

## Healing and health in early monasticism

The foundation of the first Western monastery on Monte Cassino by Benedict of Nursia (529) represents a decisive development for Western medicine, as well as for the history of nursing and health care. Monastic communities are attested from the fourth century, for example, in Rome, Gaul and Germany; however, the Benedictines developed superior organizational structures and exercised considerable cultural influence. Augustine had encouraged 'coenobitic' movements in North Africa as early as the fourth century,<sup>1</sup> and the first 'rules', which were later attributed to him, were taken as a model by the early Christian communities (Acts 4: 32–5). In his binding *Regula* for the new orders, Benedict consulted in particular the *De institutis coenobiorum* by John Cassian (b. c. 360), who was probably inspired by the eastern Church Father Pachomius.<sup>2</sup>

The 'rule of St Benedict' constituted a comprehensive 'ars vivendi'. It was characterized less by ascetic requirements than by a daily programme of hygiene with strong psychological nuances, which made generous allowances for human needs and weaknesses and gave the inhabitants of the monastery directions on how to maintain their health.<sup>3</sup> It afforded the monks a happy medium between a hermitical existence and fulfilment within a community, and aimed to present a comprehensive preventative medicine, although particular emphasis is naturally placed on the relationship with God. Although the maxim 'Ora et labora' admittedly became well-known in this form only in the Middle Ages, it is a fitting motto for Benedictine pragmatism.

The abbot should lead the monks 'like a prudent physician'; the comparison with a form of 'therapy' is chosen deliberately here (chapter 28). Benedict is concerned with those who have transgressed, for 'they that are in health need not a physician, but they that are sick' (chapter 27). In the case of those who will not reform, the abbot should apply

soothing lotions, ointments of admonitions, medicaments of the Holy Scriptures, and if, as a last resource, he hath employed the caustic of excommunication and the blows of the lash, and seeth that even then his pains are of no avail, let him apply for that brother also what is more potent than all these measures: his own prayer and that of the brethren, that the Lord who is all-powerful may work a cure in that brother. But if he is not healed even in this way, then finally let the Abbot dismiss him from the community. (chapter 28)

However, he should also take care that repentance and betterment do not cause the patient 'overmuch sorrow'; here Benedict's psychological gifts become apparent.<sup>4</sup>

The health of the soul is the primary therapeutic goal of the Benedictines, as it had been for the Church Fathers, and is dependent on the understanding of the individual monk, as well as on his environment and his monastic brothers and superiors. Benedict's pedagogic doctrine does not shield weaknesses, but it does protect weak *people*: the elderly, children, the poor and the sick.<sup>5</sup> Consideration and friendliness are recognized as factors which foster good health; the sensibilities and concerns of the individual are respected: 'For the Abbot must know that he has taken upon himself the care of infirm souls, not a despotism over the strong' (chapter 27). The healthy monk should not exercise rhetorical or therapeutic power over his fellow brother, but should show compassion: 'Above all things, let him be humble; and if he hath not the things to give, let him answer with a kind word' (chapter 31). If all men are to be treated equally, argues Benedict, then due consideration should be given to inequalities between them. Benedict warns the abbots not to build up walls of rules and regulations, which could be the downfall of the individual monk, but to adjust himself to the needs of each: 'To one gentleness of speech, to another by reproofs, and to still another by entreaties' (chapter 2). The 'father of monks' attempted to attain that comprehensive harmony of life about which the heathen physicians had also written. Terms such as justice, consideration, moderation, mean, modesty, wisdom and truth, but also piety and fasting, replace the gymnastic exercises suggested by Galen. The dignity of the individual is protected perceptively against collective ideas or moral pressure from the community.

In addition to prophylaxes and the considerate treatment of one another, care for the ailing brothers was ranked 'before and above all things' (chapter 36); the image of the 'Christus patiens' (Matthew 25: 40) immanent in each patient became a central precept. 'Works of charity' are recommended in the *Regula* as 'instruments of the spiritual art' (chapter 4).<sup>6</sup> A hospice for visitors and rules for care of the sick therefore became standard for Western (and also Eastern) monasteries. The ailing brothers were allowed frequent baths and meat dishes (which were generally only permitted to the monks in exceptional circumstances) and were instructed to be patient and 'not [to] grieve their brethren who serve them by unnecessary demands' (chapter 36). The elderly and children were given preferential treatment (chapter 37). Sleep, midday rests (for rest or reading), the nature and number of meals, meditation and, of course, the ritual of hourly prayer and worship were laid down precisely. The cyclical regularity of the Benedictine daily and yearly routine contributed to the internal harmony of the monastic community, as well as that of the inhabitants of the surrounding area and the congregations of the church services, who poured into the monastery from outside. In 818, the oldest surviving European *Monatsbilder* ('month paintings') were produced in St Peter's Abbey in Salzburg; these offer exemplary representations of the yearly cycle of activity within the neighbouring communities of peasants.

Since the Edict of Milan (319) there had also been Christian institutions for the care of the needy in the Latin West. The hospices (*Xenodocheia*) which were prescribed for each bishopric by the Council of Nicaea (325) became 'seed-beds of Christian institutional health care'. The foundation of these institutions certainly prevented the physical and spiritual impoverishment of many poor, ill and isolated individuals, as well as orphans and pilgrims (and therefore brought an end to a dark chapter of ancient, heathen cultural history, which is for the most part shrouded in ignorance), although care for the sick was only *one* of the functions of these asylums. Physicians had no influence in these institutions; as had been the case in the ancient world, they practised in ambulatories, which were progressively replaced by monastic institutions following the foundation of Benedictine monasteries. Within the Byzantine sphere, however, where there was evidently a desire to preserve heathen and ancient medical knowledge, an organized system of institutions was developed at an early stage. These institutions resembled later hospitals and were home to a remarkable synthesis of Greek medicine, Roman organizational forms and a Christian outlook.<sup>7</sup>

It was the monks, who, in the East and the West, collected the writings of ancient medical authors in order to expand on empirical medical knowledge and popular medical traditions. They also cared for the sick and needy, as prescribed by the precept of charity. In the thirty-first chapter of his *Institutiones* [*Institutions of Divine and Secular Learning*], Cassiodorus (b. 480), who was initially a high dignitary in the court of Theoderic and later founder of the model monastery Vivarium in southern Italy, listed those medical books which he considered indispensable to a monastery library, as well as describing the Christian notion of a beneficial healing process: 'Do not place your hope in grasses, or base the cure on human advice. For the art of healing is bestowed by God; without doubt, he, who gives men life, also gives them health . . .' However, the former senator does not hesitate to recommend to the monks 'the *Herbarium* of Dioscurides, who has described and drawn the field grasses with admirable precision', as well as Galen's *Therapeutica*, the tract *De medicina* by Caelius Aurelianus and a compilation of medicinal herbs attributed to Hippocrates. The *Institutiones* therefore effectively bridge the gap between Christian tenets and heathen medical writings.

Within the ambit of the monasteries there soon developed respectable schools of theoretical research, which were based on the seven 'artes liberales' and taught the monastic fathers' variety of dietetics to a wide circle of clerical and noble pupils. The patients were no longer tended by a professional doctor as they had been in heathen antiquity, neither were they treated at the gates of the monastery by an 'academically' trained physician acting as a representative of Christ, as in the high Middle Ages. Yet the reputation of monastic physicians often spread far and wide. As early as the tenth century, Notker, a monk in St Gallen, was described in the *Totenbuch* (register of deaths) as a *benignissimus doctor et medicus*; he was consulted by bishops, abbots and dukes and finally was summoned to the court of the Ottonian emperor to practise as medical expert 'pro remediis in aula regia'. He believed, perhaps not surprisingly for a monk, that some illnesses could only be cured with assistance from the saints.<sup>8</sup> The rapid development of interest in medicine necessitated an increased provision for health care. Following the Council of Aachen in 817, which consigned both medicine and nursing to monks and nuns, the plan of the St Gallen monastery after 820 includes a poor-house, guest house, hospital wing, doctors' wing, blood-letting house, baths and herb garden.<sup>9</sup> In 842, the abbot Walahfrid Strabo praised the medicinal plants in this garden in Latin hexameters.<sup>10</sup>

Yet in addition to herbal remedies, dietetics, or the art of healthy living, became increasingly important in the monasteries, with the

ascetic ideal assuming primary importance. Cassiodorus enjoined renunciation and contemplation upon the brothers, in order to avoid the 'sins of the flesh'.<sup>11</sup> John Cassian pointed to the vitae of oriental anchorites, who were famed for their humility and abstention.<sup>12</sup> A strict ascetic, Cassian even advises us to 'become the fools in this world, so that you become wise'. The monk's clothing should protect against dirt and cold and 'be free of excessive elaboration'; the hood should bring to mind the innocence of children. Cassian deliberately opposes the daily routine of the monk to that of the layperson; he considers the latter to represent a basic danger to health.

An early consequence of this propensity to spirituality and asceticism was that Augustine was obliged to mount an emphatic defence of manual and physical activity in his tract *Of the Works of Monks*.<sup>13</sup> Similarly, Cassian condemned the traditional concept of *acidia*, the sinful state of day-dreaming and destructive boredom, to which monks were particularly prone. Evagrius Ponticus (d. 399) included this health-endangering vice, which could lead to depression or to a 'distaste for life' (*taedium sive anxietas cordis* – Cassian), among the eight sinful thoughts (*logismoî*), which were based on the seven deadly sins as enumerated by Gregory the Great.<sup>14</sup> Evagrius considered melancholic idleness a health-endangering passion, which should be combated rather than suppressed: 'He who is always sad and feigns *apatheia* [freedom from passions] is like the invalid who feigns health.'<sup>15</sup> The ascetic considered it an incontestable fact that health can only be attained by means of religious endeavours: 'He who loves the Lord will be free from sorrow, for perfect love drives away grief.'<sup>16</sup>

It should consequently not surprise us that the Cistercian Caesarius of Heisterbach portrays the health-endangering consequences of 'sadness' in his visions.<sup>17</sup>

However, asceticism represented only *one* variant of monastic life. The influence of the Benedictine rule, with its emphasis on cultural and academic achievements, as well as on the care of body and soul as a divinely ordained duty, grew steadily throughout the Western world.