death and dying, held during his absorbing Latin courses.

I thank my pre-examiners, Associate Professor Stina Fallberg Sundmark (Uppsala University) and Adjunct Professor Marika Räsänen (University of Turku), for their insightful comments that helped me to improve this thesis. I would also like to express my gratitude to Professor Laura Ackerman Smoller (University of Rochester) for accepting the invitation to act as my opponent.

PhD Jenni Kuuliala and MA Saku Pihko have been kind enough to read and comment on my papers several times during all these years. I thank you for sharing your time and expertise; you definitely pushed me forward. Furthermore, I want to collectively thank all those who have been fellow participants in several seminars and congresses in which I have had the privilege to present my papers. Of those who have commented on my papers and provided much appreciated advises, I want to single out University lecturer Jussi Hanska, University lecturer Ville Vuolanto, Professor Kirsi Salonen, Professor Didier Lett, Professor Jacalyn Duffin, Professor Cordelia Hess, Associate Professor Iona McCleery, PhD Mikko Kallionsivu, PhD Lauri Uusitalo, and PhD Jaakkojuhani Peltonen. I also want to express my gratitude to the blind peer reviewers of my articles. Especially beneficial were the comments provided by the two anonymous readers of *Scandinavian Journal of History* who reviewed

ABSTRACT

In this thesis I study the communal aspect of death and dying in late medieval Europe. Previous studies have acknowledged the communal character of medieval death. However, it is still not adequately shown how communality was constructed around the dying. The purpose of this thesis is to fill this research gap in the death studies. I will study the attitudes towards the communality of death through the acts that are recorded as being performed around a dying person in two different source materials: *ars moriendi* guidebooks and resurrection miracle narratives of the canonization processes and miracle collections. In addition to two different source materials, the construction of communality around a dying person will be studied in two distinct geographical areas: Italy and Sweden, which have been selected to facilitate detection of the possible differences in the geographical extremes of Western Christendom. The 15th century is the selected timeframe of the study, because the most popular *ars moriendi* guidebooks were written then.

The analysis of the three most popular *ars moriendi* guides showed that the theologians who wrote these texts did not consider the presence of several people beneficial for the dying person. This is a major finding, because previous studies have not acknowledged the guidebooks' negative attitudes towards the communality of death. People were welcomed to visit the dying during the early phases of the process of death. However, dying persons were instructed to be left alone with one trusted friend after the delivery of the last sacrament. This instruction was based on the belief that the presence of the loved ones would cause the dying to fall into the sin of avarice. According to this belief, the Devil tempted the dying to hold on to every mundane thing, including their next of kin. Thus, according to the guidebooks, the presence of relatives and friends caused the dying not to accept their death but to cling to the earthly matters, which would eventually lead to a bad death. Accordingly, the temptation of avarice was avoided, and the good death was achieved if people were not surrounding the deathbed.

One does not find such a negative attitude toward the people surrounding a dying person in resurrection miracle testimonies. Quite the opposite is true: Witnesses testified how the community actively took part in the process of death. A narrative of a communal death moment was constructed by recording, especially certain five acts

of death. It has been often recorded that a community agreed on the apparent signs of death, prayed together for help from a saint, agreed that the last sacrament should be delivered, decided to start preparing the burial and asked for help outside the sickroom. These recordings were a way to validate a miracle, because it was an assertion for a canonization commission that the people present were assured of the arrival of death. At the same time, they give evidence of how small-scale communities cooperated in the face of death: people negotiated, made decisions, and helped each other. Even strangers were welcomed to the deathbed scene.

The communal character is most clearly emphasised in those five acts of death when the determination of the signs of death has been recorded. The recording of this act was used as evidence that a proper miracle had occurred. A way to confirm that a person was truly dead was to testify that everybody present considered the person to be dead. The arrival of death was most often communally determined. However, doctors, apothecaries, barbers or even midwives were also used as expert witnesses to validate resurrection miracles in the Italian material.

The appearance of medical experts, the use of relics around the dying, and the more frequent appearance of priests around the dying in Italy are the only major differences between the resurrection narratives recorded in Italy and Sweden. The study has consequently verified that the communal acts of death were rather similarly comprehended in Nordic and South European 15th century hagiographic material. However, the institutionalised religion, which the *ars moriendi* represented, differed from the communality recorded in resurrection miracle narratives. Communality was an integral part of a deathbed scene in resurrection miracle narratives. I propose that the communal deathbed scene as recorded in hagiographic material reflects the lived religion of medieval people. Even if the theologians guided people in the opposite direction to the *ars moriendi* guides' instructions, people gathered around a dying person in the late Middle Ages. People were not mere passive bystanders around the deathbed; they constructed communality in manifold ways.

TIIVISTELMÄ

Tutkin väitöskirjassani kuolinhetken yhteisöllisyyttä myöhäiskeskiaikaisessa Euroopassa. Aikaisemmassa tutkimuksessa on korostettu keskiaikaisen kuolinhetken yhteisöllistä luonnetta. Huomiotta on kuitenkin jäänyt, minkälaisilla teoilla tätä yhteisöllisyyttä on rakennettu kuolevan ympärille. Väitöskirjani tavoitteena on tämän tutkimusaukon täyttäminen. Päätutkimuskysymyksenäni on, miten yhteisöllisyyttä rakennettiin kuolevan ympärille myöhäiskeskiaikaisessa Euroopassa. Käytän tutkimuksessani kahta eri lähdemateriaalia: kuolemisen taito -oppaita sekä hagiografiseen aineistoon eli kanonisaatioprosesseihin ja ihmekokoelmiin tallennettuja kuolleistaheräämisnarratiiveja. Näiden lähteiden kautta selvitän, mitä tekoja kuolevan äärellä odotettiin suoritettavan ja miten nuo teot loivat yhteenkuuluvuuden tunnetta ihmisten välille. Kahden erilaisen lähdemateriaalin avulla tutkin lisäksi, missä määrin oppaiden antama ihanteellinen kuolinhetki vastasi yhteisöllisyyden osalta kuolleistaheräämisnarratiivien antamaa kuvaa kuolinhetkestä. Ajallisesti tutkimus sijoittuu 1400-luvulle, jolloin suosituimmat kuolemisen taito -oppaat kirjoitettiin. Maantieteellisinä vertailukohtina ovat Italia ja Ruotsi. Näin pyrin selvittämään, minkälaisia eroja ja yhtäläisyyksiä löytyy kristikunnan keskuksessa ja pohjoisella reuna-alueella tallennetuista aineistoista.

Kolmen suositun kuolemisen taito -oppaan tutkiminen osoitti, että oppaat kirjoittaneet teologit näkivät yhteisön haitallisena kuolevalle. Tämä on merkittävä tutkimustulos, sillä kielteistä suhtautumista yhteisöllisyyteen ei ole aikaisemmassa tutkimuksessa huomioitu. Kuoleman prosessin varhaisissa vaiheissa, ennen viimeisen sakramentin toimittamista, ihmisiä ohjeistettiin vierailemaan kuolevan luona. Heitä kehotettiin esimerkiksi lukemaan rukouksia kuolevalle. Sakramentin toimittamisen jälkeen kuoleva oli oppaiden mukaan kuitenkin syytä jättää yhden uskotun ystävän seuraan. Paholaisen uskottiin asettavan kuolevalle kiusauksiaan, ja läheisten läsnä ollessa kuoleva saattoi oppaiden mukaan helposti sortua ahneuden syntiin. Paholaisen uskottiin houkuttelevan kuolevaa pitämään kiinni kaikesta maallisesta, niin omaisuudestaan kuin läheisistä ihmisistäänkin. Läheisten läsnäolo saattoi siis oppaiden mukaan johtaa siihen, ettei kuoleva ollut valmis hyväksymään elämänsä päättymistä. Oppaissa kuvattu hyvä kuolema edellytti oman kuolevaisuuden hyväksymistä ja maalli-

sista asioista luopumista. Mikäli kuoleva surkutteli omaa kohtaloaan ja eroaan läheisistään, hän kuoli huonosti. Ahneuden kiusaus oli kuitenkin vältettävissä, kunhan läheiset jätettiin kuolevan viimeisten hetkien ulkopuolelle.

Kuolleistaheräämisihmeiden todistajienlausunnoissa kuolevaa ympäröivällä yhteisöllä ei nähty näin negatiivista roolia. Päinvastoin, läheisillä kuvataan olleen tärkeä rooli erilaisten yhteisöllisten toimien suorittamisessa. Kuolleistaheräämisnarratiiveissa korostuu ennen kaikkea viisi yhteisöllistä tekoa: kuolevan äärellä rukoileminen, viimeisen sakramentin toimittaminen, kuoleman merkkien määrittäminen, hautaukseen valmistautuminen ja avun hakeminen kodin ulkopuolelta. Nämä toimet on tallennettu hagiografiseen aineistoon, sillä ne osoittivat kuolevaa ympäröivien ihmisten olleen varmoja kuoleman saapumisesta. Samalla ne todistavat keskiaikaisen pienyhteisön yhteistyökyvystä kuoleman koittaessa: ihmiset neuvottelivat, tekivät päätöksiä ja auttoivat toisiaan. Jopa ventovieraat saattoivat saapua kuolevan äärelle.

Viidestä edellä mainitusta kuolleistaheräämisnarratiiveille tyypillisestä toimesta yhteisöllisyys on kaikkein korostuneimmassa roolissa, kun kuoleman merkkejä tarkkailtiin. Merkkien perusteella läsnä olevat henkilöt määrittivät yhteisöllisesti kuoleman saapumisen. Italialaisen aineiston analyysi osoittaa, että ihmisillä oli kymmeniä erilaisia merkkejä, minkä perusteella he päättelivät ihmisen olevan kuollut tai juuri kuolemaisillaan. Skandinaavisesta aineistosta poiketen, italialaisessa aineistossa lääketieteen ammattilaiset saattoivat toisinaan yksin ilmoittaa, milloin henkilö oli kuollut. Lääkärit, apteekkarit, kirurgit tai jopa kätilöt toimivat Italiassa kuolleistaheräämisihmeiden asiantuntijatodistajina.

Asiantuntijatodistajia, reliikkien käyttöä ja pappien tiheämpää läsnäoloa lukuun ottamatta italialaiset kuolleistaheräämisnarratiivit eivät juurikaan eroa ruotsalaisesta aineistosta. Näin ollen on mahdollista todeta, että myöhäiseurooppalainen kuolemankulttuuri ja kuolemaan liitetty yhteisöllisyys kuvattiin hagiografisessa aineistossa varsin yhtenäisenä. Peilatessa tätä tutkimustulosta kuolemisen taito -oppaiden ohjeisiin, on kuitenkin helppo havaita, että ei ollut olemassa ainoastaan yhtä tapaa suhtautua kuolevaa ympäröivään yhteisöllisyyteen. Institutionalisoidussa uskossa, mitä kuolemisen taito -oppaat edustivat, yhteisön rooli nähtiin negatiivisena.

Hagiografinen materiaali viittaa siihen, että teologien ohjeistama malli, jossa yhteisö jätettiin kuolinhetken ulkopuolelle, ei noussut erityisen suosituksi toimintatavaksi. Kuolinvuoteen äärelle kokoontuminen oli tärkeä osa ihmisten elettyä uskoa 1400-luvun Euroopassa; yhteisöllisellä toiminnalla oli näin ollen tärkeä rooli keskiaikaisessa kuoleman prosessissa.

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LIST OF ORIGINAL PUBLICATIONS

This dissertation is based on the following original publications:

I   Nissi J. Who Will Accompany the Dying? The Communality of Late
         Medieval Death in the Ars moriendi -Guides. In *Memento mori, Il genere
         macabro in Europa dal medioevo a oggi* edited by Marco Piccat and Laura
         Ramello. Edizione dell' Orso, Alessandria, 2014, 515–530.

II   Nissi J. Communal Acts in the Process of Death: A Comparison Be-
         tween Nordic and South European 15th Century Hagiographic Material.
         Scandinavian   Journal   of   History,   2020.   DOI:
         10.1080/03468755.2020.1808526.

III   Nissi J. Quomodo scit quod mortuus erat? The Signs of Death in 15th
         Century   Italy.   *SVMMA*   7   (1/2016),   72–100.   DOI:
         10.1344/Svmma2016.7.5.

IV   Nissi J. Death in a Birth Chamber – Birth Attendants as Expert Wit-
         nesses in the Canonization Process of Bernardino of Siena. Accepted
         to be published in *Reading Medieval Sources: A Companion to Medieval Mir-
         acle Collections*, edited by Sari Katajala-Peltomaa, Jenni Kuuliala & Iona
         McCleery. Brill, forthcoming.

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1   INTRODUCTION

Books and studies on the history of death tend to open with notions of how death is an inescapable, universal fact of human life. Even though these kinds of remarks are somewhat wearying, the notion is important. It is, after all, the universal themes that make history relevant for the present time as we learn how people of the past have dealt with the same issues we encounter in our own lives. Death is an excellent indicator if one wants to understand what is important for people in a specific culture. As Albrecht Classen puts it, "Questioning what truly and most deeply mattered to people in life[…] we only need to turn to their experience of death and subsequently their specific culture of death in order to reach most valuable answers".[1]

I am studying the communal aspect of death in 15th century Europe in this thesis. As I participated in my first death studies conference in Helsinki in 2013, still as a master's student, speakers repeated how our society is not talking enough about death. This discussion on "not talking enough about death" has slowly become redundant in both academic discussions and in the media. Now, at the beginning of the 2020s there is certainly more talk about death than a decade, let alone decades, ago. Death studies have been a growing field in historical research since the 1970s. The historical interest in death and dying resulted from the awareness of the fact that attitudes towards death in Western culture had dramatically changed during the first part of the 20th century. Death disappeared from people's everyday lives with modernisation and medicalisation, and the importance of a community diminished in people's death moments in Western societies. A person was still most likely to die at home at the beginning of the century, and the deceased's family members or other relatives were the ones who took care of a dead corpse. However, after the middle of the century, dying in private houses became more infrequent. The new location for dying was hospitals or nursing homes, and the handling of dead bodies became a business of professionals. Death became a taboo as it was removed from people's

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[1] Classen 2016 (a), 7.

personal experience. Today we call this death culture of the 20th century a culture of 'death denial' or an era of 'The Phobic of the Dead', according to Romany Reagan.[2]

Scholars of death and dying are nowadays vividly discussing the matter itself instead of focusing on the lack of discussion. A new phase in the attitudes on death and dying has emerged: death positivity. The death-positive movement was established by American mortician Caitlin Doughty. Doughty is the founder of a death acceptance organization, The Order of the Good Death. Similar organizations that aim to promote dialogue on death and dying have been founded all over the world. The Finnish Death Studies Association was founded in Finland in 2011; thus, the discussion on death has emerged on public forums during the past decade. In Finland this more open attitude on death has been evident through academic conferences and panel discussions, but there have also been museum exhibitions on the subject, a documentary series on terminally ill people, books published on how to die well, and a death festival called *Ars moriendi* has occurred twice. Participants at this festival could, for example, take part in a dancing event appropriately named Dance of the Death.[3]

Hence, it seems that death culture is experiencing a kind of renaissance as old concepts, such as *ars moriendi, dance macabre* and *memento mori,* are updated to the 21st century. Still, not everybody feels comfortable speaking about death and dying. Ashby Kinch has pointed out that death might be experienced very differently within the same culture by different families or by different individuals.[4] Joëlle Rollo-Koster also correctly notes the negative side of the omnipresent death as we witness catastrophes, wars, and mayhems contemporaneously from our laptop or mobile phone screens wherever we are.[5] The most recent phenomenon is the daily "body count" updates of casualties caused by COVID-19.

The death culture of the Middle Ages has been a prominent parallel to historians when comparing the attitudes towards death and dying in pre-modern and contemporary societies. The era after the Black Death has especially been of interest in the death studies. Johan Huizinga wrote in 1919, in his eloquent style, that "No other

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[2] See Reagan's article for an overview of mourning practices from the 19th century to the 21st century. Reagan 2017.

[3] Death positivity has taken several forms around us. For example, someone who wants to be prepared for their own death can organise all their belongings according to a Swedish invention called "death cleaning", or they can make their own coffin at a craft club, discuss dying at a Death Café get-together or even download a mobile phone application that gives several *memento mori* aphorisms during the day. See Reagan 2017; Koski 2019, on death positivity.

[4] Kinch 2013, 31.

[5] Rollo-Koster 2017, 2.

epoch has laid so much stress as the expiring Middle Ages on the thought of death. An everlasting call of *memento mori* sounds through life."[6] A later criticism is that it is impossible to put epochs in order based on their amount of contemplation of death, and Huizinga also tended to overemphasise the cultural obsession with the macabre in the 15th century.[7] Still, medievalists have accepted that the Black Death and the following plague epidemics truly changed the European culture. According to Jean Delumeau, the fear of plague after the Black Death was present in every rank of society for the next two centuries.[8] As a result, macabre themes, contemplation of death and how to die well became recurring topics of the visual arts, literature, and sermons. Much attention was paid to death and dying during this period. Therefore, I have chosen the 15th century as the temporal framework of this study.

Even if the Black Death and the following plague epidemics were the most important reasons for the evolvement of the 15th century death culture, it is important to note that the concentration on death did not evolve only after the plague. Death as a gateway to the afterlife had always been an important part of Christian eschatology.[9] Christian *ars moriendi* literature has its roots in the late 13th and early 14th centuries. Death and the dead corpse were already favoured motifs of art before the plague.[10] The increasing theological importance of the moment of death and the discussion on the beatific vision also date to the first half of the 14th century.[11] Therefore, without depreciating the importance of the plague, I agree with Amy Appleford that "…to treat the plague as a singular cultural trauma is to seal off late medieval death discourse both from other periods of history and from a fluid and constructive relationship with long fifteenth century itself."[12] I also acknowledge that the death discourse of the 15th century was not obsessive or morbid but rather a survival mechanism, an expression of an active spiritual life and a manifestation of the relationship between the living and the dead.[13]

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[6] Huizinga 1965, 134.

[7] Duffy, 2005 301; Perkinson & Turel 2021, 2.

[8] Delumeau 1978, 15–17.

[9] For example, Cyprian of Carthage (210–258) wrote in his *De mortalitate* that ageing, illnesses and death should be encountered joyfully because they meant that the reencounter with Christ was near. Murphy 2019.

[10] Schmitz-Esser 2020, 116–117.

[11] On the beatific vision see, for example, Walker Bynum 1995, 279–285.

[12] Appleford 2015, 10.

[13] The alleged obsessive and morbid nature of the late Middle Ages has been criticised most recently by Stephen Bates. Bates 2021, especially 72–73, 83–84.

I am participating in the current death positivity discussion with this thesis, even though the focus of this study is on the late Middle Ages. The 15th century as an era of intense death contemplation is a suitable parallel from which we can learn something as a society. Readers of this thesis might find that people in the Middle Ages were struggling with the same kinds of questions regarding their own or their loved one's death just as we are today. Thus, one might find the questions dealt with in this thesis relevant for one's own life, even someone who does not share the same religious beliefs as medieval people.

Historical research has an important role in increasing and improving the discussion on death and dying. End-of-life care was, most of all, spiritual and mental in the Middle Ages. Psychosocial and existential support should still be an integral part of palliative care in the 21st century despite death's medicalization. A recent report by Finland's Ministry of Social Affairs and Health identifies the need to improve the availability and quality of end-of-life care in Finland. The report acknowledges the importance of multiprofessional staff in palliative care. The support given by the specialists in spiritual, psychosocial, and existential issues is essential in end-of-life care, in addition to the medical care provided by doctors and nurses.[14] Understanding how people have dealt with their own mortality in the past might ease one's own anxiety about death.[15] Therefore, this study is addressed not only to the field of medieval history but also more broadly to the social sciences and to all the people who are one way or another facing dying people.

1.1   The Aim of the Study and the Questions to Be Asked

In this thesis I am investigating attitudes about visitation to a dying person in 15th century Europe. The focus is on the deathbed attendants' role around the dying. I am scrutinizing communality in the spatiotemporal context of the so-called deathbed scene. Thus, I pay no attention to the relation between the living and those who were dead and buried long ago, in other words to the commemoration of the dead. Instead, I study the social strategies of a community at the time when someone was considered to be in the process of death, that is, during the period when someone was interpreted to soon pass into the afterlife or was only very recently considered

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[14] Saarto & Finne-Soveri 2019.

[15] On the possible benefits of medieval studies on the contemporary palliative care, see Espi Forcen & Espi Forcen 2016; Thorton & Phillips 2009; Harrap & Collins 2020.

to have died. In the sources which I have used, physical location of a death moment is most often inside a private house, although sometimes death also occurs outdoors.

The following sub-chapters will demonstrate that there seems to be a consensus among historians that death was a communal occasion in the Middle Ages.[16] I start with this premise set out by earlier research that death was a communal moment. Yet, my thesis aims to go further from this comprehension and expand our knowledge of the nature of the communality of death in late Middle Ages. In order to do this, the main research question of this thesis is: How was the communality of death and dying constructed in 15th century Europe? By 'death and dying' I mean the above-mentioned spatiotemporal context of the deathbed scene. This spatiotemporal context will be discussed further in the next chapter when I talk about the process of death. The geographical definition, Europe, on the other hand, is here understood as Western Christendom. I will explain the geographical approach of this study further below.

The essential part of the research question is the interrogative word *how*. Historians have rarely gone past the notion that people used to gather around the dying. Even though there are plenty of studies concentrating on the different aspects of the medieval process of death, so far there has been little discussion about medieval communities' abilities to strengthen their social cohesion in the face of death. This thesis aims to fill this research gap.

The main research question will be analysed from the perspective of two different source materials: *ars moriendi* guidebooks and resurrection miracle narratives of canonization processes and miracle collections. I will study the attitudes towards the communality of death through the acts that are recorded to be performed around a dying person in these sources. With the decision to concentrate on these two materials, my aim is to analyse the normative instructions of *ars moriendi* guides from the perspective of communality (Article 1). This analysis serves as a background for my study on the deathbed scene as recorded in the testimonies of resurrection miracle narratives (Articles 2–4). The aim is not to perform an explicit comparison between the sources, because they are very different by their nature. Rather, I will connect the ideal death of the guidebooks to the picture given in the miracle narratives. The analysis of the two sources contributes in this way to a stimulating tension, enabling a more profound comprehension of the lived religion of medieval people and the nature of the end-of-life care in 15th century Europe.

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[16] In addition to the studies mentioned in the following sub-chapters, brief mentions about medieval death's communal aspect are not rare in the books concerning matters related to medieval death. See, for example, Youngs 2006, 195; Cressy 1999, 390–391; Duffy 2005, 322–323; Gray 2021, 108.

I acknowledge that there would also have been other possible normative sources to use in this study in addition to the *ars moriendi* guidebooks. For example, either church manuals or the Books of Hours would have been such sources. However, these sources have been already studied rather well, as I will present later in this chapter. Instead, the *ars moriendi* guidebooks' opinion of the people around the dying has not been properly researched in medieval studies so far. The popularity of the guidebooks and the fact that they were targeted not only for priests but also for lay audiences make them relevant sources for my study. Resurrection miracle narratives also have not yet been studied systematically from the perspective of communality. Furthermore, they give evidence of the so-called "ordinary people's" experiences of the deathbed scene better than any other 15th century sources. Therefore, I have selected these two materials.

In addition to the perspective of two different source materials, I will also concentrate on two distinct geographical areas: Italy and Sweden. These two regions have been selected in order to discover the differences and similarities between the resurrection miracles recorded in the geographical extremes of Western Christendom. Italy was the most urbanised region in medieval Europe, whereas Sweden was scarcely populated and distant from the most important centres of learning. The geographical comparison will be made explicitly in Article 2 and implicitly in Article 3. *Ars moriendi* guidebooks, for their part, were read all over the Catholic Europe, and the analysis made in Article 1 could be applied to the whole of Western Christendom.

I present specifying sub-questions in the four articles of this thesis to be able to answer the main research question. The layout presented here brings forth all the questions this thesis deals with.

Main research question of the thesis:

- How was the communality of death and dying constructed in 15th century Europe?

These are the sub-questions presented in the articles:

- Article 1: What role was given to the surrounding people in the *ars moriendi* guidebooks? Who should be present around the dying? What acts are the surrounding people advised to perform? How does the advice given to the people vary according to different guidebooks?
- Article 2: How does the performance of the acts of death construct communality in a resurrection miracle narrative? What are the regional differences and similarities

> between Swedish and Italian resurrection miracle narratives?
>
> - Article 3: How did people recognise a person was dead in Italian 15ᵗʰ century hagiographic material? Who is recorded as having the responsibility to make this decision?
> - Article 4: What were birth attendants' abilities to deal with sudden childbirth deaths according to their testimonies in Bernardino of Siena's canonization process? What do birth attendants' testimonies reveal about their expertise and authority among their community?

I will focus on the communality of death in the *ars moriendi* guidebooks in the first article, *Who Will Accompany the Dying? The Communality of Late Medieval Death in the Ars moriendi -Guides*. These how-to-die-well guidebooks have been otherwise studied relatively broadly, but my article is a rare attempt to research what different guidebooks had to say about the importance and the role of the people present around the dying. The reader should consider the first article as a starting point for the research on the communality of death because the guidebooks present the ideal deathbed scene. These guidebooks give us the ideal model of medieval dying according to the Roman Church; thus, they give an opportunity to investigate what the theologians who wrote the guidebooks thought about the communality of death. The examination will be done by a close reading of the instructions that were given to the people surrounding the deathbed. I will propose in the article's conclusion how the theologians saw the ideal death moment in the 15ᵗʰ century in regard to the people who were attending the death moment of their loved one.

In three other articles I will examine resurrection miracle testimonies recorded in the selected 15ᵗʰ century hagiographic material. The cases record the different acts of death and how people participated in the process of death. This thesis is the largest study so far investigating medieval resurrection miracles. Thus, in addition to studying the communal character of death, my aim is also to demonstrate how one is able to study the social history of death and dying with these sources. In their introductory chapter to the most recent edited book on the history of medieval and early modern death, Philip Booth and Elizabeth Tingle list the primary sources that scholars of medieval death have used during the past thirty years: wills, obit rolls, necrologies, family documents, handbooks, tracts, buildings, art and archaeological remains. They do not, however, recognise the importance of canonization processes

or miracle collections.[17] Medieval sources are generally rather silent about common people's experiences around a dead or dying person; [18] hence, hagiographic material contributes to our understanding of the medieval deathbed scene.

Using miracle testimonies, I apply a microhistorical approach that concentrates on the histories of everyday life, the focus being on how small-scale communities acted in the face of death. My approach could be also called a "social history of experience"[19]. I understand "experiences" as people's interpretations of events that have occurred. Experience is not merely something that happens, but it is people's production of something that happened. Studying experiences of the past is to study people's ways of making sense of what was happening around them. Experiences are, and were, collectively shared and interpreted, which makes them social constructions.[20] A miracle is a great example of such a social construction. The same occurrence may be given different meanings depending on people's motivations or world views: some experience a miracle, others experience a fortunate incident. I am not analysing what actually happened when I analyse miracle testimonies but, rather, what meanings and explanations were attributed to the event: how the event was experienced, interpreted and, of course, recorded as a miracle narrative. Even if the experiences of the so-called ordinary people are approachable only in a mediated form in miracle testimonies, scholars of hagiographic material have shown the possibilities of the sources, for example, in the studies of social relations, lived religion, gender, infirmities and the social history of medicine.[21]

I investigate broadly in Article 2, *The Communal Acts in the Process of Death – A Comparison between Nordic and South European 15th Century Hagiographic Material*, the resurrection miracles and the communality recorded in them. I will present the five most-often mentioned acts of death in the 15th century Italian and Swedish hagiographic material. I scrutinised a total of 154 resurrection miracles from the perspective of communality for the article. The aim of the article is to answer how the performance of the acts of death constructed communality in a resurrection miracle narrative. Furthermore, because the material consists of Italian and Swedish sources,

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[17] Booth & Tingle 2021, 1–14.

[18] Norbert Stefenelli notes that, "*Von Erlebnissen oder Erfahrungen mit dem Leichnam ist dabei selten zu hören oder zu sehen.*" Stefenelli 1998, 306.

[19] Jarausch 1989, here especially 442–443.

[20] On experiences as social processes, see Katajala-Peltomaa & Toivo 2020, 11–13.

[21] The bibliography of such studies produced over the past four decades is vast. Most recently see Katajala-Peltomaa 2020; Kuuliala 2020 (a); Kuuliala 2020 (b).

I make a comparison between Nordic and South European resurrection miracle narratives. I conclude by also proposing a new concept for the death studies, the community of dying.

Whereas the second article is a broader analysis of the communal acts of death in resurrection miracles, I concentrate in the third and the fourth articles on more focused aspects of communality in resurrection miracles. In the third article, *Quomodo scit quod mortuus erat? Signs of death in 15th century Italy*, I scrutinise the investigation of the signs of death. This act is characteristic for resurrection miracles because the witnesses had to testify that they truly believed that a person was dead and, therefore, a true miracle had occurred. No other medieval source material demonstrates the ways to determine the limits of life and death as well as the depositions of canonization processes and miracle collections. In Article 3, I analyse the signs of death recorded in the canonization process of Bernardino of Siena (Bernardino da Siena)[22] and in the miracle collection of James of the Marches (Jacobo della Marcha). The paper also discusses the role of community during the decision-making process and thus offers an important contribution to this thesis.

In the fourth article, *Death in a Birth Chamber – Birth Attendants as Expert Witnesses in the Canonization Process of Bernardino of Siena*, I analyse four resurrection cases of newborn children recorded in the canonization process of Bernardino of Siena. The aim is to investigate what kind of testimonies were given on the occasions when childbirth turned out to be a death moment. My purpose is to demonstrate how depositions of childbirth miracles describe a community's ways of functioning at the moment of sudden crisis. Regarding the communality of death, the childbirth resurrections are important cases, because they represent situations in which women play a crucial role in the eyes of a community. This way the article is providing a gendered approach to the moment of death.

I approach the construction of communality of death from different perspectives with these four articles by analysing two different geographical areas and two different source materials. I will first approach the communality of death from a theological and normative perspective, whereas the three following articles represent the attitudes and procedures that people have associated with being important in the

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[22] In this introductory/concluding part of my thesis, I will use English names of the saints when their name has an established English version. Some Swedish saints, like Nils Hermansson of Linköping and Brynolf Algotsson of Skara, do not have standard English versions; therefore, I use their Swedish names. When a saint has a standard English name, I give the name used in the saint's own language area in brackets when mentioned the first time. In the articles, however, there is no such consistency. For example, in Article 2 I have used the Italian version of Santa Francesca Romana but the English version of Bernardino of Siena.

context of miracle depositions. Miracle testimonies do not provide straightforward descriptions of occurred events, but they are still less idealistic about the process of death than normative guidebooks. There was a collectively interpreted oral version of an actual event behind a recorded deposition, an attempt to give meaning to a momentous experience.[23] Miracle testimonies offer a possibility of investigating the process as a lived practice and lived religion, even if this historical event is unreachable by us, as will be discussed later.

'Lived religion' has become an important methodological framework in the studies of medieval religious life during the past few years. Lived religion as a concept means that religion was something that people lived out in their daily lives. Rather than focusing solely on theological doctrines, studies that use lived religion as a methodology concentrate on how the concepts of the ecclesiastical doctrines were reflected in people's rituals and communal practices. This is exactly what this thesis does. Lived religion is not reachable by us through dogmatic texts. Instead, lived religion as a conceptual tool aims to study how communities adopted the dogmas into their everyday lives. Such studies are interested in, for example, how religion is reflected in people's gestures and bodily behaviour or how one participates in one's community through the performance of religious practices.[24]

The methodology is not explicitly mentioned in my articles. However, the articles implicitly link to this rather new methodological framework because I am studying medieval communities' ways of constructing cohesiveness through ritual practices, such as the performance of the last sacrament or preparations for burial. The use of two different kinds of source material emphasises my thesis' linkage to the concept of lived religion; whereas the *ars moriendi* guidebooks provide theological and institutional background for the late medieval death and dying, miracle testimonies enable us to study dying as a social process in which people participate, perform, and interact in their community. Additionally, the witnesses of miracle testimonies were from different ranks of society, so we are able to study the death process in the context of lay people. Thus, whereas Article 1 studies the attitudes that theologians held as important regarding the communality of death, the three other articles concentrate on the subject within the framework of lived religion. Even though the concept is not reflected in the articles, now, at the end of my PhD project, I recognise the importance of the 'lived religion' methodology for medieval death studies. Therefore,

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[23] Katajala-Peltomaa 2020, 178–179.

[24] On lived religion in the medieval and early modern context, see Katajala-Peltomaa 2020, especially 2–6; Katajala-Peltomaa & Toivo 2020; Katajala-Peltomaa & Toivo 2017; Kuuliala, Peake & Räisänen-Schröder 2019 (a).

every time I speak of 'lived religion' in this introductory/concluding part of my thesis, I am referring to it in the sense of this methodology.

As will be discussed more thoroughly, one is unable to investigate the performance of *ars moriendi* procedures, or the lack of them, from miracle testimonies. However, readers should keep in mind the instructions given in the *ars moriendi* guidebooks and the analysis made in the first article while perusing the three articles on resurrection miracles. This way one can detect the differences and similarities between the attitudes on the communality of death and between the ideal death of *ars moriendi* and the alleged death moment of common people as recorded in the miracle testimonies. This, for its part, will help us to better understand the lived religion of medieval people and the nature of the end-of-life care in 15th century Europe.

1.2 From Philippe Ariès to the 2020s: The Five Decades of Death Studies

He was not the first to investigate medieval death, but bibliographies of historical death and dying usually start from Philippe Ariès.[25] His shorter *Western Attitudes towards Death* (1974) and especially his colossal *L'homme devant la mort* (1977) with its English translation *The Hour of Our Death* (1981) are regarded as pioneering works in the field. In 1985 Ariès published yet a third work on the history of death, *Images of Man and Death*. It is noted that Ariès' works actually raised more questions than answers. Stephen Perkinson and Noa Turel describe Ariès' contribution rather well, stating that his work is "in equal parts brilliant and frustrating".[26] His selection of sources was somewhat incoherent, his periodization was vague, and his Catholic and royalist views were evident.[27] Still, his ambitious attempt to write *a history* of death has been appreciated, and his work has inspired many scholars for decades.[28] Despite the flaws in his works, Ariès' merit lies in the fact that he brought death and dying properly under the scrutiny of historical inquiry. The critique of Ariès' works' actually points out his importance; even if his answers were incomplete, his questions were correct.

Regarding the theme of this thesis, Ariés was the first to point out the communal aspect of medieval death. He used the communal character of pre-modern death as

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[25] On the studies of medieval death prior Ariès, see DuBruck 1999, 2–4.

[26] Perkinson & Turel 2021, 4.

[27] On criticism of Ariès, see Porter 1999.

[28] Rollo-Koster 2017, 2–3.

one of his arguments when he called historical death "tamed death" and modern death "wild death". He wished to demonstrate with this distinction how much the death culture of the 20th century differed from that of the previous centuries. Sadly, Ariès did not analyse communality more thoroughly but settled for saying that death was always a public event up until the end of the 19th century.[29] This stereotypical notion made by Ariès was one of the factors that motivated me to engage in the questions presented in this thesis even during my undergraduate studies. This is a rather good example of Ariès' importance to death studies: His carelessly stated arguments have inspired later scholars to investigate subjects related to death more meticulously.

Ariès' compatriots and fellow members of the *Annales* school Michel Vovelle, Jacques Chiffoleau and Jacques le Goff, were other pioneers in the study of medieval death. Ariès may have failed to connect his arguments on the changes in medieval society, but Vovelle managed to do this better in his study *La mort et l'Occident de 1300 à nos jours*. Vovelle stated that different kinds of attitudes towards death coexisted simultaneously and the changes in attitudes happened gradually, not rapidly. Regarding the communality of medieval death, Vovelle observed that death is usually depicted as a communal situation in the Books of Hours.[30] Chiffoleau's *La comptabilité de l'au-delà: Les hommes, la mort et la religion dans la region d' Avignon à la fin du Moyen Âge* became a classic study on medieval wills and on the remembrance of the dead. Chiffoleau paid attention to the economic aspect of the afterlife; people invested in death masses to shorten their stay in purgatory. This subject is also scrutinised by Le Goff in his classic *La Naissance du purgatoire*. Both Chiffoleau and Le Goff concentrated on how the living interacted with the dead. This theme has gained much interest in medieval death studies after Chiffoleau and Le Goff.[31]

The abovementioned classic works analysed medieval death in *longue durèe* -style. Studies on medieval death have generally concentrated on more limited themes and periods since the 1990s. Gordon D. Raeburn has observed that because death as a subject is so vast, the *longue durée* method may not be the best possible approach. Regarding death studies, Raeburn emphasises the benefits of the so-called snapshot approach in which researchers study smaller and more tightly focused themes than

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[29] Ariès 1981, 18–19.

[30] Vovelle 2009, 109.

[31] Most recently commemoration of the dead and the interaction between the living and the dead has been studied by William J. Courtenay in the context of the University of Paris. Courtenay provides a comprehensive bibliography on the subject. Courtenay 2018.

the early classic death studies.[32] Several edited books have scrutinised the temporal and geographical differences and similarities between the attitudes towards medieval death and dying, which has kept *longue durée* still often used approach in death studies. I will briefly discuss in the following paragraphs those studies that have contributed most to the discussion of the communality of death and thus are the most essential works for my thesis. My intention is not to provide a complete bibliography of the medieval death studies.[33]

Norbert Ohler was one of the first to portray the communality of death further than the notion that people used to gather around the dying. He combined different sources to illustrate an ideal death moment in the Middle Ages in his article 'Sterben, Tod und Grablege nach ausgewählte mittelalterlichen Quellen'. According to Ohler, a dying person arranged his secular matters as he acknowledged the approaching death. The loved ones of the dying gathered around him to say goodbye when he had conducted the last will. He bid farewell to them with gestures and words. The last sacrament was delivered as a priest arrived; then, the surrounding people prayed for saints to guarantee a good death and said aloud greed. Finally, the dying crossed his hands above his chest, held a candle and raised his eyes towards the sky, a gesture indicating that he accepted the arrival of death.[34] Although not analysing or problematising the communality of death any further, Ohler acknowledged the participatory role of a medieval death moment. The surrounding people were not passive bystanders but had an active role around the deathbed. Ohler's article, in a historiography sense, still has problems because the sources he used are neiter clearly specified nor given proper source critical analysis. The merit of Ohler's article's remains in its overview of the ideal medieval death, not in analysing the death moment in a particularly critical way. Ohler later contributed to the death studies with his monograph *Sterben und Tod im Mittelalter*. The book's third chapter is especially important in demonstrating the procedural character of death, a concept that has been crucial to my own thinking about medieval death and dying. Ohler also acknowledges the

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[32] Raeburn 2020. Mia Korpiola and Anu Lahtinen also acknowledge the vastness and diversity of medieval death culture. Therefore, they talk about parallel cultures of death in the plural. Korpiola & Lahtinen 2015 (a).

[33] The most important edited collections on medieval death published since the 1990s are listed here. They include comprehensive bibliographies on the historiography of medieval death. Wenninger 1998; DuBruck & Gusick 1999; Salvestrini, Varanini & Zangarini 2007; Krötzl & Mustakallio 2010; Trombetti Budriesi 2013; Korpiola & Lahtinen 2015 (b); Classen 2016 (b); Rollo-Koster 2017 (b); Tomaini 2018; Société des historiens médiévistes de l'Enseignement supérieur public 2018; Lahtinen & Korpiola 2018 (a); Miranda Garzia & López de Guereño Sanz 2020; Perkinson & Turel 2020; Booth & Tingle 2021.

[34] Ohler 1987.

difficulty of determining the arrival of death, the topic that I have also concentrated on.[35]

Concerning the theme of this thesis, another important contribution in the same volume as the aforesaid Ohler's article was Bardo Weiss' article 'Kostbar ist in den Augen des Herrn das Sterben seiner Heiligen. Vom Sterben und vom Trost der Heiligen'. Weiss categorised the typical elements of a saint's death (a theme that will be discussed further in the next sub-chapter through Michael Goodich's article), one of which, according to Weiss, was the communal gathering around the dying saint. Weiss claims that the gathering around the dying saint was happy by its nature and was given great importance, because even monks could gather around a dying nun, which they normally were not allowed to do.[36]

Paul Binski contributed to the discussion about communality by highlighting the importance of the death rituals. The major impact of Binski's work on my own way of thinking is that he applied Emile Durkheim's theory on rituals to medieval death. According to the idea, rituals are a form of social control because they express and reinforce social coherence. A communal trauma such as death is responded to with rituals that stabilise the crisis. They reinforce the existing social arrangements and expectations, as well as connect individuals to their social groups and to their belief systems. Hence, death rituals were maintaining the social order of a community. Binski's important remark was that rituals express religion's and society's complex order of symbolism. This symbolic order is most clearly evident in ritual forms and in tombs.[37]

Even though the last wills or secular court cases have not been analysed in this thesis, it is necessary to note their possibilities for studies on the communality of death. Mundane judicial material could be fruitful, especially in the context of medieval Sweden, because deathbed confessions about debt, property and criminal issues were given legal prestige in medieval Swedish law. This topic has been studied by Mia Korpiola in her article, 'At Death's Door: The Authority of Deathbed Confessions in Medieval and Early Modern Swedish Law'.[38] Korpiola does not explicitly pay attention to communality. However, she states that "The ideal religious preparations for death required the presence of family and friends as well as spiritual preparations: confession, absolution, and possibly also extreme unction."[39] Anu Lahtinen

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[35] Ohler 1997.

[36] Weiss 1987.

[37] Binski 1996, see especially 50–51.

[38] Korpiola 2018.

[39] Korpiola 2018, 89.

and Mia Korpiola similarly claim in the introductory part of the same book that "…a Good Death required proper valedictory rituals, confession, absolution, and extreme unction, in the presence of family and friends."[40] As becomes clear later on in this thesis, I will challenge the opinion that theologians saw an ideal death as a communal occasion in the Middle Ages. In any case, even though Korpiola does not analyse her sources from the viewpoint of communality, it is clear that the sources she has used might be useful in the study of the communality of death. Quite similarly, as in the miracle testimonies, in secular court cases the communal aspect is evident through the witnesses who testified that they had been present around a dying person when he or she confessed, for example, about debts or other property-related matters. Judging by the cases cited by Korpiola, the problem with these cases might be the fact that it seems to be rather difficult to determine at which point the witnesses had been around the dying and whether they remained there until the person's death. It has apparently been recorded quite often that witnesses had been present as the person had been *in extremis*, or as it has been recorded in Swedish, *i sit ytersta*. These kinds of vague terms do not necessarily indicate that deponents were present as the dying person took his or her last breath. Additionally, apart from the will making, the communal acts of death do not have such high importance in secular court cases as in miracle testimonies. This obviously lessens the value of mundane court records when studying the ways in which communality was constructed around a dying person. In any case, I acknowledge the possibilities of these sources, and it should definitely be inspected how the Swedish secular deathbed confessions could comprehend our understanding on the communality of medieval death and dying.

Stina Fallberg Sundmark also offers an important view of the communal character of medieval death in Sweden in her monograph *Sjukbesök och dödsberedelse. Sockenbudet i svensk medeltida och reformatorisk tradition*. Fallberg Sundmark investigates priests' roles around the deathbed using normative sources such as statutes, Swedish laws (*landskapslagar*) and church manuals. Fallberg Sundmark notes that the dying person's family and friends participated in the acts performed around the dying. People were instructed to kneel by the deathbed, say prayers, recite the litany of saints and answer the questions asked of the dying person, if they were unable to do it themselves. Her study is based on normative sources, so it answers the question of how people were supposed to act by the deathbed. Her investigation is focused on the priest's role around the dying, so it does not shed light on the cases in which a

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[40] Lahtinen & Korpiola 2018 (b), 8.

priest did not reach the dying in time. Article 2's evidence shows that a priest's presence by the deathbed should not be considered self-evident; in this way, my studies complement our understanding of death and dying in medieval Sweden.

Medieval Books of Hours present an ideal death moment in addition to the *ars moriendi* literature and the dormition of the Virgin iconography. I do not use iconographic evidence in my articles on resurrection miracles, but Roger Wieck's article on the presentation of funerals in the Books of Hours offers important background for my analysis on preparation of the dead in resurrection miracles.[41] As already mentioned, Michel Vovelle noted the communal character of death in the Books of Hours'in his classic *La mort et l'Occident de 1300 à nos jours*.[42] Wieck's article goes beyond this notion as he guides the reader through the different phases of death as they are presented in the Books of Hours. The Books of Hours or the *ars mordiendi* guides offer a representation of the *death desired*, yet resurrection miracles offer an important contrast to these sources because, rather than depicting an idealised death, the testimonies record people trying to escape from death.

1.3   Studies on the Medieval *ars moriendi* Guidebooks

Medieval art of dying texts have been researched by historians, theologians, literary scholars, and even medical doctors. The result is that a multidisciplinary approach has been a natural part of studies concerning the theme, yet this multidisciplinary approach has also made the field somewhat fragmentary. For example, no nuanced methododolgical approach has evolved that focuses on the art of dying. Elisabetta Patrizi has noted that even if studies on the history of death have otherwise multiplied, "…the interest for a systematic study of the *Artes moriendi*… is still poorly grown."[43] This is the reason why research literature on the art of dying guidebooks and the methodology related to them is not as vastly discussed in this chapter as is the hagiographic material. The classic studies by Mary O'Connor and Rudolf Rainer have held their significance in the field even though they are already several decades old. The scholarship on the subject has traditionally focused most of all on German-speaking countries and England. However, the scope has more recently broadened to other countries and also to the early modern period.[44] In this subchapter I will

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[41] Wieck 1999.

[42] See also Yvard 2002, especially 118.

[43] Patrizi 2016, 202.

[44] See, for example, Reinis 2007; Vogt 2004: Eire 1995; Holler 2020.

briefly talk about those studies that I found the most important while writing Article 1. The next chapter broadens this discussion to those studies published after my Article 1.

Stina Fallberg Sundmark's article on a Swedish *ars moriendi* text has contributed perhaps most for my own research on the art of dying guidebooks. Like her monograph *Sjukbesök och dödsberedelse*, Fallberg Sundmark's article 'Om konsten att dö på rätt sätt' is a significant contribution to death studies and especially on the use of *ars moriendi* guidebooks in late medieval Sweden.[45] Fallberg Sundmark analyses a Swedish translation of Jean Gerson's *De arte moriendi*. The translation was made by Ericus Nicolai in 1514 at the request of Archbishop Jakob Ulvsson. Fallberg Sundmark connects the a*rs moriendi* literature impressively to other liturgic texts concerning priests' visitations to the sick. However, she did not recognise the characteristics of Ericus Nicolai's text within the *ars moriendi* genre. As I discovered in Article 1, the text is not a direct translation of Gerson's text. I will return to this matter in more detail in the next chapter.

In addition to Fallberg Sundmark's work, my article on the *ars moriendi* guidebooks has been influenced by Mary O'Connor's classic *The Art of Dying Well: The Development of the Ars moriendi*, Rainer Rudolf's *Ars moriendi* and Donald F. Duclow's article 'Dying Well: The *Ars moriendi* and the Dormition of the Virgin'. My article was already published in 2014, so it is clear that important studies on *ars moriendi* have been composed since then. Works by Amy Appleford and Joost Roger Robbe need to be mentioned here and will be discussed more thoroughly in the next chapter. Appleford's monograph *Learning to Die in London, 1380–1540,* is the only full-length study on *ars moriendi* made in recent years. Although it concentrates only on English texts that circulated in London, the fourth chapter of her monograph is especially important more broadly in *ars moriendi* studies because it concentrates on the relationship between *Tractatus de artis bene moriendi* and Jean Gerson's *De arte moriendi*. Robbe's article, 'Meer dan louter toeval?', focuses on the relationship between Flemish *Tafel vanden kersten Ghelove* composed by Dirk van Delft and the abovementioned *Tractatus* and its shorter picture version called *Ars moriendi*.

Mary O'Connor's work was published almost eighty years ago, but it is still the most important study on the development of the literature genre. She gives a detailed presentation on literary forerunners of the three most important guidebooks, which I also study in my article. She demonstrates the variations of both the Latin and the vernacular manuscripts and editions. Finally, she pays attention to the later Catholic

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[45] Fallberg Sundmark 2009.

and post-reformation tradition of the genre.[46] O'Connor's research should be a starting point for any studies on *ars moriendi* tradition because of its nature as a type of reference book on the surviving *ars moriendi* manuscripts. O'Connor is also responsible for the theory that *Tractatus de artis bene moriendi* was composed during the Council of Constance.

Rainer Rudolf contributed especially to the discussion on the authorship of the *Tractatus de artis bene moriendi*. Although in my article in note 19[47] I presented some mistrust of Rudolf's theory that *Tractatus* would have been composed by Nikolaus von Dinkelsbühl, his arguments are convincing, all things considered. Rudolf also had an important impact on establishing the conception that the *ars moriendi* tradition should be seen as the Church's pastoral answer to the plague epidemics.[48]

Donald Ducolow's article gives an explicit description of the contents of *Tractatus de artis bene moriendi*.[49] The article presents how the literal *ars moriendi* tradition gave practical guidance about how to obtain a good death, while iconographic presentations of the Virgin's death depict a holy death, the ideal that was the aim of the *ars moriendi* guidebooks. Concerning the communal aspect of the death moment, Duclow emphasises *Tractatus'* instruction to gather around the dying, as the custom was in some religious houses. Duclow does not reflect *Tractatus'* contradictory attitude toward communality, as I argue in Article 1. Other instructions do not regard communality as meritorious for the dying; therefore, the conclusion is not as simple as Duclow presents.

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[46] O'Connor 1942.

[47] The same footnote has a typographical error. I refer to Jeffrey Campbell's hypothesis on the possible misdating of an early manuscript of *Tractatus*, but the year should be first 1439/40 and then in the same sentence 1438. I would also like to take a new stand on Campbell's theory on the possible misdating of the first known manuscript of *Tractatus*. In my article, I expressed the opinion that Campbell might be right, as he argues that the first known manuscript might actually have been written in 1438 because all the other surviving manuscripts around Vienna are from 1439/40. However, I now realise that Campbell's argument must be rejected. As one goes through Mary O'Connor's catalogue of all the known *Tractatus* manuscripts, one finds there are manuscripts that undoubtedly date to the early 1430s. A copy written in 1518, now held in the Vatican library (Codices Vaticani Latini 10068), also has its *explicit* as follows, "*Explicit tractatulus de arte moriendi inscriptus 1418.*" Therefore, Campbell's hypothesis of 1438 has no foundation in my opinion.

[48] Rudolf 1957.

[49] Ducklow 1999.

1.4 The State of Research on Resurrection Miracle Testimonies

Two scholars' works have most influenced my own studies, Christian Krötzl and Sari Katajala-Peltomaa, with regard to the resurrection miracles recorded in medieval canonization processes and miracle collections. Krötzl investigated Scandinavian canonization processes and miracle collections in *Pilger, Mirakel und Alltag.* He demonstrated how one is able to examine medieval death and dying with this miracle genre, even though resurrection miracles were just a small part of his seminal study. Krötzl also acknowledged the communal character of death and dying in the resurrection miracle testimonies. He recognised that, in the sources which he used, people around the dying were usually relatives and neighbours. Krötzl also observed the emphasised number of women present in the resurrection cases of newborn children.[50] My thesis builds on Krötzl's observations. Whereas Krötzl's focus was not on analysing communality further from the fact that he acknowledged the communal character of resurrection cases, my aim has been to take the next step from this acknowledgement by asking the question *how* this communality was constructed around a dying person in resurrection narratives.

In addition to his monograph *Pilger, Mirakel und Alltag,* Krötzl made a prominent contribution to the discussion on the communal acts performed around the dying with his article *Evidentissima signa mortis: Zu Tod und Todfestellung in mittelalterlichen Mirakelberichten.* Krötzl observed that the decision about the arrival of death was usually made by all the present people in Scandinavian miracle testimonies. This participatory character of ascertaining the arrival of death was one of the aspects that gave dying its communal nature in medieval hagiographic sources. The signs of death were recorded because that was a way to prove a true miracle had occurred.[51] My Article 3 is heavily inspired by Krötzl's article and should be seen as parallel to it. My article discusses Krötzl's article and indicates the similarities and differences between Scandinavian and Italian material.[52]

Like Krötzl, Sari Katajala-Peltomaa has also observed that family, relatives, and neighbours are recorded as gathering around the dying person in medieval resurrection miracle narratives. Katajala-Peltomaa has analysed thoroughly one resurrection case from the 14th century canonization process of Nicholas of Tolentino (Nicola da

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[50] Krötzl 1994, 258–264.

[51] Krötzl 1992.

[52] The signs of death were recorded in the medieval canonization processes throughout Christendom. On the signs of death in one particular English case, see Hanska 2001, 126–127, 131.

Tolentino). Katajala-Peltomaa's article's contribution is in showing how one can detect very detailed information about the process of death from hagiographic sources. The miraculous recovery of *ser* Ventorinus is interesting, especially regarding the burial preparations testified by the witnesses. Katajala-Peltomaa explains how the mentioned funeral preparations stressed the family's position. The testimonies of the case reveal how a black funeral cloth was given to the widow by a certain woman. The fact that the deceased Ventorinus would be buried inside the Franciscan church is also mentioned. Katajala-Peltomaa also observes that some of the people around dead *ser* Ventorinus were present perhaps not solely expressing their condolence but because it was their duty as officials.[53] Similar information about the funeral cloth or the detailed placement of the tomb is not mentioned in any of the cases I have studied, even though such details were important in the death process. Thus, it is important to note that despite the relatively vast corpus this thesis uses, the material is not all-encompassing regarding the details of resurrection miracles. The variety of details provided in the testimonies differs according to the processes. Therefore, it is important to study further this material from different canonization processes.

Some scholars, in addition to Krötzl and Katajala-Peltomaa, have used resurrection cases as source material while not studying questions relating to death and dying but rather those relating to witnesses' testimonies and canonization procedurals. The articles by Jussi Hanska and Laura Smoller are the most notable examples. Hanska's article, 'The Hanging of William Cragh: Anatomy of a Miracle', investigates one resurrection case from the canonization process of Thomas Cantilupe of Hereford recorded in 1307. Hanska pays attention to the signs of death, but otherwise his focus is not precisely on a death moment, which in fact is not the usual kind, because this is a resurrection case of a hanged man. Instead, the importance of Hanska's article is in demonstrating the metamorphosis from a historical event to a miracle narrative.[54] Smoller's article, 'Miracle, Memory, and Meaning in the Canonization of Vincent of Ferrer, 1453–1454', similarly does not study how the moment of death or the attitudes towards death are recorded in canonization processes. Instead, she demonstrates the small differences in witnesses' testimonies and evaluates the meanings of these differences. Smoller argues that the differences in testimonies show the ways in which witnesses constructed their memories and highlighted their own claims to social or religious authority.[55]

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[53] Katajala-Peltomaa 2010; See also Katajala-Peltomaa 2009, 129–131.

[54] Hanska 2001.

[55] Smoller 1998. Smoller also discusses resurrection miracles in Ackerman Smoller 2014, especially 103–105.

Martha Rampton investigates the historical and theological background of resurrection miracles in her 'Up from the Dead: Magic and Miracle'. Rampton recognises that the earliest biographies of Christian saints already included resurrection miracles that follow Christ's example. Raising the dead from the grave was considered a distinguishing marker of sanctity early on. Still, Christ or his followers were not the only ones who could allegedly raise the dead. According to Rampton, the ancient world was full of prophets and magicians who claimed to perform miracles, including reviving the dead.[56] Miracles were not a unique characteristic of Christianity; thus, Christ's miracles were not the most important sign of his messianic nature for patristic writers such as Origen, Jerome, and Gregory of Nyssa. Rather, they emphasised the virginity of Mary that fulfilled the Old Testament prophecy.[57] Rampton's observations have been important for me when forming an opinion about the historical evolution of resurrection miracles. It is rather common to emphasise the biblical examples in the studies of medieval miracles. The importance of the narratives about the miracles performed by Christ and the apostles is undeniable to medieval miraculous. However, Rampton contributes an important, and often neglected, opinion in hagiographic studies, when she points to the fact that the belief in miracles, resurrections included, was not a Christian speciality, but something that was deeply rooted in the Ancient world.

Hagiographic material includes narrations of death moments in the form of dying saints, in addition to resurrection miracles. The death of a saint has acquired much attention from scholars. It is adequate here to mention Michael Goodich's article 'The Death of a Saint: A Hagiographical Topos'.[58] Goodich determines that topical elements of medieval saints' death are a description of the terminal illness and its symptoms, the atmosphere of grief that grips the saint's community, the blessing given to his or her followers, a last will, the administration of the last rites and confession, the kissing of the crucifix, expressions of joy by the saint in anticipation of meeting his or her Maker, and the recitation of Psalms and other prayers as well as the reaction of immediate bystanders to the death.[59] Goodich's list illustrates that a saint's death was very much determined by certain idealised *topoi*. In my analysis of hagiographic sources, my interest has been in ordinary people's experiences rather

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[56] Although not the only pagan god who raised the dead, Asclepius was the most famous one on this field. On the cult of Asclepius, see Csepregi 2010.

[57] Rampton 1999.

[58] After Goodich, a saint's death has been recently treated by Jenni Kuuliala and Marika Räsänen, for example. Kuuliala 2020 (a), 151–155; Räsänen 2017, 39–52. Goodich's article still remains important, because it gives a broad overview on the subject rather than focusing on only one or a few saints.

[59] Goodich 2005.

than in those individuals who were regarded as saints. The biographies of saints emphasise the active role of a dying saint, rather than the surrounding community's role. Frances of Rome (Santa Francesca Romana), for example, gave a sermon at her deathbed. [60] This is a good example of how a dying saint was described as an active actor even at the deathbed, while bystanders had a passive role. The roles are reversed in the resurrection miracle narratives: Dying people are recorded as being passive and the surrounding people as active. My focus has been on the surrounding people and how they acted around a dying person. Therefore, I have not discussed the death of saints in this thesis.

Miraculous recoveries from death are recorded not only in hagiographic material but also in medieval chronicles. An important contribution in this field is Marek Tamm's article, 'Martyrs and Miracles: Depicting Death in the Chronicle of Henry of Livonia'. A 13th century chronicle records miraculous recoveries and martyrdoms that Tamm analyses in his article. Tamm concludes that death is a rhetorical tool used to depict the developing conversion process in Livonia. Depicting the way in which people died was also a way to distinguish Christians from non-Christians. Christians were depicted as dying a "good death" while the others did not. According to Tamm, representations of martyrdoms and miraculous recoveries from death are used as an ideological justification of the crusading enterprise. Miracles served the author's ideological purposes because they testified to the crusade's divine nature.[61]

Returning to the hagiographic studies, it needs to be pointed out that three scholars have studied the resurrection miracles of children: Ronald Finucane, Didier Lett, and Viktor Aldrin. Aldrin has used the same sources as I have to some extent; therefore, I will discuss his work more thoroughly below. Finucane and Lett, conversely, have used hagiographic material from earlier centuries than I have. Although not concentrating on the construction of communality around dying, they, like Krötzl and Katajala-Peltomaa, have demonstrated the benefits of these sources in medieval death studies. Therefore, their works are something on which I have built my work.

Death and dying are not a particular focus of Ronald Finucane's monograph, '*Rescue of the Innocents. Endangered Children in Medieval Miracles*'. Yet, as he goes through the children's healing miracles, he inevitably also demonstrates the features of resurrection cases. These are not, however, analysed with respect to the acts and rituals of death. Finucane's focus is, most of all, in evidencing the different kinds of perils that children faced in the Middle Ages, according to the hagiographic material. Just how many of the 600 cases he has studied were resurrections remains obscure. His

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[60] *I processi*, 99–103.

[61] Tamm 2011.

figure 4.6 reveals that miraculées of 148 cases are identified as "accident and death victims". He does not specify how many of those are resurrection cases. Finucane, like Krötzl and Katajala-Peltomaa, similarly observes the communal character of resurrection cases. Regarding the miracles of newborn children, Finucane notes that "…when difficult or unusual births occurred, or when newborns apparently died and returned to life, both northern and southern parents, in roughly the same proportions, tended to call together several members of their family and kin."[62] The same habit is evident in accident cases, "… neighbours gathered quickly when tragedy occurred."[63]

Didier Lett has studied resurrection miracles recorded in French and English 12th and 13th century miracle narratives.[64] Lett studied 1224 miracle cases; only six per cent of those cases were resurrections. However, there were 54 resurrection cases among the 284 cases of children under the age of 16. This means that of all miracles involving children, 19 per cent were resurrection cases. Lett detects that in his material, resurrection miracles are most of all a privilege of the infants (25 cases out of 54). The percentage of resurrections declines as the age of the beneficiary grows. Lett's work, in addition to its quantitative information, is essential in noting that the signs of death are already elaborately recorded in the 12th century hagiographic material. Contrary to Lett's material, I present in Article 2 that infants were no longer champions of resurrection miracles in the 15th century, but adults and older children are equally recorded to revive from the death. Thus, Lett's article provides important quantitative material that the data from my sources could be compared to.

Viktor Aldrin's article, 'Parental Grief and Prayer in the Middle Ages: Religious Coping in Swedish Miracle Stories', used children's resurrection miracles from the canonization processes of Bridget of Sweden (Birgitta Birgersdotter), Nils Hermansson of Linköping and Catherine of Vadstena (Katarina av Vadstena). Aldrin focuses on expressions of grief and religious coping in the cases of resurrected children. He uses the modern theory on the five stages of bereavement as a framework for his analysis. The stages are shock, awareness of loss, conservation, healing, and renewal. The first stage of the theory lasts until the burial, so it is clear that one is limited to analyse only the first phase of bereavement with these sources. As I note in Article 2, the case never comes to a point in the miracle testimonies when a deceased would

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[62] Finucane 2000, 52.

[63] Finucane 2000, 148.

[64] Lett 1997 (a). See also Lett 1997 (b), 66–77.

be actually buried.[65] Aldrin also acknowledges this by saying that this modern theory "is a weak instrument of analysis for medieval miracle stories."[66]

Aldrin partly uses the same Swedish sources that I have used in Article 2. He has analysed the preparation of burial, as I did, although he uses only children's resurrection cases. There are some differences in our selection of cases. I have tried to be as precise as possible when analysing the actions performed around the dying. If a certain act was not explicitly mentioned, I left it out of the analysis. For example, in one case a father says that no one should touch the body of a dead child.[67] According to Aldrin, touching of a corpse indicates here that the body was being prepared for the burial and the father wanted to stop it. In another case a deceased was moved into a separate room, "as the custom was".[68] The shifting of the body also indicates to Aldrin that people started to prepare for its burial.[69] This might be true, but we cannot be absolutely sure of people's actions in such cases because they are not clearly stated.

One of Aldrin's main arguments in the article is that Swedish resurrection miracles differ from those of Central Europe, Italy, and the British Isles in one particular respect: In Scandinavia both men and women showed strong emotions of grief, whereas in other parts of Europe only women wept publicly. Aldrin, however, ignores the studies on gender-specific mourning by Sari Katajala-Peltomaa. Even though he is aware of Katajala-Peltomaa's research, he has misinterpreted her argument. Katajala-Peltomaa has shown that traditional gender division on expression of emotions is not visible in the miracle testimonies. Katajala-Peltomaa has demonstrated that, in the canonization processes of Thomas Cantilupe of Hereford and Nicholas of Tolentino, both men and women equally express emotions and shed tears while praying saints. Thus, according to her, crying or grieving was not a gender-specific act. Crying was even encouraged, because tears were thought to have purifying effect in the religious context.[70]

Hence, Aldrin's argument on Scandinavian particularity does not hold true. Aldrin also does not consider the devotional aspect of crying when analysing peoples' crying in miracle testimonies. Even though Aldrin is analysing the religious coping

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[65] Ronald Finucane cites a rare case from the canonization process of Pope Urban V in which a child is already placed in a tomb. Finucane 2000, 89.

[66] Aldrin 2015, 96.

[67] *Vita Katherine*, miracle number 9.

[68] Ibid. miracle number 43.

[69] Aldrin 2015, 93.

[70] Katajala-Peltomaa 2010, 332; Katajala-Peltomaa 2009, 88.

recorded in the miracle testimonies, he does not notice the religious side of tears. It is difficult to distinguish in the miracle testimonies when crying is an expression of grief and when a sign of devotion. For this reason, I excluded the analysis of expressions of emotions as a communal act of death from my Article 2. Still, I find it necessary to note here that, as in the sources that Katajala-Peltomaa has used, men are mentioned as crying or lamenting in the Italian 15th century miracle testimonies. For example, in the canonization process of Bernardino of Siena a father, a mother and everybody else started to cry when they thought that six-year-old Paulus was dead.[71] The father and the whole family cried when 24-year-old Johannes was similarly considered to be almost dead, and then the father left the house weeping.[72] Thus, it is clear that the recording of men crying in the miracle testimonies is not a Scandinavian particularity.[73] The recognition of the shortcomings of Aldrin's article is now all the more important, because his argument has unfortunately been recently cited by Gordon D. Raeburn in his chapter on death and dying in *The Routledge History of Emotions 1100–1700*.[74]

Aldrin also makes another argument in his article that needs to be revised. Aldrin correctly points out that there are no mentions of the use of *ars moriendi* guidebooks or the delivery of extreme unction in the Swedish child resurrection miracles. However, the absence of these death rites in the resurrection miracle testimonies about children should not lead to an exaggerated conclusion, as Aldrin has made. Aldrin argues that "If these miracle stories provide a glimpse of ordinary death preparations for deceased children, then much of what has previously been assumed regarding the use of *ars moriendi* procedures and extreme unction needs to be reconsidered."[75] First of all, if we consider the delivery of the last sacrament, we need to take into account that only seven-year-old children could confess their sins, and children aged 10–14 could receive the Eucharist.[76] Aldrin is analysing only children's cases, so some of the miraculées in these cases were not old enough to receive the sacrament.

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[71] "*Quod videns dictus pater, una cum uxore et aliis ibidem assistentibus, plorare incepit cogitans disponere domum pro parando exequiis in crastinum.*" *Il processo*, 210.

[72] "*...videns ipsum quasi mortuum, proiecit ipsum super unum lectulum, plorantibus ipse teste* [discreti viri Cola de Pedone de Marcre], *uxore et tota familia; dicto filio pro mortuo relicto, ipse testis exivit domum ut ploraret…*" *Il processo*, 254.

[73] The canonization process of Charles, Duke of Britanny (Charles de Blois) demonstrates that men were recorded as also lamenting in 14th century France, " *...audiunt dicte Johannem Tranquart et eius uxorem lamentantes in domo sua ac dicente puer noster mortuus est...*" MS. Vat. Lat. 4025, 84 v. See also 96 v–97 r.

[74] Raeburn 2020.

[75] Aldrin 2015, 101.

[76] Fallberg Sundmark 2008, 49.

Only if we also consider the resurrection cases of adults, as I have done in Article 2, is it possible to conclude that the delivery of the last sacrament is evident mostly through its absence in the Swedish miracle testimonies. Priests are not usually recorded as present by the deathbed in the Swedish miracle testimonies, but people clearly desire their presence and the delivery of the last sacrament.

My opinion is that the analysis of the use of *ars moriendi* guidebooks is also relevant only if we take into account the resurrection miracles of adults. It is true that there are no mentions of the *ars moriendi* procedures in the Swedish miracle testimonies. Information about the use of *ars moriendi* guidebooks has not been recorded, either, in the Italian 15th century resurrection miracles that I have studied. Still, it does not mean that the guidebooks' instructions would not have been considered important, as Aldrin seems to propose based on the Swedish cases. The recording of such things was simply not important in miracle accounts. Only such matters were recorded that were viewed to be essential in regard to the miracle that allegedly had occurred.

The focus of my thesis is on the Middle Ages, yet at the end of this chapter I wish to reach briefly into the early modern period. Were resurrection miracles recorded by the Catholic Church after the Middle Ages? Jacalyn Duffin answers this, among other questions, in her *Medical Miracles: Doctors, Saints and Healing in the Modern World.* According to Duffin, resurrection miracles still appear, though rarely, in some 18th and 19th century canonization processes. However, the testimonies of all these resurrections were already collected in the 17th century, the most recent resurrections being from 1678 and 1682. Duffin presents three possible reasons for the disappearance of resurrection miracles. Firstly, she considers the increasingly stringent methods for detecting death. She refers to the view by the Italian physician Paolo Zacchia (1584–1659) that death was certain only when a cadaver began to decay. Secondly, Duffin points out the increased scepticism in the Church; possibly derived from Protestantism, some in the Catholic Church thought that the resurrections presented in the New Testament were the only real possible resurrections. Thirdly, she reflects on the possibility that what in the past was called a resurrection from death is later called something else. Coma, for example, was absent in earlier canonization processes, whereas miracles associated with coma have been recorded more recently. Thus, Duffin suggests that some "deaths" of the past would have been labelled deep unconsciousness in modern times.[77] Therefore, the rather rapid disappearance of resurrection miracles in the early modern period suggests that the topic is most of all a medieval phenomenon with roots in the ancient world.

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[77] Duffin 2009, 81–83.

In this chapter I have presented the aim of this thesis and the essential research literature on which my study builds. I will discuss further the sources and methodology in the following chapter.

2 SOURCES AND METHODOLOGY

I have used two different kinds of source materials in this thesis: *ars moriendi* guide-books and resurrection miracle testimonies. The format of the articles does not allow a vast discussion on the sources and methodology, so they are reviewed here in more detail. Then, I will also discuss the concepts of communality, commune and the process of death that are fundamental concepts for my study.

2.1 *Ars moriendi* Guidebooks (Article I)

Even though death could be experienced very differently by different individuals within the same culture, traditions, customs, beliefs and even laws regulate how peo-ple have died in different ages and cultures. From the 14th century on, the moment of death gained more theological value in Christendom as discussions of beatific vision increased. The essential question was whether the resurrected souls had the possibility to see God face to face immediately after death or not until the last judg-ment. The bull *Benedictus deus* issued by pope Benedict XII in 1336 declared that the saved souls would enjoy the bliss of Heaven immediately after death. Thus, the mo-ment of death became the determining point for one's afterlife. It was believed in the late Middle Ages that there were two judgement points: particular judgement immediately after death and the Last judgment at the end of time.[78]

Ars moriendi literature gained its popularity in the aftermath of the Black Death. Even though *ars moriendi* literature was part of the same death culture as the *danse macabre* and *memento mori* themes, it also differed from them in one particular way: It placed emphasis on the moment of death, not on life. Although the *danse macabre* paintings depicted death, their focus was still on the living. The reminder of one's mortality was also a reminder of one's sinfulness and of one's upcoming afterlife destiny. *Danse macabre* as well as *vanitas* portraits or *transi* tombs were contemplative

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[78] On particular judgement and the Last judgement in the late Middle Ages, see Tingle 2021, especially 34–36. On the bull *Benedictus deus* and the post-mortem destinations of souls, see, for example, Bates 2021, 78–79.

demonstrations of mortality.[79] The ultimate goal of the dancing skeleton was to persuade people to correct their lives while they still had time. However, lived life is no longer relevant in the *ars moriendi*, no matter how sinful it has been. Dying only worsens his situation if he despairs over the sins he has committed. The present task, therefore, is to avoid Devil's temptations, express remorse for one's sins and place one's trust in God's grace.[80] The 15th century *ars moriendi* also includes the idea of lifelong preparations for death, but its fundamental object is to guide dying persons at their deathbed. Therefore, the *ars moriendi* offered the very last lifeline for the dying in the Church's guidance on how to avoid the horrors of Hell.

Plague epidemics hit the clergy as badly as any others, which decreased the number of priests from the mid-14th century onwards. Therefore, because people could not rely on a priest's presence at the deathbed anymore, preparations beforehand were required. People needed guidance on how to act at their last moments due to the high mortality caused by the plague epidemics, the growing theological importance of the death moment and the reduced number of priests. Hence, the 15th century *ars moriendi* literature should be understood as the Church's pastoral answer to these issues.[81] It also should be noted that these texts were well received by the audience; the composition of several different texts and their vast distribution and translations to several different vernaculars prove that a demand existed for this kind of literature and that they were read by society's different spheres.[82] *Ars moriendi* guidebooks consequently became the bestsellers of the 15th century.

Dying was considered a craft, something that could and should be learned by everybody. The popularity of the *ars moriendi* was part of the laicization of medieval religious life, a process that was generated in Catholic Europe during and after the Great Schism. This development placed theological emphasis on the laity and their spiritual concerns. One of the main manifestations of the process was the production of vernacular religious literature. As just mentioned, vernacular translations were a typical feature of *ars moriendi* guidebooks. In the context of deathbed literature, laicization also meant that less importance was placed on the sacramental apparatus provided by the clergy. Spiritual governance is clearly distributed to laypeople in the *ars moriendi* genre.[83]

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[79] Oosterwijk 2011; Duffy 2005, 306–308.

[80] Rudolf 1957, XVII.

[81] Rolfes 1989, 24.

[82] Rudolf 1957, 62.

[83] Appelford 2015, 11, 13–14, 43.

Ars moriendi guidebooks are normative sources written by theologians. Thus, they are not describing people's daily practices regarding death, but they provide us with an insight into how the Church wished for people to face their last moments. The object of the guidebooks was to lead the dying safely into the afterlife despite the Devil's temptations. What is characteristic of *ars moriendi* texts compared to church manuals, which are another important normative source material on the medieval deathbed scene, is that their instructions do not cease after the delivery of the last sacrament. They give advice until the moment of death, because the instructions were not targeted solely for priests; they were also for the dying themselves.[84]

I have analysed three *ars moriendi* guidebooks: Jean Gerson's *De arte moriendi*, anonymous *Tractatus de artis bene moriendi* and its shorter illustrated version, simply called *Ars moriendi*. These texts were the most popular works on *ars moriendi* literature, yet they were not the only ones to circulate in Europe, as studies by Amy Appleford or Juanita Feros Ruys demonstrate, for example.[85] However, the selected works that will be discussed here later clearly had an authoritative position. Jean Gerson, Chancellor of the University of Paris, was one of the most important theologians of the late Middle Ages. The fact that the French episcopate ordered clergy to read parts of Gerson's *De arte moriendi* to their congregations every Sunday tells a lot about the text's authoritative position.[86] *Tractatus de artis bene moriendi*, on the other hand, is believed to have been composed during the Council of Constance by the Council's order. The Council was the highest authority of the Church at the time. *Ars moriendi*, in turn, was the shortened version of *Tractatus* and the only fully illustrated how-to-die-well book composed during the century. Hence, the ideas presented in these three sources originated from the highest positions of the Church; therefore, these three texts had the most influence on other contemporary death books and the concept of the good death.[87]

Added to this authorative position, and most likely because of it, these texts were the most circulated a*rs moriendi* books of the century. *Tractatus* survives in more than three hundred manuscripts in Latin and vernacular versions. *Ars moriendi* exists only in six manuscripts but in twenty-one block books. Over one hundred early editions of both texts were made before the year 1500. *Tractatus* appears in Latin, German,

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[84] Fallberg Sundmark 2008, 233.

[85] Appleford 2015; Feros Ruys 2014.

[86] O'Connor 1942, 22.

[87] On contemporary death books and *Tractatus'* and *Ars moriendi*'s influence on them, see, O'Connor 1942, 172–180.

Low German, Dutch, Italian, Spanish, French, and English. *Ars moriendi* was translated from Latin into German, Dutch, French, Spanish, and Catalan.[88] A version of Gerson's text was also translated into Swedish, so the list of languages is rather comprehensive.[89] These texts were available to people all over Western Christendom.

Additionally, unlike some other death texts, the three selected works concentrate on death's "earthly" matters. They do not meditate on the afterlife, such as, for example, the death text written by Henry Suso, but instead focus on what happens before the dying person takes his or her last breath. In sum, these three texts demonstrate more profoundly and comprehensively than other death books how the ideal Christian death was seen in the late Middle Ages; consequently, they have been selected as sources for this study.

Gerson's *De arte moriendi* was part of his immensely popular *Opusculum tripartitum*, written probably before 1408. The work was translated into French within a few years. This three-piece work was his most well received vernacular devotional book, staying in French and German circulation for the whole century.[90] The treatise on dying well was the last part of *Opusculum tripartitum*. It gained popularity as an independent work, especially because Gerson himself wished that the French bishops would circulate it in their dioceses with his few other treatises.[91] *De arte moriendi* still remained relevant in Europe at the beginning of the 16th century. The text's simplicity and directness had a major impact on Gerson's later reputation as a consoling doctor.[92] Unlike many other of Gerson's works, the treatise on dying well was intended not only for priests but also for laymen and it could be used by those who prepared themselves or one of their friends or relatives for death.[93]

Art of dying guidebooks, as a literature genre, are essentially a 15th century phenomenon; a few theological treatises on the subject already existed before Gerson. Rainer Rudolf has proposed that *Floretus*, and especially its part *Preparatio ad mortem*, presumably written by Bernard of Clairvaux in the 12th century, served as an example

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[88] O'Connor 1942, 1, 9.

[89] For the number of copies and distribution of these texts as well as their relationship with each other, one should consult Mary O'Connor's work. For *De arte moriendi* she does not give exact lists of different manuscripts and early printed books, but for a selective list, see O´Connor 1942, 23. *Tractatus'* and *Ars moriendi*'s manuscript genealogy is studied in more detail, and she provides lists of all the manuscripts known to her. O'Connor 1942, 9, 114.

[90] Appleford 2015, 156–157.

[91] Ouy 2006, 112.

[92] McGuire 2006, 13.

[93] Fallberg Sundmark 2009, 35, 39.

for Gerson's *De arte moriendi*.[94] Other important works in the tradition were *Le somme le roi*, written in 1279 by Dominican friar Laurent of Orleans for King Philip III of France, *Büchlein der ewige Weisheit*, written in 1328 by Henry Suso, and *De Tafel vanden Kersten Ghelove,* written at the beginning of the 15th century by Dirk van Delft. Like Laurent of Orleans, Henry Suso and Dirk van Delft were Dominicans, thus the Friars Preachers had a strong impact on the art of dying tradition.[95]

Jean Gerson was an important figure at the Council of Constance,[96] and Mary O'Connor proposed that the Council gave orders to an unknown writer to compose a new text on how to die well, following the model in Gerson's treatise. O'Connor suggests that the author was most likely a Dominican friar because of the importance of the Order of Preachers in the *ars moriendi* tradition. Rainer Rudolf, however, has proposed that the author was Nikolaus von Dinkelsbühl, because many early manuscripts are credited to him, and several manuscripts have been preserved in Vienna.[97] Amy Appleford is inclined to follow Rudolf's suggestion on Dinkelsbühl. She points out that Dinkelsbühl was present in Constance and was a close supporter of Gerson.[98] Hence, even though Appleford disagrees with O'Connor on the author, she accepts that *Tractatus de artis bene moriendi* is likely a product of the Council of Constance. The Constance theory is based on an early manuscript dated 1418 and located in the National Library of Vienna. According to O'Connor, it is likely in any case that it was written in South Germany, because numerous manuscripts containing *Tractatus* are preserved from the area. The work would have spread across Europe when the delegates returned to their home countries if the treatise had been composed during the Council. This would be a logical explanation about why *Tractatus* manuscripts became popular so rapidly all over Western Christendom.[99]

Tractatus is yet an independent work, although it follows the example of Gerson's treatise. Appleford describes it as a "thoroughly rewritten and vastly expanded" version of Gerson's text.[100] Her study offers an overview of the main similarities and differences between the two texts. The resemblances, and even the same phrases in the texts' prologues, show that *Tractatus* builds on Gerson's treatise. This becomes clear later in the text when *Tractatus* twice refers directly to Gerson. Another of the

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[94] Rudolf 1957, 59.

[95] O'Connor 1942, 17–20.

[96] Oakley 2006.

[97] On the discussion on Dinkelsbühl, see above page 30.

[98] Appleford 2015, 165.

[99] O'Connor 1942, 53–54, 58.

[100] Appleford 2015, 15.

references is linked to the Anselmian questions, which, according to *Tractatus*, are written following those asked by the chancellor of Paris. The questions still have several differences, and *Tractatus* even adds one more question.[101]

The most notable difference in *Tractatus* when compared to Gerson's text, however, is its second chapter with its description of the five temptations encountered by the dying at their last moments. This section is essential in the genre's evolution. The third *ars moriendi* text I have studied, *Ars moriendi*, is a short work containing eleven woodcuts representing the Devil's five temptations. The work also illuminates good inspirations against the temptations; finally, it represents a scene of a good death: the soul of the dying person is taken into the kingdom of Heaven in the form of a child.[102] The original woodcuts were made by an unidentified German Master E.S.[103] The work includes an introduction and short texts on each temptation and inspirations against them.

Despite the clear similarities between *Tractatus* and Gerson's text, it seems that Gerson was not the only source for the author of *Tractatus*. Joost Roger Robbe has demonstrated that Dirk van Delft's *Tafel vanden kersten ghelove* has also clear similarities with both *Tractatus* and the woodcut *Ars moriendi*. *Tafel* includes a "temptation tract" that has a visible relationship with *Tractatus*' second chapter and, therefore, also with *Ars moriendi*. *Tafel* and *Ars moriendi* interestingly share a passage that is not included in *Tractatus*. Both *Tafel* and *Ars moriendi* also share identical pro and contra discussion between the Devil and a guardian angel. Therefore, *Tafel* has more similarities with *Ars moriendi* than with *Tractatus*. It is impossible from a chronological perspective that *Tractatus* and *Ars moriendi* would have influenced *Tafel*. Robbe also explains that it is highly unlikely that *Tafel*, a vernacular text, would have influenced the Latin texts. The similarities are too strong to be a mere coincidence, however, and Robbe concludes that there must have been a lesser known or less widely circulated Latin text that both van Delft and the authors of *Tractatus* and *Ars moriendi* consulted. This text remains yet unidentified.[104]

Ars moriendi was probably written in the mid-15th century. The work most likely was originally designed to be produced in a block book form rather than as a manu-

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[101] On analysis of the two texts, see Appleford 2015, 154–168.

[102] In the medieval iconography, a departed soul was commonly depicted as a small child or a youth coming out of dying person's mouth. Barasch 2005.

[103] Rudolf 1957, 69–70.

[104] Robbe 2017.

script; this is emphasised by the fact that some of the surviving manuscripts are copied from the printed versions.[105] *Ars moriendi* itself also emphasises that the words serve well for the literate, and the pictures should be placed before those who cannot read. This dual pedagogical element is a typical feature of block books.

I consulted the original Latin manuscripts for *De arte moriendi* and *Tractatus*.[106] I decided to use Jeffrey Campbell's critical edition of *Ars moriendi* in which he has used all the surviving manuscripts.[107] I also used a Swedish translation of Gerson's *De arte moriendi*[108] and the English version of *The Craft of Dying*[109]. I used these translations to see whether they differed from the Latin works. I also wanted to emphasise by using the Swedish translation, even though not stated clearly in my article, that this literature genre was read all over Western Christendom in the 15th century.

The English translation is faithful to the original, as Amy Appleford has also noted,[110] but the decision to use translations was meritorious because the Swedish translation is far from being a direct translation of *De arte moriendi*.[111] Rather, it adopts parts from *Ars moriendi* in addition to Gerson's *De arte moriendi*. It also has parts that are either Ericus Nicolai's original text or, alternatively, are taken from a source I have been unable to identify. These unknown parts make the Swedish text more clearly targeted for clerics than Gerson's original text.

It is important to acknowledge that Ericus Nicolai's text is not a straightforward translation of Gerson's tract, because it gives evidence that *Ars moriendi* was, at least partly and indirectly, known in Sweden. To my knowledge, there are no surviving Swedish manuscripts or printed editions of *Ars moriendi*. We do not know what kind of text Ericus Nicolai based his translation on, or by whom and where the original text was compiled. It is possible that the translation is based on a Latin manuscript that was compiled outside Sweden, yet it is also possible that it was composed in Sweden. In any case, parts of *Ars moriendi* were available to Swedish theologians at the beginning of the 16th century. It is also important to note the fact that the ver-

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[105] Campbell 1995, 12.

[106] For *De arte moriendi*: Bayerische Staatsbibliothek, München, signatur 4 Inc. s.a. 889. For *Tractatus*: Vat.lat. 10054.

[107] Campbell 1995.

[108] Hagberg 2009.

[109] *The Book of the Craft of Dying*.

[110] Appleford 2015.

[111] Like Stina Fallberg Sundmark, Mary O'Connor also treats this text as a translation of Gerson's *De arte moriendi*. However, it is unclear whether O'Connor ever consulted the text, because she merely acknowledges the existence of an early Swedish edition from 1514. O'Connor 1942, 23.

nacular Swedish translation is more clearly made for the clergy than is the Latin version. This bears witness to the fact that vernacular versions of famous *ars moriendi* texts could start to have a life of their own in the later translations. This, for its part, is a justifiable reason to study different vernacular versions more broadly in the future to see how truthful they generally were to their original texts.

2.2   Miracle Testimonies (Articles II–IV)

I study the late medieval deathbed scene through resurrection miracle narratives in three articles of this thesis. The number of sources used in the articles varies from one canonization process to several processes and miracle collections. All three articles use the canonization process of Bernardino of Siena. The number of sources is the highest in Article 2: I used the processes of Frances of Rome and Bernardino of Siena from Italy and Swedish hagiographic sources, including the canonization processes of Nils Hemansson of Linköping, Brynolf Algotsson of Skara and Catherine of Vadstena, and the miracle collections *Miracula defixionis domini* and *Vita Katherine*. I used Bernardino's process and the miracle collection of James of the Marches in Article 3. I used only Bernardino's process in Article 4. In total, I have scrutinised 338 resurrection miracles in this thesis. The number of resurrection cases varies greatly between different sources.

The goal of a canonization process was to determine whether a candidate in question was a true saint. Canonizing a saint was long, laborious, and expensive work. An official request for opening a canonization process was made to the pope with the saint's *vita* and collection of miracles if a strong local cult existed and had influential promoters. The pope nominated three commissioners, usually cardinals, if he decided to open the process. The commissioners, or sub delegates appointed by the commissioners, made an *inquisition in partibus* – a hearing at the saint's cult place.[112] Witnesses selected by local proctors were questioned according to the Roman canonical procedure. Essential parts of the procedure were *articuli* and *interrogatoria*: Witnesses testified to the beforehand prepared articles. The translated testimonies about the putative saint's life and miracles were scribed by public notaries in juridical form that guaranteed the publicity and authenticity of documents. The testimonies

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[112] The pope usually appointed a commission of three cardinals to investigate the possible canonization. The cardinals often used their right to appoint a sub delegation to take the responsibility of the investigation *in partibus*. Wetzstein 2004 (a), 279.

were arranged for the papal Curia, where they were examined by the consistory of the cardinals. The canonization was made public by a papal bull if it was finally accepted.[113]

The recorded testimonies of canonization processes are a result of an inquisitorial process, whereas narratives of miracle collections were not controlled by juridical regulations. Even if I treat hagiographic sources as one source group in this thesis, I acknowledge the differences between canonization processes and miracle collections. The interrogations of canonization processes were carried out in the manner of a trial, but the miracle collections were composed in a more liberal manner. In the Swedish context it has been proposed by Anders Fröjmark that at shrines the scribes wrote the narrations down in Latin simultaneously as it was spoken aloud to them in the vernacular by the pilgrims who had experienced an alleged miracle. Yet, Fröjmark also acknowledges that the scribes had to take into consideration the possibility that the narratives would be scrutinised sometime in the future when deliberating the possibility of opening a canonization process.[114]

The judicial differences are clear between canonization processes and miracle collections, but at the same time it needs to be pointed out that there were also significant differences in the recording practicalities between different canonization processes. Even different inquests within one canonization process could be procedurally very dissimilar.[115] Thus, hagiographic sources are not a homogenous source group. However, the principal uniting factor of canonization processes and miracle collections is that narratives are, at least to some extent, based on people's experiences that were interpreted as miraculous.[116] The recorded narrative had to be credible for the commissioners and the witnesses. This means that whatever the actual event was behind the narrative, the recorded acts in miracle narratives, both in collections and canonization processes, must have been such that people *could* have acted accordingly. This is the reason why miracle collections and canonization processes are treated as one source category in this thesis. The way the experiences were

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[113] Krötzl & Katajala-Peltomaa 2018, 15–25. See also: Krötzl 1998; Wetzstein 2004 (b).

[114] Fröjmark 2018. Letizia Pellegrini has noted that the miracles attributed to Bernardino of Siena were recorded from the very beginning in a way that would make it possible to use them in a canonization process. Pellegrini 2018, 107–109.

[115] This will be discussed further in the case of Frances of Rome. See also the case of Vincent Ferrer in Ackerman Smoller 2018.

[116] Sometimes this experience is rather difficult, if not impossible, to reach. See, for example, the tale of a chopped-up baby who was allegedly resuscitated by Vincent Ferrer. Ackerman Smoller 2014. In the material that I have used, there are no cases that could be labelled nearly as folktales as the chopped-up baby.

recorded differs between the sources. Therefore, the methodological aspects of hagiographic material are scrutinized thoroughly below.

The recorded depositions in the canonization processes are documentations of oral testimonies that have been translated from the vernacular into Latin, then edited and dissected by inquisitors and notaries to put them into the form of a miracle narrative.[117] The witnesses have not spoken freely about their experiences; instead, they answered the predetermined list of questions that the commissioners presented them. The language used could have altered the recorded wording of depositions. Even if clerics gave their depositions in Latin, laypeople used the vernacular. Sometimes an interpreter's help was needed to put a vernacular deposition into a written Latin form.[118] Hence, the miracle narratives are a clerical construction of an oral testimony. They replicate neither the verbatim discussion held at the hearing nor, obviously, the actual miraculous event. Sometimes people gave their testimonies years after the miracle had occurred. A miraculous event, especially something as spectacular as a recovery from death, was a momentous occurrence and therefore hard to forget. However, the information based on witnesses' autobiographical memories may be highly constructed. The experience was retold and reminisced about with other people, which led to the formation of communal memory. Memories were also fitted to the commonly known pattern of a miracle story. Having stereotypical elements of miraculous events were regarded as proof of a narrative's authenticity. Therefore, some aspects were repeatedly mentioned and became essential features of miracle depositions.[119]

An example from Swedish hagiographic material demonstrates how details of an alleged death moment may have been altered during the different phases of a saint-making process. Miracle testimonies rarely include mentions of dictating the last will. The information about a testament, like any other detail, might have been forgotten or neglected before the case was recorded in a canonization process, or the matter was simply ignored in the hearing and not written down. This becomes clear in the case of Ericus Torgili, which was recorded both in Nils Hermanssons' *Vita et miracula* of 1414[120] and in Nils' *processus in partibus* of 1417. Ericus was a canon in the church of Our Lady in Oslo. He is recorded as suffering from nose bleeds in 1402 and reportedly there was no hope for his recovery. Only after his friends had made an

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[117] Goodich 2005 (b), 143. See also Lett 2008, 257–270.

[118] Krötzl 1998, 132–136.

[119] Smoller 1998, 432–433; Lett 2008, 220; Goodich 2007, 5; Kuuliala 2016, 24–27; Katajala-Peltomaa 2009, 247–288.

[120] The miracles of *Vita et miracula* were collected between 1401 and 1414.

invocation to Nils was he cured. *Vita et miracula* mentions that Ericus considered making a testament and arranging other things necessary for the moment of death.[121] No such information exists in the recording of the canonization hearing.[122] The witnesses in the canonization hearing, Nicolaus Olaui and Johannes Nicolai, had heard of the miracle from Abbot Laurencio, who was present as Ericus' bleeding occurred. Thus, Nicolaus and Olaui were not eyewitnesses to the event and provide no additional information to the article. Some details were lost at some point in the chain of information or, perhaps more likely, the narrative became briefer because of deliberate abbreviation while the articles of the canonization process were being formulated. The canonization processes only recorded information considered essential for a miracle narrative, as previously discussed. The last will was generally not such a matter.[123] It is typical that the articles for Nils Hermansson's canonization process are notably shorter than the miracle narratives of *Vita et miracula*; redundant parts of narratives have been abbreviated but stylistic changes have also been made.[124]

One must keep in mind when using miracle testimonies as historical sources that many people benefited from the canonization of a saint candidate. This might influence the depositions. For example, if a saint belonged to a certain religious order, the canonization gained political, economic, and religious importance for the whole order. This is evident in the canonization processes of Bernardino of Siena and Frances of Rome. Bernardino's canonization was promoted by the Obesrvant branch of the Franciscan Order, most of all by John Capistrano (Giovanni da Capistrano), who was a devout follower of Bernardino and his fellow Observant

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[121] "…*qui ad se conuocatis fratribus suis canonicis cogitat de testamento suo et alijs tamquam in extremis agens ordinare…*" *Två svenska biografier*, 357.

[122] *Sankt Nikolaus*, 322.

[123] Interestingly, the last wills are recorded only in miracle collections in the sources I have used. In addition to the previously mentioned case among Nils Hermansson's miracles, the will is mentioned in one case in *Vita Katherine* (miracle number 45) and in three cases among the miracles of James of the Marches (folios 20r–22r, 62r–62v and 282r–282v). This bears evidence to the fact that miracle collections may have been looser on the recorded details, and only such information regarded as essential for the alleged miracle was recorded in canonization processes. Like dictating the last will, the washing of a dead corpse is similarly an act of death not explicitly recorded in miracle testimonies, even though burial preparations on a general level have been mentioned. I have come across only two cases that mention washing a corpse. Both are recorded among the miracles of James of the Marches. Vat.lat 7639, 71v, 245r. For explicit burial preparations, including mention of paying sacristan to ring the church bells, see also Vat.lat 7639, 129r. On the washing of corpses in the Middle Ages, see Schmitz-Esser 2020, 268–273.

[124] Hess 2008, 226–227, 233–235.

leader.[125] The canonization of Bernardino was a political victory for the Observants in the strife against the Conventuals of the Franciscan Order. According to Letizia Pellegrini, canonization of Bernardino was also the canonization of the Franciscan Observance movement. Pellegrini acknowledges that canonization was used in the latter part of the 15th century as a means to reconstruct new catholicity after the Schism.[126] The canonization of Frances of Rome was promoted, in turn, by the oblate women of Tor de' Specchi, a congregation that Frances had founded in Rome. The oblate women appeared frequently as witnesses in Frances' process. Testimonies reveal how they actively promoted her cult by visiting the sick. It is essential to acknowledge the interests that the witnesses may have had to better understand the recorded testimonies.

The value of the testimonies of canonization processes has been generally accepted by historians despite the previously discussed challenges to these sources. The message, or the narrative level, is that of witnesses, even though the language of depositions is not of witnesses but of commissioners and notaries.[127] The written recording had to correspond to the oral testimony given by the deponents. The testimonies were read aloud to the deponents to assure that they were in accordance with what had been written down.[128] The testimonies are judicial documents, so certain elements had to be included in each deposition. Testifying to a miracle was impossible without giving information about the surrounding circumstances of the alleged miracle that had occurred and the people present. This resulted in a great amount of information. Compared to the sources of later stages of canonization, the documents of *inquisitio in partibus* are rich in details.[129] Hence, depositions have provided important material for historians.[130]

Interrogations also inform us about persons who otherwise would not have entered a historical source, such as women and people from society's lower, or rather,

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[125] Letizia Pellegrini acknowledges that the Observant influence is evident most of all in the Roman miracles of the third inquiry in which the friars moved Bernardino's relics from the Observant basilica of Aracoeli and carried them throughout the city. Pellegrini 2018, 116.

[126] Pellegrini 2004, 325–326.

[127] Smoller 1998, 430–431; Goodich 2005 (b), 143–144; Katajala-Peltomaa, 2018; Kuuliala 2020 (a), 27.

[128] Wetzstein 2004 (b), 45.

[129] Hanska 2013.

[130] On the use of canonization processes in historical research, see Katajala-Peltomaa 2010, 1083–1092. For an updated version, see Krötzl & Katajala-Peltomaa 2018, 9–15.

middle ranks.[131] Good examples of this are the women who testified in the canonization process of Frances of Rome. We would not know much about these women without their testimonies about Frances' life or the miracles attributed to her. These sources were not made to inform us about the social or economic situation of the witnesses, or more broadly about their perception of life and the world surrounding them, but still they do this.[132]

In the context of resurrection miracles, the testimonies reveal us what acts or events in the medieval death chamber were considered to be important enough to mention in a testimony by witnesses and for notaries to write down on a parchment. I am studying the acts of death and the communality of dying in the context of miracle narratives in the three articles of this thesis. The reader should bear in mind that, in this source genre, some acts of death that may have been otherwise essential in the late Middle Ages are not regarded as important. The previously-mentioned example of Ericus Torgili demonstrates exactly this, because the mention of a last will was left out from the article of Nils' canonization hearing.

When the resurrection miracles are used as source material for death studies, it is good to keep in mind that people did not actually die in these cases but revived, or escaped from death, through something that was considered to be a miracle.[133] I argue that despite the fact that people did not really die, it is still possible to study the social context of the medieval deathbed scene through these testimonies. Even if we do not know how close to death people were in these cases,[134] we may assume that people were prepared for the person's death and acted accordingly before the resurrection occurred. I have no opinion on the nature of the alleged miracles. It is irrelevant whether or not the people in these cases were dead according to our present medical standards. Death is a social and cultural phenomenon in addition to the medical viewpoint, something that each period of time and each culture socially constructs. If the witnesses testify that they considered a person to be dead, nearly dead

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[131] Sharon Farmer has noted that more value was given to the testimonies of witnesses with wealth than to those without it. Therefore, poor people's miraculous experiences are seldom investigated in canonization processes. Farmer 2002, 51.

[132] Esch 2003, 249, 259–262. Most recently the canonization acts of Frances of Rome have been used by Saku Pihko and Jenni Kuuliala. Pihko studies the time perception of 15th century Romans. Kuuliala focuses on the interlinkage of medicine and the miraculous. Pihko 2020; Kuuliala 2020 (b).

[133] Apart from the few exceptions when a person dies the so-called good Christian death.

[134] For medieval people it was always better to be prepared for the possible death than to die suddenly and unprepared. A desperate situation is also a typical element of the hagiographic genre. Witnesses were aware of this. As witnesses placed their testimonies into the well-known patterns of hagiographic genre, the narration became more convincing when a canonization commission deliberated the authenticity of a miracle. Katajala-Peltomaa 2017.

or dying, this means that for them the person was in transition to the afterlife. This enables the use of these sources in the research of medieval death and dying.

The miracles recorded in the canonization processes were selected by the organisers of the processes. Thus, the sources present miracles that were considered to be the most important for the canonization. A resurrection miracle was generally considered the ultimate miracle a saint could perform. The miracles that were performed by Christ and the apostles in the Bible served as an example for the saints.[135] Christ is reported to have resurrected three persons from the dead in the New Testament: the daughter of synagogue leader Jairus,[136] a son of a widow from Nain,[137] and, most famously, Lazarus of Bethany.[138] Lazarus' resurrection is emphasised in the Christian tradition by the fact that, liturgically, it is the moment when Christ's passion begins. It is also considered to be Christ's first triumph over death.[139] The apostles, in addition to Christ, were also able to resurrect the dead. Saint Peter resurrected a woman called Tabitha (in Greek known as Dorcas) in the city of Jaffa.[140] The apostle Paul raised a man in Troas named Eutychus, who, after listening to Paul's speech by a windowsill, fell asleep and fell from a third storey to his death.[141]

As a recorded miracle genre, resurrection miracles became more apparent in the canonization processes from the 14th century onwards. According to André Vauchez, they were very rarely recorded in the canonization processes of the 13th century. As noted previously, in the 12th and 13th century processes studied by Didier Lett, the resurrections comprised six per cent of the recorded miracles. According to Vauchez's categorization, they already comprised ten per cent of all the miracles recorded in the processes in the 14th century and in the beginning of the 15th century.[142] The percentage of resurrection miracles is 22 per cent in the sources used in Article 2, but if we take into account the miracle collection of James of the Marches, the percentage decreases to 17 per cent (see Table 1.). The total amount of miracles

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[135] On the biblical example of miracles, see: Goodich 2007, 8–12; Finucane 1995, 49–50 ; Hess 2010, 198–201; Vauchez 1997, 466–467.

[136] Mark 5:21–43; Matt. 9:18–26; Luke 8:40–56.

[137] Luke 7:11–17.

[138] John 11:1–44.

[139] Binski 1996, 8. On the theological and cultural importance of the Lazarus narrative, see Stefenelli 2003.

[140] Acts 9:36–41.

[141] Acts 20:7–12.

[142] Vauchez 1997, 467–468.

in James' collection is so high that it necessarily causes a reduction in the total percentage, even if the number of resurrections in James' collection is more than four times as high as in any other source used in this thesis.

Table 1. The number of resurrection miracles

Canonization process/ miracle collection	Number of miracles	Number of resurrection miracles	Percentage of resurrection miracles
Bernardino of Siena	162	28	17 %
Frances of Rome	199	42	21 %
James of the Marches	1363	183	13 %
Nils Hermansson	66	14	21 %
Brynolf Algotsson	32	6	18 %
Catherine of Vadstena	61	18	30 %
Vita Katherine	68	30	44 %
Miracula defixionis domini	87	17	20 %
Total	2038	338	17 %

The increase in the number of recorded resurrection miracles from the 14th century onwards has been linked to the development of the canonization procedure. The Curia seemed to be very demanding with regard to miracles, so the promoters of canonizations preferred spectacular miracles, such as resurrections. Another important reason was also the shift in the way of praying for a saint's intercession at a distance. It was no longer mandatory to touch a saint's relics or a shrine, but a miracle could be experienced at home, for example. The pilgrimage was done afterwards in gratitude for a saint.[143] Praying at distance made resurrections occur more often,

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[143] Vauchez 1997, 466–470; Krötzl 2018.

because most people died at home or outdoors. Rarely was a dead or a dying person transported to a shrine.

Canon law regulated the procedures of canonization, and the 15th century processes are, according to Thomas Wetzstein, characterised by structural homogeneity,[144] yet some differences between the processes are still evident. Ronald Finucane remarks that, despite the commentaries and guidelines for the procedures of canonization, "things seldom (probably never) played out according to plan".[145] The canonization of saints had come to a halt during the first part of the 15th century. The lack of successful models reflected the way in which canonization processes were organised and recorded. This is evident especially in the first hearing of Frances' process, as will be discussed below. The successful process of Bernardino of Siena in the middle of the century provided standards for the procedure.[146] I will discuss the features of processes and collections used in this study in the following paragraphs. At the same time, I will explain why I have chosen these particular sources.

In two articles I have used only Italian material, either only the canonization process of Bernardino of Siena (Article 4.) or that and the miracle collection of James of the Marches (Article 3.). Article 2's sources are from two geographical areas: Italy and Sweden. I have used all the available 15th century material from Sweden. The Italian material, the canonization processes of Bernardino of Siena and Frances of Rome, has been selected because of its representativeness regarding resurrection miracles.[147] The North-South comparison is explicitly made only in Article 2 but, as stated above, the Northern aspect is not totally absent from Article 3 that discusses Christian Krötzl's article *Evidentissima signa mortis*.

In addition to fitting into the periodical and geographical framework of this study, the canonization process of Bernardino of Siena (1380–1444) has been selected because of the precision of detail in the recording of miracle testimonies. Twenty-eight resurrection cases (17 % of all the miracles) provide an abundance of information regarding people's death moments because of the very detailed recording. The relatively low percentage of resurrections compared to some other sources used in this

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[144] Wetzstein 2004 (a), 262.

[145] Finucane 2011, 3.

[146] Pellegrini 2004; Pellegrini 2018.

[147] The Italian material used in Article 2 includes 70 resurrection cases, whereas the Swedish material includes 85 resurrection cases. Thus, the number of cases from Sweden and Italy is nearly equal.

thesis is explained by the fact that the first investigation did not include any resurrection miracles.[148]

In Bernardino's process the rich details about people's last moments are evident, especially through the questions and answers about the certainty of the arrival of death. How people knew that someone was dead, the question scrutinised in Article 3, is a recurring topic of resurrection miracles of Bernardino's process. This is a good example of the process' strict inspection; the commissioners made systematic efforts in their attempts to ascertain that witnesses had experienced something that could be labelled as a proper miracle. Letizia Pellegrini has pointed out that even before the opening of the process, miracles were recorded in L'Aquila by the civic authorities and notaries in the way that made it possible to use them in a future process. This fact demonstrates how judicial aspects of miracle recording were important all the way in the saint making process of Bernardino. Pellgrini notes also that John Capistrano, the most prominent promoter of Bernardino's cause, requested a jurist, Martino Garrati, to write a tract that concentrates on identifying miracles. Pellegrini concludes that investigating miracles had been partially forgotten during the Schism, and Bernardino's process marked the recreation of successful saint making.[149] Bernardino was canonized in 1450, only six years after his death.

Resurrections of newborn children, the topic of the fourth article, are scrutinised with similar efforts as the signs of death in Bernardino's process. The witnesses in these cases are most of all women, so the process provides relevant source material for inspecting how women testified about their expertise in the matters of life and death. The process includes four resurrections of newborn children. The number may appear small, but it is actually relatively high for one process, because this is generally one of the rarest types of miracles in the medieval canonization processes.

James of the Marches (1391–1476) was an Observant Franciscan, a friend, and a student of Bernardino of Siena. With Bernardino and John Capistran, James was the main figure of the Franciscan Observant movement in the 15th century. He was on legation in several countries spending his last years in Naples where he was buried. A canonization process for James was held in 1525–26. The *in partibus* hearings were held in Ascoli Piceno and Naples.[150] He was canonized only in 1726.

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[148] The 162 *post mortem* miracles of the official hearing that I have studied are but a selection of the total number of miracles attributed to Bernardino recorded before and after the process. According to Letizia Pellgrini, *liber miraculorum* of Bernardino contains about four hundred other miracles in addition to these miracles which were officially handled in the process. Pellegrini 2018, 107.

[149] Pellegrini 2018, especially 106–109.

[150] The manuscripts of the hearings are held in the Vatican Archives, Ms. Vat.Rit 2014 and Ms. Vat.Rit 2016.

James' miracle collection, a source used in Article 3, is held in the Vatican library.[151] The narrow manuscript (11 cm x 29 cm) includes 314 recto and verso pages, made of paper, that hold a total of 1363 miracles. The manuscript is written in a mix of Latin and Italian by multiple hands in easily readable cursive. The beginning of the collection contains miracles that have been attributed to the Holy Name of Jesus, the cult closely associated with Bernardino of Siena and the Observant branch.[152] The miracles attributed to James contain only a few miracles *in vita*, thus most of them are *post mortem* miracles. The cult was geographically located in the area of Naples, and the miracles of the collection date especially to the late 1470s and the 1480s. Most of the narratives are rather short and plain, but some comprise several pages including interesting details.[153] The narratives are mixed with contemporary occurrences like the battles against the Turks. A notable feature of the cases is also the fact that several beneficiaries are Catalans who had a strong presence in Naples then. The cases include also numerous mentions of medical doctors.

James' miracle collection is selected as a source for Article 3 because of its richness in the resurrection miracles. I have used 52 resurrection miracles from the collection in Article 3. The number of resurrections recorded in the collection is actually much higher: there are 183 recoveries from death or from mortal danger. The cases presented in Article 3 are the ones in which the signs of death are elaborately recorded. I have used James' collection only when analysing the signs of death, as becomes clear in the article. Bernardino's process is also used when deliberating the question of who made the decision on the arrival of death. Due to James' collection's more liberal nature, it is not explicit on such a matter. It has usually been recorded in a passive form that a person was considered to be dead or nearly dead.

Regarding the resurrection miracles of James' collection, it is worth noting that scribes have very often used the term *como morto*, the Italian equivalent of the Latin *quasi mortuus*. I would claim that the collection's scribes have associated the miracles

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[151] Vat.lat. 7639.

[152] The miracles attributed to the Holy name of Jesus are recorded in folios 1r–16v. In the beginning of the manuscript, it is stated that these are James' *in vita* miracles. His role in them is rather obscure, however, and he is not mentioned in all of them. The alleged miracles on folios 1r–16v always occur only when the words of the Holy name of Jesus are said aloud or "placed" over the recovered person, as it is often phrased. This phrasing indicates that some kind of relic connected to the Holy name of Jesus is used in these cases. See, for example, folio 10 r, "…*posito ad collum eius sancto nomine Jesu…*" James himself wrote a treatise on the miracles of the Holy name of Jesus. The cult was very contradictory during Bernardino's time. Due to his devotion to the Holy Name of Jesus, Bernardino was charged with heresy. Bernardino was found not guilty, but the fact that the cult was not mentioned in the articles of his canonization process is telling. Kuuliala 2020 (b), 18.

[153] See, for example, a case of a priest who hit a student three times with the consequence that the student fell dead to the ground. Vat.lat 7639, 63r–63v.

more liberally with death than, let us say, in the canonization processes of Bernardino of Siena or Frances of Rome. This is, perhaps, a result of the fact that, as a miracle collection, it did not have as strict judicial demands as the canonization processes. This is evident also in the case of Catherine of Vadstena. The miracle collection *Vita Katherine* includes 30 resurrection miracles, whereas the actual canonization process includes only 18. The miracles in miracle collections were, perhaps, more generously associated with death than in the canonization processes. Recording that a person was almost dead made a miracle more spectacular than merely recording that a person was severely ill. The indications like *como morto* or *quasi mortuus* emphasise the desperate atmosphere before the alleged miracle. I treat the cases that refer to almost-dead people similar to those in which people are reported to be *mortuus*. I find it better to treat them together rather than make a clear distinction between these cases.

Frances of Rome's canonization process is the third Italian hagiographic source used in this thesis. Article 2 analyses the 42 resurrections of the process. The total amount of miracles in the process is 199, so the percentage of resurrections is 21 per cent. The high number of resurrections, added to the fact that women are remarkably well presented in the process, are the reasons why it has been selected to be used in the article. Article 2 also shows that testimonies of the process prove exceptionally well how the communality of death spread outside the house of the dying. This is due to the fact that the sisters of Tor de' Specchi had Frances' relics in their possession and were eager to distribute them.

Frances of Rome (1384–1440), originally Francesca Bussa dei Ponziani, married papal troops commander Lorenzo Ponziani when she was only 12 years old. Frances and Lorenzo had three children but only one of them lived to adulthood. Frances engaged in charitable work during her life, which was probably motivated by the loss of her children and her own infirmity that she experienced at the beginning of the marriage.[154] Alessandra Bartolomei Romagnoli has also emphasised Frances' experience of being forced to marry Lorenzo at the age of twelve against her desire to live as a virgin and a nun. Bartolomei Romagnoli claims that this experience became essential in her pursuits of personal sanctification. She had to find another way to live with God as a married woman and yet be part of the material world.[155]

In 1425 the group of ten women led by Frances was accepted as oblates of the Benedictine Olivetan monastery of Santa Maria Nova. In 1433 the first oblates

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[154] Kuuliala 2020 (a), 47.

[155] Bartolomei Romagnoli 2013, 320–324. On married lay saints, see also Kuuliala 2020 (a), 40–48. For discussion about Frances' marriage, see Kuuliala 2020 (a), 105–110.

moved into Tor de' Specchi, the house on the Capitol Hill acquired for the sisters. Frances also moved there in 1436 after Lorenzo's death. In addition to being a mystic and a benefactor of the poor, Frances was also interested in politics and was willing to reform the society and the Church. This earthbound character of hers is evident also in the oblate rule that she gave to the women of Tor de' Specchi. The sisters did not live in *clausura,* but they actively interacted with the people and the city surrounding them.[156]

Immediately after Frances' death in 1440, the people who had formed the closest circle around her, especially her confessor Giovanni Mattiotti, started to promote her canonization. Pope Eugene IV opened the first *inquisitio in partibus* hearing in the autumn of 1440. Sixty-eight witnesses were interrogated at the first hearing. Forty more witnesses were later heard in the second interrogation in 1443, and there were 130 witnesses in the final hearing of 1451. Some additional testimonies were recorded for the process in 1453.[157] Nine resurrection miracles were recorded in the first interrogation, 26 were recorded in the interrogation of 1451 and seven more were recorded in 1453. The second investigation thus includes no resurrection cases.

What is particularly interesting about Frances' canonization hearings is that two third of the witnesses were women. Many of them, especially in the first two hearings, were oblate women of the congregation or at least had connections with women belonging to it. This confirms not only Frances' cult's popularity among women but also that the oblate women were intentionally selected to witness in hearings because their testimonies were regarded as important. Notable also is that most of the men witnessing in the process belonged to clergy.[158] Members of the clergy or religious orders were given higher importance as witnesses in canonization processes than lay people.[159] This is evident in the selection of witnesses in Frances' process. Another characteristic is that her cult is also concentrated in a few high-ranking Roman families. For example, of the 13 women who first entered Tor de' Specchi, five belonged to the Lellus family.[160] Moreover, in the first two hearings, most of the witnesses came from two regions of Rome where the cult was strongest: Capitolium and Trastevere. It was in these areas where Frances had had the most influence during her life, because the Ponziani house was located in Trastevere and Tor de' Specchi was in Capitolium.

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[156] Bartolomei Romagnoli 2013, 315–316.

[157] On the practicalities of the hearings, see Esch 2009.

[158] Warr 2010, 169.

[159] Golinelli 2004, 179.

[160] On the family of Lellus and other families connected to the cult, see Esch 1973.

Just as different canonization processes may differ in their investigation or recording practicalities, different hearings within the same process may also have significant differences. Frances of Rome's process is an example of such differences between the hearings. The first hearing that was held in 1440 differs notably from the later two, especially from the hearing of 1451. Characteristic of the 1440 hearing is the lack of order. The recording gives an impression of spontaneous and unorganised work; few articles on Frances' life appear in the middle of post-mortem miracles, and *miracula in vita* and post-mortem miracles also cross each other. Regarding the authenticity of the testimonies, a bigger issue is that testimonies of several witnesses were not recorded separately but were integrated into one collective text.[161] A typical formulation is that the names of the witnesses are listed after an article. Then, the deposition begins with "*Que dixerunt de hoc scire*", they say that they know this. The testimonies have been shaped thus into one synthesis. This synthesis can be long and informative but also a very short text mentioning only that the witnesses verify the content of the article to be true because they were present and had seen the event.[162] In some cases there are no witnesses' testimonies recorded at all but only an article.[163]

At the beginning of the 17th century, when Frances' canonization was finally under scrutiny in the Curia, the recordings of the first hearing were considered unusable because of the incompetent form of the recording. Later hearings had recorded each testimony separately, and they were taken into consideration when deliberating her canonization. Frances was canonized in 1608. The canonization process of Bernardino of Siena had an important influence on the improvement of the recordings in Frances' process; Bernardino's case served as an example for the third investigation of her process. Interestingly, different hearings in the process illustrate her differently. In the first hearing Frances' visions, mysticism, and alms giving were emphasised. However, the 1451 hearing shows her as a strict follower of the Church's rule, a saint who was more conventional, institutional and disciplined. What form the saint was given in a hearing was most of all formulated by the chosen articles and the questions asked by the commissioners. Frances' process, like many other medieval canonization processes, thus demonstrates how the intentions of the Church's representatives shaped the picture that a saint was given in a canonization

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[161] As Arnold Esch has suggested, it is unlikely that witnesses had been interviewed together; rather, notaries have just put depositions together. Esch 2009.

[162] For example in article CXVI: *Testes: supradicte Jacobella, Vannotia, Caterina, et Anestasia. Que dixerunt de hoc scire, videlicet, quod deposuerunt contencta in dicto articulo vera esse, quia viderunt et presentes fuerunt ad omnia in dicto articulo contencta, et omnibus de quibus in dicto articulo fit mentio. I processi*, 181.

[163] See, for example, article CXX, *I processi,* 185–186.

process. Deliberate choosing or even censorship was made during a saint-making process.[164]

Like in Frances' later hearings and in the process of Bernardino of Siena, in the Swedish 15th century canonization processes testimonies have been recorded separately after articles. Still, in the canonization processes of Nils Hermansson (1325/26–1391) and Brynolf Algotsson (c. 1240–1317), at the end of the processes, there are additional cases in which separate testimonies have not been recorded. There are 18 additional cases out of the total of 66 cases in Nils' process. There are seven such cases out of 32 cases in Byrnolf's process. Thus, the percentage of these cases is actually rather high in both processes.

Regarding Nils Hermansson's process, Cordelia Hess has convincingly proposed that these additional miracle narratives might have been added to the end in order to complement the profile of a local saint who helped people in all kinds of situations. Hess suggests that more people came to report miracles than were required for the questionnaire articles. The confirmation of articles was made first in this scenario; then such narratives were recorded that would supplement the gaps in Nils' healing spectrum. Hess notes that these added narratives meet all the formal requirements.[165] I disagree with Hess's opinion that the added narratives would meet the formal requirements. The added cases only have an article-like text. The names of the witnesses have not been mentioned in all of the cases. No separate witness testimonies have been recorded. Hence, the recording of these cases is somewhat similar to that of Frances' 1440 hearing; it is impossible to detect who has provided the information. It is clear, especially in the additional cases of Brynolf's process, that several testimonies have been put together to form a synthesis. It is impossible to deduce in Nils' process whether the information comes from one or more testimonies.[166]

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[164] Bartolomei Romagnoli 2013, 317–319. Esch 2013, 44–48. See also Ackerman Smoller 2004 on the ways that the procedures of canonization inquests could mould the image of a putative saint. By comparing saints' early *vitae* and canonization processes, Cordelia Hess has also demonstrated how putative saints' images were formed by the chosen *articuli interrogatorii* of canonization processes. Certain aspects of saints' lives were highlighted, and others were intentionally ignored. Hess 2010.

[165] Hess 2008, 239–240. See also Kuuliala 2020 (a), 28 on the discussion about articles and how promoters of a cult used them to demonstrate a putative saint in a certain profile.

[166] See, for example, the case of a girl named Ingeborg. The text identifies the girl's father and a woman named Ramborg who made the *votum*, but it remains unclear who has/have provided the information about the case. "*Item Ingeburgis Johannis Erici de Sivalstadha parrochie Wretis Linkopensis dyocesis etatis x annorum per annum cum dimidio grauiter epylepsiam passa est grauius autem a festo beati Bartholomei usque ad festum Michaelis proxime transactis. Omni die tribus vicibus eodem morbo vexata est, votum igitur a Ramburge Johannis in Olafstorp parrochie Ledhabergh Lincopensis dyocesis ad beatum Nicolaum Lincopensem emittitur et paciens hec videlicet epylentica perfectissime liberatur.*" *Sankt Nikolaus*, 364.

Article 2 uses all the Swedish 15th century hagiographic material that includes resurrection miracles. The canonization processes of Nils Hermansson and Brynolf Algottson, as well as that of Ingrid of Skänninge (d. 1282)[167], were opened at the council of Constance in 1416. The opening of these processes was a joint Nordic campaign by the Union King Erik of Pomerania and the Swedish bishops. After the successful canonization of Saint Bridget in 1391, there were many new attempts to canonize Swedish saints in the 15th century. Janken Myrdal said that the period after Bridget's canonization was a nearly euphoric time for miracle recordings in Sweden.[168] Both Nils' and Brynolf's cults were linked with Saint Bridget. Nils Hermansson was a friend and relative of Bridget and a key figure in her canonization process.[169] He was the bishop of Linköping from the year 1375 until his death in 1391. The miracles were reported to have occurred at his tomb from the beginning of the 15th century onwards. Unlike Ingrid and Brynolf, Nils had died only a decade before his cult started to take form in Linköping's diocese. Thus, in 1417 when the canonization process was under way, some of the witnesses were Nils' contemporaries.[170]

Brynolf Algotsson was appointed as bishop of Skara in 1278. The basis for the cult was Bridget's vision in Skara in 1349 in which she reportedly saw Jesus, Maria and Brynolf together. The first surviving recording of a miracle attributed to him is derived only from 1404. Anders Fröjmark suggests that both Nils' and Brynolf's cults were established and actively promoted in Linköping and Skara by local clergy in an attempt to strengthen the diocese churches' influence in society. The saint candidates' close relationship with Saint Bridget was utilised in both cases.[171]

Nils' process includes 66 miracles, but only 32 miracles were recorded in Brynolf's process. Commissioners of the process explained the condensed form of Brynolf's process with the difficulty in gathering witnesses. Many witnesses had died in the plague of 1350 that was extremely severe in West Götaland. Long distances and peasants' responsibilities with agriculture also increased the difficulties in gathering witnesses. Many were taken to defend their country in the king's war and distances were so great that some were also unable to reach Skara to testify about the miracles

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[167] The canonization processes of Ingrid of Skänninge and Petrus Olavi of Skänninge have only survived in fragments. The surviving miracles include no resurrection miracles; therefore, they were not used in the second article. For the catalogue of the surviving miracles, see Myrdal & Bäärnhielm 1994, 144–145. On Ingrid's and Petrus' cults, see Fröjmark 1992, 67–77.

[168] Myrdal & Bäärnhielm 1994, 104.

[169] On Bridget's importance in legitimizing Nils' cult, see Hess 2008, 214.

[170] On Nils Hermansson's cult, see Hess 2008, 205–243; Fröjmark 1992, 44–49, 129–143. On the witnesses in Nils' canonization process, see especially Hess 2008, 236–238.

[171] Fröjmark 2004, 94–100. On Nils Hermansson, see also Fröjmark 1992, 129–143.

they had witnessed.[172] Regarding Brynolf's process, it is also notable that 40 per cent of the cases are shrine miracles.[173] Considering that recorded resurrection cases were generally almost exclusively distance miracles,[174] the total of six resurrection cases is relatively high for the process. Most of Brynolf's miracles were investigated by the commissioners in Skara on April 12–15, 1417. The first two of Brynolf's resurrection miracles were written down at this time. Four resurrection miracles were recorded in Vadstena on April 28, while the commissioners were there investigating Nils Hermansson's miracles.

The third Swedish canonization process I have used, Catherine of Vadstena's (c. 1332–1381), is even more closely linked with Saint Bridget. Catherine was Bridget's daughter. She followed her mother to Rome, living there more than twenty years. She made pilgrimages with her mother to Jerusalem and other holy places. The Vadstena monastery was founded in 1370, and Catherine led the new religious house. Catherine was referred to as Vadstena's abbess, even though she was not ordained as a nun. Catherine left this responsibility in 1375 to promote her mother's canonization in Rome. In 1380 she returned to Vadstena but died the next year. Catherine's legacy was the successful canonization of her mother and the organization of the Birgittine order. Catherine's process was the last medieval Swedish canonization process. Canonization hearings were held in 1475 and 1477 in Vadstena. Sixty-one miracles were recorded in the hearings. Catherine's cause still did not result in canonization, similarly to all the other Swedish attempts after Bridget.

Swedish clerics had gathered miracles performed by Catherine before the canonization hearings held in Vadstena. Ulf Birgersson wrote a biography of Catherine in the 1410s and 1420s with three posthumous miracles. A few more miracles were recorded in the following decades. The bishop of Linköping, Henrik Tidemansson, set a commission in 1469 to collect Catherine's miracles. The commission of four

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[172] Fröjmark 2004, 94.

[173] Bäärnhielm & Myrdal 2004, 105.

[174] In the Swedish sources I used, there is only one case in which an almost dead person is brought to a shrine: *Processus seu negocium*, 84. In the canonization process of Frances of Rome, there is also one case: *I processi*, 267. Carrying the dead or almost dead to James of the Marches' shrine was more common, yet the total of five cases is still very small if compared to the total amount of cases recorded in the collection: Vat.lat. 7639, 36v, 45v, 154v, 168 v, 264r. In addition to the cases cited above, see also a Swedish case in which a three-year-old dead child was brought to the statue of Saint Olaf located in a parish church in Southern Scania. The case is cited in Bäärnhielm & Myrdal 2004, 105; Fröjmark 1992, 163. Stillborn infants in medieval Europe were generally the ones who most often were carried dead to shrines. Once brought to a shrine, they were claimed to be miraculously cured for a brief moment, so that they could be baptised. A famous example of such a shrine is the chapel of Oberbüren, near Bern. Prosperi 2005, 206–207. Most recently on infant resurrections at a shrine, see Jakobs 2021.

priests managed to record 88 miracle narrations in four years. Of these miracles, 61 narratives, added with seven earlier miracles, were selected for the collection that was sent to Rome in 1474. This collection was printed in 1487 and became known as *Vita Katherine*, a source I have also used in Article 2.[175]

The percentage of resurrection miracles in *Vita Katherine* is the highest of all the sources used in this study. The reason for such a high percentage of resurrections (44 %) is most likely explained by the selectivity of the collection. The compilers of the collection had the possibility to choose from a larger corpus of miracles, so they have selected the most spectacular ones. Later, when selecting articles for the canonization process, resurrection miracles were not necessarily included if a case was not otherwise regarded as suitable. The problems in finding the right witnesses for certain cases also affected which narratives were recorded in the canonization process.[176] These features point out the judicial differences between miracle collections and canonization processes.

Catherine's canonization process includes only 18 resurrection cases, whereas *Vita Katherine* has 30 of them. Equally, in the cause of Nils Hermansson, some resurrection miracles that were included in *Vita et miracula* were left out from the articles of canonization process. Nils' canonization hearing includes only about two thirds of the total miracles attributed to him.[177] The rejection of cases happened in every step of the saint-making process. In the processes that proceeded to the next step of the canonization, miracle narratives were again selected when forming the *relatio*, which is an abbreviated version of the documents of *inquisitio in partibus* produced within the Curia. Even though resurrections were the most spectacular miracles and, thus, ultimate manifestations of a putative saint's divine powers, if a case was not judicially consistent, a resurrection case could be left out from the articles of the canonization process or from the later *relatio* like any other miracle narrative as well.[178]

Catherine's canonization process shows that witnesses' testimonies have been recorded meticulously, but the situation is totally different in *Vita Katherine*. Again, we are dealing with miracle narratives in which it is impossible to detect the personal information of different deponents. The names of witnesses have been listed after the narrative text, but no separate testimonies have been recorded. This leads to

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[175] Fröjmark 1992, 50–54. Krötzl 1994, 96–97.

[176] Fröjmark 1992, 61.

[177] Fröjmark 2004, 91. Fröjmark 1992, 46.

[178] See, for example, the case of a hanged man William Cragh in the canonization process of Thomas Cantilupe of Hereford. Hanska 2001.

difficulties when trying to determine the communal character of the narrative. One should not suppose that those who are listed at the end of a narrative are meant to indicate the persons who have been present when the alleged miracle has occurred; they may be recorded as witnesses merely because they otherwise knew that the narrative was considered true. Therefore, one should not draw any conclusions about cases' communality based on the witness lists.

Still, witness lists may sometimes include some other useful information for a historian. For example, in one case recorded in *Vita Katherine*, a brief addition in the witness list turns out to be rather informative. There was a case of a three-year-old girl who was sitting by a window in a high house in Visby in 1472; the narrative records how the girl fell from the window and died as she hit the ground. Haquinus Johannis was introduced in the witness list as a man who first found the dead girl and carried her to the mother.[179] It was recorded in the narrative text that it was the castle bailiff who found the girl from the street, but his name has not been mentioned. This way the addition in the witness list clarifies the bailiff's name and thus provides information to identify a historical person. The miracle narrative seems to be the only historical source to document that the bailiff of Visborg fortress in 1472 was named Haquinus Johannis.[180]

The final hagiographic source to be introduced here, miracle collection *Miracula defixionis domini*, is not composed in the same way as canonization processes or *Vita Katherine*. No commission was investigating miracles, but it is a miracle register in which the cases have been recorded at the shrine, similar to the case with the miracle collection of James of the Marches. The difference between *Miracula defixionis domini* and other hagiographic material used in this thesis is that there was no canonization attempt behind the collection. The alleged miracles of the *defixio domini* collection are attributed to the statue group depicting Christ's descent from the cross located in the Dominican Church of Stockholm. The miracles were recorded chronologically by a Dominican friar, Gregorius, who heard them from the pilgrims who visited the now-lost statue in gratitude for the experienced miracles.

The recorded narratives are distance miracles, which means that the miracles were experienced at home, for example. Thus, resurrections are also included in the collection. Recorded narratives give the impression that the people who prayed for a statue's help regarded this wooden object as powerful as Saint Bridget or other Swedish saints. This becomes clear in the cases in which people are recorded to have

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[179] *Vita Katherine*, miracle number 43.

[180] At least *Repertorium diplomaticum regni Danici medievalis* does not have evidence on him.

drawn lots for which saint to make a vow to.[181] The statue had its place in the lottery among the venerated saints, which indicates its importance in late medieval Sweden. The statue's importance is also highlighted by the fact that Queen Margaret I of Denmark mentioned it in her last will as one of the destinations where pilgrimages should be made on behalf of her soul.[182]

According to the narratives, the recorded 87 miracles occurred between the years 1408 and 1471. The fire of 1407 destroyed earlier recordings of miracles attributed to the statue. Most of the narratives date to the 1410s and 1420s. The last five miracles of the collection must have been recorded by some other friar than Gregorius, who apparently had died in the 1430s. The cult has also a connection to Saint Bridget, because a few of the narratives included in the collection are attributed to magister Mattias, her confessor, who was buried in Stockholm's Dominican Church next to the *defixio domini* statue.[183]

Like miracle collections in general, *Miracula defixionis domini* is less juristic than the canonization processes. This may have given witnesses more freedom of speech because they could talk more freely about the events. The surviving narratives do not have any evidence of interrogations of the pilgrims, so what we have is Friar Gregorius' formulation of the accounts that he had heard. It is, of course, unclear to what extent written narratives are based on the spoken accounts. In some cases, however, merchants of Stockholm were collected to witness that Gregorius' text corresponded to what the pilgrims had said. Many miracle narratives of the collection are very short and uninformative, because there are no judicial requirements to record the narrative in a certain manner. The basic information is insufficient in some cases. For example, a date or a year is missing, or we do not know who was present when an alleged miracle occurred. We have to settle for one version of the narrative in a miracle collection like *Miracula defixionis domini*, unlike in canonization processes in which several depositions have often been recorded. Sometimes, however, narratives recorded in miracle collections are rich in detail and lengthy. As a result, *Miracula defixionis domini* includes not only several brief and stereotypical miracle narratives but also a few of the most interesting resurrection cases from 15th century Sweden. The best example is the case of a dying Helena that I have used as an archetype of a resurrection narrative in the second article of this thesis.

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[181] See, for example, *Miracula defixio domini*, 56.

[182] Lundén 1950, VI.

[183] Lunden 1950, V–XVIII.

2.3   The Concepts of Communality, Commune, and the Process of Death

The recurring theme of the articles is communality, so it is imperative to define the concept. My understanding of community and communality is based on Ferdinand Tönnies' (1855–1936) concept of *Gemeinschaft*. Tönnies' pioneering idea that a community is most of all *local* has been an inspiration for scholars in different fields. During the century of its existence, the concept has obviously been criticised for being over-generalizing, yet it remains relevant in modern studies on community and communality.[184] I choose to follow Tönnies' definition because of the concept's classic status. According to Tönnies, the *Gemeinschaft* relations are traditional family, kinship, friendship, and neighbourhood relationships. In *Gemeinschaft* relations, the relationship as such and the communal activity could be the goal and purpose of actions. Unlike in modern money-based *Gesellschaft* relations, communal activity is not a means to achieve individual goals; in *Gemeinschaft* relations, people are gathered together to achieve a common goal.

Mutual understanding or consensus is the binding sentiment or social force that holds people together in Tönnies' theory. This mutual understanding is based on a close blood relationship, spatial proximity and on mental and spiritual closeness. The logic in Tönnies' argumentation is the following. Firstly, family members, relatives, neighbours, and friends love each other or get used to one another; for this reason, they often think of each other and spend time with each other. Secondly, there is mutual understanding between those who have a close relationship with each other. Finally, those who love and understand each other are willing to stay together and share their everyday lives together.[185] I use the concept of cohesion that is used in current communality studies when analysing a community's ability to stick together, rather than mutual understanding, consensus*,* concord, or family spirit, the terms that Tönnies used.

I follow Tönnies' example when analysing the communality of death and use the word community in a small-scale sense to refer to the people who are some way involved in the process of death. These people are usually family members, friends, neighbours, or other acquaintance. Sometimes doctors, priests or members of religious orders are also present by the deathbed. I consider the community as a concept that is in on-going change. Hence, community is most of all a scholarly concept, not

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[184] On the use of Tönnies' *Gemeinschaft* in historical research, see, for example, Spierling & Halvarsson 2008.

[185] Tönnies 2001.

something that contemporary people would have necessarily thought of. It is possible with the concepts of community and communality to identify social and cultural elements that a certain group of people considered important for themselves.

The medieval community did not consist only of the living, as evidenced by the praying for the dead or the veneration of saints. The dead and the living formed a community that was in a constant interaction. As Scott L. Taylor puts it, "The living and the dead represent one community, the *corpus mysticum ecclesiae*, all of whose members have a common destiny and warrant communal spiritual support." This interaction was focused on the concept of purgatory. The living prayed for the dead souls in order to shorten their time in purgatory. As they did this, the dead would reciprocally pray for the living once they had reached Heaven and, thus, would in turn shorten the purgatorial time of the living. Taylor summarises this communality between the living and the dead elegantly, "…all work together, that together all will reach the final shore".[186] This idea of everyone working together is exactly the definition of Tönnies' *Gemeinschaft*.

Death was not a fleeting moment in the Middle Ages but consisted of different stages both before and after the actual moment of death. Medieval death could include all or some of the following stages: preparations for death (spiritual preparations, making a will, bidding a farewell to the loved ones), the last rites of the Church, the actual moment of death, vigil and preparations for burial, funeral, and remembrance of the dead.[187] Hence, I understand medieval death and dying as a process, the process of death. I concentrate in this study on the stages that precede the burial.

The purpose of the different stages in the process was to guarantee the appropriate transition to the afterlife and to maintain the social control of the society. There were multiple actors in this process. The dying person himself had his role to play. He could be assisted in many ways by several people while lying on the deathbed, as the following articles will discuss.

A dying or a surrounding community did not have time to perform the required acts and rituals when death was sudden. Both a community and a dying person were left violated in such cases. Therefore, a sudden death was a horrifying way to die. A sudden death was also feared, because it was believed to hinder one's salvation. It was considered to be a punishment.[188] The Medieval belief system even developed a

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[186] Taylor 2016.

[187] For a summary of the different phases of the process of death, see Gray 2021.

[188] Caciola 2000, 74–76; Hamilton Clements 2018, 37–38; Binski 1996, 36; Rollo-Koster 2017 (c), 183. Duffy 2005, 310–311.

way to avoid a sudden death: According to a deeply rooted belief, people would not die suddenly on the day when they had seen a picture of Saint Christopher.[189] The cases in hagiographic material in which people are recorded as praying for a brief resuscitation so that the sacrament could be delivered manifest this fear of sudden death. People accept the death in such cases but only if the rituals could be performed. People did not accept the rapidity of the arriving death.[190]

I understand the process of death as a lengthy process that intermingled with people's everyday lives. By this I mean that the process was not something that had a clear beginning or end. Neither was it an unbroken chain of events during which people would not have done anything else. People are usually recorded to stay around a dead person for relatively long periods of time, especially in Swedish miracle depositions.[191] The recording of the long time spent around an allegedly dead person is a clear, literal *topos* that has been used to emphasise the desperate situation before the resurrection. One illuminating example recorded in a Swedish miracle collection, *Miracula defixionis domini,* still demonstrates how a family, rather than concentrating wholly on mourning or processing the death, continued their ordinary housework soon after the death had occurred.

According to the narrative recorded in *Miracula defixionis domini*, on a day before Christmas Eve in 1416 in Uppsala, a two-year-old Olov died in the arms of his mother. The mother, the father and a woman called Lucia are recorded as seeing undisputable signs of death on the boy's body; therefore, Olov was placed on the

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[189] This belief was criticised by Erasmus of Rotterdam in his *The Praise of Folly*. For the discussion, see Domínguez 2021, 396–397.

[190] According to Norbert Ohler and Michelle Vovelle, for medieval people, a person's posture at the last moments indicated whether the dying had accepted his or her departure. If a person died lying on his or her back, lifting eyes towards sky, it was a sign that the person had accepted death. Lying on one's side or worse, facing a wall, indicated that the person died involuntarily. This was a sign of a bad death. Ohler 1987, 578–580. Vovelle 1990, 30. In hagiographic material Ronald Finucane has noted one such case that mentions a bad posture at the last moments. The case is recorded in the canonization process of Urban V. It is a punishment miracle in which parents did not fulfil their vow. Finucane 2000, 72. A good posture of a dying person, however, is emphasised in the cases of dying saints. When testifying about Frances of Rome's death, witnesses told how she had lifted her eyes towards sky. *I processi*, 100–103.

[191] According to Christian Krötzl, the time spent around a dead person in Scandinavian miracle cases ranges between "a brief moment" and three days. Krötzl 1994, 260. For comparison, in the canonization process of Bernardino of Siena, the time spent around a dying person ranges between a quarter of an hour and one night. On the interval between death and resurrection in 12th and 13th century canonization processes, see Lett 1997 (a), 147–148. Norbert Ohler has noted that in Southern Europe, burial was done during the same day as the death occurred. In Northern Europe it was usually done the following day or, in any case, not later than the third day. People in the North were not in such a hurry to bury the deceased because of the colder climate and longer distances. Ohler 1997, 81–83. Evidence from the miracle narratives support Ohler's proposition.

floor and wrapped in linen. Before the boy's alleged death, the parents had made a promise to visit the Dominican convent in Stockholm if the boy would not die. However, no resurrection occurred. Later, while the mother was baking bread, she noticed a silent voice coming from under the shroud, and it seemed to her as if the boy was moving. She called for Lucia and asked her to come and see what was happening. Lucia refused to come and argued instead that the boy was dead. But the mother noticed that the boy was opening his eyes when she lifted the shroud.[192]

The crucial part of the narrative is the information that the mother had started to bake bread while the boy lay on the floor wrapped in linen. It is also interesting to note the recording of Lucia's refusal to come to see the boy when the mother believed he was alive. The source implies that Lucia had something better to do and would not leave her task to see the boy she believed was dead. Even if in some of the Swedish cases people are recorded as staying hours or even days around a dead person, in this case the family did not stay around the dead for a long time but continued their tasks. The source suggests that people had duties, such as baking bread, which they had to fulfil even if they were mourning. Therefore, I propose that the process of death did not mean that other aspects of life would necessarily recess for medieval people. People had responsibilities that had to be taken care of, even if they had just lost their next of kin.

In this chapter I have presented the sources and methodology of this thesis. Next, I will discuss the results of the four articles.

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[192] *Miracula Defixionis Domini*, 38.

3 THE COMMUNALITY OF LATE MEDIEVAL DEATH AND DYING

3.1 *"Do not Reach Out for Your Friends"* – Dying with one Trusted Friend (Article I)

The analysis of three popular 15th century *ars moriendi* guidebooks has shown that the presence of family, friends or neighbours of the dying was not regarded as beneficial for the departed soul at the moment of death. The authors of these texts considered the loved ones of the dying a distraction. Their presence would make a dying person's concentration stray from what was regarded as essential at the deathbed: that the dying should concentrate fully on God. The guidebooks suggest that the dying should be in the company of one trusted friend, rather than with the family members or friends. This fact has been neglected in the studies concerning *ars moriendi* literature or, more generally, the communality of medieval death. Amy Appleford's 2015 published monograph briefly touches this matter only after my article's publication. I will summarise the results of Article 1 in this subchapter and reflect my arguments to Appleford's analysis that I was unable to do in Article 1, because her monograph was published after my article.[193]

Of the sources studied in Article 1, the illuminated *Ars moriendi* and the Swedish translation of Gerson's *De arte moriendi* express most clearly that the dying should meet his or her end in the presence of only one person. According to *Ars moriendi*, one should die with *amico devoto fideli*. The Swedish translation says that the dying should be left with one trusted person after the last sacrament, "*Sedan skall man ge henne en god trogen och förständig människa...*" The Swedish passage of a trusted person is probably adopted from *Ars moriendi*. Gerson's Latin text remains, namely, a little more cautious on the matter. According to *De arte moriendi*, the dying should be re-

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[193] In addition to Appleford, Małgorzata Barbara Zawiła has cited Gerson's instruction to leave family and friends outside the death bed scene in her 2016 published article. However, Zawiła does not reflect on this instruction any further. Her work comes outside of the medieval studies, and her interest is not particularly in the medieval art of dying but is rather on the contemporary views of the good death. Therefore, Zawiła's article does not require further analysis in this thesis. Zawiła 2016, especially 128.

minded of his loved ones only if his spiritual health requires it, "*Nullatenus aut min-ime...*", not at all or only very little should the dying person be reminded of these people. *Tractatus de artis bene moriendi* also mentions the presence of a trusted friend. In the beginning of its sixth chapter, it advised that the prayers included in the chapter should be read by *amico caro et fideli*. Considering that *Ars moriendi* is composed after *Tractatus* as an illuminated version of its second chapter, we may easily assume that *Ars moriendi*'s mention of *amico devoto fideli* is an adaption of *Tractatus*' *amico caro et fideli*. What is more interesting, though, is that *Tractatus* refers to a trusted friend in the context of the prayers that should be read aloud to the dying. *Ars moriendi* and the Swedish version of Gerson's text, however, refer to a trusted friend already in the early phase of the texts; they seem to apply to the whole death moment, not solely to prayers or other smaller parts of the process.

We find a clear reference to the malignant influence of family and carnal friends among the Devil's temptations in the second chapter of *Tractatus*. The temptation of avarice consists of the temporal things that the dying holds dear: wife, children, friends, and worldly riches. The dying person would be able to concentrate on God by putting these things aside. The temptation of avarice is the last temptation the Devil puts on a dying person. Thus, he could avoid the perils of Hell if he did not fall for this one.

The woodcuts of *Ars moriendi* depict the temptation of avarice very concretely. The dying man lies in his bed while people have gathered around him. The deathbed scene is not inhabited only by living creatures, as in all the woodcuts of *Ars moriendi*. The room of the dying man is illustrated in each picture as a battlefield between celestial and infernal troops. The temptation of avarice shows that three demons are accompanying the dying. One of them is pointing his finger at the family and friends saying, "Consider your friends." Two other demons are pointing at the lower part of the picture that is occupied by a wealthy house. As Thornton and Phillips have pointed out, the house occupies almost half of the picture, which emphasises its importance for the dying man.[194] The banderol between two demons says, "Reach out for your treasure." A servant is walking a horse in the yard in front of the house, and the house is depicted being full of wine barrels. These details highlight the wealth of the dying and the material goods he is forced to leave behind him.

In the contra-picture against avarice, we are shown how one is able to overcome material attractions. Two angels are instructing how to detach from the earthly life. Another one looks firmly into the eyes of the dying, points his finger upwards and says, "Do not be greedy". Another angel holds a fabric between the dying and his

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[194] Thornton & Phillips 2009, 96.

loved ones, saying, "Do not reach out for your friends." When the dying person has put his temporal matters aside, crucified Christ, Virgin Mary and saints have gathered behind the bed to witness the good death. The demons are defeated. One of them shakes his fist back to the dying, saying desperately, "What should I do?" Thornton and Phillips have made an important observation on the demon's last reply. "What should I do?", or rather the Latin "*Quid faciam*?", is a reference to Paul's conversion. In the Book of Acts 22, 10, on the road to Damascus, Paul asks Christ what he wants him to do, "*Et dixi quid faciam Domine…*" Like Paul, a dying person should submit himself fully to God.[195]

The just-mentioned passages from the *ars moriendi* guidebooks show that the dying person is advised to detach from his earthly relations before the moment of death. According to this advice, there is no need for a large community around the dying. On the contrary, the loved ones' presence might be very harmful for the dying. Yet, people are instructed to gather around the dying in large numbers in one part of *Tractatus*. *Tractatus* states that the dying is in such great peril in his last moments that the whole city should gather around him, as is the habit in religious houses.

How should one understand this contradiction? On the one hand, *Tractatus* makes it clear that the presence of the family members and friends is harmful to the dying; on the other hand, it encourages even strangers to visit the dying. One explanation might be the procedural character of death. Death was not considered to be a swift moment but a process that could last hours or even days; thus, a death moment could be in one moment a crowded situation and in the next one a private one. The Swedish translation of Gerson's text is rather illuminating in this matter. It advises that the dying is left with one trusted friend after the delivery of the sacrament, "…när en människa blir så sjuk att man förstår att den sjukdomen leder till döden, då skall man strax kalla till henne biktfadern, som från henne mottar bikt och avlösning. Sedan skall man ge henne en god trogen och förståndig människa, som ständigt skall vara hos den sjuke och ta väl hand om honom och det skall vara en sådan människa som den sjuke brukade ha andlig kärlek till i sin krafts dagar."[196] Thus, if this advice is applied to *Tractatus*, it could be considered that the large group of people was welcomed before the last sacrament, and the situation became a private one after it was delivered.

Amy Appleford has paid attention to *Tractatus*'s tendency to make analogies between laypeople and religious houses. The afore-mentioned passage that people

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[195] Thornton & Phillips 2009, 96. Even though they are analysing the temptation of avarice, for some reason Thornton and Phillips do not pay attention to the denial of community.

[196] Hagberg 2009, 93.

should gather around the dying as the custom was in religious houses is an example of such analogies. Appleford suggests that *Tractatus*' conciliarist background is evident in how the text advises the laity to take care of their afterlife destiny similar to how the monks do, and the monks should learn from the laity's example how to worry about their eternal destiny with the uncertainty of the laity. This way the advice to gather around the dying is linked with the text's model of ecclesiastical unity that emphasises a shared spiritual experience rather than a sacramental ritual.[197]

Appleford thoroughly discusses the temptation of avarice and the exhortation to detach from the loved ones, yet she does not pay much attention to the possibility that *Tractatus* (or other *ars moriendi* texts) sees the ideal death as a private situation. Rather, she emphasises the view that the surrounding people should be those with whom the dying does not have too intimate a relationship but with whom he has a "spiritual kinship". Based on the codicological analysis and studies of surviving wills, she traces the owners of some English *ars moriendi* manuscripts and the networks of associates that are linked by these spiritual kinships. According to the case of a certain William Harlowe, Appleford interestingly proposes how certain Londoners may have planned their death to the level that they had someone in mind who would assist them at the moment of death.[198] This is the only point when Appleford seems to acknowledge that an ideal death might be considered to be a private occasion. Appleford thus acknowledges the private character of death in *Tractatus* and in its English translation without stating it directly. However, instead of concentrating on the question of the number of people, Appleford focuses instead on the nature of the relationships between the dying person and the surrounding people.

Reflecting now Appleford's arguments against those that I have presented in Article 1, I am inclined to believe that we have emphasised the different aspects of the matter. I have been more focused on the guidebooks' demand of one *amico caro et fideli*. For some reason Appleford has not paid much attention to the number of required assistants but focuses more on the quality of those who are present. She recognises that family and friends are not welcomed around the deathbed. Based on her research on the circulation of manuscripts in London, she emphasises the networks of spiritual kinships. She uses the word 'covent' or convent to describe the community around the dying, "In order to avoid reminding the dying person of worldly ties, the 'covent' present to help the dying make a good death should, thus, consist of individuals with whom one is not too intimate but who can be trusted to

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[197] Appleford 2015, 166–168.
[198] Appleford 2015, 174–175.

exercise the significant responsibilities their role as attendant entails."[199] Thus, the plural number remains in her argumentation; to her, the community seems to consist of several people. As a side note, remember that Appleford's arguments remain on a hypothetical level. She also acknowledges this herself, because she makes propositions in her study. Even if someone has owned a manuscript containing the *Craft of Dying*, and the person has given it as a present to somebody, it does not necessarily mean that they would have a spiritual kinship and that one would assist the other at his deathbed.

The used sources in Article 1 are solely the *ars moriendi* guidebooks, so at the end of this subchapter, I wish to note briefly that the temptation of avarice and the ideal of a private death moment are evident also in late medieval sermon material. In his sermon *De duodecim doloribus quos patitur peccator hora mortis*, Bernardino of Siena made clear that the dying should leave temporal matters aside when lying at his deathbed. His love for his family causes the dying person mental anguish that obstructs the concentration on death. A man who is too attached to his riches is similarly led to Hell by the Devil.[200]

More thoroughly than Bernardino of Siena, the famous Dominican friar Girolamo Savonarola paid attention to the art of dying in his sermon *Predica dell' arte del ben morire* that he delivered in Florence in 2.11. 1496. Savonarola based his sermon heavily on previous *ars moriendi* literature of the century. As a Dominican, the tradition was obviously very well known to him. However, departing from the earlier writings on the subject, Savonarola emphasises the lifelong preparations for death. According to him, it is very hard for a Christian to turn to God at his deathbed if he has avoided the matter for the whole of his life. In his descriptive style, he urges people to wear "spectacles of death" for the whole of their lives. People who look at the world through these eyeglasses cannot forget their own mortality.[201]

Like *Tractatus*, Savonarola similarly urges people to visit dying people, yet conversely, he advises people also to concentrate on death with one trusted person. Visiting the dying is a kind of *memento mori* in Savonarola's sermon, because it is mentioned in the same context as visiting graveyards, looking at a picture of death in your home, or carrying a piece of bone as a bracelet. All these help us to keep death in our mind and thus to be prepared for our own death.[202] Savonarola speaks about

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[199] Appleford 2015, 175.

[200] Mormando 1999, 112. Mormando cites the sermon from Bernardino's opera omnia Quaracchi edition: OOQ, I: 156–159.

[201] *Selected Writings of Girolamo Savonarola*, 35–46.

[202] *Selected Writings of Girolamo Savonarola*, 43–46.

the temptation of avarice, acknowledging how a wife, children or relatives may bother a dying person with mundane matters. According to Savonarola, these are the Devil's enticements to distract the dying. The dying person should choose a good man or a woman to take care of him to avoid these temptations. This person could be religious or a layman who should stay by the dying at all times during the dying process.[203] Thus, Savonarola is repeating the instruction about *amico caro et fideli*.

The importance of Savonarola's sermon is in recognizing that the ideal of the private death moment prevails throughout the whole century, from Gerson's *De arte moriendi* until Savonarola's sermon. The idea of one trusted friend was not mentioned only in the pages of the *ars moriendi* texts. At least three editions of Savonarola's sermon were printed before his death in 1498.[204] This means that his message spread effectively outside the walls of Duomo where he gave his sermon.

Savonarola's sermon also helps us to understand *Tractatus'* contradictory attitude on the communality of death. Visiting a dying person is seen as a *memento mori*, reminding the visitors that their turn is not long, either. This strengthens the hypothesis I presented earlier, that there was time for both crowded and private death moments in the death process. An ideal death might have been seen as a crowded occasion in earlier stages of the process, but the dying person was advised to be accompanied only by one person in those final moments.

3.2 Constructing Communality – Communal Acts in Resurrection Miracle Narratives (Article II)

The Italian and Swedish hagiographic material used in Article 2 proves that the communal character of death is evident in 15th century resurrection miracle testimonies. Five communal acts were especially recorded in the resurrection miracle narratives: people were recorded to pray together for the saints' help, to determine when a priest should be called in to deliver the last sacrament, to investigate the signs of death, to prepare the burial, and to ask for help outside the house of the dying. These acts seem to be essential in this context, because the witnesses testify about them frequently both in Sweden and in Italy. Death was a prerequisite for a resurrection miracle; therefore, the commissioners of canonization processes were interested in these acts. The information about their performance was used to prove that people were proceeding in the process of death and thus they believed that a person was truly

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[203] *Selected Writings of Girolamo Savonarola*, 49–50.
[204] Weinstein 1989, 88.

dead. The occurrence could be labelled as a proper resurrection miracle only when it was established that a person had died.

The analysis of the acts of death recorded in hagiographic material demonstrates that the communality of death was constructed in manifold ways in the miracle narratives. People are recorded negotiating about which saint they should pray to for help. The sources show how people had to make decisions together around the deathbed; for example, the signs of death were observed together, and the arrival of death was determined by a communal decision. If the people present had differing opinions around the deathbed, for example, about the delivery of the last sacrament, a consensus had to be achieved for the benefit of the dying person's soul. People also had to unite when they started to prepare the body for burial. Lifting and wrapping a body was a physical act that required cooperation.[205] Moreover, it is recorded that people informed others about the upcoming death and called in more people around the dying. Thus, miracle testimonies record people acting in unison around a dying person.

Article 2, with its comparison between Swedish and Italian resurrection miracle narratives, participates in the discussion of Catholic Christendom's unity in the Middle Ages. The analysis of resurrection narratives demonstrates that there are no major differences between the recorded resurrection cases in Nordic and South European material. Sweden's geographical location at the borders of Western Christendom had little impact on how a resurrection miracle was recorded. The depictions of the process of death seem to have been rather similar in Swedish and Italian material; therefore, it is possible to conclude that the essential elements of a resurrection miracle narrative were considered similarly in both regions. Thus, the hagiographic material suggests that the religious life of Nordic people was not very different from that of southern Christians regarding death and dying.[206] I consider this an important finding, because there can be significant differences in how and why a certain miracle type was recorded in canonization processes held in different geographical areas, as Sari Katajala-Peltomaa's study on the cases of demonic possession demonstrates.[207]

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[205] Illustrations in the Books of Hours suggest that the washing and shrouding was the work of women in the Middle Ages. Gray 2021, 112. See also Schmitz-Esser 2020, 265–266. It is difficult to deduce from the hagiographic material who was responsible for shrouding. In some cases, it is clear that men were at least present when the body was placed on the floor and shrouded.

[206] Similarities and differences in religious life between Northern and Southern Europe have been studied thoroughly, for example, in Salonen, Villads Jensen & Jorgensen 2013.

[207] Katajala-Peltomaa has detected rather big differences between Italian and Swedish demonic possession cases. Katajala-Peltomaa 2020.

Unlike *ars moriendi* guidebooks, miracle testimonies build a narrative of communal death. They demonstrate death as a moment when people have gathered around the dying and cooperated. The miracle narratives show that death brought a community together, and the acts performed strengthened its unity. Death was ultimately destructive for a group of people, because it caused the loss of one of its members, yet it also constructed the social cohesion of a community. Acts and rituals of death were the community's means to retain its balance during the death process, exactly as Emile Durkheim describes it in *The Elementary Forms of the Religious Life*: "When someone dies, the family group to which he belongs feels itself lessened and, to react against this loss, it assembles. A common misfortune has the same effects as the approach of a happy event: collective sentiments are renewed which then lead men to seek one another and to assemble together."[208]

I have used Ferdinand Tönnies' concept of *Gemeninschaft* as a background for the analysis of communality. People are recorded in most of the cases as working together to promote a common goal, as Tönnies' concept suggests. The most obvious common goal in resurrection cases is the recovery of a dying person. I also detected cases in the canonization process of Frances of Rome when the actors may have had multiple motivations for their actions. The women of Frances' congregation appear frequently in the resurrection cases of the process; thus, I propose that their actions are, perhaps, not only motivated by their love of a neighbour but it seems that they are also actively promoting Frances' cult. Therefore, I have proposed that the communality of death in such cases could also be described by Georg Simmel's theory of two overlapping communities.[209]

According to Simmel's theory, communities should be seen as circles that overlap each other at points of common interests. Adapting that theory to the resurrection cases recorded in Frances' process, the family and people who are taking care of a dying person should be regarded as one small-scale community. The religious women of Tor de' Specchi should be regarded as another community. These two communities, depicted as circles in Simmel's theory, overlap when the religious women's help was requested, and the women decided to act as requested. The women possessed Frances' relics; therefore, their help was sought in the case of an emergency. I propose in Article 2 that these two communities overlapped during someone's death moment and, thus, they formed one community of dying. Both the loved ones of the dying and the women of Tor de' Specchi pursued the recovery of a dying person. The goal of both communities was to help a person in need; in other

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[208] Durkheim 2012, 339.
[209] Simmel 1955.

words, their actions were motivated by *caritas*. Additionally, for the women of Tor de' Specchi, the recovery of a person would also mean that Frances' cult would be strengthened, and the importance of Tor de' Specchi grew at the same time. Therefore, Tönnies' *Gemeinschaft* is not as adaptable as Simmel's overlapping circles in these cases.

3.2.1 The Community of Dying

The community of dying should be considered as a group of people who were taking care of a dying person one way or another. The cases in Frances' process demonstrate that these people were not necessarily familiar with each other beforehand. Therefore, they could not be described as a normal community; they united only when someone was dying. I also present in Article 2 that beneficial acts of death could be performed outside the house of the dying, far away from the dying person. I wish to elaborate this aspect of the community of dying more thoroughly here, because it was not possible to scrutinise the subject more carefully in the article. Through an analysis of a Swedish case, I will demonstrate in the following paragraphs that the community of dying was not physically located only around the dying. The analysed case also demonstrates how a total stranger could enter a deathbed scene and become an important member of a community of dying. I wish to emphasise the fact that performing visible acts was not the only way to be part of this particular community. The possession of information about an ongoing death moment was adequate to link a person into someone's community of dying. I will present two possible theories for how a stranger could become a member of the community of dying. Finally, I will return at the end of this subchapter to the women of Tor de' Specchi and to their motivations in caring for the sick and dying. I will propose that a visitation at a deathbed scene was a spiritual exercise for the oblate women, an act comparable to Savonarola's instruction to visit a dying person.

The Swedish case analysed here is recorded in *Vita Katherine*. A student (*scolaris*) named Johannes Nicolai is recorded to be lying sick in Stockholm in 1473. According to the narrative, Johannes had been sick and unable to speak for four days. It is stated that there was no hope for his recovery (*Qui cum sic iaceret desperatus de hac temporali vita*), thus the narrative depicts the situation as a deathbed scene. The account takes a surprising turn when a pilgrim returning from Vadstena entered Johannes' sickroom. The man is recorded as having persuaded those present (*omnes presents hortaba-*

tur) to pray to Catherine of Vadstena and promise that Johannes would do a pilgrimage to Vadstena if he recovered from his sickness. The narrative concludes by stating that Johannes was cured and made the confession directly after his recovery. The mention of the confession emphasises the desperate situation but also provides evidence that a priest was present around the deathbed. Otherwise, we do not know who else was present. The case is witnessed by honourable matrons Anna Erici and Margareta Erici as well as Jacobus Henrici. Still, as noted above, in *Vita Katherine* this does not mean that they had necessarily been present. Only the mention that the pilgrim persuaded all the people present to pray to Catherine indicates that multiple people were present.[210]

The interest in this case is in the pilgrim and his arrival at the house. The pilgrim's name is not mentioned in the narrative, which indicates that he was unfamiliar to the people present or at least that the three witnesses did not remember his name, suggesting that they did not have a close relationship with him. There are naturally no indications that people present had expressed some sort of negative feelings about his arrival at the house, because the pilgrim became the "hero" of the narrative with his suggestion to pray to Catherine. Thus, the narrative demonstrates that a stranger was welcomed around the deathbed. This is not surprising considering that Christian Krötzl has pointed out that in miracle testimonies, passers-by and casual pilgrims are rather often giving advice on which saint people should make an invocation to.[211]

The appearance of passers-by in resurrection miracle testimonies is evidence that a deathbed scene was not considered to be a closed occasion that only certain people could enter. Not only were acquaintances summoned to gather around the dying, but strangers could also enter a death chamber. The event was public even though the physical location of the occurrence was inside a private house. This public nature of a deathbed scene in resurrection miracle narratives supports the assumption that there was no clear spatial line between the private and public spheres in the Middle

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[210] *Vita Katherine*, miracle 49.

[211] Krötzl 2012, 379. Like Krötzl, I choose to interpret these cases rather literally, instead of considering the possible allegorical interpretations in which a casual pilgrim would be seen as the Christ figure. As Krötzl has shown, similar cases in which people are giving advice to each other are common in hagiographic sources. Passers-by are similarly mentioned in Italian canonization processes, but they have also been identified there by their names, which provides a strong basis for assuming that these narratives are based on the actual habit of previously unknown people giving spiritual advise to each other. In the Italian context, see, for example, the case in the canonization process of Bernardino of Siena in which a man who is taking sheep to a marketplace encourages people to pray for Bernardino to resurrect a drowned boy. *Il processo*, 208, 231–237. In the English sources, see Finucane 1995, 156.

Ages. More likely, privacy and publicity were produced in different spheres according to each situation, thus making them social constructions.[212]

We encounter an important question if we take the opinion that the pilgrim was unfamiliar to the people present. How did he know that Johannes was dying, and how did he know where to find him? The narrative does not give any concrete information about this, so we have to remain entirely hypothetical on this matter. One possible solution would be that the pilgrim has simply walked in the street and heard lamentations or other voices of the bystanders, which would have raised his interest and therefore he entered the house. Such narratives are recorded explicitly in canonization processes.[213] The pilgrim in this scenario would have become part of the community of dying by accident as he happened to walk past the house. The previously mentioned bailiff in Visby similarly became part of the community of dying because he happened to be the one who found the dead girl in the street.[214]

Another possibility is that someone in the city had told the pilgrim about Johannes' condition. Considering that Johannes had remained sick for four days, it would be likely that his condition was known outside the house. In this case, the community of dying in Johannes' case is rather large. This scenario suggests that members of the community of dying were not constantly taking an active part in the process of death. Members of this community could know of the deathbed situation but were not necessarily present around the dying or otherwise actively performing the acts of death. Yet, even if solely possessing the information about an occurring death moment, a person might have been an important part of the community of dying. In Johannes' case, if we consider the possibility that somebody informed the pilgrim about the situation, some people outside the sickroom who knew of Johannes' condition performed an essential act because they informed the pilgrim about the ongoing situation. This is important for understanding the functions of the community of dying. The case implies that this community was not necessarily located in one place.

Therefore, space and place were not defining factors for the community of dying. Rather, people who shared the same intentions and were united in spirit belonged to this community. We might even speak theoretically of passive and active members

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[212] Katajala-Peltomaa 2009, 105–107.

[213] See, for example, a case in the canonization process of Frances of Rome in which Frances walks on the street, hears lamentation inside the house, enters, and prays for the resurrection of a newborn child. *I processi*, 150. For the discussion of the miracle cases in which passers-by enter a house in an urban environment, see Katajala-Peltomaa 2009, 111–112.

[214] For a similar case of a casual passer-by finding two dead girls lying on a street in Naples, see Vat.lat 7639, 170v.

of the community of dying. A person outside the sickroom who only possessed the knowledge of the situation could be described as a passive member because the person was not performing any visible acts of death. The switch from passive to active could have been swift, however. A certain person or several people who had told the pilgrim that Johannes was dying then became an active member in Johannes' community of dying; when the pilgrim was informed about the situation, he similarly became part of the community. He was a passive member when he possessed only the knowledge about the situation, but he became an active member when he entered Johannes' house. This distinction between active and passive members is, of course, a totally scholarly construction but, in my opinion, it helps to understand how people did not always participate in the death process by performing visible acts of death; rather, the process of death intermingled with people's everyday lives. People who were not active in the process but possessed the knowledge about the situation were as if in "stand-by mode". At some point, even briefly, people could have an important role in this community, even if they were not otherwise active in the process.

The train of thought I have just presented suggests that a stranger could become a member of the community of dying in at least three different ways. A person who happened to pass by a house or an accident scene could become a member of the community by a coincidence. The cases presented in Article 2 also prove that some people had a pious reputation and their help may have been requested, even if people had no acquaintance with each other. Finally, someone outside the sickroom who was aware of an on-going death moment might have informed a third party. According to my theory, the newly informed person had the option to stay passive and not become involved with the process of death. Alternatively, the person could become an active member in the community of dying by making contact with the dying person and/or the bystanders. When a person was informed one way or another about a death moment then occurring, he or she may have had multiple reasons to become active in the process of death. I emphasised in Article 2 that the women of Tor de' Specchi were spreading Frances' cult while visiting the sick. The presence of casual pilgrims, like the one in Johannes' case, indicates the same phenomenon because these pilgrims were exhorting people to visit the particular shrine to which they had recently travelled.

I did not emphasise the pious and spiritual aspect of visiting the sick and dying in Article 2 because it was not the focus of my research question, but I will stress this point here. Christine Guidera observes, in her article 'The Role of the Beguines in Caring for the Ill, the Dying, and the Dead', how the examples of Marie d'Oignies and Christina Mirabilis presented the Beguines with a model of a religious woman.

Caring for the sick, dying and dead was an act of mercy for Marie and Christina, a way to express their spirituality. Later the Beguines followed their example and, as Guidera demonstrates, their presence and the acts they performed were desired by dying lay people.[215] I suggest that the same model could be applied to the women of Tor de' Specchi. Frances' example was one of the motivating factors for the oblate women to attend deathbed scene in Rome. Frances actively helped both sick and dying people.[216] A remarkable example of such a performance is the resurrection case of an old woman named Caterina, presented in Article 2. The vicar was not in the city, so Frances provided spiritual care for the dying woman.[217] In several other cases she also provided earthly medicine for the sick.[218] Frances had shown her followers an example of charitable practicing. Visiting sick and dying people, distributing relics, and giving examples of how to invoke a saint were forms of the lived religion of these oblate women.

Post mortem miracles recorded in Frances' canonization process provide evidence that the women of Tor de' Specchi followed their leader's example and frequently attended sick and dying people. Their help was also requested by citizens. An example worth noticing here, as it is not cited in Article 2, is a case of Mabilia Ponziani. According to the testimony, Mabilia had become ill with plague in 1442 at the age of 44. Married to Baptiste Ponziani, Frances' son, she lived in the Ponziani house in Trastevere, Rome. According to the miracle narrative, she felt that she was going to die; accordingly, she went to Capitoline Hill and entered Tor de' Specchi, the house of the oblates. Mabilia expressed her willingness to die in their house, and her desire was fulfilled. It has been recorded that the sisters gathered around her deathbed, prayed for her recovery, and read prayers from a book that had belonged to Frances and was consequently considered a holy relic. Therefore, the book was not only read aloud but also placed on her body over the signs of plague. The narrative concludes that soon Mabilia's condition improved, and she was able to return home the next day.[219]

Mabilia's desire to die in the congregation surrounded by the oblate women shows how some places and some people were considered to be beneficial to the dying in the Middle Ages. The congregation of Tor de' Specchi was a community that could offer a comfortable and safe place to die. Prayers, the presence of oblate

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[215] Guidera 1999.

[216] On charitable actions as a core of sanctity, see Kuuliala 2020 (a), 155–164.

[217] *I processi*, 181.

[218] On the earthly medicine provided by Frances, see Kuuliala 2020 (b).

[219] *I processi*, 304.

women and the relics they could provide made a dying person feel more confident about leaving earthly life. Of course, not everyone was able to die in the congregation. Mabilia was a noble woman who was greatly devoted to Frances. She later entered the congregation and even became the president of Tor de' Specchi. She also built a chapel dedicated to Frances in the church of Santa Maria Nova.

Even if not everyone was able to enter the religious house to die there, the help of the oblate women was available to the Romans, and the sisters were eagerly sought to be part of people's community of dying. Resurrection cases do not record whether, for example, caring for dead corpses, attending funerals, or praying for dead souls were important activities for these Roman oblate women, as they were for the Beguines. Therefore, we should seek other sources, like last wills, to fully comprehend how they participated in the community of dying.[220] The cases of Frances' canonization process, however, demonstrate that the women of Tor de' Specchi were eager to follow Frances' example and provided care for the Romans. Among Frances' *post mortem* miracles are 45 cases in which the healing is caused by her relics that were, apart from a few exceptions, obtained from Tor de' Specchi.[221] Of those cases, 17 are resurrection miracles. Thus, distributing relics was an important form of religious healing that the women of Tor de' Specchi provided for the citizens. The sisters of Tor de' Specchi spread Frances' cult as they were providing this healing, but they also exercised their own spiritual practice following Frances' example.

3.3   Dead or Alive? – Determining the Signs of Death (Articles III–IV)

The determination of the signs of death was considered to be an important act to record in resurrection miracle testimonies. The recording of this act, even more often than preparations for burial or the delivery of the last sacrament, was used to prove that a proper miracle had occurred. The communal character of this act was frequently emphasised in miracle testimonies. Therefore, I have scrutinised the determination of death in Articles 3 and 4. Article 3 studies this act extensively in the context of Italian miracle narratives, whereas Article 4 focuses on a more limited theme: the resurrection miracles of newborn children. The determination of death had especial importance in those cases, because newborns could be baptised only if

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[220] On the last wills mentioning the women of Tor de' Specchi, see Esposito 2013, 312.

[221] The number does not include the cases that occurred directly after Frances' death in which an alleged miracle is experienced after a person has been in contact with Frances' corpse.

they were found alive. I find it important that the subject has been treated thoroughly in this thesis, even though the cases and themes studied in Article 4 were to some extent already treated in Article 3. Therefore, even though Articles 3 and 4 have some overlap, the article on childbirth miracles is a relevant addition to this collection. It scrutinises the cases of newborn children with a much more analytical approach than what was done in Article 3.

The resurrection miracle testimonies recorded in the canonization process of Bernardino of Siena are extremely valuable because of the precision of detail in the recording process, yet it is still worth noting that the earliest canonization processes included information on the signs of death, as the article written by Didier Lett has shown.[222] Hagiographic material is the most valuable medieval source genre on the matter, although some other sources also include information on the signs of death. Isidore of Seville already shed some light on the matter: a buried body (*sepultus*) is so called because the person is 'without a tremor' (*sine palpatione*) or 'without a pulse' (*sine pulsu*).[223] A genre of death meditation known as "Signs of death" that influenced vernacular preaching existed in 13th century England. It began as a tool for deathbed attendance and evolved into a meditative image that allowed the reader to experience the bodily death of another person and the anxiety that this bodily process accompanied.[224] Medical texts diagnosing death contain also information on the signs of death, although Yves Ferroul has argued otherwise, and I unfortunately relied on her argumentation in Article 3.[225] Following the Hippocratic tradition, these signs were, however, most often prognostic.[226] As I explain in Article 3, I do not regard the signs of death recorded in hagiographic material as prognostic signs in the sense of the Galenic tradition: These are not signs that told that a person would die, for example, after few days. Rather, these signs were apparent when the person was already regarded to be in transition to the afterlife. Finally, it needs to be corrected that even though I claimed to the contrary in Article 3, in addition to the canonization records, other legal records have also included information about the signs of life or death. Alessandra Foscati has demonstrated how informative secular legal cases can also be on this matter.[227]

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[222] Lett 1997 (a); See also Vauchez 1997, 491; Goodich 2007, 93–99.

[223] *The Etymologies of Isidore of Seville*, 229.

[224] Kinch 2013, 6–7; Duffy 2005, 312.

[225] On medical texts diagnosing death, see Caciola 2016, 66–107; Jacquart 2004; McCleery 2011, especially 280–284.

[226] Duranti 2014.

[227] Foscati 2019.

The Italian 15th century hagiographic material used in Article 3 reveals that people observed several signs of death to determine if a person was dead or nearly dead. The most frequently repeated signs are coldness of body, changes in the skin colour and the lack of a pulse and breathing. These are the same signs that medical experts observe nowadays when determining death. Still, the sources also include signs that modern doctors do not associate with death. I have detected a total of 34 different signs of death in Bernardino of Siena's canonization process. Some of them clearly describe the same symptoms, only different wording has been used in the recording. For example, *sine anhelitus* and *sine respiratione* mean the same thing, a person was not breathing. *Sine spiritus* probably refers also to the same symptom. The miracle collection of James of the Marches mentioned 18 different signs. Some of the signs are recorded repeatedly. For example, the colour black is recorded as a sign of death in 21 cases among James' miracles. Others, such as sweating, are mentioned only rarely. It is also important to note what is not mentioned at all. Following the Biblical example, one would expect to find mentions of a bad smell as a sign of death. A bad smell was strongly connected to death in the Bible. Martha, Lazarus' sister, said that his body would stink after being dead for four days when Jesus asked for the stone to be removed from Lazarus' tomb.[228] The stench is also evident in medieval iconographic material. The surrounding people cover their faces with their cloths because of the rotting smell as the shrouded Lazarus steps out from his grave.[229] A good smell, on the contrary, was closely connected to the death of saints.[230] However, I have not found any mentions of bad smell or other indications of rotten flesh from the hagiographic sources. This was clearly not a matter for the commissioners of 15th century canonization processes to pay attention to, which is especially interesting considering that stench apparently gained importance in recognizing death in the early modern period.[231] Perhaps a reason for the absence of bad smell is that stench was linked with impurity, sin and religious otherness in the Middle Ages.[232] Witnesses, or the canonization committee, did not wish to connect the benefactor of a miracle to such disrespectful qualities.

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[228] John 11:39.

[229] See, for example, *The Raising of Lazarus*, by Giotto di Bondone, *c.* 1305, Arena Chapel, Padua; *Raising of Lazarus*, by Duccio di Buoninsegna, *c.* 1310, Kimbell Art Museum; *The Resurrection of Lazarus*, by Giovanni di Paolo, 1426, Walters Art Museum.

[230] On saints' aromatically smelling corpses, see Schmitz-Esser 2020, 165–170.

[231] See the discussion on page 38 here.

[232] Katajala-Peltomaa 2020, 157; Scheel 2021, 176–177; Schmitz-Esser 2020, 171.

The arrival of death was determined by all the present people in 15 out 28 cases in the canonization process of Bernardino of Siena. In these cases, people have investigated the body of a dying person together and, finally, decided in unison when a person was dead. However, what distinguishes the Italian material from the Scandinavian material is the presence of medical experts. The arrival of death was determined solely by a doctor or another medical expert in eight cases in Bernardino's process. One case recorded that the decision was made by both a doctor and all the present people. Once, a priest was the one who made the decision about death. An *obstetrix*, a midwife, was in charge of the decision making in four cases of newborn babies. Thus, the availability of medical experts in Italy expanded the range of decision makers in resurrection miracle narratives. In Scandinavia, where medical experts were not generally available, the communal agreement was the only way to validate the arrival of death and that a miracle had occurred. The variety of medical experts in Italy made it possible even for experienced women to claim authority for determining death.

The expertise of doctors, apothecaries, surgeons or even *obstetrices* was acknowledged by the commissioners of the canonization processes, and they were used as expert witnesses. The confirmation of death was crucial information in a canonization process when deliberating whether a case could be labelled a resurrection miracle. Common people could witness only about the communal agreement, whereas expert witnesses could verify the arrival of death based on their knowledge of the matters of human body. Still, the testimonies imply that both lay people and medical experts observed the same signs. Individual lay persons just did not have authority in these matters. Therefore, they testified instead about the communal agreement.

3.3.1 Liminality of Resurrected People and the *quasi mortuus*

The hagiographic material contains no indications of negative attitudes towards resurrected people. Rather, when people who were interpreted to be dead or dying revived, they became marked by divine power. After the miraculous cure, a resurrected person and/or his loved ones expressed their gratitude to the putative saint. Even if the people present had interpreted the apparent signs as marks of the arriving death and thus were prepared to proceed in the process of death, the resuscitation is always recorded to be a joyous event; it was the outcome wished for both by the community and the recovered person.

The rejoicing and the gratitude are self-evident in the hagiographic material, but still this point needs to be expressed here explicitly. A persistent tendency in medieval death studies has been to repeat that a prevailing belief in the Middle Ages among lay people was that a person who received the last ointment but revived afterwards was considered to be in some kind of liminal state. It has been stated that those who revived after they had been thought to be dying were considered to be living dead, outcast of their community, or "latter-day Lazaruses", as Paul Binski puts it. It was allegedly inappropriate for those people to eat meat, have sexual intercourse or walk barefoot.[233] The evidence from the hagiographic material does not support this claim. I have been unable to detect any kind of pejorative attitudes towards resurrected people. If such people had been considered outcast, they would not have been summoned to give testimonies in canonization processes; people of bad reputation appear only rarely as witnesses in canonization processes,[234] yet resurrected people are often testifying in their own cases. The claim that resurrected people were not supposed to walk barefoot especially finds no ground in hagiographic material. Walking barefoot to a shrine was a common counter gift for a putative saint, and it was promised also on behalf of those whose resurrection was prayed for.

Furthermore, the deliverance of the last ointment more than once seemed not to be a problem, either, in these sources. A Birgittine nun is recorded as receiving the last ointment several times during her long illness in *Vita Katherine*.[235] A woman in the canonization process of Bernardino of Siena is similarly recorded as receiving the last ointment twice.[236] In addition to these cases in which it has been explicitly recorded that the last ointment was given more than once, we should pay attention to the general order in which the acts of death are reportedly committed in miracle narratives. When the delivery of the last sacrament has been mentioned in a resurrection narrative, it is first recorded that the dying person or the surrounding people thought that he or she will die, then the sacrament was delivered, and only afterwards was the recovery prayed for.[237] Thus, if the acts of death were committed in this particular order in real life, it does not show a fear of being resurrected after the delivery of the sacrament. If the recovery after the last sacrament was thought to

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[233] Binski 1996, 29; Finucane 1981, 42; Youngs 2006, 196; Duffy 2005, 313.

[234] Katajala-Peltomaa 2020, 171.

[235] *Vita Katherine*, miracle number 2.

[236] *Il processo*, 418, 505–506.

[237] For example, "…*abandonato da omne umano aiuto con grande devotione se apparechio alla morte pigliando tutti li sacramenti et poy con gran devotione et fede se recomando et fece vuto al beato Jacobo*…" Vat.lat 7639, 300r.

leave a miraculée in a liminal state in their community or to otherwise cause a problem, would it not have been more reasonable first to pray divine help for the recovery, and if not healed, only afterwards ask for the sacrament to be delivered? This way there would not have been the danger of becoming a "walking dead" if someone recovered after the last sacrament. Resurrection narratives are put into this particular order, of course, to convince the reader that the situation was dire and only a successful invocation to a saint helped the dying person. The assumption presented by some medievalists that people considered a person to be outcast of their community if they recovered after the last sacrament simply does not fit into the logic of miracle narratives. Instead of the fear of being "walking dead", hagiographic material proves that people certainly did fear dying without the last sacrament. It was better to have the last sacrament several times rather than not have it at all.

Still, a case recorded in the canonization process of Frances of Rome suggests that the last ointment was given after careful deliberation. A woman named Perna Pauli Johannes Jacobi had a difficult labour and a priest was called in. First, the priest heard her confession and gave her *viaticum*. The last ointment was performed only later when all the surrounding people had interpreted that her death was imminent.[238] The case does not contradict what was said above, it only prooves that the last ointment was given after serious deliberation by the surrounding community. Thus, even though the recovery of an allegedly dead person did not separate the victim from his or her community in a resurrection miracle narrative, a dying person was given the last ointment only after death was thought to be inevitable.[239]

Perna's case also demonstrates the importance of the confession for the salvation of the soul. It was the primary death ritual, and it was prioritised when a priest arrived at the deathbed scene. A recording of confession, or the last sacrament in general, had a clear purpose in resurrection miracle narratives: It is an indication of people proceeding in the process of death and thus implies a desperate situation. Yet, if we take these recordings also as reflections of people's lived religion, we may easily question Jean Delumeau's opinion that a lay resistance to an obligatory oral confession to parish priests existed in the late Middle Ages and early modern period.[240] Hagiographic material proves the contrary. Confession was desired by lay people both in

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[238] "*Quedam domna Perna, Pauli Johannis Jacobi, de regione Campitelli, cum per sex dies laboraret in puerperio et quasi iam morti propinqua sibi daretur a sacerdote confessio et sacre heucaristie comunicatio; postremo omnibus de sua morte quasi certis id petentibus extrema unctio sibi daretur.*" I processi, 185.

[239] See also a case in Frances' process in which a woman who was offered the last ointment refuses to receive it because she is certain that she will not die. *I processi*, 303.

[240] Delumeau 1991, 463.

the Italian and the Swedish material, at least in the context of the last sacrament.[241] This desire is especially evident in the cases in which clergy failed to deliver the sacrament. Being left without the last sacrament is more often recorded in Swedish material, but the phenomenon is not absent from the Italian material, either.

A case of an old woman named Caterina recorded among the *in vita* miracles of Frances of Rome provides evidence of the anxiety that a parish priest's absence might cause for a dying person and to those close to that person. The situation made Frances pray to God to prolong Caterina's life until the priest would be available.[242] The horror of dying without confession also becomes eloquently clear in a case recorded in the miracle collection of James of the Marches; dying without confessing ones sins and receiving the last sacrament is compared to the death of a dog.[243]

The phrasing was recorded in the first person singular, and it is the only such reference to a dying dog in the collection; thus, we may assume that the comparison to a dog is not a formulation invented by the scribe but actually comes from the witness who has experienced the situation. This comparison to a dying dog is an implication that the last sacrament, and especially confession, were regarded as essential elements of a good Christian death, as if they made dying more humane: Proper rituals were thought to separate men from animals and Christians from non-Christians.

Similar occurrences have probably been even more frequent in Italian rural areas than in big cities like Rome or Naples. Giuseppina de Sandre Gasparini has shown that people who lived in the countryside in 15th century Italy confronted problems regarding the sacrament or funerary rites. For example, people in Bassa Veronese in 1460 complained about their parish priest who did not visit the sick. People died without the last sacrament because of his neglect. Similarly, in Gradizzola in 1450 a child was buried without the presence of a priest.[244] Thus, even though hagiographic material provides evidence of the absence of priests, especially in Sweden,[245] the same kind of problems also existed in Italy, both in the cities and the countryside.

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[241] In hagiographic material people's willingness to confess also comes up in miracle narratives in which people are inspired to make a confession after visiting a shrine or after having a vision in which a saint encourages them to confess. *I processi*, 106–108, 115–116.

[242] *I processi*, 181–182.

[243] "…*diceva yo morero senza confexione et senza nullo sacramento et morerone como una cane…*" Vat.lat. 7639, 43r. In the Italian material on the anxiety caused by the fact of not being able to confess, see also Vat.lat 7639, 300v.

[244] da Sandre Gasparini 2007, 72,78.

[245] Hagiographic material is not the only source material to offer evidence of this phenomenon. As in Italy, people complained about their priests' inability to deliver the last sacrament in the North as well.

Even if a resurrection did not cause a liminal state for a recovered person, another kind of liminality is apparent in resurrection miracle narratives. A feature that appears rather often in the testimonies is the notion that a person was regarded as being semi-dead, half-dead, or as good as dead. The Latin phrase to describe this kind of state is most often *quasi mortuus*. The Italian equivalent is *como morto* in the miracles of James of the Marches. This phrase is used frequently in the miracles attributed to James as previously noted. The frequent use of *como morto* in James' collection is most likely a literary device that emphasised allegedly miraculous events.

The term *quasi mortuus* has been used somewhat differently in different sources, as James's collection evidences. Even if it is not always used in clear death cases, *quasi mortuus* still seems to indicate some kind of liminality. Jenni Kuuliala has noted that *quasi mortuus* could also be used in cases in which deponents are describing someone's permanent impairment. She cites an interesting case from the canonization process of Clare of Montefalco in which a child is testified to be *quasi mortuus*. The child's father did not know what to do because his daughter neither lived nor died. Kuuliala observes that this is not a case of mortal danger but of a severe disability.[246] Still, the father's notion that the child was not living but was also not dying indicates the child's social liminality. The father did not know how to handle the situation; therefore, he asked for divine help.

Keeping in mind the differences between different sources and some exceptions in which a *quasi mortuus* person was not regarded as being in imminent mortal danger, I am yet inclined to follow Christian Krötzl's suggestion that the terms *mortuus* and *quasi mortuus* signified different phases of death to medieval people.[247] Death did not come at once for medieval people; it was a gradual transition. The use of the term *quasi mortuus* fits this perception. A few cases recorded among the miracles of James of the Marches clearly describe the gradual, or processual, character of dying exceptionally well, even though the terms *quasi mortuus* or *como morto* have not been used. The cases mentioned that a person "had not yet entirely finished to die", or an alternative translation would be, had "not yet fully completed the dying". The Italian phrasing is for example, "…*vedendo che non era fornito ancor de morire in tutto…*",[248] or "…*molti dicevano chera morto…uno chiamato Janpero videndo che non era in tutto fornito di*

In present-day Finland parishioners in Somero complained about the local priest at the end of the 15th century because many had died without the last sacrament. Korpiola 2018, 89.

[246] Kuuliala 2016, 195–196.

[247] Krötzl 1992, 767.

[248] Vat.lat 7639, 83r.

morire…"[249] What is interesting is the use of the verb *fornire,* which has many meanings. For example, the Italian dictionary Treccanni gives it the following synonyms: *portare a termine, finire.* Petrarca, for example, has used the word in this sense.[250] Florio's Italian/English dictionary from 1611 gives it the following meanings, among others: 'to perfect', 'to accomplish', 'to finish', 'to make an end', 'to give end and perfection unto'.[251] Thefore, the cases suggest that these people were considered to be in the process of dying, but they were not yet at the end of this process. Thus, the question arises, if they were not fully dead, were they still alive, or something in between?

Hagiographic sources support the concept that is also evident in other sources: People considered a person to be dead or semi-dead even if some vital signs were still apparent in a body. A two-year-old Swedish boy was recorded to be *quasi mortuus* even though he still had a weak pulse.[252] A doctor in Naples similarly agreed to the communal opinion that a boy was regarded as dead by everybody present but reportedly added that he still had a pulse.[253] A woman was considered dead from other parts of her body but in her breast she had *vitalis spiritus* in a case recorded among the miracles of Saint Bridget.[254] Likewise, a newborn child or a foetus could be regarded as only partly alive. Alessandra Foscati cites Italian physician Berengario da Carpi, who wrote about *sectio in mortua* in the beginning of the 16th century. Berengario wrote how, before conducting a *sectio*, he believed that he would find two foetuses who, if not completely alive, could be sufficiently alive to be baptised. However, he found only one foetus who was semi-alive (*inveni unum foetum semivivum*).[255] Among the miracles of Frances of Rome, a certain woman testifies that her hand and leg were like "dead limbs".[256]

These cases are a reminder of the medieval comprehension that some parts of a body could be dead while some others were living. I suggest that this perception is

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[249] Vat.lat 7639, 294r. For other cases with the use of *fornire di morire,* see Vat.lat 7639, 23r, 35r, 66v.

[250] https://www.treccani.it/vocabolario/fornire/.

[251] Florio 1611, 194.

[252] "*...inuenit predictum filium suum quasi mortuum iacentem, frigidum in pedibus et rigidum in manibus ac pallentem in facie, vix tamen percipere potuit mater eius inter pectus et guttur pueri quasi motum leuissimum ad modum leuis pulsus.*" *Miracula defixionis domini*, 30.

[253] "*…suo patre et la sua matre et tutti laltri chera foro lli presenti dixero che morio et cosi morto stette per spatio de piu de v hore. Ma lo medico nomine mss Saluatore dixe che pariua morto, ma non hauea mai perduto lo polso.*" Vat.lat 7639, 31v.

[254] The case is cited in Krötzl 1992, 773.

[255] Foscati 2019, 9.

[256] "*Cum infirmitatem in brachio et crure dextro pateretur in tantum quod membra semper tremebant dum ambularet vel sederet sicut membra mortua.*" *I processi*, 307.

also behind the Italian cases with the mentions of *fornire di morire*. According to 12th century theologian Alexander Neckam, eyes were the first part of the human body to die.[257] Similarly, medieval artists used different colours to indicate different stages of putrefaction. A corpse turned first from grey to brown until it finally turned black, which was the ultimate stage of a rotting corpse.[258] I consequently suggest that, in hagiographic sources, *quasi mortuus* does not mean, at least not in all cases, that someone was "almost dead" in the sense that he or she was still alive but would die soon. Rather, it means that a person was considered to be already in transition to the afterlife, somewhere between life and death.

Instead of clear binary life - death distinction, the transition to death was more complex for medieval people. The liminality between life and death has been described by several scholars through different sources. Michael Camille notes that a person was considered to be truly dead only a year after burial in the Middle Ages. Only then was the flesh totally decomposed, and the spirit would separate from the body.[259] This is evident in the double macabre portraits, such as the Strasbourg *Rotting Couple*.[260] These do not illustrate persons totally dead, but the rotten corpses have some signs of life. According to Dominique DeLuca, the corpses of the Strasbourg *Rotting Couple* are in a liminal state between life and death.[261] DeLuca's observations from the iconographic sources support the arguments made by several historians regarding the undead. It was widely believed in medieval Europe that the dead could rise from the grave and disturb the lives of the living.[262] According to Christina Welch, English carved cadaver sculptures (i.e., *transi* mortuary memorials) also show bodies in a liminal space between life and death.[263]

Thus, it appears that there was no strict line between life and death in the Middle Ages. Katherine Park has convincingly suggested that the Italians and North Europeans had a different approach not only to soul and body but also to death. According to Park, Italians had an opinion of an instant separation of soul and body. An

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[257] Camille 1996, 134.

[258] Oosterwijk 2011, 16. See also the discussion on the black colour as a sign of death in Article 3.

[259] Camille 1994, 84.

[260] *The Rotting Couple*, painted circa 1470 by an unknown German Gothic artist, is kept in Musée de l'Oeuvre Notre Dame in Strasbourg. Its sawn apart reverse, *The Dead Lovers*, is displayed in the Cleveland Museum of Art. The painting is a typical *memento mori* motif that first depicts a young couple in their prime and then as cadavers.

[261] DeLuca 2016.

[262] For the revenants and undead, see, for example Caciola 2016; Gordon 2018; Kanerva 2017.

[263] Welch 2018.

opposing view was, "the northern corpse was a magical and semianimate subject".[264] Hence, the liminality of corpses is, according to her, a North European rather than an Italian phenomenon. Thus, the question remains, should we see the mentions of *quasi mortuus*, *como morto*, and *fornire di morire* as indications of the same liminality that other medieval sources depict? If so, then the hagiographic material does not support Park's argument of a Northern speciality because these mentions are found in both Italy and Sweden. However, we should consider the fact that, whereas *transi* tombs, double macabre paintings and the attitudes towards a dead body suggest a post-mortem liminality, mentions of *quasi mortuus* indicate the liminality that already began before a dying person took his or her last breath. We may be witnessing "*übergangzone zwischen Leben und Tod*" in the hagiographic material, as Christian Krötzl describes the matter.[265]

Resurrection miracle testimonies consequently comprehend our understanding of the fluidity of the perception of death. Physical death was evidently not a clear-cut occurrence for medieval people but included nuances they had to be aware of. These nuances may have been complicated, and sometimes the existential status of a dying person was interpreted differently by the witnesses.[266] I argue that this is also one of the reasons why the testimonies of expert witnesses were used in canonization processes when it was possible. *Quasi mortuus* recordings have not been the main focus of this thesis; thus, the matter should be studied further in the future to fully understand their meaning.

In this chapter I have discussed the main results of my articles. Next, I will proceed to conclude how these articles together contribute to our understanding of the communality of death and dying in 15th century Europe.

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[264] Park 1995, 126.

[265] Krötzl 1992, 775.

[266] Cf. the case of a boy, which I present in Article 3, in which the parents considered the boy *quasi* or *tamquam mortuus,* but the brother testified the boy to be already *mortuus. Il processo*, 254–256. On differing opinions about the existential status, see also a case recorded in the miracle collection of James of the Marches, "*Et alcuni voleuano chiamare el medico et alcunaltro diceuano questo non li bisogna piu ne medico ne medicine perche gia e' morto.*" Vat.lat 7639, 62r.

4 CONCLUSIONS – CONSTRUCTING COMMUNALITY IN A MEDIEVAL DEATHBED SCENE

I have studied the communal character of death and dying through two different source materials in this thesis: *ars moriendi* guidebooks and resurrection miracle testimonies of canonization processes and miracle collections. These two materials describe different attitudes toward the communality of death. Family, relatives, friends, and neighbours are part of the temptation of avarice for the authors of *ars moriendi* guidebooks; therefore, the community is seen in a negative light. Conversely, the surrounding people have an important role in resurrection miracle narratives, and communality has been constructed in manifold ways around the dying according to the testimonies.

According to *ars moriendi* texts, people tend to make a dying person think about everything else but death and the afterlife. Loved ones are compared to wealth and worldly goods: A dying person desires them and, therefore, is unwilling to die. A dying person should concentrate fully on God in the presence of one trusted friend to avoid this temptation at his or her last moments. Friends and relatives are welcomed, for example, to pray for the dying during the earlier phases of the death process. The last living moments should, however, be without this community.

Previous studies on *ars moriendi* guidebooks and medieval death have ignored this tendency of *ars moriendi* texts to encourage people to leave their next of kin out of the deathbed scene. I have shown in this thesis how the three most important *ars moriendi* texts from the 15th century emphasise the harmfulness of the community. This contributes to our understanding of the communality of late medieval death and dying. The guidebooks' instruction to avoid communality around a dying person indicates the importance of this matter to the late medieval theologians. This is an exceptional instruction, because the Books of Hours, or the depictions of the saints' deaths, illustrate the good death as a communal situation. The theological guideline to focus on death with one trusted friend was, at least to some extent, adapted to sermons, because the instruction is mentioned in Girolamo Savonarola's sermon in 1496. The sermon was printed afterwards, so its message gained a wide audience, at

least in Florence. A further study on late medieval sermon material is needed to see how the topic was dealt with by other preachers.

One does not find such a negative attitude toward the people surrounding a dying person in resurrection miracle testimonies. Quite the opposite, witnesses testify how the community actively participated in the process of death. Thus, my findings on resurrection miracle testimonies accords with the arguments made by Christian Krötzl, Sari Katajala-Peltomaa and Didier Lett: Apart from rare exceptions, an alleged death moment is recorded as a communal situation in the hagiographic material. The main conclusions and the contribution of my thesis to hagiographic research and death studies are tripartite, in addition to verifying the communal character of resurrection miracle narrative. Firstly, and most importantly, I have demonstrated how communality was constructed in a resurrection miracle narrative. Previous studies have acknowledged communality in resurrection miracle testimonies, but my study is the first to systematically research which communal acts are repeatedly mentioned in a resurrection miracle narrative. A narrative of a communal death moment was constructed by recording the selected acts of death. A mention of a communal agreement in a miracle testimony was generally an indication of a miracle's public *fama*. In a resurrection narrative, however, it was also a notion that the community was ready to proceed in the process of death. A community could agree on the apparent signs of death, they could agree that the last sacrament should be delivered, they could decide to start preparing the burial, jointly pray for saints' help, or even seek help outside the house of the dying. Mentions of these acts were a way to validate a miracle, because it was an assertion for a canonization commission that the people present were assured of the arrival of death. These mentions also indicate how people lived out their religion and build the cohesiveness of a community around a dying person.

Secondly, I have shown that resurrection miracles were recorded more often in canonization processes and in miracle collections in the 15th century than in the previous centuries. A resurrection was no longer considered to be a privilege of children and infants. Contrary to the material used by Didier Lett in his article on the 12th and 13th century resurrection miracles, resurrection was equally available to everybody in the 15th century material I have used. The example of the canonization process of Frances of Rome shows that the percentage of resurrected adults could be significantly higher than that of children in some 15th century processes. No major differences exist, either, in the ratio between the genders of resurrected people. Resurrection miracles comprise about 22 per cent of all the miracles in the sources in the

material used in Article 2. This proportion is much higher than what Lett or André Vauchez have demonstrated from the material of earlier centuries.

Even though I have studied only selected hagiographic material from the 15th century, I propose that a resurrection miracle is most of all a phenomenon of the late Middle Ages. Its roots are deep in antiquity and in the Biblical examples. The miracle genre is rare but existent in the sources of the high Middle Ages, but it becomes more popular in the processes and collections of the late Middle Ages. For example, *Vita Katherine*, which has a percentage of resurrection miracles as high as 44 per cent, demonstrates that resurrection became the mainstream of miracles in the 15th century. The reason why more people were recorded as recovering from death or from an allegedly mortal state was the Curial desire for spectacular miracles and the popularity of distance miracles.

Thirdly, even though a community clearly played an important role in the acts performed around a dying person in resurrection narratives, medical experts could also verify the arrival of death in some Italian cases. The appearance of medical experts in canonization processes and their role as expert witnesses has already been thoroughly highlighted by hagiographic researchers since Joseph Ziegler's groundbreaking article published in 1999.[267] Hagiographic sources have been used widely by scholars during the past 20 years as they have studied the social history of medicine. My Article 3 followed previous researchers' examples in acknowledging doctors' roles in verifying miracles and especially in determining death, which was a less-researched subject at the time of my article's publication.[268] My Article 4 adopted the theory of expert witnesses' importance in canonization processes to the testimonies of *obstetrices*. Women who were called midwives in the canonization process of Bernardino of Siena had the main role in performing the acts of death in the resurrection cases of newborn children. They determined whether the child was born dead or alive. They had to perform the required tests to be sure about the arrival of death. Scholars such as Alessandra Foscati or Rebecca Wynne Johnson have masterfully paid attention to how miracle testimonies offer proof of the care of the parturient women. However, previous studies have neglected the fact of how birth attendants build their trustworthiness and status as expert witnesses in canonization processes. The women used their experience as proof of an alleged miracle. Women's status as

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[267] Ziegler 1999.

[268] Right after the publication of my Article 3 in 2016, Didier Lett thoroughly demonstrated the importance of doctors in verifying death in the 14th century canonization process of Nicholas of Tolentino. Lett, 2016.

experts was accepted by the commissioners when deliberating Bernardino's saint-hood. My contribution is thus in recognizing that the commissioners of Bernardino's process trusted these women's knowledge of the matters of life and death in the resurrection cases of newborn children exactly in the same way as they trusted doctors in other healing miracles.

The use of expert witnesses is one of the main differences that were found in the comparison between Italian and Swedish resurrection miracles. The presence of medical experts in Italy and their absence in Sweden revealed that the community in Swedish resurrection cases had more importance in validating a resurrection miracle. Expert witnesses could validate a miracle by their knowledge of the functioning of a human body. Otherwise, the differences between the resurrection cases recorded in the geographical extremes of Christendom remain small. The study has consequently verified that the communal acts of death were comprehended similarly in Nordic and South European 15th century hagiographic material. Hence, this study has shown that the late medieval culture of death is recorded in a rather unified form in the hagiographic material.

Resurrection miracles seem to be rather similar in regard to death and dying, whereas the differences between *ars moriendi* texts and resurrection miracle testimonies are clear. The two source materials used in this study do not share the same approach to deathbed attendants. Instead, they describe the matter contrary to each other. It might be tempting to suggest that because *ars moriendi* guides provide us with an opinion of the highest clergy, a private death moment was a preferred way of dying for the clergy. This distinction between lay and clerical behaviour would be, however, far too simplifying. In hagiographic material there is no evidence of such a distinction between the two spheres: alleged death moments of priests and members of religious orders are recorded to be communal occasions just like those of laity.

The fact that even in clergy's resurrection cases a death moment is recorded as a communal situation is very important. Added to the information that historians have gained from other sources, we may conclude that the communal deathbed scene as recorded in hagiographic material reflects the lived religion of medieval people, even that of the clergy. Even if the theologians guided the opposite, people used to gather around a dying person in the late Middle Ages. This, for its part, suggests that the private death moment as instructed in *ars moriendi* guides remained rather unpopular doctrine in 15th century Europe. This is not to say that *ars moriendi* -guides had not been generally well received by people. It only seems that this particular instruction was not favoured. This is a good example of how people do not adopt theological

systems in their totality but choose the parts that they feel purposeful for themselves.[269]

The communality of death was clearly negative for the authors of *ars moriendi* texts. This negativity could rise from the pejorative attitude towards the lay community. This, however, would be opposing to the laicization of the era, the phenomenon emphasised by Amy Appleford. Even if *ars moriendi* guides handed spiritual responsibility to a dying person and to the lay community, we must acknowledge that a certain built-in clericalization is always visible in the *ars moriendi* genre. After all, the purpose of the guidebooks was to direct the laity to behave in a certain theologically acceptable way. In regard to the communality of death, a persistent guidance to leave a community outside the deathbed scene before a dying person gives up the ghost suggests that it was, as proposed already, the opposite of what theologians were accustomed to see in the society surrounding them. I argue that this particular instruction was theologians' attempt to control a crowded deathbed scene. In this respect, *ars moriendi* guidebooks do not solely indicate the laicization of late medieval religious life but they also manifest the clergy's attempts to regulate and control death and dying. As Savonarola's popular sermon indicates, this guidance was not mediated only through the texts and pictures of the guidebooks, but it was also preached from the pulpit.

It may be necessary to point out that clergy's control over the death moment was attempted through guiding and consoling. My studies do not in any way support Jean Delumeau's arguments about *culpabilitation* or guilt culture of late medieval Europe. In resurrection miracle testimonies the desire for confession is the only reference to sin. The repetitive recording of desiring confession most likely says more about the importance of the ritual than of any inner torments that deponents might have felt about their committed sins. In these sources people are not recorded as being subdued by their sinfulness. Praying for a resurrection is, in my interpretation, a sign of the love of life and of family members rather than an indication of fear of death. Cults of saints offered hope, not fear or guilt. The same holds true for *ars moriendi*. In Delumeau's interpretation, although mostly concerning the early modern period, *ars moriendi* guidebooks were pastoral terrorism by which clergy pursued implanting guilt and fear in laity.[270] Most scholars of *ars moriendi* guidebooks, me included, disagree with Delumeau.[271] Rather than terrorizing, the focus of the genre is on learning

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[269] Katajala-Peltomaa & Toivo 2020, 3.

[270] Delumeau 1991, 349–350.

[271] The joyful attitude towards death in *ars moriendi* guidebooks has been pointed out most recently by Bates 2021, 104.

how to achieve the best possible outcome. Written decades before Delumeau's work, Mary O'Connor's remark is astonishingly appropriate to quote here, "Again and again he [the dying] is reminded of the pity and the mercy of God, which is above all wickedness. The Ars moriendi is no more intended to frighten and depress than is any medieval book on hunting and hawking or on table manners for children."[272] They were practical guidebooks. After all, dying was one of the crafts a Christian was supposed to learn. A modern scholar needs only to read what the guidebooks say about the temptation of despair to understand that one of the major ways a medieval person could fail in this craft was to despair over his or her sins. Thus, there is no blaming or guilt culture in these sources.

This thesis has raised a new concept for medieval death studies: the community of dying.[273] The usefulness of this concept requires further study. I have proposed that people who were aware of when a death moment was occuring constituted a community of dying. People could be active members of this community by performing acts for the physical or spiritual benefit of the dying. The acts could be performed around the dying or alternatively out in the city without the presence of a dying person. A person could also remain a passive member of this community when possessing sole knowledge of an occurrence. If required, he or she could activate in the community by performing an act that would benefit the dying person.

In this study, the concept of the community of dying has proved to be adaptable, especially in the cases of the canonization process of Frances of Rome, because the women of Tor de' Specchi distributed portable relics and otherwise actively participated in the alleged death moments. The usability of the concept should be verified by scrutinising other canonization processes that include information of similar close-knit communities and members of religious orders as described in Frances' process.[274] A Swedish case of a pious woman helping a mother of a dying child in

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[272] O'Connor 1942, 5.

[273] Amy Appleford, without further explaining the concept, uses the term "deathbed community" when she refers to people surrounding the dying. In my argumentation, the community is not limited to the sickroom but may expand outside of it. Therefore, I prefer "the community of dying". Also, instead of a term like "the community of death", by using the word "dying" I emphasise the spatio-temporal context of the deathbed scene and make an explicit distinction between the commemoration of the dead and the spiritual community created by the dead and the living. Romedio Schmitz-Esser uses the term "the community of the dead" as he speaks about the commemoration of the dead and the burial practices. Schmitz-Esser 2020, 345.

[274] Distribution of portable relics was not uncommon in medieval and early modern canonization processes. In Article 2, I referred to the 14th century process of Lady Delphine de Pui Michel, which Nicole Archambeau has studied. Recently, Jenni Kuuliala has observed that the Carmelites distributed portable relics in the cases of the 17th century canonization process of Andrea Corsini. Kuuliala 2019, 285. Portable relics of Thomas Aquinas, on the other hand, were often transported to the gate of the

Vadstena and a case in which John Capistrano prays at a distance for the physical recovery of a dying woman in Siena, suggest that people who were considered especially devoted could become crucial members of the community of dying, even if they were not physically in the presence of a dying person. The further study of the resurrection cases including information about casual pilgrims or other strangers would be useful in order to verify my theory about the active and passive members of the community of dying. A coincidence seems to have had a role to play in how some people became members of the community. Others, however, were intentionally made to be members of this community.

My propositions on the community of dying may offer a theoretical background for the analysis of communality in miracle narratives more broadly. A further study would reveal whether a community of dying is actually something extraordinary for resurrection miracles, or does the concept seem to be adaptable to other curing miracles as well? I assume that especially the cases with portable relics are quite similar despite the form of the ailment. Of course, the performed acts of death are unique for resurrection cases, but the handling of relics and the asking of help from people who possessed them may actually be rather similar in different curing miracles in general.[275] If so, after studying more thoroughly other miracle narratives with portable relics, in addition to speaking about a community of dying, we may be able to identify 'a community of emergency': a group of people who gathered together at the time of crisis.

This thesis has focused on the 15th century because it was the period of an active death culture in Europe. During the century, the most widespread *ars moriendi* texts were composed; therefore, I have chosen to focus on the hagiographic material that was recorded during the same period. As a suggestion for a future study, I propose an investigation of resurrection miracles that were recorded in the canonization processes of the 16th and 14th centuries. This would offer a possibility to see if the general atmosphere of the 15th century had any impact on the recorded resurrection miracles.

Cistercian monastery of Fossanova for women who were not allowed to enter the monastery. Räsänen 2017, 126-127.

[275] I touch upon this topic in a forthcoming article that is not included in this thesis. In the article, I conclude that the oblates of Tor de' Specchi do not seem to have had a specific form of religious healing reserved only for dying people, yet their use of relics indicates a certain hierarchy of religious healing. Whereas Frances's textile relics and a certain ointment were used to cure all kinds of infirmities, a precious book held in Tor de' Specchi was preserved for the utmost emergencies. Nissi 2021, forthcoming. The oblate women of Tor de' Specchi possessed and circulated secondary relics, not body-part relics that may have had a stronger connection to specific ailments. For example, Marika Räsänen has observed how the head relic of Thomas Aquinas was used especially to cure neck, throat, or head ailments. Räsänen 2017, 128.

My hypothesis at the moment is that the death culture of the 15th century has no strong impact on the hagiographic genre. I presume that the recorded acts of death are quite similar in the hagiographic material of different centuries, and only the high number of resurrections is a typical feature of the 15th century. This may have more to do with the saint-making process than with the general death culture of the 15th century. However, to prove this would require further investigation. It would be important to see, for example, how much resurrections were recorded in the canonization process of James of the Marches. James' miracle collection includes abundant resurrection miracles, but we do not have specific data on how many of them were included in the articles of the *in partibus* hearings held in the 1520s. In South Europe, the Protestant Reformation did not cause a halt in the producing of the hagiographic material; therefore, the timeframe could be easily expanded to the early modern period.[276] In the North, however, the case is the opposite. Hence, regarding the Nordic material, it would be recommended to examine the resurrection miracles of the 14th century, especially the canonization process of Saint Bridget. Regarding *ars moriendi* literature, the questions posed in this thesis could easily be scrutinised also in the context of the early modern period, because the genre evolved in the 16th century, both in Catholic and Protestant countries.

As regards to the ideal medieval death, I propose a further study concerning iconographic material. In iconographic studies it would be important to take into consideration the *ars moriendi* guides' instructions on the communality, or rather, the privacy of death. Previous studies have shown that death is illustrated as a communal occasion in the Books of Hours. The Dormition of Mary is also a motif in which an ideal death is pictured as a communal gathering. I would encourage (art) historians to examine whether there are any medieval illustrations of private death moments apart from the woodcuts of *Ars moriendi*. Do the depictions of the temptation of avarice also follow the example of *Ars moriendi* in illustrating the harmfulness of the loved ones? Or do they rather focus on the economical side of the temptation, as Hieronymous Bosch does in his *Death of a Miser*.

I agree with Gordon D. Raeburn that death is a subject too vast for a *longue durée* approach. Even in a limited timeframe as studied in this thesis, different sources may illustrate it very differently. Therefore, the snapshot approach suggested by Raeburn seems the most valuable for the study of death and dying. Rather than following the examples of early classics of historical death studies in trying to reveal big cultural changes or typical mentalities that persisted for centuries, in my opinion it would be

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[276] On early modern hagiographic material, see Kuuliala, Peake & Räisänen-Schröder 2019 (b).

more fruitful to apply the social historical approach in which emphasis is laid on the everyday life experiences and the lived religion of the common people. When studied through different source materials with limited research questions and advanced methodological frameworks, such as lived religion, several small snapshots will eventually compose a large body of knowledge. This way we will appreciate the multifaceted nature of death and dying in the pre-modern world.

Individuals experienced death differently in the 15th century, similar to today. Some may have faced death gladly and acceptingly as *ars moriendi* texts instructed. Probably more often, however, people were not willing to meet their end but tried to avoid it the best they could, as hagiographic material demonstrates. Canonization processes and miracle collections present us only the so-called miraculous events in which the outcome of a divine intervention was successful. The number of resurrections recorded in some of the 15th century sources suggests that praying for a resurrection was rather common in the late Middle Ages. Therefore, we must acknowledge that in addition to the recorded cases, there must have been an uncountable number of cases in which people have prayed in vain for a resurrection, as well as "successful" cases that have not been recorded. This phenomenon suggests that death was not accepted willingly. On the contrary, it was undesired. Hence, the late medieval resurrection miracles witness of the same "vigorous relish for life" which, according to Eamon Duffy, is evident in the fifteenth- and sixteenth-century wills.[277] Rather than embracing death as the *ars moriendi* guidebooks instructed, resurrection miracle narratives remind us of people's lust for life, an attitude that Philippe Ariès has already emphasised in his studies on medieval death.[278]

Perhaps this lust for life is not very surprising if we consider that all living creatures have some kind of survival mechanism built within. Because death was so fiercely visible in the late medieval culture, it may just be easy for us to think that a desire for life and the time spent with the loved ones was not as important for people who lived 500 years ago as it is for us today. Theological texts, such as *ars moriendi* guidebooks, or the obtrusive illuminations of dancing skeletons and rotting corpses, may easily obscure the fact how similar we are with the people of the past. We only have different ways of dealing with the matters of human existence.

The cult of saints provided a tool for medieval people to express their desire for life, even at the moment when death seemed apparent. Although the institutionalised religion, which *ars moriendi* represented, encouraged people not to be attached to earthly life but to accept their destiny, the cult of saints enabled people to manifest

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[277] Duffy 2005, 303.

[278] Ariès 1981, 130–132.

their affection for their friends and family members in a spiritually acceptable way. Praying for a saint's help at the moment of death was a way to live one's religion. The death of oneself or of a next of kin was an experience that caused sorrow and anxiety for medieval people, which is generally true for all humans. When praying for the avoidance of their own or someone else's death, people acted out their death anxiety. Praying for a resurrection was a way to express the feelings and thoughts caused by death through religious behaviour. Whereas in medicine or in folk healing, specialists were active actors and others merely bystanders, religion in turn gave everybody a possibility to actively participate in the process of death.

The apprehension of the complexity of the attitudes towards death and dying in the Middle Ages is a crucial contribution of historical research to the 21st century death positivity movement. The different attitudes towards death are a natural part of human existence now as well as they have been in the past. My thesis' important implication to the current death discourse has been to show how important role communities have had around a dying person in the past. We have recently encountered in the COVID-19 pandemic a situation in which a desired way of dying has not been possible for everybody. As a consequence of the social distancing, some of those who have been terminally ill in hospitals, nursing homes or hospices were forced to die without being attended by their families.[279] Even though the psychical impacts of the social distancing are not yet fully visible to us, the public discussion on the subject has shown that the situation has caused major distress both for dying people and their families. I easily find parallels between the late Middle Ages and the current state of affairs after studying the death culture of the 15th century. Dying alone was a horrific way to die in the Middle Ages, and so it is today. A community had an important role around a dying person in late medieval Europe. The death rituals today are different from those of the 15th century and the same communal acts of death are not necessarily desired, yet one thing has not changed: People wish to have their loved ones by their side as they pass away.

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[279] A recent study provides statistical data on how the number of those dying alone has highly increased during COVID-19 pandemic in Sweden. Strang et al., 2020.

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I   Nissi J. Who Will Accompany the Dying? The Communality of Late Medieval Death in the Ars moriendi -Guides. In *Memento mori, Il genere macabro in Europa dal medioevo a oggi* edited by Marco Piccat and Laura Ramello. Edizione dell' Orso, Alessandria, 2014, 515–530.

II   Nissi J. Communal Acts in the Process of Death: A Comparison Between Nordic and South European 15th Century Hagiographic Material. *Scandinavian Journal of History*, 2020. DOI: 10.1080/03468755.2020.1808526.

III   Nissi J. Quomodo scit quod mortuus erat? The Signs of Death in 15th Century Italy. *SVMMA* 7 (1/2016), 72–100. DOI: 10.1344/Svmma2016.7.5.

IV   Nissi J. Death in a Birth Chamber – Birth Attendants as Expert Witnesses in the Canonization Process of Bernardino of Siena. Accepted to be published in *Reading Medieval Sources: A Companion to Medieval Miracle Collections*, edited by Sari Katajala-Peltomaa, Jenni Kuuliala & Iona McCleery. Brill, forthcoming.

PUBLICATION
I

Who Will Accompany the Dying? The Communality of the Late Medieval Death in the Ars moriendi -Guides

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Memento mori. Il genere macabro in Europa dal Medioevo a oggi, edited by Marco Piccat & Laura Ramello. Edizioni dell'Orso, 2014, 515-530.

Who Will Accompany the Dying?
The Communality of the Late Medieval Death in the Ars moriendi – Guides

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Introduction

The communal aspect of pre-modern death is probably one of the most repeated *topoi* in death studies. Death has been seen especially communal in the Middle Ages. Philippe Ariès, the pioneer of death studies, argued that death was always a communal situation up until modern times. According to Ariès, not only relatives of the dying but also total strangers could enter the sick room[1]. After Ariès, the argument about the communality of medieval death has been repeated for example by Norbert Ohler, David Cressy and Deborah Youngs[2]. According to my knowledge there exists no in-depth study focusing solely on the communality of medieval death. Of course, justified arguments have been made while researchers have studied other topics related to medieval death. Already Michel Vovelle found out that in the book of hours death is depicted as a communal situation[3]. Later for exemple Stina Fallberg Sundmark has pointed out that friends and family had an important role around the deathbed when a priest was delivering the last sacraments[4]. Also, Christian Krötzl has found out that in the Scandinavian hagiographic material death has been depicted usually as a communal situation[5]. Sari Katajala-Peltomaa has made the same observa-

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[1] PH. ARIÈS, *The Hour of Our Death*, New York, Vintage Books, 1981, pp. 18-19.
[2] N. OHLER, *Sterben, Tod und Grablege nach ausgewählte mittelalterlichen Quellen*, in *Im Angesicht des Todes. Ein interdiziplinäres Kompendium I*, Erzabtei St. Ottilien, EOS Verlag, 1987, pp. 569-592. D. YOUNGS, *The Life Cycle in Western Europe, c. 1300-c. 1500*, Manchester, Manchester University Press, 2006, p. 195. D. CRESSY, *Birth, Marriage & Death. Ritual, Religion, and the Life-Cycle in Tudor and Stuart England*, Oxford, Oxford University Press, 1999, pp. 390-391.
[3] M. VOVELLE, *La morte e l'occidente. Dal 1300 ai giorni nostri*, Bari, Editori Laterza, 2009, p. 109.
[4] S. FALLBERG SUNDMARK, *Sjukbesök och dödsberedelse. Sockenbudet i svensk medeltida och reformatorisk tradition.* Skellefteå, Artos & Norma bokförlag, 2008, pp. 117, 131, 139-140, 173, 202.
[5] C. KRÖTZL, *Pilger, Mirakel und Alltag. Formen des Verhaltens im skandinavischen Mittelalter*, Helsinki, Societas Historica Finlandiae (Studia Historica 46), 1994, p. 261.

tion in the canonization processes of Nicholas of Tolentino and Thomas of Cantilupe[6]. I am currently writing my PhD thesis on the communality of the death-bed scene in the late medieval Europe. One of my main sources are the Italian and Swedish canonization processes. Although the studies of Krötzl and Katajala-Peltomaa suggest that deathbed cases in the hagiographic material seem to be usually communal, it should also be noticed that I have found cases which can be identified as family-concentrated or even private cases[7].

In this paper, however, I will examine the three most popular art of dying guides from the 15th century and explore these books' attitude on the communality of the deathbed scene. This will be done by studying the instructions that were given to the people surrounding the deathbed. The treatises, which I am concentrating on are Jean Gerson's *De arte moriendi*, anonymous *Tractatus de artis bene moriendi* and its shorter illustrated version called simply *Ars moriendi*. These art of dying guides are normative sources which do not tell us how people really acted, they only demonstrate the attitudes of the late medieval theologians. Thus I am not trying to revoke or deny the common agreement of the communal aspect of the medieval death. However, since these guidebooks give us the ideal model of medieval dying according to the Roman Church, it is essential to examine these books if one wants to reconstruct a comprehensive picture of the communality of late medieval death. Results of this paper could thus be seen as a starting point for wider research, but also in itself as relevant and important information.

Ars moriendi – Late medieval "best sellers"

Although the origin of the art of dying guides dates back to the 13th century, it was not until the 15th century when these books spread across the continent and were translated in several vernacular languages. To say that these books were the best sellers of the 15th century is not exaggerated, since they were one of the most popular literature genre in late medieval Europe. The popularity of the art of dying should be seen as a part of the cultural and mental change in European society. The fascination on Macabre – themes began already before the Black Death but increased especially when the plague epidemics were devastating the European population. People saw death and dying everywhere they turned their heads.

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[6] S. KATAJALA-PELTOMAA, *Gender, Miracles and Daily Life. The Evidence of Fourteenth-Century Canonisation Processes*, Turnhout, Brepols, 2009, p. 129.
[7] J. NISSI, *Yhteisön ympäröimänä vai uskotun ystävän saattamana? Kuolinhetken yhteisöllisyys 1400-luvulla*, in "Thanatos", 1/2013. *http://thanatosjournal.files.wordpress.com/2012/12/nissi_kuolinhetken-yhteisc3b6llisyys-1400-luvulla1.pdf*.

As *Dance macabre* pictures made it really clear, death and plague were equal to everyone regardless of one's rank in society. Thus, the clergy decreased in numbers. During the Black Death, about 35 percent of the clergy died[8]. The Church's reaction on this was the bull of Pope Benedict VI in 1349 in which he stated that if there was no priest available, the dying could also confess one's sins from a layman. Following the pope's instructions, the Bishop of Bath wrote in January 1349: "The contagious pestilence of the present day […] has left many parish churches without parson or priest to take care for the parishioners. Since no priest can be found who are willing to take pastoral care […] visit the sick or administer the sacrament of the church, we understand that many people are dying without the sacrament of penance […] [Therefore] persuade all man […] if they are on the point of death […] [that] they should make confession to each other […] or if no man is present, then even to a woman"[9]. Since the presence of a priest around the deathbed was no more self-evident, beforehand preparations for the death were necessary. Everybody had to know how to act at the moment of death. Thus the art of dying guides were church's pastoral answer to the plague epidemics[10]. Judging by the spreading of copies and numerous translations, these instructions were accepted and welcomed by general public[11].

In addition to the plague, we can also observe another explanation for the popularity of the art of dying. That is the increasing theological importance of the moment of death. In the late Middle Ages, there was a continuous debate over man's afterlife destiny. The doctrine of Purgatory was already defined in the 13th century during the second council of Lyon[12]. There remained, however, an uncertainty about the beatific vision. The first half of the 14th century was filled

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[8] J. CAMPBELL, *The Ars Moriendi: An Examination, Translation, and collation of the manuscripts of the Shorter Latin Version*, Doctoral Thesis, University of Ottava, 1995, p. 8.

[9] C. BOECKL, *Images of Plague and Pestilence. Iconography and iconology*, Kirksville, Truman State University Press, 2000, pp. 72-73.

[10] H. ROLFES, *Ars Moriendi, eine Sterbekunst aus der Sorge um das ewige Heil*, in W. HARALD (a cura di), *Ars moriendi, Erwägung zur Kunst des Sterbens*, Freiburg/Basel/Wien, Questione Disputate 118, 1989, p. 24.

[11] R. RUDOLF, *Ars moriendi*, Köln/Graz, Böhlau Verlag, 1957, p. 62.

[12] C. WALKER BYNUM, *The Resurrection of the Body in Western Christianity*, New York, Columbia University Press, 1995, p. 280. The history of Purgatory is a highly debated question. In his classic work, Jacques le Goff dated the birth of Purgatory to the 12th or 13th century. However, Aron Gurevich saw the birth of Purgatory already in the Early Middle Ages and Michel Vovelle in the 15th century. David D'Avray combines these theories proposing that the idea of Purgatory was established already in Early Middle Ages, the official doctrine was regularized during the High Middle Ages and adopted to the

with the debate whether those who are saved will see God face to face directly after death or not until the Last Judgment. The essential question was whether the soul resurrected after death was sufficient for the beatific vision or whether the body's resurrection after the Last Judgment added something to the blessedness. The controversy began in the winter of 1331 after the sermons of Pope John XXII. In these sermons, the Pope argued that the saints will enjoy the perfect beatific vision after the Last Judgment with the resurrection of their bodies. Until then, they would not be able to see divine essence face to face because the separated souls were imperfect. Similarly the damnation of the wicked would take place at the Last Judgment. These sermons raised a wave of criticism and several chroniclers tell us that people were scandalized by them. When the debate calmed down, a consensus was made between two extremes. On his deathbed the Pope's opinion was that "the holy souls see God and divine essence face to face and as clearly as their conditions as souls separated from their bodies allows"[13].

In 1336 the next pope, Benedict XII, issued a bull called *Benedictus Deus*, which declared that "pure souls see the divine essence *nude, clarte, et aperte* before the end of time; this vision is true beatitude and full repose". According to Benedict, the saved souls would thus enjoy the bliss of heaven immediately after death and the damned would descend to hell[14]. According to *Benedictus Deus*, the soul's resurrection immediately after death was perfect in itself. Now since the moment of death was the determining point, people had to know how to act on the deathbed in order to save their souls. The art of dying guides tried to give answer to this question[15].

Jean Gerson's *Opusculum tripartitum*, written around 1404, was the starting point for the popularity of the art of dying guides. The third part of his *Opusculum tripartitum*, called *De arte moriendi*, was highly read and spread as an independent work. *De arte moriendi* consists of four parts: exhortations, questions, prayers and observations. In this paper I will use a copy of *Opusculum tripartitum* written in Paris in 1488/89. The manuscript is held in the Bayerische Staatsbibliothek[16]. In

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art during the Late Middle Ages. M. D'AVRAY, *Death and the Prince: Memorial Preaching Before 1350*, Oxford, Clarendon Press, 1995, p. 179.

[13] C. WALKER BYNUM, *The Resurrection*, cit., pp. 279-285.

[14] *Ivi*, p. 285.

[15] On the uncertainty of salvation in the late medieval *ars moriendi*-literature see A. REINIS, *Reforming the Art of Dying. The ars moriendi in the German Reformation (1519-1528)*, Cornwall, MPG Books, 2007.

[16] J. GERSON, *Opusculum tripartitum de praeceptis decalogi, de confessione, de arte*

addition, I consulted a Swedish translation of the text[17]. The translation was made 1514 by Ericus Nicolai by the request of Archbishop Jakob Ulvsson.

Even more popular than Gerson's *De arte moriendi* was *Tractatus de artis bene moriendi*[18]. The author remains obscure, but an early manuscript from Vienna, propably written in 1418, suggests that it was written during the council of Konstanz. After the council, *Tractatus* would have spread all over Europe with the council delegates. It seems possible that the church council had ordered a guide book, which was made following the model of Gerson's *De arte moriendi*. Gerson himself was an important figure at the council of Konstanz[19].

Tractatus de artis bene moriendi is written following the contents of *De arte moriendi*. The main difference is the temptations of the Devil, which forms the main corpus of *Tractatus*. With the help of *Tractatus*, one is able to win the Devil and escape from the perils of hell. For this paper, I consulted a manuscript kept in the Vatican library[20] and an English translation of *The Craft of dying* edited by Frances Comper [21].

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moriendi. Paris, 1488/9. Signatur: München, Bayerische Staatsbibliothek – 4 Inc. s.a. 889. I have consulted a digitalized version.

[17] I am using a modern edition edited by M. HAGBERG, Jean Gersons Ars moriendi, *Om konsten att dö*, Värnamo, Fälth & Hässler, 2009.

[18] At least three hundred manuscripts exist in latin and vernacular translations. The book is also known as *Speculum de artis bene moriendi*, *Tractatus de arte moriendi* or simply CP from it's initials: *Cum de presentis*. M.C. O'CONNOR, *The Art of Dying Well. The Development of the Ars moriendi*, New York, Columbia University Press, 1942, p. 1.

[19] Jeffrey Campbell has pointed out that maybe this dating is false since all the other manuscripts around Vienna are from 1339/40. Perhaps the right dating would be 1338. J. CAMPBELL, *The Ars Moriendi*, cit., p. 4. It seems strange indeed that in twenty years no other copies was made or at least they have not survived. However, Mary O'Connor's theory about the council of Konstanz seems convincing to me, because in this way the book would have spread widely and it had the authorization of the church. M.C. O'CONNOR, *The Art*, cit., pp. 53-54. Rainer Runolf has suggested that *Tractatus* was made by chancellor of university of Vienna, Nikolaus von Dinkelsbühl. According to Rudolf, a sort of school of the art of dying sprang up around Dinkelsbühl in Vienna. For me it seems however strange if such an influential scholar as Dinkelsbühl had written *Tractatus* and still the authorship remains uncertain. It would be logic that *Tractatus* would had spread and gained more respect with the authorization of Dinkelsbühl just like *De arte moriendi* was more powerful with the stamp of chancellor of Paris. R. RUDOLF, *Ars moriendi*, cit., pp. 75-78.

[20] ANONYMOUS, *Tractatus de artis bene moriendi*, Codices Vaticani Latini 10054.

[21] F. COMPER (a cura di), *The Book of the Craft of Dying and Other Early English Tracts Conserning Death*, London, Longmans, Green and Co., 1917.

The illuminated version of *Tractatus*, called *Ars moriendi*[22], was probably written in the mid-15th century[23]. In this short treatise the temptations of the Devil became alive in eleven woodcuts depicting both temptations and good inspirations against them. Notable is that these inspirations against temptations are mentioned only in this shorter version. For this paper, I have consulted a critical edition of Jeffrey Campbell[24].

Before we continue further, I want pause for a moment and reflect on whom these guidebooks were written for. One of the first books in this genre was *Le Somme le roi* written for the French king Philip III by a Dominican friar called Laurentius. Further important books were *Büchlein der ewige Weisheit* written by Henry Suso in 1328 and Dirk van Delft's *De Tafel den Kersten Ghelove* in the beginning of the 15th century. These books were written for young priests in order to assist them in visiting the sick. Depart from the early art of dying literature, Jean Gerson wrote his book not only for the clergy but also for the laity. Even the dying could read Gerson's guidebook in order to prepare themselves for death.

Yet, for example, Stina Fallberg Sundmark emphasizes *De arte moriendi*'s role as a liturgical manual for priests who visited the sick[25]. Fallberg Sundmark's arguments are, however, based on the Swedish translation of Ericus Nicolai, which includes several extra folios which are not included in the original. In those pages are given several instructions for the priests when they are visiting the sick[26]. Thus, Fallberg Sundmark's arguments are more than accurate on Swedish translation. It is, however, important to note that the Swedish translation is far from being a direct translation of Gerson's text. It includes parts from *Ars moriendi* and, as mentioned above, it has some unique parts written for Swedish priests. Therefore, the text is a combination of Gerson, *Ars moriendi* and something new. Hence, the Swedish translation is in some parts quite contradictory and difficult to interpret. In the beginning of the text, it is made clear that the laity could use this book as a guidebook. The last parts are however clearly intended for the clergy. In the original Latin text there are no direct instructions for

[22] Also known as QS from it's intials: *Quamuis Secundum*.
[23] R. RUDOLF, *Ars moriendi*, cit., pp. 69-70.
[24] J. CAMPBELL, *The Ars moriendi. An examination, translation and collation of the manuscripts of the shorter latin version*, Doctoral Thesis, University of Ottava, 1995.
[25] S. FALLBERG SUNDMARK, *Om konsten att dö på rätt sätt*, in M. HAGBERG (a cura di) *Jean Gersons Ars moriendi. Om Konsten att dö*, Värnamo, Fälth & Hässler, 2009, pp. 35-67.
[26] Other notable differences in Swedish translation and Latin original are that the Swedish introduction is longer and it presents more questions for the dying.

clergy, the short mentions of sacraments are the only points, which even indicate to the presence of a priest. In the beginning of his text Gerson explains that he has written for all Christians who are at the point of death and are willing to die in the art of dying[27]. Gerson leaves no uncertainty about this: the text is useful for everybody. It is an interesting curiosity that a vernacular Swedish translation is more clearly made for the clergy than the Latin original. Normally one would expect the opposite. This curiosity is explained by the fact that the Swedish text is a contaminated version of Gerson's text. In some parts it is almost an independent work.

The temptations of the Devil make *Tractatus* and *Ars moriendi* even more clearly targeted for the laity. These temptations were something which everybody had to take in consideration and to be prepared for. It was not sufficient if a priest was aware of these temptations and told about them when the dying was approaching their end. Although there has been some debate around *Tractatus* that it was written for religious houses[28], the text itself does not leave much doubt: the art of dying is the most useful science both for religious and secular men and it should be studied every day continuously without intermission[29].

Also, *Ars moriendi* makes it clear that these books were meant for everybody to read and see: "The book should be placed before the eyes of all so the words serve well for the educated as the pictures serve for both the lay and the illiterate"[30]. The fact that *Ars moriendi* instructs pictures to be placed before the illiterate is interesting if we consider that these illuminated books were precious items, which only a few could afford. Poor people could see these pictures only if someone showed them. In this sense it seems clear that in addition to private devotion they were used as didactic material. The ones who could afford these books were those belonging to mercantile or landholding classes. In addition to money, these classes also possessed knowledge to read. This made them a natu-

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[27] "Quamobrem cura fuit presenti scricpto componere breuem quemdam exortationis modum habendum circa eos qui sunt in mortis articulo constituti ualentem etiam generaliter omnibus catholicis ad artem et noticiam bene moriendi conquirendam" (J. GERSON, *Opusculum tripartitum*, cit., p. 20v.).

[28] M.C. O'CONNOR, *The Art*, cit., p. 5.

[29] "Hec est scientia utilissima in quo scientia religiosi magis precipue que seculares siue intermissione cottidie atque continue solicitus stude debent" (ANONYMOUS, *Tractatus*, cit., p. 174r.).

[30] "Sed ut omnibus ista materia sit fructuosa, et nullus ab ipsius speculatione secludatur sed inde mori salubriter discat, tam litteris tantum litterato deservientibus quam imaginibus laico et illitterato simul deservientibus cunctorum oculis obicitur" (J. CAMPBELL, *Ars moriendi*, cit., pp. 21, 23).

ral target group. Important is also the observation, which Jeffrey Campbell has made from the pictures: the dying is lying on a nice bed in a clean room, not on a pile of hay on the floor, like poor people would have done[31].

The Communality of death in the art of dying guides

Throughout the following pages, I will examine what kind of attitude the authors of the art of dying guides had on the communality of death and dying. I will explore how the instructions of these guides socialized the people attending the deathbed scene. I also search for information on what kind of behavior was acceptable for people accompanying the dying.

Gerson begins his *De arte moriendi* with an observation that friends of a dying man tend to do the best they can to heal the sick body. However, according to Gerson, it would be much more useful to be concerned about the spiritual health of the dying. At the moment of death it becomes clear who the real and trustful friends of the dying are[32]. With this, Gerson points out the unimportance of earthly life compared to afterlife. Friends who concentrate on bodily issues when someone is approaching to death are not real friends. True friendship is to take care of the soul, not of the body. This is also emphasized in *Tractatus* and *Ars moriendi*: Spiritual death of the soul is much more horrible than bodily death, since the soul is more worthy and precious than body. Therefore, there should not be too much hope for physical health felt for the sick[33].

The second part of *De arte moriendi* consists of exhortations to the dying. These exhortations are directed straight to the dying, which don't give us much information about the present people. Thus it seems, that the exhortations should be read silently by the dying himself or aloud by one bystander. In this chapter the dying is reminded how each one of us, the poorest and the richest, have to die one day. People are just like pilgrims in this world, passing by. This is why people should die willingly and not complain about death. The dying should concentrate only on God. The only part where Gerson mentions friends

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[31] *Ivi*, p. 10.

[32] "Si veraces fidelesque amici cuiuspiam aegroti curam diligentius agant pro ipsius vita corporali fragili et defectibile conseruanda exigunt a nobis multo fortius Deus et Charitas pro salute sua spirituali sollicitudinem gerere specialem. In hac enim extrema necessitate mortis fidelis probatur amicus" (J. Gerson, *Opusculum tripartitum*, cit., p. 20r.).

[33] "Mors tum anime tanto est terribilior horribilior atque detestabilior quanto anima corpore est nobilior atque preciosior" (Anonymus, *Tractatus*, cit., p. 172v.). "Et ergo nullatenus infirmo detur spes nimia corporalis sanitatis consequendae" (J. Campbell, *Ars moriendi*, cit., p. 18).

or family is in the end of the chapter. The dying is advised to ask the present people to pray to God for his salvation[34]. Again, the role of the present people is to look after the soul of the dying. However, they are only bystanders with the dying being the focus.

Since *Tractatus* includes these and other exhortations in chapter five[35], I move on forward. Gerson's next chapter deals with the Anselmian questions. The goal of these questions was to make sure that people were dying in true faith of the Catholic Church. A number of the questions vary in the books: Gerson mentions six questions, the Swedish translation eight and *Tractatus* seven. Gerson mentions community only as a means to ask questions of the dying. *Tractatus*, however, notes that if nobody is asking these questions from the dying, he should consider and answer them himself in his soul[36]. Both Gerson and *Tractatus* mention that if the dying has lost their ability to speak but they are still with their senses, they can respond to these questions with a sign or just within their heart[37].

Tractatus puts more value on the presence of community since it instructs people to participate in some parts of the questions. The dying is recommended to say three times "In manus tuas Domine", and the people present should follow suit[38]. This way, not only the one who executes the questions is taking part, but also everybody else who is present.

The third part of Gerson's text contains prayers that are useful at the moment of death. These prayers should be directed to the Holy Trinity, Virgin Mary, and the angels and saints. Once again the actor is the dying themselves. The dying is the one who should read the prayers[39]. However, if they cannot speak anymore,

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[34] "Omnen preterea gogitatum tuum in eum dirige astantes solummmodo et superstites rogoans ut pro salute tua deum precibus exorent" (J. GERSON, *Opusculum tripartitum*, cit., p. 20v.).

[35] Chapter five of *Tractatus* is a combination of Gerson's chapters two and four.

[36] "Quisquis de premissis ab aliquo interrogatus non fuerit presertim tum sint sare pauci atque rari que huius arte habeant scientiam. Introrsus respondeat interrogans semet ipsum subtilius considerando an talitus sit dispositus ut prefertur eo quod absis tali disposicione nulli omnino parte esse salus" (ANONYMUS, *Tractatus*, cit., p. 184r.).

[37] J. GERSON, *Opusculum tripartitum*, cit., p. 22r. ANONYMUS, *Tractatus*, cit., p. 189v.

[38] "Deinde dicat ter In manus tuas domine commendo spiritum meum et id ipsum dicat couentus uel astantes In manus tuas domine commendam spiritum eius…" (*ibid.*, p. 181r.). By the word "conuentus" *Tractatus* refers to the religious houses, but takes in account also secular death cases adding "uel astantes".

[39] "Primo dicat infirmus ex toto corde deum orans" (J. GERSON, *Opusculum tripartitum*, cit., p. 21r.).

the orations are to be read aloud for them[40]. *Tractatus* includes the prayers in its sixth chapter, however, there are also some prayers in the fourth chapter. In the introduction of the sixth chapter *Tractatus* states clearly that the prayers are to be read aloud for the dying by one dear and faithful friend[41]. Nevertheless, in the English translation of *Tractatus* we find out that it was not excluded that the dying read these prayers by himself: "In these prayers, if thou say them thyself, turn the words that should be turned, as thou shouldest do to say them thyself; for I write them as another should say them for thee"[42]. Moreover in the fourth chapter of *Tractatus* there are several prayers which are instructed to be read by the dying: "Therefore as long as he that is in point of death may speak, and have the use of reason with him, let him say these prayers…"[43]. Furthermore: "And if he that is sick cannot all these prayers, or may not say them for grievousness or sickness, let some man that is about him say them before him. And he that is dying, as long as he hath use of reason, let him pray devoutly within himself…"[44].

In Gerson's *De arte moriendi*, the presumption seems to be that the alone is to read these prayers. In *Tractatus* however, it depends on the prayers: the ones in the fourth chapter are to be read by the dying, the ones in the sixth chapter by someone accompanying the dying. This was not, however, set in stone but could vary according to the mental and physical state of the dying.

The last chapter of *De arte moriendi* contains some observations on the three above mentioned chapters. Here, it is essential to concentrate on a few important points which deal with the communal aspect of death. Firstly, if the dying had not received the holy sacraments, the dying should be persuaded to do this. Also, if the dying had not answered the questions correctly, they should be taught to die in the correct faith of the church[45]. *Tractatus* adds that the dying should also be exhorted to do his testament, strengthen him against the temp-

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[40] "Si patiens usum loquendi perdiderit habet tamen sanam et integram notitiam ad interrogationes sibi factas uel orationes coram eo recitatas, signo aliquo exteriori uel solo cordis consensu respondeat" (*ibid.*, p. 22v.).

[41] Sexta continet orationes dicendas super agonizans ab aliquo de assistentium amico caro et fideli" (ANONYMUS, *Tractatus*, cit., p. 172r.).

[42] F. COMPER (a cura di), *The Craft*, cit., p. 40.

[43] *Ibid.*, p. 28. "Quam diu agonizans loquem et usum rationem habere potum sequens dicat obsecracions" (ANONYMUS, *Tractatus*, cit., p. 185r.).

[44] F. COMPER (a cura di), *The Craft*, cit., p. 31. "Et autem infirmus perdictas obsecraciones non omnes sciat uel ex infirmitates in ualestente dicere non possit dicat eas aliquis de astantibus clare uoce coram illo mutate que sunt mutanda. Ipse tum agonizans quam diu usum racione haberepotuit, oret intra se corde cum desiderio…" (ANONYMUS, *Tractatus*, cit., p. 187r.).

[45] J. GERSON, *Opusculum tripartitum*, cit., pp. 21v.-22r.

tations of the Devil and let him be told of all the other dangers of death, since it is better to frighten the dying than flatter him and underestimate the perils of death. Moreover it is useful to sprinkle holy water on the dying and the people surrounding[46]. If death is not hasty and the dying person has time, then some devout histories or prayers should be read before them. These histories and prayers should be such that have pleased him when he still was healthy. Useful would also be to say the commandments of God aloud so that they can think if they have acted against them. In addition to hearing the words of God, it is also important to contemplate God by seeing the crucifix and the pictures of the saints, which the dying venerated[47].

These are all instructions which give practical assignments for people who are accompanying the dying. Unlike in the first chapters of *De arte moriendi*, the helpers of the dying are not useful only in the exceptional cases, when the dying cannot speak for example, but they are seen fundamentally useful and necessary in all circumstances. By executing these given instructions, the present people were doing the best they could for saving the soul of the dying. Nevertheless, it is crucial to point out that all of these instructions could be executed solely by one person. Yet, in order to execute the instructions concerning the last sacraments and the holy water, the presence of a priest was essential. However, there is no evident urge for a large community. When we proceed further in *De arte moriendi*, this observation comes clear: Gerson instructs that friends, wife, children or other temporal things should not be reduced at all unto the mind of the dying, or at most as little as possible if the spiritual health of the dying requires it[48]. This way, Gerson's attitude on the presence of a community could be seen as negative or at least insignificant. The presence of relatives does not give any extra benefit for the salvation of the dying, more likely on the contrary. Gerson does not directly say that family should not be present, nonetheless, the dying should not be reminded of their presence.

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[46] ANONYMUS, *Tractatus*, cit., pp. 189r.-190r.

[47] "Si moriturus prolixum temporis spacium ad suam recollectionem habeat, ut non morte festina preueniatur, legende forent coram eo ab astantibus historie et orationes deuote, in quibus sanus et uiuens amplius delectabatur uel recensenda essent diuina precepta, ut profundius meditetur si quid adversus ea negligenter oblitum deliquerit, uel simil coram eo instructio recitetur… Presentetur infirmo ymago crucifixi uel alterius sancti quem sanus es incolumis specialiter uenerabatur" (J. GERSON, *Opusculum tripartitum*, cit., p. 22v.). These instructions are repeated also in *Tractatus* and *Ars moriendi*.

[48] "Nullatenus aut minime si fieri possit morienti amici carnales, uxor, liberi, uel diuitie ad memoriam reducantur nisi in quantum id exigit patientis spiritualis sanitas" (*ivi*, p. 22r.).

Ericus Nicolai's Swedish translation of *De arte moriendi* mentions in the beginning of the text that after the sacraments, the dying should be left alone with one trusted and faithful friend who executes the instructions[49]. This part is probably adopted from *Ars moriendi*, since it includes practically the same instruction in its epilogue[50].

Compared to the other two texts, *Tractatus* doesn't indicate that the dying should be left alone with one person. The only indication of a trusted friend is the above mentioned introduction of the sixth chapter: the prayers are exhorted to be read by one "*amico caro et fideli*". *Tractatus* repeats, however, Gerson's instruction that family and friends should not be reduced unto the dying's mind[51]. The English translation is interesting: "*When man is in point of death, and hasteth fast to his end, then should no carnal friends, nor wife, nor children, nor riches nor no temporal goods, be reduced unto his mind, neither be communed of before him*"[52]. The part "*and hasteth fast to his end*" might be seen as a reference to sudden death cases. If interpreted thus, it means that The Craft of Dying would leave family out of a sick room only in sudden death cases. Obviously, this addition could also be seen just as eloquence. The Latin version namely omits it.

From the art of dying guidebooks, which I have consulted for this paper, *Tractatus* certainly emphasizes the importance of communality more than others. Unlike Gerson and *Ars moriendi*, *Tractatus* exhorts people to gather around the deathbed. According to *Tractatus*, no man should underestimate the perils of death. People are in such great peril in the moment of death that the entire city should gather around the dying as manner is in some religious houses[53]. *Trac-*

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[49] "... när en människa blir så sjuk att man förstår att den sjukdomen leder till döden, då skall man strax kalla till henne biktfadern, som från henne mottar bikt och avslösning. Sedan skall man ge henne en god trogen och förständig människa, som ständigt skall vara hos den sjuke och ta väl hand om honom och det skall vara en sådan människa som den sjuke brukade ha andligt kärlek till i sin krafts dagar. Ty det är ganska ödesdigert att vara inför hans ögon eller påminna honom om hans rikedomar, hustru och barn eller något som hade ägnat sig åt med stor aktsamhet och i stor kärlek i sin välmakt" (M. HAGBERG (a cura di), *Om konsten att dö*, cit., p. 93).

[50] "Unde nota: ex quo tota salus hominis in fine consistat, sollicite curare debet unusquisque ut sibi de socio uel amico deuoto fideli et ydoneo prouideat qui ei in extremis fideliter assistat ad fidei constantiam, pacientiam, deuotionem, confidentiam et perseuerentiam ipsum incitando, animando ac in agonia orationes deuotas pro eo fideliter dicendo" (J. CAMPBELL, *Ars moriendi*, cit., p. 71).

[51] ANONYMUS, *Tractatus*, cit., p. 190v.

[52] F. COMPER (a cura di), *The Craft*, cit., p. 37.

[53] "... si possibile est tota ciuitas ad morientem auenire deberet festinanter sicut in qui-

tatus refers to a manner which was used in monasteries and convents. When a brother or a nun was dying, a flat board (*tabula*) was struck against a door so that everybody was aware of the situation. This manner is known to be used by the Benedictines, Augustinians and Dominicans[54]. According to Donald Duclow, this part indicates that *Tractatus* sees communal death as an ideal way of dying[55]. This is not, however, as simple as Duclow states it. There is one clear instruction in *Tractatus*, which indicates the opposite to Duclow's opinion: the temptation of avarice. This temptation consists of the temporal things, such as wives, children, friends and worldly riches. In order to avoid this temptation one should put all these temporal things aside, concentrate wholly on Gods mercy and die willfully. Thus, it would be dangerous to argue that *Tractatus* sees ideal death as a communal situation. In *Ars moriendi* Christ's words are used against the temptation of avarice. As Christ said, one could not be his disciple if one did not leave his richness and family[56]. In this way a good death without friends and family is compared to following Christ.

Ars moriendi's pictures depict clearly how relatives were not welcomed to the sickroom. In the temptation of avarice, friends and family are depicted surrounding the deathbed. Two demons are pointing these people and saying: "Prouideas amice" (*Consider your friends*) and another demon points his house and property saying: "Intende thesauro" (*Reach out for your treasure*)[57]. This way the temporal items are used by demons as an attraction to make a man fall into a sin. With the good inspiration of the Angel against avarice, we find an angel is holding a fabric between the dying and the friends. The angel says: "Ne intendas am-

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busdam religionibus mode est ubi statuitur quam infirmus morti appropinquabit tunc oporter ut mox audita tabula quantumque hora omnes fratres ubiadque fuerint omnibus dimissis occupacionibus…" (ANONYMUS, *Tractatus*, cit., p. 191v.).

[54] M.C. O'CONNOR, *The Art*, cit., p. 5.

[55] D. DUCLOW, *Dying Well: The Ars moriendi and the Dormition of the Virgin*, in E. DUBRUCK – B. GUSICK (a cura di), *Death and dying in the Middle Ages*, New York, Peter Lang Publishing, 1999, p. 385.

[56] "(Quinta) temptation que mage seculares atque carnales infestat est nimia occupatio rerum temporalium atque exterior ita uxores, liberos et amicos carnales et diuitias atque ali que in uita sua dilexerunt. Nam que bene et secuer mori voliunt… temporalia et exteriora simpliter atque totaliter postponere…" (ANONYMUS, *Tractatus*, cit., 180r.). "Et omnia temporalia totaliter postpone quorum memoria utique nihil salutis conferre potest sed magnum impedimentum, memor verborum Domini ad eos qui istis adharent: 'Nisi quis renuntiaverit omnibus quam possidet, non potest meus esse discipulus'; et iterum: 'Si quis venit ad me et non odit patrem suum et matrem et uxorem et filios et fratres et sorores, adhuc non potest meus esse discipulus'" (J. CAMPBELL, *Ars moriendi*, cit., p. 65).

[57] *Ivi*, p. 82.

icis" (*Do not reach out for your friends*). Another angel says to the dying: "Non sis avarus" (*Do not be greedy*). A defeated demon on the floor is looking desperately to the dying and says: "Quid faciam" (*What should I do?*)[58]. The temptation of avarice is thus won if temporal things are not reduced unto the mind of the dying.

Conclusion

The late medieval art of dying guides give us an interesting angle to the communality of dying in the Middle Ages. With these sources, we find out exceptionally well that the late medieval theologians saw the presence of friends and family harmful for the dying. Judging by the instructions, the theologians saw it better to concentrate on death with just one trusted friend. This is said clearly in *Ars moriendi* and the Swedish translation of Jean Gerson's *De arte moriendi*. Gerson himself does not say this explicitly, but undoubtedly we find out that he puts no value on the presence of a community. There could be people surrounding the dying, but at the very least their role should be minimized, according to Gerson.

Most difficult to define is the opinion of *Tractatus de arte moriendi*. It repeats the same instruction, which we found from Gerson and *Ars moriendi:* friends and family should be on the dying's mind as little as possible. Also, the temptation of avarice is overcome only by leaving family and friends out of the sickroom. However, its instructions include some parts, which give the people present a participatory role around the deathbed. Moreover, it exhorts all people to visit the dying and help them in their agony. This way, the opinion of *Tractatus* remains somewhat contradicted. It is not possible to conclude that *Tractatus* sees the communal death as an ideal model, as Donald Duclow has stated. However, it would be also an exaggeration to argue that *Tractatus* sees the friends and family as harmful as Gerson and *Ars moriendi*.

Although the art of dying-guides could have been used by priest who attended to the dying, I would emphasize more their importance for the laity. In Gerson's model, his instructions could be executed after the priest had delivered the last sacraments. The family was probably present during the sacraments, as Stina Fallberg Sundmark has pointed out, but then the dying should be left with a trusted friend. Or if the family was still present, their social role was nonexistent. It is essential to note the procedural character of medieval death and dying. Since medieval death and dying consisted of several different stages (the sac-

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[58] *Ibid.*, p. 83.

raments, anselmian questions, exhortations, the actual moment of death, wake and mourning by the deathbed, washing and wrapping the body, going to the church and the burial), the communality of dying could also vary in the different stages of death. According to the art of dying guidebooks, a large group of people were not welcomed during the time between the last sacraments and the actual moment of death. A trusted friend was all that was needed. With further research, it would be possible to concentrate on the communality during the other stages of death. Although we cannot say how people reacted to these instructions, their influence on people should not be underestimated. The written words and pictures of the guides, not to mention the sermons influenced by them, reached the eyes and ears of vast majority. It is therefore essential to take these guidebooks into consideration when studying the communal aspect of medieval death. It seems that the communality of medieval death was a versatile concept and therefore it cannot be taken for granted. On the contrary, it needs to be studied more widely in order to avoid the repetition of stereotypical arguments about the communal deathbed scene in the Middle Ages. It seems that the late medieval theologians have seen the ideal death rather as a private than a communal situation.

Fig. 1. The good inspiration of the Angel against avarice; woodcut from the Ars moriendi, by Konrad Kachelofen, Leipzig 1493; (M. Hagberg (ed.), Jean Gersons Ars moriendi. Om konsten att dö, Värnamo, Fälth & Hässler, 2009, p. 58).

PUBLICATION

II

Communal Acts in the Process of Death: A Comparison between Nordic and South European 15th-century Hagiographic Material

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Communal Acts in the Process of Death: A Comparison Between Nordic and South European 15th-century Hagiographic Material

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ABSTRACT

This paper analyses communal elements which were essential for a resurrection miracle narrative. The analysis focuses on the comparison between Nordic and South European hagiographic material. In resurrection miracle depositions, five particular acts of death were frequently recorded in order to show that people were sure about the arrival of death and that a person was believed to be cured through a proper miracle. The material suggests that the acts around a dying person were perceived similarly in Scandinavian and South European miracle testimonies. Thus, Scandinavia's remote geographical location, far from the heart of Christianity, had almost no impact on the ways a resurrection miracle narrative was formulated in the late Middle Ages. Even though these acts seem to be hagiographical *topoi*, both the witnesses and the commissioners of canonization processes considered these acts such as fit their perception of a death moment and a miraculous recovery.

Introduction

Medieval hagiographic sources provide narratives of death and dying. The depositions about common people's death moments have been recorded because a surprising turn, which was interpreted as a miracle, allegedly prevented or postponed their death.

For example, the case of a woman named Helena was recorded in 1439 in a Swedish miracle collection, *Miracula defixionis domini*. Helena's case was told to the scribe by her husband Johan at the Dominican church of Stockholm. According to the text, Helena had endured an illness for almost a year and she was dying at home in Uppsala-Näs. Foam came out of her mouth; her eyes rolled around and her limbs became stiff. Accordingly, this made Johan certain that her soul had left her body. The narrative continues, reporting that Johan called in his neighbours to assist him. Together they lifted the dead woman from the bed and placed her on the floor to be prepared for burial. The scribe reported that Johan was terrified because Helena was left without the last sacrament. According to Johan, the reason for this was his neglect. Apparently, Johan had not called in a priest on time. As he had realized that Helena's condition was beyond human help, he kneeled on the floor and prayed for help from the statue of Christ, which was located in the

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Dominican church of Stockholm. He promised to make a pilgrimage there if Helena revived even for a moment so that she could receive the sacrament. As he made an invocation, his neighbours mocked him and said that he was stupid if he believed that a dead person would revive with those prayers. Johan repeated his prayer silently in his heart and raised the shroud with which he had covered the body. Then Helena, who was considered to be dead by everybody present, opened her eyes, got colour on her cheeks and revived.[1]

This paper analyses the communality of death in fifteenth century Swedish and Italian canonization processes and miracle collections. The most famous and widespread examples of death narratives in the hagiographic genre are those of dying saints. These are, however, filled with certain hagiographic *topoi*.[2] Resurrection miracle testimonies recorded in canonization processes and miracle collections provide another manner of approach to medieval death, as Helena's case demonstrates. Therefore resurrection miracle cases serve as sources for this paper.

Previous hagiographic research has already noted the communal character of death in medieval miracle testimonies.[3] However, the communal acts mentioned in the resurrection cases and the ways in which they build a narrative of a communal death moment have not yet been studied systematically. This study builds on these earlier findings but asks exactly how the communality was constructed in the depositions of resurrection miracles. What were the communal elements of death in a resurrection miracle narrative and how did these elements construct the communality of death in this narrative? What differences are there between the Nordic and South European material? And finally, how does this affect our comprehension of the communality of medieval death?

As a background for my analysis of the communality, I use Ferdinand Tönnies' concept of *Gemeinschaft*. Tönnies defined a communal situation as one in which people are gathered together in order to achieve a common goal.[4] In order to achieve a common goal, people must have an experience of togetherness. Therefore, another key concept for the analysis is social cohesion. I recognize that the definition of social cohesion has been widely debated in modern sociology and psychology. With the term social cohesion, I refer to a process which reflects a group's tendency to stick together and remain united in the pursuit of its goals and to satisfy the affective needs of its members.[5] With the concept of social cohesion, I will connect the communality of death to a wider discussion of social relations and cohesiveness in a medieval society.

As everyone was equal in front of death, dying was one of the rare things which brought disorder into the divinely ordained hierarchy of medieval society. Acts and rituals were means of balancing a community's[6] mental stability as it was losing one of its members.[7] Thus, the analysis of rituals and acts of death has wider relevance, as it reveals how social cohesion was reinforced when a community was losing one of its members.

By comparing Nordic and South European material I will investigate geographical differences and similarities between miracle testimonies recorded in these regions. These areas were the geographic extremes of Christendom; Italy was the most urbanized region in medieval Europe, whereas Sweden was scarcely populated and geographically distant from the heart of Christendom. Distances between habitations were longer in Sweden; weather was warmer in Italy; culture in general was more literal in Italy, and university-taught physicians were in attendance there, unlike in Sweden. Still, what united both these regions was the Catholic faith. The same doctrines and ideals were preached in

both regions. The cult of saints was as strong in Scandinavia as in the south of Europe.[8] Also, the culture of death united Europe. *Ars moriendi* – guidebooks, little manuals on how to die well – circulated all over Europe during the fifteenth century, making the ideal death known to all Christians.[9] This shared background enables the comparison of such different geographical areas and even makes it fruitful. The geographical differences give a possibility to see what was common in the attitudes towards death regardless of the surrounding situation and what was particular to Northern or Southern Europe.

The decision to set the fifteenth century as the time frame is based on the importance that death and dying gained in Europe during this time. After the demographic catastrophe of the mid-fourteenth century, macabre themes – including *danse macabre* paintings, *ars moriendi* guidebooks as well as *memento mori* and *vanitas* motifs – pervaded European culture; such themes were most of all by-products of the high mortality.[10] I link my study to this context. The basis for my analysis is the presumption that the concentration on death, which the church promoted, penetrated European society so thoroughly in the fifteenth century that people of different ranks knew which acts and rituals they were expected to perform at the moment of death.

Resurrection miracles in Swedish and Italian hagiographic material

Within the above-mentioned geographical and temporal limitations, I have defined the hagiographic sources for this paper. The Italian material consists of the canonization processes of Bernardino of Siena[11] and Santa Francesca Romana.[12] For the Swedish material I have consulted the canonization processes of Nils Hermansson of Linköping, Brynolf Algotsson of Skara[13] and Catherine of Vadstena, as well as miracle collections *Vita Katherine*[14] and *Miracula defixionis domini*.[15] These sources include several fruitful resurrection cases for the analysis and are therefore selected to be scrutinized in this paper.

From the sources I have selected the miracles in which a person was considered to be dead, dying, approaching death or nearly dead. The amount of resurrection cases varies between different sources; in the canonization process of Bernardino of Siena the percentage is 17% whereas in *Vita Katherine* the percentage is 44%. In total, the abovementioned sources include 155 resurrection cases. No previous study has analysed resurrection miracles with such a large corpus as will be done here.[16] Therefore, this study makes a contribution to the research on late medieval death and the study of miracle depositions.

Even though the moment of death in the Middle Ages has generally been considered to be a communal occasion,[17] this paper is not taking a stand on what was actually happening inside the sickroom in particular cases. This is due to the nature of the sources.[18] Written testimonies recorded in canonization hearings are not straightforward descriptions of historical events. First of all, it is necessary to take into consideration the reconstructive nature of human memory. The information based on witnesses' autobiographical memory may be highly constructed through frequent retelling and by giving meaning to memories.[19] Witnesses gave priority to communal memory at the expense of their personal memory.[20] As the experience was retold and reminisced about with other people, a communal memory of an event was formed. Also, memories were fitted to the commonly known pattern of a miracle story. At the hearing, the commissioners' questioning formula shaped and unified the final written version.[21] This way certain aspects became essential elements of miracle depositions.

Secondly, the written records are not verbatim reproductions of the discussion held at the hearing.[22] When the testimonies are written down in a hearing, the processes of abstraction and selection change the words once spoken by deponents so that we do not hear the authentic *viva voce* of witnesses.[23] The depositions have been translated from the vernacular into Latin, edited, and dissected by inquisitors and notaries to put them into the form of a legal text and miracle narrative.[24] Hence, the written records are transformed documentations of oral testimonies which were subject to communal memory.

Still, the existing records are an outcome of negotiation among commissioners, notaries and witnesses. They illuminate the elements deemed essential in the process of death in this specific context – that is, resurrection miracles. Thus, even though the existing records are a result of the formation of collective memory, interrogation, translation and recording, the narrative level of depositions is that of witnesses and corresponds to their interpretation of a miraculous event. Also, sometimes testimonies of the same case present a delightful variety of details, which gives an opportunity to detect 'unrehearsed diversions from the standard miracle script'.[25] Therefore, even if we do not reach the historical event or the actual words of deponents, we are able to analyse the mentalities of lay people and the ways they perceived a miraculous resurrection from death as well as the preceding chain of events.

Unlike miracle collections, canonization processes are judicial documents following legal norms, and therefore certain elements had to be included in each testimony. To testify to a miracle in a canonization process was not possible without giving information about the surrounding circumstances and the people present.[26] In 1234 canonization came under papal control. Canonization was regarded as a *causa maior*, which meant that only a pope could make the final decision on the canonization. As a consequence, hearing and recording of witnesses' testimonies had to be done according to the requirements of the *ordo iudicarius*, the Roman-Canonical procedure.[27] Notaries gave a miracle the final credibility when they wrote it down as an *instrumentum publicum*. They recorded the acts in the form of juridical documents and thus made processes authentic and public.[28] Because of the regulations of the procedure, depositions have provided important material for historians.[29]

Regarding the North-South comparison, it is important to note that there are significant differences in informativeness and composition of the depositions between different processes.[30] In Italian cases there are often multiple witnesses, whereas in Swedish processes, witnesses are usually fewer and depositions briefer. In the first hearing of Santa Francesca Romana's process, like in some Swedish cases, the recorded narrative is a synthesis of several testimonies, which obscures the personal information of deponents. Still, even such cases as are more heavily influenced by the clerical recording process had to correspond with the general opinion on what elements were deemed essential for a resurrection miracle and a death moment. Therefore, in the context of resurrection miracles, the testimonies reveal to us what acts in the medieval death chamber were considered to be important for a miracle narrative.

Miracle collections were not judicially as regulated as the processes. Whereas the interrogations of canonization processes were carried out in the manner of a trial, miracle collections were composed in a more liberal way. Anders Fröjmark has proposed that most of the Swedish miracle narratives recorded in collections have been written down in Latin by the scribes simultaneously with the narrative being spoken aloud to them in Swedish. Some information included in miracle collections could be suppressed in canonization

hearings if it was not relevant for the miracle narrative. Consequently the narratives of miracle collections are sometimes written in a more descriptive style than those in the canonization processes.[31] Even though miracle collections were usually recorded with an eye to the possible canonization process,[32] narratives can also be very brief and simple, sometimes even without basic information of a *miraculé*.[33] The basic difference between the two miracle collections used in this paper is the fact that the miracles of *Miracula defixionis domini* were recorded chronologically at the shrine, whereas *Vita Katherine* demonstrates a selection from a larger miracle collection campaign. This selectivity most likely explains the high percentage of resurrection miracles in *Vita Katherine*.

Unlike in the twelfth- and thirteenth-century English and French resurrection miracles which Didier Lett has studied,[34] in the fifteenth century Italian and Swedish hagiographic material resurrection is not a privilege for an infant or for children in general (see Table 1). In 155 resurrection cases of this article, 68 adults are recovering from death (43%). In the resurrection cases of Santa Francesca Romana the percentage of adults is as high as 62%. If we ignore Francesca's process, the percentage of resurrected adults decreases, but even still, resurrections of children between three and fifteen years are only slightly more frequent than those of adults. In the fifteenth century infants are no longer the champions of resurrection miracles.[35]

Communal acts of death

Helena's resurrection case presented in the beginning of this paper includes five different elements which could be labelled as communal acts of death: praying for a saint's help, desire for the last sacrament, recognition of the arrival of death, preparation for burial, and asking help outside the home. These five themes are frequently mentioned in other cases as well, as is evident from Table 2.

The five above-mentioned acts are also essential elements of the medieval process of death. With the *process of death* I refer to the procedural character of dying. Medieval

Table 1. Gender and age of resurrected people.

Canonization process/miracle collection	Amount of miracles	Amount of resurrection miracles	Gender of resurrected people	Amount of resurrected infants (0–2 years)	Amount of resurrected children (3–15 years)	Amount of resurrected adults
Bernardino of Siena	162	28	16 male 12 female	8	11	9
Santa Francesca Romana	199	42	18 male 24 female	5	11	26
Nils Hermansson	66	14	10 male 4 female	4	5	5
Brynolf Algotsson	32	6	2 male 3 female	1	3	2
Catherine of Vadstena	61	18	11 male 6 female	5	8	5
Vita Katherine	68	30	19 male 11 female	3	13	14
Miracula defixionis domini	87	17	10 male 12 female	6	6	7
Total	675	155	86 male 72 female	32	57	68

Table 2. The selected acts of death in Swedish and Italian fifteenth century resurrection miracles.

Canonization process/miracle collection	Amount of miracles	Amount of resurrection miracles	Collective invocation	Signs of death/the confirmation on the arrival of death	The last sacrament	Preparation for burial	Visitation outside the house during a death moment
Bernardino of Siena	162	28	10	17	4	5	4
Santa Francesca Romana	199	42	7	9	10	3	15
Nils Hermansson	66	14	7	4	0	1	1
Brynolf Algotsson	32	6	5	3	0	0	0
Catherine of Vadstena	61	18	15	7	2	5	2
Vita Katherine	68	30	25	8	5	2	1
Miracula defixionis domini	87	17	11	8	3	6	2
Total	675	155	80	56	24	22	25

dying consisted of different stages before and after the actual moment of death. The purpose of the stages was to guarantee an appropriate transition into the afterlife.

From their nature these five acts required some kind of cooperation or negotiation between people. Therefore, the necessity of interaction enables the analysis of communality through these acts. These are also very concrete acts, in which people had to do or say something clearly recognizable. The performance of small gestures or body language would be difficult to analyse through these sources.[36] As a result, this paper analyses precisely these five acts of death and follows the structure of Helena's miracle narrative recorded at the Dominican church of Stockholm in 1439.[37]

Praying around a dying person

Each miracle narrative must include an invocation and a *votum* addressed to the divine. The making of an invocation had several meanings as a performed act. First of all, it was a devotional act, a starting point for a miraculous event. In the context of a canonization process, it was a judicially meaningful act as it proved that legitimate means were used in interaction.[38] It was also a communal act because an invocation must have preceded some kind of negotiation between people who were present, and it could be performed together.

In the example case of this paper, Johan and his neighbours are recorded to have had different opinions on whether to do an invocation or not. Johan was the only one who saw it reasonable to pray for help.[39] In miracle narratives this kind of recording emphasizes the devotion of the one who made the invocation despite the rejection of others. To stress one's own role in the making of an invocation may have been a way to emphasize one's close relationship with divine.[40]

Even though Johan is reported to pray alone, not with his companions, his example is otherwise a typical recording of an invocation. He kneeled on the floor, prayed for help and promised to make a pilgrimage to Stockholm. Both in Italian and Swedish sources an invocation was recorded as the final attempt to heal the dying. It was a way to indicate that nothing but a miracle could have saved the dying. Sometimes an invocation around the dying was accompanied or preceded by *Ave Maria* and *Paternoster*.[41] Also, in some resurrection cases both in Sweden and in Italy, an invocation was recorded as a direct quotation, emphasizing its importance. Considering the place where an invocation was made,

resurrection miracles are so-called distance or invocation miracles. The invocation is made at home or in a public place. Although portable relics were used, resurrection is not prayed for at saint's shrine, unlike many other miracles.[42]

The resurrection case of Victoria Colonna is a good example of a communal invocation. It has been recorded in the canonization process of Bernardino of Siena. Victoria was said to be accompanied by three women when she was unconscious and approaching death in her house in Rome in April 1446.[43] Two of the women present, Violante and Sveva, were Victoria's granddaughters, and the third was a noblewoman called Ludovicha de Gabrielibus de Augubio.[44] It has been recorded that the crying women made a *votum* on behalf of Victoria. If Victoria was saved from death, she would personally visit Bernardino's shrine in Aquila and in gratitude bring there a candle as long as herself.[45] Since Victoria could not do the invocation herself, the women who were taking care of her had to do it.

As in Victoria's case, in most of the resurrection cases, the negotiation or decision-making before the invocation has not been explicitly recorded. However, sometimes the topic is mentioned if it serves the purpose of a miracle narrative, especially if other saints were put to a test. For example, in the canonization process of Bernardino of Siena there are three resurrection cases in which an invocation was made first in vain to other saints. Finally, a person is resurrected through a miracle, which was credited to Bernardino. This kind of recording emphasizes the role of the putative saint, as only he could help these people. Thus, even though rarely recorded explicitly, negotiation and decision-making had an importance in a resurrection narrative. People had to decide which saint would be prayed to, what kind of words would be used and what kind of votive gift would be promised.

In Scandinavia there was a particular custom to draw lots on which saint a vow should be made to.[46] For example, in 1422 in the village of Hedemora in the diocese of Västerås, Anders Petersson and his wife Valborg are reported to have already buried four sons who had died of plague. Their youngest son Peter was allegedly also dying as the parents saw the signs of death on the boy's body. They prayed to God, but they doubted where they should make a pilgrimage. They decided to follow the custom, and lots were drawn three times by five laymen. The narrative concludes by stating that the lots indicated that they should visit the statue of Christ in the Dominican church of Stockholm and then Peter reportedly started to heal.[47]

The Swedish custom of drawing lots increased the communal aspect of an invocation. Five laymen were collected to perform the lottery, which meant that the situation was brought to a wider knowledge. The performed act was crucial for the family, since it helped them to find out whether there was still hope for recovery or if they should proceed in the process of death. What remains obscure in the narrative is how those who drew the lots were selected. What were the reasons which led the family to ask precisely these men to help them in the decision-making? Perhaps they were known as trustworthy and honourable men and thus fit for the task.

Similarly, in certain cases of Santa Francesca Romana's process it has been recorded that some women were asked to visit the deathbed scene before the invocation was made. For example, when friends and family were reported to gather around the dying Jacobus Clarelli in 1448, Jacobus' parents called in a woman named Jacobella, who belonged to Francesca's congregation. In Jacobella's testimony, it is recorded that she was called in in the middle of the night.[48] According to the source, also Agnes Pauli Lelli was present. Agnes was the leader of Francesca's congregation. In the process, she is recorded to have frequently visited

the sick across the city and urged people to pray for Francesca's help.[49] In this case, Agnes's testimony is recorded very briefly: ' … *presens fuit et a medicis audivit quod mortuus erat*'. She was present and heard from a doctor that Jacobus was dead. Hence, her testimony's importance is in validating what was said before. She verifies that a miracle occurred. Clearly, for the commissioners the presence of these two women has given credibility for the narrative, as if an invocation would be more likely successful if they were present.

After a successful invocation, an essential part of a miracle narrative was to tell other people what had happened and reminisce about it together.[50] A shared experience of a miracle and a strong local cult created a sense of belonging and togetherness.[51] In the previous case it was Gentilesca, Jacobus' sister, who started to make the miracle public the next day.[52] After his healing, Jacobus also promoted Francesca's cult and emphasized the importance of the event in his life, as he had Francesca's picture painted in his room.[53] As time went on, certain elements became essential for the narration, and others may have been forgotten, for the participants to comprehend the chain of events as a miracle. The interaction between those who had experienced the miracle shaped their individual memories of the event as they formed a collective memory.[54]

The last sacrament

In the Middle Ages a successful entry into the afterlife was done through rites of passage. The rites of death consisted of the last sacrament, funeral, burial and the annual remembrance of the dead. The last sacrament included confession, communion and extreme unction. These acts were performed in order to make sure that the deceased left the world of the living in the correct way.

As Helena's case demonstrates, the importance of rituals is clearly evident in the resurrection miracles. Helena did not receive the last sacrament, which caused immense sorrow for her husband. Properly performed rituals were a requirement for a good Christian death; they made the salvation of the soul possible. In the Swedish material the last sacrament appears mostly through the failure of its delivery. In these cases complete healing of the dying was not always the goal of an invocation. Sometimes it was enough to ask help in postponing the death until the sacrament was delivered.

The rituals of death were generally considered important for the community. It has been suggested that the dead were regarded as ritually impure. Therefore they were ritualistically cleansed and made ready for the afterlife.[55] According to David Kertzer, rituals in general had an important role on a community's solidarity: '*It is by uttering the same cry, pronouncing the same word or performing the same gesture in regard to some object that [people] become and feel themselves to be in unison*'.[56] Hence, with rituals a community can express and strengthen social cohesion. Rituals also stabilized a community after a crisis such as death. They were a form of social control, as Emile Durkheim has suggested.[57] Therefore, medieval rituals of death were not made solely for the departed but even more for those who were left behind. If the rituals were not performed, it left a community violated. Helena's miracle narrative supports this perception.

Clergy's responsibility was to deliver the last sacrament, but the people present had to determine when it should be given to the dying. In this way the communal character of the last sacrament is apparent in resurrection miracles. People had to be aware when a person's

condition was such that a priest should be called in. If the loved ones failed to do this, a dying person passed away without the sacrament. The decision on when to give the last ointment could be done together by all the people present but also singly by a priest[58] or a doctor.[59]

The recording of the delivery or the desire to receive the last sacrament is mentioned more often in Italian cases than in those of Swedish. The sacrament is mentioned in 12% of the Swedish cases. In the canonization processes of Brynolf Algotsson and Nicolaus of Linköping there are no mentions of it. In *Vita Katherine* the sacrament is mentioned five times, in the canonization process of Catherine of Vadstena two times and in *Miracula defixionis domini* three times. The last sacrament is mentioned in 20% of the Italian cases. In the canonization process of Bernardino of Siena it is mentioned in four cases and in Francesca's process, ten cases. Consequently, the material suggests that in Italy priests had better attendance at the deathbed. This is not surprising, considering the long distances in Sweden and the strong clerical culture in Italy.

Still, the miracle depositions imply that not even in Rome could one trust in having the last sacrament whenever needed. When Santa Francesca Romana was still alive, a certain old woman named Caterina was thought to be dying. Francesca prayed for God not to take Caterina yet because the vicar was not in the city.[60] Only a priest was allowed to deliver the sacraments, so his presence was required. However, the vicar did not reach Caterina in time. After five days, Francesca began to recite a litany and other sisters responded to her.[61] After this, Francesca reportedly made a sign of the cross and told Caterina to die in peace.[62] This case demonstrates how the absence of a priest caused similar feelings of despair both in Italian and in Swedish narratives. Delivering the sacrament was the one thing in which a community could not replace the priest's role around the deathbed.

Even if a priest was available at the deathbed, his presence was not solely sufficient for the delivery of the last sacrament; he needed certain items to perform a rite. In a Swedish case recorded in *Vita Katherine*, Olov Magnusson was celebrating the birth of his child at his house in 1473 in the village of Styra. According to the narrative, he was struck by a sudden illness and was considered to be dying. A vicar who was also taking part in the feast received Olov's confession. Then Olov's wife and brother asked the vicar to go to the church and collect sacramental objects. Because Olov was nearly dead and there was not much time left, the priest initially refused to collect the objects. However, eventually he left and returned on time to deliver the sacrament.[63]

What stands out in this example is Olov's brother's and wife's demand on the vicar to collect the necessary items. This demonstrates the recording of the negotiation between next of kin and a priest during an emergency. The importance of the case is in noticing that despite their initial dispute, people are recorded as having found an agreement. Even though the priest first refused, he eventually agreed to comply. The goal of the family's persuasion was to guarantee the salvation of Olov's soul. The usage of sacred objects was a requirement for a proper rite. With them a deathbed scene turned into a Mass-like situation; a private house became a sacred space.[64] The last sacrament was also a way to unite earthly and heavenly communities. As Christ's body was sacramentally present through the Host, the community around the dying did not consist anymore of only the people physically present, but rather it was believed to reach a transcendental level. The invisible church joined the last moments of the dying.

Investigating the signs of death

Ascertaining the need for divine help was a crucial element in canonization inquiries; therefore, signs of death were often recorded meticulously. These were outer signs on a person's body which indicated that someone's life had ended or was about to end. In our example case, Johan was certain that Helena was dead because foam came out of her mouth, her eyes rolled around and her limbs became stiff. He also mentioned that everybody present had judged her to be dead. The resuscitation was similarly marked by certain signs. Helena is recorded to have gotten colour in her cheeks and opened her eyes as she revived. The recording of the appearance of signs of life was a way to indicate that these features were absent before the resurrection. In the testimonies the same signs were recorded correspondingly to indicate either the arrival of death or the resuscitation.[65] They were both recorded in order to demonstrate that a person had been believed to be truly dead.

In addition to the fact that people needed to be sure when to start preparing the funeral, consensus among the people present was something which witnesses in the canonization processes could use to argue that a miracle had occurred. In order to prove that they had witnessed a true miracle, they had to convince the commissioners that the person had been confirmed dead. A relevant argument was that he or she was thought to be dead by everybody.

The communal declaration of the arrival of death or the signs of death are mentioned as often in Sweden as in Italy; they are recorded in about 37% of Italian cases and in about 36% of Swedish cases. Of course, the recording of the signs is slightly different from each source. In the six death cases of the canonization process of Brynolf Algotsson, there are no mentions of the actual signs but the communal declaration of death is mentioned three times. In the canonization process of Nils Hermansson, they are mentioned in four out of 14 cases, and in the canonization process of Catherine of Vadstena, seven out of 18 cases. In *Vita Katherine* the observation of the arrival of death is mentioned in eight out of 30 cases. In *Miracula Defixionis Domini* the scribe mentions it in eight out of 17 cases, and occasionally the signs have been written down quite elaborately.[66] In Italian material the signs of death are more evident in Bernardino's process than in Francesca's; they are recorded in 17 cases in Bernardino's process and in nine cases in Francesca's process.

A major difference between Italian and Swedish material is the presence of medical experts. Christian Krötzl has observed that the decision about the arrival of death was usually made by all the people present in Scandinavian hagiographic material.[67] Physicians and other medical specialists have an important role in determining death in fifteenth century Italian hagiographic material.[68] Thus, if the surrounding people did not make a communal decision about the arrival of death, the decision was recorded as being made by an expert who knew the limits of life and death.[69] In the Swedish material doctors do not appear around a deathbed.[70]

Generally the signs of death are recorded more often in the cases of children than in those of adults. Still, rather than emphasizing the difference between children and adults, a more significant difference is evident in the detail of recording the signs between different processes. In the canonization process of Bernardino of Siena, the signs of death stand out as an important part of a resurrection miracle. This is due to the precision of detail in questioning and recording of miracles. In Bernardino's process it was

frequently asked how a witness knew that a person was truly dead. For example, in the case of three-year-old Valentina, her mother was asked how she knew that the girl was dead. In response, she gave the commissioners a list of signs. Next she was asked how she was aware of these signs. She reportedly said that she had seen them and palpated the girl's body.[71] Thus, investigating the signs of death could have been done by looking at the body, but touching of the corpse was also needed. Some signs were evident for everybody who saw the dying person, but some could be confirmed only by touching the person. The commissioners were interested in these investigations; sometimes they specifically asked about them.[72] Hence, to investigate the arrival of death required active participation from the people present.

In order to convince the commissioners about the arrival of death, people testified about the communal agreement as well as the visual and manual investigations. The recording of these elements in a resurrection miracle narrative indicates a community's ability to work together. Communal decision-making about the arriving death, especially, could be seen as a manifestation of the community's cohesion. After a consensus was obtained, people are recorded as starting to prepare the deceased for a burial, ergo proceeding in the process of death.

Preparing the burial

In the miracle testimonies the case never comes to a point where a deceased person would actually be buried. However, as in Helena's case, the community could do preparatory acts for burial. According to the miracle narrative, Johan called in his neighbours, who lifted Helena onto the floor. Then, Johan wrapped the body in linen. This kind of preparation of the deceased is also depicted in the books of hours.[73] Didier Lett has demonstrated that resurrection miracles sometimes give details of parents' obstinacy in resisting the proceeding of funeral rites for their dead child.[74] Such resistance of burial is not visible in the material used in this paper. Even Johan repeated his invocation silently without questioning the proceeding in the process of death.

In the miracle testimonies, preparations for burial are recorded more seldom than the other four acts analysed here. In the Swedish material they are mentioned in total of 14 cases. These are almost all similar to Johan's case; the dead person is lifted onto the floor and wrapped in linen.[75] Instead of lifting the body onto the floor, in one case a deceased person is placed on a bench or a board (*banchum*).[76] In another Swedish case a dead boy was carried into a sauna where the parents considered wrapping the boy in linen.[77] In one Swedish case the place of burial is considered.[78]

In Italian material preparations are mentioned in only eight cases. In the canonization process of Santa Francesca Romana, preparations are recorded in three cases. In each case it is simply mentioned that the family started to prepare or considered the burial.[79] In the canonization process of Bernardino of Siena a corpse is lifted onto the floor in two cases. These are both resurrection miracles of new-born children.[80] In addition, there are three other cases in which the preparation for burial is mentioned in another way. These are cases of children who died after a disease. In one case women are simply mentioned to be preparing a child for burial.[81] In another case the father of a deceased child left the house, went to a church to organize the burial and had a grave dug for the child.[82] In the third case parents started to clean or organize (*innudare*) their house for the upcoming funeral.[83]

Wrapping the dead in linen, placing him or her on the floor, cleaning a house and going to the church to have a grave dug were physical acts, which were reported again in order to prove that a community was ready to proceed in the process of death. Just like the last sacrament, burial was a rite of passage; hence the preparatory acts were done in order to make sure that the transition to afterlife happened as well as possible. Preparations were not ritualistic acts per se but they were imperative in order that the rituals of funeral and burial could take place. As death had violated a community, its members had to start to create stability. Only after the deceased was buried and successfully sent into afterlife could a community regain 'normality'.[84] In the miracle testimonies the recording of burial preparations is an indication of communities' pursuits of this 'normality' after the loss of a loved one. The preparatory acts were done both for the benefit of the deceased's soul and for the well-being of a community.

Communality outside the sickroom

In the testimonies of resurrection miracles, communal acts of death are not only performed inside the house of the dying. Johan, for example, left Helena alone and went to the neighbouring house when he believed that she had died. Johan informed the neighbours about the death and requested for their assistance. As there was no other way to inform the neighbours, he had to leave the dead body and exit the house.

Leaving a dead or a dying person alone and visiting other persons is evident especially in the miracle testimonies of Santa Francesca Romana's process. These are the cases in which portable relics were used. In Francesca's canonization process 17 resurrections are recorded as having occurred through a relic. Relics are not used around the dead in the Swedish material. In Bernardino's process resurrection is caused only twice by a relic.[85] After Francesca's death, her clothes and burial sheets were wanted collectables.[86] Women who belonged to Francesca's congregation, especially, had these relics in their possession. For example, when a boy named Julianus was dying, his mother Caterina came to think of her sister Angilella who had known Francesca. Caterina went to see Angilella and asked if she had any clothes or other things which had belonged to Francesca. Angilella indeed had a cloth which had belonged to Francesca, and she gave it to her sister.[87] Just like Johan in Sweden, Caterina is recorded to have sought assistance outside the house and thus made the occasion known more publicly.[88]

The women of Tor de' Specchi are depicted as ready to encounter mourning people and help them in the way they could. Nicole Archambeau calls people who distributed or brought a relic to the presence of a sick person miracle mediators.[89] When miracle mediators gave or brought relics to the proximity of a dying person, they performed a devotional and communal act comparable to encouraging making an invocation to a certain saint.[90] They were bringing hope inside the sickroom. Distribution of relics united people as they were combining their efforts in trying to heal the sick. As a dying or dead person could not travel to a shrine of a saint, sometimes portable relics were a solution, which a community could provide for the dying.

Nicole Archambeau has demonstrated that in the fourteenth-century Provencal canonization inquests, convents 'provide[d] a network that distributed information about ill people and relics'.[91] Similarly Tor de' Specchi was a place where an interaction between mourning kin and oblate women happened. The women of the congregation are

recorded to have found crying and lamenting people on their doorstep.[92] The sisters had to be emotionally ready to encounter them with compassion and charity. As their help was requested, they became part of the 'community of dying', as I propose that this kind of communality could be called. This community consisted of those who were taking care of the dying. In these cases two different small-scale communities overlapped: that of the dying family and that of Tor de' Specchi. According to nineteenth-century sociologist Georg Simmel, communities should be understood as overlapping circles which meet one another at points of common interests.[93] In these cases, this analogy seems appropriate. In addition to pure *caritas*, distribution of relics was a way to promote Francesca's cult and thus also a way to strengthen the congregation's influence in Rome.

In the canonization process of Bernardino of Siena, John Capistran[94] seems to have acted as a miracle mediator. He was a devout follower and a friend of Bernardino. John had the main role in promoting Bernardino's cult and collecting witnesses for the inquiries. The process includes one resurrection case, in which his help was requested. According to the source, this happened in Siena, where a woman named Anthonia had already received the last sacrament. As her own invocation to the blessed Bernardino did not result in healing, she sent her mother and a woman named Catherina to see John Capistran and to ask him to pray on her behalf. It was believed that some people had closer relationships with saints than others, and therefore their invocations were considered to be especially powerful. When the women had finished visiting him and were climbing the stairs back at her house, Anthonia felt that all the pain vanished from her body.[95] Capistran used to carry Bernardino's garment and other relics with him, so his role as a miracle mediator is very similar to the followers of Santa Francesca Romana.[96] Here, however, he is recorded to have provided help with prayers, not with relics.

In Swedish cases one also finds traces of miracle mediators. Among the miracles of Nils Hermansson there is a case which is identical to the previous case of John Capistran. When a seven-year old boy was dying in Vadstena, his mother left him alone and went to ask a certain pious woman to pray for Nils's help. When she returned home, she found the boy cured.[97] Hence, in Vadstena, which was a religious centre in Sweden, one could find people whose help was requested at the moment of crisis exactly the same way as in Italy.

The sources give an impression that the miracle mediators were cornerstones of their communities. When people could not find help anywhere else, they turned to these people. Walls of a house did not form a social barrier between the actors, but the actions performed out in the city could be as important as those performed in the immediate vicinity of a dying person. This shows that the 'community of dying' was not restricted to the house where the dying person lay but could spread across the city.

Conclusions

In Swedish and Italian resurrection miracle depositions, the five acts of death presented in this paper were recorded in order to show that people were sure about the arrival of death and that a person was believed to be cured through a proper miracle. The performance of the acts and an agreement to proceed to the next step in the process of death were essential parts of a resurrection narrative. They were a way to validate a miracle. Therefore these acts were recorded but others, like the dictation of a testament, were not.

Since the acts of death were repeatedly mentioned in depositions and they had a clear purpose in a miracle narrative, it is possible to conclude that there existed a consensus between the witnesses and the commissioners that these themes belonged in resurrection miracle narratives. Thus, like the narratives of saints' deaths, the elements of resurrection miracles could also be regarded as hagiographic *topoi*. However, certain details in the testimonies suggest that they also reflect the real-life experiences of the witnesses. For example, mentioning that a deceased person was prepared for a burial seems to be a hagiographic *topos*, but when it is recorded that the deceased was carried into a sauna for the preparations, this *topos* is linked with people's everyday lives and specific cultural context. Similarly, when it is mentioned that people started to clean their house for the upcoming funeral, the experiences of daily life are blended into a hagiographic *topos*. These are features of people's experiences which have passed through the filter of commissioners and notaries. One finds similar details concerning different acts. For example, the delivery of or the desire for the last sacrament seems to be a typical subject in a miracle narrative. Still, the discussion about the missing sacramental objects is an example of the obstacles which the surrounded people might have encountered around a deathbed. Also, to mention that a person was considered to be dead by everybody present is a clear *topos* in this context. However, long lists of different signs of death reflect what witnesses thought they had seen and felt around a deathbed, or at least what they imagined they *could* have seen. Thus, I argue that the anomalies from the regular formulations point out the importance of these acts for medieval people. Even though we do not know what in reality happened in individual cases, we see that both the witnesses and the commissioners considered it possible that these communal acts might have taken place around a deathbed. They fit into their perception of a death moment.

The evidence from hagiographic sources suggests that the acts around a dying person were perceived similarly in Scandinavia and in South Europe. As shown in Table 2, the same acts of death were recorded in Swedish and Italian material. This leads to two different conclusions. Firstly, there was an understanding of what elements constituted a resurrection narrative. This understanding was shared in Italy and in Sweden both by the commissioners and the witnesses. Secondly, the process of death seems to be comparatively similar in late medieval Christendom. Therefore there are no major differences in the acts of death mentioned in Italian and Swedish miracle narratives. The most evident geographical differences are predictable: the appearance of doctors and priests around the dying is more frequent in Italian cases. Also, relics were distributed in Italy unlike in Sweden. Leaving these practical differences aside, Scandinavia's remote geographical location, far from the heart of Christianity, had no impact on attitudes towards the process of death in a resurrection miracle narrative. The Swedish case of the dying Helena serves well as a model of a resurrection narrative.

One significant finding to emerge from this analysis is the concept of the 'community of dying'. Whether it was the making of an invocation, observing the signs of death, delivering the last sacrament, preparing the burial, or providing relics, people were recorded to cooperate, negotiate and make decisions together. These were the ways to construct the communality of death. People involved might have had a common goal, which was the recovery of a dying person or the salvation of the soul. However, they may have also had differing motives for their actions. In miracle narratives some people are clearly spreading a saint's cult, in addition to helping their fellow citizens. Therefore,

rather than speaking of one *Gemeinschaft* with one united goal and motive, in some cases Georg Simmel's theory of different overlapping communities seems appropriate. As two small-scale communities met each other – let us say family members of a dying person asked help from people belonging to a religious order – they formed the 'community of dying'. Even though they may not have been in regular interaction otherwise, at this moment, people united.

Notes

1. Lundén,"Miracula Defixionis Domini," 70–72.
2. On topical elements of medieval saints" death see Goodich, "Death of a Saint". On saints" lives as a literature genre see Gray and Corke-Webster, *The Hagiographic Experiment*.
3. Katajala-Peltomaa, "Rituals and Reputation," 315–31; Katajala-Peltomaa, *Gender, Miracles, and Daily Life*, 129–31; Lett, "Dire la mort," 148–49; and Krötzl, *Pilger, Mirakel und Alltag*, 258–64.
4. Tönnies" definition of communality has been widely used over the decades. For example, historians Karen Spierling and Michael Halvorson followed Tönnies" *Gemeinschaft* as they defined early modern community as '*a group of people who perceived themselves as having common interests and, thus, a common identity or self-understanding*". Spierling and Halvarsson, "Introduction," 2.
5. Carron and Brawley, "Cohesion," 94.
6. I use the concept "community' in a small-scale sense.
7. Ojala, "Urban Funeral Practices', 159; and Katajala-Peltomaa, "Rituals and Reputation', 315–31. See also Strocchia, *Death and Ritual*.
8. On Scandinavia's central role on the development of the cult of saints see Krötzl, "Hagiographica Septentrionalia'.
9. The first known Swedish manuscript of Jean Gerson"s *De arte bene moriendi* is from the middle of the fifteenth century. The text was originally written in 1408. Fallberg-Sundmark, "Om konsten att dö," 35.
10. On the ways how the Black Death influenced the European art, literature, religious and cultural life see Jost, "Effects of Black Death". On visual culture see also Kinch, *Imago mortis*.
11. Bernardino of Siena (1380–1444) was a friar minor, observant reformer and one of the most famous preachers of his time. Bernardino's canonization process consisted of three inquests, which were held in 1445 and 1447 in L'Aquila and in 1448 in different locations in Central Italy. The cases of the first inquest did not contain any resurrection miracles, which was one of the reasons why the canonization was not successful after the first inquest. In the second and third inquest there are in total 28 cases in which a person was thought to be dead or dying. I have consulted the edition by Letizia Pellegrini, cited as *Il processo*. On the practicalities of the process see for example Pellegrini, "Testifying to Miracles".
12. Santa Francesca Romana, originally Francesca Bussa, (1384–1440) was an aristocratic Roman woman, a wife to a papal troop commander Lorenzo Ponziani, a mystic with a gift of visions and an organizer of charitable services. Francesca founded a religious community of oblate women and the monastery of Tor de" Specchi. Francesca's canonization process consisted of three inquests which were held in Rome in 1440, 1443 and 1451. Characteristic of the process is that two-thirds of the witnesses are women, especially the oblates of Tor de' Specchi. The process includes 42 resurrection cases. I have consulted Placido Lugano's edition of the process, cited as *I processi*. On the practicalities of the process see for example Esch, "I processi medioevali".
13. The canonization processes of Bishops Nils Hermansson of Linköping (1325/26-1391) and Brynolf Algotsson of Skara (c. 1240–1317) were both opened at the Council of Constance in 1416. Nils Hermansson was a friend and a relative of Saint Birgitta and a key figure in her canonization process. From the year 1375 until his death in 1391 he was the bishop of Linköping. Brynolf Algotsson's cult began after Saint Birgitta had a vision about Jesus,

Maria and Brynolf together. On Nils's process I have consulted an edition by Tryggve Lundén, cited as *Sankt Nikolaus*. Of the 66 miracles included in *Sankt Nikolaus* 14 are resurrection cases. On Brynolf's miracles I have consulted a translation by Sven Blomgren. Of the 32 *post mortem* miracles attributed to Brynolf, six are resurrection cases. On the practicalities of Nils's and Brynolf's processes see Krötzl, *Pilger, Mirakel und Alltag*, 87–91; Fröjmark, *Mirakler och Helgonkult*, 44–49; Fröjmark, "The Canonization Process of Brynolf Algotsson".

14. Blessed Catherine of Vadstena (1331/32-1381) was a daughter of Saint Birgitta. After Birgitta's death Catherine had an important role on building Birgitta's cult and Birgittine Order. Catherine's own cult began to form from the 1420's onwards. In 1469 Henrik Tidemansson, the bishop of Linköping, found a commission to collect Catherine's miracles. The collection, called *Vita Katherine*, includes 68 miracles in total and 30 of them are resurrection cases. In 1474 Pope Sixtus IV appointed three cardinals to investigate the miracles of Catherine and the *inquisitio in partibus* was held in Vadstena in 1475 and 1477. In these processes 61 miracles were recorded and 18 of them were resurrection miracles. I have consulted the edition *Processus seu negocium* by Isak Collijn. On Catherine's cult and the practicalities of the process see Fröjmark, *Mirakler och helgonkult*, 50–66; and Krötzl, *Pilger, Mirakel und Alltag*, 96–98.

15. *Miracula defixionis domini* is a miracle collection composed in the Dominican church of Stockholm between 1408 and 1471. Miracles were believed to occur through a statue of Christ's descent from the cross located in the church. Of the 87 miracles 21 are resurrection cases. On the practicalities of the cult and the collection see Krötzl, *Pilger, Mirakel und Alltag*, 93–96.

16. Before this paper, two important articles on resurrection miracles are published by Christian Krötzl and Didier Lett. Krötzl, "Evidentissima signa mortis". Lett, "Dire la mort".

17. Philippe Ariès argued in his pioneering, although criticized, work on historical death that the medieval and early modern death was always a communal situation. Ariès, *The Hour of Our Death*, 18–19. Norbert Ohler offered more analysed approach on the subject as he presented an ideal medieval death based on several different sources. Ohler, "Sterben, Tod und Grablege". Paul Binski contributed an important view on the communality through the rituals of death. Binski, *Medieval Death*. The most recent studies on medieval death have focussed on themes other than communality. For the historiography of medieval death and dying see Rollo-Koster, "Introduction," 4–5. See also Tomaini, *Dealing with the Death*; Classen, *Death in the Middle Ages*.

18. On the practicalities of canonization hearings see Krötzl and Katajala-Peltomaa, *Miracles in Medieval Canonization Processes*; Krötzl, "Prokuratoren, Notare und Dolmetscher'; and Wetzstein, *Heilige vor Gericht*.

19. Smoller, "Miracle, Memory, and Meaning," 432–33.

20. Lett, *Un procès de canonization*, 220.

21. Katajala-Peltomaa, *Gender, Miracles, and Daily Life*, 247.

22. Katajala-Peltomaa, "Narrative Startegies in the Depositions," 228.

23. Lett, *Un procès de canonization*, 257–70.

24. Goodich, "Mirabilis deus," 143.

25. Goodich, "Mirabilis deus," 144.

26. Esch, "Gli interrogatori di testi," 249, 259–62.

27. Krötzl and Katajala-Peltomaa, *Miracles in Medieval Canonization processes*, 17–20.

28. On the notaries' role in the canonization processes see Michetti, *Notai, miracoli e culto dei Santi*.

29. On the use of canonization processes in historical research see Katajala-Peltomaa, "Recent Trends". For an updated version see Krötzl and Katajala-Peltomaa, "Approaching Twelfth- to Fifteenth-Century Miracles," 9–15.

30. The canonization processes used in this paper consist of articles (*articuli*), and the witnesses are testifying to these articles. The testimonies and questions presented to the witnesses are recorded most elaborately in the canonization process of Bernardino of Siena. According to

Letizia Pellegrini, judicial scrutiny of miracles was on high level in Bernardino's process compared to others of the same era. Pellegrini, "Testifying to Miracles," 107. On Bernardino's process serving as an example for the last hearing of the process of Santa Fancesa Romana, see Bartolomei Romagnoli, *Santità e mistica femminile*, 317–319.

31. Fröjmark, "Telling the Miracle".
32. For example, the miracles attributed to Bernadino of Siena were from the very beginning recorded in the way which made it possible to use them in the future process. Pellegrini, "Testifying to Miracles," 107–109. Regarding Swedish miracle collections Fröjmark emphasizes that scribes had to take into consideration the possible scrutiny of miracles in the future. Fröjmark, "Telling the Miracle".
33. For example: "*Mulier quedam quatuor annis continuis febribus grauata voto emisso ad sanctam defixionem domini mox cepit ad sanitatem pristinam reparari.*" "Miracula defixionis domini," 6.
34. Lett, "Dire la mort".
35. The age of children is sometimes unkonwn. Therefore, I have divided children only in two groups, infants and other children. One should note that in some cases there are more than one resurrected person which explains why in *Miracula defixionis domini* the number of resurrected people is higher than the number of cases. Notable is also that the gender of infants is not always recorded.
36. The most recognizable bodily gesture in miracle narratives is kneeling, which was an act of devotion and humility. Iconographic material suggests that also nodding of head and crossing of arms were expected from those who were present around a dying person. Fallberg Sundmark, *Sjukbesök och dödsberedelse*, 131–34.
37. Consequently some elements of death are excluded from the analysis. Crying and expressions of despair were typically recorded in miracle narrations. It is, however, difficult to distinguish when crying is an expression of grief and when a sign of devotion. Katajala-Peltomaa, *Gender, Miracles, and Daily Life*, 87–91; Katajala-Peltomaa, "Devotional Strategies," 27–34. See also Aldrin "Parental Grief and Prayer," 82–102. On medieval grieving see for example Boquet and Nagy, *Medieval Sensibilities*, especially 226–31. Also, since miracles are narrations of divine grace and devotion, mundane elements, like making a will, are regularly not mentioned in these sources. Dictation of the last will is mentioned only in three cases. In every rank of society testamentary practice was very popular in the late Middle Ages. It had almost a sacramental role since a will included information about the masses commemorating the dead. For recent overviews on the subject and bibliographies see Michaud, "Wills and Testaments"; Korpiola and Lahtinen, *Planning for Death*.
38. Katajala-Peltomaa, "Devotional Strategies," 26.
39. According to Göran Bäärnhielm and Janken Myrdal, this is the only Swedish miracle narrative to demonstrate miracle-negativism. In other Swedish cases people do not have disbelief in miracles or saints. Bäärnhielm and Myrdal, "Miracles and Medieval Life," 106.
40. Smoller, "Miracle, Memory, and Meaning," 435.
41. For example: "..quando prefatus juuenis fuit leuatus mortuus a patre suo de terra, tunc ipse cum alijs tunc presentibus legit quinque Pater noster et totidem Aue Maria, antequam aliquod votum erat emissum." *Processus seu negocium*, 96–97.
42. There is one exceptional case in Catherine's process in which allegedly almost dead person is taken to Vadstena by carriage. "…duxerunt eum per quoddam vehiculum tamquam mortuum ad sepulcrum beate Katerine…," *Processus seu negocium*, 84. Also, in Bernardino's process there are cases in which resurrection is prayed in front of Bernardino's image or statue. On division between shrine and invocation miracles see Krötzl, "Miracula Post Mortem".
43. "..gravissime infirma ac in precintu mortis constituta, sensibus et gocnicione private, de cuius salute astantes iam diffidaverant…". *Il processo*, 403.
44. Probably Gubbio.
45. *Il Processo*, 403.
46. Krötzl, "How to choose a Saint?," 381–387; Katajala-Peltomaa, "Devotional Strategies," 41–42.

47. "Post quia dubij quo peregrinatum pro ipso pergerent, tres sortes, ut solent, quinque layci submiserunt, diuino utique nutu, ut per miraculum subsequens euidencius claresceret, quod ad dominiciam defixionem foret destinandus." "Miracula Defixionis Domini," 56.
48. "…ipsa vocata hora secunda noctis quia crediderunt parentes illum illa hora moriturum…" *I processi*, 298.
49. Agnes Pauli Lelli is the most often mentioned in Francesca's canonization process. Esch, "Die Zeugenaussagen im Heiligsprechungsverfahren," 144. Bartolomei Romagnoli suggests that Agnes Pauli Lelli provided solutions for the practical matters concerning the organization of the congregation and took care of its institutional foundation. Bartolomei Romagnoli, *Santa Francesca Romana*, 130.
50. On public side of miracles see Krötzl, "*Fama Sanctitatis*".
51. Goodich, *Violence and Miracle*, 151.
52. "…die sequenti de mane audivit a Gentilesca que publice dixit quod illa nocte eadem hore quando recommissus fuit subito meliorare incepit et sanatus est…" *I processi*, 298.
53. "Ipse testis non fecit votum, sed ex devotione ymaginem b. Francescae in eius camera depingere fecit." Ibid. 298.
54. On collective memory see Katajala-Peltomaa, *Gender, Miracles, and Daily Life*, 247–88.
55. Binski, *Medieval Death*, 29–33. On impurity see Douglas, *Purity and Danger*.
56. Kertzer, *Ritual, Politics and Power*, 61–62. See also Muir, *Ritual in Early Modern Europe*, 4.
57. Binski, *Medieval Death*, 50. On rituals in general in late medieval and Renaissance period see Cohn et al., *Late Medieval and Early Modern Ritual*.
58. For example: "…presbitero dixit qui sibi extremam unctionem dare voluit…" *I processi*, 303.
59. For example: "Cumque die prima mensis maii medicus diceret ut daretur sibi extrema unctio eo quod non posset vivere usque in crastinum." *I processi*, 328.
60. "Omnipotens et misericordis Deus, noli eam mihi aufferre de hac vita quia presbiter ecclesie non est in Urbe". Ibid. 181.
61. Litany of the Saints was usually recited when a priest performed extreme unction. The surrounding people responded to the litany with *ora pro eo/ea*. Fallberg Sundmark, *Sjukbesök och dödsberedelse*, 202.
62. *I processi*, 181–82.
63. *Vita Katherine*, miracle number 45.
64. On the items used by a priest and on the delivery of the last sacrament see Fallberg-Sundmark, *Sjukbesök och dödsberedelse*, 69–89, 127–240.
65. Lett, "Dire la mort," 145–146. See also Nissi, "Quomodo Scit Quod Mortuus Erat?"
66. For example: "…inuenit predictum filium suum quasi mortuum iacentem, frigidum in pedibus et rigidum in manibus ac pallentem in facie, nullumque omnino spirarem perceptibile emittentem, vix tamen percipere potuit mater eius inter pectus et guttur pueri quasi motum leuissimum ad modum leuis pulsus." "Miracula Defixionis Domini," 30.
67. Krötzl, "Evidentissima signa mortis".
68. For an in-depth analysis on the signs of death in Italian material see Nissi "Quomodo scit quod mortuus erat?".
69. Physicians either personally testified that nothing but a miracle would have saved the person, or alternatively other witnesses referred to the cures given by medical men. On doctors in canonization processes see Ziegler, "Practitioners and Saints; Lett, "Judicium medicine". On medical texts diagnosing death see Caciola, *Afterlives*, 66–107; Jacquart, "Le difficile pronostic de mort".
70. For a rare exception on the mention of doctors giving up hope see *Vita Katherine*, miracle number 2.
71. *Il processo*, 550–51.
72. For example: "Interrogatus si tetigit pulsum suum dixit quod non." Ibid. 536.
73. Wieck, "The Death Desired," 436–37.
74. Lett, "Dire la mort," 151.
75. In my selection of cases I have tried to be as precise as possible. If the preparation of burial is not explicitly mentioned, I do not regard it as such. There are few doubtful cases, which I have

left out of the analysis but which Viktor Aldrin has regarded as preparation of burial. Aldrin, "Parental Grief and Prayer," 93.

76. *Vita Katherine*, miracle number 8.

77. "…parentes prefati Torerj importauerunt eum ad stubam et deliberauerunt, vtrum inuoluer-etur sudario vel non…" *Processus seu negocium*, 80. The Latin word *stuba* had two different meanings in medieval Scandinavia; heated (living) room/cottage and a separate room/ building for bathing. Based on three *stuba* mentions in Catherine's process, I suggest that the notary uses the word in the meaning of a separate building, probably meant for bathing. Given the long tradition of saunas in Sweden, I choose to call this kind of bath building a sauna. *Processus seu negocium*, 90, 115.

78. "..*eodem tempore deliberatum erat de loco sepulture*". *Processus seu negocium*, 114.

79. *I processi*, 188, 299, 315.

80. *Il processo*, 270, 538.

81. "..pararent puellam ad sepeliendum…". Ibid. 551.

82. "..exivit domum et accessit ad ecclesiam solicitando sepulturam ut foveam fieri faceret ad sepeliendum dictum puerum." Ibid. 225.

83. "Que testis, una cum marito suo et aliis, credentes dictum puerum debere mori ceperunt domum innudare pro parandis exequiis." Ibid. 248.

84. Binski, *Medieval Death*, 30.

85. *Il processo*, 212, 264–67.

86. Not only body parts of saints were considered to have thaumaturgical powers, but also objects which had been in contact with them. See for example Bartlett, *Why Can the Dead Do Such Great Things?*, 244–50; and Räsänen et al., *Relics, Identity and Memory*.

87. "… mater eius nomine Caterina accessit ad Angilellam eius sororem, rogans ut siquid haberet de panno vel de aliquibus reliquiis istius pretiosissimi corporis amore caritatis ipsi conce-deret." *I processi*, 128.

88. For similar cases see *I processi*, 293, 306, 308.

89. Archambeau, "Miracle Mediators as Healing Practitioners".

90. In the miracle testimonies passers-by and casual pilgrims are rather often giving advice on which saint people should make an invocation to. Krötzl, "How to choose a Saint?," 379.

91. Archambeau, "Miracle Mediators as Healing Practitioners," 22.

92. For example, the mother of a dying child came to Tor de' Specchi lamenting and asked women to visit the dying. "…postquam mater Stephane plangendo domum consororum venit, ad domum Stephane causa ipsam visitandi ivit." *I processi*, 326.

93. Spierling and Halvarsson, "Introduction," 7.

94. On John Capistran see Andric, *The Miracles of St. John Capistran*.

95. *Il processo*, 418, 505.

96. Andric, *The Miracles of St. John Capistran*, 194–96.

97. *Sankt Nikolaus*, 356.

Disclosure statement

No potential conflict of interest was reported by the author.

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PUBLICATION
III

Quomodo scit quod mortuus erat? Signs of Death in 15th Century Italy

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Quomodo Scit Quod Mortuus Erat? Signs of Death in 15th-Century Italy

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Resum

Els materials hagiogràfics del Quattrocento italià revelen diversos signes de mort que es tenien en compte per confirmar si una persona havia mort o s'apropava a la mort. Els signes més freqüentment repetits són la fredor del cos, canvis en el color de la pell, i la falta de pols o respiració. La pèrdua del coneixement, l'absència de parla i la immobilitat també s'observaven sovint.

Una anàlisi en profunditat mostra molts altres senyals inesperats. Alguns signes en els ulls de la gent, les dents o la llengua també podien ser una prova de mort. De vegades, fins i tot les llàgrimes als ulls o la suor al front eren considerats signes mortals. Per a alguns, la posició adoptada per una persona moribunda assenyalava la mort, per exemple, jeure sobre l'esquena o amb el cap cot, com era el costum per als morts. De la mateixa manera, les ferides o el dolor indicaven que la mort s'apropava. Les expressions 'dents de cera', 'llengua negra', 'llavis morts', i 'suor i llàgrimes de mort' demostren que les persones observaven senyals que avui no s'associen amb la mort.

Paraules clau: Quattrocento, Itàlia, mort, signes de la mort

Abstract

Fifteenth-century Italian hagiographic materials reveal several signs of death that were taken into account to confirm whether someone was dead or approaching death. The most frequently repeated signs are the coldness of body, changes in skin colour, and the lack of pulse or breathing. Unconsciousness, speechlessness, and immobility were also often noted.

An in-depth analysis shows many other unexpected signs. Some signs on peoples' eyes, teeth or tongue could also be proof of death. Sometimes even tears or sweat on the forehead were considered as deadly signs. For some people, the position adopted by a dying person signified death, for instance, lying on one's back or with the head laid down, as was the custom for the dead. Similarly, wounds or pain told about the approaching death. The expressions like 'waxen teeth', 'black tongue', 'dead lips', and 'sweat and tears of death' show that people looked for signs that are not associated with death today.

Key Words: Quattrocento, Italy, death, signs of death

1. Introduction

Since death is something we all have in common, we should be interested in the ways our ancestors faced it. A historical understanding of death and dying may help us to deal with our own tensions and taboos concerning this matter.

These days death is defined very accurately through primary and secondary signs of death. The first signs are lack of breathing, absence of a heartbeat, slackened muscles, and unresponsiveness to stimuli. Secondary signs include a drop in body temperature, paleness of skin, stiffness of limbs, and post-mortem lividity. Death also follows when the brain is dead (Ihmisen Fysiologia ja Anatomia: 598-599). In the Middle Ages, death was not as clearly defined, or at least its medieval definition is not clear to us. According to Yves Ferroul, medieval medical handbooks omit the instructions to determine death. In his opinion, these signs were so obvious to everyone that there was no need to repeat them (FERROUL 1999: 31-50).

The aim of this paper is to discover how people acknowledged the arrival of death in 15th-century Italian hagiographic material. These sources can provide interesting information on this subject since it was important for the validity of miracles to be absolutely sure of someone's death. The commissioners of the canonization processes would frequently ask the witnesses how they knew whether the candidate was dead. Therefore, hagiographic material reveals the signs of death better than any other medieval source.

With this paper, I wish to address two questions: Who declared someone's death and what were the signs of death from which this conclusion was drawn? The answers to these questions will enhance our understanding of the challenges and tasks that medical experts, but also regular people, encountered in the Middle Ages. It is important to keep in mind that doctors and other medical professionals did not only treat illness but also had to determine a person's death, just as any modern doctor. This paper will also discuss the role of the community during the process of dying. In addition to the spiritual aspect, the community also played a more practical role in the observation of signs of death alongside medical experts.

In order to answer these questions I have studied the canonization process of Bernardino of Siena, held in the mid-15[1] century, and the miracle collection of James of the Marches, which was written at the end of the same century.[2] The first section below is mainly based on the canonization process of Bernardino of Siena. I chose to focus on it for the miracles of James of the Marches do not offer much information about the people responsible for determining death.

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[1] I use the critical edition of Letizia PELLEGRINI 2009.

[2] I use the manuscript held in the Vatican library: Miracoli di Jacobo della Marcha, Vat. lat 7639, incipit «Lui si contengono alcuni miracoli da il signore Gesu Christo».

The second section examines the miracles of James of the Marches. These two sources were selected for this paper because of the wealth of information they provide on signs of death. All data used in this paper can be found in Tables 1 and 2. Table 1 presents all the signs mentioned in the canonization process of Bernardino of Siena, as well as who was the observer.[3] Table 2 includes the signs mentioned in the miracles of James of the Marches.[4] The signs are recorded in the original language in order to note which words are used in the sources.

Hagiographic material has been used in many ways as a source for medieval studies during the past decades.[5] Although the opportunities hagiographic material offers are undeniable, there are also important matters related to source criticism that are essential to acknowledge when working with this material. Since these texts were written years after the actual historical events took place, the reports are based on the memories of witnesses. It is also important to note that witnesses were not free to express their opinions, but could only answer the questions they were asked. Also, their depositions may be influenced by the fact that they are given in order to make Bernardino and James saints. Thus, it is possible that witnesses exaggerated their testimonies in order to make events seem more miraculous than they were. It is also important to note that the notary for the canonization process of Bernardino wrote the testimonies in Latin even though they were given in Italian.[6] The miracle collection of James of the Marches is written in Italian.

Perhaps the biggest methodological challenge when using this kind of source material for the study of death is the fact that, in these cases, nobody actually died. In the sources I have selected, at the end of each case in which someone is said to be dead, dying, or nearly dead, the dying person is miraculously cured. Hence, I have only focused on what happened before the miracle, although it is of course possible that the miracles altered the witnesses' memories of the preceding events. Despite this disadvantage, and leaving the miracle aside, we get a glimpse of people's attitudes on death and dying.

Death and dying in the Middle Ages have aroused a great interest among medievalists since the end of the 1970s. A French historian, Philippe Ariès, was the pioneer in this field. According to Ariès, in the twentieth century people were no longer as used to the presence of death as they were in pre-modern societies and it is for this reason that historians should study the history of death and dying. Ariès's classic work *The Hour of Our Death* is an ambitious work on the history of death

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[3] On the left side of the table we find the signs of death and the observer; the header notes the specific miracle. The Roman number refers to the process number, whereas the Arabic figure refers to the running number of the miracle in the process in question. For example II/1 is the first miracle in the second process.

[4] The manuscript page number appears on the left side of the table; the signs of death are mentioned on the top.

[5] On the use of hagiographic sources see for example: Finucane 1997; Goodich 1995; Katajala-Peltomaa 2009; Klaniczay 2004; Krötzl 1994; Vauchez 1997; Wetzstein 2004.

[6] Notaries were the ones who gave miracles final credibility when they wrote it down as a "instrumentum publicum". They wrote the acts in a form of juridical documents and thus made processes authentic and public. On the notaries' role in the canonization processes see Michetti 2004.

from the Middle Ages to the present (Ariès 1981). Despite the flaws of his study, he managed to raise important questions which following researchers have tried to answer.[7] Following Ariès, other French historians also had an important role in writing the history of medieval death and dying. Almost at the same time as Ariès, Michel Vovelle published his masterpiece *La mort et l'occident, de 1300 à nos jours* which was well connected to the changes of medieval society and was also highly based on statistical analysis. Later, Jacques Chiffoleau also made an important contribution to the study of death with his work *La comptabilité de l'au-delà. Les hommes, la mort et la religion dans la région d'Avignon à la fin du Moyen Age (vers 1320-vers 1480)*, which is especially important in the field of testamentary research. Of course, the importance of *The Birth of Purgatory* by Jacques Le Goff cannot be overlooked either.[8]

Previously, signs of death have only been studied by Christian Krötzl (1992) in his article on Scandinavian hagiographic material. As opposed to Krözl, I am focusing on Italian material.

Signs of death, as I understand them, are certain symptoms hinting that someone was dying or dead. In other words, these are outer signs on a person's body, which indicated that someone's life had ended or was just about to end. Hippocrates, in his *Prognosis*,[9] lists many fatal symptoms, which, to my understanding, are different from signs of death. When Hippocrates noticed fatal symptoms on a patient's body, he still attempted to find a remedy for their illness, for there was still some hope for recovery. However, when signs of death are apparent on a patient this is a fatal situation, from which one cannot come back to life.

It is essential to understand the difference between Hippocrates' fatal symptoms and the signs of death which I am discussing. Hippocrates instructs physicians to observe certain symptoms on a patient's body in order to see how the illness proceeds. For Hippocrates, fatal symptoms are indications that should make a physician suspect the worst. These symptoms do not express that a patient's life is ending or has already ended but that he or she is approaching death. When speaking of fatal symptoms, Hippocrates is not speaking of people who are dying, but people whose illnesses are incurable.

2. Determining Death

In Italy it was common to declare that "according to everyone who was present, a person was dead." In the canonization process of Bernardino of Siena, in 15 out of 29 death cases the decision was made

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[7] On the criticism and importance of Ariès see Porter 1999: 83-90.

[8] The history of purgatory is a highly debated question. In his classic work, Jacques le Goff dated the birth of purgatory to the twelfth or thirteenth century. However, Aron Gurevich saw the birth of Purgatory already in the Early Middle Ages and Michel Vovelle on the contrary, delays it to the fifteenth century. David D'Avray combines these theories proposing that the idea of purgatory was established already in the Early Middle Ages, the official doctrine was regularized during the High Middle Ages and adopted by artistic expressions during the Late Middle Ages. D'Avray 1994: 179.

[9] For Hippocrates, fatal symptoms are for example red eyes, pale lips, and cold sweat on the back of the neck, Hippocrates 1959.

by all people present. In these cases, the moment of death was a community situation in which family and friends gathered around a dying person; the bystanders took part in the process by observing the signs of death. Christian Krötzl (1992) has made the same observations in Scandinavian material. In northern Europe the decision was also made by all the people present. This was an important task for the community in order to proceed along the process of dying and mourning.

In addition to the fact that relatives needed to be sure when to start preparing the funeral, consensus among the people present was also something that the witnesses for the canonization processes could use as an argument in favour of the performance of a miracle. In order to prove that they had witnessed a true miracle, they had to convince the commissioners that the dying person was confirmed dead. A relevant argument was that he or she was thought to be dead by everybody present at the sickroom.[10] This was also frequently asked by the commissioners.[11] In some respect this explains the high percentage of cases in which the approach of death was observed by everybody who was present at the time. In some cases, however, these people were simply the members of a family or a household. Thus, it was not always a large group but only a few devoted persons who were present at the last moments of the dying.

In the case of a dying boy called Johannes, we encounter an interesting situation where people offer different testimonies about the vital status of one dying person. Johannes was gravely ill and the members of his family thought that he was dead or nearly dead. The testimonies of the family are interesting; the father used the terms "quasi mortuus," the mother said that the boy was "tamquam mortuus," and his eighteen-year-old brother said that the boy "fuit mortuus."[12]

This is a good example of the different phrases used to describe the dying or dead. Although all three persons witnessed the same event, they used different expressions. Father and mother stated that the boy was almost dead or as good as dead. For the brother, the boy was confirmed dead. It is clear that for all of them the boy had passed away or was passing away since they were all grieving; without a doubt, they felt they were losing him. It is still extremely interesting that these different expressions are mentioned in the testimonies, and we might see here differences of opinion on the stage of physical health.

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[10] "Interrogata si vere credit quod mortuus fuerit, dixit quod, attendis signis prescriptis... atque quod ab omnibus mortuus iudicabatur qui aderant, credit" quod sic" Pellegrini 2009: 537.

[11] For example: "Interrogatus si ceteri astantes eum iudicarunt mortuum, dixit quod sic et quod omnes plorabant." Pellegrini 2009: 233.

[12] Father: "... una dicti mensis fuit taliter gravatus quod pater recipiens ipsum in ulnis et videns ipsum quasi mortuum, proiecit ipsum super unum lectulum, plorantibus ipse teste, uxore et tota familia." Mother: "ipsa testis et alii de domo tamquam mortuum dimiserunt et iudicarunt." Brother: "...dixit se non scire aliud quam quod Iohannes fuit mortuus et pro tali ipse testis et pater ac mater ipsius iudicabant." Pellegrini 2009: 254-256.

Of course, it is essential to keep in mind the nature of the sources we are using. First comes the linguistic problem: the witnesses gave their testimonies in Italian which the notary translated into Latin. However, the testimonies are clearly recorded in a pedantic manner. Had the notary performed his job more carelessly, he would have repeated the same words. Instead, he has made the effort to write down these different wordings. Thus, this is not a probable cause for different expressions. The second problem is time: the miracle happened in 1446, whereas the witnesses spoke of the events one year later to the commissioners of the canonization process. However, this was an event that they would obviously remember their whole lives, thus, in my opinion it is not very likely that the witnesses' memories were affected over time. Finally, it is possible to assume that the brother didn't have quite the same experience in determining his brother's death as his parents had. Whereas the parents could tell that the boy was not dead, the brother who was an adolescent himself thought his brother was already gone. This last remark is important because we see here a possible indication that young people could not recognize death as easily as older people, who had more experience on this matter. Thus, recognizing a corpse required previous knowledge on the subject.

2.1. Physicians as Experts on the Signs of Death

Physicians play an important role in determining death in fifteenth-century Italian hagiographic material. This is a major difference with respect to Scandinavian sources, since there doctors do not have a strong presence around the deathbed. Joseph Ziegler discovered that from the thirteenth century onwards, physicians appear frequently in southern European canonization processes (Ziegler 1999: 220). The variety of doctors in fifteenth-century Italy was vast. On top of the hierarchy were university professors, and at the bottom the self-learned empirics. Most of the physicians who made their living by combining the practical work of a physician with teaching students could be found in between (Siraisi 2008: 7). In addition, there were also pharmacists and surgeons who gave medical advice to patients. Generally, in fifteenth-century Europe, only a minority of the physicians were university graduates. In Italy, however, the percentage of university graduates was higher. From the thirteenth century onwards, the University of Bologna was the centre for medical studies in Europe. Later on, in the fifteenth century, Padua also gained an important role in the field of medicine. One should also keep in mind the long tradition of the *Schola Medica Salernitana*.

Medieval medicine reflected people's understanding of the universe and the human body. From the end of the eleventh century onwards, the theoretical background of Galenic medicine was available in Western Europe. The most important principles were the four temperaments and the balance of elementary qualities of the human body.

In order to better understand the role of physicians in hagiographic material, it is important to take a look at the relationship between medicine and religion. The appearance of physicians in hagiographic sources is no coincidence. Like the above mentioned consensus among the people present at the deathbed, physicians also had the authority to determine whether someone was dead. They provided miracles with a scientific context when they testified that a patient would not have been able to recover without the miraculous intervention of God (ᴢɪᴇɢʟᴇʀ 1999: 221). The authority of physicians was based on their knowledge of the human body and its functions. In this way, physicians embodied the voice of science in canonization processes.

In hagiographic sources, the different healing methods did not exclude one another nor compete among them; instead, it is more likely that they complemented each other. Physicians tried to heal their patients as long as they thought it was possible for them to recover by means of remedies. When a physician faced the limits of medicine he declared that there was nothing more he could do. This was when religion and praying to saints became important. If natural medical methods could not heal, supernatural methods were always an option for medieval people (ᴢɪᴇɢʟᴇʀ 1998: 4). Sometimes physicians themselves were the ones who recommended supernatural methods, and sometimes patients were willing to use supernatural methods while refusing the help of the professionals of medicine.

During the canonization process of Bernardino of Siena, physicians confirmed death in every third death case. In six out of nine death cases there were witnesses to the whole process. In the rest of the cases, other witnesses mentioned their presence. It is notable that in six cases there seems to have been more than one medical expert healing the dying. A normal term for a physician in the canonization process of Bernardino of Siena is "medicus," which, for example, was used by Gentile da Foligno—probably the most renowned Italian physician in the fourteenth century— when he referred to a learned and respectable physician.

In one case there were also surgeons who were treating a patient with the help of physicians. A man called Leonettus Benedictus fell off a horse outside the city walls of Siena in July 1447. The fall caused severe wounds on his head and chest. Three days later he was cured with the care of physicians and surgeons who concluded that it was necessary to operate on his head wounds.[13] Unlike physicians, surgeons generally kept their knowledge to themselves and shared it only within a small circle. For instance, surgeons would teach their sons to continue in their fathers' footsteps. Although surgery was a university discipline, a surgeon's prominence was generally based on his reputation as a healer and the number of cured patients. Thus, if they wanted to excel in their field, it was necessary to keep their knowledge to themselves (Fʀᴇɴᴄʜ 2001: 249; Hᴇɴᴅᴇʀsᴏɴ 2006: 27). According to Nancy Siraisi, the boundaries between surgery and medicine

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[13] "Delatus ad domum Iohannis ser Anthonii patroni sui, ubi fuit sibi per dies tres continuo a medicis et cirugicis acuratissime ministratum, qui medici tercio die dixerunt dicto Iohanni quod necesse era incidere capud..." Pᴇʟʟᴇɢʀɪɴɪ 2009: 411.

were probably not very distinct in practice, whatever may have been the case in theory (SIRAISI 1981: 299). Moreover, John Henderson (2006: 27) has noted that in Italy the professional and social distinction between physicians and surgeons was not as clear as in northern Europe where a surgeon was basically a barber. Like our example suggests, Italian physicians and surgeons probably co-operated in the cases that required the help of both disciplines.

The case of Leonettus is also interesting in another respect. It provides us with accurate information, helping us to identify the physicians who were healing him and would be declaring his death. After Leonettus had fallen off the horse he was taken to the house of his patron, the Sienese Johannis ser Anthonius de Massa. The commissaries asked Johannis whether physicians had lost hope for the recovery of the patient and who were these physicians. He replied that hope was lost according to magister Carolus, who was the physician at the famous hospital of Santa Maria della Scala,[14] and other physicians had agreed with him.[15] Carolus, 32 years old, declared that Leonettus presented many signs of death on his injured head.[16] According to Carolus, there were also two other physicians present: magister Bartolo and magister Baverio, who Letizia Pellegrini has identified as the well-known Baverio Maghinardo Bonetti da Imola, a professor of medicine at the University of Bologna in the 1430s and 1440s. From 1443 to 1447 Baverio was working in Siena and later moved to Rome to work as a pontifical *archiater* of Pope Nicholas V.[17] He was one of the most important physicians in mid-fifteenth century Italy. This also hints at the importance of Leonettus and his patron Johannis ser Anthonius de Massa. A man like Baverio probably did not tend to any average citizen.

In addition to the physicians and surgeons, we also find a death case where a pharmacist appears with his students. When a woman named Jacoba was struck by falling stones and pieces of wood, magister Dominicus heard the noise and rushed out of his pharmacy to see what happened. He and his two students, Domenico and Bernardino, found Jacoba lying dead on the ground.[18] According to Jacoba's husband, Meus, it was Domenico and Bernardino who confirmed Jacoba's death.[19] Consequently, the authority of apothecaries was used to grant authenticity to miracles.

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[14] In addition to the Florentine Santa Maria Nuova, Santa Maria della Scala in Siena was one of the most famous Italian Renaissance hospitals. These two hospitals were models for other hospitals in Italy as well as in other parts of Europe, PELLEGRINI 2009: XXV - XXVI.

[15] "Interrogatus si fuit diffidatus a medici, dixit quod sic. Interrogatus a quibus, dixit quod a magistro Carolo, medico hospitalis Sancte Marie de la Scala et quodam alio." PELLEGRINI 2009: 469.

[16] "Habebat enim caput conquassatum cum multis signis mortis adeo quod eius liberacionem credit miraculosam et non naturalem." PELLEGRINI 2009: 470.

[17] DICCIONARIO 1969: Bonetti, Baverio Maghinardo de.

[18] "Magister Dominicus magistri Anthonii fabri, de populo Sancti Martini Senis, etatis annorum 38... cum ipse testis erat in apotheca sua et quemdaam equum ferraret, sensit magnum rumorem ac eciam clamorem personarum, et accurrens ad domum prefati Mei, vidit prefatam dominan Iacobam iacentem prostratam in terra, ut videbatur sibi, mortuam... Interrogatus quibus presentibus, dixit de se teste, Dominico et Bernardino, discipulis suis." Il processo di canonizzazione di Bernardino da Siena, 521.

[19] "...omnes ibi astantes, mares et femine, eam iudicabant mortuam. Interrogatus qui erant hoc iudicantes, dixit de

In every eight out of nine death cases in the canonization process of Bernardino of Siena, physicians treated their dying patients at their own home. Only in one case was a physician in charge of determining death in a hospital. It is in this case that we again meet magister Carolus from the Florentine hospital of Santa Maria della Scala, this time at his workplace.[20] An eleven-month-old girl was brought to said hospital to be taken care of. She was possibly an orphan or given away by her parents who were unable to raise her. The girl, who was nursed by a woman named Catherina, had been sick for ten days and had not suckled any milk for three days. Magister Carolus was asked to cure the girl, but he did not see any hope for her recovery. The next day, to his surprise, when he returned to see the girl he found her perfectly healed. Catherina, her husband and the hospital's priest, ser Fabiano, had asked Saint Bernardino to help the poor girl and the outcome was successful (PELLEGRINI 2009: 416).

2.2. Death in the Birth Chamber

All physicians found in the death cases of the canonization process of Bernardino of Siena were male. Since the doors of universities were closed to women, the career of a physician was not an option for them. This does not mean, however, that there were no female healers in the Middle Ages. Women were empirics who learned their skills from someone they knew or through their own experience (PARK 1998: 130, 135), and they were also the experts on giving birth. In five death cases the approaching death was determined by a midwife. These are all cases where childbirth had not proceeded as hoped for, and the baby was still-born or died soon after birth. When there were problems during labour it was the midwife's responsibility to find out whether the baby was dead or alive, and they did so by conducting certain tests. In the context of childbirth, signs of death appear more often in the death cases affecting babies. This was due to the fact that, in order to baptize a child, he or she needed to be alive. Thus, even the slightest signs of life were crucial to save a baby from damnation. In addition to the important role of observing a baby's life status, midwives also took care of emergency baptisms.

The midwives' authority to declare a child dead or alive was based on their experience on delivering babies. In the cases used in this paper, midwives were elderly women, between fifty-five and sixty-five years old. Their expertise was not, however, taken for granted, but the commissaries questioned them in order to assess their skills. For example, in 1447, when a child of Nicolaus Paulinus was still-born, a midwife named Nanna was asked if she was used to cases like this. She responded by saying that she had come across plenty of them.[21] Women also spoke on their own initiative about their experiences delivering babies. When a midwife named Bucia

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magistro Dominicho fabro et Barhtolomeo fabri." PELLEGRINI 2009: 520.

[20] It was not uncommon that hospital physicians also worked as private physicians, as magister Carolus did in the previous case. Low wages were the main reasons for this (HENDERSON 2006: 233).

[21] "Interrogata si consueverunt sic nasci infantes, dixit quod pluries intervenit casus similis..." PELLEGRINI 2009: 538.

was asked how she knew that the baby boy of Margarita de Basilea was born dead, Bucia replied that she had seen more than 140 babies and none of them looked like this one, not even those who had died during labour.[22] Thus, Bucia used her experience as evidence of her authority to confirm the baby's death.

The case of Margarita de Basilea is the only birth which took place in a hospital. In 1446 when she was eight months pregnant she entered the hospital of Saint Louis in L'Aquila with her husband. There were three women helping her give birth. The midwife responsible was the aforementioned Bucia. In addition, Margarita de Capite Istrie, who was also a midwife but clearly of higher status than Bucia—for she said that she was governing the hospital—and Margarita de Francia were also present. Both of these women said that they saw the dead baby; however, it was Bucia who performed tests to confirm whether the baby was dead or alive.

Not only midwives but also other women who had participated in deliveries told of their experiences in the field in order to cement their authority in recognizing the signs of death. In 1448 in Siena, a woman named Mariana gave birth to a child who was so severely ill that died eighteen days later. Although the word midwife is not used here, a certain domina Anthonia was acting as one. She helped the mother in labour and took care of the baby afterwards.[23] A noblewoman named Dea also assisted Mariana during the delivery. Dea told the commissioners that she knew that the child was dead because she herself had delivered several babies and seen those and also older children dead. Due to her experience she could recognize the signs of death.[24]

If we are to use modern childbirth terminology, the case of Mariana's child is the only one that can be identified as a neonatal death. To be more precise, a late neonatal death since the baby died more than a week after birth. Four other cases can be identified in modern terms as fetal or perinatal deaths.[25] Three of the babies were found dead at birth and thus their cases could be identified as intranatal deaths. Of course it is impossible to say whether these babies were dead in utero or had died during labour. In one case it is only said that the baby was born dead.[26] In two other cases the delivery is explained in more detail. Both are a depiction of a so called breech birth, in which the baby is born bottom first. In 1447 in L'Aquila the baby boy of Antonius Andree was born in such manner.

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[22] "Interrogata de causa sciencie, dixit se colegisse ultra centum XL pueros, et numquam vidit aliquem - eciam ex illis qui non bene nati fuerunt et non supervixerunt..." PELLEGRINI 2009: 230.

[23] "...erat in domo prefati Grifuli ad servicia uxoris sue deputata in puerperio, et sic habebat dictam puellam in sua custodia, gubernacione et regimine." PELLEGRINI 2009: 471.

[24] "Addidit tamen quod plures filios et filias genuit et peperit, etatis predicte infantule et eciam maioris, quos vidit mori, per quos cognovit in dicta infantula omnia signa mortis." PELLEGRINI 2009: 471.

[25] There are several definitions for a perinatal death, here I refer to the one used by the World Heatlh Organization: "infant deaths that occur at less than seven days of age and fetal deaths with a stated or presumed period of gestation of 28 weeks or more". BARFIELD 2011: 178.

[26] "Bernardinus, filius Nicolai Paulini, de civitate Esculana, mortuus natus..." PELLEGRINI 2009: 423.

When the midwife Angeluca took the baby in her arms she found him dead and placed him on the ground as it was the custom.[27]

An interesting example of a breech birth is the case of Margarita who in 1446 entered the hospital of Saint Louis in L'Aquila. Hers was a difficult labour due to the breech position of the baby. Bucia, the midwife, played an important role helping the mother to give birth, and she also needed the help of other women: she told them to take a hold of the baby and pull him out because it seemed to her that the baby was dead. Bucia herself took a hold of the baby's foot since it was near the mother's genitalia. Finally when the baby was in her arms, Bucia confirmed that he was dead.[28] The case proves that midwives sometimes had to really work hard to deliver a baby. Of course, when a baby is forced out in this way, the results can be dramatic. A breech birth was a real difficulty for pre-modern societies for a baby born in such position was likely to hurt the mother severely. Because of the position there was little to do to prevent the baby from damaging the mother's internal organs.

In one case, a baby was confirmed dead in utero; clearly an antenatal death. A woman named Vannucia was three days in labour when her mother Collacia said to her that she believed that the baby was dead in her womb.[29] Ultimately, the mother managed to give birth to a dead child.[30] Collacia asked a midwife who was also named Vannucia to place the baby in the bed with the mother but she responded by saying that it wasn't necessary since the baby was already dead.[31] Collacia prayed to Saint Bernardino and the baby started to breath. Vannucia put salt in the baby's mouth and placed her in a hot bath. The baby seemed deformed and dead apart from being able to breathe, thus Vannucia rushed to the church to baptize her. The journey must have been overwhelming since she was worried that the baby might not make it there.[32] In the

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[27] "Bernardinus, filius Antonii Andree dicti Morello, de Castelliono, comitatus Aquile, laborante matre in mortis articulo propter partum ipsius, mortuus, per pedes extractus est violenter de utero matris primum apparentes." "Vidit dictam creaturam existentem pedibus per prius , quem extrahens dimisit in terram ut mortuum." Pellegrini 2009: 214, 270.

[28] "…vidit creaturam primo exeuntem cum pedibus et paulatim cum reliquo corpore usque ad brachia exclusive coadiuvantibus dicta obstetrice et reliquis, quia nec mater se iuvabat ut debebat , nec dictus puer se iuvabat ut reliqui pueri quos plures levavit obstetricando. Et ideo dicta obstetrix dixit astantibus 'ponite manum ad cannam dicti pueri et ipsum extrahite, quia mortuus est', ipsa obstetrice teste pedem affigendo ad ilia dicte mulieris parturientis et premendo, ut adiuvaret ipsam ad emittendum dictam creaturam. Que quidem mulier statim emisit dictam creaturam, quam collicens ipsa obstetrix in gremio suo, et intuens eamdem creaturam , vidit eam mortuam." Pellegrini 2009: 230.

[29] "...dixit matri sue, nomine Collacia, se credere habere mortuam creaturam in utero suo." Pellegrini 2009: 206.

[30] An extraction of a dead fetus was not unusual in the Middle Ages. The *Chyrurgia* of Albucasis, the most popular surgical text of the Middle Ages, described how and with which instruments a dead fetus should be removed. Donaldson 2010: 85-88.

[31] "Et cum dicta Collacia dixit obstitrici ut grabataret eam, respondit ipsa obstitrix: 'Non expedit, quia mortua est'." Pellegrini 2009: 223.

[32] "Et dicta Collacia in corde suo ferventer orabat Deum ut, ex meritis beati Bernardini, puella viveret ut baptizari posset, sique statim dicta puella ossitari incepit et dicta obstetrix inmisit modicum salis in os puelle et, parato balneo calido, balneavit eam et, quamquam adhuc mortua videbatur, attamen in balneo eciam ossitavit, videbaturque facies

canonization process of Bernardino of Siena, this is the only case in which the emergency baptism was performed in a church. We can also know how the baby was prepared for the baptism. In the Roman church salt has a religious and sacred character and was used to prepare babies for baptism before entering the church.[33] In the previous case, since there was enough time to prepare the child for a baptism, it seems that she was not in as big danger as those who were baptized immediately at home.

An example of a home baptism is the baptism of the baby boy of Antonius. This boy was born feet-first and the midwife Angeluca placed him on the ground as she thought him dead. Next she asked Saint Bernardino to have mercy on the poor boy and raised him from the ground to bathe him. As she was bathing him she noticed that he moved, therefore the boy was alive and could be baptized.[34] Angeluca was asked whether she had seen other babies born without any signs of movement. She responded that she had seen plenty of similar cases where a baby had revived once she had bathed them. However, on those occasions she had not prayed to any saint. The commissaries were clearly interested in Angeluca's experience on similar cases. Her testimony is interesting because she told the commissaries that such a revival was possible without divine intervention, and thus in a way she was undermining the miraculousness of the case. At any rate, she was treated as an expert in recognizing the signs of life and death on newborn babies.

3. Signs of Death

In this chapter, I will take a closer look at the signs of death. These are the symptoms that confirmed whether someone was dead or alive and whose observation determined the status of a dying person. Phrases like "quasi mortuus or como morto" were commonly used. Christian Krötzl has also made the same remark on the basis of Scandinavian sources. Thus it seems that people saw "quasi mortuus" as a preliminary stage before death (KRÖTZL 1992).

By searching all the signs of death mentioned in the canonization process of Bernardino of Siena and in the miracles of James of the Marches I am trying to provide as comprehensive a picture as possible of the determination of death in fifteenth-century Italy. Given that criminal civil law cases do not include information on ways of recognizing death, in this respect this chapter is filling the gaps that other sources are not able to.[35]

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dicte puelle adeo deformis et concussa et livida et nigra quod neque oculi neque nares discerni poterant, et signa mortui corpusculi cernebantur. Sollicita erat tamen Colucia predicta de salute anime ipsius puelle: cum prefata obstitrice dictam puellam ad ecclesiam detulit baptizandam, dubitans eciam ne dicta puella in itinere deficeret baptismate non suscepto; et predicta Colicia continue orabat...» PELLEGRINI 2009: 223.

[33] Catholic Ensyclopedia: Salt. http://www.newadvent.org/cathen/13403b.htm

[34] "Deinde dum ipsa testis clamaret: 'O sancte Bernardine, fa de lu morto vivo, reviva questo citulo' et dictum puerum posuit ad balneum, qui puer cum fuit in balneo statim se movere incepit et eum statim baptizavit". PELLEGRINI 2009: 270.

[35] On criminal civil law cases see: BEDNARSKI 2013. I thank Doctor Steven Bednarski for a fruitful discussion and his information on criminal civil law cases and their lack of signs of death.

3.1. Pulse and Breathing

According to Aristotle's biology, the heart is the most important organ of the human body: it is the source of life and heat and heart controls both the human mind and body. According to the Galenic tradition, the body is controlled by three organs: heart, brain, and liver. Each of them is as important as the other for the human body and the preservation of life. In the Middle Ages, medical authorities were generally combined: the theories of Aristotle, Galen, Hippocrates, and Avicenna walked hand in hand. Thus, Aristotle's opinion on the heart's principality remained dominant but was combined with the teachings of other authors (Siraisi 1981: 187, 189).

In the Italian hagiographic sources used in this paper, a lack of pulse is one of the main signs of death. Heartbeats were however only one sign among others, and not in any way dominant or the most frequently mentioned. In the canonization process of Bernardino of Siena, a lack of pulse is mentioned as proof of death in four cases out of twenty-nine. For example, when Jacoba was hit by the falling pieces of wood and stones she lay dead for a quarter of an hour. Jacoba was found lacking pulse, but there were also several other signs of death: she was not breathing, her eyes were rolled back and her limbs were cold. Thus, according to her husband, her body showed all the signs of death.[36]

Similarly a three-year-old girl was found dead after having a fever. The same Jacoba who was confirmed dead in the previous case is presented here as a witness. She stated that the girl was dead since one could not find a pulse on her hands or feet.[37] Pulse was also taken on newborn babies. Midwives conducted practical tests to find out whether a baby was dead or alive. One of these tests was to confirm whether a baby had a pulse or not: a midwife would place her hand above the baby's heart, as Bucia did in the hospital of Saint Louis in L'Aquila.[38] Thus, it was possible to search for a heartbeat in the hands, feet, and heart. Another option was the throat. Mariana's eighteen-day-old baby was confirmed dead because she had no pulse, was not breathing, and her body was cold. Anthonia, who was helping the mother and taking care of the baby, tried to find a heartbeat in the baby's throat and limbs, but unfortunately the baby seemed to be dead.[39]

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[36] "...addens quod per prius, per tempus predictum, non respiraverat nec habere pulsum demonstrabat, oculos revolutos habebat et exteriora frigida veluti mortui habere solen; demonstrabat eciam omnia signa mortis." Pellegrini 2009: 520.

[37] "Interrogata ad quid cognoscebat eam mortuam fore, respondit quod nec in manibus nec in pedibus reperiebatur pulsus." Pellegrini 2009: 551.

[38] "Interrogata quale experimentum dicta obstitrix fecit, dixit quod apponebat alium pistum ad os dicte creature, ac eciam stringebat digitis auriculas, et manum apponebat erga cor..." Pellegrini 2009: 229.

[39] "Interrogata ad quid perpendit quod mortua erat, respondit quia vidit eam tractus facientem, item apposuit manum suam ad guttur et non sensit ibi pulsum, item similiter ad os non sensit respiracionem, item in nullo membrorum suorum apparebat pulsus, item membra suorum frigida erant." Pellegrini 2009: 471.

In the miracles of James of the Marches, pulse is mentioned more frequently: in eleven out of fifty-two cases. As previously mentioned, in none of the cases was the absence of a heartbeat the only sign. For example, an eight-month-old boy was declared dead because he was not breathing and no one could find a pulse in any part of his body.[40] Similarly a three-year-old boy was thought to be dead when he fell on the ground from a high place. The boy turned black, did not speak and had no pulse in any part of his body. Some of those who were present wanted to call a physician but the others said that there was no need for that since the boy was already dead.[41]

In one case in the canonization process of Bernardino of Siena a physician discovered a patient's pulse after he had recovered. A fifteen-year-old named Benedictus was so severely ill from a fever that a physician had lost all hope for his recovery.[42] Doctor Nicolaus came to see Benedictus the following day and to his surprise found that he was cured. To see if the boy was still in danger of dying he tested his urine and pulse,[43] which were fundamental ways of making a prognosis. The heartbeat told physicians whether a patient was ill or not. By taking a patient's pulse the physician could confirm what was going on in their heart—the source of a human's inner heat. By observing urine, on the other hand, it was possible to discover the nature of the illness. The most feared sign was black urine, for it signaled an approaching death (FRENCH 2001: 148-154).

According to medieval medicine, pulse, and breathing were connected to each other (FRENCH 2001: 241). Although these two were sometimes mentioned together as signs of death (along with some others), in some other cases only one of them is recorded. Thus, the link between the two (pulse and breathing) is not evident in the sources used for this paper. Even though in theory these two might come hand in hand, it seems likely that for medieval people these two were both important signs of life and death, but not linked to each other. In the canonization process of Bernardino of Siena there are eight cases in which breathing ("anhelitus/respiratione/spiritus") is mentioned as a sign of death. In the miracles of James of the Marches we find eleven cases where the lack of breathing is mentioned ("non fiatava").

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[40] "Una notte morio et cossi stette morto. E quelle de casa credendo se omnino che fosse morto perche tutti li signali de morto hauea che niente fictaua et lo pulso no se sentia in nulla parte." MIRACOLI: 44r - 44v.

[41] "...quando casta in terra et tutto il uiso deuento nero como un caldaro infiato, perdette la parola et lo pulzo che niente se sentiua. Et alcuni uoleuano chiamare el medico et alcunaltri diceano a questo non li bisogna piu ne medico ne medicine perche gia e' morto." MIRACOLI: 61v - 62r.

[42] "...misser Nicola medico disse che infallanter lu dicto Benedicto era morto et che non possea durare la sua natura

fyn allo die vicesimo..." "Et venuto vede primo lu singio et non credea che fosse de Benedicto, al ultimo certificato et veduto lu dicto Benedicto et toccatoie lu sou pulzo disse che stava beny et che li darea un poco minoratino et che forea guarito." PELLEGRINI 2009: 264, 265.

[43] "...demum expergefactus est, ad quem cum de mane medici advenissent, iudicaverunt ex aspectu urine ipsum esse liberatum ab omni mortis pericul..." PELLEGRINI 2009: 212.

3.2. Skin Colour and Body Temperature

The most frequently mentioned sign of death in the sources of this paper is a change of skin colour. In a total of twenty-one cases among the miracles of James of the Marches, death is recognized by the black colouring of the skin, although the specific body part that had turned black is not usually mentioned. The most common expression was that the person had turned black ("deventava nero"). Sometimes the whole body blackened, as in the case of Bricita, who was abandoned by a physician, was speechless for five days and turned all black; that is, like a corpse.[44] Sometimes those present noticed that only the face or head had turned black, like in the case of Pompeo, a small boy who fell from a window and was believed to be dying.[45] The black colouring of the head is normally a result of a dead body being hung upside down; for Pompeo, it might also be a consequence of a serious head injury.

In the canonization process of Bernardino of Siena, there are five cases in which black colouring is evidence of death. In the miracles of James of the Marches, black colour is generally identified in the whole body or just in the face; as in the case of four-year-old Gentilesca in 1447. Gentilesca, her sister Rosanna, and her mother went to reap the harvest in the fields outside the city walls of Civitaregali. As little girls tend to do, Gentilesca was not interested in working the fields and asked her mother if she could go back home to eat cherries. The little girls' journey back home turned into a dreadful tragedy: when they were walking along the road, water bursted out of a moat and Gentilesca was thrown into it.[46] The townspeople were building a fortification for the city walls, and in order to fill the moat with water they had to open a new stream. It was a misfortunate coincidence that the water was released as the girls were passing and Gentilesca was covered by mud and drowned. When she was rescued she appeared to be dead,[47] and when

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[44] "In Napoli una domina chiamata Bricita fo infirma grauemente de certi dogly de corpo et altre paxioni tanto grandemente che fo da li medici diffidata et stette V die che non parlo mai et deuento tutta negra et staua como un corpo morta." MIRACOLI: 54v.

[45] "In Napoli un mercante chiamato Jacobo Pozzo de milano haue uno figliolo nomine Pompeo de misi XXII. Il quale figliolo casco da una fenestra alta tre canne et dette de capo in certe petre grosse el quale se roppe in tal modo el capo chel medico mettea tutta la mano fra la pelle et lacza del capo tanto era grande la peritura et era tutta la testa et lo uiso infiato negro et da niuno occhio non uideua lume et era in tal modo che tutti quelli che uideuano diceuano che non era possibile che posisse campare." MIRACOLI: 140r-140v.

[46] "...Antonia de Gango... cum exivisset ad agrum causa metendi granum, et adduxit secum Gentilescam, etatis quatuor, una cum Romana, eius filias, dicta Gentilesca dixit matri testi: 'Ego volo ire ad domum pro serasis', et dum ipsa Gentilesca filia, una cum Romana altera filia, eius sorore, ivisset pro dictis serasis, venit aqua fossati per eandem viam in qua ipse due sorores ibant, ubi dicta aqua non fuit solita transire sive currere." PELLEGRINI 2009: 261.

[47] "...dum domines ipsius loci ipsum castrum fortificare et circumvallare vellent fossatis, recluserunt aliquos meatus, quibus reclusis, aqua habuit necessario facere impetum ita quod, considerata natura loci que montuosa est, descensum faciebat per spacium viginti cannarum. Et dum homines de dicto castro apperirent cursum aquarum, aqua repperiens puellam in via impetuose duxit eam ad planum descendendo per dictum descensum viginti cannarum, ubi submersa reperta fuit, coperta non solum aqua sed eciam luto, et ipsa puella extracta apparuit tamquam mortua." PELLEGRINI 2009: 259.

an honoured man, Pax Henrici, saw the girl later in her mother's lap he described that she seemed dead: her eyes were closed and her face was black.[48]

Trying to determine medical diagnoses from medieval sources is always dangerous. When dealing with death, it is however easier to know what symptoms people showed since we now know pretty well how a human body reacts to death. It is therefore interesting to see how the descriptions of dead bodies differ from our own modern descriptions. Black colouration on dead corpses is probably a sign of *livor mortis* or in other words, postmortem lividity. In modern medicine, postmortem lividity is one of the secondary signs of death. It is however a bit surprising that it is precisely black colouring that which is most frequently mentioned (in modern medicine *livor mortis* is described as purplish).[49] We might find an explanation in medieval symbolism: black was a symbol of death, sin, and hell. In the lives of medieval people, black was associated with death which might be an important clue to understand why they saw dead people differently than we do today.[50]

Black is not however the only change in skin colour. In the canonization process of Bernardino of Siena there are two cases in which the skin of a dead corpse became livid ("livida"), a sign nowadays normally associated with death. Sometimes black and livid are used in the same description, like in a case of the thirteen-year-old Johannes Marcheti from Castro Veteri. He drowned in a canal when he followed a bird that was flying over the water. Unluckily, his foot slipped when he jumped back to the road, and as a result he fell into the canal. The poor boy floated downstream to the nearby mill where a man named Lucas found him. He and another man named Jacob dragged the boy out of water. When asked how he knew that the boy was dead Lucas responded that he had seen several dead people and in this boy he could see all the signs of death. He specified that the boy's eyes were closed, his face was low-lying and black, his limbs were rigid, and his head hung down.[51] Jacob's testimony is slightly different since he adds that the boy did not move or breathe, his body was cold, and his face was livid.[52] Thus Jacob describes the boy's face as livid, while for Lucas it was black. It is possible that time had made the men's memories differ from each other. However, it seems that black and livid were the colours which medieval people associated with death.

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[48] "...vidit dictam puellam in manibus matris ipsius filie, que apparuit sibi quasi mortua, quia nigra fuit in facie et oculos habebat clausos..." PELLEGRINI 2009: 259.

[49] See for example the Finnish textbook of medicine *Ihmisen Fysiologia ja Anatomia*: 598 - 599.

[50] On the history and symbolism of black, see PASTOREAU 2008.

[51] "…dixit se plurima mortuos vidisse, et ipse puer omnia signa mortui pueri demonstrabat, et clausis oculis, facia dimissa et denigrata, et membris ac nervis conscipatis et fustatis, capite ad terram dimisso." PELLEGRINI 2009: 232.

[52] "…dixit quod puer se non movebat, et faciem habebat lividam, oculos clausos ac os et membra intexita et totum corpus frigidum et nullus spiritus aut anhelitus in eo sentiebatur." PELLEGRINI 2009: 233.

There are also two cases in which skin turned pale ("pallida"). As with *livor mortis*, paleness also (or *pallor mortis*) happens when blood circulation stops. However, *livor mortis* is a result of blood settling in the lowest parts of the body and is more spotted in colour, whereas paleness does occur all over the body when blood is drained from the veins.

In L'Aquila in 1447, for a respectable doctor named Nicolaus de Porcinariis, paleness was one of the signs that told him that his daughter Bernardina was approaching death. When Nicolaus was asked how he knew that his daughter was near death, he responded that he had carefully weighed the signs and come to the conclusion that death was approaching. The commissaries were not satisfied with this and wanted to know the precise signs. The answer was that her limbs were cold and she was pale as people who are approaching death.[53]

In addition to skin colour, body temperature was frequently observed. Like skin colour, temperature is dependent on the circulation of blood. According to Hippocrates, a body should be evenly warm. It was always a bad sign if head, arms, and legs turned cold (Hippocrates 1959: 21). Body temperature came from the "innate heat" produced by the heart and body's "radical moisture." This moisture was like oil for a lamp, thus keeping it alive. When the oil burned out due to old age, a body's temperature decreased and the outcome was natural death.

Coldness is mentioned seven times as a sign of death in the canonization process of Bernardino of Siena. Usually there are several other signs mentioned along with coldness, like in a case of a drowned boy. The boy's mother stated that she knew that her son was dead because his whole body was black and swollen, even his tongue was black and hanging out of his mouth. The boy was also cold and he did not breathe, nor showed any sign of vigour. Two other women also witnessed signs of death on the boy. Metussa and Sucia both touched the boy on every part of his body to confirm whether he was alive. Metussa discovered the boy was cold as ice. She also put her ear above the boy's heart to find out if he was breathing but all this was in vain since the boy was dead.[54]

Whereas change in the skin colour was evident for everybody who saw the dying person, coldness could only be confirmed by touching the dying. Like the women in the case of the drowned boy, also in 1447 in L'Aquila, Tadeus Bucii de Picencia touched his dying son's body only to find out that it was cold. The boy had suffered a long illness and ultimately one evening his condition got worse. At night the father touched his son who was lying completely covered in a bed. The father

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[53] "Interrogatus si vicina erat morti suo iudicio, dixit ut in articulo. Interrogatus in causa sciencie, dixit quod ad signa perpendebat. Interrogatus ad que signa, dixit quod erat frigida in extremitatibus et palida, ut solent esse morti vicini." Pellegrini 2009: 546.

[54] "...ipsum puerum manibus suis in diversis corporis partibus tetigit et palpavit, eumdemque sensit frigidem veluti congelatum ac eciam apposuit aurem suam erga cor ipsius pueri si sentire posset spiritum seu anhelitum in eo, et dixit se nichil sensisse aut percipere potuisse, propter quod tenuit et tenet ipsum mortuum fuisse..." Pellegrini 2009: 563.

felt that the boy was ice cold from head to toe. The boy was sweating and had two tears on his eyes signifying that he was dying.[55]

Coldness is mentioned eighteen times as a sign of death in the miracles of James of the Marches, being the second most frequently mentioned sign after black colouring. Unlike in the canonization process of Bernardino of Siena, in the miracles of James, we find cases where people try to warm up a dying person's cold body. For example, a two-year-old child was taken ill with the plague, and he was believed to be dying by a physician and all the other people as well. Therefore, his cold body was warmed up with heated clothes.[56] The same could be done even to unborn children. In Napoli, a woman called Violante was pregnant in her eighth month when her child was believed to be dead in her stomach. During three days, she could not feel her child move and her stomach became cold, so much so that not even the heated clothes, baths, or ointments could warm it up. Violante's husband was a physician and thus we can assume that heating of the stomach was an accepted method in the medical circles of fifteenth-century Italy.[57]

3.3. Eyes and Mouth

Signs of death could also be observed in the eyes and mouth. Closed eyes were an obvious trait of dead people. They are mentioned four times in both sources. In the canonization process of Bernardino of Siena there are also three cases where eyes are mentioned as being rolled back ("oculos revolvit"). This could mean that the eyes were essentially turned around thus being open and all one could see was their white. In one case, Jacobus Anthonius from Perugia had fallen ill after he pricked himself with a black thorn. When his condition weakened, his wife Alexandra called in two men, Herculanus and Matheus. When the men came in, Jacobus asked to be placed on the ground thus expressing his will to die on the ground as was the pious custom in the Middle Ages.[58] Once he was placed on the ground, Alexandra, Herculanus, and Matheus saw the signs of death on Jacobus. His eyes were rolled back and he remained dead for a half an hour. When Herculanus was asked how he knew that Jacobus was dead he mentions three signs: one of them

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[55] "Adveniente vero septima hora noctis, supradictus testis, tangens ipsum puerum, licet in lecto et copertum iacentem, repperit ipsum gelidum in pedibus, naso et toto corpore, et respiciens vidit circa tempora et frontem aliquas guttas sudoris et ad oculos lacrimas duas mortem significantes." Pellegrini 2009: 247.

[56] "Uno piccolino de dui anni grauemente infirmo de febre pestinenciale continua durando li molti di che lo conduxe quasi amorte el quale fo desperato da medici et dogni homo. E fo tanto presso ala morte che gia era tutto refredato che gli panni caldi non lo possiano scaldare." Miracoli: 52r - 52v.

[57] "In Napoli una domina chimata Uiolante muglia de un medico chiamato mss Rogeri de Cucbaro, questa era grauida de VIIII misi ala quale uenne una scesa con una doglia de reni che stette tre di et tre nocte che mai non sentene/senteste la creatura uiua in corpo et refredosse in tutto el uentre in tal modo che ne con panni caldi, ne bagni ne uncioni ne con niuna cosa mai non possiua rescaldare." Pellegrini 2009: 136v.

[58] For example saints Francis of Assisi and Bernardino of Siena wanted to die lying on the ground. Origo 1963: 238. It was believed that the separation of body and soul was easier if the dying was lying on the ground. Vovelle 2009: 13 [1983].

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in his eyes; another was that he was lying on his back as Herculanus had seen many dying people do; and third were three "tractus," which dying people usually took.[59]

"Tractus" are also mentioned by Jacobus's wife and they appear in other cases: three times in the canonization process of Bernardino of Siena and ten times in the miracles of James of the Marches ("tratti della morte"). According to Du Cange's dictionary, "tractum facere" is a synonym for "extremum spiritum agree," that is, the last breath that one takes before dying. It is extremely interesting that Jacobus is mentioned as having taken three last breaths: it reminds us of a long Christian tradition of three utterances. According to this tradition, the soul makes three utterances as it leaves the body. The fate of one person's afterlife depended on whether it was a demon or an angel who dragged the soul out of the body. This was a popular pedagogical device especially in the British Isles.[60] According to Michel Vovelle, the last breath was one of the repeated metaphors of a good death in the examples of the *Legenda aurea*.[61] Thus, we can assume that describing the last utterances was a way of describing a good death.

Surprisingly enough, medieval people discovered signs of death also on teeth. Teeth are mentioned to turn"seratos/inserrata" in the mouth of dead people. For example, the one-year-old Troiano was thought to be dead because his eyes were closed, his teeth "serati," and he had no pulse.[62] In one case the whole mouth is mentioned to be "inserrata."[63] "Seratos/inserrata" teeth could be perhaps translated as "waxy" teeth. This would mean that the moisture in the mouth dries up, thus making teeth dry and waxy. Another explanation would be that the teeth (or the jaw) stiffened as it tends to do when a person dies. There is also one case where the teeth of a dead person turned black. A mother of a three-year-old girl knew that her daughter was dead because she could not find a pulse, the girl's teeth were black, her eyes were rolled back, and her limbs were cold.[64] A black tongue or throat was also a sign of death: a woman was suffering for three months of a fever which ended with her being as good as dead, that is with her tongue and throat black as coal.[65] It

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[59] "Interrogatus si credit ipsum fuisse mortuum, dixit quod sic, quoniam tractus solitos fieri a morientibus fecit tres, atque signa cum oculis. Iacebat eciam supinus, prout vidit evenisse multis quos mori vidit." Pellegrini 2009: 536.

[60] For the three utterance tradition see Ritari 2013: 125 - 152.

[61] Vovelle 2009: 37.

[62] "...uno figliolo de un anno nomine Troiano infirmo de una graue infirmita et una uolta deuento como morto, et molti diceuano che era morto: et scapizato, chiosi gli occhi, serati li denti, perduti li pulsi et como morta staua et tutti per morto lo piangeuano." Miracoli: 165 r.

[63] "Ad castellammare del torno un chiamato Petro de Stanella hauea un figliolo nato de otto di chiamato Johannes Antonio infirmo de scesa de testa tanto grande che moriua facendo el tratto, inserrata la bocca, cominzato a refredare." Miracoli: 153 r.

[64] "Interrogata ad quid cognovit dictam puellam fuisse mortuam, respondit quod ad hec signa: primo enim carebat pulsu, item habebat dentes nigros, item habebat eciam oculos revolutos et omnes extremitas frigidas." Pellegrini 2009: 550.

[65] "una citella Maritata... fo inferma de febre continua misi tre intanta grauita che la sua lengua et lo cannarozo deuento secco et nero como carboni et desperata dalli medici et dogni aiuto humano..." Miracoli: 31 r.

was not unusual in the Middle Ages that the tongue was observed for medical purposes. When for example Gentile da Foligno treated the first plague patient of Perugia, he made his prognosis based on the patient's pulse, tongue, and urine (FRENCH 2001: 280).

Even lips could indicate that someone was dead. For example a certain mother in Naples saw that her baby had dead lips.[66] Unfortunately what she meant by "dead lips" is not specified. Hippocrates (1959: 11) gives us a clue: according to him, death is near if one has loose, hanging, white, and livid lips.

Another sign of death related to the mouth was speechlessness. In seven cases in the miracles of James of the Marches, silence was a sign that someone was dead. Similarly when a baby was born crying it was a clear sign confirming that the baby was alive. In one case in the canonization process of Bernardino of Siena and in four cases in the miracles of James of the Marches, lack of crying was one of the signs which indicated that a baby was dead.

3.4. Unconsciousness, Wounds, and Pain

Some deadly signs are related to unconsciousness. In the canonization process of Bernardino of Siena we can see several different ways of saying that someone was unconscious or not reacting to worldly matters. Sometimes the word "insensibilis" is used, as when a girl named Anthonia fell into a river.[67] Another way of discussing unconsciousness was by saying that someone was without senses or understanding ("privabat sensu et intellectu"). In the miracles of James of the Marches a similar phrase is "non sentiva." When in Policastro two physicians found a fallen man called Caramello lying on the ground they were desperate about his recovery despite of all the remedies they tried. Even after bloodletting the man was without senses, as if he was dead, except for having a pulse.[68]

Another physical sign could be wounds on a dying person's body. Sometimes a patient wounds were so severe that physicians or other bystanders were sure that death was imminent. In L'Aquila in 1446, a boy called Micutius fell so severely from a portico that two physicians saw it necessary to operate on his head.[69] Leonardus de Camerino, a doctor who was treating the sick, thought

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[66] "dicte la madre chera presente che quello piccolino morio et che le scappaua per la bocca la forma le labre morte." MIRACOLI: 29 v - 30 r.

[67] "...invenitque filiam suam respirantem, que prius sine spiritu insensibilis apparebat." PELLEGRINI 2009: 424.

[68] "In Policastro un omo chiamato Caramello pastore li casco la gocta chel fe cascare in terra como morto, al quale se trouorono doi medici luno nomine mastro Sanato laltro mastro Cola, e questi fecero al predicto infirmo molti remedii et nulla cosa le trouaua. Lo fecero sagnare et niente de sangue lensiua perche staua como corpo morto che da niuno senso se sentiua excepto un poco lo pulso." MIRACOLI: 146 v.

[69] "...Micutius...cum de quodam porticali, seu grifo Aquilano vocabulo, cecedisset, altitudinis cannarum trium vel circa, festinanter advocatis medicis et videntibus caput conquassatum et concussum , iudicatum extitit per eosdem capitis incisuram esse necesse." PELLEGRINI 2009: 213.

that the boy would have died without the operation. Thus, the wound was a sign of approaching death. Similarly bleeding was a sign of death; when a three-year-old Loysi Bisbano fell from a high place he did not cry or speak, and his mouth, nose, ears, and eyes were bleeding.[70]

Even pains could be considered telling of an approaching death.[71] In one case, a patient suffered from such unsurmountable pains that he lost his senses and showed the sweat of death on his face.[72]

4. Conclusions

Fifteenth-century Italian hagiographic sources reveal that people recognized several signs of death that confirmed when someone was dead or approaching death. The most frequently repeated signs were coldness of body, changes in skin colour, and lack of pulse or breathing. Unconsciousness, speechlessness, and immobility were also often observed. These are to be expected, for they are the same signs that our own medical experts observe today. Since a human body works more or less in the same way as it did five hundred years ago, it is no surprise that the most important signs of death were the same as in modern times. It is crucial to our knowledge that people were aware of exactly the same signs that our own doctors observe today on the dead. Thus, here we might be facing the early development of medical expertise in forensic science.

A more thorough analysis also reveals many unexpected signs. Signs on peoples' eyes, teeth, or tongue were proof of death. Sometimes even tears or sweat on the forehead were deadly signs. For some people, the position adopted by a dying person signified death, for instance, lying on one's back or with the head laid down, as was the custom for the dead. Similarly, wounds or pain told about the approaching death. The expressions like 'waxen teeth', 'black tongue', 'dead lips', and 'sweat and tears of death' show that people looked for signs that are not associated with death today.

Even though some of the signs appear more frequently than others it is not possible to see one of them as more important than the others. Normally there are several signs mentioned together. Therefore, there is no evidence, for example, of Aristotle's opinion of the heart's superior role in the human body. In the Middle Ages, death was not as strictly determined as today: there were several signs that signalled death and none of them was insuperable.

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[70] "Uno chiamato Loysi Bisbano de tre anni casco da alto piu de 4 canni el quale fo recolto per morto che lui non piangiua, non parlaua ne fiataua et ensiuale sangue per la bocca per lo naso et per gliocchi et per le orecchie et tutto era deuentato infiato nero, refredato et desperato de medici." MIRACOLI: 104 r.

[71] "...lei era in tanto dolore che li parea morire." MIRACOLI: 247v.

[72] "Antonello li uenne un dolore de corpo et de uentre tanto grande che tutto se abandono un dolore insupportabile che li facea uenire li sudore de la morte, et era priuato dogni sentimento per gran dolore..." MIRACOLI: 266r.

It seems that the signs were familiar to people in general for, in most cases, they were observed by everyone present. In some cases authority was given to physicians, surgeons, pharmacists, or midwifes. They could tell when there was no hope left, but death or dying was imminent. Unlike in the Scandinavian sources, medical experts had an important role in the determination of death in Italy. This is not surprising if we think back to the strong Italian medical background from the twelfth century onwards. However, it seems that medical experts were not asked to visit a dying person solely for the purpose of confirming their death. They were called in earlier to treat and take care of the patient. Thus, they remained by the patient's side until he or she was dead and at that point they confirmed their death. Also midwives' first priority was to take care of babies, and when the time came they had the responsibility to announce the baby's death.

There seems to be no mistrust of physicians and midwives, but people did seem to rely on their own analysis. They had clear methods of observing the signs. They touched the body, especially the arms, legs, chest, and throat in order to find a pulse or investigate if a body was already cold. Similarly, they put their ear above the chest or mouth of the dying in order to see if they were breathing. These methods were also used by those who had no medical background. Sometimes, however, when physicians were not present, people had contradictory opinions on how to proceed, given that determining death and its signs was not always an easy task. Occasionally people waited hours by a dead corpse before they prayed to a saint; sometimes it was done immediately when someone was found dead. Interestingly, there are no mentions of bad smell as a sign of death. Perhaps in none of the cases a corpse remained in place so long that it would have begun to decompose. Or, more likely, when the corpse had remained long enough to begin its decomposition, there were no miracles anymore. We have to take into consideration the fact that in some cases people were probably not dead according to our modern standards, but they were simply thought to be dead. Even modern doctors make mistakes when determining death. For this reason, some doctors say that decomposition is the only definite sign of death. Of course, it is also possible that for some reasons people were not willing to speak about bad smells.

In the hagiographic sources, the proportion of child deaths is relatively high. When studying the death cases of both children and adults, we get an impression that the signs were the same for all of them. Even a dead fetus was declared dead because of the coldness of the mother's stomach. There is not however any mention of dying of old age. This is due to the character of the sources. In the hagiographic sources we encounter only the kind of cases where people were not willing to die. Thus there are no mentions of cases in which someone had led a long life and was ready to meet death. When a man was ready to die there was no need for a miracle. This explains why old age is not one of the signs of death in these sources.

When studying the medieval signs of death, one could not escape from the social and collective nature of death. Inside a private home a public occasion took place when someone was dying.

Sometimes it was just members of a household who took part in the moment of death and observed the signs. Usually also close relatives, neighbours, and friends participated in it. Sometimes there were also medical experts and clerics. Occasionally even total strangers were present, especially when an accident took place in a public space. Determining death and observing the signs of death were tasks which made dying a community situation: bystanders had an active and important role in observing the signs. While people were grieving their loved one, they also had to make observations on his or her body to be sure whether death had already arrived. Sometimes there was an expert taking care of this but by the same token everybody needed to be aware of these signs.

It is crucial to note that modern medical expertise inn determining death is deeply rooted in medieval tradition. People recognized all the same signs of death as we do today. Even though medieval medical handbooks omit information about the recognition of a dead corpse, from hagiographic sources we can clearly see how it was done, and the fact is that it resembles many of our own ways. From other legal sources we know that it was a custom to declare that someone was dead because many people declared him or her to be. Hagiographic sources are rare however because they tell us also *how* people knew that someone was dead. These sources could be useful not only for medical history but they can also offer important knowledge for the study of legal and criminal history. Since we can clearly observe how death was determined in this period, the study of the signs of death could benefit not only medical and death studies but also legal studies.

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Appendix

Table 1. Signs of Death in the Canonization process of Bernardino of Siena

	II/1	II/2	II/3	II/5	II/6	II/9	II/10	II/12	II/13	II/14	II/15	II/16	II/18	III/1	III/9	III/35	III/36	III/43	III/50	III/52	III/60	III/62	III/64	III/72	III/81	III/82	III/83 83	III/90 90	III/95 95
omnibus presentibus	X		X		X		X	X	X		X			X				X	X				X		X		X	X	X
familia							X	X																					
medicus						X				X		X			X	X		X		X			X	X					
obsterix		X		X									X				X									X			
sacerdos																					X								
sine pulsu				X													X						X						X
frigida	X				X		X										X						X					X	X
vomitus																X													
fluxu sanguinis																X					X								
fecit tractus																	X								X				X
declinasset caput					X												X												
vulnus								X				X			X				X										
quasi mortuus								X	X														X						
oculos revolvit																							X	X					X
oculos clausa					X		X			X																			X
sine anhelitus	X			X	X					X																			
sine respiratione																									X				
sine spiritus	X			X	X																								
sine vigore	X																												
insensibilis etc.										X			X		X								X	X		X			
os revolvit																									X				
oculos levavit																									X				
pallida																									X			X	
tumefactus	X																									X			
inflatus																				X									
livida		X			X																					X			
nigra	X	X			X				X																	X			
non movebat				X	X						X		X												X				
color innormal																									X				
dentes nigros																													X
dentes seratos							X																						
pustule nigre							X																						
lacrimas							X																						
lingua innormal	X																												
membra infustata					X																								
dolore mortis																					X								
supinus iacebat																									X				
sudor							X																						
infans non ploravit																												X	

Table 2. Signs of Death in the Miracles of James of the Marches

	Labre morte	tratti della morte	lingua nero	non fiatava	senza polso	senza parlare	raffred dato	nero	ferita	non sentiva	fluxu de sangue	occhi chiusi	Bocca/dente incerata	occhi incerata	non piangeva	senza movere	dolore	sudore
29v-30r	X																	
31r (a)		X																
31r (b)			X															
44r-44v				X	X													
47r		X																
51r-51v						X												
52r-52v							X											
52v							X	X										
54v (a)							X	X										
54v (b)									X									
61v-62r				X	X			X		X								
63v-64r					X			X										
65r				X														
66r				X	X					X								
68r					X			X							X			
68v		X																
70v-71r								X										
72v							X	X										
86r					X		X											
104r				X		X	X	X			X				X			
116r		X																
118v									X									
119v		X																
133r			X				X	X				X						
134r				X	X			X				X						
136v							X											
140r-v							X	X	X			X						
145r-v							X											
146v										X								
153r		X					X						X					
153r-v				X	X			X					X					
155r				X											X			
164v								X										
165r					X							X	X					
168v					X								X	X				
169r				X		X		X								X		
176r		X																
179r-v					X		X	X										
184r						X	X	X			X							
187r							X	X					X					

196r	X	X												
200v				X				X				X		
209r-v	X					X					X			
220r					X									
220v					X	X								
228v													X	
229r	X													
230r			X		X	X								
234r			X		X	X								
247v							X						X	
266r													X	X
274r-v			X	X	X									

PUBLICATION
IV

Death in a Birth Chamber: Birth Attendants as Expert Witnesses in the Canonization Process of Bernardino of Siena

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Reading Medieval Sources: A Companion to Medieval Miracle Collections, edited by Sari Katajala-Peltomaa, Jenni Kuuliala & Iona McCleery. Brill, forthcoming.