EXPERIENCING THE APOCALYPSE: THE BLACK DEATH AND THE CITTADINI OF ITALY

MATTHEW CHECHOTKO

Bachelor of Arts/Education, University of Lethbridge, 2019

A thesis submitted

in partial fulfilment of the requirements for the degree of

MASTER OF ARTS

in

HISTORY

Department of History
University of Lethbridge
Lethbridge, Alberta, Canada

Experiencing the Apocalypse: The Black Death and the Cittadini of Italy

Matthew Chechotko

Date of Defence: December 9, 2021

Dr. David Hay	Associate Professor	Ph.D.
Dr. Kristine Alexander Thesis Co-supervisors	Associate Professor	Ph.D.
Dr. Christopher Burton Thesis Examination Committee Member	Associate Professor	Ph.D.
Dr. Janay Nugent Thesis Examination Committee Member	Associate Professor	Ph.D.
Dr. Lynn Kennedy Chair, Thesis Examination Committee	Associate Professor	Ph.D.

ABSTRACT

This thesis examines urban Italian citizens' (*cittadini's)* responses to the Black Death (*epidemia)* through the emotional scripts and social rituals that guided their decisions. This analysis focuses on three main questions: How did people feel about what they were doing, or what was being done unto them? What did they do about how they felt? What were the limits of what could be done, and who set those limits? This analysis portrays what *cittadini* understood about the disease, its cause, origins, and prognosis, and their available avenues for responses to the disaster. *Cittadini* adopted emotional scripts and social rituals provided by the cultural institutions of urban Italy; however, when these failed, *cittadini* developed their own scripts and rituals or modified existing ones to interpret the *pestilentia* and respond to the sick and dying, thereby altering their responses, and fundamentally shaping their distinct experiences of the *epidemia.*

TABLE OF CONTENTS

Introduction

The bubonic plague, caused by the bacteria *Yersinia pestis* is an insidious disease that is highly lethal to humans; yet it thrives endemically in the rodent populations of Central Asia through the fleas that utilize them as a host species.[1] During the thirteenth century, *Yersinia pestis* entered a more active stage within its plague reservoir on the Tibetan-Qinghai Plateau. In this case, environmental stimuli resulting from the incursion of a moister westerly-air stream encouraged vegetation growth and a dramatic increase in the rodent population. Accordingly, the rodents' burden of fleas and their deadly pathogen expanded, and bubonic plague became epizootic among sylvatic rodents along the Silk Road.[2] By the early fourteenth century, the bubonic plague was poised to jump to humans, as the growth of late medieval continental trade routes increasingly brought Eurasian travelers into the ecological sphere of plague bearing animals. Accordingly, *yersinia pestis* exploited Eurasian systems of exchange to move quickly between regions, and ravaged Europe, Asia Minor, and North Africa, ultimately killing between 75 and 200 million people.[3] By 1351, the bubonic plague had become one of the most devastating pandemics in global history. Furthermore, for four centuries after its epidemic outbreak in 1346, the bubonic plague remained an ever-present threat to early modern people through a series of reoccurring plague cycles. The initial outbreak of the bubonic plague, the *epidemia (epidemic)* or *pestilentia (pestilence),* as it was described by contemporary Italians, caused dramatic economic, political, and social consequences for the populations that its lethal tendrils reached. The historian William McNeill argued in his influential text *Plagues and Peoples* that "ingenuity, knowledge, and organization can alter humanity's vulnerability to invasion by parasitic forms of life, but it cannot eliminate it."[4] Although disease is an inevitable threat to

[1] John Kelly, *The Great Mortality: An Intimate History of the Black Death: The Most Devastating Plague of all Time* (New York: Harper Perennial Publishing, 2005), 34.
[2] Bruce Campbell, *The Great Transition: Climate, Disease and Society in the Late-Medieval World* (Cambridge: Cambridge University Press, 2016), 7.
[3] Campbell, *The Great* Transition, 58.
[4] William McNeill, *Plagues and Peoples* (New York: Anchor Books Press, 1976), 295.

human prosperity, each society's response to an epidemic is uniquely shaped by specific social and cultural circumstances, which manifest in emotional scripts, social rituals, and unique interpretations of disease. Accordingly, during the *epidemia*, *cittadini (townsfolk)* adopted emotional scripts and social rituals provided by the cultural institutions of urban Italy; however, when these failed, *cittadini* developed their own scripts and rituals or modified existing ones to interpret the *pestilentia* and respond to the sick and dying who suffered from it, thereby altering their responses to the *pestilentia,* and fundamentally shaping their distinct experiences of the *epidemia.*

The Black Death has received significant scholarly attention since the early twentieth century as a topic of demographic, epidemic, economic, social, and cultural history. Furthermore, the vast scale and impact of the plague on fourteenth century society has invited numerous reappraisals of the epidemic as new historiographical methods come into practice. The narrative of the Black Death has become rich and complex as historians have staked out new claims to methodological ingenuity and evaluated the plague within a broader scope of transcontinental disasters and environmental trends. However, the reorientation of the late-twentieth century on social history initiated many new studies of the Black Death as a critical moment in political and cultural thought. For instance, the fourteenth century became framed as a period when Europeans shed the oppressive blanket of the medieval period, as the depopulation of Europe unshackled it from the restraints of a continental Malthusian deadlock.[5] Recently, social historians have narrowed their methodological scope further by emphasizing the micro-effects of the Black Death on European society, particularly the role that socioeconomic status, regional differences, and cultural characteristics played in shaping individuals' behaviors and responses to the epidemic. This thesis follows in these social historians' footsteps by focusing on the specific regional, social, and cultural characteristics

[5] David Herlihy, "Population, Plague, and Social Change in Rural Pistoia, 1201-1430," *Economic History Review,* Vol, 2, No. 18 (1965), 227.

of urban Italian society to contextualize contemporary responses to the *epidemia* and their social consequences.

Although historians have identified and evaluated the leading chroniclers, medical treatises, and literary sources of the fourteenth century, they have neglected to study them as an integral part of their specific context, culture, and society. For this reason, this thesis focuses on fourteenth century Italians' experiences of the *epidemia* and their specific social and emotional responses through an examination of the social networks, emotional scripts, and cultural rituals that shaped them. Furthermore, instead of limiting the scope of enquiry to modern conceptions of 'emotions,' this thesis adopts 'experiences' as a holistic term used to represent historical actors' affective thoughts, behaviors, cognition, reason, and perceptions of the plague. This shift from a focus on emotions to experiences allows this thesis to answer three key questions introduced by the historian of feelings and experiences Rob Boddice: How did people feel about what they were doing, or what was being done unto them? What did they do about how they felt? What were the limits of what could be done, and who set those limits?[6] Altogether, these questions structure a more in-depth analysis of the *epidemia* than one focusing on a specific emotion by considering the cultural evaluation and dynamic nature of feelings and experiences as *cittadini* responded to events and changed over time.[7]

Furthermore, narrowing the geographical scope on urban Italy shows that *cittadini's* experiences of the *epidemia* were influenced by inherited religious, medical, political, and social norms. These interpretations and responses to the *epidemia* were developed over centuries and endorsed by the cultural institutions of Italy. Consequently, the emotional scripts and social rituals informed by these cultural norms can only be understood within their historical context. Furthermore, these scripts capture the words used for affective experiences, the gestures that expressed them, and the cultural norms that

[6] Rob Boddice, *A History of Feeling* (London: Reaktion Books, 2019), 211-15.
[7] Boddice, 220.

determined how and when an expression is appropriate. For this reason, this conceptualization of *cittadini* and their emotional scripts is a historicization of the human itself, as experiences are formed in a dynamic relationship between the brain, the body, and the world around it.[8] Through this dynamic process, *cittadini* often developed their own scripts and rituals or modified existing ones to interpret the *pestilentia* and respond to the sick and dying when those provided to them failed. Ultimately, the interpretations of the *pestilentia* that *cittadini* chose to adopt and their responses to its physical and psychological burdens shaped distinct collective and individual experiences of the *epidemia*.

Methodology

To appreciate the complex effects of the *epidemia* on urban Italian society, this thesis draws heavily on the history of emotions and Rob Boddice's recent work in the history of feelings and experiences. Although historians cannot embark on an empathetic account of the past, we can attempt to understand what it felt like to experience events according to the terms of historical actors themselves.[9] Through the reconstruction of emotional scripts, regimes, and networks, the affective worlds in which people moved take shape. Within these affective worlds, a dynamic relationship exists between culture, the brain, and the body, with affective experiences being both an ingredient and product of the system.[10] This dynamic relationship is established on the historically specific cultural norms and perceptions that shaped actors' unique experiences of events and existence itself. For this reason, this thesis adopts Rob Boddice's methodological approach and conceptualization of feelings and experiences found in his recent works *A History of Feelings* and *Emotion, Sense, Experience.* Additionally, Boddice's approach is blended with medieval historians Damien Boquet and Piroska Nagy's analysis of collective emotions and those

[8] Boddice, 3.
[9] Boddice, 2.
[10] Boddice, 2-5.

shared on the public stage, which adds a unique dimension to the exploration of communal experiences and rituals during the Black Death. Aside from these three historians, the methodology of this thesis is informed by some of the most influential works in the history of emotions and experiences from the last decade to analyze *cittadini's* responses to the *epidemia.*

Rob Boddice's biocultural approach to historical experiences constitutes a significant part of the methodology of this thesis. Fundamentally, Boddice argues that how we feel is the dynamic product of the existence of our minds and bodies in specific moments of time and space.[11] This conceptualization of experiences is an example of 'biocultural neuroplasticity': A useful term that argues that modern individuals do not share historical actors' perception of their senses and feelings and their understanding of the relationship between body, soul, and the natural world. Moreover, neuroplasticity describes the brain's ability to modify, change, and adapt both structure and function throughout life in response to experiences, the brain literally being shaped by the environment around it. Therefore, historical actors' culturally informed emotions and actions conditioned their unique experiences of the world, as their cultural institutions and lived environments shaped how their minds perceived the natural world.[12] Critically, Boddice argues that the major contribution of the history of emotions is discovering the cultural shaping of human feelings, "even to the extent that what seems unconscious, or 'natural', has been significantly influenced by the cultural webs in which human biology is ensnared."[13]

This thesis embraces Boddice's biocultural approach by abandoning modern assumptions about categories of historical experiences, affective processes, and cultural knowledge. Moreover, this study examines *cittadini's* affective lives, styles, and systems in context, based on the close analysis of cultural norms, social networks, and emotional scripts provided for *cittadini* to respond to the *epidemia*. Due to

[11] Boddice, 9.
[12] Boddice, 122-25.
[13] Boddice, 210-15

biocultural neuroplasticity, *cittadini's* experiences of the *epidemia* can only be understood through the analysis of these emotional scripts and the cultural construction of the disease and its victims. By aligning with Boddice's methodological approach, this analysis of the *epidemia* portrays what *cittadini* understood about the disease, its cause, origins, and prognosis, and what they perceived as their available avenues for proper responses to the disaster. Altogether, these aspects coalesce to capture the various phenomena, behaviors, emotional scripts, and cultural norms that shaped *cittadini's* experiences of the *epidemia*.

Damien Boquet and Piroska Nagy's work on affective processes and the history of emotions provide two important methodological approaches for this study of the *epidemia* that act alongside Boddice's biocultural perspective. Firstly, Boquet and Nagy's approach emphasizes medieval individuals' perception of their own lived experiences, as they too "named, considered, and experienced 'affective matters,' and did so according to their own codes, motivations, and aims."[14] Accordingly, they argue that the emotions that were voiced, expressed by action, or displayed by the body are all genuine, as each occurrence possessed its own cultural and social efficacies.[15] This interpretation of emotions and actions supports the analysis of emotionally-laden works from medieval authors, such as Giovanni Boccaccio and Francesco Petrarch, who often exaggerated their experiences as a rhetorical device. Due to their extravagance, many historians of the Black Death neglect these and similar sources because they sensationalize events and responses to the disaster. However, as Boddice, Boquet, and Nagy argue, these dramatic elements stem from authors' unconscious affective processes and represent their sincere experiences of the Black Death. Furthermore, like Boddice, this approach prioritizes viewing emotions and affective processes as historically unfamiliar and separate from their modern conceptualizations, which emphasizes historical experiences.

[14] Damien Boquet and Piroska Nagy, *Medieval Sensibilities: A History of Emotions in the Middle Ages,* 9.
[15] Boquet and Nagy, *Medieval* Sensibilities, 7-8.

Secondly, Boquet and Nagy's *Medieval Sensibilities: A History of Emotions in the Middle Ages* offers a unique methodology for analyzing the affective power of collective emotions and that of emotions shared on the public stage instead of individual feelings.[16] For example, this approach depicts how a community can alter its behavior and perception of emotions through the collective performance of rituals and experiences. Primarily, the social sharing of emotions triggers a chain reaction when the affected individual shares their experience with others, who in turn pass the sensation on. In practice, when medieval individuals participated in a group experience or event together, such as a penitential procession or other act of collective piety, they interacted in an intense manner that revitalized and solidified their bonds of kinship or even forged new ones.[17] This perception of medieval religious and secular rituals as community-building exercises is vital to understanding civic governments, religious and secular institutions, and *cittadini's* responses to the *epidemia*. In essence, the individual and family were an integral part of urban Italian society, and the strengthening of kinship networks established a system of emotional support and defense that allowed individuals to cope with their fear and distress.

The Sources

The primary sources that remain from fourteenth century Italy are the foundation of this research project. This thesis focuses on a specific group of urban Italian society, the *cittadini (townsfolk),* as they were defined by the seventeenth century Italian academic Giulio Cesare Capaccio. The *cittadini* were not the *popolo grasso (the big people)*, the political and economic elite of Italy, nor were they the urban poor, the vagabonds, and those without trades. Instead, the *cittadini* were the yeomen farmers, artisans, merchants, shopkeepers, and wage laborers, "the honorable commoners who resembled the nobility in

[16] Piroska Nagy and Xavier Biron-Oullet, "A Collective Emotion in Medieval Italy: The Flagellant Movement of 1260," *Emotion Review,* Vol 12, No. 3 (July 2020), 140.
[17] Boquet and Nagy, *Medieval* Sensibilities, 250-55.

their ability to live off rents."[18] Although few firsthand accounts of the *epidemia* have endured the last seven centuries, even scarcer are those that have been translated into English. Nevertheless, this thesis attempts to draw on every available source from fourteenth century Italy to remove any historiographic bias and construct a holistic representation of the *epidemia*. To simplify this brief overview of the sources, they have been grouped based on their author's background. While this structure is not representative of the convergence of these sources, it allows for a detailed discussion of the authors and contexts surrounding their works.

The sources used for this thesis fall into three general categories: chroniclers' accounts, medical treatises, and civic legislation. Italian chroniclers comprise the majority of primary sources and cover the widest range of cultural perspectives. This project draws on Agnolo di Tura, Antonio de Bonito, Cortusii Duo, Gabriele de Mussis, Giovanni and Matteo Villani, Giovanni Boccaccio, Marchione di Coppo Stefani, Michele da Piazza, Giovanni della Penna, Francesco Petrarch, and many other accounts. Medical treatises offer the second-largest classification, as many practitioners wrote detailed regimens and precautions intended for laypeople's use. The most prominent practitioners used in this study are Avicenna, Alfonso de Cordoba, Gentile da Foligno, Giovanni della Penna, Gui de Chauliac, Mariano di Ser Jacopo Sopra, and Tommaso del Garbo, as well as some other anonymous practitioners. Religious responses to the *epidemia* that discuss the social consequences of the epidemic are significantly harder to find than those discussing God's wrath. However, two key figures from the Avignon papacy actively wrote about the Great Mortality as it unfolded, Louis Sanctus and Pope Clement VI. Although these sources are not as plentiful as chronicles and medical treatises, their placement at the heart of the Catholic world makes them indispensable. The last type of available source is the civic legislation adopted to mitigate the effects of the *epidemia* on urban communities. These sources from the prominent cities of Florence, Pistoia, Siena,

[18] James Amelang, "Social Hierarchies: The Lower Classes," in *A Companion to the Worlds of the Renaissance,* Edited by Guido Ruggiero (Oxford: Blackwell Publishing, 2007), 244.

and Venice show the extent to which city governments engaged with medical, religious, and popular recommendations to inform their responses to the plague. Significantly, the actions of civic communities also refute the historiographic narrative that the plague caused a breakdown in law and order, as governments actively sought to improve the sanitation of cities and supply *cittadini* with their basic needs.[19]

The accounts that remain from fourteenth century chroniclers cover a wide array of explanations for the plague and responses to it. Consequently, they lay the foundation for understanding the array of potential responses to the *epidemia* and how they shaped *cittadini's* experiences of the event. To analyze individuals' social and emotional reactions to the epidemic, Giovanni Boccaccio's *The Decameron (1348)* and Francesco Petrarch's *Letters on Familiar Matters (1349)* are essential sources.[20] Both authors, who were friends, belong to the growing humanist movement in southern Europe, which has a unique effect on their thought process and writing that separates them from other chroniclers. Due to this background, they do not create a narrative frame of reference that is separate from the emotional distress of the disaster.[21] Instead, they anchor their discussion of the *epidemia* in the urban environment and the psychological turmoil they are experiencing. Furthermore, their humanist background emphasizes *cittadini's* different behaviors and responses as well as discussing what responses shocked their sensibilities, as they broke with the social and emotional norms of the authors' community. These behaviors are critical to understanding the impact of the *epidemia* on the emotional scripts of urban communities, as they were new or altered responses instigated by the *epidemia*. Nevertheless, the chronicles of other prominent Italians play an equally important role in assessing *cittadini's* cultural

[19] City Council of Siena, *"*Ordinance (May 1349)" in *The Black Death: The Great Mortality of 1348-50* by John Aberth (New York: Bedford/St. Martin's Press, 2005).
[20] Giovanni Boccaccio, *The Decameron,* Trans. Guido Waldman (New York: Oxford University Press, 1993)*;* Francesco Petrarch, *Letters on Familiar Matters (1348),* in *The Black Death: The Great Mortality of 1348-50* by John Aberth (New York: Bedford/St. Martin's Press, 2005).
[21] Timothy Kircher, "Anxiety and Freedom in Boccaccio's History of the Plague of 1348," Litteratura Italiana antica, 3 (2002), 321.

networks and responses to the *epidemia*.[22] Fundamentally, *Cittadini* existed in a world of competing religious, medical, and popular interpretations and recommendations which shaped their experiences and chroniclers' accounts of the *epidemia.* Accordingly, these chroniclers' works are used to assess how medieval individuals who were outside of the humanist movement interpreted the *epidemia* their responses, and those of fellow *cittadini*.

Medical practitioners' responses to the plague are unique and often underrated sources for understanding medieval individuals' interpretations of and responses to the *epidemia*. Medical practitioners were on the frontline of the defense against the plague in Italy, and they actively sought to cure the disease or provide regimens and recommendations to preserve their communities. Accordingly, an important aspect of their work was the development of sanitary commissions and public health measures that were implemented by communities to prevent the spread of the *pestilentia*.[23] While the practical implementation of medical treatments is often associated with surgeons who offered invasive procedures, these practitioners' recommendations played an important role in shaping the urban environment and *cittadini's* understanding of the *epidemia*. Evidently, fourteenth century practitioners did not exist in an ivory tower separated from their peers and community. Instead, they were major players in the battle for survival through their active engagement in the application of medicine and healing; a belief that is supported by medieval practitioners' actions, including those of Gentile da Foligno,

[22] Giovanni and Matteo Villani, *Chronicle,* Trans. Philip Wicksteed (London: Archibald Constable & Co Ltd, 1906); Marchione di Coppo Stefani, *The Florentine Chronicle,* Trans. Niccolo Rodolico, *Rerum Italicarum Scriptores,* Vol. 30 (1913); Michele da Piazza, *Chronicle,* in *The Black Death: The Great Mortality of 1348-50* by John Aberth (New York: Bedford/St. Martin's Press, 2005).

[23] City Council of Siena, *"*Ordinance (May 1349)"*;* Municipality of Cologne, "Letter to Strasbourg," in *The Black Death: A Chronicle of the Plague* by Johannes Nohl (Pennsylvania: Westholme Publishing, 2006); Sanitary Commission of Venice, in *The Black Death: A Chronicle of the Plague* by Johannes Nohl (Pennsylvania: Westholme Publishing, 2006).

Gui de Chauliac, and Jacme d'Agramont, who actively sought a cure for the plague and offered their services to the sick and dying.[24]

Medical practitioners' treatises also offer a unique opportunity to explore medieval perceptions of behavior and emotions that influenced emotional scripts. These "affections of the soul" were an important component of Galenic medicine, as "psychic emotions" had a powerful effect on an individual's bodily health and could even cause them to become sick or die.[25] Due to this emphasis on emotions, many practitioners developed regimens for proper behaviors that were adopted by *cittadini*. Analyzing these recommendations and *cittadini's* engagement with practitioners shows how medical concepts permeated medieval society and influenced individuals' understanding of and responses to the *epidemia*. Furthermore, the emotional regimens that practitioners advocated for were critically important to *cittadini's* emotional scripts as the regimens shaped their perception of what emotions and behaviors were efficacious for fighting the *pestilentia*. Critically, these emotional scripts shifted *cittadini's* social and emotional norms to fit the social reality of Italy during the *epidemia*, fundamentally shaping their distinct experiences. When medical practitioners' treatises are combined with chroniclers' accounts of the *epidemia*, a more comprehensive portrayal of the cultural networks of urban Italy take shape. As the *epidemia* descended on fourteenth-century Italy, *cittadini* responded to the social and psychological stress of the disaster by tapping into these cultural networks, activating medical, religious, and popular methods for interpreting and mitigating the *epidemia*.

Historians often emphasize the religious perspectives of the Black Death due to the dominating influence of the Catholic Church over medieval society, particularly in northern and central Italy because

[24] Ibn Sina, *The Canon of Medicine: Book 1,* trans. Jamia Hamdard (New Delhi: Dept of Islamic Studies, 1993), XIII-XIV.
[25] Galen, *Selected Works,* trans. P.E. Singer (Oxford: Oxford University Press, 1997), 124-130; Gentile da Foligno, *Short Casebook (1348)*; Ibn Sina, *Canon of Medicine: Book I,* 115-120; Jacme d'Agramont, *Regimen de preservacio de pestilència (1348),* trans. M.L. Duran-Reynals, *Bulletin of the History of Medicine,* Vol. 22, No. 6 (Nov/Dec, 1948).

of their proximity to Rome. While contemporary chroniclers and medical practitioners' accounts of the *epidemia* are steeped in religious and often biblical symbolism, this does not mean that religious explanations and actions were the only responses to the *epidemia*. Two prominent sources remain from Avignon's papal court that emphasize this fact, Louis Sanctus and Pope Clement VI's letters and correspondence. These papal sources are accompanied by Gui de Chauliac's *The Great Surgery* and his commentary on the *epidemia* during his tenure as Clement's physician. Fundamentally, these sources showcase the complexity of the cultural networks of urban Italy and the emotional frontier created by these competing ideas. For instance, as God's representative, Clement VI preached that the *epidemia* was punishment for Christians' sins, supporting theories of the divine origins of the *pestilentia*. However, Clement actively sought corporeal recommendations from Gui de Chauliac to protect himself from the *pestilentia*. Accordingly, the pope spent day and night sheltered between two large fires to break up the pestilential air around him and prevent infection. Furthermore, at the height of the epidemic in Avignon, the pope advocated for dissections to better understand the disease and left the city for some time, taking shelter in a country villa.[26] Although Clement VI was the head of the Catholic Church, his behavior does not reflect the belief that the plague was solely God's wrath. Instead, the pope utilized the complex cultural networks of Italy to formulate what he believed was an effective defense against an invisible enemy. Nevertheless, Clement's reliance on Chauliac's recommendations does not reflect the abandonment of religion or a turn away from God. Instead, the pope's actions, like those of many *cittadini,* exemplify the network of religious, medical, and social interpretations of the *pestilentia* that coexisted to inform *cittadini's* responses to the *epidemia* and shape their experiences of the event.

[26] Philip Ziegler, *The Black Death* (New York: Harper Perennial, 1969), 76-77.

Chapter Breakdown

This thesis is organized into three chapters that focus on responding to the sick, responding to death, and collective and individual experiences of the *epidemia*. To properly contextualize *cittadini's* responses to the *epidemia*, the focus of each chapter is primarily examining the dominant influences that shaped the cultural networks of urban Italy and how *cittadini* chose to engage with or reject their guidance. Furthermore, the analysis of these cultural networks depicts the emotional scripts and social rituals that were available to *cittadini*, specifically the seemingly unconscious, or natural, scripts that framed power structures, kinship networks, and affective responses. During the *epidemia*, the tenuous balance between self and community, survival and familial care, and nature and the divine fluctuated as new choices emerged for living and thinking, creating a discourse between religious, medical, and popular responses to the disease.[27] Ultimately, *cittadini* justified their responses based on their unique background, characteristics, beliefs, and lived environments, which altered how they perceived and engaged with the *epidemia* and the urban environment, allowing for multiple opportunities to manage and mitigate the social, psychological, and corporeal consequences of the *epidemia*.

The first chapter focuses on *cittadini's* perception of the *pestilentia* and its victims and how the theoretical and popular construction of sick individuals influenced others' behavior and their perception of friends, loved ones, and community members. In Italy during the fourteenth century, social and familial relations were an intrinsic part of medieval existence. Individuals were active participants in spiritual and secular communities, particularly in urban Italian society where kinship networks often facilitated socioeconomic advancement.[28] During the *epidemia*, these community bonds were strained under the social and psychological burdens of the *pestilentia* and the popular and medical comprehension of the

[27] Kircher, "Anxiety and Freedom," 322.
[28] Nicholas Terpstra, *The Politics of Ritual Kinship Confraternities and Social Order in Early Modern Italy* (Cambridge: Cambridge University Press, 2000), 3.

sick. Accordingly, this chapter relies heavily on medical practitioners' works, the precautionary regimens they advocated for, and their concepts of person-to-person contagion. Altogether, these medical concepts serve as a framework for *cittadini's* responses to victims of the *epidemia*. To show how these precautions were utilized in practice, they are compared to chroniclers' accounts of popular responses to the *epidemia* and civic regulations to control the sick population and alleviate the disease. Furthermore, this chapter addresses broader popular responses that were informed by medical theory, such as the avoidance of the sick, abandonment of family members, flight from cities and homes, and the network of mutual aid established throughout the cities of Italy. Collectively, these occurrences depict *cittadini's* adoption or rejection of responses and emotional scripts prescribed by urban cultural institutions. The further analysis of these responses shows how individual and collective actions coalesced with social and cultural norms to form *cittadini's* culturally unique plague-ridden experiences of urban Italy during the *epidemia*.

The second chapter highlights many of the emotional scripts and sociocultural norms surrounding death and the treatment of the dead that were altered during the *epidemia* and the consequences these changes had for the urban environment, *cittadini's* mental health, and experiences of the event. Funeral practices and Catholic rituals that accompanied death, such as the last rites and burial itself, were important aspects of Italian society and occupied a prominent place in the medieval mind. These rituals created spatially conditioned dimensions of emotion where the physical space demanded a specific emotional script and style that matched the solemn mood of the occasion.[29] During the *epidemia*, individuals altered their behavior and emotional expressions in an effort to protect themselves from the *pestilentia* and as a reaction to the emotional burden placed on them by the destruction of the *epidemia*. In the process, *cittadini* fundamentally altered the traditional emotional scripts surrounding these

[29] Sebastien Ernst, "Spaces of Feeling and Felt Spaces: Spatially Structured Emotions in the Jailhouse," *History of Emotions, Max Planck Institute for Human Development* (October 2015): https://www.history-of-emotions.mpg.de/texts/spaces-of-feeling-and-felt-spaces.

important rituals. Like *cittadini's* perceptions of the sick, these sentiments manifested themselves in many forms that shaped individuals' perception of community members, particularly grave diggers and priests responsible for tending to the dead. Furthermore, *cittadini's* reactions to these changes and their success or failure to accommodate these new practices are captured by contemporary chroniclers, such as Giovanni Boccaccio, Francesco Petrarch, Louis Sanctus, and Marchione di Coppo Stefani. The analysis of these chroniclers' accounts highlights how the *epidemia* catalyzed a change in the innate way that *cittadini* understood death and dying, fundamentally shaping their distinct experiences of the *epidemia*.

The third and final chapter of this project is devoted to fourteenth century *cittadini's* perceptions of selfhood, their efforts to preserve the community or the self, and critically, what it was like to experience the *epidemia* as an individual. This chapter partially serves as a summary of *cittadini's* responses to the *epidemia*, its victims, and death. However, these approaches are contextualized around *cittadini's* attempts to protect themselves from the *pestilentia* and the construction of the medieval self as a separate entity from the family and community. This chapter utilizes medical practitioners' regimens for a proper affective life and the emotionally driven accounts of chroniclers, such as Agnolo di Tura, Francesco Petrarch, Gabriele de Mussis, and Giovanni Boccaccio to analyze how *cittadini* perceived their own affective lives and mental states during the *epidemia*. This analysis is informed by Boquet and Nagy's work on individual and collective emotions to assess how *cittadini* perceived their own place within society through their rejection of collaborative rituals and their selection of emotional scripts and responses to the *epidemia* that promoted or impeded the common good. Altogether, this chapter shows that fourteenth century *cittadini* exercised individual agency in selecting regimens and methods of protection that aligned with their distinct perspectives of the *epidemia*. Moreover, individuals' responses to the sick and the dead portray their efforts to actively engage with the fluctuating emotional scripts and social norms that the social and psychological consequences of the *epidemia* brought, not only as members of their broader communities but individual entities as well. Ultimately, these *cittadini's* actions

played a critical role in shaping experiences of the plague by engaging with or dismissing possible avenues for responding to the *epidemia*. In doing so, *cittadini* both positively and negatively shaped their own experiences and those of their family, friends, and community members.

This thesis is structured thematically around *cittadini's* efforts to care for the sick, tend to the dead, and safeguard themselves. Overall, it does not attempt to follow a chronological series of events. The five-year period involved is relatively short, and the demographic and geographic spread of the *pestilentia* is less important than its perception and consequences. Instead, this project focuses on the complexity of the cultural networks and responses available to fourteenth century *cittadini*, the emotional scripts these networks provided, *cittadini's* efforts to manage the burdens of the *epidemia*, and primarily, how these factors shaped *cittadini's* experiences of the event. This thesis is designed to center the reader's attention on the breadth of *cittadini's* cultural networks and the discourse of competing religious, medical, and popular ideas that were employed to cope with the *epidemia*. During the *epidemia*, these cultural influences gained importance, and individuals utilized their available repositories of religious, medical, and popular interpretations of the *epidemia* to procure knowledge of the best methods to respond to the *pestilentia*. In doing so, *cittadini* embarked on a journey of social and emotional navigation as the affective processes they felt and expressed transformed each other, succeeded one another, and responded to each other according to their own rationality. Whether they caused an event or responded to it, and whether they did so spontaneously or according to expected norms, the emotional scripts and social rituals that *cittadini* employed to respond to the *pestilentia* dynamically constructed their culturally distinct experiences of the *epidemia*.[30]

[30] Boquet and Nagy, *Medieval* Sensibilities, 263-7.

Historiography of the Black Death

This thesis draws on many cultural, economic, political, and social aspects of fourteenth century Italian society. Due to this, it utilizes a broad selection of secondary literature that analyzes various aspects of Italy during the *epidemia*. These secondary sources provide necessary insight into the diverse range of emotional scripts and social rituals provided by the cultural networks of Italy and depict the historiographical gaps left by other historians that this thesis addresses. The following brief survey of the historiography of the Black Death discusses many of the central themes analyzed by previous historians over the last century and how these sources complement and build upon each other to inform this thesis. Overall, the sweeping consequences of the Black Death on continental Europe lend themselves to a multitude of macro and micro historical assessments of the epidemic, which the following historians have studied from various methodological approaches. This thesis contributes to the flourishing history of the Black Death by focusing on *cittadini's* distinct emotional scripts, social rituals, and cultural norms. Ultimately, this analysis assesses the various medical, religious, and popular interpretations and responses to the *epidemia* that shaped *cittadini's* experiences of the *epidemia*. Furthermore, this analysis shows how historical actors' biocultural neuroplasticity manifests a specific social reality that shapes their unique perceptions and experiences of events beyond disasters and the Black Death.

This study of the unique emotional scripts and sociocultural norms of Italy addresses a prominent gap in the historiography of the Black Death. Although many accounts of the plague from across Europe remain, previous historians have neglected to anchor them in their culturally specific context. Furthermore, this study of the emotional scripts of Italy refutes the argument -- initiated by Norbert Elias and Johan Huizinga and still a perpetual theme in the historiography of the Black Death -- that medieval individuals lacked the intellect and emotional maturity required to perceive the natural world and adapt

to moments of disaster.[31] Since the early twentieth century, many historians have constructed a richer understanding of medieval history by focusing on the dense network of influences that formed medieval culture. However, others, such as Ole Benedictow, James Hatty, and Philip Ziegler, cling to the concept that medieval peoples' responses to the plague, such as the flagellant movement and Jewish persecutions, stemmed from their emotional turmoil and religious beliefs, as all crises were associated with God's divine wrath.[32] This project confronts these conflicting narratives by showing how the competing medical, religious, and popular ideas that permeated Italian society influenced individuals' behaviors and responses to the *epidemia*. The appraisal of these ideological influences contextualizes *cittadini's* responses as culturally constructed and rational instead of the fanatical outbursts discussed by the above historians. By analyzing *cittadini's* affective processes, emotional expressions, and behaviors during the *epidemia*, this thesis shows that their experiences of the *epidemia* were shaped by their engagement with or rejection of recommendations against the *pestilentia* provided by urban cultural institutions.

The Black Death has often been assessed on a macro-scale as a pan-European or even pan-Eurasian phenomenon that predominantly affected the demography and economics of the continent. For instance, Bruce Campbell's 2016 work *The Great Transition: Climate, Disease, and Society in the Late-Medieval World* is a modern reexamination of the period between the thirteenth and fifteenth centuries. Campbell characterizes the fourteenth century as a period of prosperity known as the 'Great Divergence,' where a previously lagging and stagnant European economy experienced a perfect storm of war, climate change, and plague, allowing it to overtake Southeast Asia in economic potential.[33] Campbell's narrative is a unique contribution to the Black Death's historiography as it reinterprets the natural disaster as a

[31] Barbara Rosenwein, "Worrying about Emotions in History," *The American Historical Review,* Vol. 107, No. 3 (June 2002), 836.
[32]For examples of medieval Europe's non-rational worldview, see Anne G. Carmichael, *Plague and the Poor in Renaissance Florence* (London: Cambridge University Press, 1986); Ole Benedictow, *The Black Death: The Complete History, 1346-53* (Woodbridge: Boydell Press, 2004); James Hatty, "Coping with Disaster: Florence and the Black Death," *Sydney Studies in Society and Culture,* Vol. 7 (1992).
[33] Campbell, *The Great Transition*, 332.

Eurasian experience, inviting new opportunities for a multicultural history of the bubonic plague. Campbell utilizes the latest advancements in dendrochronology, climatology, and microbiology to contextualize the 200-year transitional period leading up to the economic divergence of the continent. Significantly, Campbell succinctly summarizes and lays to rest the debate on the biological identity of the Black Death that began in 1984, when Graham Twigg argued that the epidemic could not possibly be bubonic plague. Conclusively, Campbell shows that recent genomic work on global fourteenth century plague pits proves that *yersinia pestis* is present in 76 mass graves throughout Eurasia.[34]

The study of the Black Death on a macro scale also lends itself to a demographic analysis of the epidemiology, territorial spread, and mortality of the plague. Ole Benedictow's 2004 work *The Black Death: The Complete History 1346-53* tackles the immense hurdle of attempting to form an accurate assessment of the Black Death's mortality figures for Europe. To accomplish this goal, Benedictow synthesizes the regional demographic work completed by previous historians into a comprehensive piece that discusses each independent region and proposes broader trends for Europe as a whole. In doing so, *The Black Death* shows that the mortality rate for the bubonic plague and its catastrophic secondary effects was roughly 60%, nearly 50 million deaths.[35] Critical to this study on the Black Death in Italy, Benedictow recreates a highly detailed depiction of the mortality rate for the region of Tuscany. Nevertheless, *The Black Death* suffers from significant factual errors, as Benedictow discredits medieval individuals' ability to perceive the natural world. Fundamentally, Benedictow neglects the complex medical theories that permeated medieval society and allowed individuals to actively question and evaluate the natural world. Medical practitioners and laypeople intermingled more than Benedictow's narrative allows. In doing so, practitioners constructed practical advice through observations of plague

[34] Campbell, *The Great Transition*, 293-4.
[35] Benedictow, *The Black Death*, I.

victims that contributed to a wider network of competing religious, medical, and popular interpretations of the plague.

Benedictow and Campbell's macro-studies of the Black Death are based on the work of earlier twentieth century historians, such as Johannes Nohl, who tended to frame the disaster as a shared pan-European experience. Nohl's 1926 work, *The Black Death,* was an original contribution to the historiography as it diverted the narrative of the epidemic away from economic and demographic studies to an early attempt at depicting the social and cultural consequences of the plague.[36] Almost 100-years later, Nohl's work still stands as an impressive piece of scholarship that is anchored in contemporary chronicles with many original translations done by Nohl. Although well-researched, Nohl's work has temporal challenges as his definition of the 'Black Death' covers not only the original fourteenth century outbreak but every subsequent outbreak of the bubonic plague until the nineteenth century. Although this scope allows Nohl to draw on a multitude of sources, such a wide temporal boundary makes it difficult to evaluate how the shifting cultural landscape inspired new responses to the plague.[37] For this study on the socioemotional effects of the plague, Nohl highlights the innovative ways that fourteenth century sources can be used to show changes in behavior and mental state.[38] Furthermore, Nohl's reappraisal of medieval individuals as active agents working to alleviate the catastrophe challenges the dominant perception of other early twentieth century historians, who argued that medieval individuals lacked the intellect and emotional maturity to understand the natural world rationally.[39] In doing so, Nohl left a lasting impression on the historiography of the Black Death that shows the value of medieval individuals' responses as unique cultural phenomena.

---

[36] Johannes Nohl, *The Black Death,* trans. C. H. Clarke (United Kingdom: George Allen & Unwin Ltd, 1926), I.
[37] Nohl, *The Black Death*, 72, 77.
[38] Nohl, 235.
[39] For examples of the childlike portrayal of medieval individuals see Norbert Elias, *The Civilizing Process (1929),* Trans. F. Jephcott (New Jersey: Blackwell Publishing, 2000); Johan Huizinga, *The Waning of the Middle Ages (1924)* (New York: Dover Publications, 2013).

Rosemary Horrox's 1994 work, *The Black Death,* builds on Nohl's social history in many significant ways. Created for the Manchester Medieval Sources Series, Horrox's book provides a wealth of primary source translations, accompanied by a comprehensive description of their author and the events surrounding their creation.[40] Horrox divides her primary sources into three central categories: narrative accounts of the plague's arrival, explanations and responses from the Church and educated individuals, and the plague's consequences. Nevertheless, like the previous macro-historical works discussed above, Horrox neglects to evaluate medieval individuals' responses and experiences within their unique cultural context. Instead, she presents responses to the plague as an aggregate for all of Europe. For example, Horrox limits her exploration of "human agency" to the Jewish persecutions in central Europe as the dominant way that individuals were blamed for the plague.[41] However, this neglects the deeper existential crisis that individuals faced as they actively attempted to interpret and respond to the plague. While the scope of their analyses is broad, Horrox and Nohl's work provides a unique opportunity for an examination of the emotional scripts presented by fourteenth century sources accompanied by a detailed explanation of their authors and cultural backgrounds.

Recently, social historians have utilized the pan-European works of historians such as Nohl and Horrox as a framework to contextualize an analysis of a specific perspective and place. For instance, John Kelly's 2005 work *The Great Mortality: An Intimate History of the Black Death, the Most Devastating Plague of All Time* is a prime example of the methodological bridge between macro and micro studies of the fourteenth century by focusing strictly on the social dimensions of the Black Death. While persuasively written, Kelly takes great liberty in how he interprets his chosen primary sources. *The Great Mortality* does not utilize any form of in-text citation, and it is often difficult to decipher which aspects of Kelly's

[40] Janet L. Nelson, "Manchester Medieval Source Series Adviser," in *The Black Death* by Rosemary Horrox (New York: Manchester University Press, 1994), forward.
[41] Rosemary Horrox, *The Black Death* (New York: Manchester University Press, 1994), 207-223.

narrative are drawn from primary or secondary sources and what is being fabricated by Kelly to serve his broader narrative. Nevertheless, one of Kelly's strongest characteristics is his emphasis on the accumulation of emotions, social norms, and intellectual ideas that became aggravated during the plague. This theme emphasizes that the outbreak of the plague was a catalyst for victims' feelings of anxiety, despair, fear, resentment, and ingenuity when faced with an unimaginable challenge.[42] Overall, Kelly's use of primary and secondary sources is informative for this thesis, as his work is a methodological foundation for the study of cultural and emotional changes during the Black Death. This narrative builds on Kelly's work by narrowing the geographic scope to delve into the culture of Italy, focusing on *cittadini's* experiences of the *epidemia* within their immediate cultural atmosphere.

Since the late twentieth century, historians have begun to undertake micro-analyses of the Black Death that are significantly narrower in geographic scope and subject matter than macro-historians such as Campbell, Benedictow, Nohl, and Horrox. An early example of these micro-historical works is David Herlihy's "Population, Plague, and Social Change in Rural Pistoia: 1201-1430." This demographic study of the Tuscan *contado (countryside)* served as a foundation for Ole Benedictow's analysis of Italy. Accordingly, Herlihy's statistical analysis uses the "salt per mouth" tax and Book of Hearths to show that the population of Pistoia's *contado* fell by 40% between 1346 and 51.[43] However, unlike Benedictow, Herlihy argues that the Malthusian crisis attributed to the mid-fourteenth century occurred 100 years prior, a period when peasants crowded into poor communes, desperate for land, and had little choice but to take it on virtually any terms the owner might demand. Altogether, Herlihy convincingly argues that the "seed of collapse had been sown by the end of the thirteenth century, and the Black Death accelerated this trend of depopulation throughout Tuscany."[44] Although individuals' experiences are not the focus of

[42] Kelly, *The Great Mortality*, 240-8.
[43] David Herlihy, "Population, Plague and Social Change in Rural Pistoia, 1201-1430," *The Economic History Review,* Vol. 18, No. 2 (1965), 230.
[44] Herlihy, "Population, Plague and Social Change," 239.

Herlihy's work, his narrower methodological scope allows him to construct a more detailed narrative of the effects of the plague on medieval Tuscany than Benedictow.

Ann Carmichael takes a methodological approach similar to that of Herlihy by narrowing her geographic focus on Tuscany. However, like John Kelly, Carmichael's focus is the social consequences and demographic disturbances of the plague. In her 1986 work *Plague and the Poor in Renaissance Florence,* Carmichael argues that the plague was a burden of urban poverty, allowing policymakers to use the plague as a political tool for social change.[45] While most of Carmichael's research is focused on statistical and political sources, such as guild Books of the Dead and administrative legislations, the accounts of chroniclers such as the brothers Villani, Giovanni Bocaccio, and Donato Velluti are used to contextualize her depiction of the epidemic. Carmichael's work is a unique contribution to the historiography of the Black Death and has become a staple for social historians approaching the topic. However, Carmichael's work suffers from some factual errors like the medieval explanation of contagion. Carmichael argues that medical practitioners were ignorant of person-to-person contagion due to the miasma theory of disease.[46] This assumption shows that Carmichael did not effectively engage with medical sources from the fourteenth century, an error replicated by many historians, as medieval practitioners clearly described contagion and the *pestilentia* as a natural disease.[47] Overall, Carmichael's work is essential to this study on the Black Death in Italy, as it highlights and exemplifies the necessity of reconstructing the cultural community of fourteenth century Italy to properly portray the *cittadini's* interpretations of and responses to the *epidemia*.

[45] Carmichael, *Plague and the Poor*, 2.
[46] Carmichael, 107-9.
[47] For examples of the misrepresentation of medical knowledge see Anne G. Carmichael, *Plague and the Poor in Renaissance Florence*; James Hatty, "Coping with Disaster: Florence and the Black Death"; Ole Benedictow, *The Black Death: The Complete History, 1346-53*. For examples of medieval medical tractates on plague transmission and regimens see Gentile da Foligno, *Short Casebook (1348)*; Ibn Sina, *The Canon of Medicine*; Jacme d'Agramont, *Regimen de preservacio de pestilència (1348)*.

Due to the historiographic neglect of medieval medical culture, medical practitioners' actions have recently become the focus of many historians seeking to recontextualize medieval responses to the Black Death. The work done by these historians refutes the general trend in plague historiography that doctors were blinded by their reliance on the miasma theory of disease and its emphasis on corrupt air.[48] For instance, John Henderson's 1992 article "The Black Death in Florence: Medical and Communal Responses" works to fill this historiographical gap surrounding medieval medical practitioners. Through his analysis of various Italian practitioners, Henderson argues that medical treatises dealt with a host of plague measures closely connected to the actions of civic communities. Furthermore, his analysis shows that medical practitioners' recommendations informed and were adapted by communities and urban citizens to establish a variety of practical plague measures.[49] Overall, Henderson demonstrates that educated medical practitioners did not exist in an ivory tower separated from the world around them. Instead, they were active agents in their cultural communities where they shared a common goal of survival.

The work of Jon Arrizabalaga mirrors that of Henderson, as these historians have worked closely together on the history of disease in Renaissance Europe.[50] While Henderson focuses on Florence, Arrizabalaga builds on his peer by utilizing medical treatises from Italy, Spain, and France to characterize practitioners' attitudes and perceptions of the plague. Arrizabalaga proposes a persuasive argument that a relationship existed between medical practitioners and laypeople due to their shared terminology. The sharing of this clinical vocabulary "reflects a social openness towards university learning, both medical

[48] Benedictow, *The Black Death*, 70-1.
[49] John Henderson, "The Black Death in Florence: medical and communal responses," in Death in Towns: Urban Responses to the Dying and the Dead, 100–1600, edited by Steven Bassett (London and New York: Leicester University Press, 1992), 138-9.
[50] Jon Arrizabalaga, John Henderson, and Roger French, *The Great Pox: The French Disease in Renaissance Europe* (London: Yale University Press, 1997).

and natural-philosophical."[51] Ultimately, Arrizabalaga and Henderson introduce a perspective of the plague that is critically important to this study of its social and psychological consequences. Their works show that although the prime cause of the pestilence was believed to be God, who permitted it to occur, the natural order that perpetuated the plague was autonomous and governed by natural laws. Therefore, the concepts debated by medieval natural philosophers are critically important as knowledge of natural laws was accessible through human reason, unlike the laws that governed the divine.[52] Furthermore, medieval medicine was based on Hippocrates and Galen's earlier tenets, which emphasized emotions, or "affections of the soul," as a critical aspect of bodily health.[53] Due to this, medical historians' work provides a unique opportunity to evaluate *cittadini's* emotional scripts through their engagement with practitioners' regimens and the emotional work they employed to mitigate the plague.

Collectively, the work done by the historians mentioned above provides many critical insights that are valuable for this study of the *epidemia*. This thesis utilizes these secondary sources to assess the social and cultural networks of fourteenth century Italy to contextualize *cittadini's* emotional scripts, social norms, and subsequent responses to the *epidemia*. However, unlike previous historians of the Black Death, this study focuses on *cittadini's* varying experiences of the *epidemia* within their lived environment, as they engaged with fluctuating emotional scripts, cultural norms, and popular interpretations of the *pestilentia*. Although many historians have analyzed these same primary sources, they are often used as an aggregate for the entire continent and not anchored in their specific context, culture, and society. When brought together, these sources construct a highly detailed narrative of the Black Death in Europe. Nevertheless, within this narrative, the voices of contemporary individuals are far removed from the cultural influences that shaped their beliefs and accounts of the plague. Accordingly,

[51] Jon Arrizabalaga, "Facing the Black Death: perceptions and reactions of university medical practitioners," In *Practical Medicine from Salerno to the Black Death*, Edited by L. García-Ballester, R. French, J. Arrizabalaga, and A. Cunningham (Cambridge: Cambridge University Press, 1994), 238-9.
[52] Arrizabalaga, "Facing the Black Death," 249.
[53] Galen, *Selected Works*, 110.

this thesis makes an original contribution to the historiography of the Black Death through the application of the history of emotions and experiences as a methodological and analytical framework for fourteenth century urban Italian society. Through this methodological approach, this thesis avoids these generalized narratives by taking on a narrow geographical scope, focusing on the urban centers of northern and central Italy, and drawing on regionally specific popular, medical, and religious accounts of the *epidemia* to analyze *cittadini's* responses to the event. However, this is not the only contribution this thesis makes to the historiography of the Black Death. As this survey of the secondary literature reveals, a significant gap exists around medieval medical practitioners and their efforts to prevent the plague and engage with their broader communities. While not an original contribution, this thesis builds on the work done by Arrizabalaga, Henderson, and Wray in evaluating the sociocultural role of medical practitioners during the Black Death through their recorded treatises and the way society perceived them. The further analysis of medical practitioners breathes new life into the narrative of medieval Italian society as a significantly more dynamic and complex cultural network than previous historians have portrayed. Overall, the assessment of these sources shows that *cittadini* adopted emotional scripts and social rituals provided by the cultural institutions of urban Italy; however, when these failed, *cittadini* developed their own scripts and rituals or modified existing ones to interpret the *pestilentia* and respond to the sick and dying who suffered from it, thereby altering their responses to the *pestilentia,* and fundamentally shaping their distinct experiences of the *epidemia.*

Historiography of Emotions and Experiences

Over the last five decades, the historical perception of emotions has undergone significant changes that continue to inform the field. As the history of emotions expands to encompass new areas of research, natural disasters, diseases, and public health have only recently emerged as relevant topics for discourses on emotions and experiences. Prior to the late-twentieth century, historians often ignored the impact of disease in their narratives of human history due to the sporadic and varied implications that epidemics have on society. For this reason, historians emphasized historical fields of study that were calculable, definable, and often controllable, while the unpredictability of epidemics made historians uncomfortable.[54] Nevertheless, the history of emotions and more recently, of experiences is critically important to this thesis due to its focus on *cittadini's* responses to and experiences of the *epidemia*. Since its formation in the mid-twentieth century, the study of historical emotions has evolved as research has shifted from emotions as the topic of analysis to a broader discussion on the cultural construction and integral role of emotions in historical experiences. The following brief survey covers the major contributions to the history of emotions from the last four decades. These historians' work has laid the foundation for the research of emotions and grappled with the field's critical methodological challenges. Ultimately, this research project builds on these historiographic roots by blending both veteran and recent methodological approaches to properly assess the emotional scripts, culture, context, and society of fourteenth century Italy.

Carol and Peter Stearns' work is one of the first serious responses to Lucien Febvre's call in 1941 for a "vast collective study of the fundamental sentiments of humanity and their forms."[55] In 1985, the Stearnses renewed and rearticulated Febvre's summons in an article for the *American Historical Review*

[54] McNeill, *Plagues and Peoples*, 22.
[55] Lucien Febvre, "History and Psychology," in *A New Kind of History: From the Writings of Febvre* by P. Burke (New York: Harper & Row Publishers, 1973), 1-11.

that encouraged historians to pay attention to the attitudes and standards that a society maintained toward basic emotions and appropriate expressions, which they termed "emotionology."[56] Methodologically, the Stearnses believed that emotionology could be used to understand "our own collective emotional past." In doing so, historians would contribute to the field of psychology by helping to form a more sophisticated understanding of the dynamics of emotional behavior.[57] Critically, the Stearnses argue that through the application of emotionology, historians can analyze how social expectations and professed values give shape to emotional experiences. Consequently, the Stearnses found the performance and perception of emotions to be critically important because they have cognitive elements that evaluate, label, and control raw feeling through an individual's judgement and perception.[58] Due to their reliance on professed values, the Stearnses saw emotionology as more accessible than emotional experience, as it constituted a more objective, attainable, and clear research strategy.[59] In the end, this argument established a framework for the study of emotions that subsequent historians, such as Barbara Rosenwein and William Reddy, rallied against by defining their approach in opposition to the Stearnses.

At the dawn of the twenty-first century, Barbara Rosenwein and William Reddy responded to the Stearnses methodological approach, reinvigorating the discourse on the history of emotions. The medievalist Barbara Rosenwein sought to categorize historical emotions by focusing on the diverse range of emotional norms and expectations present in medieval European society. Through a close analysis of diaries and letters, Rosenwein constructs an 'emotional palette' that contains the different emotions that were expressed in writing and their specific contexts.[60] By codifying these expressions, Rosenwein

[56] Carol and Peter Stearns, "Clarifying the History of Emotions and Emotional Standards," *The American Historical Review,* Vol. 90, No. 4 (October 1985), 813
[57] Stearns, 815.
[58] Stearns, 834.
[59] Stearns, 825-6.
[60] Barbara Rosenwein, Anger's Past: The Social Uses of an Emotion in the Middle Ages (New York: Cornell University Press, 1998), 20

fabricates an emotional framework of how each sentiment was used and the norms that regulated them. Fundamentally, Rosenwein coined the term "emotional community," a social constructionist approach that describes cultural communities that share common values and goals and similar evaluations and expressions of feeling. Furthermore, every community is occupied by "emotional subcommunities," which allow individuals to transition between collectives when the pressure to conform to an incompatible community becomes too great. In her 2002 article "Worrying about Emotions in History," Rosenwein tied her approach to the work of cognitive psychologists, who view emotions within a system of 'weal or woe.' For Rosenwein, a community's perception of what is relevant to their 'weal or woe' produces different emotions, which are elicited, felt, and expressed depending on cultural norms as well as individual proclivities.[61] Altogether, Rosenwein challenges the Stearnses' and William Reddy's narratives of overshadowing emotional regimes by asserting that structures of emotional regulation are not so hegemonic as to prevent the construction of other realms of emotional communities.[62]

William Reddy responded to the Stearnses by broadening his sources from the advice literature used by the Stearnses to analyze the emotional standards of a historic period more holistically. Fundamentally, Reddy's focus is the construction of emotional scripts surrounding courtly love, honor, and sentiments from across the world captured in the written works of poets, romance writers, and lovers, who depict the unique narratives around sexual desire that emerged from court culture. Reddy proposes the concept of an 'emotional regime,' which allowed for the emergence of a specific kind of self that is realized in practice and shared by a more-or-less large community.[63] For an emotional regime to be analyzed, it requires two universal features: that the community construes emotions as an important domain of effort, and that it provides individuals with prescriptions and counsels for both the best

[61] Rosenwein, "Worrying about Emotions in History," 836.
[62] Barbara Rosenwein, *Generations of Feeling: A History of Emotions 600-1700* (Cambridge: Cambridge University Press, 2016), 316.
[63] William Reddy, "Historical Research on the Self and Emotions," *Emotion Review,* Vol. 1, No. 4 (September 2009), 311.

strategies for pursuing emotional learning and the proper endpoint of emotional equilibrium.[64] The critical component of an emotional regime is the complex set of practices established to regulate emotional norms and the sanctions against those who break them. According to Reddy, emotional regimes focus on 'emotives,' which are essentially speech acts that include a descriptive appearance, relational intent, and self-exploring and altering effects.[65] However, to properly contextualize emotives, the emotional expression needs to be anchored within a social context, where another individual is receptive to the claim and reacts in a culturally specific way. This makes emotives inseparable from the culture that utilizes them because individuals rely on these expressions to navigate social power structures.

More recent historians have utilized the Stearnses, Rosenwein, and Reddy's works as a foundation to expand their research into the inner workings of emotions, behavior, and affective experiences. For instance, in his 2014 article "The Unconscious Work of History," Michael Roper refutes Reddy's conception of emotives because it confines emotional work to that which historical subjects convey to one another. Roper argues that this is a flat conception of emotion since feelings are carried within and animate symbolic activities of many kinds, not only statements explicitly about affect but behavior in general.[66] Instead, Roper advocates for a psychoanalytic perspective of historical subjects. This approach appreciates the possibility that people in the past were psychological subjects and evaluates past emotions not just as products of culture and time but also within structures of desire, conflict, and defense.[67] This methodological approach lends itself well to Roper's research on psychological trauma following the First World War, as this period produced a wealth of veterans' accounts of psychological

[64] William Reddy, *The Navigation of Feeling: A Framework for the History of Emotions* (Cambridge: Cambridge University Press, 2004), 55.
[65] Reddy, 111.
[66] Michael Roper, "The Unconscious Work of History," *Cultural and Social History,* Vol. 11, No. 2 (May 2015), 173.
[67] Roper, 173-4.

and emotional defense, as well as an opportunity for oral testimonies that are not afforded to historians of older periods.

Rob Boddice, on the other hand, advocates for the convergence of the humanities and neuroscience. This 'neuroscientific turn' allows historians to play an integral role in the development of neuroscience as history is fundamental to understanding the cultural webs that ensnare human biology.[68] Boddice argues that "you will not find meaning, or signification, in lumps of human stuff. Meaning always has to be made, and it is always made in context, in culture, and in society."[69] Therefore, the shifting ground of what it means – how it *feels* – to be human, can only be uncovered through the reconstruction of the affective worlds in which people lived.[70] Accordingly, Boddice abandons the word 'emotions' as it "already implies a conceptual and experiential category that has no real meaning in the vast majority of the historical record." Instead, Boddice adopts the term 'feelings' as it is a less conceptually loaded term that encompasses more than simply emotions but also kinds of sensations and experiences that can only be understood through situated knowledge. Boddice applies this methodological approach through a careful process of 'world-building' that begins with abandoning all assumptions about categories of experience in the past, and attuning to the affective lives, styles, and systems of historical actors as they understood them. Furthermore, Boddice argues that historical actors need to be taken at their word because "their perception of reality and their experience of it [is] both an expression of their culture and a manifestation of the way in which that context was embodied."[71] Overall, this methodological approach emphasizes that an individual's lived experience is constructed by their perception of the world, body and soul, and the dynamic cultural production of possibilities for emotional expression.[72]

---

[68] Boddice, *A History of Feelings*, 210-15.
[69] Boddice, *A History of Feelings,* 3-5.
[70] Rob Boddice, "The History of Emotions: Past, Present, Future," *Revista de Estudios Sociales,* Vol. 62 (June 2017), 10.
[71] Boddice, "The History of Emotions," 14.
[72] Boddice, *A History of Feelings,* 120-25.

The history of emotions during the Middle Ages faces many of the same methodological challenges that have been discussed above, such as differentiating between felt and expressed emotions, reconstructing affective worlds and processes, and understanding medieval individuals as actors who were fundamentally shaped by their culture. Over the last two decades, the breadth of areas of medieval and early modern emotions studied by historians has drastically increased from religiously focused studies to incorporate a much wider range of aspects of medieval life. For instance, Susan Broomhall's 2008 work *Emotions in the Household* applies William Reddy's emotives and emotional regimes to early modern households. Accordingly, Broomhall utilizes early modern journals and literature to analyze representations of trust, mistrust, affection, and fear within wealthy individuals' households. Furthermore, Broomhall broadens her methodological framework to assess how the space of the household was created and how it encouraged or obstructed emotional displays and responses.[73] Within Broomhall's work, the historicization of emotions and individuals is evident, as she increasingly emphasizes "historically appropriate emotional states… the emotional mood of an era and particular emotions at a historical moment."[74] Ultimately, Reddy's influence shows clearly in Broomhall's analysis of the household as a power hierarchy and emotions as demonstrations of power dynamics and opportunities for resistance.

Damien Boquet and Piroska Nagy have recently made important methodological contributions to refocus the history of medieval emotions on collective emotions instead of individual feelings. For instance, their research assesses how a complex emotional process is activated and experienced by each participant of the group through the intense practice of communal spiritual action. During the Middle Ages, these actions were often collective acts of popular piety or penitential processions, which were

[73] Susan Broomhall, *Emotions in the Household, 1200-1900* (New York: Palgrave Macmillan, 2008), 1-3.
[74] Susan Broomhall, *Violence and Emotions in Early Modern Europe: Introduction.* Ed Susan Broomhall. (New York: Routledge Press, 2016), 11.

enhanced by the collective performance of a ritual. As a result, medieval individuals' sad and desperate emotions were transformed into positive ones that aroused devotion to God and communal love and bonding.[75] At the same time, they have called for a shift in the historiography of emotion that challenges the neuroscientific turn. Boquet and Nagy argue that "emotions are whatever the men and women of each era, each society, and each group make of them."[76] Therefore, they argue that as historians' focus tightens, our frameworks should not be those of psychology and neuroscience but the outlooks of medieval men and women themselves. Fundamentally, they argue that medieval perceptions of affective processes, emotions, and their role in society can be assessed through a careful reconstruction of the cultural influences and ideologies that shaped medieval life. Like Rob Boddice, Boquet and Nagy emphasize that "[historical actors] too named, considered, and experienced 'affective matters,' and did so according to their own codes, motivations, and aims."[77] Ultimately, all three historians advocate for a system of world building that anchors behaviors and expressions in their specific historical environment Due to their methodological parallels, this thesis unites Boquet and Nagy's work with Boddice's biocultural approach to further analyze how the cultural institutions of urban Italy provided individual and collective emotional scripts and social rituals to urban citizens, who then utilized them to mitigate the *epidemia*.

Although the work done on medieval emotions provides many useful methodological approaches for this thesis, the history of disasters, and more specifically of disease, is a relatively recent subfield of the historiography of emotions and experiences. Owing to this, very little has been written on the topic. The scarcity of epidemic research is unfortunate, as disease, public health, and emotional life are always intrinsically linked because medicine and healing are a principal part of any community. Moreover, historians have often neglected the practical application of medicine and community health in favor of

[75] Nagy and Biron-Oullet, "A Collective Emotion," 140.
[76] Boquet and Nagy, *Medieval Sensibilities*, 7.
[77] Boquet and Nagy, 7-8.

natural philosophical theories and discourses. Consequently, in 1967, the medical historian, George Rosen, advocated for the study of the "social character of medicine" that allowed the history of medicine to become the history of human societies and their efforts to deal with health problems and disease.[78] In championing this methodological focus, Rosen brought special attention to emotional reactions as the "psychological price of living in an untenable situation," as well as the affective history of societies and communities.[79] Since Rosen's article, historians of medicine and disease have increasingly focused on public health and communal efforts to cope with disasters. Accordingly, recent historians have accomplished some exciting microhistorical works assessing the affective consequences of disasters. These approaches restructure historic emotional life around individual and communal resilience and emotional responses to crises by utilizing the methodological perspectives of Reddy, Rosenwein, Boddice, and Roper.

The recently edited collection *Disaster, Death, and the Emotions in the Shadow of the Apocalypse, 1400-1700* by Jennifer Spinks, brings together many microhistories of disaster linked by their attention to early modern emotions. Critically, the basis of this collection is that "[n]atural hazards become disasters because of social, political, economic, and cultural conditions."[80] Therefore, interactions between natural disasters and human life are profound because they disrupt human relationships, which revolve around the fears and desires of emotional life that shaped religious belief and cultural practices. Furthermore, Spinks argues that historians can not only view the importance of emotions in devising and practicing rituals that heal suffering and community bonds, but the role of disasters in creating opportunities for hope, gratitude, love, and emotional resilience as well.[81] The approaches to historical emotions in

[78] George Rosen, "People, Disease, and Emotion: Some Newer Problems for Research in Medical History," *Bulletin of the History of Medicine,* Vol. 41, No. 1 (Jan-Feb 1967), 9.
[79] Rosen, 21.
[80] Jennifer Spinks, *Disaster, Death, and the Emotions in the Shadow of the Apocalypse, 1400-1700* (London: Palgrave Macmillan Publishing, 2016), 1-2.
[81] Spinks, 10-13.

Disaster, Death, and the Emotions in the Shadow of the Apocalypse reflect the evolution of the historiography, as these microhistories utilize the methodological approaches of the Stearnses, Reddy, and Rosenwein to interrogate a variety of sources and reconstruct emotional scripts, regimes, and communities during moments of crises. For instance, Alexandra Walsham's chapter "Deciphering Divine Wrath and Displaying Godly Sorrow" utilizes two sixteenth century ballads and multiple news pamphlets to analyze popular responses to the 1586 fire that devastated Beccles in Suffolk. Through this analysis, Walsham shows the cultural influences on English affective life, as "a new economy of body language" was being established which altered the way in which English people manifested their sorrow. Ultimately, Walsham's work argues that religious emotion was being relocated from the public domain to the private realm, fundamentally altering how English citizens properly expressed and managed their emotions. Altogether, this edited collection expands beyond analyses of historical emotions into experiences of disasters through their attempt to assess the relationship between culture, cognition, and feeling in both individuals and social groups.[82]

While the historiography of emotions and disease is small, the historiography of the social and emotional consequences of the Black Death is significantly smaller, and it is here that this research project makes an important contribution to both the history of disasters and emotions. The fourteenth century Italian sources that remain are steeped in social, religious, and emotional ideologies and sentiments. For this reason, they provide a unique opportunity to explore *cittadini's* emotional scripts and responses to an unprecedented disaster. Ultimately, this thesis builds on some essential microhistorical works that have been done on social and emotional responses to the Black Death and their cultural context. However, the following articles focus on specific accounts of the plague and dimensions of Italian culture while this

[82] Spinks, 4-5.

project focuses on urban society more broadly. Nevertheless, the following articles are a necessary foundation for this project and hold valuable insight into urban Italian culture, emotions, and behavior.

For example, Timothy Kircher's 2002 article "Anxiety and Freedom in Boccaccio's History of the Plague of 1348" focuses on one specific and well-known account of the plague, *The Decameron,* to show how the catastrophe affected Giovanni Boccaccio's mental state and perception of his community. Through his analysis, Kircher argues that Boccaccio's narrative is inseparable from his emotional distress, and due to his early humanist background, Boccaccio's analysis of Florence is intrinsically tied to his emotions and perception of the world.[83] Due to this background, Kircher shows how Boccaccio was deeply concerned with the historical relevance and authenticity of human existence and the emotional motivations that drove Florentine's responses to the plague. Furthermore, Kircher's analysis places Boccaccio's perspective "[in] the tension between one's insecure life and one's certain end, [where] new choices emerge for living and thinking, which are not indebted to the dictates of dogma."[84] Altogether, Kircher's work not only shows the unique ways that primary sources can be interpreted but further emphasizes that medieval individuals were not static characters, and their lives rarely fit cleanly into macro-narratives of the Black Death.

Like Kircher, in "Boccaccio and the Doctors: Medicine and Compassion in the Face of Plague," Shona Wray grapples with the emotions expressed in *The Decameron*, yet, in a significantly different way. For Shona, Boccaccio's work is a direct reaction to the emotional regimes that medical practitioners prescribed, which emphasized positive emotional states and avoiding the sick as a means of mitigating the plague. From this perspective, Boccaccio's account of Florentines' emotional scripts becomes a moral critique of medical practitioners and the implementation of their precautions. Furthermore, Wray shows that Boccaccio failed to accommodate these recommended emotional responses into his expectations for

[83] Kircher, "Anxiety and Freedom," 320.
[84] Kircher, 322.

proper emotional management and behavior.[85] Ultimately, this leads Boccaccio to argue that the implementation of these precautions was tearing apart Florentine society because he believed that compassion and a concern for one's family, neighbors and fellow citizens offered the only aid against the plague.[86] Overall, Wray's research depicts a complex network of medieval cultural influences as medical theories permeated medieval societies, and community members evaluated and synthesized these recommendations to inform their responses to the plague.[87] For this reason, "Boccaccio and the Doctors" is a highly influential work for this study on *cittadini's* experiences because Wray's work emphasizes the emotional frontier that medieval individuals existed on and depicts the complex discourse of religious, medical, and cultural beliefs that constructed their emotional scripts and responses to the *epidemia*.

Nicole Archambeau's 2011 article "Healing Options during the Plague: Survivor Stories from a 14th-century Canonization Inquest" is an excellent example of the methodology employed by this thesis, as a blend of the dominant methodologies in the history of emotions and experiences. Archambeau focuses her analysis on the role that emotion played in plague victims' healing, as well as how the Mediterranean community reacted to epidemic illness by tapping into support networks that offered multiple avenues for healing that could be pursued.[88] Critically, Archambeau utilizes witness testimonies from the 1363 canonization inquest for Countess Delphine de Puimchel to explore the differing responses to the first two waves of the plague in 1348 and 1363. From these sources, she argues that "sufferers actively sought out healing even when they feared that none existed, healing practitioners continued to care for the sick, and emotion played an important role in sufferers' healing."[89] Fundamentally, these healing options relied on important emotional coping mechanisms by encouraging victims to alter their emotional states from a

[85] Shona Wray, "Boccaccio and the Doctors: Medicine and Compassion in the Face of Plague," *Journal of Medieval History,* Vol. 30, No. 3 (January 2012), 304-9.
[86] Wray, 322.
[87] Wray, 317.
[88] Nicole Archambeau, "Healing Options during the Plague: Survivor Stories from a 14th-Century Canonization Inquest," *Bulletin of the History of Medicine,* Vol. 85, No. 4 (Winter 2011), 533.
[89] Archambeau, 532.

negative to a positive one, as a means of curing the disease. In the process, victims utilized medical and religious recommendations to alter their social reality and experiences of the epidemic. Altogether, Archambeau's work exhibits how victims' affective processes reflected both medical and spiritual approaches which were embedded in their cultural networks.

This project expands the cultural network analyzed by Archambeau by incorporating not only aspects of medieval healing but perceptions of the sick, the dead, and the self as well. Fundamentally, *cittadini* drew on theories of the disease and sick individuals provided by medical, religious, and popular institutions, which recommended how to properly regulate behavior, emotions, and mental processes. Accordingly, these recommendations shaped their perception of the urban environment and sick friends, family, and community members. By drawing on these perspectives, *cittadini* not only assessed and evaluated the *pestilentia* based on their unique cultural context but restructured their emotional scripts and social rituals around new communal and individual goals: predominantly survival, but often caring for their friends, family, and community as well. Through this dynamic process of evaluating the *pestilentia*, accommodating it into their perception of the urban environment, and responding to its social and psychological burdens, *cittadini* constructed and engaged with a specific social reality for themselves and their peers. Ultimately, regardless of whether *cittadini* adopted the responses to the *epidemia* provided by the cultural institutions of Italy, modified existing ones, or constructed new emotional scripts and social rituals, to respond to the sick and dying, they all endured culturally and individually distinct experiences of the *epidemia.*

Chapter One: Responding to the Sick

Cittadini's experiences of the *epidemia* are difficult to capture without making generalizations about individual and collective responses. Although historical actors shared varying degrees of sociocultural norms, their distinct responses to the *epidemia* revolved around disparate conditions, such as their background, characteristics, beliefs, and environment. Critically, these conditions shaped each individual's understanding of the relationship between the mind, body, and natural world. This biocultural neuroplasticity, as it is defined by Rob Boddice, is temporally specific, as it relies on historical actors' social and emotional scripts and cultural norms to inform their mind. Consequently, what *cittadini* saw, felt, and believed during the plague was real, in the sense that their particular cultural contexts formed emotional and social scripts that prescribed how to interpret, mitigate, and engage with the disease and its victims. Therefore, a historical actor's behavior, affective processes, and ways of interpreting and experiencing the world around them are inseparable from their specific sociocultural context.[90] Accordingly, to appreciate sick individuals' place in urban Italian society, they must be positioned within this cultural network of temporally specific affective concepts and language, popular interpretations of the *pestilentia* and its victims, and the fluctuating relationship between religion, society, and the self. Through this process, *cittadini's* experiences of the *epidemia* can be realized via their adoption, modification, and rejection of medical and religious interpretations and responses that allowed them to comprehend the *pestilentia* and the effects it had on the urban environment and their social reality.[91] Ultimately, the popular understanding of the *pestilentia* and its victims shaped *cittadini's* perception of friends, family, and the *communitas (community/public spirit)* and guided their responses to the sick, the sum of which determined their experiences of the *epidemia.*

[90] Boddice, *A History of Feeling,* 81.
[91] Rob Boddice and Mark Smith, *Emotion, Sense, Experience* (Cambridge: Cambridge University Press, 2020), 10-15.

Cittadini's perceptions of and responses to the *pestilentia* and its victims were not universal, and this thesis does not argue that their varied responses can be applied as an aggregate for Italian society. Instead, this thesis proposes thinking about experiences of the *epidemia* within a context of possibilities, the availability of which depended on an individual's background, characteristics, beliefs, and lived environment.[92] Therefore, understanding what *cittadini* could have known, during the mid-fourteenth century, about the *pestilentia*, its symptoms, and treatment relies on a careful analysis of the medical and religious concepts that saturated the urban environment. This thesis weighs this medical and religious knowledge alongside *cittadini's* engagement with available and expected modes of expression and action. By combining these elements, it is clear to see that *cittadini* dynamically connected elements of medical, religious, and popular thought in systems of experiential exchange to construct their responses and experiences of the *epidemia*.[93] Essentially, two predominant narratives exist for *cittadini's* experiences of responding to the sick. The first and most forceful is the narrative of healthy *cittadini* as they accommodated medical and religious recommendations and responses into how they understood the urban environment, their social relationships, and the obligations of kinship. The second, and significantly more shrouded narrative, is that of the victims of the *epidemia*, who suffered the consequences of the popular understanding of the sick in urban society. Unfortunately, this narrative is concealed by the lack of primary sources written by sick *cittadini* or those who contracted the disease and survived. Consequently, the narrative of sick individuals' experiences of the epidemia must be derived from other primary sources that discuss how healthy cittadini conceived of and treated the sick. Through these sources it is clear that even when medieval individuals left no record of their experiences of the disease, the context of possibilities for their experiences can be recovered, revealing the historicity of suffering, salvation, and the trials of the healthy and dying. Altogether, by combining these theoretical and practical

[92] Boddice, *Emotion, Sense, Experience,* 50; Fanny H. Brotons, "The Experience of Cancer Illness: Spain and beyond," (PhD Thesis, Madrid: Carlos III University, 2017).
[93] Boddice, 50.

elements of urban society, this chapter shows how *cittadini* adopted emotional scripts and social rituals provided by the cultural institutions of Italy to respond to the *epidemia*; however, when these failed, *cittadini* developed their own scripts and rituals or modified existing ones to interpret the *pestilentia* and respond to the sick and dying, thereby altering their responses, and shaping their distinct experiences of the *epidemia.*

Part One: Understanding the Pestilentia and Its Victims

The *epidemia* struck the Mediterranean world amid a series of unique intellectual and cultural shifts. From the twelfth to the fifteenth century many institutional, social, and intellectual innovations shaped medieval medical culture in Italy. However, these emerging ideas around natural philosophy and bodily health did not originate in western Europe; they were drawn from Islamic translations and interpretations of Greco-Roman natural philosophy.[94] Accordingly, the reception and interpretation of this ancient medical knowledge was tempered by the dominance of the Catholic Church and its belief that repentance was the medicine that brought serenity to the soul. In Christian theology, sickness, like all other evils afflicting human life, was understood as a consequence of sin. For this reason, once a disease had been diagnosed, spiritual healing and correction of the soul could be applied, and contrition and confession were widely seen as the sacramental keys to spiritual and bodily health.[95] Accordingly, throughout the High Middle Ages, Christian theologians discussed anatomy, physiology, and pathology with a passing interest. Often, theories of natural philosophy were subordinated to religious purposes and utilized to support natural theology – the argument for God's existence based on Aristotelian logic and

[94] Nancy Siraisi, *Medieval and Early Renaissance Medicine: An Introduction to Knowledge and Practice* (Chicago: University of Chicago Press, 1990), 1-5.
[95] Katherine Jansen, *Peace and Penance in Late Medieval Italy* (New Jersey: Princeton University Press, 2018), 81.

the observation of nature.[96] In practice, however, spiritual healing comprised only one of many possible interpretations and responses to disease that *cittadini* engaged with. By the fourteenth century, medical expertise and natural philosophy had carved out a prominent place in Italian society as a well-respected branch of knowledge with theories on the functions of the world that rivaled those of the Church. Within the widening scope of healing in the Christian world, university-educated medical practitioners, or *medicus* (sing.) and *medicí* (plur.), filled the growing gap for corporeal care and medical treatment that emerged with the increasing secularization of hospitals and urban institutions.

Medicí defended their professional position by anchoring themselves firmly within the power structures of Catholic theology, consonant with Church doctrine which attributed the *epidemia* to God's wrath. This explanation is not to say that *medicí* were atheistic due to their natural philosophical inclinations; they were all devoutly Catholic, but they were unlikely to credit God with the *epidemia* over natural causes.[97] For example, in establishing the cause of the *epidemia*, all *medicí* stipulated that the prime cause, like everything else, was God, who permitted it to occur. However, thanks to centuries of natural theology, Christian philosophers had developed the idea of a natural order that governed the world, which was autonomous and ruled by laws that were accessible to human reason.[98] This intellectual foundation allowed *medicí* and their theories about the natural formation and medicinal treatment of disease to flourish and spread throughout Italian society by utilizing pre-established avenues for dissemination, such as universities, hospitals, civic bodies, surgeons, and apothecaries. Hence, on the eve of the *epidemia*, *medicí* were poised to tackle the impending disaster and consequently their actions influenced the urban environment and social reality of Italian cities.[99] Ultimately, *medicí's* construction of the various dangers posed by the *pestilentia* and its victims contributed to the growing dialogue on the

[96] Siraisi, *Medieval and Early Renaissance Medicine*, 10.
[97] Arrizabalaga, "Facing the Black Death," 251.
[98] Arrizabalaga, 249.
[99] Arrizabalaga, 238.

cause of the *epidemia*, its symptoms, and its course that established the context of possibilities that allowed *cittadini* to interpret and engage with the disease.

Medicí's natural philosophical construction of the sick was based on miasma theory, which was adapted from centuries of Hippocratic and Galenic medicine.[100] This theory, developed and refined by the Greco-Romans, Arabs, and medieval Europeans over nearly two millennia, provided a profoundly complex framework for understanding the origins, transmission, and cure of disease. By the fourteenth century, miasma theory permeated the medieval world, informing the medical decisions of not only the *medicí* but of people from many walks of life, particularly those of modest socioeconomic means who made up a significant portion of urban Italian society. Although paid medical care was beyond the reach of the poorest section of the population – unless provided by a charity or municipal service, which was common in Italy – evidence shows that the great majority of *medicí's* patients were neither rich nor noble and could not have paid exorbitant fees.[101] Therefore, *medicí's* services were accessible for the majority of *cittadini* and consequently, so too were their theories on the mitigation and treatment of disease. Significantly, *Cittadini's* social behavior during the *epidemia,* such as abandonment and avoidance of the sick, exemplifies their engagement with *medicí's* recommendations, as these acts were established on an underlying fear of person-to-person transmission as the *medicí* described it. Evidently, although they were not the only healers involved in the battle against the *pestilentia, medicí* were in a unique position to interpret the *epidemia* as an act of nature that could be understood through reason.[102] Through this belief, they successfully argued that human intercession had the potential to explain the origins, transmission, and course of the *pestilentia*, secure the body from infection, and mitigate the *epidemia.*

[100] Galen, *Galen: Selected Works;* Hippocrates, *Hippocratic Writings*, trans. Francis Adams (Chicago: Encyclopedia Britannica Inc, 1952).
[101] Siraisi, *Medieval and Early Renaissance Medicine*, 22.
[102] Arrizabalaga, "Facing the Black Death," 238.

Nevertheless, miasma theory promoted a specific understanding of the hazards that the *pestilentia* and its victims posed that influenced *cittadini's* responses to friends, family, and community members. When *medicí* applied this theory to the fourteenth century *epidemia*, they believed that the disease had two causes: the general and the particular. The eminent Italian *medicus* Gui de Chauliac recorded his interpretation of the miasma theory as well as his experience of the *pestilentia* in his magisterial work *The Major Surgery,* written in 1363.[103] Gui derived the General Cause "from the conjunction of the three superior planets, Saturn, Jupiter, and Mars that had been preceded by another conjunction on March 24, 1345."[104] This conjunction of the spheres envenomed the air so that when it entered the body, it altered the humors by "combustion and poison." Furthermore, those infected humors collected and became *aposthems* – a swelling containing abnormal contents – which the body tried to expel through the emunctories at the armpit and groin, causing buboes. As the body worked to expel the *aposthems*, the skin, breath, and buboes excreted poisonous vapors, the same that had originally caused the disease, which facilitated person-to-person transmission.[105] If a *medicus,* stranger, or loved one inhaled these vapors or absorbed them through the pores of their skin, they too would contract the disease, or at the very least expose themselves to its harmful effects. Ultimately, this belief in the creation, expulsion, and movement of 'envenomed air' was the critical mechanism that underscored *medicí* and lay society's responses to sick individuals.

While the General Cause was understood to be the envenoming of the air, the Particular Cause of the *pestilentia* was seen as distinctly individual and depended on the victim's bodily complexion. While some bodies could resist the attack of venomous air, others could not. These 'dispositions,' or 'material causes,' as they were described by the eleventh century Persian polymath Ibn Sina, altered or maintained

[103] Gui de Chauliac, *The Major Surgery of Guy de Chauliac (1363),* trans. Leonard Rosenman (Indiana: Xlibris Corporation, 2007), 249.
[104] Gui de Chauliac, 249.
[105] Gui de Chauliac, 249-51.

the healthy equilibrium of the human body. For example, air, food, water, physical and psychic (mental) movements and conditions, sleep and wakefulness, changes in age and sex, occupations, habits, and the objects that encounter the body all protect or make it susceptible to disease.[106] Gentile da Foligno, an Italian professor and Doctor of Medicine at the University of Perugia, further specified that: due to the body's disposition, "such as if it was full of evil humors, if it was weak, or bunged up [obstructed]… it was the common people, the laborers, and those who lived evil lives who died."[107] In this case, "those who lived evil lives" were sinners, heretics, and criminals, whose behavior predisposed them to sickness by compromising the healthy equilibrium of their body. Altogether, the scope of the general and particular causes for disease allowed *medicí* to apply a complex framework for the diagnosis, prognosis, and treatment of the *pestilentia,* opening multiple avenues for healing and mitigation, particularly in the areas of behavioral, emotional, and moral management. However, *medicí's* crucial recommendation was the avoidance and control of 'envenomed air' as it emanated from the environment and escaped from sick individuals, which carried serious repercussions for the victims of the *epidemia*.

The regulation of venomous vapors manifested in many forms throughout *medicí's* treatises and *consilia*. Although every precaution was an effort to deal with the same airborne hazard, many offered methods of approaching and caring for sick individuals that did not negatively influence the sick's experiences of the *epidemia*. For instance, Gentile da Foligno described this hazard as 'certain seeds of pestilence' that were thrown off the pestilential body into the surrounding air. These seeds remained in the air long after the 'pestilence' dissipated and infected like a 'ferment' in a bread oven.[108] In response, Tommaso del Garbo, a professor of medicine and Gentile's peer in Perugia, related advice on how to

[106] Ibn Sina, *The Canon of Medicine*, 4.
[107] Gentile da Foligno, *Short Casebook (1348)*, 65.
[108] Gentile da Foligno, *Consilium contra pestilentiam (1348),* in "Facing the Black Death: Perceptions and Reactions of University Medical Practitioners," by Jon Arrizabalaga, 261.

mitigate this hazard and approach the sick reasonably safely in his *Consilio contro alla peste* of 1348, which informed the standard medical practice for centuries:

> Notaries, confessors, relations, and doctors who visit the plague victims on entering their houses should open the windows so that the air is renewed, and wash their hands with vinegar and rose water and also their faces, especially around their mouth and nostrils. It is also a good idea before entering the room to place in your mouth several cloves and eat two slices of bread soaked in the best wine and then drink the rest of the wine. Then when leaving the room you should douse yourself and your pulses with vinegar and rose water and touch your nose frequently with a sponge soaked in vinegar. Take care not to stay too close to the patient.[109]

Evidently, by aerating the room and fortifying oneself against venomous vapors with pungent food and strong drink, a *medicus,* priest, or loved one could stop the *pestilentia* from invading their body and safely tend to a sick individual. Similarly, Tommaso recommended that anyone who entered the sick-room should carry a flaming torch to help purify and break up the envenomed air.[110] Like many other contemporary *medicí*, Tommaso made recommendations that focused on methods of disinfecting homes and interior locations where the envenomed air was contained and on providing dietary regimens to fortify the humors from corruption. While these precautions offered some protection from the disease, *medicí* by no means guaranteed that they would prevent infection. Although civic administrators and lay individuals readily practiced these precautions, – as we will see later with popular and civic responses to the *epidemia* – they relied on the sick individual being contained in a regulated space where a visitor could prepare the proper provisions before entering. However, the omnipresent threat of venomous air extended outside the household, where it influenced not just individuals but also collective neighborhoods, familial networks, and communities.

[109] Tommaso del Garbo, *Consilio contro alla peste (1348),* in "The Black Death in Florence: Medical and Communal Responses," by John Henderson, in *Death in Towns: Urban Responses to the Dying and the Dead*, 100–1600, Edited by Steven Bassett (London and New York: Leicester University Press, 1992), 138.
[110] Henderson, "The Black Death in Florence," 140.

Unlike modern germ theory that operates on the transmission of physical matter – the bacteria or virus – from person-to-person, medieval understandings of 'contagion' focused on 'venomous air.' Consequently, the ubiquity of air and its ability to flow with environmental and humanmade movements made it a significantly more ambiguous and potentially lethal point of transmission. For instance, Gentile da Foligno attested that "the communication of the evil disease happens principally from contagious conversation with other people who have been infected."[111] Identically, Tommasso del Garbo provided specific advice predicated on this theory of interpersonal contagion for individuals who ventured into public:

> Each person must guard himself from mixing [*conversare*] with too many people when the pestilence is in his area. There is always the fear that among the many there are those who have already received the infection and corruption of the air, and who will therefore be able to pass on the corruption to healthy bodies.[112]

Not only does Tommaso's warning emphasize the risk of contagion, particularly in crowded spaces, but it also mentions another dimension of urban paranoia. Tommaso alerts his audience to the possibility that within the urban sprawl, hidden individuals reside who have already contracted the disease and are able to transmit it to healthy bodies. Moreover, the threat of these hidden individuals was not limited to poor and destitute *cittadini*, as Gentile da Foligno recommended that all "political meetings should be avoided as much as possible, since they allow infected people to intermingle with those not infected."[113] Nevertheless, neither *medicus* provides a framework for separating the healthy from the potentially sick within the urban crowd. Therefore, the risk that an individual was intermingling with the sick in any setting at any given time was a definite reality. Consequently, these medical theories profoundly influenced the

[111] Gentile da Foligno, *Contra Pestilentiam Consilium,* 140.
[112] Tommaso del Garbo, *Consilio contro alla peste (1348),* 139.
[113] Gentile da Foligno, *Consilium contra pestilentiam (1348),* 277.

cittadini's social interactions and perception of friends, family, and community members within the urban environment.

In the urban centers of Italy, the threat of corrupted air quickly shaped *cittadini's* experiences of the *epidemia*, as avoiding the sick and their deadly payload became a priority of friends, family, and community members. Furthermore, many *medicí* stressed that even a small amount of corrupted air eventually infected the entirety of the body, consuming it through the self-multiplication of the poison. For instance, Alfonso de Córdoba, a Spanish *medicus* working for the University of Paris, emphasized that when corrupted vapors contacted the 'humidities of our body,' they turned what they touched into a similar poison that would continue to spread until it reached the heart. Once the heart was consumed by corrupted matter, the vital spirit – literally the victim's breath, but also their soul – would abandon the heart, leaving it and the body lifeless.[114] Furthermore, Gentile da Foligno maintained that corrupted air entered the body through two main routes: via the air inhaled through the respiratory tract, and via the air absorbed through the pores of the skin.[115] As a result, the *pestilentia* spread rapidly by means of contagion, communicated to others through the breath and the skin, passing from one person to another and from one place to another.

In the eyes of contemporary society, venomous vapor's prevalence and its ability to exponentially corrupt the body from a minor amount of poison made it significantly more perilous. During the *epidemia,* the prevalence of the miasma theory of disease among *cittadini* shaped the very 'smellscape' of Italian cities.[116] For instance, Giovanni Boccaccio attests that "they [Florentine citizens] would go about holding flowers to their noses or fragrant herbs, or spices of various kinds, in the belief that such aromas worked wonders for the brain (the seat of health), for the atmosphere was charged with the stench of corpses, it

[114] Alfonso de Córdoba, *Epistola et regimen de pestilential (1348-9),* in "Facing the Black Death: Perceptions and Reactions of University Medical Practitioners," by Jon Arrizabalaga, 261.
[115] Gentile da Foligno, *Consilium contra pestilentiam (1348),* 261.
[116] Boddice and Smith, *Emotion, Sense, Experience*, 42.

reeked of sickness and medication [aromatics]."[117] Boccaccio's experience of the smells that pervaded Florence during the *epidemia* reflects the pervasiveness of the fear of miasmatic contagion that shaped the atmosphere of Italian cities. This fear could have negative consequences: due to the perceived risk of even minor exposure to corrupted air, the *medicí* emphasized that the only guaranteed "remedy against the pestilence [was] to flee as early as possible to a place with healthy air and leave behind the corrupt and infected air."[118] In theory, removing one's loved ones from a region corrupted by venomous air was possible if not economically and materially challenging. However, in practice, *medicí's* recommendations for flight and the avoidance of corrupted air constituted a range of onerous possibilities when family members and friends became a potential source of corrupted air to be abandoned.

Another opportunity for transmission besides the breath and skin was a sick individual's gaze. Transmission by sight is seemingly more deadly than the venomous air exuded by sick individuals' bodies; however, it still relied on venomous air as the critical source of corruption. Although this mode of transmission is only attested to in a single treatise from an anonymous *medicus* from Montpellier, it is worth mentioning due to the grave social responses it implied. The anonymous *medicus* described transmission by gaze as extremely dangerous because when the "air spirit emitted from a sick person's eyes, particularly when he is dying, strikes the eye of a healthy man nearby who looks closely at him; then the poisonous nature of this member [the eye] passes from one to another, killing the healthy individual."[119] Corruption by gaze was established on the belief that when the poisonous vapor ascended to the victim's brain, it was sometimes expelled through the optic nerve and the eyes, producing a toxic spirit that spread to healthy bystanders. Although the vapor's absorption through the airways and the skin could be mitigated by dissipating the air and fortifying the body, as discussed by Tommaso del Garbo,

[117] Boccaccio, *The Decameron*, 9.
[118] Mariano di Ser Jacopo Sopra, *Il Codice di Mariano di Ser Jacopo Sopra,* in "The Black Death in Florence: Medical and Communal Responses," by John Henderson, 137.
[119] Anonymous Practitioner from Montpellier (1348)*,* in "Facing the Black Death: Perceptions and Reactions of University Medical Practitioners," by Jon Arrizabalaga, 263.

infection by sight was significantly more difficult to thwart. In this case, the venomous air was released from the sick individual at the moment of their death, and any healthy person who looked at the invisible spirit received an impression of the *pestilentia.*[120] Furthermore, transmission by gaze seems to have been adopted by popular society more than *medicí*. For example, the Paduan chronicler Cortusii Patavini Duo incorporated it into his description of the *epidemia,* as "It [the *pestilentia]* was carried by some infected people who had travelled from the East and who, by sight alone, or by touch, or by breathing on them, killed everyone."[121] Ultimately, the invisible nature of this pestilential spirit worked in tandem with other *medicí's* theories on the venomous air that exuded from the skin and breath of plague victims to portray them as a potentially lethal tool of dissemination.

Perhaps the most socially destructive means of transmission came not from venomous air or poisonous gazes but the power of the *psychic faculty* that governed external perception – sight, smell, hearing, taste, and touch – as well as internal perception, literally the imagination, where it was believed that all sensations converged.[122] Within medical theory, the *psychic faculty* and with it the *psychic emotions* were critically important for maintaining bodily health. However, they could also expose an individual to the *pestilentia* simply through thought alone, truly shaping *cittadini's* experiences of the *epidemia*. Jacme d'Agramont, a Catalonian *medicus* and author of one of the earliest plague treatises, the *Regimen de Preservacio a epidimia,* wrote a highly detailed recommendation discussing this 'material cause' of disease. Jacme states that "among other influences that must be avoided in such times are especially those of fear and imagination. For from imagination alone, can come any malady."[123] Not only could the psychic faculty cause the *pestilentia*, but "it is evidently very dangerous and perilous in times of

[120] Arrizabalaga, "Facing the Black Death," 263.
[121] Cortusii Patavini Duo, sive Gulielmi et Abrigeti Cortusiorum, Historia de Novitatibus Paduae et Lombardiae ab anno MCCLVI usque ad MCCCLXIV," In *The Black Death* by Rosemary Horrox (Manchester: Manchester University Press, 1994) 34.
[122] Ibn Sina, *The Canon of Medicine*, 115.
[123] Jacme d'Agramont, *Regimen de Preservacio de Pestilencia,* 761.

pestilence to imagine death and to have fear."[124] Furthermore, Jacme informed healthy individuals that "gaiety and joyousness are most profitable," and "[n]o one, therefore, should give up hope or despair, because fear only does great damage and no good whatsoever."[125] Even the sick themselves were vulnerable to the psychic faculty, as dwelling on death could cause them to succumb to the disease. For this reason, Jacme recommended "that in such times, no chimes and bells should toll in case of death, because the sick are subject to evil imaginings when they hear the death bells…"[126] The *medicí,* Giovanni della Penna and Gentile da Foligno further supported psychic regimes, stating that one "must avoid all sad and distressing anxieties, pursue delightful things and try to keep one's mind off the fear of the plague."[127] This fourteenth century prelude to psychosomatic medicine shaped sick and healthy *cittadini's* experiences of the *epidemia* by encouraging them to alter their emotional scripts, behaviors, and mental activities as a means of self-defense. Accordingly, the construction of a positive emotional state, atmosphere, and perspective of the world and the avoidance of negative 'influences on the soul' became an integral part of a many *cittadini's* proper regimen for healthy living. Although these recommendations contributed to *cittadini's* context of possible responses to the plague, they also created discord in individual and social thought. *Cittadini* were expected to remain positive and not let their psyche dwell on the disease or death while their loved ones, neighbors, and community members fell to the disease around them. Due to this dilemma, the ways in which *cittadini*, civic bodies, and communities interpreted and engaged with these emotional recommendations were varied as they depended on individuals' divergent social networks.

[124] Jacme d'Agramont, *Regimen de Preservacio a epidemia,* in *The Black Death: The Great Mortality of 1348-50,* by John Aberth (New York: Bedford/St. Martin's Press, 2005) 54.
[125] Jacme d'Agramont, *Regimen de Preservacio a epidemia,* 54.
[126] Jacme d'Agramont, *Regimen de Preservacio a epidemia,* 54.
[127] Giovanni della Penna, in "Boccaccio and the Doctors: Medicine and Compassion in the Face of Plague" by Shona Wray, *Journal of Medieval Medicine,* Vol. 30, No. 3 (January 2012), 309; Gentile da Foligno, *Short Casebook (1348),* 50.

Medici's theoretical construction of plague-ridden individuals carried significant social repercussions that altered how the sick experienced the *epidemia*. Medical, religious, and social institutions alike understood that victims of the *pestilentia* were in dire need of healing and basic care. However, contemporary medical theories about the easy transmission of disease through even small amounts of venomous air made men, women, and children suffering from the *pestilentia* a liability to family and community health. Furthermore, the knowledge that corrupted individuals actively mixed with the urban crowd without healthy individuals' awareness created social tension between family and community members. These tensions were compounded by the medieval understandings of the power of the psychic faculty over bodily health, as *medicí* and *cittadini* feared that the omnipresence of the *pestilentia* in their homes and cities, and therefore their imaginations, exposed them to the disease. How individuals reacted to these fears was contingent on their context of possibilities and the responses made available to them by their background, characteristics, beliefs, and environment. However, the unease that *medicí's* contagion theory sewed into the social fabric of Italian cities was palpable in every aspect of daily life, particularly for those whose friends, neighbors, and loved ones were fighting or lost to the *pestilentia*. In essence, the *epidemia* transformed the social atmosphere and interactions of Italian society, as an anonymous cleric testified: "men dare not speak with anyone whose kinsman or kinswoman has died: as often observed, when one family member dies, almost all the rest follows."[128] Accordingly, healthy individuals tried to combat the *epidemia* by weighing the recommendations of medical, spiritual, and civic authorities against their own interpretations of what responses to sick friends and family were efficacious. In the process, they dynamically shaped their experiences of the *epidemia* as they accommodated unfamiliar emotional scripts and social rituals into their daily lives to respond to the sick, the healthy, and the emerging challenges created by the *epidemia*.

[128] "Brief Chronicle of an Anonymous Cleric (Avignon, 1348)," in *The Black Death* by Rosemary Horrox (England: Manchester University Press, 1994), 43.

Nevertheless, in the midst of the *epidemia*, *cittadini* did not abandon themselves and give up hope. Instead, they adapted their behaviors, emotional scripts, and social rituals in response to the pervasiveness of the *pestilentia*. These adaptations capture the dynamic process of experiential exchange, as individuals' encounters with the *pestilentia* informed and were informed by their cultural networks, particularly their engagement with medical, religious, and political authorities. Ultimately, the emotional scripts and responses that *cittadini* acquired from these cultural institutions had significant repercussions for their social networks, particularly for the bonds between family, friends, and community members. Crucially, as civic governments and lay individuals adopted *medici's* perspective of the *pestilentia*, sick individuals became more closely intertwined with the venomous air they exuded. For this reason, sick individuals' experiences of the *epidemia* became characterized by medical and social upheaval and legal regulation, as the manipulation of their bodies and physical presence became a critical factor on the frontline of epidemic defense. For *cittadini* more broadly, the interpretation and adoption of *medici's* miasma theory enlightened and justified their responses to the *epidemia,* some of which encouraged cooperation, care, and compassion, while others emphasized individual salvation over family, friends, and the *communitas*.

Part Two: Popular Responses to the Pestilentia

The Black Death in modern historiography has become synonymous with severe emotional responses to epidemic disease, particularly the flagellant movements and Jewish persecutions, which astonish modern and contemporary sensibilities alike. However, in Italy, no such massacres or flagellant processions occurred. Notably, out of 128 Italian chronicles covering the *epidemia* analyzed by the historian Samuel Cohn Jr., none reported Jewish executions or conspiracies that Jews instigated the

epidemic.[129] Instead, the social dimensions of *cittadini's* responses took on a significantly more personal tone. The more widespread consequence of the *epidemia* described by fourteenth century sources is premised on *medici's* theory about the virulence and methods of transmitting the disease. Based on these assumptions, *cittadini's* fear of contagion and death fractured the bonds that brought together friends, families, and communities. Ultimately, this resulted in the adoption of divergent emotional scripts and social norms that manifested increasingly in occurrences of abandonment and avoidance of the sick, which fundamentally altered the urban environment and shaped *cittadini's* experiences of the *epidemia.*

During the High Middle Ages, Italian cities became sites of intricate cultural exchange with burgeoning economic, religious, political, and social institutions and networks. Many Italians moving into the urban sprawl entered a new social world distinct from the rural *contado (countryside),* where their *vicini (neighbors)* defined one of the most important relationships that people could have with each other.[130] Nevertheless, medieval kinship networks remained an integral part of urban social and emotional support, particularly as cultural norms predicated that each member had a heavy ethical obligation to protect and aid their kin. In urban centers, the dominant social structure was the 'bilateral extended family,' within which the husband and wife lived alone with their children but retained close ties with their blood relatives, establishing an extended chain of kinship on the sides of both spouses.[131] The ethical obligations and importance of this kinship network are exemplified by the code of vendetta. Within this social code, if a family member was injured or murdered by someone in their *communitas*, the victim's relatives were expected to demand vengeance and doggedly pursue their revenge to salvage the family's honor and resolve the conflict. Fundamentally, the application of the code of vendetta in Italy

[129] Samuel K. Cohn, *Epidemics: Hate and Compassion from the Plague of Athens to Aids* (Oxford: Oxford University Press, 2018), 53.
[130] Paula Findlen, "In and Out of Florence," in *Beyond Florence: The Contours of Medieval and Early Modern Italy,* ed. Paula Findlen, Michelle Fontaine, and Duane Osheim (California: Stanford University Press, 2003), 23.
[131] David Herlihy, "Family Solidarity in Medieval Italian History," *Explorations in Economic History,* Vol. 7, No. 1 (Fall 1969), 175-6.

reflects the great moral solidarity of the late medieval household and the cultural norms that defined the urban landscape.[132] This convention of familial cohesiveness is further illustrated by the fourteenth century recognition of the cultural and spiritual content and value of kinship networks. The Florentine chronicler Giovanni Morelli, for example, encouraged individuals to "hold in enjoyment and in pleasure your family and seek together with them the good and healthy life."[133]

However, family and social relationships in Italian cities were made more complex by the sheer variety of immigrants who were attracted by urban opportunity. In the early fifteenth century, 20% of Florentine households contained only a single person, and 22% consisted of bachelors or married couples without parents, children, bilateral relatives, or servants.[134] These smaller households regularly emigrated to the cities from the surrounding rural areas in search of economic and social gain; often comprising a widow or young bachelor in search of their fortune, they established themselves within the bustling urban economy of late medieval Italy. Nevertheless, to succeed economically in urban Italian society, one had to cultivate eloquence, charm, and personal attractiveness, a cultured way of life, and worthy ways and habits which were mastered in the public marketplace, at the theatre, and in peoples' homes.[135] The historian of Renaissance Italy, David Herlihy, argues that the proliferation of young individuals detached from the paternal household "freed the young man to cultivate that individualistic style of life, and that intellectual freedom and originality, traditionally associated with the culture of the Renaissance city."[136] The intricacies of urban Italian culture and socioeconomic success intensified social networks, not only of kinship ties but also those of individuals and small families, who turned their attention outward to seek essential social and emotional supports in the cultural institutions of the city. Often, *Cittadini* found these

[132] Herlihy, "Family Solidarity," 175.
[133] Giovanni Morelli, *Ricordi,* in "Family Solidarity in Medieval Italian History" by David Herlihy, *Explorations in Economic History,* Vol. 7, No. 1 (Fall 1969), 181.
[134] David Herlihy, "Mapping Households in Medieval Italy," *The Catholic Historical Review,* Vol. 58, No. 1 (April 1972), 13.
[135] Herlihy, "Mapping Households," 19
[136] Herlihy, "Mapping Households," 18.

supports in guilds, confraternities, charities, the Church, and popular rituals, which provided critical moments for strengthening communal bonds and collective emotional norms as well as establishing social relationships.[137]

Although late medieval Italian cities comprised tightly knit social bonds, *medicí's* depiction of the *pestilentia,* its victims, and the risk of contagion culminated in a conflict of opportunities as individuals weighed caring for their sick loved ones against their personal survival. Due to these divergent goals, a wide variety of chroniclers recount occurrences of abandonment and *cittadini's* fear of any human contact in literary letters, chronicles, histories, and monastic annals. Fundamentally, familial abandonment has its origins in the avoidance of the sick, a phenomenon that is attested to nearly as often as their forthright desertion.[138] Accordingly, the avoidance of duties of care, both popular and professional, was a fundamental part of *cittadini's* experiences of the *epidemia*. Whether they were avoiding the sick to protect themselves or being avoided in their final hours, *cittadini* felt the keen edge of the *pestilentia* on their social and cultural networks.

For many *cittadini*, professional avoidance of the sick was symbolic of societal collapse, particularly of the institutions that upheld urban physical and spiritual health and order. Consequently, the few sources from lay individuals that speak of how *medicí* and religious authorities dealt with the *pestilentia* are all negative. During the *epidemia,* many *cittadini* relied on the hope that spiritual and secular healers provided as a formal avenue for mitigating the *epidemia.* However, healers' inability to offer a substantial cure for the pestilentia and their avoidance of the sick and their duties undermined their effectiveness and purpose in contemporary chroniclers' eyes. In the absence of these key figures and their services, lay people attributed the death of loved ones not only to the *pestilentia* but to the systematic failure of medieval healing institutions. For instance, Giovanni Boccaccio recounts that "in the

[137] Boquet and Nagy, *Medieval Sensibilities*, 321.
[138] Cohn, *Epidemics,* 54.

remote villages and out in the fields the laborers, poor penniless wretches, and their households died like brute beasts rather than human beings; night and day, with never a doctor to attend them, no sort of domestic help, they would pass away, some indoors, others out on the roads or among their crops."[139] Nevertheless, "many people succumbed who might have pulled through had they obtained help."[140] For the Sienese Chronicler Agnolo di Tura, not only were healers ineffective, but they expedited the sick to their graves, as "[m]edicine and other cures do not work. In fact, the more medicine people are given the quicker they die."[141] Essentially, the inability of healers, judges, notaries, and magistrates to keep pace with the ruination caused by the *pestilentia* invoked a specific perception of the *epidemia,* one in which fundamental cultural institutions were collapsing under its physical and psychological burdens, and with them, so too were social bonds and networks.

Many contemporary *cittadini* interpreted spiritual and secular professionals' avoidance of the sick as evidence of the crumbling of social institutions, particularly those of religious and secular authority. Giovanni Boccaccio's narrative on healing professionals' ineffectual cures and avoidance of the sick portrays how the *pestilentia* altered the social reality of Florence and shaped his own experience of the *epidemia.* Like Agnolo di Tura, Boccaccio states that "no doctors' prescriptions, no medicine seemed of the slightest benefit as a cure for this disease… whether it was that the nature of the malady would not permit it, or because doctors were unable to discover its origins and therefore could not apply the proper remedy, not only did few people recover but indeed nearly all the sick would succumb…".[142] Furthermore, Boccaccio takes a final jab at the helplessness of the *medicí* in the concluding sentence of *the Decameron's* introduction, stating that "even physicians as eminent as Galen, Hippocrates, and Aesculapius [the Greek god of medicine] would have sat down to breakfast with their families and friends only to find themselves

[139] Boccaccio, *The Decameron*, 13.
[140] Boccaccio, 11.
[141] Agnolo di Tura, *Sienese Chronicle (1348-1351),* in *The Black Death: The Great Mortality of 1348-50,* by John Aberth (New York: Bedford/St. Martin's Press, 2005), 81.
[142] Boccaccio, *The Decameron*, 7.

dining that night with their forbears in the next world!"[143] Boccaccio expands his critique of healing professionals further to spiritual efforts, writing, "equally unavailing were the humble petitions offered to the Lord by pious souls not once but countless times, whether in the course of processions or otherwise."[144] For Boccaccio, the ineffectiveness of spiritual and secular healers marked a turning point in his experience of the *epidemia.* Boccaccio's inherent skepticism of healers' efficacy grounded his anxiety that the social and cultural fabric of Florence was deteriorating, which opened new possibilities for living and thinking that were distinct from the cultural influences that shaped society. Moreover, his experience was suspended in a realm of chance, where efforts to mitigate the *epidemia* – both secular and spiritual – were fruitless, and individuals' lives hung by a thread.

Within this new reality, Giovanni Boccaccio agonized over Florentines' responses to the *pestilentia* and the ways in which their behavior did – or did not – match his sociocultural expectations.[145] Accordingly, Boccaccio portrayed healers' avoidance of their duties as the crumbling of the critical cultural norms and institutions that regulated society. Just as *medicí* and prayers were incapable of curing the *pestilentia*, "the laws of God and men had lost their authority and fallen into disrespect… This left everyone to do precisely as he pleased."[146] Evidently, the disappearance of these essential services and authority figures molded Boccaccio's experience of the *epidemia* and Florentine society*,* as "the survivors were virtually forced to engage in practices totally at variance with the traditional Florentine way of life."[147] In Boccaccio's experience*,* Florentines were left to their own devices, and their context of possible responses to the *pestilentia* lay open; whether these responses reinforced or challenged established cultural norms was up to the individual. In either case, *cittadini's* experiences of the *epidemia* were

[143] Boccaccio, *The Decameron*, 14.
[144] Boccaccio, 7.
[145] Kircher, "Anxiety and Freedom," 330-34.
[146] Boccaccio, *The Decameron*, 9.
[147] Boccaccio, 11.

conditioned by healing professionals' avoidance of the sick as it altered their perception of social norms, efficacious behaviors, and the urban environment.

The Sicilian chronicler Michele da Piazza elaborated on the fear of contagion that provoked *medicí*, notaries, clergy, and gravediggers' refusal to render their essential services:

> Because of the scale of the mortality, many Messinese looked to make confession of their sins and to make their wills, but priests, judges, and notaries refused to visit them, and if anyone did visit their houses, whether to hear confession or draw up a will, they were soon sure to die themselves. Indeed, the Franciscans and Dominicans, and others who were willing to visit the sick to hear their confession and impose penance, died in such large numbers that their priories were all but deserted.[148]

As Michele depicts, whether due to their fear of contagion, the ineffectiveness of their treatments, or their actual depopulation by the *pestilentia,* the loss of healers' essential services shaped *cittadini's* experiences of the *epidemia* and perceptions of the world around them. Alternatively, Louis Sanctus was more sympathetic to the *medicí's* plight; however, his account further reflects religious and secular healers' abandonment of their duties. In particular, Louis states that "[b]ecause of the growing strength of this disease, it has come to pass that, for fear of infection, no doctor will visit the sick (not if he were to be given everything the sick man owns) … [Furthermore,] Priests do not hear the confessions of the sick or administer the sacraments to them…"[149] Ultimately, this avoidance transitioned into abandonment as friends, family members, and peers mirrored healers' actions. Louis continues his account stating that, "[n]or does the father [visit the sick son] the son, the mother the daughter, the brother the brother; the son the father, the friend his friend, the acquaintance his acquaintance, nor anyone another who may be a blood relation, unless he wishes to suddenly die like him or follow him [to the grave] immediately."[150] Evidently, avoidance of the sick was a systemic issue that assailed urban

[148] Michele da Piazza, *Cronaca,* in *The Black Death* by Rosemary Horrox (England: Manchester University Press, 1994), 35.
[149] Louis Sanctus, *Letter (1348),* in *The Black Death* by Rosemary Horrox (England: Manchester University Press, 1994), 43-44.
[150] Sanctus, *Letter (1348),* 33.

society. While it was viewed negatively by urban chroniclers, the universality of their accounts shows that many *cittadini*, not only urban professionals, actively attempted to avoid the sick regardless of the personal and social consequences.

In addition to many healing professionals' refusal to tend to the sick, their behavior when administering their services was similarly scrutinized by contemporary chroniclers. Like Louis Sanctus, Marchione di Coppo Stefani sympathized with healers' struggle because so many perished while administering their services; nevertheless, he fundamentally condemned their actions. For instance, Marchione acknowledged the plight of *medicí* as "[p]hysicians could not be found because they had died like the others…" However, "those who could be found wanted vast sums in hand before they entered the house. And when they did enter, they checked the pulse with face turned away. They inspected the urine from a distance and with something odoriferous under their nose… And those who died had neither confessor nor other sacraments."[151] Clearly, Marchione construed *medicí's* cautious behavior as an unwillingness to tend to the sick. *Cittadini's* negative perception of healers was particularly true of *medicí* and priests who continued to ply their trade for escalated wages, as previously discussed by Marchione di Coppo Stefani. The chronicler Giovanni da Parma recounts how "almost no priest carried the sacraments, unless they were twisted (*torquebantur*) by a craving for money."[152] In the end, even as *medicí* followed their own recommendations for fumigation and social distancing, the *cittadini* viewed their actions as useless and suspicious, particularly for those who changed their practices and behavior to protect themselves from the *epidemia*.

Moreover, *medicí's* inability to cure the *pestilentia* was equated with priests' inability to administer the sacraments which reflects the gravity of the situation. While *medicí* protected physical

[151] Marchione di Coppo Stefani, *The Florentine Chronicle*.
[152] Giovanni da Parma, *Cronica Inedita,* in *Epidemics: Hate and Compassion from the Plague of Athens to Aids* by Samuel Cohn Jr. (Oxford: Oxford University Press, 2018), 56.

health, it was the priests' duty to ensure spiritual health and safe passage into heaven. Accordingly, the deprivation of both services left *cittadini* in an untenable position as the preestablished avenues for responding to crises eroded away and individuals were left to their own devices. Additionally, the Florentine poet Antonio Pucci built on Giovanni and Marchione's condemnations, stating that "[n]ot even Saracens, Jews, or turncoats deserve such treatment! And for God's sake, you doctors, priests, and friars, you might try acting with some piety towards those who plead for help! You might act for the wellbeing of your souls instead of just seeking profit!"[153] Ultimately, *cittadini* who fled their duties to preserve their own lives not only violated the Christian tenets of charity, but Giovanni Villani argued that they aped the habits of the 'infidels.'[154] Collectively, the chroniclers discussed above perceived healers' behavior, whether it was the avoidance of the sick and their duties or the increase in wages demanded for their services, as a fundamental failure of the social and cultural institutions of Italy. From this perspective, healing professionals' behavior shaped *cittadini's* experiences of the *epidemia* as people interpreted not only how the *pestilentia* was altering their lives but how the actions of priests and *medicí* directly changed their avenues for social and emotional support.

Clearly, this crisis of care profoundly shaped *cittadini's* perceptions of friends, family, and the *communitas* and experiences of the *epidemia* for all *cittadini* who came into contact with the *pestilentia* and its victims. For instance, Gui de Chauliac himself attested to *medicí's* neglect of their duties: "[b]ecause it was to no avail, the physicians were put to shame; they did not attend the sick because they feared for themselves. And when they did attend, they obtained no cures, and they earned no fees. All of their patients died excepting a few near the end of the scourge who were left with draining buboes."[155] In the end, Gui expressed that "[t]he dying patients were left alone, without servants or priests. A father

[153] Antonio Pucci, "Delle Crudeltá della Pestilenza," in *Epidemics: Hate and Compassion from the Plague of Athens to Aids* by Samuel Cohn Jr. (Oxford: Oxford University Press, 2018), 57.
[154] Giovanni Villani, in *Epidemics: Hate and Compassion from the Plague of Athens to Aids* by Samuel Cohn Jr. (Oxford: Oxford University Press, 2018), 57.
[155] Gui de Chauliac, *The Major Surgery*, 249.

did not attend his son, and the reverse. Charity was nonexistent, and Hope was struck down."[156] For Gui, professionals' avoidance of their duties and the abandonment of the sick, as well as his own inability to effectively cure the *pestilentia,* represented a critical failure of urban society and its institutions. Like Antonio Pucci, Gui believed that charity and hope, two fundamental pillars of Christian culture, had been struck down. Evidently, as healers' efforts failed, *cittadini* were increasingly at a loss for explanations and guidance, which culminated in the breakdown of social bonds and cultural norms.[157]

Nevertheless, medieval healers were often affected by the *pestilentia* in greater proportion than other *cittadini*. Gui himself contracted the plague during its first outbreak, falling victim "to a continuous fever and an aposthem in [his] groin."[158] However, he was able to survive under the treatment of his associates. Gentile da Foligno was not as lucky as his contemporary, dying from the *pestilentia* on June 18, 1348, after contracting the disease "from too constant attendance on the sick," as was reported by his devoted student Francesco da Foligno.[159] Collectively, the loss of *medicí's* essential services as corporeal healers and emotional supports reassuring the *communitas* drastically altered *cittadini's* perceptions and experiences of the *epidemia.* For Agnolo di Tura, this grim reality devoid of healers, priests, administrators, friends, and family meant not only the deprivation of spiritual and medical relief but in the end, no one could be found to help bury the dead, "not even for money or in the name of friendship." Subsequently, Agnolo himself wrote that "I buried five of my sons with my own hands… everyone awaits their own impending death. So many have died that everyone believes it is the end of the world."[160]

[156] Gui de Chauliac, 249.
[157] Gui de Chauliac, 249.
[158] Gui de Chauliac, 250.
[159] John Aberth, *The Black Death: The Great Mortality of 1348-50* (New York: Bedford/St. Martin's Press, 2005), 47.
[160] Agnolo di Tura, *Sienese Chronicle*, 81.

In addition to professional healers' avoidance of the sick, familial abandonment was a significantly more socially destructive effect of the *pestilentia* attested to by numerous chroniclers. Uniquely, almost without exception, descriptions of family members' heartless abandonment and the flight and neglect of healing professionals disappear from the historical records that describe plague pandemics from 1357 to the end of the nineteenth century. For instance, Ser Luca Domonici's chronicle of Pistoia in 1399-1400 and Girolamo Priuli's account of Padua in 1504 both held that so many *cittadini* left for the countryside that hardly any were left in the city. However, they do not suggest that their flight splintered families like the chroniclers of 1348 did.[161] Due to this and the prevalence of familial abandonment in plague accounts from across Europe during the first epidemic, it cannot be taken simply as literary topoi.[162] Instead, familial abandonment was added to the range of opportunities made available to fourteenth century *cittadini*. Although not every individual callously fled from their husband, wife, or child at the first sign of illness, there were those who valued preserving their own lives over their families. Like the actions of healing professionals, the practice of familial abandonment shaped the experiences of those who were abandoned, who abandoned, and who witnessed abandonment. For many, these behaviors constituted new emotional scripts and social rituals affirmed by *medici's* theory of contagion, regimens, and precautions. For this reason, the act of familial abandonment and contemporary writers' perception of it constitutes a unique glimpse into how the *pestilentia* undermined social and cultural networks and reshaped *cittadini's* understanding of friends, family, and the *communitas*.

Fundamentally, the popular prevalence of miasma theory played a central role in *cittadini's* perception of the *pestilentia* and its victims, as it became an omnipresent feature of the urban environment and *cittadini* daily lives. From this perspective, familial abandonment was established on the fear of contagion, and particularly on the rapid spread and deadly nature of the *pestilentia*. Furthermore,

[161] Cohn, *Epidemics,* 60.
[162] Cohn, *Epidemics,* 58.

the danger that sick individuals presented, whether through their breath, skin, gaze, or influence on the psyche, was difficult for many *cittadini* to overcome. For instance, Giovanni Boccaccio attests that "this sort of thing [the *pestilentia*], as well as many another that was similar to it if not worse, produced in the survivors all manner of terror and suspicions all tending to the resolution, and a very heartless one it was: they would keep their distance from the plague-victims, and from their chattels too, thus hoping to preserve their own skins."[163] Although fumigation, food, drink, and a healthy physical and psychological regimen offered the potential for protection, many *cittadini* believed that the only certain method of avoiding the *pestilentia* was to avoid the venomous vapors that caused it.[164]

Based on this fundamental medical assumption, Boccaccio continues that "[t]here was in their [Florentines'] view no remedy to equal that of giving the plague a very wide berth." Due to this, "[o]ne citizen avoided the next, there was scarcely a man who would take care of his neighbor, kinsmen would seldom if ever call on each other, and even then would keep their distance—but this was not all: men and women alike were possessed by such a visceral terror of this scourge that a man would desert his own brother…"[165] Similarly, Giovanni Villani describes the popular understanding of contagion thus: "early on men, women, and children saw that the disease could strike simply by touch, even by sight, and could be recognized by the tell-tale traits of the swelling [*enfiatura*]. As a consequence, many were abandoned and a vast number died who could have survived had they been helped."[166] As can be seen in these passages, the psychological burden of the *pestilentia* interpreted through the *medici's* theories of contagion shaped the urban atmosphere and social interactions of fourteenth century Italy. Under these circumstances, *cittadini's* experiences of the *epidemia* became framed by the very air that they breathed and the proper

[163] Boccaccio, *The Decameron*, 8.
[164] Tommaso del Garbo, *Consilio contro alla peste*, 138.
[165] Boccaccio, *The Decameron*, 9-10.
[166] Giovanni Villani, *Chronicle*, 57.

regulation and mitigation of venomous air and its sources. Consequently, as a primary carrier of venomous air, sick individuals became fundamentally tied to contemporary understandings of the *pestilentia* itself.

Moreover, Louis Sanctus attests that "whenever one infected person dies, all who see him during his illness, or visit him, or have dealings with him in any way, or carry him to his grave, straightaway follow him [to their deaths]."[167] The fear of infection even spread to those seeking to make unlawful gains during the *epidemia,* as thieving from plague-stricken houses and handling the goods of the deceased would transmit the disease.[168] For many *cittadini*, the risk that proximity to sick individuals posed was too great, particularly in the moments just before and after their death. As victims of the *pestilentia* sickened, the danger that they posed increased as their bodies exuded more pestilential vapors. Gabriele de Mussis recounts how "when one person had contracted the illness, he poisoned his whole family even as he fell and died, so that those preparing to bury his body were seized by death in the same way."[169] Eventually, healthy *cittadini's* fear of contagion inspired new behavior that modified conventional social norms, "that of mothers and fathers abandoning their children, and children, their fathers and mothers, and one brother, the other, and other kinsmen and women."[170] Although predicated on *medicí's* recommendations, which were created with good intentions to preserve individuals and society from the *epidemia, cittadini's* application of these emotional scripts radically broke from traditional relationships, often with negative consequences.

Marchione di Coppo Stefani provides one of the most vivid accounts of familial abandonment in Florence, the emotions that invoked it, and how it shaped sick individuals' experiences of the *pestilentia:*

> Child abandoned father, husband the wife, wife the husband, one brother the other, one sister the other. And many died with no one looking after them. And many died of hunger because when

[167] Sanctus, *Letter (1348),* 33.
[168] Trevor Dean, "Plague and Crime: Bologna, 1348-51," *Continuity and Change,* Vol. 30, No. 3 (2015), 369.
[169] Gabriele de Mussis, *Historia de Morbo,* in *The Black Death* by Rosemary Horrox (Manchester: Manchester University Press, 1994), 19.
[170] Giovanni Villani, *Chronicle*, 57.

> someone took to bed sick, another in the house, terrified, said to him: "I'm going for the doctor." Calmly walking out the door, the other left and did not return again. Abandoned by people, without food, but accompanied by fever, they weakened. There were many who pleaded with their relatives not to abandon them when night fell. But [the relatives] said to the sick person, "So that during the night you did not have to awaken those who serve you and who work hard day and night, take some sweetmeats, wine or water. They are here on the bedstead by your head; here are some blankets." And when the sick person had fallen asleep, they left and did not return.[171]

Like professional healers' avoidance of the sick, familial abandonment created a crisis of care as many sick individuals succumbed to the disease more easily because their bodies had been weakened from neglect. However, Marchione's portrayal of abandoners reflects a measure of shamefulness in their actions and the arduous psychological conflict that they had to navigate. Although their fear of contagion drove them to abandon their sick family members, by using the excuse of "going for the doctor," abandoners sought to preserve their loved ones' hope and alleviate their fears while reconciling their own social transgression. Furthermore, family members' final acts of abandonment were characterized by remorse, as they left sweetmeats, wine or water, and blankets with their loved ones. Through these actions, abandoners placated sick individuals by asserting that their actions were so their loved ones would not awaken those who served them and who worked hard day and night.[172] In reality, the abandoners' actions provided the sick individual with some final sustenance and comfort before they were deserted and a measure of self-assurance for the abandoner that they did all they could to help.

Moreover, Marchione's portrayal of abandoners' feelings of shame and remorse carried important social and cultural significance in fourteenth century Italy. The medieval perception of shame stemmed from the Christian penitential process and the recognition that penitential shame was an indispensable element for reconciliation. By subtly mixing religious tones of sin and redemption with civil dimensions of a fault or crime, the sincere feeling of shame played a key role in the symbolic reparation

[171] Marchione di Coppo Stefani, *The Florentine Chronicle.*
[172] Marchione di Coppo Stefani.

of a social offence. In this case, Marchione's allusion to shame is an intimate part of portraying the abandoner's contrition and request for forgiveness for breaking the social bonds and obligations that bound kin together.[173] Nevertheless, the victims of the *pestilentia* were not ignorant of the moral dilemma faced by their loved ones. By pleading with their relatives not to abandon them during the night, victims communicated their own fears of abandonment and a lonesome death that contributed to their experiences of the *epidemia*. However, their fate was in their healthy relatives' hands, as they weighed the sick's entreaties against the possibility of survival. In the end, survival often outweighed the social bonds and obligations of Italian society, and many of the victims of the *pestilentia* were left to their own devices.

Although medieval accounts commonly corroborated familial abandonment, chroniclers' perception of abandonment and avoidance of the sick was wholly negative, whether they sympathized with abandoners' difficult moral decision or not. Gabriele de Mussis provides a sentimental depiction of his understanding of familial abandonment and the reactions of those who were abandoned, which he dramatized through imagined dialogues:

> Listen to the tearful voices of the sick: 'Have pity, have pity, my friends. At least say something, now that the hand of God has touched me. Oh father, why have you abandoned me? For you forget that I am your child? Mother, where have you gone? Why are you now so cruel to me when only yesterday you were so kind? You fed me at your breast and carried me within your womb for nine months. My children, who I brought up with toil and sweat, why have you run away?' Man and wife reached out to each other, 'Alas, once we slept happily together but now are separated and wretched.' And when the sick were in the throes of death, they still called out piteously to their family and neighbours, 'Come here. I'm thirsty; bring me a drink of water. I'm still alive. Don't be frightened. Perhaps I won't die. Please hold me tight, hug my wasted body. You ought to be holding me in your arms.'[174]

Although Gabriele weaves narrative elements into his account of the *epidemia*, it reflects his own perception of abandoned individuals' experiences. As discussed earlier, the urban family constituted an

[173] Boquet and Nagy, *Medieval Sensibilities,* 327.
[174] Gabriele de Mussis, *Historia de Morbo,* 22.

important cultural institution that provided essential economic, social, and emotional supports. For this reason, the disappearance of family members initiated a cognitive crisis as the sick struggled to understand their abandonment. Within this account, Gabriele emphasizes the desperation and confusion of the victims of the *pestilentia* by vocalizing the collapse of familial bonds and obligations which previously held kin together. In particular, Gabriele focuses on familial acts of love and intimacy that exemplify the harmonious urban Italian family, such as the mother carrying her child in the womb, the parents toiling and sweating to raise their child, and husband and wife sleeping happily together. However, Gabriele uses these norms as a rhetorical tool to depict abandonment victims' anxiety, sorrow, and pain by contrasting them with the reality of their hardship. These sentiments are represented further by the forlorn description of their pleas, as not only did the abandoned express their confusion through "tearful voices," but even in the "throes of death, they still called out piteously to their family and neighbours."[175] Ultimately, as the abandoned grappled with their despair, they held onto the hope that aid from their family and friends would alleviate their suffering. Accordingly, as the sick individual slowly passed away, their dying wish was to be held tight in their loved ones' arms. Altogether, Gabriele de Mussis sculpts an intricate narrative of abandoned individuals' experiences of the *epidemia*, as an intense moment of helplessness and physical and psychological crisis.

The pairing of Marchione di Coppo Stefani's account with that of Gabriele de Mussis captures these two experiences of abandoners and those who were abandoned; the abandoners, confronted with the moral dilemma of tending to their loved ones at the risk of their own life; and the abandoned, desperately clinging to their kin for essential social and emotional support and care. Critically, Gabriele offers an account of how the *pestilentia's* victims felt about what was being done unto them and what they could possibly do about how they felt. In many ways, sick individuals' avenues for responses to their

[175] Gabriele de Mussis, *Historia de Morbo,* 22.

abandonment and desire for support and care were limited as much by their societal perception as a source of venomous air as their own bodily state. For instance, Michele da Piazza describes how the *pestilentia's* debilitating effects "weakened and assaulted the human body to such an extent that it no longer had the power to stand up but lay prostrate on the bed burning with a high fever and downcast from a deep depression."[176] Ultimately, this weakness left victims of the *pestilentia* at a significant disadvantage when choosing avenues for healing, support, and mitigation of the *epidemia.* Although healthy individuals' experiences benefited from a range of potential responses to the *epidemia,* the sick's experiences were significantly restricted, particularly following their abandonment. Nevertheless, sick individuals' experiences of helplessness, both psychological and physical, fundamentally stemmed from the popular understanding that they were a primary carrier of venomous air. This perception altered many sick individuals' experiences of the *epidemia*, by shaping not only their familial relationships but their larger social interactions within the *communitas* as well.

If a sick individual gathered the strength to leave their bed following their abandonment, they often suffered a similar fate of neglect from *cittadini* beyond their close relatives, who similarly perceived them as pestilential entities. Often, the helplessness of abandoned victims of the *pestilentia* forced them to rely on social networks outside the family for survival; "therefore, those who fell sick had no recourse beyond the charity of their friends or the cupidity of their servants."[177] Marchione di Coppo Stefani recounts that following the flight of the victim's family:

> If it happened that he [the sick individual] was strengthened by the food during the night, he might be alive and strong enough to get to the window. If the street was not a major one, he might stand there a half hour before anyone came by. And if someone did pass by, and if he was strong enough that he could be heard when he called out to them, sometimes there might be a response and sometimes not, but there was no help.[178]

[176] Michele da Piazza, *Chronicle,* 29.
[177] Boccaccio, *The Decameron*, 10.
[178] Marchione di Coppo Stefani, *The Florentine Chronicle.*

Clearly, when the social and emotional supports of immediate kin crumbled, sick individuals often looked outward for aid from their friends and *vicini*. However, sick individuals and their household in its entirety, both material goods and healthy individuals, were believed to be corrupted by venomous air. As Marchione has further written, due to the pervasiveness of the *pestilentia's* corruption, "[n]o one, or very few, wished to enter a house where anyone was sick, nor did they even want to deal with those healthy people who came out of a sick person's house."[179] Moreover, Marchione affirms that the general response of *cittadini* to sick individuals and their families was avoidance. For instance, healthy people often publicly identified the sick by announcing, "[h]e is stupefied, do not speak to him!", and saying further, "[h]e has it because there is a bubo in his house."[180] Even healthy individuals were marked as dangerous and ostracized not only for exhibiting symptoms of the *pestilentia*, but for actively treating the disease for themselves. For instance, Gui de Chauliac recounts that "anyone who bore traces of topicals – powders or ointments – they [healthy citizens] shunned him for fear of venoms and made him swallow them."[181] Evidently, whether healthy *cittadini* were responding to an individual suffering from the *pestilentia* or one who had recently been in contact with the sick, they drew sharp lines that transgressed traditional relationships and obligations to protect their family and *communitas*. Furthermore, *cittadini's* endorsement of these divergent emotional scripts was driven by their recognition of the contagious nature of sick individuals and their households. During the fight for survival, the adoption of unfamiliar emotional scripts provided by urban cultural institutions altered and justified many *cittadini's* antisocial behaviors, perception of sick individuals, and transgressions against pre-*epidemia* social norms. Altogether, *cittadini's* experiences of the *epidemia* became accentuated by the conflicting social,

[179] Marchione di Coppo Stefani.
[180] Marchione di Coppo Stefani.
[181] Gui de Chauliac, *The Major Surgery*, 250.

emotional, and moral consequences of their actions as well as those of healing professionals, their kin, friends, and *communitas*.

Nevertheless, the apprehension that sick individuals provoked among their community members did not end with their death; instead, their corpses continued to burden their family. The removal of the bodies of those plague victims who did not survive long enough to be forsaken by their friends, *vicini*, and *communitas* was an equally hazardous task. Louis Sanctus and Giovanni Boccaccio reported how abandonment often led to plague victims' untimely deaths, as "it is the common report among ordinary people that the sick are treated like dogs by their families – they put food and drink next to the sick bed and then flee the house."[182] In this state, many died unseen, and they remained in their beds until their *vicini* were alerted by the stink of their decaying corpses.[183] However, the pestilential body and the venomous air that lingered in the house and on the victim's belongings remained a threat to family, friends, and *vicini*. The city of Pistoia approached the hazard of the dead by stipulating that: "[t]he bodies of the dead shall not be removed from the place of death until they have been enclosed in a wooden box, and the lid of planks nailed down so that no stench can escape, and covered with no more than one pall."[184] Nevertheless, the accounts that remain of the good deeds of those who did enter a pestilential residence further reinforced the danger that sick individuals posed. Louis Sanctus additionally described that upon entering a corrupted residence, "an innumerable number of men have died who also were known for their piety and charity, but who perchance might have escaped had they not visited them at the time."[185] For urban Italian society, Sanctus' emphasis on the death of those known for their good character and values reinforced a growing cultural reality of the *epidemia:* that even a charitable and pious

[182] Sanctus, *Letter (1348)*, 44.
[183] Boccaccio, *The Decameron*, 12.
[184] "Gli Ordinamenti Sanitari del Comune di Pistoia contro la Pestilenze del 1348," 196.
[185] Sanctus, *Letter (1348),* 44.

soul was not immune to the *pestilentia,* regardless of whether it stemmed from divine wrath or natural order.

The danger that pestilential corpses and households constituted is further asserted by Giovanni Boccaccio, as "*vicini* tended all to follow the same procedure, motivated as they were by fear of being tainted by the corpses no less than by kindness towards the dead. With the aid of bearers if they could find any, otherwise on their own, they would carry the corpses into the street and lay them down outside the front door."[186] Here, the bodies could be collected by a passing corpse cart and shuttled to the nearest plague pit for immediate burial. Significantly, Boccaccio depicts this final act of charitable service as a manifestation of *cittadini's* fear of contagion more than their virtue, charity, and neighborly compassion. For Giovanni da Parma, the crumbling of these social norms and relationships was most distinct when "out of fear parents did not attend the burial of their children."[187] Evidently, the psychological burden that the fear of contagion placed on urban society radically altered the social atmosphere of the cities and the nature of *cittadini's* relationships. Like tending to sick relatives and loved ones, Boccaccio, Giovanni, and Louis show that tending to the deceased shaped an intense moral dilemma. Although urban social networks were established on familial bonds and obligations to friends and kin, they were continually tormented by the high probability of a swift and unpleasant end at their hands. The significance of their portrayal is not only the dispassionate and methodical treatment of dead friends and *vicini*, but a shift in the perception of the dead. Like sick individuals themselves, many Florentine *cittadini* viewed deceased family, friends, and *vicini* primarily as sources of venomous vapors that had to be promptly dealt with and only secondarily as kin to be mourned. Ultimately, *cittadini's* perception of and responses to sick individuals created a unique urban atmosphere and social reality. Moreover, through the emotional

[186] Boccaccio, *The Decameron*, 12.
[187] Giovanni da Parma, *Cronica Inedita*, 56.

scripts and social rituals that they adopted, modified, and created, *cittadini* coped with and experienced this environment and the victims of the *epidemia* uniquely.

Part Three: Institutional & Collective Responses to the Pestilentia

Although abandonment was a fundamental part of individuals' responses to the *epidemia* and its victims, it does not encompass all the opportunities available to fourteenth century *cittadini*. Many Italian writers not only condemned the actions of abandoners but portrayed a wide network of *medicí,* priests, notaries, civic administrators, friends, and family who remained to offer social and emotional support to sick individuals. Antonio Pucci, in his poem "Delle Crudeltá della Pestilenza" (*of the Cruelty of the Pestilence),* condemned the actions of abandoners, stating, "As for the rest of you, relatives, neighbours, and friends / For love of God, when you see someone in pain, overcome your fears / And show a little courage to provide some comfort."[188] Often, those who shared a common perspective with Pucci became active participants in their *communitas* by providing essential services, caring for the sick, and ensuring that civil-services continued unabated. Although this directive was not universally held, it positively shaped the experiences of healthy and sick individuals alike. Furthermore, the actions of individuals who sought to ease victims' suffering, better the urban environment, or bring collective salvation were altruistic, particularly when placed in the context of *cittadini's* knowledge of the *pestilentia* and the immense risk that they took by engaging with the sick. Altogether, the actions of those who remained contributed to *cittadini's* range of possible experiences of the *epidemia* by offsetting the abandonment, avoidance of the sick, and social degradation with optimistic actions premised on alleviating their *comm-unitas*' suffering.

[188] Pucci, "Della Crudeltá Della Pestilenza," 57.

Although *medicí* were frequently portrayed negatively in chronicler's accounts, they were among the first responders to the *pestilentia,* and their actions and ethos as professionals dedicated to healing reflects their desire to improve the state of *cittadini's* lives. Even highly esteemed professors of medicine in the universities, such as Gentile da Foligno and Tommaso del Garbo, who made teaching and writing a major focus of their activities, simultaneously engaged in extensive private practices and contributed to legislative decisions.[189] Through this process, *medicí* intended their healing practices to be utilized by governments, collectives, and individuals to benefit community health. For this reason, Jacme d'Agramont, the Catalonian *medicus,* stated that he wrote his *Regimen de Preservació* "for the benefit of the people, not for the instruction of physicians," and concluded his declaration by entreating the town councilors of Lerida to distribute a copy of his work to everyone wanting it since "it has been written for common and public utility."[190] Furthermore, Jacme explained that "[e]verybody can make use of the regimen of prevention presented in the present tractate without a physician and without danger."[191] Similarly, Gentile da Foligno stipulated that his *consilium* written for the University of Perugia was intended to be used by the civil administrators "for the safety of the men of the city."[192] In doing so, Gentile praised "some good men [civic administrators] who confer with doctors to make regulations for their city, in accordance with their information, so that they may safeguard their *cittadini's* well-being."[193] Moreover, Tommaso del Garbo specified that he composed his *consilium* for "the well-being and health of the men who live in the city of Florence."[194] Therefore, It is clear from *medicí's* plague-treatises that their pursuit of a cure and their dedication to preventing the *pestilentia* and treating the sick was premised on active engagement with their *communitas* for the betterment of all those affected by the disease.

[189] Siraisi, *Medieval and Early Renaissance Medicine*, 38.
[190] Arrizabalaga, "Facing the Black Death," 269.
[191] Jacme d'Agramont, *Regimen de Preservacio de Pestilencia,* 755.
[192] Gentile da Foligno, *Contra Pestilentiam Consilium,* 146.
[193] Gentile da Foligno, *Short Casebook (1348),* 50.
[194] Tommaso del Garbo, *Consilio contro alla peste (1348),* 146.

The additional willingness of *medicí* to risk their lives to assist their patients is attested to by Gui de Chauliac, who was fully aware of *medicí's* negative popular perception. However, "[r]ather than be accused and vilified, I [Gui de Chauliac] never kept away. And although I was fearful for my own welfare, I persevered with the treatments."[195] In his own words, Gui remained in Avignon as a professional healer to avoid the negative judgements that had befallen his peers. Although Gui intended his work to be read by future *medicí* and he could have been trying to boost his own professional esteem, his dedication to his craft provided essential services to his patients in Avignon, regardless of his motivations. Nevertheless, like Gentile, Gui's continued work as a *medicus* in Avignon and engagement with his community resulted in his own contraction of the disease, which he only barely survived through medical treatment.[196] Contrary to the popular perception of *medicí's* avoidance of the sick and their duties, the above example show that this was not true for many healers, who remained to tend to their *communitas*.

In practice, *medicí* further supported the health of the *communitas* by prescribing regimens and *theriacs* (a compound of elements thought to neutralize illness) that could be utilized by individuals and collectives to mitigate the *pestilentia* and protect themselves. Furthermore, *medicí* adapted their prescriptions to create opportunities for a wide audience of disparate socioeconomic statuses, as well as instructions and recipes for mitigating venemous air that benefited rulers and *cittadini* alike. For dispelling the venomous air, Jacme d'Agramont prescribed a special concoction for fumigations by "great lords" called *Gallia muscata* (French musk). At the same time, Jacme advocated that "the common folk" could make fires in their huts and chambers of rosemary and juniper, and make fumigations of incense and myrrh "or of other things cheaply to be had such as *cimiama* (cumin) or frankincense."[197] For those who could not afford these fumigants, Jacme recommended that fire alone could effectively rectify the

[195] Gui de Chauliac, *The Major Surgery*, 250.
[196] Gui de Chauliac, 250.
[197] Jacme d'Agramont, *Regimen de Preservació de Pestiléncia,* 51.

venomous air.[198] Although these lesser fumigants may not be as effective as those for "great lords," they provided *cittadini* of all vocations and backgrounds with methods of removing or mitigating the *pestilentia.*

Similarly, Gentile da Foligno in his *Consilium contra Pestilentiam* (*Casebook against the Pestilence),* dedicated a section of his work 'to questions posed by the common people.' Among the theriacs advocated by Gentile were basic foods that could be used in an emergency. For instance, he specified that "it is recommended that poor men consume leeks or holy water and scabiosa (a kind of plant) or scallions, in whatever manner is pleasing to the patient... Moreover, a dose in any quantity – whether taken once or twice or three times – ought to be sufficient, and these can be useful not only to the poor but also to the rich."[199] Furthermore, Gentile suggested that his diagnoses and treatments "may be added to or taken away in accordance with what is found to suit the circumstances of each city and locality and individual person."[200] The creation of these regimens and theriacs provided various *cittadini*, both rich and poor, opportunities to counteract the *pestilentia,* supporting that professional healers remained active members in their communities and the endeavor to find a universal cure. Although the inability to formulate a definitive cure for the *pestilentia* damaged their reputations, many *medicí* approached their patients with professionalism and practicality. In shaping *cittadini's* everyday experiences of the *epidemia,* these regimens and theriacs provided them with essential tools that they could use to preserve themselves and their families from the *pestilentia.* Furthermore, even with the common observation that *medicí's* recommendations could not cure the *pestilentia,* civic legislations and community initiatives based on medical knowledge emphasize *cittadini's* willingness to engage with their expertise to protect the *communitas*.

[198] Jacme d'Agramont, *Regimen de Preservació de Pestiléncia,* 51.
[199] Gentile da Foligno, *Short Casebook (1348),* 49
[200] Gentile da Foligno, *Short Casebook (1348),* 50.

The cooperation between *medicí* and civic authorities shaped many aspects of the urban environment that *cittadini* experienced on a daily basis. This is largely due to the miasma theory, as venomous air originated from a variety of sources that could be regulated and disposed of. Due to these origins, sanitary precepts are one of *medicí's* most pertinent recommendations for individuals as well as communities. For instance, Jacme d'Agramont emphasized that *cittadini* should keep their hands, face, clothing and house clean alongside an assortment of other hygienic measures related to exercise, sleep, and temperance.[201] Similarly, when applied to the urban environment, Jacme's recommendations for community sanitation, and those of Gentile and Tommaso, focused on the accumulation of refuse:

> To prevent pestilence in a town one must take vigorous steps to avoid the throwing out of entrails and refuse of beasts, or dead beasts near the town. Nor should manure heaps be placed inside the town. Nor must it be permitted that inside the town, in the streets, either in day-time or night-time, any excrement be deposited or thrown out nor must there be kept inside the town skins to be soaked for tanning nor should cattle or other beasts be killed or butchered as has happened.[202]

Although these precautions did not apply to sick individuals directly, their implementation played an important role in shaping *cittadini's* perception of venomous air.

In accordance with *medicí's* sanitary recommendations, the city of Pistoia issued *"Gli Ordinamenti Sanitari del Comune di Pistoia contro la Pestilenza" (The Sanitary Order for the Commune of Pistoia against the Pestilence).* This ordinance imposed strict limitations on butchers and tanners, whom contemporaries perceived to be key producers of venomous air. For instance, "[t]o avoid harm to men by stink and corruption, there shall in future be no tanning of skins within the city walls of Pistoia; penalty 25 pence;" Furthermore, "[n]o butcher or retailer shall dare or presume to kill any ox, cow or calf without first obtaining permission from officials of the *podestà* or *capitano*… penalty 10 pence."[203] These practical methods of mitigating epidemics had been employed decades earlier and focused on the purification of

[201] Jacme d'Agramont, *Regimen de Preservacio de Pestilencia,* 52.
[202] Jacme d'Agramont, *Regimen de Preservacio de Pestilencia,* 759.
[203] "Gli Ordinamenti Sanitari del Comune di Pistoia contro la Pestilenza del 1348," 195.

air and water based on the *medicí's* theories of disease. However, it was only during times of significant crises that they were enforced as rigorously as they were during the *epidemia.* In shaping the urban atmosphere, the imposition of these sanitary laws provided civic administrators with a method of actively attempting to mitigate the *epidemia* while simultaneously minimizing social disruption. By upholding that the origins of venomous air could be regulated and removed, the *medicí* and civic authorities advocated that human intervention could at least control the *epidemia,* if not actually cure it.[204]

In Florence, where the fulfillment of previous regulations seemed ineffective, the *epidemia* evoked a significant surge in the enforcement of sanitary legislation. For this reason, eight prominent *cittadini* were appointed as a health commission, mandated to enforce sanitary laws stringently. The creation of this health commission was unique in itself, as there is no record of a similar organization being established in Florence until the end of the fifteenth century.[205] The directive of the commission included "the forcible removal of all putrid matter and infected persons, from which might arise or be induced a corruption or infection of the air,"[206] a task that mirrored and benefitted from the recommendations of *medicí* and their stake in the *communitas'* wellbeing. As in Pistoia, a majority of Florentine sanitary legislation dealt with preventing the corruption of the urban environment by restricting the creation of refuse. However, many of these regulations expanded beyond refuse by targeting potential sites of transmission, both human and material. Inevitably, as civic administrators intensified their focus on managing sources of venomous air and contagion, their mandate broadened to encapsulate significant aspects of healthy and sick individuals' daily lives, particularly personal mobility and the social character of urban centers.

[204] Horrox, *The Black Death*, 109.
[205] Carmichael, *Plague and the Poor*, 99.
[206] Carmichael, 99.

Although every Italian city did not respond to the *epidemia* with the same force or legislation, Pistoia, Florence, and Venice embarked on a campaign to regulate the human aspects of the *pestilentia's* transmission. Unlike the regulation of refuse, these administrative steps to mitigate the *pestilentia* became increasingly preoccupied with contagion and the risk that sick individuals posed. For instance, the city of Pistoia, in its *Ordinamenti Sanitari (Sanitary Orders/Regulations),* barred *cittadini* from traveling between Lucca, Pisa, and Pistoia and imposed steep penalties on those who broke these laws or aided someone else:

1. So that the sickness which is now threatening the region around Pistoia shall be prevented from taking hold of the citizens of Pistoia, no citizen or resident of Pistoia, wherever they are from or of what condition, status or standing they may be, shall dare or presume to go to Pisa or Lucca; and no one shall come to Pistoia from those places; penalty 500 pence. And no one from Pistoia shall receive or give hospitality to people who have come from those places; same penalty…
2. No one, whether from Pistoia or elsewhere, shall dare or presume to bring or fetch to Pistoia, whether in person or by an agent, any old linen or woolen cloths, for male or female clothing or for bedspreads; penalty 200 pence, and the cloth is to be burnt in the public piazza of Pistoia by the official who discovered it…
5. No one, of whatever condition, status or standing, shall dare or presume to bring a corpse into the city, whether coffined or not; penalty 25 pence…[207]

The regulation of travelers, used material goods, and corpses were key sanitary precautions that worked in tandem with the physical cleaning of the urban environment. By restricting the movement of potential sources of venomous air, Pistoia's government was taking vigorous steps to mitigate the *epidemia* and safeguard its *cittadini*. Meanwhile, in Florence, laws that limited social mobility were reversed and underscored by administrators' fear of the lower class. Instead of stopping the *pestilentia* from entering the city, Florentine administrators focused on wealthy *cittadini's* attempts to flee. Marchione di Coppo Stefani recounted that "[I]aws were passed preventing *cittadini* leaving the city because of the *pestilentia* because it was surmised that the *minuta gente (little people)* would not leave but would take the

[207] "Gli Ordinamenti Sanitari del Comune di Pistoia contro la Pestilenza del 1348," 195.

opportunity to revolt and would be joined by other malcontents."[208] Nevertheless, whether civic administrators were motivated by their fear of venomous air being transported from a nearby city or the risk of social upheaval when civic authorities fled, their legislations became increasingly anxious of *cittadini's* daily practices.

In Venice, a similar organized and medically informed municipal response was put into action. Under the instruction of Venice's ruling body, the Great Council and the doge, all ships entering the harbor of the city were boarded and searched and any vessels found harboring foreigners and corpses (citizens of Venice being transferred home for burial) were set ablaze.[209] Venetian regulations further expanded into the public sphere by shutting down drinking houses and ordering the wine boats that sailed the canals out of the water. Eventually, anyone caught selling unauthorized wine was fined, and their goods were confiscated and emptied into the canals.[210] Unlike in Pistoia, Florence, and Venice, in Milan, the rigorous implementation of preventative legislation saved the city from a substantial epidemic outbreak. The Milanese gates, like other city gates, were strictly guarded, and only select travelers, usually foreign ambassadors, were let in. However, the Milanese response to sick individuals is what sets them apart from their neighboring communities. Agnolo di Tura recounts that as the *pestilentia* invaded the city, only three families died because the authorities immediately walled up the doors and windows of the houses in which they lived to isolate them as effectively as possible.[211] This precautionary response mirrors the *medicus* Mariano de Ser Jacopo's recommendation that one should lock up those houses which the *pestilentia* has infected.[212] Ultimately, these cities' proactive responses were clearly established on the rigorous implementation of sanitary precautions established over centuries and the *medicí's* recommendations for controlling and mitigating venomous air. Nevertheless, the popular

[208] Marchione di Coppo Stefani, *The Florentine Chronicle.*
[209] Kelly, *The Great Mortality*, 93.
[210] Kelly, 93-4.
[211] Benedictow, *The Black Death*, 95.
[212] Mariano di Ser Jacopo, *Il Codice*, 146.

knowledge that the *pestilentia* was contagious and carried by material goods refocused civic administrators' efforts on mitigating the disease at its source. For this reason, the intimate relationship between venomous vapors and sick individuals allowed the perceived health of the *communitas* to take precedence over individual prerogatives. Consequently, as civic administrators actively attempted to combat the *pestilentia* within the urban environment, their legislation increasingly infringed on *cittadini's* freedom and undermined social stability.

Not all of the legislation passed to mitigate the *pestilentia* and protect community health benefited *cittadini* equally. In Florence, the emphasis on sanitary legislation and purifying the urban environment reinvigorated calls for social reform. Although not unique to the fourteenth century *epidemia,* the Florentine government enacted legislation regulating the social character of the city by targeting prostitutes and sodomites. This legislation effectively ostracized a large subsection of poor *cittadini*, predominantly young women, who relied on prostitution for economic subsistence. Nevertheless, this legislation was justified by civic administrators' perceived obligation to:

> rout out evil and crime that can befall the city of Florence from the dishonesty of these women, living and working every day in the city, because in their shamelessness they commit many sins offensive to God and to the honor of the said city, and in their lasciviousness they form a bad example to others.[213]

Although the social regulations of Florence were not aimed at controlling venomous air and its sources, as the regulations discussed above were, they were both believed to be necessary to ensure urban health. Altogether, the amalgamation of sanitary and social regulations illustrates the range of possible precautionary actions available to communities and individuals. Within the urban environment, *medici's* miasma theory did not have a monopoly over *cittadini's* responses to the *epidemia*. Instead, medical recommendations created an avenue for potential responses that existed alongside religion. In this case,

[213] *Statuta Populi,* in *Plague and the Poor in Renaissance Florence* by Ann Carmichael (New York: Cambridge University Press, 1986), 98.

the Florentine government depended on Christian theology to mitigate the *epidemia* alongside the previously passed legislation regulating venomous air. By eliminating those who "commit many sins offensive to God and to the honor of the city," the government not only purified the urban environment of potential instigators of God's wrath but ensured that their 'bad example' would not influence others.[214] Like miasma theory, popular piety provided *cittadini* with a separate interpretation of the *epidemia* and set of emotional scripts and social rituals to combat the spread of the *pestilentia*, which will be discussed later. Morover, it also provided civic administrators with a separate means of interpreting the *epidemia* that further infringed on *cittadini's* lives and shaped their experiences of the disease.

Civic administrators often worked in tandem with urban institutions, such as confraternities, hospitals, and charities, to provide essential care for sick individuals. These bodies supplied an avenue for healing, emotional support, and health care for many *cittadini* that family, friends, and *vicini* could not. Over the thirteenth century, Florence, like other northern Italian cities, developed a large and complex network of institutions that cooperated to ensure the health of the *communitas*. Among these groups were city administrators, hospitals, the Guild of *Medicí,* Apothecaries, Grocers, and lay religious institutions.[215] At the most basic level, the purpose of institutional aid during the *epidemia* was directed at poor relief through the provision of food and shelter. For instance, Agnolo di Tura recounts that the "leaders of the city [Siena] have elected three citizens that have been given 1,000 florins for the expense of taking care of the homeless and burying them."[216] Additionally, Italian confraternities provided not only important social and emotional supports to smaller or fragmented families, but they became increasingly dedicated to tending to and burying the victims of the plague. In practice, these institutional initiatives

[214] *Statuta Populi,* 98.
[215] Katherine Park, *Doctors and Medicine in Early Renaissance Florence* (New Jersey: Princeton University Press, 1985), 6.
[216] Agnolo di Tura, *Sienese Chronicle*, 81.

dealt with many of the logistic issues of the *epidemia*, such as interruptions in food supplies, housing, and burial services.

However, civic engagement and lay religious institutions also represented an act of popular piety through the communal work of charity, particularly in lieu of many peoples' unwillingness to tend to the sick and dead.[217] During the *epidemia*, public and private charitable actions depended less on the popular understanding of contagion than on the influence of Christian tenets. The medievalist James Brodman advocates that not only did the love of God imply care for one's *vicini*, but, in the quest for personal salvation, one's solicitude toward the needy was seen as a fit atonement for sin.[218] Accordingly, religious confraternities and hospitals grew in importance during the *epidemia,* as a critical aspect of the urban landscape supported by secular and religious elites by providing essential economic and social supports to the poor and sick. Although these charitable institutions differed in size, wealth, and legal status, they all represented, formally or informally, the idea of collective solidarity and mutual aid during the *epidemia.*[219]

The growing sense of the social responsibility of institutions for community health during the fourteenth century and *epidemia* frequently manifested in the expansion of hospitals that provided food, shelter, and medical services to the poor. The Renaissance historian David Herlihy argues that the increasing emphasis on communal charity marks an important Christian cultural shift away from older ideals of contemplation, retreat, and the ascetic veneration of God to a new, more socially engaged "civic" piety embodied by the charitable institutions and great hospitals of the period.[220] For this reason, civic piety introduced a system of cultural exchange, with greater emphasis given to the laity's role in both

[217] Horrox, *The Black Death*, 96.
[218] James Brodman, "Hospitals in the Middle Ages," in *A Companion to the Medieval World,* ed. Carol Lansing and Edward English (Sussex: Blackwell Publishing Ltd, 2009), 258.
[219] Park, *Doctors and Medicine*, 60.
[220] David Herlihy, *Medieval and Renaissance Pistoia: The Social History of an Italian Town, 1200-1430* (Connecticut: Yale University Press, 1967), 241-5.

belief and practice. These lay religious institutions played a critical role during the *epidemia* by tending to the sick, and their actions positively contributed to the urban environment and *cittadini's* experiences of the crisis. For instance, Giovanni Villani attests that "[w]hen people saw themselves and their children and relatives dying, they made their wills," and if no living heirs remained, they made the confraternities and hospitals their heirs. "In the same way, more than 25,000 florins in property and possessions was left to a new company called the Company of the *Misericordia* (Mercy)… and 25,000 florins to the hospital of Santa Maria Nuova." The latter of these donations, Villani argues, was well made, as the "hospital gives much alms and is always full of sick men and women, who are cared for and treated with great diligence and abundance of food and medicines, and is administered by men and women of holy life."[221] Although the hospital of Santa Maria Nuova was significantly larger and more medicalized than other Italian hospitals – containing 300 beds and employing nine *medicí* by the end of the fourteenth century – similar institutions could be found in considerably smaller Italian cities.[222] The above mentioned Company of *Misericordia* even worked beyond the boundaries of its institution by offering nursing assistance for dying individuals, both wealthy and poor, in their own homes. [223] Furthermore, during the *epidemia,* charitable confraternities and religious hospitals worked in tandem with *medicí* for the benefit of the *communitas.* For instance, institutions expanded their mandate of providing food, shelter, and prayer to the poor by paying *medicí* a retainer for their regular attendance and services.[224] It is clear that, during the *epidemia, medicí,* civic administrators, and charitable institutions remained active participants in urban life, contrasting the narrative often portrayed in contemporary accounts of widespread abandonment and the neglect of duties.

[221] Giovanni Villani, *Nuova Cronica,* in *Doctors and Medicine in Early Renaissance Florence* by Katherine Park (New Jersey: Princeton University Press, 1985), 102.
[222] Park, *Doctors and Medicine*, 61.
[223] Roisin Cossar, *The Transformation of the Laity in Bergamo, 1265-1400* (The Netherlands: Brill Academic Publishers, 2006), 114.
[224] Siraisi, *Medieval and Early Renaissance Medicine*, 39.

Like lay religious institutions, urban governments embraced supervising community health as part of their duty, and a critical aspect of their mandate was the employment of *medico condotti (municipal doctors).* The urban government hired these *medicí* to dispense free treatment to the poor, provide governmental advice, and act as specialized physicians during investigations. During the fourteenth century, large cities were capable of employing several *medicí* at a time; for instance, between 1333 and 1377, Venice employed an average of seven *medicí* and ten surgeons every year.[225] During the *epidemia,* the Florentine *Priori* tasked their *medico condotti* with dissecting plague victims' bodies to determine the nature of the disease and provide the government with medical advice based on their findings.[226] Similarly, Louis Sanctus affirms that "dissections were carried out by doctors in many Italian cities, and also in Avignon by order and command of the pope, so that the origin of the plague might be known."[227] The employment of these *medicí* by civic bodies to investigate the *pestilentia* highlights the active interest that urban governments took in protecting their *cittadini's* health and their faith in the knowledge and expertise of the *medicí.*[228] However, *medicí's* employment by Pope Clement VI emphasizes an essential characteristic of the intersectional cultural networks of Italy and their perspectives of the *epidemia*. By engaging with *medicí* and supporting their search for a natural cause of the *pestilentia,* Pope Clement VI indirectly acknowledged that God's wrath against humanity's sin and spiritual corruption was not the only possible explanation for the *epidemia.* Instead, Clement VI drew on spiritual and secular interpretations of the *pestilentia* to inform his response. As was previously seen, a similar two-pronged approach was employed by the civic administrators of Florence and grounded the charitable works of Italian lay religious institutions.

[225] Siraisi, 38.
[226] Henderson, "The Black Death in Florence," 146.
[227] Sanctus, *Letter (1348),* 33.
[228] Henderson, "The Black Death in Florence," 146.

Furthermore, the popular adoption of lay piety dramatically altered *cittadini's* experiences of the *epidemia* by providing them with a different means of interpreting and attempting to mitigate the *pestilentia.* Christian theology provided a separate range of collective and individual responses that were intended to cleanse the soul and protect the *communitas.* For this reason, many *cittadini* and community leaders adopted a two-pronged approach of medical action and appeals for spiritual aid to mitigate the *epidemia.*[229] In part, the expansion of lay religious institutions, such as the confraternities and charities discussed above, supported the growth in popular orthodoxy that promoted spiritual responses to the *epidemia*. Specifically, these institutions emphasized not only the responsibility of the association for public assistance but also the spiritual engagement of their individual members as well. This popular piety emphasized the laity's perception of Christian beliefs and their engagement with orthodox doctrine. Although they shared similar religious values with the clergy and influenced each other's devotional activities, lay individuals did not share the same education and training as the clergy, leading them to develop a different perspective of proper religious practice. Instead, the laity's popular orthodoxy adapted the more uncompromising cultural norms of the clergy to the contours of lay life.[230] This contrast between lay piety and religious doctrine set them apart from the clergy as a distinct spiritual phenomenon within the late medieval Church.[231] Critically, lay piety was socially practical, whether operating through a religious institution or individual, by offering sustenance in times of dearth, comfort and care in times of illness, and reassurance at the moment of death.[232] Furthermore, through the enactment of collective rituals of popular piety, *cittadini* created an intended social reality that stressed healing, peacemaking, and mutual assistance between community members and kin. For this reason, rituals of popular piety

[229] Cohn, *Epidemics*, 72.
[230] Cossar, *The Transformation*, 5.
[231] Cossar, 5-6.
[232] Daniel Bornstein, "The Bounds of Community: Commune, Parish, Confraternity, and Charity at the Dawn of a New Era in Cortona," in *The Politics of Ritual Kinship,* ed by Nicholas Terpstra (New York: Cambridge University Press, 2000), 68.

became moments of collective feeling, where the *communitas* came together, tapping into Christian emotional scripts to alter their perception of the *epidemia.*[233] In addition to the tools provided by *medicí's* regimens and recommendations, popular piety provided *cittadini* with a different set of procedures for responding to the *pestilentia*, caring for their sick friends, families, and community members, and experiencing the *epidemia.*

Contrary to the plethora of responses to the *epidemia* based on miasma theory and the fear of contagion, contemporary reports of collective devotional activities are relatively rare. The dominant form of popular piety attested to by fourteenth century European chroniclers was the flagellant movement that spread across Europe, astonishing medieval sensibilities from Hungary to London.[234] However, this movement did not find significant support in the Italian city-states, possibly due to the standardization of the practice following its success as a form of collective penance during the late thirteenth century.[235] This is not to say that pious *cittadini* did not practice self-flagellation during the *epidemia;* rather, its occurrence did not astonish *cittadini* to the same degree as their European peers due to their previous experiences with and normalization of the act.

Instead of flagellation, *cittadini's* accounts emphasized collective rituals of saint and martyr worship and civic peacemaking to appeal to God, heal the *communitas,* purify the individual and collective soul, and rectify the common good. For instance, Gabriele de Mussis recommended that "they [Piacenza's citizens] should humbly implore the mercy from the saint [St. Anastasia], that they might be delivered from the plague through the merits of the holy mass." Accordingly, "[s]ome people directed their prayers to a blessed martyr. Others humbly turned to other saints, thinking that they might be able to escape the plague's deformity."[236] However, no matter whether prayers were directed to God or a saint, their

[233] Nagy and Biron-Ouellet, "A Collective Emotion," 136.
[234] Cohn, *Epidemics,* 73.
[235] Nagy and Biron-Ouellet, "A Collective Emotion," 142-3.
[236] Gabriele de Mussis, *Historia de Morbo,* 100.

invocation was specifically aimed at preserving the *communitas* and caring for the sick. In a similar fashion, many other *cittadini* across Italy shaped their perspectives and responses to the *epidemia* around the prospective healing and protection that Christian theology offered. Whether they depended solely on popular pious beliefs and rituals or an amalgamation of theology and medical theory, their sociocultural network provided a range of possible channels for mitigating the *epidemia,* caring for the sick, and potentially curing the *pestilentia*.

The Sicilian chronicler Michele da Piazza describes an attempt to organize a collective ritual of popular piety to placate God's wrath between the cities of Catania and Messina. Within this account, Michele depicts the motivations behind *cittadini's* employment of collective rituals, the way in which they manifested, and, more importantly, how popular piety did not unite the two cities but split them further apart.[237] In November 1347, many Messinese:

> taking stock of this terrible and monstrous calamity, chose to leave the city rather than stay there to die… They camped out with their families in the open air and in the vineyards outside the city. But some, and they were the majority of the citizens, went to the city of Catania, believing that the Blessed Virgin Agatha of Catania would deliver them from this illness… they implored the lord patriarch through pious petitions submitted to him, that for the sake of devotion he go personally to Messina, bringing with him with all due honor some of the relics of the Virgin Agatha. 'For we believe,' they said, 'that with the arrival of the relics the city of Messina will be completely delivered from the sickness.[238]

However, the *cittadini* of Catania saw the Messinese appeal as a cunning plot to steal St. Agatha's relics for their own benefit and marched en masse to the patriarch, asserting that "he should choose death before agreeing to transfer the relics to Messina."[239] "After this scolding, the patriarch could do nothing else but enter the place where the relics were kept in a spirit of great devotion and honor… and *lave (bathe)* the holy relics with some pure water; it was this holy water which he arranged to be brought to

[237] Cohn, *Epidemics,* 74.
[238] Michele da Piazza, *Chronicle, 1347-61,* 101.
[239] Michele da Piazza, 101.

the city of Messina…"[240] The Messinese celebrated the patriarch's arrival as a victory, as "he cured many and various sick people by sprinkling and touching them with the water. Thereafter, the citizens of Messina flocked to the patriarch, rushing to see him with great joy and giving many thanks to him and to God."[241] However, it is here that Michele's depiction of the Messinese experience of the *epidemia* takes a wicked turn and his perspective of their actions becomes clear. Michele condemns them for the "foolish idea you Messinese had, to think you could steal away the relics of the Blessed Virgin Agatha in this secret manner, under the cover of a zealous devotion."[242] In punishment for their affront, the Messinese were "struck numb with terror," as demons appeared in the city taking on the shape of dogs and inflicting much harm on the bodies of the Messinese. Furthermore, the Blessed Virgin Mary of Santa Maria della Scala appeared before the city's gates, refusing to enter the city because she "judged it to be loathsome and totally bloodied with sin."[243] Finally, after 'weeping copious tears' and praying to the Blessed Virgin not to take new vengeance for their past sins, the holy mother of God entered the great church of the city of Messina. Nevertheless, Michele states that "the arrival of the image availed nothing; on the contrary, the mortality entrenched itself even further, so that there was nothing else that could be done."[244]

Michele da Piazza's account of the Messinese plight embodies the spiritual anguish that shaped *cittadini's* experiences of the *epidemia,* as well as the implementation and limitations of popular piety to mitigate the *pestilentia*. Although Michele clearly disapproved of the Messinese attempt to bring the sacred relics of Saint Agatha to their city, this response shows *cittadini's* willingness to take precautionary measures even if they impaired a neighboring city. For the Messinese, both the attempted capture of the relics and the carrying of the Virgin Mary's image served as critical moments of collective joy, spiritual anguish, and devout repentance. The Messinesi's celebration of the patriarch's arrival – flocking to him to

[240] Michele da Piazza, 101.
[241] Michele da Piazza, 102.
[242] Michele da Piazza, 101.
[243] Michele da Piazza, 103.
[244] Michele da Piazza, 103.

give God and him thanks – depicts the Messinesi's faith that their appeal for spiritual aid would remedy the *epidemia.* Nevertheless, the immediate failure of their appeal turned their optimism into spiritual anguish that could only be remedied through collective repentance. Michele depicts this procession thus: "On bended knee with tears in their eyes they called with great devotion upon God and the blessed Virgin for aid. And they entered the church saying devout prayers, while the priests chanted the psalm, *misere nostril Deus (Lord have Mercy),* and laid their hands upon the sculpted image of the mother of God, set up there since ancient times."[245] It was only after this intense moment of sentimental and collective performance that the Virgin Mary appeared to the Messinesi, heralding their salvation. Evidently, as Michele recounts, their pious bequests did not save them from the *epidemia.* Despite this failure, Michele's narrative stresses that the mother of God's appearance was not to save the Messinesi but to "terrify the people so that out of fear they might completely purge themselves of their worldly temptations."[246] For Michele da Piazza and the Messinesi, it was their sin that brought the *epidemia,* and only the forgiveness of God or protection of a saint could alleviate it. In shaping the Messinese experience of the *epidemia,* Christian sociocultural rituals provided essential collective moments for repenting sin, catharsis, purifying the soul, and securing social bonds within the *communitas.* Like *medicí's* recommendations and the actions of civic institutions, collective movements of lay piety sought not only to end the *epidemia* for all but alleviate the suffering of their sick and dying loved ones and community members.

In Florence, the collective rituals of popular piety emphasized communal healing and the reforging of social relationships over direct appeals to the mercy of God and his saints. Marchione di Coppo Stefani recounts that "[m]any processions, including those with relics and the painted tablet of Santa Maria Inpruneta, went through the city crying our "*Misericordia*" *(Mercy)* and praying for salvation, stopping

[245] Michele de Piazza, 102.
[246] Michele da Piazza, 103.

their procession in the piazza of the *Priori*. There they made peace concerning important controversies, injuries, and deaths."[247] The Florentine's pious procession coupled with their enactment of peace pacts was established on the belief that inner peace, "the tranquility of order,' was only attainable through penance, which acted like a purgative cleansing the soul. Beyond its spiritual necessity, in social practice, enacting a peace agreement became a penitential and community building exercise by creating a tranquil state between community members.[248] Like that of sacramental confession, the aim of peace agreements was to wipe the slate clean, recalibrate the relationship in question, and create a new social reality within the *communitas.* For this reason, the act of creating peace restored concord, the bonds of the *communitas,* and was a precondition for the spiritual health of the city.[249] Ultimately, the preservation of urban spiritual health ensured that God would have mercy on the pious *cittadini* of the city, while simultaneously establishing networks of communal support and aid.

Marchione's depiction of Florentine pious processions and efforts to preserve communal peace stresses the desire of the individuals who remained in the cities of Italy to provide mutual aid for their friends, family, *vicini*, and community members. For this reason, the enactment of peace served a two-fold purpose. Firstly, *cittadini's* efforts to cleanse their souls through forgiveness served as an important spiritual safeguard against the *epidemia.* By restoring harmony in the *communitas,* Florentines appealed to God for his forgiveness and the protection of the sick and healthy alike. Secondly, the restoration of social bonds within the *communitas* reconciled past transgressions and reestablished a network of mutual aid that acted alongside civic and religious institutions. This network of community aid helped to offset the crisis of care created by abandonment and the avoidance of essential duties by providing food, shelter, companionship, and medical and spiritual healing. By individually and collectively engaging in spiritual

[247] Marchione di Coppo Stefani, *The Florentine Chronicle.*
[248] Jansen, *Peace and Penance*, 160.
[249] Jansen, 3-5.

rituals, popular piety served as a crucial avenue for *cittadini* to mitigate the social and psychological burdens of the *pestilentia*. Whether utilized as the sole avenue for preservation or in tandem with the *medici's* recommendations, spiritual responses positively influenced *cittadini's* experiences of the *epidemia* by providing methods of mitigating the *pestilentia* and providing social and emotional aid to the sick.

During the *epidemia,* not only did professional healers, civic administrators, lay religious institutions, and collective rituals continue to operate for the benefit of healthy and sick *cittadini*, but individuals remained to take care of their dying friends and family as well. Although the majority of contemporary chroniclers discussed in this chapter emphasized the deterioration of social bonds and familial abandonment, some held a more hopeful view of urban society. For instance, the Pisan chronicler Ranieri Sardo recorded an optimistic depiction of those who stayed to care for their loved ones during the *epidemia:*

> seeing the death of his child, abandoned by everyone, without any daring to touch him, care for him, or carry him, the father now unafraid to die, laid out his son for burial, placed him in a wooden casket, and with help carried him to the grave… And God instilled charity from one to another, and people started saying, 'let us help and bring the dead to their graves so that we might be carried to ours'.[250]

In this account, the father is roused to action following his son's death because the *cittadini* around him refused to touch the child, care for him, or carry him. The *cittadini's* apprehension mirrors the commonly depicted popular fear of contagion and the *medici's* recommendations for avoiding venomous air that initiated the crisis of care, as discussed earlier in this chapter. However, the father, overcome by his own sentiments and attachment to his son, disregards these precautions, resigning himself to the same fate, yet ensuring that his son's corpse is treated with the respect that he believes it deserves. In Sardo's

[250] Ranieri Sardo, *Cronaca di Pisa,* in *Epidemics: Hate and Compassion from the Plague of Athens to Aids* by Samuel Cohn Jr. (Oxford: Oxford University Press, 2018), 56.

account, this selfless action inspired the renewal of God's charity as the *cittadini* experiencing the event altered their behavior. In doing so, the discussed *cittadini* restored the spiritual harmony of the *communitas* in accordance with Christian tenets of civic piety. Furthermore, like the collective movement for social peace in Florence, Sardo's Pisans reinstated the network of social bonds that united family, friends, and *vicini* in the *communitas.* In particular, Sardo emphasizes that this network of mutual aid was predicated on the belief that assisting community members by tending to their deceased friends and family would form a reciprocal relationship. Like Messinese appeals to God and Florentine peacemaking, the Pisans hoped that this relationship would be the foundation for a network of mutual aid and assurance. In Pisa, the *cittadini* hoped that the restoration of this network would bring normalcy to death and burial, two fundamental Christian rites of passage. However, Sardo's discussion of the renewal of charity and urban social bonds worked in tandem with healing professionals, civic administrators, and lay religious institutions' efforts to provide care to healthy, sick, and destitute *cittadini*. Evidently, these social interactions continued to function during the *epidemia,* shaping *cittadini's* experiences by providing essential forms of social, spiritual, and secular care to the healthy and sick alike.[251] Through *cittadini's* continuous engagement with this social network, as well as those of healing professionals, civic administrators, lay religious institutions, and popular piety, both collectives and individuals contributed to shared urban experiences of the *epidemia* as they disparately perceived of the *pestilentia* and cared for its victims.

[251] Shona Wray, *Communities and Crisis: Bologna during the Black Death* (The Netherlands: Brill Publishers, 2009), 264.

Conclusions

Throughout the *epidemia,* the popular understanding of the *pestilentia* and its victims changed *cittadini's* perception of friends, family, and the *communitas*. Furthermore, the convergence of *cittadini's* concepts and language, popular interpretations of the *pestilentia* and its victims, and the fluctuating relationship between religion, society, and the self intertwined to influence *cittadini's* distinct experiences of the *epidemia*.[252] It is clear that *cittadini's* engagement with medical, religious, and civic authorities provided them with available and expected modes of expression and responses to the *epidemia* and its victims. Critically, these emotional scripts and social rituals conditioned *cittadini's* understanding of the relationship between the mind, body, and the outside world. Through this biocultural neuroplasticity, these scripts prescribed how to interpret, mitigate, and engage with the *pestilentia* and its victims, creating a temporally specific reality. This situated reality portrays what *cittadini* could have known, at the time, about the plague, its symptoms, and treatment. Accordingly, contemporary accounts depict that during the *epidemia*, *cittadini* dynamically connected elements of medical, religious, and popular interpretations of the *pestilentia* and its victims in a system of experiential exchange.[253] By combining these theoretical and practical elements of urban society, this chapter shows how *cittadini* adopted emotional scripts and social rituals provided by the cultural institutions of Italy; however, when these failed, *cittadini* developed their own scripts and rituals or modified existing ones to interpret the *pestilentia* and respond to the sick and dying, thereby altering their responses, and shaping their distinct experiences of the *epidemia.*

Several conclusions emerge from this analysis of the popular understanding of the *pestilentia* and sick *cittadini* in urban society. Foremost, the *medici's* theoretical construction of the *pestilentia* carried significant social repercussions that altered *cittadini's* perceptions of family, friends, *vicini*, and the urban

[252] Boddice, *Emotion, Sense, Experience,* 10-12
[253] Boddice, 50.

environment. In this case, theories of the easy transmission of venomous air from the environment and person-to-person contagion presented pestilential *cittadini* as a liability to family and communal health. Furthermore, the knowledge that the venomous air exuded from sick *cittadini's* skin, breath, and gaze, polluting their immediate surroundings and wider regions of the *communitas* created social tension between kin and community members. Moreover, this social tension was compounded by the perceived power of the psychic faculty over bodily health, as *cittadini* feared that the omnipresence of the *pestilentia* in their homes and cities would corrupt their imagination and expose them to the disease. Although Italian urban society was established on the strong bonds that united friends and family, *medicí's* theory of contagion sewed unease into the social fabric of urban Italy. Ultimately, this interpretation of the *pestilentia* transformed the social atmosphere and daily interactions of urban society, as "men dare not speak with anyone whose kinsman or kinswoman has died: as often observed, when one family member dies, almost all the rest follows."[254] To combat the *pestilentia*, healthy *cittadini* weighed *medicí's* recommendations against their own interpretation of and encounters with the *epidemia.* In the process, they dynamically shaped their experiences by selectively engaging with medical, religious, and popular responses to the *pestilentia,* simultaneously adapting and reinforcing emotional scripts and social rituals that promoted their continued health.

Furthermore, sick individuals found themselves at the center of this discourse between medical theory, Catholic theology, and popular perception, becoming intimately connected to the *epidemia* itself. Due to this discourse, sick *cittadini's* experiences of the *epidemia*, and that of many healthy *cittadini* as well, became one of social upheaval and legal regulation, as the manipulation of the pestilential body and its presence became a critical factor on the frontline of epidemic defense. Healthy *cittadini's* interpretation and adoption of sociocultural scripts enlightened and justified their responses to the

[254] "Brief Chronicle of an Anonymous Cleric (Avignon, 1348)," 43.

epidemia, some of which encouraged cooperation, care, and compassion and others that emphasized individual salvation over family, friends, and community bonds. For the latter, professional healers' trepidation, avoidance of the sick, and *cittadini's* widespread abandonment of the sick initiated a crisis of care that profoundly shaped the experiences of all those who came into contact with the *pestilentia.* However, not all contemporary accounts of the *epidemia* reflect the extensive abandonment of the sick and dying. Some accounts not only condemn the actions of abandoners but describe a contrasting narrative of a wide network of *medicí*, priests, notaries, civic administrators, friends, and family who remained to tend to the sick by offering social and emotional supports. This narrative emphasizes the hopeful actions of many *cittadini* who strove to ease victims' suffering, better the urban environment, and/or bring collective salvation, which contributes an important perspective to the one-dimensional view of social degradation. Although this directive was not universally held, it positively shaped the experiences of healthy and sick individuals alike.

In addition to *medicí* and urban institutions, the popular adaptation of Christian theology provided a separate range of collective and individual responses intended to mitigate the *epidemia.* Many *cittadini* across Italy shaped their perspectives and responses to the *epidemia* around the potential healing and protection that Christian theology offered. This popular piety expanded out of lay religious institutions, such as confraternities and hospitals, and emphasized public assistance and individual spiritual engagement in the *communitas.* The integration of secular and spiritual responses created a two-pronged attack against the *pestilentia* by appealing for spiritual aid when it was deemed that secular precautions had failed. Whether *cittadini* depended solely on popular pious beliefs and rituals or an amalgamation of theology and medical theory, their sociocultural network provided a range of possible channels for mitigating the *epidemia* and potentially curing the sick. Through the enactment of collective religious rituals, such as those in Florence, Messina, and Pisa, an intended social reality was constructed that emphasized healing, peacemaking, and mutual assistance between community members and kin. By

tapping into Christian emotional scripts and social rituals, *cittadini* altered their perception of the *epidemia* and reestablished essential social bonds that the *pestilentia* had deteriorated. The actions of those who remained to care for the sick and dying, whether they were professional healers, civic administrators, charitable institutions, friends, family, or *vicini*, profoundly influenced the range of *cittadini's* isolated and communal experiences of the *epidemia.*

From the above, it is clear that the popular understanding of the *pestilentia* and its victims changed *cittadini's* perceptions of family, friends, and the *communitas.* Furthermore, the psychological consequences of these perceptions affected *cittadini's* behavior, emotional scripts, and social rituals. Inevitably, *cittadini's* attempts to interpret the *epidemia* and understand the hazards that pestilential bodies posed fundamentally altered both healthy and sick *cittadini's* experiences of the *epidemia.* Nevertheless, these consequences were not indisputably negative. Although contemporary chroniclers often emphasized their experiences of professional neglect and familial abandonment, many accounts and examples remain of the positive actions that *cittadini* took to protect the *communitas.* Therefore, the narrative of *cittadini's* experiences of the *epidemia* resides within the context of possible interpretations and responses provided by their cultural institutions, as well as their individual engagement with medical, religious, and popular theories of the *pestilentia* and its victims. Ultimately, the influence of these recommendations on *cittadini* produced distinct experiences of the *epidemia*.

Chapter Two: Responding to Death

The repercussions of the popular understanding of the *pestilentia* did not end with victims' death but followed *cittadini* into the grave. During the *epidemia,* loved ones' attempts to tend to the dead adapted to the pestilential, psychological, and logistical challenges that the *epidemia* created. In the process, *cittadini* engaged with radically different cultural norms surrounding the corporeal and spiritual preparation for death and the burial of friends, family, and community members. These adapted cultural norms introduced unfamiliar emotional scripts that drastically changed *cittadini's* experiences of the *epidemia* as well as the perception of one of Christianity's fundamental rites of passage, death.

During the *epidemia,* the scale of the mortality in urban centers placed enormous physical and psychological burdens on *cittadini*. These burdens ranged from managing the volume of corpses that filled the streets of the cities to burying friends and loved ones and even preparing oneself for the very real possibility of death. Owing to the relatively extensive records that remain from the highly urbanized northern regions of Italy, accurate mortality data can be estimated for the cities of Florence, Prato, Siena, Bologna, and the surrounding region of Tuscany. The demographic historians Ole Benedictow and David Herlihy propose that Tuscany had over two million inhabitants on the eve of the Black Death, forming a substantial portion of the population of Italy. In the case of Florence, contemporary chronicler Giovanni Villani estimated that 94,000 persons, including the poor, lived in the urban center, a population figure supported by Benedictow and Herlihy's research.[255] Of these 94,000 persons, census data, the 'salt per mouth' tax of 1350, and the registry of hearths show that 37,250 remained in Florence immediately following the *epidemia,* a reduction in population of 56,480 persons in Florence alone, roughly 60% of the population. Across Italy, urban census data and tax levies show a similar trend, with 50-60% of the

[255] Benedictow, *The Black Death*, 286.

population perishing by 1356.[256] As might be expected, the staggering impact of the mortality over only a few short years shocked contemporary *cittadini*. For instance, Giovanni Boccaccio attested that "between March and July more than a hundred thousand human beings are in all certainty believed to have lost their lives within the walls of Florence… Before the plague struck, who would have believed that the city even numbered that many inhabitants?"[257] Although Boccaccio's population estimate was skewed, his account of the mortality emphasizes how incomprehensible the scale of the *epidemia* was, particularly for an urban citizen surveying the *pestilentia* as it unfolded. Nevertheless, the mortality did more than simply depopulate urban centers to an unfathomable extent; it also created a new urban environment that *cittadini* engaged with on a daily basis. For *cittadini*, death and dying were critical cultural rites of passage engrained in the religious and social rituals and traditions of Italy. During the *epidemia,* the omnipresence of death and dying required *cittadini* to adapt their emotional scripts and social rituals to reflect the reality of the great mortality and the urban environment it created. Often, *cittadini* adopted emotional scripts provided by the cultural institutions of Italy; however, when these failed, *cittadini* developed their own scripts and rituals or modified existing ones to interpret the *pestilentia* and respond to the sick and dying who suffered from it, thereby altering their responses to the *pestilentia,* and fundamentally shaping their distinct experiences of the *epidemia.*

This chapter focuses on *cittadini's* shifting perceptions of death and dying as they engaged with the physical and psychological burdens of the *pestilentia*, the challenges of pestilential funerals and responding to the dead, and their own experiences of death and efforts to prepare for their demise while the *epidemia* raged around them. Due to the substantial effects of death on the urban environment and *cittadini's* sociocultural networks, the *epidemia* created a range of possible experiences for *cittadini* as they attempted to cope with and mitigate its physical and psychological burdens. In Italian culture,

[256] Herlihy, "Plague and Social Change in Rural Pistoia, 1201-1430," 290-300.
[257] Boccaccio, *The Decameron*, 13-14.

Christian funeral rituals were an intimate and loving affair that finalized the deceased's preparation for the afterlife and provided a crucial moment for loved ones and community members to manage grief and loss. Furthermore, Christian theology placed death at the center of its drama of salvation, lending it unique cultural importance as a moment of judgement and navigation through the sensitive boundaries between the dead and the living.[258] Due to the cultural significance of death, the changes to traditional funeral practices instigated by the *epidemia* formed a period of sociocultural distress, as emerging practices for mitigating the *pestilentia* challenged *cittadini's* preconceived norms. As the mortality spread, *cittadini's* biocultural neuroplasticity created unique experiences of the *epidemia,* as a dynamic relationship was formed between *cittadini* and the urban environment. In response to the mortality, urban institutions recommended changes to practices for engaging with death and the deceased, requiring *cittadini* to modify their traditional practices and emotional scripts. The implementation of these recommendations altered *cittadini's* responses to death and dying, ultimately shifting their perception of this rite of passage and their own death. Once implemented, these new emotional scripts and modified social rituals responding to the mortality dramatically altered the urban environment and *cittadini's* experiences of the *epidemia.* By influencing the ways in which *cittadini* understood and confronted death and dying, the *epidemia* constructed a new sociocultural reality that *cittadini* were forced to interpret and adapt to by utilizing their cultural networks, ultimately producing their culturally distinct urban Italian experiences of the *epidemia.*

Part One: Managing the Physical Burden of the Epidemia

During the fourteenth century, funeral rituals occupied a prominent place in the social and cultural networks of Italian cities. The emphasis placed on funerals by the Catholic Church and its critical

[258] Paul Binski, *Medieval Death: Ritual and Representation* (New York: Cornell University Press, 1996), 8-11.

role in the grieving process made it a staple of Italian society. Due to this importance, *cittadini* from all socioeconomic statuses engaged with Christian funeral practices to some extent. Not all *cittadini* could afford the luxurious funerals of the urban elite, with their permanent memorials, such as the 4,000-florin burial monument of the *potens vir (mighty/powerful man)* Tarlatus, fashioned in 1348 in the middle church of the Franciscan mountain shrine at La Verna. However, records show that even poor *cittadini* paid substantial amounts for a proper funeral to ensure their spiritual health.[259] Throughout the *epidemia,* funeral practices remained a crucial part of *cittadini's* cultural life, and within their preconceived understanding of the world, they expected these traditions to remain the same. For many *cittadini*, the breakdown of funeral practices during the *epidemia* constituted more than a collapse of Italian cultural institutions; it also deprived them of their last rites, threatening their chances of reaching the afterlife. Nevertheless, *cittadini's* persistence in the face of the physical and psychological burdens of the *epidemia* ensured that these critical funerary rituals were not abandoned. Instead, *cittadini* worked strenuously to mitigate the plague and confront the mortality, developing new practices for responding to death that were not independently created but layered on centuries of older traditions. Due to *cittadini's* active engagement with the mortality, the breadth of experiences that unfold portray the shifting dynamics of dying, death, and spiritual life that shaped *cittadini's* lives under the cruel persecution of the *epidemia.*[260]

Traditionally, funeral rituals in late medieval Italy were quick and highly formalized, with subsequent commemorative rituals marking the stages of the soul's gradual separation from the body, at two days, seven days, nine days, and one year.[261] Following their death, the body of the deceased was washed and dressed; men were shaved by a barber. Next, the heir was tasked with informing kin and neighbors of the passing. Regularly this meant paying the city's *gridatori dei morti (criers of death)* to

[259] Cohn, *The Cult of Remembrance*, 148.
[260] Nicholas Terpstra, *Cultures of Charity: Women, Politics, and the Reform of Poor Relief in Renaissance Italy* (Cambridge: Harvard University Press, 2013), 10.
[261] Carol Lansing, *Passion and Order: Restraint of Grief in the Medieval Italian Communes* (New York: Cornell University Press, 2008), 52.

announce the death twice, in the morning and evening.[262] At the time of the funeral, the corpse was carried in procession to the burial church, usually the parish church or a close mendicant convent. Often, medieval Italian testators took great care to specify the final location of their bodily remains and how they should be memorialized by tombstones, inscriptions, monuments, altars, and chapels.[263] Beginning in 1310 with the very wealthy and spreading downward by 1350, testators also left detailed plans for their funeral processions in their wills, specifying not only costly objects such as drapes for the bier and wax for candles but who would walk in the cortege as well. After the funeral service, often a requiem mass, burial followed at either the church or a nearby cemetery. Mourners then took part in a funeral banquet at the house of the deceased, where friends and family came together to reminisce, grieve, and provide mutual support. Giovanni Boccaccio described traditional Florentine practices as follows:

> It had been the custom – as we see it is today – for the female relatives and neighbors to assemble in the house of the deceased and join with his nearest and dearest in mourning over him; outside the house the menfolk would foregather – the dead man's kinsmen and neighbours and a great number of townsmen – while such clergy as suited the man's social standing would arrive; he would be carried on the shoulders of his peers to the church he had chosen before his death, with all the funeral rites of candles and dirges…[264]

From Boccaccio's account, it is clear that the communal gathering of friends, family, and community members before the procession was a critical moment for collective emotional support and catharsis. Through standardized funeral rituals, *cittadini* were provided socially and religiously efficacious processes for confronting their grief. Furthermore, as Boccaccio discusses, funeral rituals also served as an essential moment for reinforcing community bonds. For instance, friends and neighbors often came forward to assist in the burial process and provide their support to the fractured family. Frequently, the social demands of funeral practices expanded outside the immediate kin group of the deceased to encapsulate

[262] Lansing, *Passion and Order*, 50.
[263] Cohn, *The Cult of Remembrance*, 127.
[264] Boccaccio, *The Decameron*, 11.

their guildsmen and fellow confraternity members, who provided similar pseudo-familial economic, social, and emotional supports.

As was discussed in the previous chapter, the confraternities and guilds of the cities provided many *cittadini* with a social network of peers and associates who offered aid and support to members and their families. Often, confraternity and guild members partook in many social functions, such as an annual banquet or saint's day, which brought together all community members to celebrate and reinforce social bonds and initiate new members into the organization. Nevertheless, the death of an *Artifex (artist/master craftsman)* similarly brought together all the members of the organization, activating the social network of the guild for solidarity and mutual support during the grieving process. Furthermore, the ties between fellow tradespeople were called on to manifest themselves in an openly public way.[265] For instance, the *Artifex's* funeral served as an important moment of social recognition for guildsmen, as a rite of bidding farewell to the deceased, an opportunity to pray for their soul, and to celebrate their 'birth into Heaven.' Consequently, the obligation to attend funerals was a rule established by almost all the guilds of Tuscany, which sometimes even set a minimum number of participants.[266] Therefore, traditional funeral practices were meant to be a tangible manifestation of love, affection, and charity between community members. On the eve of the *epidemia,* the death of a notable member or one of their family required all his colleagues to be present. For instance, "[i]n the regulations of the Innkeepers of Florence… the 'men of the Guild' accompanied the coffin, carrying a lighted candle (the consuls and notary carried two) which they gave to the priest of the church where the burial took place."[267] In Lucca, the Statutes of the *Compagnia delle Sette Arti (Company of the Seven Arts)* went beyond the rule requiring participation, stipulating that the association always have ready a "coffin and cover or drape and four

[265] Franco Franceschi, "The Rituals of the Guilds: Examples from Tuscan Cities (Thirteenth to Sixteenth Centuries)," in *Late Medieval and Early Modern Ritual Studies in Italian Urban Culture* by Samuel Cohn (Belgium: Brepols Publishers, 2013), 73-4.
[266] Franceschi, 75.
[267] Franceschi, 76.

torches" to be lent free of charge to anyone who requested them in the event of a member's death. This guaranteed assistance in burial expenses ensured that no organization member died in poverty.[268] Evidently, the social network of urban society reinforced the idea that death and funeral rituals were a moment of unity and mutual support, as friends, family, and community members shared ties of peace, charity, and companionship.

Although Christian funeral practices were entrenched in *cittadini's* social and cultural networks as a critical moment of emotional release and communal unification, they underwent tremendous pressure under the physical burden of the *epidemia.* Prior to the *epidemia,* a visiting Venetian described Florence as a "clean, beautiful, and happy place"; conversely, the city described by Boccaccio had become a vast open-air death pit during the outbreak.[269] *Cittadini* often tried to manage the death of their friends, family, and neighbors through the best means possible. For example, Boccaccio recounts that "[t]here were countless occasions, too, when a couple of priests would go with a crucifix to fetch somebody only to find that three or four groups of pallbearers had fallen in behind them with their biers, so that whereas the priests were expecting to have one deceased person to bury, they might find themselves with half a dozen…"[270] Even though *cittadini's* efforts made greater demands of religious authorities, their actions reflect the importance of ensuring that their deceased relatives received some form of sacramental rite before they were buried. Nevertheless, the funeral procession described by Boccaccio as a train of pallbearers carrying the deceased to the cemetery is far removed from the traditional funeral practice of friends and family accompanying the deceased to their final resting place. Moreover, the collapse of the social dimensions of funeral practices removed many of the critical socioemotional supports that it provided, as the community was no longer engaging in the funeral procession. Ultimately, this left friends

[268] Franceschi, 77.
[269] Kelly, *The Great Mortality*, 106.
[270] Boccaccio, *The Decameron*, 12.

and family alone to manage their own grief and tend to their dead if they did not abandon them before their passing. Despite the physical and emotional burdens this placed on families in Florence, there was some reassurance that the priest leading the funeral procession would ensure the deceased was buried properly, preserving their spiritual health.

Nevertheless, the physical burial of the deceased imposed further challenges that often could not accommodate even minor aspects of traditional Florentine funeral practices. Boccaccio describes that:

> As there was not sufficient consecrated ground in which to bury the vast number of corpses that arrived at every church day after day and practically hour by hour, least of all while any effort had been made to give each person his own burial plot in accordance with age-old custom, enormous pits were dug in the graveyards, once saturation point had been reached, and the new arrivals were dropped into these by the hundred; here they were packed in layers, the way goods are stowed in a ship's hold, and each layer would get a thin covering of earth until the pit was filled up.[271]

From Boccaccio's perspective, the mortality overwhelmed the ability of urban institutions to properly tend to the dead "in accordance with age-old custom." Instead, proper funeral practices and efforts to preserve individuals' graves were foregone and replaced with mass graves that allowed priests and gravediggers to keep pace with the mortality. However, the requirement for mass graves and the hasty burial of the deceased further emphasized the perspective that urban institutions, and with them, society itself, were collapsing under the weight of the mortality. Unlike the burial train Boccaccio described previously, the practice of mass burial, as described by Agnolo di Tura and Cortusii Duo in Siena and Venice, made no promises that the deceased would be provided with their last sacraments. Due to this ambiguity, many *cittadini*, particularly those of a middle or upper socioeconomic status, feared that their burial would deprive them of their individuality and, with it, their spiritual health. Nevertheless, the sheer scale of the mortality in Italy required *cittadini* and secular and religious leaders to confront the death that permeated

[271] Boccaccio, 12.

the region by foregoing tradition to respond quickly to the *epidemia.* The employment of mass graves and the abandonment of many aspects of funeral rituals dramatically altered *cittadini's* experiences of the *epidemia* by creating a period of social and cultural turmoil embodied by the mortality and its impact on the urban environment.

Cittadini's efforts to manage the scale of the mortality in other Italian cities mirrored that of Florence. Moreover, contemporary chroniclers' depictions of the events echo Boccaccio's apprehension that traditional funeral practices and their socioemotional significance were deteriorating. For instance, Agnolo di Tura recounts that:

> In many parts of Siena, very wide trenches were made, and in these, they placed the bodies, throwing them in and covering them with but a little dirt. After that, they put in the same trench many other bodies and covered them also with earth, and so they laid them layer upon layer until the trench was full. Members of a household brought their dead to a ditch as best they could without a priest, without divine offices. Some of the dead were… so ill covered that the dogs dragged them forth and devoured many bodies throughout the city.[272]

From Agnolo's account, it is clear to see that priests and gravediggers mirrored the practice of mass burial that Boccaccio depicted in Florence. However, Agnolo emphasizes that in Siena, the family of the deceased brought the remains to the plague pit devoid of priests or divine offices. Similarly, Cortusii Patavini Duo relates that in Venice, "[t]he bodies even of noblemen lay unburied. Many, at a price, were buried by poor wretches, without priests or candles. Indeed, in Venice, where 100,000 died, boats were hired at great expense to carry bodies to the islands and the city was virtually deserted."[273] The complete disintegration of funeral rituals in Agnolo and Cortusii's accounts is particularly significant when compared to Boccaccio's depiction, as many Florentines still benefited from these spiritual services. In Florence, the dying could rest assured that their burial would likely be overseen by a clerical authority, who would provide their last rites and prayers. However, in Siena and Venice, *cittadini* were deprived of this service, further

[272] Agnolo di Tura, *Sienese Chronicle*, 118.
[273] Cortusii Patavini Duo, "sive Gulielmi et Abrigeto Cortusorium," 34.

undermining the social and emotional supports that funeral provided. In these cities, not only was the funeral procession no longer a moment of communal bonding and mutual aid for grieving friends and family, but the spiritual health of the deceased was compromised, a fate that weighed heavily on the dying and their kin. Of particular importance were the funeral prayers and the rite of committal that culminated the burial and the transition of the deceased from the Church on Earth to the Church in Heaven, where they would be welcomed into a new community of those who no longer needed faith, coming face-to-face with God. Without these fundamental last rites, in the moment of death, victims of the *epidemia* faced perdition and eternal punishment that their friends and family could not remedy.[274]

Furthermore, in Siena, the loss of these critical burial rites and physical traditions created a period of socioemotional turmoil for Agnolo di Tura. From his perspective, the urban environment itself turned against the deceased as social and cultural traditions collapsed. Agnolo believed that the improper burial of the dead not only represented a collapse of funeral practices but a fundamental failure of burial itself. He concludes his passage on burial in the cities by emphasizing that "some of the dead were so ill covered that the dogs dragged them forth and devoured many bodies throughout the city."[275] In his description of the countryside, Agnolo evades the wreckage of the *epidemia,* stating, "I cannot write about the cruelties that existed in the countryside: that wolves and other wild beasts eat the improperly buried and other horrors that are too difficult for anyone who would read this account…"[276] However, the line that links Agnolo's portrayal of burial in Siena and the countryside is the brutal treatment of the dead, as their improper burials resulted in their abuse by the wild animals that plagued the environment. This experience is particularly troubling for Agnolo as a fundamental aspect of Christian funeral culture is the proper respect and treatment of the deceased even after their burial. The visual disregard and disruption

[274] Benedictow, *The Black Death*, 285.
[275] Agnolo di Tura, *Cronaca Senese (1348-51), The Great Mortality: An Intimate History of the Black Death* by John Kelly (New York: HarperCollins Publishers, 2005), 118.
[276] Agnolo di Tura, *Sienese Chronicle*, 82.

of the final resting place of the deceased serves as an opportune exemplar for Agnolo to depict how the breakdown of traditional funeral practices altered his perspective and experience of the *epidemia.* For Agnolo, the collapse of funerary traditions was complete, as even in death, there was no rest from the ravages of the plague. Ultimately, Agnolo's interpretation of the urban environment during the *epidemia* and its effects on the sacramental rite of death culminated as follows: "[t]here is no one who weeps for any of the dead, for instead everyone awaits their own impending death. So many have died that everyone believes it is the end of the world."[277] Clearly, the physical and psychological burden that the mortality placed on the *cittadini* of Siena altered not only their funeral traditions and rite of passage but their very understanding of the urban environment and their socioemotional interactions within it.

Across Italy, the mortality of the *epidemia* created immense physical challenges for not only ordinary *cittadini* but the notaries and gravediggers who tended to the dead and dying and religious authorities who tended to the spiritual community as well. Gabriele de Mussis describes the immense number of deaths among the local spiritual community of Piacenza as follows:

> At this time, the Dominican friar Syfredo de Bardis, a man of prudence and great learning who had visited the Holy Sepulchre, also died, along with 23 brothers of the same house. There also died within a short time the Franciscan friar Bertolino Coxadocha of Piacenza, renowned for his learning and many virtues, along with 24 brothers of the same house, nine of them on one day; seven of the Augustinians; the Carmelite friar Francesco Todischi with six of his brethren; four of the order of Mary; more than sixty prelates and parish priests from the city and district of Piacenza; many nobles; countless young people; numberless women, particularly those who were pregnant. It is too distressing to recite any more, or to lay bare the wounds inflicted by so great a disaster.[278]

From Gabriele's reckoning, more than 120 clerical figures perished in the first wave of the *epidemia* that struck Piacenza. Although not every clergy member actively engaged in funeral rituals and administered the last rites, the depopulation of a significant amount of the clergy left those tending to the dead in a

[277] Agnolo di Tura, *Sienese Chronicle (1348-51),* 81.
[278] Gabriele de Mussis, *Historia de Morbo,* 22.

logistical crisis as the mortality rose. For instance, Michele da Piazza describes how the clergy attempted and failed to mitigate the physical burden of the *epidemia* through traditional means in Sicily. The mortality was so great that "judges and notaries were unable to meet the demand for wills, or the priests for hearing confession. Accordingly, the Patriarch, concerned for the souls of the Catanians, bestowed upon every priest, however lowly, the same power to absolve sins which he enjoyed as bishop and patriarch. As a result, it is believed on the best authority that all those who died passed without fail safely to God."[279] From Michele's account, it is clear that the clergy was unable to cope with the mortality of the *epidemia* through established institutional norms. Instead, they were forced to adopt emergency practices that expanded the spiritual power of absolution to the lower levels of the clergy. Although the extension of these spiritual powers was not unheard of, it is representative of the desperate position the clergy held in confronting the physical and spiritual challenges of the *epidemia* and their resiliency in adapting to the new social reality created by it. Fundamentally, the expansion of clerical powers was beneficial not only for priests, who could more effectively administer the last rites, but also for *cittadini*. During this period of psychological crisis, the expansion of clerical powers was a remedy for *cittadini's* anxiety and distress over the possibility of death devoid of the proper sacraments.

At the papal seat in Avignon, Pope Clement VI and his household faced challenges similar to those of the clergies of Florence, Siena, Sicily, and Piacenza. At the peak of the mortality in Avignon, Louis Sanctus reported that "at least half the people in Avignon died; for there are now within the walls of the city more than 7000 houses where no one lives because everyone in them has died…"[280] In response to this massive mortality, Pope Clement VI bought a field near Notre-Dame des Miracles and had it consecrated as a cemetery. Nevertheless, Louis attests that "by 14 March 11,000 bodies had been buried there, and that is in addition to those buried in the churchyards of the Hôpital de Saint-Antoine, and the

[279] Michele da Piazza, *Cronaca,* 40.
[280] Sanctus, *Letter (1348),* 44.

religious orders, and in the many other churchyards in Avignon… They say that in three months from 25 January to the present day, a total of 62,000 bodies were buried in Avignon."[281] Evidently, even with the expansion of consecrated ground in Avignon, the mortality vastly outpaced the clergy's ability to tend to the dead and dying. This institutional failure is particularly striking compared to the previous cities, as the papal seat in Avignon held a significantly larger concentration of clergy and the pope himself, who could respond to moments of spiritual crisis as they appeared. For instance, just as in Catania, Sanctus reports that "[a]round the middle of March, after mature deliberation, the pope granted a plenary indulgence to all those dying confessed and contrite; the indulgence to be valid until Easter."[282] Clearly, ecclesiastic authorities attempted to manage the mortality and mitigate its effects to the best of their abilities. However, as they confronted the herculean task of tending to the dead, traditional funeral practices were often forgotten or done in such haste that they were unrecognizable to *cittadini*. In a number of Italian cities, confraternities worked to assist the priests and gravediggers, dedicating their work to tending to and burying the victims of the *epidemia.* This was a public-spirited work of charity, given the extreme unwillingness of most people to tend to the dead and dying, but it was also a penitential act for those who risked their lives.[283] Nevertheless, even with the added efforts of Italian confraternities, the scale of the mortality could not be effectively managed, and traditional funeral practices continued to degrade and change.

The sheer scale of the mortality caused by the *epidemia* erected many physical and psychological barriers for *cittadini* and significantly influenced the urban environment. The physical burden of the mortality forced many alterations to traditional practices and burial, such as the shift to mass graves, the abandonment of the last rites, and the loss of spiritual services, which distorted *cittadini's* perceptions of

[281] Sanctus, *Letter (1348),* 43-44.
[282] Sanctus, *Letter (1348),* 44.
[283] Horrox, *The Black Death*, 96.

death and the sociocultural institutions that defined it. Not only did this shift in funeral practices do away with the healing qualities that burial provided for the community members left behind, but it also became representative of a broader collapse of urban society. For chroniclers, such as Agnolo and Boccaccio, the collapse of traditional funeral practices deteriorated the sociocultural bonds that held society together. For instance, in the aftermath, Boccaccio relates that "things had reached the point where the dying received no more consideration than the odd goat would today."[284] Clearly, from Boccaccio's perspective, the critical outcome of the sweep of the *pestilentia* through Florence was the collapse of the bonds that held community members together, as they no longer cared for the dead and dying. However, efforts to respond to the mortality went beyond the physical burial of the dead. In the cities of Italy, traditional funeral practices underwent greater changes aimed at protecting *cittadini's* physical and spiritual health. These adaptations to the fundamental rite of death further shaped the urban environment by restructuring *cittadini's* cultural norms and emotional scripts, providing them different ways of responding to death and experiencing the *epidemia.*

Part Two: Pestilential Funerals and Responding to the Dead

During the *epidemia,* many urban centers throughout northern Italy adopted laws and regulations aimed at protecting healthy and sick *cittadini* from the secondary effects of the mortality, specifically the physical spread of the plague from the bodies of victims and, in some cases, their influence on the psychic faculty. Although these responses to the *epidemia* were adopted to safeguard *cittadini*, many of them were perceived as further evidence of the degradation of social, emotional, and cultural bonds and norms. Moreover, these responses to the *epidemia* had significant repercussions for the urban environment and traditional funeral practices. Frequently, the actions taken by civic authorities further ostracized friends

[284] Boccaccio, *The Decameron*, 12.

and family members from funeral and burial practices. These actions limited *cittadini's* avenues for socially and emotionally coping with the deaths of their loved ones. Nevertheless, civic administrators drew on their medical and cultural knowledge of the *pestilentia* to further regulate which funeral practices they saw as efficacious or dangerous. Through these responses, the *epidemia* changed the grand opera that was the urban Italian way of death. In the process, it transformed the way *cittadini* experienced the *epidemia,* urban environment, and death itself.[285]

In Pistoia, civic authorities enacted a wide range of ordinances that directly targeted the burial and funerals of plague victims. In its first declaration, the *Ordinamenti Sanitari del Commune di Pistoia contro la Pestilenze del 1348* stipulated that "to avoid the foul stench which comes from the dead bodies each grave shall be dug two and a half arm's lengths deep; penalty 10 pence from anyone digging or ordering the digging of a grave which infringes the statute."[286] Although this ordinance did not directly alter the fundamental norms of funeral practices, it is a reminder that the presence of venomous air and its spread from the dead and dying remained a pervasive belief during these rituals. From this logical starting point, the ordinances of Pistoia immediately expanded to restrict two fundamental aspects of Italian funerals, the procession and the commemorative mass. The ordinances state that:

> 6. Any person attending a funeral shall not accompany the corpse or its kinsmen further than the door of the church where the burial is to take place or go back to the house where the deceased lived, or to any other house on that occasion; penalty 10 pence. Nor is he to go to the week's mind of the deceased; same penalty.
>
> 7. When someone dies, no one shall dare or presume to give or send any gift to the house of the deceased, or to any other place on that occasion, either before or after the funeral, or to visit the house, or eat there on that occasion; penalty 25 pence.
>
> 11. No one shall presume or dare to summon a gathering of people to escort a widow from the house of her dead husband, but only from the church to his burial place. But it shall be lawful for the widow's kinsmen to send up to four women to escort the widow from her husband's house at other times. No one shall dare to attend such a gathering; penalty 25 pence, paid by those invited and by those who issued the invitation.

[285] Kelly, *The Great Mortality*, 107.
[286] "Gli Ordinamenti Sanitari del Comune di Pistoia contro la Pestilenza del 1348," 195.

[Revised 4 June 1348]

31. When the corpse has been carried to the church, everyone who accompanied it there ought to withdraw, and when the next of kin leave, no one ought to accompany them except their spouses and the neighbours, and also the dead man's next of kin on his mother's side. These people may go to the house of the dead man, or wherever the body is, but may not enter the building…

32. The anziani and gonfalonier shall choose at least sixteen men from each quarter of the city, and repeat the process as often as seems necessary to maintain the number. These men are to take corpses from houses or dwellings and carry them to church and to burial, and no one else shall dare to enter a house or other place in which a person has died or carry the body to burial; penalty 25 pence. And anybody who asks someone else to remove or carry a corpse shall incur the same penalty…[287]

As was previously discussed, the funeral procession was a critical moment that brought together community members to provide mutual support for the family and friends of the deceased, strengthening community bonds and managing grief and loss. However, Pistoia's ordinances effectively banned funeral processions, allowing *cittadini* to accompany the deceased to the door of the church but disallowing them from participating in the burial or continuing the grieving process with the family of the deceased. Critically, the last sentence of ordinance six, "[n]or is he to go to the week's mind of the deceased," refers to a further ban on attending the commemorative mass one week after the death. Furthermore, the ordinances forbade *cittadini* from sending gifts, visiting the family of the deceased, and inviting and holding gatherings to commemorate the deceased further. Ultimately, following the revisions of 4th June 1348, the family was removed from the funeral procession and replaced with hired *cittadini*, who handled the transportation of bodies for all of Pistoia. This final change essentially removed the family and the community from the funeral process entirely, undermining this fundamental coping mechanism for managing grief and consolidating community bonds. In Pistoia, these ordinances played an important role in shaping *cittadini's* experiences of the plague as the restrictions imposed by civic authorities left *cittadini*

[287] "Gli Ordinamenti Sanitari del Comune di Pistoia contro la Pestilenza del 1348," 197-201.

with little control over the death of their loved ones and the ability to tend to their bodies spiritually and physically.

Throughout the cities of Italy, many civic authorities enacted legislation based on the debilitating psychic effects that the urban environment had on victims of the plague, which simultaneously restricted traditional funeral customs further. These restrictions echoed *medicí's* advice for protecting the psychic faculty, particularly Jacme d'Agramont's *Regimen de Preservacio a epidemia.* As was previously discussed, Jacme and many other *medicí* attested that:

> it is evidently very dangerous and perilous in times of pestilence to imagine death and to have fear. No one, therefore, should give up hope or despair, because such fear only does great damage and no good whatsoever. For this reason, also it is to be recommended that in such times no chimes and bells should toll in case of death, because the sick are subject to evil imaginings when they hear the death bells.[288]

Due to this awareness of the vulnerability of the psychic faculty, the ordinances of Pistoia stipulated "[s]o that the sound of bells does not trouble or frighten the sick, the keepers of the campanile of the cathedral church of Pistoia shall not allow any of the bells to be rung during funerals, and no one shall dare or presume to ring any of the bells on such occasions."[289] Similarly, in Florence, Marchione di Coppo Stefani recounts that the heavy thud of the church bells became too much for *cittadini* to bear, and municipal authorities ordered them silenced, so "they [priests] could not sound bells… nor cry out announcements, because the sick hated to hear this, and it discouraged the healthy as well."[290] The Venetian authorities took their regulations further to avoid a further deepening of feelings of "affliction" in the city, as the Grand Council banned *gramaglia,* or mourning clothes, and the tradition of laying the dead in front of the family home to solicit contributions was also ended because it was deemed inappropriate in a time of

[288] Jacme d'Agramont, *Regimen de Preservacio a Epidemia (1348),* 55.
[289] "Gli Ordinamenti Sanitari del Comune di Pistoia contro la Pestilenza del 1348," 197-8.
[290] Marchione di Coppo Stefani, *The Florentine Chronicle.*

plague.[291] Just as in Florence and Pistoia, the Venetian authorities believed that the visual reminders of death found in mourning rituals predisposed both the healthy and living to the *pestilentia.* Evidently, throughout the cities of Italy, funeral and burial practices were altered as a response to the *epidemia.* Regardless of whether the changes were driven by the great scale of the mortality or by civic authorities' efforts to mitigate transmission, they significantly impacted the urban environment and *cittadini's* preconceived notions of a proper death. Whether they readily accepted these changes or actively resisted them, *cittadini* engaged with death and dying during the *epidemia* through their interactions with friends, family, and community members. Furthermore, *cittadini's* interpretations of death and dying during the *epidemia,* their participation in efforts to tend to the dying and the dead, and their available avenues to respond to death shaped their experiences of the *epidemia* and its impact on their physical, social, and emotional environments.

Nearly every Italian chronicler of the *epidemia* recorded their perspective of these alterations to funeral practices and how they believed it was affecting their domains. The prevalence of this theme in chroniclers' accounts is a testament to how significant funeral practices were in urban society and how their alteration stood out to *cittadini* and profoundly affected their experiences of the *epidemia.* Nevertheless, each chronicler's description of funeral practices during the *epidemia* follows essentially the same theme. Often, Italian chroniclers portrayed these changes as further evidence of the collapse of urban society, particularly the social bonds that fostered mutual aid and companionship that forged the urban community. During the *epidemia,* as necessity and regulation continued to remove friends, family, and community members from traditional funeral and burial practices, chroniclers' perspectives of death and dying began to coincide with some of their previous themes describing the abandonment of the sick. This sentiment became particularly acute for chroniclers who viewed and wrote about the solitude of

[291] Kelly, *The Great Mortality*, 94.

cittadini's burials and the supposed callousness with which priests and gravediggers treated victims of the plague. In structuring *cittadini's* experiences of the *epidemia,* these chroniclers' perspectives provide valuable insight into how *cittadini* felt about what was being done to them and what they could do about how they felt.

Traditional funeral practices were a fundamental aspect of urban Italian culture and social functioning. As a result, *cittadini* were forced to interpret and accommodate these changes into their perspectives of the urban environment and their interactions, both spiritually and physically, with the living and the dead. Giovanni Boccaccio's introduction to *The Decameron* provides one of the most detailed descriptions of how funeral practices changed in Florence in response to the *epidemia* and how Boccaccio believed these changes affected urban society. Of the traditional funeral practices discussed above, Boccaccio states that "[m]ost if not all of these practices were suspended as the plague's ravages became more ruthless, only to be superseded by what was hitherto unheard of: not merely did many people die bereft of their attendant feminine company, all too many passed away without so much as a single witness."[292] Like Boccaccio's portrayal of the abandonment of the sick, the disappearance of friends, family, and community members from funeral services left the deceased devoid of the critical support that the urban citizenry provided in their final passage from the corporeal to the spiritual realm. Furthermore, as if the spirit of the deceased was watching over the funeral procession, Boccaccio relates that "barely a handful were accorded the benefit of seeing their dear ones in floods of compassionate tears…"[293] From this perspective, the burial of the deceased was an exceptionally forlorn experience devoid of not only friends and family but the emotional reassurances that grieving and mourning provided to the deceased as well. Fundamentally, because of the loss of these socioemotional supports, Boccaccio saw the collapse of funeral practices as a great detriment to the deceased. Both before and after their

[292] Boccaccio, *The Decameron*, 11.
[293] Boccaccio, 11.

passing, the deceased and their attendants were bereft of the socioemotional importance that traditional funeral customs and emotional norms provided, particularly the deceased, who was no longer secure in the knowledge that their loved ones would mourn their passing and ensure their proper burial.

As Boccaccio portrays, throughout the urban centers of Italy, death and dying were perceived as particularly lonesome experiences lacking the compassionate tears of loved ones and the critical spiritual care provided by priests and those tending the dead. Marchione di Coppo Stefani provides a corresponding account of the *epidemia* in Florence, that "[i]n all the city there was nothing to do but to carry the dead to a burial. And those who died had neither confessor nor other sacraments, and many died with no one looking after them… Priests were not able to ring bells as they would have liked…"[294] Similarly, Gabriele de Mussis relates that in Piacenza, "[n]o prayer, trumpet or bell summoned friends and neighbours to the funeral, nor was mass performed."[295] Finally, Agnolo di Tura continues the narrative of desolate funerals and the collapse of their traditions, relating that in Siena:

> Those who get infected in their own house, they remove them the best way they can and they bury them without the supervision of a priest. No one controls anything and they do not even ring the church bells anymore. Throughout Siena, giant pits are being excavated for the multitudes of the dead and the hundreds that die every night. The bodies are thrown into these mass graves and are covered bit by bit. When those ditches are full, new ditches are dug. So many have died that new pits have to be made every day…[296]

From this description, it is clear that Agnolo sought to emphasize the complete collapse in funeral traditions and the socioemotional benefits they provided. Although the previous accounts of Marchione and Gabriele also described that the deceased was not afforded the benefit of priests and a personal burial, Agnolo stresses that the loss of control produced these changes to funeral traditions. Moreover, the scale of the mortality destabilized the traditional funeral norms and their social institutions and

[294] Marchione di Coppo Stefani, *The Florentine Chronicle.*
[295] Gabriele de Mussis, *Historia de Morbo,* 23.
[296] Agnolo di Tura, *Sienese Chronicle,* 81.

perpetuated their continued disintegration. Fundamentally, in each account of the mortality, efforts to respond to death and dying became synonymous with the urban desolation the *epidemia* produced and the breakdown of socioemotional bonds that brought friends, family, and community members together.

One of the most significant socioemotional effects of the *epidemia* on funeral practices described by urban chroniclers was the replacement of the funeral procession by strangers or poor *cittadini* driven by greed. The procession itself was one of the most critical moments in the grand opera of Italian death, as it often constituted the most openly public and social dimension of traditional funeral practices. However, as has been previously hinted at, while the mortality intensified throughout the urban centers of Italy, friends, family, and community members were removed from the funeral procession and replaced with hired pallbearers, who the civic authorities believed to be more efficacious. These pallbearers' surrogate role in the funeral procession framed them as inherently detrimental to urban society in chroniclers' eyes due to the upheaval that they caused in traditional funeral customs. For instance, Marchione di Coppo Stefani described these *cittadini* as *beccamorti,* literally 'death-beaks' or vultures, for providing their services for high prices and feeding on the death and suffering of their fellow *cittadini*.[297] Marchione conveys that:

> And those who were responsible for the dead carried them on their backs in the night in which they died and threw them into the ditch, or else they paid a high price to those who would do it for them. The next morning, if there were many [bodies] in the trench, they covered them over with dirt. And then more bodies were put on top of them, with a little more dirt over those; they put layer on layer just like one puts layers of cheese in a lasagna. The beccamorti who provided their service, were paid such a high price that many were enriched by it. Many died from [carrying away the dead], some rich, some after earning just a little, but high prices continued.[298]

Although the hired gravediggers and pallbearers played an indisputably crucial role in managing the mortality, their actions were almost universally viewed negatively. Ultimately, as the *beccamorti* replaced

[297] Marchione di Coppo Stefani, *The Florentine Chronicle.*
[298] Marchione di Coppo Stefani.

friends and family in the funeral procession, they became increasingly portrayed as almost subhuman beings devoid of the emotional responses that chroniclers believed improved the urban environment. The chroniclers' portrayal of these *cittadini* mirrored and further entrenched their desolate portrayal of funerals during the *epidemia.* Significantly, chroniclers' accounts emphasize that *cittadini's* experiences of dying and death became forlorn, as their abilities to respond to the death of their loved ones became increasingly limited.

Giovanni Boccaccio's portrayal of the *beccamorti* in Florence mirrors the psychological and social ramifications referred to by Marchione di Coppo Stefani. Boccaccio conveys that in Florence:

> Seldom were there more than ten or a dozen neighbours to escort the body of the deceased to church. Nor would the corpse be borne on the shoulders of prominent and distinguished citizens: the bier would be taken in charge by a tribe of pallbearers, people of the commonest sort who liked to call themselves undertakers and who fulfilled the function against payment in cash. They would bend their hastening steps, not to the church appointed by the deceased before his death, but to the nearest one, more often than not, preceded by maybe a half-dozen clerics holding the odd candle – sometimes with none at all. With the help of the pallbearers they would drop the corpse into the nearest available tomb that had space, without too much effort being wasted on a solemn or lengthy requiem.[299]

Notably, the grand opera of Florentine death that Boccaccio previously described had collapsed, particularly the communal funeral procession and burial. In their place, the deceased was not borne by prominent and distinguished *cittadini* or their friends and family, but "people of the commonest sort," who ferried the deceased for payment in cash. Notably, Marchione and Boccaccio both emphasize that the deceased were often carried with hastening steps "not to the church appointed by the deceased… but to the nearest one," and if they were unfortunate, they would be placed in a mass grave instead of a personal one.

[299] Boccaccio, *The Decameron*, 11.

In Florence, the fear of such an impersonal death spawned a bumper crop of new tomb constructions, chapels, and other means of demarcating individual graves, perhaps as a result of the threat of mass burials coupled with the fear of abandonment. For instance, in the years between the first and second occurrence of the *pestilentia,* the percentage of *cittadini* stipulating precise locations and wishing to build grave markers *de novo* increased from one-fifth to one-third.[300] The sharp increase in the demand for personalized graves is representative of how *cittadini* felt about the changes to funeral practices and the potential burial they faced at the hands of the *beccamorti.* Under this pressure, demanding a personalized grave and allocating more wealth to acquiring one was an avenue for *cittadini* to act to alleviate their fears within the limits of urban society during the *epidemia.* Nevertheless, the reality for most *cittadini* was the hasty Florentine burial discussed by Marchione and Boccaccio, which heightened *cittadini's* fear and anxiety when faced with their own death or that of their loved ones.

Often, urban chroniclers' portrayal of the *beccamorti* was highly representative of their conviction that the physical and psychological stress of the mortality was destabilizing socioemotional networks and the urban environment. For instance, Louis Sanctus wrote that in Avignon:

> When they are dead, boorish yokels from the mountains of Provence – poor, half-naked men, with no finer feelings – will come, and (assuming they are paid enough) will carry the dead to burial. Neither kinsmen nor friends visit the sick. Priests do not hear the confessions of the sick, or administer the sacraments to them… So it happens every day that a rich man is carried to his grave by these ruffians, with just a few lights and no mourners apart from them, for while the corpse is going along the street everyone else hides away indoors. But these wretches do not escape, for they too die within a short time, infected by the contagion as well as oppressed by want.[301]

Significantly, Louis emphasizes that friends and kinsmen's fear of the *pestilentia* kept them from participating in the funeral procession. In their absence, "poor, half-naked men, with no finer feelings" came to carry the dead, driven by their greed and not the Christian charity that drove many *cittadini* who

[300] Cohn, *The Cult of Remembrance,* 140-41.
[301] Sanctus, *Letter (1348),* 44.

tended to the sick. Moreover, in Louis' account, these "ruffians" not only replaced the family in the funeral procession but in mourning as well. From Louis' perspective, the deceased were offered none of Boccaccio's aspirant "compassionate tears" from friends and family; instead, "with just a few lights and no mourners apart from them," the *beccamorti* rushed the deceased to their grave. Nevertheless, the *beccamorti,* for all their callous qualities, could not escape the *pestilentia,* and they too died, contaminated by the corpses they ferried and subjugated by their own greed. Critically, in Louis' experience of the mortality, friends, family, and community members had no part in these pestilential burials, whether due to fear or their own deaths. And with their absence, funerals and the socioemotional supports that they created crumbled as well.

Gabriele de Mussis describes the *beccamorti* in Piacenza identically to Louis Sanctus' "boorish yokels." Gabriele conveys that "[d]egraded and poverty-stricken wretches were paid to carry the great and noble to burial, for the social equals of the dead person dared not attend the funeral for fear of being struck down themselves. Men were borne to burial by day and night, since needs must, and with only a short service… No one knew what to do. Everyone, one by one, fell in turn to death's dart."[302] Once more, from Gabriele's perspective, it was *cittadini's* fear of contagion from the miasma exuded by the deceased that drove them away from funerals. To a greater extent than other chroniclers, Gabriele asserts that the scale of the mortality essentially paralyzed urban society, as "[n]o one knew what to do" except shuttle the dead and wait for their own demise. However, Gabriele's portrayal of the *beccamorti* and the urban environment contributes to a broader thematic narrative that is stated more overtly than other chroniclers. This fatalistic perspective is illustrative of Gabriele's devout faith that God brought the *pestilentia,* and only his hand could halt the disaster. For instance, Gabriele states, "[e]verywhere one turns there is death and bitterness to be described. The hand of the Almighty strikes repeatedly, to greater

[302] Gabriele de Mussis, *Historia de Morbo*, 23.

and greater effect… Kind Jesus, receive the souls of the dead, avert your gaze from our sins and blot out all our iniquities."[303] This theme is further emphasized by Gabriele's description of the *pestilentia's* characteristic symptom, as "[b]ehold the *bulla* [swelling], the warning signs sent by the Lord."[304] In this case, the *bulla* is the swelling bubo; however, *bulla* is also the word for the papal seal. In this passage, Gabriele is playing on the idea that the swelling of the bubo is God's seal, notifying the victim of their imminent fate.[305] Ultimately, Gabriele viewed the collapse in funerals and the social norms that held the fabric of urban society together as a necessary evil. Although the dying faced a terrifying death of solitude lacking the physical and spiritual support of their loved ones, the *epidemia* served a greater purpose. In Gabriele's experience, the mortality summoned *cittadini* to turn back to God and faithful life: "let us rather hold up our hands to Heaven to beg for mercy on us all… May the heavenly physician heal our wounds – our spiritual rather than our bodily wounds."[306]

During the *epidemia,* both civic authorities' efforts to respond to and mitigate the mortality and its considerable physical and psychological effects altered the urban environment and *cittadini's* social networks and emotional supports. Under this stress, urban Italian funeral practices underwent significant changes that encompassed many of the physical aspects of the rite of death. These changes spanned from the funeral procession and burial of the deceased to friends and family members' efforts at mourning and rebuilding community bonds. As *cittadini* attempted to interpret and respond to these changes, their perspectives of death and dying similarly changed to reflect their anxiety and fear for their corporeal and spiritual health. Many urban chroniclers understood the collapse of traditional funeral practices as a significant part of the broader deterioration of the urban environment and the socioemotional networks and institutions that defined it. However, the collapse of traditional funeral customs also had a significant

[303] Gabriele de Mussis, 23.
[304] Gabriele de Mussis, 24.
[305] Horrox, *The Black Death*, 24.
[306] Gabriele de Mussis, *Historia de Morbo*, 26.

impact on *cittadini's* emotional scripts, further shaping their experiences of the *epidemia.* Italian funerals had not only a culturally rooted set of rituals but spatially specific emotional scripts as well. However, during the *epidemia,* the emotional scripts associated with death and dying were modified to reflect the reality of the urban environment and *cittadini's* growing desire to mitigate the plague and protect themselves from it.

Urban Italian funerals are a unique window into the emotional lives of *cittadini* and the myriad ways in which the *epidemia* caused changes to socioemotional norms. Publicly shared spaces and cultural rituals often correspond with a specific set of socioemotional norms. Similarly, there are many emotions that one is encouraged to feel, express, or not feel in certain spaces. This is particularly true for urban Italian funerals. In such spaces, there are distinct socioemotional norms and expectations that govern the proceeding. These spatially defined emotions were established through centuries of social and cultural practices and became embedded in the rituals of death, constructing emotional scripts that were practiced and passed down for generations.[307] By the end of the thirteenth century and the beginning of the fourteenth, *cittadini* were preoccupied with grief for the dead. This is showcased by many of the great writers of the age, who explored the psychology of sorrow, such as Dante Alighieri in the *Vita Nuova* and Francesco Petrarch in his *Canzoniere* and his many letters expressing passionate love for idealized dead women.[308] Grief, and the space and rituals of the funeral through which it is channeled, is particularly revealing of how *cittadini* understood themselves, their families, and the social and political order. For instance, when more than a hundred Orvietan men gathered together to weep and lament with a nobleman who had lost his son, they were demonstrating ties that were both social and affective. The funeral and the emotional scripts that it provided for feeling and expressing grief provided these men with the means of collectively reconstituting their community after the loss of the young man. Furthermore,

[307] Sebastien Ernst, "Spatially Structured Emotions in the Jailhouse."
[308] Lansing, *Passion and Order,* 3.

implementing these emotional scripts allowed the community to channel its grief into socially productive consolation and community-building initiatives.[309] Nevertheless, during the *epidemia,* the emotional scripts spatially defined by funerals underwent significant changes that both confused and distressed contemporary chroniclers. Like the breakdown of traditional funeral practices, these socioemotional changes became an integral part of *cittadini's* experiences of the *epidemia,* as they viewed these emotional scripts as critical for social functioning, spiritual health, and the success of the urban community.

The traditional emotional scripts corresponding with Italian funeral rituals emphasized the deceased and the crucial role that they played in the family and community, which was now left vacant. Often, this was further coupled with the belief that all faithful Christians in this world and the next were incorporated in a single 'communion of saints,' stressing that the living had the ability and the duty to ease the suffering of the dead in Purgatory through grieving, prayer, and penitential works.[310] Accordingly, the socioemotional expectations associated with funerals were grief, sadness, reminiscence, pity, and often compassion. Frequently, these sentiments were expressed through loud displays of grief and lamentation, particularly during the funeral procession and burial, the two intrinsic rituals that have been analyzed above. However, during the *epidemia,* these expected emotional scripts disappeared or were altered, giving rise to new norms that often stunned and perplexed contemporary chroniclers.

In the *Decameron*, Giovanni Boccaccio examines and critiques many of the social and emotional responses of Florentine *cittadini* attending the funerals of their friends and family. Boccaccio states that:

> Barely a handful were accorded the benefit of seeing their dear ones in floods of compassionate tears: far from it, the new order called for quips and jollity more suited to a festive gathering. The womenfolk had largely suppressed their natural pity and become well practiced in this new frivolity to assure their own survival… Which is not to suggest that these obsequies were attended

[309] Lansing, 5-6.
[310] Bruce Gordon and Peter Marshall, *The Place of the Dead: Death and Remembrance in Late Medieval and Early Modern Europe* (Cambridge: Cambridge University Press: 2000), 5.

> by any tears, any display or candles, any company: things had reached the point where the dying received no more consideration than the odd goat would today.[311]

In this passage, Boccaccio identifies that the traditional emotional scripts associated with death, such as grief, sadness, and reminiscence, were replaced by a "new order" of "quips and jollity more suited to a festive gathering." For Boccaccio, this is particularly evident when analyzing women, as they were believed to be the more emotional sex. As the more emotional sex, women had a broader emotional repertoire than men and were expected to express their grief more openly, whereas men were encouraged to be more stoic. Critically, Boccaccio notes that this shift in socioemotional norms did not occur because *cittadini* cared less for their departed relative; instead, this "new frivolity" was necessary to assure their own survival. The connection between *cittadini's* emotional and psychological state and their survival during the *epidemia* is a direct link to the psychosomatic medicine advocated for by the *medicí* and discussed previously. Giovanni della Penna and Gentile da Foligno recommended that *cittadini* "avoid all sad and distressing anxieties, pursue delightful things and try to keep one's mind off the fear of the plague."[312] In doing so, *cittadini* could build a wall of self-defense by constructing a positive emotional state, atmosphere, and perspective of the world and avoiding negative 'influences on the soul.' From Boccaccio's perspective, the alteration of emotional scripts associated with death and funerals was what we might call a psychological defense mechanism. In an effort to avoid the damaging effects of dwelling on the plague and death, funeral attendants attempted to safeguard themselves by transforming the spatially defined emotional scripts of the funeral. Fundamentally, funeral attendants shifted from a negative emotional state, consisting of grief, sorrow, and reminiscence, to a positive one, consisting of

[311] Boccaccio, *The Decameron*, 11.
[312] Giovanni della Penna, in "Boccaccio and the Doctors: Medicine and Compassion in the Face of Plague" by Shona Wray, Journal of Medieval Medicine, Vol. 30, No. 3 (January 2012), page 309; Gentile da Foligno, Short Casebook (1348), in Aberth, 50

quips and jollity, which from the medieval Italian understanding of bodily health bolstered the body and the spirit and warded off the plague.

From this perspective, *cittadini's* emotional shift away from traditional funeral and societal norms can be analyzed as a defense mechanism against the *epidemia* as opposed to emotional fatigue or indifference to the deaths of their friends, family, or community members. It appears that many contemporary chroniclers recognized *cittadini's* emotional states as a symptom of emotional fatigue stemming from the prolonged *epidemia.* For instance, Boccaccio specified that "things had reached the point where the dying received no more consideration than the odd goat would today."[313] Furthermore, Agnolo di Tura observed that "[t]here is no one who weeps for any of the dead, for instead everyone awaits their own impending death."[314] Often, this theme is discussed alongside the negligence of *cittadini* who abandoned their families or did not properly tend to their dead relatives. Ultimately, the portrayal of emotional fatigue contributes to the broader narrative of societal decline and the disintegration of social networks. However, as Boccaccio identifies in the passage from *The Decameron* discussed above, many *cittadini* may have been consciously altering their emotional state by avoiding internal and external expressions of sadness, grief, fear, and sorrow in an attempt to better their chances of surviving the *epidemia.* In this case, *cittadini's* presumed lack of emotional responses to the ravages of the *epidemia* were not solely emotional fatigue, although this may have been a contributing factor, but also conscious engagement with a potential avenue for guarding against the *pestilentia.*

[313] Boccaccio, *The Decameron*, 11.
[314] Agnolo di Tura, *Sienese Chronicle 1348-51,* 81.

Part Three: Preparing for and Experiencing Death

During the *epidemia,* many *cittadini* became fixated on preparing for a good death by ensuring that their funeral and burial would not replicate the mass entombment of their fellow community members. Furthermore, due to the significant changes that traditional funeral customs underwent, many *cittadini* increasingly began tending to their wills and organizing their affairs. Predominantly, *cittadini* left careful instructions for even minute aspects of their burial, which provided them with a sense of control over the disorder that surrounded their impending deaths. This preoccupation combined with the intricacies of death and dying shaped a different experience of the *epidemia* that was relatively new compared to the *cittadini's* pre-*epidemia* certainty that they would be properly laid to rest. For these reasons, the *epidemia* had a significant impact on *cittadini's* personal and daily lives. For instance, in Bologna, daily business was often entirely abandoned as the ill and their families turned to preparing for their potentially imminent death.[315] The consequences of the *epidemia* are also evident from the accounts of contemporary chroniclers, such as Agnolo, Boccaccio, Gabriele, Louis, and Marchione. Clearly, the *epidemia* radically changed Italian death rituals and their place in urban society for not only the wealthy but the *minuta gente* as well. The testaments and wills composed by some *cittadini* provide further insight into the trials and tribulations they faced while preparing for their final moments. These documents capture not only the actions that *cittadini* took to prepare for their deaths but what it was like to experience death and how it affected their mental state in the moments leading up to their last.

One of the major actions that increased during the *epidemia* was the proliferation of charitable donations and poor relief that *cittadini* wrote into their wills. Similar to the work of the confraternities, charitable donations offered aid and solace to the poor and infirm through the indiscriminate handouts of bread, clothing, and pennies. Although these donations did not change the social realities of poverty in

[315] Shona Wray, *Communities and Crisis,* 113.

urban Italy, the donations themselves were acts of devotion that benefited the deceased through the merit of their charity.[316] By leaving substantial donations in their wills, *cittadini* were attempting to atone for their sins prior to their death and ensure their personal salvation. The Christian advocacy for charitable work as an atonement for sin became increasingly relevant during the *epidemia* as it was compounded by the great mortality and the disintegration of funeral rituals that intended to ease the transition of the soul to Heaven. As the mortality grew and rituals collapsed, *cittadini* became constantly more concerned with securing their salvation through their own actions, as the spiritual intercession of priests was erratic and unreliable.

For example, many *cittadini* focused on dowry funds as a conscious and targeted form of charitable giving that was aimed at a specific sector of urban society. These bestowals were not indiscriminate, one-time offerings. Instead, testators carefully selected a few poor girls, who they believed had the proper assortment of womanly and Christian virtues, and left them substantial inheritances, providing them with the most basic form of social welfare for women over the course of their lifetime.[317] The testator's executors, spouse, relatives, or confraternity would scrutinize and then 'elect' usually no more than two or three poor girls. As early as 1348, the value of dowry funds in Arezzo exceeded that of handouts to the poor, increasing steadily to reach six times the sum given in bread, clothing, and pennies to the poor by the early-fifteenth century. Similarly, in Perugia, the dowry fund jumped for the same period from a minority of bequests to almost four times the more traditional means of poor relief.[318] In combination with the peak in popularity of confraternities prior to and during the *epidemia,* the calculated dispensation of dowry funds to "poor virgin women" shows that *cittadini* were taking increasing control over the type and direction of their charitable activities. By focusing on women who were deemed to be

[316] Cohn, *The Cult of Remembrance,* 70.
[317] Cohn, 70.
[318] Cohn, 63-65.

pure in the eyes of God, testator's bequests took on the accretive merit "to marry and lead into wedlock poor women from the city and *contado* of Florence."[319] Ultimately, the expansion of charitable bequests served as an avenue for personal salvation and spiritual security as *cittadini* sought to ensure their transition from the Church on Earth to Heaven.

Another significant challenge that *cittadini* attempted to overcome was the depersonalization of mass burial and individuals' fear that they would be forgotten after their death. Even among family members, this was a growing concern. For instance, Gabriele de Mussis describes that in Piacenza, "[t]he living made preparations for their burial, and because there was not enough room for individual graves, pits had to be dug in colonnades and piazzas, where nobody had ever been buried before. It often happened that man and wife, father and son, mother and daughter, and soon the whole household and many neighbours, were buried together in one place."[320] The depersonalization of mass burial led many *cittadini* to leave detailed conditions and controls in their wills to ensure their spiritual renewal and remembrance. Testator's wills became a critical point where many of the fears and anxieties perpetuated by the *epidemia* intersected, allowing *cittadini* to represent their concerns and take action to protect their physical and spiritual health. The epidemic historian Samuel Cohn Jr describes the onset of these efforts to personalize and cement individual's identity following their deaths as "the cult of remembrance."[321] This is a particularly apt description as it captures how *cittadini* responded to the social and psychological pressure of the *epidemia* and the limits of what they could do to overcome this challenge.

Throughout Italy, *cittadini's* wills differed based on their socioeconomic status, personal beliefs, and opportunities. Nevertheless, testators throughout Italy sought out unique ways of making their lives felt and remembered among the living, particularly ways of distinguishing and memorializing themselves

[319] Cohn, 66.
[320] Gabriele de Mussis, *Historia de Morbo,* 21.
[321] Cohn, *The Cult of Remembrance,* 73.

as separate from the mass of *cittadini* and family members buried together in plague pits. Even Italian artisans and peasants staked claims on earthly agencies to further their temporal memory, as earthly memory and the salvation of the soul became intertwined in the strategies of the afterlife for men and women.[322] Often, testators strove to leave a mark on the earthly realm through concrete signs, such as a coat of arms carved in religious places or burial plaques and perpetual masses requiring constant surveillance on the part of pious and nonpious guarantors. For instance, pious gifts were granted with specific conditions and controls placed on universal heirs to perform masses and rituals at precise moments for the spiritual health of the testator's soul. In Arezzo, the *epidemia* brought the most elaborate and expensive funeral complexes found at any time for any city, as new constructions of shrines, graves, and chapels began to increase here and throughout Italy. During this same period, Florence also experienced a surge in demand for individual graves, possibly motivated by the impact that mass graves and the deterioration of funeral practices had on society.[323] Ultimately, the demand for and construction of so many personalized burial plots and memorials allowed *cittadini* to replace the collapsing psychological and spiritual reassurances that priests and traditional funeral rituals provided with their own avenues for reaching salvation and spiritual health. During the *epidemia, cittadini* began to view death and the afterlife in fundamentally different terms and focused their efforts on ensuring their own spiritual health and survival through personal actions and acts of merit. In the end, preparing for one's own death was often a lonesome experience. As the Italian poet Franco Sacchetti put it, "in this my present illness I have received assistance from neither friend nor kin; all have abandoned me, except the flies…"[324]

Although preparing for one's own death was a significant aspect of *cittadini's* efforts to respond to the great mortality, experiencing the death of friends, family, and community members comprised an

[322] Cohn, 121 & 160.
[323] Cohn, 160-63.
[324] Franco Sacchetti, *il trecentonovelle,* in *The Cult of Remembrance and the Black Death: Six Renaissance Cities in Central Italy* by Samuel K. Cohn (Oxford: Oxford University Press, 1992), 31.

equally substantial trial for *cittadini*. Francesco Petrarch's "Letters on Familiar Matters" captures many of the emotions and ordeals that shaped *cittadini's* experiences of the mortality and the death of loved ones. Concerning the loss of loved ones, Petrarch wrote:

> Our former hopes are buried with our friends. The year 1348 left us lonely and bereft, for it took from us wealth which could not be restored by the Indian, Caspian or Carpathian Sea. Last losses are beyond recovery, and death's wound beyond cure. There is just one comfort: that we shall follow those who went before. I do not know how long we shall have to wait, but I know that it cannot be very long – although however short the time it will feel too long… You see how our great band of friends has dwindled. Look, even as we speak we too are slipping away, vanishing like shadows. One minute someone hears that another has gone, the next he is following in his footsteps.[325]

Clearly, Petrarch felt the loss of loved ones keenly. From this passage, it is evident that Petrarch's experience of the *epidemia* and its mortality left him hopeless and mournful. The greatest consequence of the *epidemia* was its ability to remove the wealth of friends, family, and loved ones from the world, a wealth that could not be restored, recovered, or cured. Like the sentiments portrayed by Agnolo di Tura, who stated that "[t]here is no one who weeps for any of the dead, for instead everyone awaits their own impending death," Petrarch also expressed that "we too are slipping away" and following our loved ones into the grave.[326] However, from Petrarch's perspective, death and following loved ones into the grave was a lasting comfort. Petrarch's views on the mortality had a silver lining. It had liberated the 'fortunate' from the reality of the horrific events that continued to overwhelm humanity. In response to the futility of life during the *epidemia,* Petrarch wrote, "[g]o, mortals, sweat, pant, toil, range the lands and seas to pile up riches you cannot keep; glory that will not last. The life we lead is a sleep; whatever we do, dreams. Only death breaks the sleep and wakes us from dreaming. I wish I could have woken before this."[327] Fundamentally, not only was death at the hands of the *epidemia* a destructive force lashing out against

[325] Petrarch, "Letters on Familiar Matters," 248.
[326] Agnolo di Tura, *Sienese Chronicle 1348-51,* 81.
[327] Petrarch, "Letters on Familiar Matters," 249.

the wealth and happiness that shaped life, but it also promised a release from earthly chains and the promise of spiritual salvation.

Petrarch's account of the *epidemia* pays close attention to how he felt about the mortality and the phenomena that plagued Italy, as well as the limits to what could be done to respond to death. In Petrarch's experience, the mortality not only severed social bonds and deteriorated networks but limited the establishment of new ones. Petrarch wrote, "[w]here are our sweet friends now? What abyss swallowed them? Once we were all together, now we are quite alone. We should make new friends, but where or with whom, when the human race is nearly extinct, and it is predicted that the end of the world is at hand."[328] Although the human race was far from extinct, many experiences of the *epidemia* reflect the impression that the world, particularly urban centers, had significantly diminished to a point where the cities of Italy seemed nearly devoid of life. Giovanni Boccaccio recounted that so many had died in Florence that it seemed "as though not a soul was destined to remain alive in the city, as though its last hour had come."[329] Similarly, Cortusii Duo wrote that "[c]ities and settlements were left desolate by this calamity. No voices could be heard, except in mourning and lamentation. The voice of the bride and groom ceased, and so did music, the songs of young people and all rejoicing."[330] From this perspective, little could be done to respond to the mortality, and it seemed that the cities of Italy themselves had died as well. Although this sentiment is not factually accurate, as life continued throughout the cities of Italy and *cittadini* responded to the *epidemia* with various physical and spiritual actions, it captures the gravity of the *epidemia* as *cittadini* sought to understand the calamity that fell on them. In the end, Petrarch proclaimed, "[w]hen will posterity believe this to have been a time in which nearly the whole world – not just this or that part of the earth – is bereft of inhabitants… empty houses, derelict cities, ruined estates,

[328] Petrarch, "Letters on Familiar Matters (May 1349)," 72.
[329] Boccaccio, *The Decameron*, 10.
[330] Cortusii Patavini Duo, "sive Gulielmi et Abrigeti Cortusiorum," 34.

fields strewn with cadavers, a horrible and vast solitude encompassing the whole world? Consult historians, they are silent; ask physicians, they are stupefied; seek answers from philosophers, they shrug their shoulders, furrow their brows, and with fingers pressed against their lips, bid you silent."[331] Ultimately, experiencing the *epidemia* and the great mortality that took friends, family members, and loved ones from the world became a battle of mental and emotional fortitude, as precautions could be taken to protect the healthy, assist the sick, and prepare the dying, but little could be done for the dead and the social bonds that were severed and the broken communities left in the wake of the *epidemia.* Of the many challenges *cittadini* faced during the *epidemia,* responding to death was possibly the most physically, psychologically, and spiritually difficult, and due to its hardships, it shaped *cittadini's* experiences of the *epidemia* to the greatest extent.

Conclusions

Although death and dying were critical sociocultural rites of passage in fourteenth century Italian society, the emotional scripts that defined them could not withstand the immense physical and psychological stress that the *epidemia* brought to Italy. Christian theology placed death at the center of spiritual salvation through its power to act as the gateway between the Church on Earth and that in Heaven. Due to the significance to Christian doctrine, death and dying were uniquely important for navigating the sensitive boundary between the living and the dead, as a moment of passage when an individual's behavior, background, and social importance were weighed and measured. However, in mundane practice, Christian funeral rituals were an intimate and loving affair that concluded the deceased's preparation for the afterlife and provided a crucial ceremony for loved ones and community members to manage grief and loss. During the *epidemia,* the traditional funeral and burial practices that

[331] Petrarch, "Letters on Familiar Matters (May 1349)," 72.

defined these rites of passage were assailed by the great mortality that the *pestilentia* brought to urban Italy. Under the physical and psychological weight of the mortality, how *cittadini* understood and engaged with death and dying changed as traditional funeral practices deteriorated and unique methods of responding to and managing death emerged. In response to the mortality, urban institutions recommended different practices and implemented regulations for engaging with death and the deceased that altered rituals and the urban environment. As the mortality spread, *cittadini's* deep connection with the urban environment and its sociocultural institutions created a different social reality. Furthermore, through their biocultural neuroplasticity, a different approach to understanding and responding to death emerged during the *epidemia.* Ultimately, by influencing the ways in which *cittadini* responded to death and dying, the practices and regulations advocated by the cultural institutions of Italy in response to the *epidemia* shaped a new sociocultural reality and urban environment that produced *cittadini's* culturally distinct experiences of the disaster.

The fundamental conclusions that emerge from *cittadini's* engagement with death and dying during the *epidemia* show that responding to the great mortality transformed *cittadini's* perception of urban society, their socioemotional networks and rituals, and centrally, their understanding and experiences of death and dying. For instance, the physical burden of the mortality forced many alterations to traditional funeral and burial practices, such as the shift to mass graves, the abandonment of the last rites, and the loss of spiritual services. This shift in funeral practices removed the healing qualities that funerals provided for the deceased's soul and loved ones and became representative of a broader collapse of urban society. The deterioration of funeral practices distorted *cittadini's* perception of death and the sociocultural institutions that defined it. For contemporary chroniclers, such as Agnolo di Tura, Giovanni Boccaccio, Michele da Piazza, and Louis Sanctus, the collapse of traditional funeral practices deteriorated the social bonds that held urban society together. In the aftermath, many *cittadini* believed that friends, family, and community members no longer cared for each other, the dead or the dying. Although the

actions and regulations implemented by civic authorities were intended to mitigate the effects of the *epidemia,* they often did so at the cost of *cittadini's* freedom and emotional and psychological health. Ultimately, the failure of civic authorities to adequately manage the physical burden of the mortality and their subsequent implementation of funeral and burial restrictions shaped *cittadini's* experiences of the *epidemia* by contributing to the deterioration of social practices and networks that held *cittadini* together in a cohesive community.

Moreover, the limitations imposed on *cittadini* by the institutions of Italy dramatically altered the emotional scripts and rituals traditionally associated with death and dying. Fundamentally, these alterations to funeral and burial practices deprived *cittadini* of the catharsis that burial provided to family, friends, and the deceased. The socioemotional efficacy of Christian funerals as a moment for managing grief and loss was mastered over centuries of refinement and application, which firmly embedded it in Italian culture. Funerals became a cultural ritual that allowed *cittadini* to channel their grief, desperation, and loneliness and reconstitute their community. The breakdown of traditional funeral practices during the *epidemia* shaped *cittadini's* experiences of the plague by restricting their access to these rituals and their emotional scripts. As a result, *cittadini* viewed pestilential funerals as a detriment to social functioning, spiritual health, and the success of the urban community. Critically, the *epidemia* challenged *cittadini's* preconceived notions of death, dying, and their place in the social structure of the city and forced them to adopt unconventional emotional scripts to combat the disease that altered their social networks and the urban environment. In the process, *cittadini* actively shaped their experiences of the *epidemia* by reimaging the spatially defined emotions of funeral rituals and engaging with unique methods of preserving their physical and spiritual health while seeking out other avenues for responding to death.

Cumulatively, urban institutions and *cittadini's* responses to death combined with the physical and psychological stress of the mortality to restructure *cittadini's* understanding of death and dying. During the *epidemia,* death became a more personalized experience for *cittadini* as they became

increasingly focused on ensuring their own spiritual health and salvation. Whether this was done through increased attention to one's own burial, the growth of charitable bequests to those deemed deserving, or the construction of personalized burial plots and monuments, *cittadini* made great efforts to distinguish themselves from the masses, particularly under the threat of mass burial. Furthermore, the experience of death extended beyond the personal to the death of friends, family, and community members. Fundamentally, responding to the death of others was dramatically different from responding to the sick and dying, as active measures could be taken to assist the latter. Nevertheless, death was pervasive during the *epidemia,* and every *cittadino* experienced the death of a loved one. Although the breakdown of funeral practices deprived many *cittadini* of their spiritual safety and critical socioemotional coping mechanisms for managing grief and loss, there were many *cittadini* who persisted in the face of adversity, working strenuously to mitigate and confront the mortality. These *cittadini* adopted and modified old emotional scripts and developed new social practices layered on centuries of rich customs and traditions. The practices employed by *cittadini* during the *epidemia* to respond to death allowed them to actively engage with the mortality and shaped their unique experiences of grief, loss, consolation, and hope. In the end, whether *cittadini* were preparing for their own death or attempting to cope with the death of loved ones, the *epidemia* changed the innate way that *cittadini* understood and experienced death and dying.

Chapter Three: Collective and Individual Experiences

Responding to the sick and death were two of the largest challenges that *cittadini* faced during the *epidemia,* and which subsequently shaped their experiences of the disaster. Throughout this research project, multiple avenues for managing and mitigating these challenges of the *epidemia* have been discussed, many of which relied on collective responses and the mutual assistance of loved ones and community members. Nevertheless, at their core, many responses were established on the survival of the individual and placed personal health above that of the community. This motivation brings into question how individuals perceived their own importance and place in the social structures and functioning of urban Italy. Moreover, in what ways did the *epidemia* alter, challenge, or reinforce *cittadini's* understanding of the self, and how did they employ selfhood to respond to the *epidemia*? Evaluating the role of selfhood during the *epidemia* combines many of the responses discussed in responding to the sick and to death. Placing these responses in the context of urban Italian society and understandings of selfhood portrays how *cittadini* felt about the responses they took, what was being done to them, and what their available avenues for safety and security were. Ultimately, *cittadini* operated and engaged with a wide and varying network of social interactions, cultural institutions and rituals, and perceptions of proper social functioning. Nonetheless, whether they viewed themselves and their actions as a part of the community or separate from it correspondingly changed their experiences. Although the *epidemia* did not shatter the social networks of urban Italy, the changes that it wrought altered the social complexion of Italian cities significantly. In the process, the *epidemia* opened new opportunities for thinking about self and community by simultaneously reinforcing many emotional scripts and social rituals that solidified the self as an integral member of the *communitas* while liberating others that emphasized the self as an individual agent in medieval society.

Medieval selfhood can not be viewed as synonymous with modern conceptions of individuality and society. Importantly, the term "individuality" as it is recognized today was not used during the medieval period; instead, the term "self" was often employed when referring to specific persons operating within a group.[332] In the modern world, individuality requires us to be distinct from everyone else in our social circle by drawing on personal characteristics that make us unique as a separate individual entity. This "distinctive separation" contrasts the "privileged incorporation" of the medieval period, which encouraged people to ground their self-consciousness by referring to a position in society. In this way, medieval people described themselves at the heart of society instead of being external to it, emphasizing the importance of their social positions to the functioning of the community and their place in the social hierarchy in relation to their peers.[333] Within this framework, the 'social self' – a person's self-perception as a meaningful member of their social network – became crucial to the construction of their identity, as the community was just as important for defining the features of the self as the characteristics of the particular person. Therefore, the medieval self was fundamentally a concept embedded in a specific society and cultural context. Due to this, medieval peoples' self-image and their interpretation of their own experiences cannot be separated from the concept of self that was characteristic of their society.

Furthermore, because of the association between the social self and the more internal "full self," much of how medieval individuals understood their selfhood was on display within their dialogues and social interactions with their peers and community.[334] Through these interactions, medieval people were not expressing individualized descriptions of the self, but rather manifestations of the self as a conforming or autonomous entity within their wider community. These manifestations, such as emotion, action, and

[332] Suzanne Venderber, *The Medieval Fold: Power, Repression, and the Emergence of the Individual* (New York: Palgrave Macmillan, 2013), 9.
[333] Franz-Josef Arlinghaus, "Conceptualizing Pre-Modern and Modern Individuality: Some Theoretical Considerations," in *Forms of Individuality and Literacy in the Medieval and Early Modern Periods,* edited by Franz-Josef Arlinghaus (Belgium: Brepols Publishers, 2015), 48.
[334] David Shaw, *Necessary Conjunctions: The Social Self in Medieval England* (New York: Palgrave Macmillan, 2005), 4-10.

intention – the "I-in-the-world" – represent peoples' employment of freedom and choice to construct their self-identity in relation or opposition to their community.[335] While medieval individuals did not self-identify as autonomous individuals distinctly separate from their communities, many of their responses to the *epidemia* clearly represented autonomous motivations and actions that did not earn them incorporation into society. Moreover, these responses were often detrimental to friends, family, and community and prioritized self-preservation even at the risk of economic and social loss. Evidently, the radical social changes brought by the *epidemia* directly affected *cittadini's* understanding of the self as an individual and autonomous entity and their perceived responsibility to friends, family, and community by creating opportunities to pursue individual motives and desires. Through their adoption, rejection, and modification of individual and collective responses to the *epidemia, cittadini* altered the urban environment and social reality of Italian cities, allowing them to uniquely experience the *epidemia* and influence the experiences of their friends, family, and *communitas*.

Part One: Collective Responses and Social Identity

Throughout the fourteenth century and during the *epidemia,* Catholic social and spiritual rhetoric emphasized the importance of the *communitas* or "common good."[336] This social theory placed the welfare of the *communitas* ahead of the individual under the uniting force of the spiritual community as an entity striving for peace and salvation. Accordingly, in the late thirteenth and increasingly during the fourteenth century, communal health, the physical health of the community, came to be considered a public value worthy of being pursued by the cultural institutions of urban Italy. Therefore, preserving

[335] Richard Logan, "A Conception of the Self in the Later Middle Ages," *Journal of Medieval History,* Vol. 12, No. 3 (September 1986), 267.
[336] Stephen Tonsor, "Order and Degree: The Medieval Quest for Individuality Within the Bounds of Community," *The Intercollegiate Review,* Vol. 24, No. 1 (Fall 1988), 32.

cittadini from the *pestilentia* and ultimately curing it became key components of pursuing and achieving the common good.[337] In practice, the effects of this social theory are seen in many of the social supports and initiatives activated to assist the sick and the poor during the fourteenth century. For instance, the growth and support of charitable institutions and hospitals, such as the Company of *Misericordia* and the Hospital of Santa Maria Nuova, were firmly established on providing social and material aid for the common good of the *communitas*. The mandate of the Hospital of Santa Maria Nuova specified that its function was to provide care for any pauper who fell within the general category of the "Poor of Christ." However, hospitals in Italian cities were notable for their flexibility, as they provided a wide range of social and religious opportunities for their destitute patients and wealthy *cittadini* alike.[338] Through their services, hospitals and charitable institutions offered a tangible way for *cittadini* to contribute to the common good of the *communitas.*

During the *epidemia,* these institutions experienced a surge in revenue and volunteer and professional labor. For many *cittadini*, civic piety and lay religious institutions offered a fitting atonement for sin through the communal work of charity striving towards the common good. Moreover, civic piety and communal works of charity were particularly important during the *epidemia,* as many people were unwilling to care for the sick or tend to the dead, which caused a crisis in social and medical support. Beyond the individual spiritual benefits that civic piety provided, *cittadini's* engagement with lay religious institutions strengthened the bonds of the *communitas* during the *epidemia* by aligning themselves in intent, action, and emotion. As a result of this common purpose, the Hospital of Santa Maria Nuova experienced an expansion in its purpose from providing aid to biblically sanctioned and legally impotent residents, such as widows, orphans, and the sick poor, to solving and alleviating the larger and more

[337] Jon Arrizabalaga, "Facing the Black Death," 270.
[338] Roisin Cossar, *The Transformation of the Laity in Bergamo: 1265-1400* (Leiden: Brill Academic Publishers, 2006), 4.

pressing problems of disease and public health.[339] Similarly, the Company of *Misericordia* provided crucial services transporting the sick, burying the indigent dead, caring for orphans, and offering nursing assistance to dying individuals. Notably, Giovanni Villani attested that "25,000 florins in property and possessions was left to a new company called the Company of *Misericordia*," the sum of which is a testament to Florentines' dedication to supporting communal health and the common good.[340] Furthermore, the actions of civic administrators, such as the health commission of Florence and *Ordinamenti Sanitari* of Pistoia outlined a series of procedures and restrictions that *cittadini* could abide by to support the *communitas'* wellbeing. Like the hospitals and charities of Italy, these legal regulations allowed urban elites, craftsmen, merchants, and the working poor to actively engage with their community under the guidance of the common good, working not only for the health of the *communitas* but their own physical and spiritual health as well. Ultimately, public health and the common good became a rallying point for many *cittadini* looking to support the *communitas* by providing essential forms of aid to sick and destitute *cittadini*. Through their charitable works, *cittadini* attempted to change their urban environment by alleviating the suffering of their peers and mitigating the effects of the *epidemia.* In the process, they shaped and shared a collective experience of the *epidemia* anchored in the Christian tenets of community, charity, and repentance.

The *medicí* of urban Italy also labored to provide treatments and methods of mitigating the *pestilentia* that were available to all members of the *communitas*, which helped to create a collective experience of the *epidemia.* As was discussed in "Responding to the Sick," many *medicí* prefaced their work by stating that its intent was to be implemented by the populace and not as a discourse for other medical professionals. For instance, Jacme d'Agramont specified that his *Regimen de Preservacío de*

[339] Katherine Park and John Henderson, "The First Hospital Among Christians: The Ospedale di Santa Maria Nuova in Early Sixteenth-century Florence," *Journal of Medical History,* Vol. 35 (1991), page 171.
[340] Giovanni Villani, *Nuova Cronica,* 102.

Pestiléncia was "for the benefit of the people [of Lerida], not for the instruction of physicians."[341] Furthermore, Alfonso de Córdoba wrote his regimen and recommended medicines "so that pious and good people may not be subjected to so many dangers and may know how to prevent the great dangers and evils that especially threaten Christians in this pestilence."[342] While these regimens were clearly adopted and implemented by civic administrators and *cittadini*, the ubiquity of their usage played an important role in shaping the *communitas* and collective experiences of the *epidemia.* While avenues for responding to the *pestilentia* were varied, by adopting miasma theory and accepting its perception of the dangers that the *pestilentia* posed, *cittadini* created a mutual understanding of the disease and the urban environment. Once the limitations and dangers of the urban environment were outlined, such as the envenomed air expelled by the sick and the dead or the influence of the sights and sounds of the city on the psychic faculty, *cittadini* constructed their social reality around avoiding and managing these sources of transmission and risk. For example, Giovanni Boccaccio discusses how many *cittadini* "would go about holding flowers to their noses or fragrant herbs, or spices of various kinds… for the atmosphere was charged with the stench of corpses, it reeked of sickness and medication."[343] In this case, Florentines' adoption of miasma theory led to a ubiquitous method for mitigating the *pestilentia* that also altered the urban environment. By engaging with one possible method of mitigation, Florentines collectively endured the *epidemia*. In the process, they experienced an urban environment that was laden with the sickly smell of the sick and the dead mixed with the fragrant aroma of flowers, herbs, and spices, as their fellow members of the *communitas* attempted to similarly combat the disease. Ultimately, the methods and treatments provided by *medicí* acted as a uniting force for members of the *communitas* to positively shape the urban environment in defiance of the *epidemia*. Through their shared methods of mitigation and

[341] Jacme d'Agramont, *Regimen de Preservació de Pestiléncia,* 269.
[342] Alfonse de Córdoba, *Letter and Regimen Concerning the Pestilence (1348),* in *The Black Death: The Great Mortality of 1348-50* by John Aberth (New York: Bedford/St. Martin's Press, 2005), 46.
[343] Boccaccio, *The Decameron*, 9.

treatment, they experienced the *epidemia* as a collective entity taking proactive measures and not isolated participants in a sea of disease.

One of the most significant ways for *cittadini* to participate in and support the *communitas* was through the numerous confraternities and guilds that populated urban Italy. These institutions not only contributed to the common good of the *communitas* but provided *cittadini* with a crucial social network and basis for constructing their self-identity. Confraternities and guilds were important social actors in urban society, and membership and position offered *cittadini* the sense of privileged incorporation that fundamentally entrenched the social self. The social bonds forged within confraternities and guilds offered the sentiment of brotherly love, where loyalty to one's fellow craftsmen often outweighed loyalty to the city. Nevertheless, in practice, these institutions represented the concrete ideals of charity, brotherhood, and peace within the *communitas*, which were viewed as the 'principal end of the Christian Life.'[344] Due to their social and cultural importance, confraternities experienced a dramatic surge in popularity during the *epidemia.* In many urban centers, confraternities were the most easily accessible means of contributing to the *communitas* and earning spiritual and social merit through acts of charity. For instance, the confraternity of San Francesco in Orvieto admitted 106 new members during the outbreak of 1348, compared to less than 100 total incoming members in the five years prior to the *epidemia.*[345] The surge in membership is particularly notable in July of 1348 at the height of the *epidemia* when the confraternity suffered 75 deaths but accepted 63 new members. The turnover was so rapid that one new member, Turi di Cecco, died on the same day he was admitted, while Giacomo di Domenico died five days after.[346] Clearly, the *cittadini* of Orvieto found spiritual and physical benefit from engaging with the confraternity of San Francesco. Often, this benefit was the spiritual and social merit gained by

[344] Franceschi, "The Rituals of the Guilds," 66.
[345] Alexandra Lee, "Confraternities and the Plague in Orvieto: 1340-1410," *Confraternitas,* Vol. 28, No. 2 (Fall 2017), 11.
[346] Lee, 9.

providing funeral and burial services and contributing to pious rituals for the common good of the *communitas.* However, *cittadini* also found comfort in the security, mutual aid, and community that the confraternity offered as a united whole facing the *epidemia.* Fundamentally, as an "I-in-the-world," these *cittadini* viewed the obligations of kinship and community as a critical aspect of their social role. Accordingly, their individual decisions and responses to the *epidemia* involved collective action meant to better the urban environment and support the *communitas.* Similarly, in other urban centers, many *cittadini* experienced the *epidemia* as a cohesive group under the guidance and organization of urban institutions, brought together by the promise of spiritual benefit and mutual aid.

Perhaps the most important and widely utilized method for achieving the common good and confronting the *epidemia* as a united social force was collective religious rituals. These rituals were vital to the construction of *cittadini's* self-identity as a moment of privileged incorporation where *cittadini* defined themselves as essential members of their society and earned their incorporation into the *communitas* through their dedication to the common good. Furthermore, participating in these collective rituals allowed resolute and spiritually steadfast members of the community to act harmoniously to beseech God for protection or utilize their collective social and political power to alter the urban environment. For instance, the Catanese and Messinese responses discussed in Michele da Piazza's *Chronicle 1347-61* represent two competing collective entities. In this case, *cittadini* distinguished themselves as Catanese or Messinese by choosing to match the intentions, emotions, and actions of the *communitas,* where their common goal was to preserve the spiritual health of their specific community and, incidentally, their own wellbeing. As *cittadini* became more tightly associated with the *communitas* and the common good, their social and personal selves became increasingly dependent on their continued incorporation into the social body. For the Messinese, the common good was achieved by using their collective social force to beseech the Patriarch of Catania to provide relics to heal and protect their community. Michele da Piazza describes that "with one voice they [the Messinese] implored the lord

Patriarch… So the Patriarch, deeply moved by their prayers, agreed to go personally to Messina…"[347] Evidently, the Messinese were able to sway the Patriarch to benefit their *communitas* at the expense of the Catanese by channeling their desires through the power of the collective. In the process, the people of Messina amalgamated their intentions, actions, and motivations to alter the urban environment and their social reality, creating a collective experience of the *epidemia.*

In contrast, the common good of the Catanese relied on their ability to prevent the Patriarch from removing the relics of the Virgin Agatha, which provided spiritual protection for their *communitas.*[348] Within Michele's account, the Catanese Patriarch's agreeance to provide Messina with some of the relics of the Virgin Agatha directly challenged the common good of the *cittadini* of Catania. Due to this, the Patriarch was immediately chastised by the people of Catania, and his membership in the *communitas* was threatened, as "he should choose death before agreeing to transfer the relics to Messina."[349] This example portrays how the divergence between a citizen's intentions, emotions, and actions and those of the *communitas* justifies their removal from the social body and the rejection of their privileged incorporation. Acting as a cohesive unit, the *communitas* of Catania employed their collective will to cow the Patriarch, one of the most socially and politically powerful members of the community, into submission. Furthermore, the event soured the Catanese's perception of the Messinese, as they increasingly viewed their actions and intentions with apprehension and suspicion. Michele, a firm supporter of Catania, emphasizes that the Messinese believed they "could steal away the relics of the Blessed Virgin Agatha in this secret manner, under cover of a zealous devotion."[350] From Michele's perspective, the Messinese acted as thieves and zealots, and not pious Christians beseeching a spiritual leader for protection for their city. Michele further discusses how these collective sentiments passed to

[347] Michele da Piazza, *Chronicle*, 101.
[348] Michele da Piazza, 101.
[349] Marchione di Coppo Stefani, *The Florentine Chronicle.*
[350] Michele da Piazza, *Chronicle*, 101.

individual *cittadini* of Catania, as the Messinese became so loathed that no Catanese would befriend, speak to, or shelter them.[351] Evidently, the Catanese described by Michele incorporated the intentions, actions, and emotions of the collective into their personal beliefs, shaping their self-identity around the thoughts and sentiments of the *communitas.* In both cases, the *cittadini* utilized the social weight of the *communitas* in an attempt to shape their urban environment and social reality. Nevertheless, both the Messinese and Catanese acted selfishly by taking action that was detrimental to the other, clearly demarcating the accepted bounds of the *communitas.* Although both communities shared social, cultural, and religious characteristics, to the extent that the Patriarch of Catania was heralded in Messina, the common good of the communities did not align. However, the *cittadini* of each city were able to unite their intentions, actions, and emotions for the betterment of their own *communitas,* effectively becoming a cohesive social body. In this way, the people of Catania and Messina experienced the *epidemia* as important members of a community, where their individual self-importance was intimately tied to the social and political power they wielded as a collective *communitas.*

The collective response of the Messinese to the *epidemia* also portrays how civic piety and public repentance for sin incorporated members into the *communitas.* Michele da Piazza recounts further that following the arrival of the Catanese patriarch:

> [T]he Messinese were terrified by this extraordinary vision… Therefore they decided to all walk barefoot in a priest-led procession to the shrine of the blessed Virgin Mary of Santa Maria della Scala… and on bended knee with tears in their eyes they called with great devotion upon God and the blessed Virgin for aid… When the people of Messina witnessed this miracle, they gasped with a sharp intake of breath, and weeping copious tears, they prayed to the blessed Virgin to not take new vengeance for their past sins…[352]

From this account, the emotional scripts that bound the members of the *communitas* together are clear to see. The Messinese participating in this procession were motivated by the shared intent to earn

[351] Michele da Piazza, *Cronica*, 74.
[352] Michele da Piazza, *Chronicle*, 102.

spiritual protection through the remission of sin. This intent manifested itself in the collective action of participating in a procession to the shrine of the Virgin Mary accompanied by communal prayer and acts of devotion. Moreover, repentance required the implementation of a specific emotional script that emphasized sincere fear and shame (the call for mercy), humility (prostration on bended knee), regret, sorrow, and remorse (tearful eyes and prayers). In Michele's account, "weeping copious tears" is a critical facet of the emotional script, as tears associated with communal prayer confirmed the sincerity of a member's repentance. Accordingly, at the critical moments when praying to God and the Virgin Mary and when the Virgin revealed herself to the Messinese, they prayed with tears in their eyes. Through this sincere act of repentance, *cittadini* earned their incorporation into the *communitas.* Once the *communitas* was united in intent, action, and emotion, the collective procession and communal rituals intensified the devotional experiences of the Messinese.[353] As a result, their desperate emotions and actions were transformed into positive ones of hope, as the Virgin Mary climactically "entered the great church of the city of Messina, namely the Santa Maria la Nuova."[354] Ultimately, Michele's account shows how the employment of communal religious rituals allowed the *cittadini* of Messina to work in unison to mitigate the *pestilentia* and protect the spiritual health of their *communitas,* creating a collective experience of the *epidemia*.

The bonds of selfhood and the *communitas* also manifested themselves in less confrontational moments of pious ritual and collective willpower. Like the privileged incorporation in Catania and Messina, social rituals in other Italian cities required *cittadini* to match their personal intentions, emotions, and actions to those of the *communitas* and act in pursuit of the common good. In Florence, Marchione di Coppo Stefani recounts that one method for uniting under the *communitas* was participating in the public processions that journeyed through the city streets. Fundamentally,

[353] Nagy and Biron-Ouellet, "A Collective Experience," 140.
[354] Michele da Piazza, *Chronicle*, 103.

membership within these social rituals meant not only adopting the intention of preserving the wellbeing of the *communitas* but specific emotional scripts and social actions as well. Unlike in Messina and Catania, the *cittadini* of Florence did not utilize their collective willpower to coerce socially and politically powerful people to act for the common good. Instead, they drew on the cultural significance of sacramental confession and the emotions and actions associated with it to redefine the social reality of the city. The penitential processions of Florence required participants to first embrace the sorrow, despair, shame, and hope associated with requests for penance. However, in this case, the emotions generally associated with individual remission for sin were channeled through the procession, heightening the manifestation of emotion through collective experience. Furthermore, individuals earned their incorporation into this subsection of the Florentine *communitas* through their participation in the public rituals of the procession, such as common prayer and the enactment of peace pacts.[355] When taken together, these collective responses united Florentines in intention, emotion, and action for the common good of the *communitas.* As Florentine *cittadini* participated in penitential processions, they fulfilled the need of the *communitas* for spiritual and social harmony while simultaneously purging their individual souls and establishing communal bonds with their peers. Through this process, participating *cittadini* became active members of the *communitas* by unifying their intentions, emotions, and actions with those of the social body and fundamentally shaping their self-image around the community. In the end, many *cittadini* of Florence experienced the *epidemia* as a united *communitas* working in tandem to ensure the spiritual health of the city while protecting their individual souls and interests at the same time.

Fundamentally, experiencing the *epidemia* as a unified member of the *communitas* incorporated individuals into an expansive body of peers, religious and secular professionals, and urban institutions, all working toward ensuring the common good. Whether it was the efforts of hospitals, charities, and

[355] Marchione di Coppo Stefani, *The Florentine Chronicle.*

confraternities offering essential services to the sick or destitute, medical practitioners dedicating their work "for the benefit of the people" and "common and public utility," or groups of like-minded *cittadini* uniting to alter the social reality of their urban worlds, the *cittadini* of Italy often worked together to shape their collective experiences of the *epidemia.*[356] As was seen in Catania, Messina, and Florence, participating in communal responses to the *epidemia* required *cittadini* to adopt the intentions, actions, and emotions of the *communitas* to solidify their privileged incorporation into the collective. In the process, *cittadini* united as a collective, providing physical and spiritual aid and support to fellow members of their *communitas.*

Part Two: Experiencing the Epidemia as an Individual

All *cittadini* were members of the community and its social networks, even if their intentions, actions, and emotions did not align with the *communitas.* Through this peripheral association, they were influenced by major social and political institutions and their fellow *cittadini* due to interpretations of and responses to the *epidemia* implemented by the *communitas*. However, the pressure to conform to the *communitas* was not absolute. During the *epidemia,* many *cittadini* found avenues for pursuing their own ambitions, acting autonomously from the *communitas,* and experiencing the *epidemia* as individuals. Additionally, *cittadini* who acted autonomously did not do so separated from urban social networks; instead, their actions were felt and experienced by their friends, family, and peers, which intensified the implications of prioritizing the self. Often, the autonomous actions of *cittadini* are discussed by contemporary chroniclers either as spectators or participants. While the former portrays the motivations and actions that governed *cittadini's* choices, the latter renders the raw emotions that *cittadini* felt and acted upon to endure the *epidemia.* Clearly, responding to the *epidemia* as an individual was a prevalent

[356] Jacme d'Agramont, *Regimen de Preservació de Pestiléncia,* 269.

avenue undertaken by many *cittadini* contributing to the vast array of possible experiences *cittadini* underwent. For instance, the negligence and abandonment discussed in "Responding to the Sick" were often driven by *cittadini's* survival instinct, which overruled their culturally embedded obligations to friends, family, and peers. These responses to the *epidemia* were not premised on the emotional scripts and social rituals advocated for by the cultural institutions of urban Italy. Instead, they reflect *cittadini's* efforts to interpret and respond to the disaster by modifying or constructing their own emotional scripts. In the process, they altered the social reality of Italian cities and influenced their own experiences and those of friends, family, and peers.

Cittadini, who responded to the *epidemia* autonomously, often did so in accordance with the interpretations and beliefs that the *communitas* held about the *epidemia.* However, the decision to prioritize the self over the *communitas* and ensure personal health frequently broke with social expectations, particularly the Christian principles of charity and the preservation of the spiritual community. Fundamentally, the following *cittadini's* decisions to pursue responses to the *epidemia* that openly diverged from the common good of the *communitas* characterized them as autonomous actors in Italian society. While many *cittadini* remained in small groups of close-knit friends and kin, they did so to the detriment of the *communitas*, opting to preserve their health at the expense of the sick. Therefore, even the subcommunities that they created were fundamentally isolated from the *communitas* and depended on individual motivations. Ultimately, these *cittadini's* responses reflect the "I-in-the-world," as the emotional scripts and social rituals that they chose to engage with demonstrated personalized motivation, action, and emotion. Through these responses, these *cittadini* asserted themselves as individual actors within the *communitas* by pursuing their own survival. Furthermore, they constructed a unique social reality by reshaping their immediate environment and social interactions around healthy *cittadini* while disregarding the sick and the institutions providing aid to the *communitas*.

Giovanni Boccaccio discusses four distinct responses to the *epidemia* in *The Decameron* that diverge from the intentions, actions, and emotions of the *communitas.* Notably, Boccaccio's analysis of responses to the *epidemia* focuses on relatively wealthy *cittadini*, who could afford to indulge in material pleasures or isolate themselves from urban society and not the urban poor. Within his account, Boccaccio describes these responses as a spectator. Accordingly, he emphasizes how these autonomous responses fit within his understanding of Florentine social norms and how their motivations and actions affected the *communitas.* Critically, Boccaccio condemns many *cittadini's* responses to the *epidemia,* and his tone is moralistic, as these responses contradicted what Boccaccio believed to be proper and efficacious for preserving the *communitas.* For the first response:

> There were some who inclined to the view that if they followed a temperate life-style and eschewed all extravagance they should be well able to keep such an epidemic at bay. So they would form into a group and withdraw on their own to closet themselves in a house free of all plague-victims; here they would enjoy the good life, partaking of the daintiest fare and the choicest of wines – all in the strictest moderation – and shunning all debauchery; they would refrain from speaking to anyone or from gleaning any news from outside that related to deaths or plague-victims – rather did they bask in music and such other pleasures as were at their disposal.[357]

Clearly, these *cittadini* relied on isolation as an individual or within a small group to protect themselves from the *epidemia*, physically separating themselves from the *communitas.* In doing so, they followed the recommendations prescribed by *medicí* and refrained from any excess indulgence in physical pleasures. As a result, they partook in only "the daintiest of fare and the choicest of wines – all in the strictest moderation – and shunning all debauchery." However, their approach to the *pestilentia* and the sick, prioritizing the self over the *communitas,* radically changed the social reality of Florence. In accordance with the popular knowledge of the power of the psychic faculty, these Florentines refused to speak to anyone or glean any news from outside that related to deaths or the sick. Furthermore, they avoided all

[357] Boccaccio, *The Decameron*, 8.

physical contact with the sick, regardless of if they were friends or family. In doing so, these *cittadini* ensured that their psyches remained on jovial and happy thoughts by indulging in music and other pleasures. However, this decision to expel all thoughts of and interactions with the *epidemia* and its victims effectively removed these individuals from the *communitas* by contradicting the intentions and actions that the collective took to heal and protect the sick. Furthermore, by abandoning the sick, these individuals fractured the social fabric of Florence. Through their actions, the *communitas* of Florence was not a cohesive entity striving to mitigate the *epidemia.* Instead, Florence became pockmarked by a myriad of individuals and small groups acting to preserve themselves above the community. Fundamentally, this divergence of intentions and actions between the *communitas* and the individual laid the foundation for the multitude of possible experiences open to Florentines, particularly the negligence and abandonment described by many chroniclers discussed in "Responding to the Sick."

The second response discussed by Boccaccio contradicts the first in action but aligns closely in intention and effect. Boccaccio describes that:

> Others found the contrary view more enticing, that the surest remedy to a disease of this order was to drink their fill, have a good time, sing to their hearts' content, live it up, give free reign to their appetites – and make light of all that was going on… And while they pursued this brutish behaviour they still took every care to avoid all contact with the sick… This left everyone free to do precisely as he pleased.[358]

Unlike the moderates discussed above, these individuals indulged in a variety of physical pleasures, such as drinking, merrymaking, and a generally carefree attitude. From Boccaccio's perspective, this joviality was "brutish," as it broke with many of the tempered emotional scripts and behaviors that governed Italian society, particularly those recommending a moderate lifestyle and regimen that were reinforced during the *epidemia* by *medicí*. Ultimately, Boccaccio portrays this attitude combining with the collapse

[358] Boccaccio, 8.

of the authority of both God and man to liberate the individual from the confines of social norms, leaving "everyone free to do precisely as he pleased."[359] In this case, these *cittadini* utilized the opportunities presented by the *epidemia* to promote their selfhood and pursue their own intentions, actions, and emotions. Although their means of self-preservation were different, these *cittadini's* response to the sick was essentially the same as those discussed above. During their merrymaking, they made all efforts to avoid contact with the sick, prioritizing their own survival over aiding the sick and the *communitas.* Although it seems as if these *cittadini* wanted to celebrate their final moments of life under the looming possibility of an unpleasant death, it is equally possible that they were taking precautionary actions to preserve their bodies from the *pestilentia.* It was strongly recommended by *medicí* that "gaiety and joyousness are most profitable" and individuals "must avoid all sad and distressing anxieties, pursue delightful things and try to keep one's mind off the fear of the plague."[360] Evidently, from Boccaccio's passage, these individuals believed the best remedy for the *pestilentia* was overindulging in material pleasures to bolster their spirits and keep their minds occupied. Through their autonomous decisions, these Florentines prioritized the self above the *communitas* and embarked on a wholly different experience of the *epidemia.* Like the moderates, their intentions, actions, and emotions contradicted the *communitas* and broke many social norms in the eyes of Boccaccio. However, their decision to face the *epidemia* alone or in small groups was not the most socially destructive that Boccaccio identified.

The third response that Boccaccio discusses is those individuals who seemingly went about their daily lives, attempting to continue being willing members of the *communitas* and urban society. Boccaccio states that:

> There were many others who adhered to a middle way between these two, neither following the frugal regimen of the first group nor letting themselves go in the drunken, dissolute lifestyle of the second. They partook of their fill but no more and, instead of shutting themselves away, they

[359] Boccaccio, 9.
[360] Jacme d'Agramont, *Regimen de Preservacio a Epidemia,* 54; Giovanni della Penna, 309; Gentile da Foligno, *Short Casebook (1348)*, 50.

> would go about holding flowers to their noses or fragrant herbs, or spices of various kinds, in the belief that such aromas worked wonders for the brain (the seat of health) …[361]

As discussed above, these individuals adopted some of the precautions advocated by *medicí.* Through their application of aromatics, such as flowers, herbs, and spices, they disrupted the pestilential miasma in the air and prevented it from entering their body. Furthermore, these *cittadini* partook of a balanced lifestyle, never overindulging or starving themselves of food, wine, and enjoyment. Overall, this regimen more closely aligns with *medicí's* traditional prescriptions that regulated exercise, food, drink, sex, and the emotions.[362] Critically, Boccaccio states that these *cittadini* did not shut themselves away attempting to isolate themselves from society. Instead, these *cittadini* continued about their daily lives. Although it is not explicitly stated that these *cittadini* engaged with charitable institutions or provided social supports to the sick, by remaining in the city and tending to their regular vocations, they contributed to the economic and social stability of the city. Consequently, Boccaccio speaks neither ill nor particularly positively of these individuals in his account of the *epidemia.* Rather, these Florentines largely go unnoticed because their actions did not break social norms or harm the *communitas.* Evidently, not all autonomous action was detrimental to the *communitas*, and *cittadini* could successfully pursue their physical and spiritual health without impairing friends, family, and community members. Moreover, through their selection of specific emotional scripts and social rituals, these *cittadini* constructed an experience of the *epidemia* that was dramatically different from those previously discussed by Boccaccio.

Nevertheless, the most socially destructive and negatively portrayed response to the *epidemia* discussed in *The Decameron* were those who wholly placed their survival above friends, family, and community. Regarding these individuals, Boccaccio reported that:

---

[361] Boccaccio, *The Decameron*, 9.
[362] Gentile da Foligno, *Consilium contra pestilentiam (1348);* and Jacme d'Agramont, *Regimen de Preservació de Pestiléncia,* 278.

> Others there were who were totally ruthless and no doubt chose the safest option: there was in their view no remedy to equal that of giving the plague a very wide berth. On this premise any number of men and women deserted their city and with it their homes and neighborhoods, their families and possessions, heedless of anything but their own skins…[363]

From this passage, it is clear that Boccaccio believed flight from the *pestilentia* was the safest option available to Florentines. However, he portrays this response as the most selfish and negative of the four previously discussed. In this case, individuals placed their survival above not only the *communitas* but their families and friends as well. The choice to abandon the family and household is particularly interesting, as the household was the literal home base for social identity in Italian society. From the household, individuals looked outward to their peers and community, and to behave irresponsibly with respect to the household diminished their social identity.[364] Furthermore, households were key economic units for individuals regardless of sex. As was discussed in "Responding to the Sick," households and particularly extended kin groups were critically important for forging a social network that provided social, economic, and emotional support. Nevertheless, these Florentines chose to abandon their households and the *communitas* "heedless of anything but their own skins." This response is the paramount manifestation of autonomy during the *epidemia.* No other response discussed by contemporary chroniclers mimics the independence in the name of survival that flight and total abandonment did. Ultimately, this motivation and response to the *epidemia* liberated the individual from the community by physically and mentally removing them from the *communitas* and its social expectations. Although this response was not adopted by every Florentine citizen, Boccaccio's discussion of flight and abandonment mirrors that of many other chroniclers, showing that it was a pervasive reaction to the *epidemia* that shaped the experiences of many *cittadini*.[365] Clearly, the disruption that the *epidemia* caused to the social

[363] Boccaccio, *The Decameron*, 9.
[364] Derek Neal, *The Masculine Self in Late Medieval England* (Chicago: University of Chicago Press, 2008), 8.
[365] For examples of negligence and abandonment see: Agnolo di Tura, *Sienese Chronicle*; Gabriele de Mussis, *Historia de Morbo*; Giovanni Boccaccio, *The Decameron*; Marchione di Coppo Stefani, *Cronaca Fiorentina*.

networks and urban environment of Florence provided *cittadini* with more opportunities and motivations to act as autonomous agents separate from the *communitas* and subsequently construct unique experiences of the *epidemia.*

For many individuals, death was seemingly the one available response to the *epidemia.* For instance, Giovanni Boccaccio also quickly discusses the urban poor of Florence, who could not afford the alternate lifestyles employed by the *cittadini*, nor could they reliably flee the city and continue to feed their families. Instead, "if you examined the situation of the common people, and even that of much of the middle-class, it looked a great deal bleaker still: they stayed at home for the most part, whether it was hope or sheer poverty that kept them there and caught the plague by the thousand right there in their neighborhood…"[366] However, even death posed a complex paradox between experiencing the plague as a collective or an individual. Many individuals viewed death as an intensely isolating and lonesome experience, particularly those who spent their final moments at the hands of the *pestilentia.* The esteemed physician Gui de Chauliac described his battle with the *pestilentia* as follows:

> Rather than be accused and vilified, I never kept away. And although I was fearful for my own welfare, I persevered with the treatments. Nevertheless, toward the end of the plague, I fell victim to a continuous fever and had an aposthem in my groin. I was sick for six weeks and all my associates feared for my life. The bubo suppurated and I treated it as above [with cauterization], and I survived, as God willed it.[367]

Clearly, Gui was fearful that the *pestilentia* would take his life but confident that his treatments were the proper course of action. However, his account of his struggle is deeply personal, as he continuously relates that he alone experienced the *pestilentia.* Gui's account is deeply reminiscent of the historian Richard Logan's "I-in-the-world" that characterized the medieval sense of self. In this case, Gui experienced the contraction of the *pestilentia,* its debilitating effects, the fear and turmoil, and finally, the suppuration and

[366] Boccaccio, *The Decameron*, 9.
[367] Gui de Chauliac, *The Major Surgery*, 250.

cauterization that marked his turn to health, as a solitary individual. Accordingly, Gui relies on the singular pronoun "I" throughout this passage, whenever he is referring to the progression of his illness, treatment, and his return to health. Nevertheless, Gui was clearly not alone, as he stated, "all my associates feared for my life," implying that he was accompanied by other trained *medicí* at the time of his illness. Regardless, even when surrounded by friends, family, and peers, resisting the *pestilentia* and the looming presence of death was not an experience that others could partake in or fathom. Ultimately, Gui's fate was only shared and experienced by two individuals, himself and God, for it was through his actions and God's will that his life was preserved. While Gui was certainly a member of a *communitas* surrounded by friends and peers, how he felt and acted to endure the *epidemia* and his own illness was unique as it was shaped by his distinct background and characteristics, which fundamentally shaped his personal experience of the *epidemia*.

A similar account is conveyed by the Florentine poet Franco Sacchetti, who wrote:

> [upon] seeing himself abandoned by all his kin, he made the notary write that his sons and heirs every year on the feast day of Saint Jacob in July must give a basket filled with one *staio [bushel]* of sliced pears to the flies in a certain place designated by him… attesting that 'in this my present illness, I have received assistance from neither friend nor kin; all have abandoned me, except the flies.'[368]

Unlike Gui, Sacchetti expresses his loneliness as a consequence of his family's abandonment. As a result, Sacchetti's narrative highlights the interconnection between autonomous action and the experiences of friends and family. Sacchetti feels the abandonment keenly as he believes that all members of his social network have abandoned him, leaving him to the flies. Nevertheless, Sacchetti was still a member of the *communitas* of Florence and surrounded by other individuals who stayed during the *epidemia* to provide their services. In this account, Sacchetti is engaging with a notary tasked with composing his final will.

[368] Sacchetti, *Il Trecentonovelle*, 31.

Similarly, it can be assumed that if Sacchetti was tended to by a notary, he also had access to a priest to perform his last rights and some form of medical care to monitor the progress of his illness. However, these community members could not provide the emotional and social support that Sacchetti desired in his final moments, as these essential services could only be provided by friends and family. Although Sacchetti's abandonment was an isolating experience, he attempted to exert influence over his family in his will and remain relevant through their memories. By stipulating in his will that to receive his inheritance, his heirs were required to slice a bushel of pears and leave them for the flies, Sacchetti attempted to ensure that his children remembered him and carried out his directives even when he was gone.[369] For Sacchetti, dying may have been a lonesome experience devoid of friends and family, but death would not be. Instead, in death he straddled the boundary between the isolated oblivion of death and collective union with his family through their memories and prayers. Even so, Sacchetti experienced his physical death in isolation from friends and family as a consequence of their autonomous choices. While Sacchetti and Gui both characterized their final moments as isolating, they did so for different reasons and shaped their narratives around disparate motivations. Consequently, their experiences of how the *epidemia* and their illness felt and the actions available to them are dramatically different.

Franco Sacchetti's narrative highlights a crucial cultural aspect of death in fourteenth-century Italy. In medieval thought, the contemplation of death, the end of earthly life, was often interpreted as a narrative pivot, a concrete fact that men and women could concentrate their minds on, more fully deliberating the Christian lifestyle and morals.[370] A critical part of preparing for death was that individuals were encouraged to reflect on the mistakes and successes of their life, identifying and making peace with their failures through confession, and focusing on their well-led life within the boundaries of Christian influence. Fundamentally, this was a period of introspection and assessment; accordingly, it was deeply

[369] Cohn, The Cult of Remembrance, 32-35.
[370] Shaw, *Necessary Conjunctions*, 2.

personal and could only truly be experienced by the individual. Nevertheless, at its core, the experience of death was about the transition from one collective to another. The individual was initially viewed as a member of the spiritual community on Earth that comprised all Christian community members who lived, worked, and socialized together. Through their death, the individual transitioned from this spiritual community of the living to the Church in Heaven or the damned in Hell, where they would be embraced or rejected by another theoretically similar community. However, the transition from one collective to the other elicited profound anxieties in medieval individuals. Death did not bolster the self; instead, it subjected the self to examination and judgement at the hands of God, the supreme hierarch, and his spiritual council. In the end, death delivered the individual to a new collective, that of the damned or the saved.[371] It was this anxiety over death and the final judgement of God that led chroniclers, such as Gabriele de Mussis, to agonize over the *pestilentia* and the omnipresence of death. For instance, Gabriele wrote: "On account of this [mortal sins], the horrible onslaught of death, running its course throughout the world and threatening ruin, devoured mortal men with a sudden blow… Wring, wring your hands, people, and call upon the mercy of God…"[372] For Gabriele, death at the hands of the *pestilentia* combined the fear of God's vengeance with the cathartic release of pure repentance for sin. Although Christian theology viewed individuals as an essential part of the spiritual community and encouraged them to do the same, death and the *pestilentia*, as it was described by Gui and Sacchetti, were fundamentally independent experiences. Consequently, *cittadini's* experiences of death straddled the boundary between the collective and the individual. However, as can be seen in Gui de Chauliac and Franco Sacchetti's accounts, the autonomous intentions and actions of *cittadini* in response to the *epidemia* altered the social reality of Italy and shaped their experiences as individuals separate from the collective and the *communitas.*

[371] Shaw, 204-5.
[372] Gabriele de Mussis, *History of the Plague (1348),* 99.

Undeniably, Italian society and culture provided multiple avenues for responding to the *epidemia* as an individual and subsequently experiencing the disease as a member of a collective *communitas* or an individual entity. Many *cittadini* chose to pursue their own survival over that of their friends, family, and community and diverged from the intentions, actions, and emotions of the *communitas* to forge their own responses to the *epidemia.* These individuals exercised the opportunities provided by the *pestilentia*, such as *medicí's* recommendations and the collapse of authority, to emphasize their selfhood and pursue their own motives. Nevertheless, their actions rippled outward, altering the social reality of those friends, family, and peers who shared their community. Often, these autonomous responses dramatically changed individuals' experiences of the *epidemia,* particularly in cases of abandonment and neglect. However, the choice to respond to the *epidemia* as an individual was deeply personal and fraught with risks to economic, spiritual, and social health. Ultimately, these individuals utilized the cultural recommendations provided by the institutions of Italy to shape their responses to the *epidemia*, in a manner that best fit their desires. In doing so, they display that collective experiences of the *epidemia* were not the only possibility. Instead, every individual experienced the *epidemia* differently, based on their particular background, characteristics, beliefs, and environment. Through these differences, how *cittadini* felt about the *epidemia*, their place in society, and the actions available to them changed, producing unique and culturally distinct experiences.

Part Three: Personal Accounts of the Epidemia

The "I-in-the-world" is a unique way of analyzing how *cittadini* understood their place in society and expressed their experiences of the *epidemia* on their own terms. Unfortunately, very few of these accounts exist for historians to examine. The passages that follow from Gabriele de Mussis, Louis Sanctus, Francesco Petrarch, and Agnolo di Tura, depict some of the possible variations in personal experiences of

the *epidemia* due to an individuals' beliefs. Furthermore, these passages exhibit how the roots of culture came together to shape individuals' interpretations and responses to events, even informing how they viewed their own place within the context of the *epidemia.* Due to the influence of culture and society on the individual, these passages are deeply rooted in the urban environment and Italian norms and expectations. Critically, these sources capture how the self was liberated from the *communitas* during the *epidemia* and how individuals' attempts to cope with its physical and psychological burdens manifested in their emotions, expressions, and actions. Throughout these accounts, the chroniclers depict how the *epidemia* altered their social reality and challenged their understandings of society, religion, and the urban environment. Fundamentally, each chronicler's experience of the *epidemia* was different based on the emotional scripts and social rituals that they modified, constructed on their own, or adopted from the cultural institutions of Italy to respond to the sick and the dying.

Gabriele de Mussis' account of the *epidemia* is entrenched in the Christian theology that permeated medieval Italy. Through his intense religious beliefs, Gabriele considered the *epidemia* to be an "unspeakable judgement" claimed by God's right to exercise justice, ultimately "enlisting all forms of life to wipe out the sinners at one savage stroke."[373] Accordingly, Gabriele's own experience of the *epidemia* and his role within it was inherently limited by the omnipotence of God. Concerning his experience, Gabriele wrote:

> I am overwhelmed, I can't go on. Everywhere one turns there is death and bitterness to be described. The hand of the Almighty strikes repeatedly, to greater and greater effect. The terrible judgement gains in power as time goes by. – What shall we do? Kind Jesus, receive the souls of the dead, avert your gaze from our sins and blot out all our iniquities... What are you thinking of, merciful God, thus to destroy your creation and the human race; to order and command its sudden annihilation in this way? What has become of your mercy; the faith of our fathers; the blessed virgin, who holds sinners in her lap; the precious blood of the martyrs; the worthy army of confessors and virgins; the whole host of paradise, who pray ceaselessly for sinners; the most precious death of Christ on the cross and our wonderful redemption? Kind God, I beg that your anger may cease, that you do not destroy sinners in this way, and, because you desire mercy

[373] Gabriele de Mussis, *Historia de Morbo (1348),* 15.

> rather than sacrifice, that you turn away all evil from the penitent, and do not allow the just to be condemned with the unjust.'[374]

For Gabriele, the most horrifying and emotionally fatiguing part of the *epidemia* was the prevalence of death in Piacenza, as "everywhere one turns there is death and bitterness to be described." Furthermore, it seemed as if the *epidemia* was not slowing down but working to greater and greater effect as time went by. This environment combined with Gabriele's devout moral conviction led him to pose a series of unanswered questions to God. These questions display Gabriele's incomprehension of the disaster and the extent to which the *epidemia* has shaken his faith. Gabriele begins his first sentence lost in the hopelessness of the *epidemia* with a short appeal to God's mercy to "receive the souls of the dead, avert your gaze from our sins and blot out all our iniquities…" However, Gabriele quickly changes tone and instead of asking for mercy, he questions God's motives and critiques his actions. Clearly, Gabriele believes that God is acting unreasonably, challenging not only God's ability to rationally think but questioning what has become of his mercy as well. Ultimately, Gabriele states that the just are being condemned with the unjust, showing that while he agrees with the vengeance of God against sinners, he does not agree with the efficacy of God's universal punishment. Nevertheless, Gabriele ends his passage by repeating his appeal for mercy based on the truth that God desires mercy rather than sacrifice. Within this passage, Gabriele attempts to come to terms with the brutality of the *epidemia.* In the process, his devout faith in God wrestles with what he believes is an unjust and unreasonable use of divine violence. Evidently, Gabriele interpreted and responded to the *epidemia* based on his understanding of Christian theology. Accordingly, he adopted the emotional scripts and social rituals recommended by theology, which emphasized prayer, remission for sin, and devout certainty in God's intention. However, because Gabriele relies on Christian theology to respond to the *epidemia,* his experience is wrought with despair of the

[374] Gabriele de Mussis, *Historia de Morbo (1348),* 23.

destruction caused, hopelessness that it would never end, and confusion that God would justify such a punishment on the penitent.

Louis Sanctus wrote his account from Avignon, the papal seat, and heart of Christian Europe in the fourteenth century. Due to this, Louis' account is similarly entrenched in religious belief. However, Louis' environment was unique because he was also surrounded by highly experienced *medicí*, philosophers, theologians, and other intellectuals in the Papal Court. These ideological influences intertwine throughout Louis' account, shaping how he describes, responds to, and experiences the *epidemia.* The following passage was sent to Louis' loved one, and discusses some of the medical regimens and best responses to protect themselves from the *epidemia.* Louis Sanctus wrote:

> I am writing to you, most dearly beloved, so that you should know in what perils we are now living. And if you wish to preserve yourselves, the best advice is that a man should eat and drink moderately, and avoid getting cold, and refrain from any excess, and above all mix little with people – unless it be with a few who have healthy breath; but it is best to stay at home until the epidemic has passed. According to astrologers the epidemic takes ten years to complete its cycle, of which three have now elapsed, and so it is to be feared that in the end it will have encircled the whole world, although they say that it will affect cold regions more slowly… I am in the hands of God and I commend me to you. They say that my lord follows the pope and that I am to go with him. Since that place looks towards Mount Ventoux, where the plague has not yet come, it is the best place to be – or, anyway, so they say.[375]

Clearly, the tone of Louis' letter is very different from that of Gabriele. While Gabriele yielded to religious despair and hope, Louis focuses on physical responses to the *epidemia* that will keep his loved one and himself safe. For instance, Louis echoes the recommendations of the *medicí* to practice moderation, refrain from excess, and ultimately stay home and away from people. Furthermore, Louis discusses the predictions of astrologers that the *epidemia* will take "ten years to complete its cycle" and that it will affect cold regions more slowly. Even though Louis bases his recommendations on the prevalent medical

[375] Sanctus, *Letter (1348),* 45.

and scientific knowledge, he is still devoutly Christian. Accordingly, Louis ends his passage with the understanding that his life is "in the hands of God and I commend me to you."

Undeniably, Louis believed that there were tangible responses to the *epidemia* that could be implemented to mitigate its affects. Moreover, Louis supported these responses to the extent that he willingly recommended them to his loved one, hoping that it would preserve their health. However, Louis also believed that God was the supreme decisionmaker. Accordingly, in the end, the motives and wishes of God would be the deciding factor for not only Louis' life, but all those affected by the *epidemia.* This sentiment can be seen in Louis' final statement, "I am in the hands of God" and echoed again at the end of his letter when he writes, "[m]ay Omnipotent and Merciful God grant that we all choose what is for the best."[376] Yet, even in this final statement, Louis is balancing his understanding of God's unavoidable will with the autonomous belief that individuals' choices can still align with God's intentions. Unlike Gabriele, Louis does not resign himself to hopelessness under the belief that there is nothing humanity can do to resist the *epidemia* and God's wrath. Instead, Louis maintains his faith that survival is possible as long as people reconcile themselves with God's plan and a proper Christian way of life. Louis' account reveals how the blending of medical, scientific, and religious thought shaped the urban environment and individuals' understanding of the *epidemia.* Evidently, Louis Sanctus' experience of the *epidemia* combined popular interpretations and responses to the *epidemia* in Avignon in a way that balanced the fear of God's divine wrath, the shock at the devastating loss of life, and the hope that there were tangible actions to be taken to mitigate the *epidemia.*

Francesco Petrarch's *Letters on Familiar Matters (1349)* are a unique glimpse into how the *epidemia* affected the lives and mental states of individuals who experienced its devastation. Fundamentally, Petrarch's account is unique because of his background as a humanist and a poet. These

[376] Sanctus, *Letter (1348),* in Horrox, page 45.

characteristics foster his narrative by emphasizing his emotional response to the *epidemia* and his personal perspective and understanding of its devastation. In his *Letter from Parma* sent to his above-mentioned friend Louis Sanctus, Petrarch wrote the following passage:

> The year 1348 left us lonely and bereft, for it took from us wealth which could not be restored by the Indian, Caspian or Carpathian Sea. Last losses are beyond recovery, and death's wound beyond cure. There is just one comfort: that we shall follow those who went before. I do not know how long we shall have to wait, but I know that it cannot be very long – although however short the time it will feel too long… And this man (I speak it with many tears, and would speak it with more but my eyes are drained by previous misfortunes, and I should save some tears for whatever may befall in the future), this man, I say, was suddenly seized by the pestilence which is now ravaging the world… The Life we lead is a sleep; whatever we do, dreams. Only death breaks the sleep and wakes us from dreaming. I wish I could have woken before this.[377]

In this letter, Petrarch is informing Louis about the death of Paganino da Milano, who "after numerous proofs of his virtue became very dear to me [Petrarch] and seemed worthy of your [Louis Sanctus] friendship as well as mine."[378] Throughout this passage, Petrarch's grief at the loss of his friend is symbolic of his greater grief caused by the *epidemia* as a whole. Clearly, Petrarch's main concern during the *epidemia* was the magnitude of death that it caused and the effects it had on his social circle. Petrarch expresses this anguish at the loss of a wealth, "which could not be restored by the Indian, Caspian or Carpathian Sea." Essentially, a wealth in human lives that could not be counteracted by the material value of the most lucrative trade networks of Italy, and a wound to the *communitas* and the individual that could not recover or be cured. Petrarch's sorrow is only remedied by the knowledge that death shall come for him too, and "we shall follow those who went before." Moreover, the sorrow that torments Petrarch was not newly found with the death of Paganino. It was pervasive since the *epidemia* began, to the point that Petrarch's "eyes are drained by previous misfortunes," and any remaining tears must be saved for the inevitable future. Clearly, Petrarch has been captured by the despair that gripped Gabriele de Mussis.

[377] Petrarch, "Letters on Familiar Matters," 249.
[378] Petrarch, "Letters on Familiar Matters," 249.

However, Petrarch does not channel his despair through divine wrath and retribution. Instead, his despair is more personal, as it revolves solely around the physical loss of life and not the spiritual morals of the penitent or the damned. Interestingly, Petrarch describes life and the *epidemia* as a dream that only death can wake us from. However, Petrarch does not expand on what awaits us once we awake, even though he is devoutly Catholic and has theology to inform his narrative. Nevertheless, Petrarch's initial experience of the *epidemia* was clearly full of agony and despair over the loss of loved ones. Ultimately, he suffered a conflict of emotions that he would rather have avoided, even if it meant his own death prior to the *epidemia,* as "[he] wished [he] could have woken before this."

Francesco Petrarch follows this passage with another that grapples with the cause of the *epidemia*, its efficacy, and the result on his faith in God. Petrarch wrote:

> In the year 1348, one that I deplore, we were deprived not only of our friends but of peoples throughout all the world. If anyone escaped the following year mowed down others… I do not deny that we deserve these misfortunes and even worse; but our forebears deserved them too, and may posterity not deserve them in turn. Therefore, why is it, most Just of Judges, why is it that the seething rage of Your vengeance has fallen so particularly hard upon our times?... While all have sinned alike, we alone bear the lash. We alone, I say; for I hear it affirmed that compared to the number we receive at present, the lashes inflicted upon all men after that most famous ark [of Noah] had borne the remnants of humanity upon the formless sea would have been a delight, a joke, and a respite… Your forbearance, God, has slackened little by little toward human crimes… no longer able to support us, throw us unto Your back and in Your anger avert Your eyes of mercy from us. What if we are making atonement not just for our crimes, but also those of our fathers… Therefore either we are truly the worst of all beings, which I would like to deny but dare not, or God is reserving us for some future good the more He is exercising and purging us from these present evils…[379]

In this passage, Petrarch abandons his narrative on the great loss of life and fixates on the *epidemia* within the context of history, representations of divine wrath, and Italian society. Petrarch echoes his earlier sentiment that the greatest effect of the *epidemia* was to deprive the world of so many people. However, in this case, Petrarch acknowledges that humanity deserved these misfortunes and even worse. Like

[379] Petrarch, "Letters on Familiar Matters (May 1349)," 70-74.

Gabriele, this acceptance is based on the knowledge that humanity is plagued with sin and has strayed from Christian theology, inviting God's vengeance to correct the imbalance. Nevertheless, Petrarch does not appeal for God's mercy; instead, he challenges God's motivations and efficacy. In the process, Petrarch exercises his selfhood as an insubordinate individual questioning the absolute judgement of God. Initially, Petrarch defends humanity's circumstances that their sin is no worse than any generation before them. Yet, the current *epidemia* made Noah's Ark seem like "a delight, a joke, and a respite." Moreover, Petrarch shifts blame of the *epidemia* from humanity onto God himself, stating that His carelessness toward sin allowed humanity to spiral beyond His control. From this perspective, Petrarch dramatically breaks from the social norms that Gabriele follows in his account by submitting himself to God's judgement. In contrast, Petrarch uses the injustice of the *epidemia* to challenge God's omnipotence, advocating that God is the one at fault for causing the *epidemia,* not humanity. Even so, Petrarch remains devoutly Christian, and although he does not agree with the efficacy of God's actions, denying that the present humanity deserves his wrath, he capitulates that often God's motives are beyond mortal comprehension. Fundamentally, Petrarch's account of the *epidemia* highlights the myriad of ways individuals interpreted and experienced the *epidemia.* For Petrarch, the devastation of the outbreak brought sorrow and despair, while his understanding of the *pestilentia* based on his background as an educated poet and man of letters allowed him to analyze the *epidemia* and God through his own lens of moral directives. Accordingly, Petrarch's experience of the *epidemia* shifted dramatically at the loss of friends like Paganino and his love Laura, which heightened his agony and turmoil. Nevertheless, he used the *epidemia* as an instrument of introspection to examine his faith, his place in society, and the meaning of his life in the grand opera of European existence.

The following passage from Agnolo di Tura's *Sienese Chronicle* captures not only his personal experience of the *epidemia* but a perspective of how individuals felt as it waned, and they were left in the aftermath. Concerning the *epidemia,* Agnolo wrote:

> I do not know from where came this cruelty or these pitiless ways, which were painful to see and stupefied everyone. There are not words to describe how horrible these events have been… These conditions have been so horrible that I do not reflect as often as I used to about the situation. I have thought so much about these events that I cannot tell the stories any longer… The pestilence remained and everyone who survived celebrated his or her fate. Of the monks, priests, nuns, women, and others from the secular community, they didn't worry about their expenses or games. Everyone appeared to be rich because they had survived and regained value in life. Now, no one knows how to put their life back in order.[380]

Interestingly, Agnolo does not conclusively specify that God caused the *epidemia,* nor does he evoke God's will or mercy during his account. Instead, it seems that Agnolo's work is firmly anchored in the corporeal world where the sights, sounds, and smells of Siena shaped his experience of the *epidemia.* It is distinctly possible that focusing on the physical world of Siena is a coping mechanism for his recent losses, as Agnolo states, "I, Agnolo di Tura… have buried five of my sons with my own hands."[381] Furthermore, when discussing the hardships of the *epidemia,* Agnolo remarks that there are no "words to describe how horrible these events have been" and "these conditions have been so horrible that I do not reflect as often as I used to about the situation." In this context, Agnolo is deflecting his consciousness from the grim reality of the *epidemia* in an effort to avoid coming to terms with his personal losses and the ruin that has befallen Siena. Significantly, the events that Angolo declares that he does not reflect on are the brutal abandonment of family members, the unceremonious disinterment of the dead by wild dogs, and the universal death that plagued Siena. However, these events clearly shaped Agnolo's experience of Siena during the *epidemia.* Symbolic of Agnolo's recent losses and experience of the *epidemia*, he presents a grotesque and dismal portrayal of Siena as a city where even the urban environment and wild animals have turned against the living and the dead alike. Ultimately, no human action could rival the devastation of the *epidemia*, as even the efforts of civic administrators, *medicí*, and charitable *cittadini* failed.

[380] Agnolo di Tura, *Sienese Chronicle (1348-51),* 81-82.
[381] Agnolo di Tura, 81.

Evidently, Agnolo's experience of the *epidemia* was anchored in the brutal physical reality of the urban environment and the emotional turmoil that sickness and death brought to his life. Agnolo also discusses his experience of Siena as the *epidemia* waned in the final sentences of his account. Although the *pestilence* remained, its ferocity diminished to the point that those who survived began to celebrate their fates. However, although these survivors "regained the value of life," they had to come to terms with the reality that the *epidemia* left, where innumerable friends, family, and community members had been lost. While these *cittadini* survived the ordeals of the *epidemia,* no one knew how to put their life back in order. At the end of the *epidemia,* survivors were left with a new social reality and urban environment that reflected many of the social and cultural characteristics of before, yet the post-*epidemia* world was substantially different. The *epidemia* shook the foundations of urban Italy, and through its trials, *cittadini* found new ways of contemplating the self and the community. Ultimately, by adopting or modifying the emotional scripts and social rituals prescribed by cultural institutions or constructing their own ways of interpreting and responding to the *epidemia, cittadini* altered the urban environment and social reality of Italy, and fundamentally shaped distinct experiences of the *epidemia.*

Conclusions

The self and the *communitas* were two critically important and intertwined aspects of fourteenth-century Italian society. Responding to the *epidemia,* regardless of whether it was to the sick or the dead, influenced the individual and the *communitas* in many ways. However, the decision to adhere to the collective or strike out on one's own was a product of individual motivations, uniquely shaped by personal characteristics, culture, and society. In fourteenth-century Italy, the boundaries between the self and the *communitas* were often blurred. Accordingly, the social self, which *cittadini* portrayed in social and cultural life, was incorporated into the private self, the "full self," that only the individual had access to

and understood. This private self was the genesis of individuals' motivations, actions, and emotions during the *epidemia*. By acknowledging the private self as an autonomous entity, the responses of *cittadini* to the sick and the dead can be understood as a moral dilemma between tending to the family and *communitas* and personal survival. Undeniably, individuals operated and engaged with a wide and varying network of social interactions, cultural institutions and rituals, and perceptions of proper social functioning. However, at no point were these forces absolute in controlling and governing the self. The *epidemia* did not shatter the social networks and cultural institutions that governed urban Italy; however, it shook them to their core, altering the social reality and urban environment. During the *epidemia,* the compulsion to conform to the *communitas* lessened as the authority of urban cultural institutions decayed, and avenues for mitigating the *epidemia* opened new possibilities for expressing selfhood. Ultimately, the *epidemia* provided numerous opportunities for supporting the self and the *communitas* through its own effects and the responses made available to *cittadini*. Whether *cittadini* chose to support the *communitas* as a crucial member of the collective or work autonomously, facing the hardships of the *epidemia* alone, their responses to the *epidemia* shaped their experience of the tragedy and those of their friends and family.

The conclusions that emerge from *cittadini's* collective and autonomous experiences of the *epidemia* show that there was no singular way of experiencing the event. Instead, innumerable possible experiences existed depending on *cittadini's* unique backgrounds, lived environments, and available responses to the *epidemia*. Accordingly, the array of feasible individual and collective responses to the *pestilentia,* the sick, and to death provides insight into some of the ways that *cittadini* experienced the *epidemia.* For instance, many *cittadini* engaged with communal institutions and rituals, such as hospitals, charities, confraternities, and communal prayer to mitigate the *epidemia*. Through these responses, *cittadini* aligned their motivations, actions, and emotions with the *communitas* and utilized their collective willpower to shape their social reality and urban environment to better suit the common good. These

responses relied on privileged incorporation to ensure that members' intentions were unified with those of the *communitas.* Through their engagement with the *communitas, cittadini* experienced the *epidemia* in conjunction with an expansive body of peers, religious and secular professionals, and urban institutions, providing mutual assistance and support to those affected by the *epidemia.* In contrast, the *epidemia* also created multiple opportunities for responding to the *epidemia* as an individual. Many individuals chose this route and pursued their own survival over that of their friends, family, and community. In the process, their motives, actions, and emotions diverged from the *communitas* as they forged their own responses and experiences. These individuals exploited the opportunities provided by the *epidemia,* such as the collapse in social authority and the recommended methods for mitigating the *pestilentia*, for their own benefit, emphasizing their desires and selfhood. Although these actions were meant to influence the individual, their actions crucially affected the urban environment, altering the experiences of friends, family, and peers. Nevertheless, the choice to respond to the *epidemia* as an individual was deeply personal and loaded with economic, spiritual, and social risks. When taken together, *cittadini's* responses display that every individual experienced the *epidemia* differently based on their particular background, characteristics, beliefs, and environment.

The biographical accounts of Gabriele de Mussis, Louis Sanctus, Francesco Petrarch, and Agnolo di Tura further emphasize this fact of experiencing the *epidemia*. While Gabriele and Petrarch both concerned themselves with the causality of the *epidemia*, God's vengeance, and His moral efficacy, they arrived at dramatically different conclusions that helped shape their experience of the *epidemia* and responses to it. Similarly, Louis and Agnolo focused on the material and physical effects of the *epidemia*. However, Louis emphasized the proactive measures that can be taken to mitigate the *pestilentia*, ensuring the health of his loved one, while, in contrast, Agnolo was consumed by the devastation that the *epidemia* brought to Siena and the loss of his sons; consequently, his account is suffused with sorrow and hopelessness in the face of the urban environment the *epidemia* created in Siena. Ultimately, the

epidemia was a momentous event for all those involved as a period of introspection and assessment of faith, society, friends, family, and the value of life. Every citizen that lived through the *epidemia* persisted through adversity, working to confront and mitigate the disease. Whether they were motivated to ensure the protection of their *communitas*, friends, family, or themselves, they engaged with and employed a wide variety of responses to the *epidemia*, many of which were provided by cultural institutions and others that were created or modified during the outbreak. In the end, however, every citizen experienced the *epidemia* for themselves through the urban environment, the actions of their peers and family members, and fundamentally through their own beliefs, desires, actions, and emotions.

Conclusion

Throughout this thesis, the social networks, emotional scripts, and cultural influences that molded fourteenth century *cittadini's* interpretations of and responses to the epidemic outbreak of the bubonic plague have been discussed and analyzed. Fundamentally, these characteristics of urban society are an essential part of understanding the affective worlds that the *epidemia* struck. Within these affective worlds, a dynamic relationship existed between Italian culture, collective society, and the individual with experiences being both an ingredient and product of the system. Moreover, this dynamic relationship was firmly embedded in the historically specific cultural norms, social interactions, and emotional scripts of urban Italy. Accordingly, what *cittadini* saw, felt, and believed during the *epidemia* was real, in the sense that their cultural context informed emotional scripts and social rituals that prescribed how to interpret, engage with, and mitigate the *pestilentia* and its victims. Throughout this analysis, we have explored what opportunities existed for responding to the *epidemia*, what limited *cittadini's* efforts to mitigate its effects, and most importantly, how it felt to endure the *epidemia*. When taken together, these questions depict the array of possible events and responses that shaped *cittadini's* experiences of the *epidemia.* From this research, it is clear that *cittadini* adopted emotional scripts and social rituals provided by the cultural institutions of Italy to respond to the *epidemia*; however, when these failed, *cittadini* developed their own scripts and rituals or modified existing ones to interpret the *pestilentia* and respond to the sick and dying, thereby altering their responses, and fundamentally shaping their distinct experiences of the *epidemia.*

For instance, *Cittadini's* efforts to understand the *pestilentia* and respond to the sick were highly influential in shaping the urban environment and their perception of friends, family, and community members, which altered their individual and collective experiences of the *epidemia.* Critically, the *medicí's* miasma theory provided a ubiquitous depiction of the *pestilentia*, its victims, and the potential hazards

created by the sick and the *pestilentia* in the urban environment. Consequently, the knowledge that the venomous air exuded from sick *cittadini's* skin, breath, and gaze polluted the victim's immediate surroundings and wider regions of the *communitas* strained social bonds and altered social interactions. Furthermore, the perceived power of the psychic faculty over bodily health compounded *cittadini's* anxiety over the urban environment, as they feared the omnipresence of the *pestilentia* in their homes and cities would corrupt their imagination, exposing them to the disease. This interpretation of the *pestilentia* and its causes was commonly adopted by *cittadini* and greatly influenced their responses to sick friends, family, and peers. In many cases, as Gui de Chauliac recounts, "[t]he dying patients were left alone, without servants or priests. A father did not attend his son, and the reverse. Charity was nonexistent, and Hope was struck down."[382] In the end, *cittadini's* trepidation led to the avoidance of the sick and widespread abandonment, initiating a crisis of care in urban centers that profoundly shaped the experiences of the sick and their friends and family.

Nevertheless, other *cittadini* embraced the Christian tenets of love, charity, and community, coming together to provide direly needed spiritual, medical, social, and emotional supports to sick and healthy citizens alike. The hopeful actions of these *cittadini*, who strove to ease victims' suffering, bring collective salvation, and better the urban environment, contributed to the continued functioning of urban society and the survival of numerous community members. This wide network of *medicí*, priests, notaries, civic administrators, friends, and family cooperated to promote public health by taking responsibility for poor relief and medical and spiritual aid. Through the actions of hospitals, lay religious organizations, and civic piety, *cittadini* took proactive steps to combat the *epidemia* and mitigate its debilitating effects. Furthermore, the enactment of collective religious rituals, provision of medical and spiritual care, and dispensation of public aid allowed *cittadini* to alter the urban environment to better pursue the common

[382] Gui de Chauliac, *The Major Surgery*, 249.

good. This newly defined social reality was constructed around healing, peacemaking, and mutual assistance between community members and kin. Ultimately, by utilizing the cultural institutions of urban Italy and Christian emotional scripts and social rituals, *cittadini* reestablished the essential social bonds that united the *communitas* around a common goal of survival and prosperity. From the above, it is clear that the *medici*'s miasma theory shaped the urban environment and *cittadini's* perception of friends, family, and community members positively and negatively. While the commonly held understanding of the *pestilentia* portrayed victims as a hazard to avoid, shunning and abandonment were only two possible responses available to *cittadini*, amongst many others. Instead, the responses to the sick made available to *cittadini* provided numerous opportunities for self-preservation, assisting the sick, and supporting the *communitas,* all of which shaped distinct experiences of the *epidemia.*

The most debilitating effect of the *epidemia* on urban society was the omnipresence of death. Regardless of whether *cittadini* were responding to the volume of corpses that filled the streets, burying friends and loved ones, or preparing themselves for the very real possibility of their own death, they engaged with this facet of the *epidemia* on a daily basis. Furthermore, death and dying were critical cultural rites of passage embedded in the social rituals and religious traditions of urban Italy. For this reason, the prevalence of death was critical in shaping the urban environment and *cittadini's* responses to the *epidemia.* To respond to death in the urban environment, many *cittadini* adapted the emotional scripts and cultural norms provided by the cultural institutions of Italy to reflect the grim reality of the great mortality. However, when these failed under the physical and psychological burdens of the *epidemia, cittadini* developed their own scripts and rituals or modified existing ones to interpret the *pestilentia* and respond to the sick and dying. Inevitably, the *epidemia* erected many physical and psychological barriers for *cittadini*, the most prevalent of which was the physical burden of the mortality that forced alterations to traditional burial practices. These alterations, such as the shift to mass graves, the abandonment of the last rites, and the loss of spiritual services, removed the healing qualities that

burial provided for the *communitas* and distorted *cittadini's* perception of death and the cultural institutions that defined it. For many, such as Agnolo di Tura and Giovanni Boccaccio, the collapse of traditional funeral practices was symbolic of a broader collapse in the social bonds that held society together, as *cittadini* no longer cared for the dead and dying.

Nevertheless, traditional funeral practices did not fade away. Instead, they underwent greater changes aimed at protecting urban citizens' physical and spiritual health. These adaptations to the fundamental rite of death further shaped the urban environment by restructuring *cittadini's* cultural norms and emotional scripts, providing them with different ways of responding to death and experiencing the *epidemia.* For instance, civic administrators drew on their medical and cultural knowledge of the *pestilentia* to construct safer and more efficacious funeral regulations by restricting burial practices and the size and duration of funerals. Although well-intentioned, the alterations to funeral practices caused by the *epidemia* and civic administrators restricted *cittadini's* access to these rituals, emotional scripts, and the emotional healing provided by funerals. Accordingly, *cittadini* viewed pestilential funerals as a detriment to social functioning, spiritual health, and the success of the *communitas.* However, *cittadini* employed new and modified social practices that allowed them to actively engage with the mortality and cope with their grief and loss by emphasizing consolation and hope. Furthermore, the *epidemia* challenged *cittadini's* preconceived notions of death, dying, and their place in the social structure of the city, forcing them to adopt unconventional emotional scripts to mitigate the *pestilentia* that altered their social networks and urban environment. Fundamentally, *cittadini* reimagined the spatially defined emotions of funeral rituals and engaged with unique methods of preserving their physical and spiritual health. During the *epidemia,* death and dying became a more personalized experience for *cittadini* as they increasingly focused on ensuring their own spiritual health and salvation. Regardless of whether *cittadini* devoted more attention to their own burial, charitable bequests to those deemed deserving, or the construction of personalized plots and monuments, they made great efforts to distinguish themselves

from the mass of the dead. In the end, the *epidemia* changed the innate way that *cittadini* understood and experienced death and dying, contributing to the range of distinct experiences open to *cittadini.*

While responding to the sick and to death were two fundamental aspects of experiencing the *epidemia*, these responses created numerous opportunities for experiencing the *epidemia* as an individual and a collective. Critically, the effect of the *epidemia* on urban social networks and rituals opened new opportunities for thinking about self and community by simultaneously solidifying the individual as a meaningful member of the *communitas* and liberating the individual as an autonomous agent. Within the context of urban Italian society during the *epidemia, cittadini's* responses to the disasters show how *individual cittadini* felt about what was being done to them, what avenues were available for safety and security, and how they felt about their responses and the consequences. Ultimately, all *cittadini* were members of urban society and community; however, the decision to adhere to the collective or diverge from its purpose was a product of individual motivations, uniquely shaped by personal characteristics, culture, and society. Therefore, every *cittadino's* experience of the *epidemia* was a consequence of their autonomous decision to engage with or reject the recommended responses of cultural institutions and the emotional scripts and social rituals adopted by them and the *communitas.*

Moreover, the *epidemia* provided numerous opportunities for supporting the self and the *communitas*. Collective responses ranged from lay religious institutions, such as hospitals, charities, and confraternities, to communal prayer and pious rituals. However, engagement with these collective responses required *cittadini* to align their intentions, actions, and emotions with the common good of the *communitas*. This communal motivation incorporated *cittadini* into a unified *communitas* that wielded significant social and political power to change the urban environment and their social reality. Fundamentally, these collective responses to the *epidemia* allowed *cittadini* to work in conjunction with an expansive body of peers, religious and secular professionals, and urban institutions to provide mutual assistance and support to those affected by the *epidemia*. In the process, these *cittadini* constructed

collective experiences of the *epidemia* through their successful and occasionally failed efforts to change the urban environment and social reality. Conversely, many *cittadini* chose to respond to the *epidemia* as an individual and pursue their own survival over that of their friends, family, and community. These individuals exploited the opportunities created by the *epidemia* for their own benefit as a moment to emphasize their desires and selfhood. The consequences of their responses, whether they were intended or not, dramatically changed the urban environment and social reality of urban Italy, altering the experiences of friends, family, and peers. Accordingly, the choice to respond to the *epidemia* as an individual carried significant moral weight, as individuals measured their own survival against the economic, spiritual, and social risks that autonomy carried. Nevertheless, *cittadini's* responses to the *epidemia* further accentuate that all individuals' experiences were different based on their decisions and those of their community members as well.

Ultimately, *cittadini* adopted the emotional scripts and social rituals provided by the cultural institutions of Italy to respond to the *epidemia*. Accordingly, many *cittadini*, such as Gabriele de Mussis and Louis Sanctus, drew on religious, medical, and social recommendations provided by the urban institutions that influenced their immediate environments to understand and respond to the disease. In the process, they adopted and similarly recommended these responses to their friends, families, and peers, constructing a collective understanding of the *epidemia* that could be shared between individuals. These responses to the *epidemia* were critical in shaping the urban environment as they were commonly known, readily available, and were pervasive throughout urban Italy. Consequently, they were major factors that shaped *cittadini's* distinct experiences of the *epidemia.* However, when these failed, *cittadini* developed their own scripts and rituals or modified existing ones to interpret the *pestilentia* and respond to the sick and dying. Through this process, the *epidemia* led *cittadini* to challenge their understandings of religion, society, death, and their own existence. Fundamentally, as is seen in Francesco Petrarch and Agnolo di Tura's accounts, the devastation of the *epidemia* instigated a period of introspection and self-

reflection, as individuals struggled to reconcile the tragedy with their own comprehension of God, humanity, and selfhood. In this way, *cittadini's* responses to the *epidemia* were intensely personal as they relied upon individuals' particular background, characteristics, beliefs, and environment, to guide the emotional scripts, social rituals, and recommended responses that they chose to engage with or reject. Conclusively, through this complex network of personal, cultural, and social influences, every *cittadini's* interpretations of and responses to the *epidemia* were unique, and thus, their experiences of the *epidemia* were culturally and individually distinct.

Bibliography

Primary Sources:

Alfonso de Cordoba. *Letter and Regimen Concerning the Pestilence (1348).* In *The Black Death: The Great Mortality of 1348-50* by John Aberth. New York: Bedford/St. Martin's Press, 2005.

Epistola et regimen de pestilential (1348-9). In "Facing the Black Death: Perceptions and Reactions of University Medical Practitioners" by Jon Arrizabalaga. In *Practical Medicine from Salerno to the Black Death*. Edited by L. García-Ballester, R. French, J. Arrizabalaga, and A. Cunningham. Cambridge: Cambridge University Press, 1994.

Agnolo di Tura. *Sienese Chronicle (1348-51).* In *The Black Death: The Great Mortality of 1348-50* by John Aberth. New York: Bedford/St. Martin's Press, 2005.

Cronaca Senese (1348-51). In *The Great Mortality: An Intimate History of the Black Death* by John Kelly. New York: HarperCollins Publishers, 2005.

Boccaccio, Giovanni. *The Decameron.* Trans. Guido Waldman. New York: Oxford University Press, 1993.

City Council of Siena. *Ordinance (May, 1349).* In *The Black Death: The Great Mortality of 1348-50* by John Aberth. New York: Bedford/St. Martin's Press, 2005.

Cortusii Patavini Duo. "sive Gulielmi et Abrigeti Cortusiorum, Historia de Novitatibus Paduae et Lombardiae ab anno MCCLVI usque ad MCCCLXIV." In *The Black Death.* Edited and translated by Rosemary Horrox. Manchester: Manchester University Press, 1994.

Gabriele de Mussis. *History of the Plague (1348).* In *The Black Death: The Great Mortality of 1348-50* by John Aberth. New York: Bedford/St. Martin's Press, 2005.

Historia de Morbo. In *The Black Death.* Edited and translated by Rosemary Horrox. Manchester: Manchester University Press, 1994.

Galen. *Selected Works*. Translated by P.N. Singer. Oxford: Oxford University Press, 1997.

Gentile da Foligno. *Consilium contra pestilentiam (1348).* In "Facing the Black Death: Perceptions and Reactions of University Medical Practitioners" by Jon Arrizabalaga. Cambridge: Cambridge University Press, 1994.

Short Casebook (1348). In *The Black Death: The Great Mortality of 1348-50* by John Aberth. New York: Bedford/St. Martin's Press, 2005.

Giovanni da Parma. *Cronica Inedita.* In *Epidemics: Hate and Compassion from the Plague of Athens to Aids* by Samuel K. Cohn. Oxford: Oxford University Press, 2018.

Giovanni della Penna. *Consilium in Magna Pestilentia (1348).* In "Facing the Black Death: Perceptions and Reactions of University Medical Practitioners" by Jon Arrizabalaga. Cambridge: Cambridge University Press, 1994.

Gui de Chauliac. *The Great Surgery.* Trans. Leonard Rosenman. Indiana: Xlibri Corp, 2007.

Hippocrates. *Hippocratic Writings.* Translated by Francis Adams. Chicago: Encyclopedia Britannica Inc, 1952.

Ibn Sina. *The Canon of Medicine.* Trans. J. Hamdard. New Delhi: Department of Islamic Studies, 1993.

Jacme d'Agramont. *Regimen de Preservacio de Pestilencia.* Trans. M.L. Duran-Reynals. "Jacme d'Agramont and the First of the Plague Tractates." *Bulleting of the History of Medicine.* Vol, 22. No. 6 (Nov/Dec, 1948).

Regimen de Preservacio a epidemia. In *The Black Death: The Great Mortality of 1348-50* by John Aberth. New York: Bedford/St. Martin's Press, 2005.

Jean de Venette. *Chronicle (1359).* In *The Black Death: The Great Mortality of 1348-50* by John Aberth. New York: Bedford/St. Martin's Press, 2005.

Marchione di Coppo Stefani. *The Florentine Chronicle.* Trans. Niccolo Rodolico. *Rerum Italicarum Scriptores.* Vol. 30. http://www2.iath.virginia.edu/osheim/marchione.html. Accessed January 8th, 2021.

Mariano di Ser Jacopo Sopra*. Il Codice di Mariano di Ser Jacopo Sopra*. "The Black Death in Florence: Medical and Communal Responses" by John Henderson. In *Death in Towns: Urban Responses to the Dying and the Dead*, 100–1600. Edited by Steven Bassett. London and New York: Leicester University Press, 1992.

Michele da Piazza. *Chronicle.* In *The Black Death: The Great Mortality of 1348-50* by John Aberth. New York: Bedford/St. Martin's Press, 2005.

Cronaca. In *The Black Death* by Rosemary Horrox. England: Manchester University Press, 1994.

Morelli, Giovanni. *Ricordi.* In "Family Solidarity in Medieval Italian History" by David Herlihy. *Explorations in Economic History.* Vol. 7, No. 1. (Fall 1969): 173-185.

Municipality of Cologne. *Letter to Strasbourg.* In *The Black Death: A Chronicle of the Plague* by Johannes Nohl. Pennsylvania: Westholme Publishing, 2006.

Louis Sanctus. *Letter (April, 1348).* In *The Black Death: The Great Mortality of 1348-50* by John Aberth. New York: Bedford/St. Martin's Press, 2005.

Letter (1348). In *The Black Death* by Rosemary Horrox. England: Manchester University Press, 1994.

Petrarch, Francesco. "Letters on Familiar Matters (May 1349)." In *The Black Death: The Great Mortality of 1348-50* by John Aberth. New York: Bedford/St. Martin's Press, 2005.

"Letters on Familiar Matters." In *The Black Death* by Rosemary Horrox. England: Manchester university Press, 1994.

Pucci, Antonio. "Delle Crudelta Della Pestilenze." In *Epidemics: Hate and Compassion from the Plague of Athens to Aids* by Samuel K. Cohn. Oxford: Oxford University Press, 2018.

Saccheti, Franco. *Il Trecentonovelle (1360).* In *The Cult of Remembrance and the Black Death: Six Renaissance Cities in Central Italy* by Samuel K. Cohn. Baltimore: John Hopkins University Press, 1992.

Sardo, Ranieri. *Cronica di Pisa.* In *Epidemics: Hate and Compassion from the Plague of Athens to Aids* by Samuel K. Cohn. Oxford: Oxford University Press, 2018.

Sanitary Commission of Venice. In *The Black Death: A Chronicle of the Plague* by Johannes Nohl. Pennsylvania: Westholme Publishing, 2006.

Tommasso del Garbo. *Consiglio Contro a Pistolenza.* In *Doctors and Medicine in Early Renaissance Florence* by Katherine Park. New Jersey: Princeton University Press, 1985.

Consilio contro alla peste (1348). In "The Black Death in Florence: Medical and Communal Responses" by John Henderson. London and New York: Leicester University Press, 1992.

Villani, Giovanni and Matteo. *Chronicle.* In *The Black Death: The Great Mortality of 1348-50* by John Aberth. New York: Bedford/St. Martin's Press, 2005.

Nuova Cronica. In *Doctors and Medicine in Early Renaissance Florence* by Katherine Park. New Jersey: Princeton University Press, 1985.

"Anonymous Practitioner from Montpellier (1348)." In "Facing the Black Death: Perceptions and Reactions of University Medical Practitioners" by Jon Arrizabalaga. Cambridge: Cambridge University Press, 1994.

"Brief Chronicle of an Anonymous Cleric (Avignon, 1348)." In *The Black Death.* Edited and translated by Rosemary Horrox. Manchester: Manchester University Press, 1994.

"Gli Ordinamenti Sanitari del Comune di Pistoia contro la Pestilenza del 1348." In *The Black Death.* Edited and translated by Rosemary Horrox. Manchester: Manchester University Press, 1994.

Statuta Populi. In *Plague and the Poor in Renaissance Florence* by Ann Carmichael. New York: Cambridge University Press, 1986.

Secondary Sources on the Black Death:

Aberth, John. *The Black Death: The Great Mortality of 1348-1350 – A Brief History with Documents*. New York: Bedford/St. Martin's Publishing, 2005.

Amelang, James. "Social Hierarchies: The Lower Classes." In *A Companion to the Worlds of the Renaissance.* Edited by Guido Ruggiero. Oxford: Blackwell Publishing, 2007.

Arlinghaus, Franz-Josef. "Conceptualizing Pre-Modern and Modern Individuality: Some Theoretical Considerations." In *Forms of Individuality and Literacy in the Medieval and Early Modern Periods*. Edited by Franz-Josef Arlinghaus. Belgium: Brepols Publishers, 2015.

Arrizabalaga, Jon. "Facing the Black Death: Perceptions and Reactions of University Medical Practitioners." In *Practical Medicine from Salerno to the Black Death*. Edited by L. García-Ballester, R. French, J. Arrizabalaga, and A. Cunningham. Cambridge: Cambridge University Press, 1994.

Arrizabalaga, Jon, John Henderson, and Roger French. *The Great Pox: The French Disease in Renaissance Europe.* London: Yale University Press, 1997.

Benedictow, Ole. *The Black Death, 1346–1353: The Complete History*. Woodbridge: Boydell, 2004.

Binski, Paul. *Medieval Death: Ritual and Representation.* New York: Cornell University Press, 1996.

Brodman, James. "Hospitals in the Middle Ages." In *A Companion to the Medieval World.* Edited by Carol Lansing and Edward English. Sussex: Blackwell Publishing Ltd, 2009.

Bornstein, Daniel "The Bounds of Community: Commune, Parish, Confraternity, and Charity at the Dawn of a New Era in Cortona." In *The Politics of Ritual Kinship.* Edited by Nicholas Terpstra. New York: Cambridge University Press, 2000.

Campbell, Bruce. *The Great Transition: Climate, Disease and Society in the Late Medieval World*. Cambridge: Cambridge University Press, 2016.

Carmichael, Ann. *Plague and the Poor in Renaissance Florence*. United Kingdom: Cambridge University Press, 2014.

Cohn, Samuel K. *Epidemics: Hate and Compassion from the Plague of Athens to Aids*. Oxford: Oxford University Press, 2018.

Late Medieval and Early Modern Ritual: Studies in Italian Urban Culture. Belgium: Brepols Publishers, 2013.

The Cult of Remembrance and the Black Death: Six Renaissance Cities in Central Italy. Baltimore: John Hopkins University Press, 1992.

Cossar, Roisin. *Clerical Households in Late Medieval Italy.* London: Harvard University Press, 2017.

The Transformation of the Laity in Bergamo: 1265-1400. Leiden: Brill Academic Publishers, 2006.

Datta, Satya. *Women and Men in Early Modern Venice.* Hampshire: Ashgate Publishing Company, 2003.

Dean, Trevor. "Plague and crime: Bologna, 1348-1351." *Continuity and Change*. Vol 30. No 3. https://search-proquest-com.ezproxy.uleth.ca/docview/1752223488?accountid=12063&pq-origsite=summon.

Duran-Reynals, M.L, and C.A. Winslow. "Jacme d'Agramont and the First of the Plague Tractates." *Bulletin of the History of Medicine*, Vol. 22, No. 6 (Nov/Dec, 1948): 747-765.

Elias, Norbert. *The Civilizing Process (1929).* Trans. F Jephcott. New Jersey: Blackwell Publishing, 2000.

Franceschi, Franco. "The Rituals of the Guilds: Examples from Tuscan Cities (Thirteenth to Sixteenth Centuries)." In *Late Medieval and Early Modern Ritual Studies in Italian Urban Culture* by Samuel Cohn. Belgium: Brepols Publishers, 2013.

Findlen, Paula, Michelle Fontaine, and Duane Osheim. *Beyond Florence: The Contours of Medieval and Early Modern Italy.* California: Stanford University Press, 2003.

Gordon, Bruce and Peter Marshall. *The Place of the Dead: Death and Remembrance in Late Medieval and Early Modern Europe.* Cambridge: Cambridge University Press: 2000.

Hatty, James. "Coping with Disaster: Florence after the Black Death." Sydney Studies in Society and Culture. https://openjournals.library.sydney.edu.au/index.php/SSSC/article/view/8141/8248.

Henderson, John. "The Black Death in Florence: Medical and Communal Responses." In *Death in Towns: Urban Responses to the Dying and the Dead*, 100–1600. Edited by Steven Bassett. London and New York: Leicester University Press, 1992.

Herlihy, David. “Family Solidarity in Medieval Italian History.” *Explorations in Economic History.* Vol. 7, No. 1. (Fall 1969): 173-185.

“Mapping Households in Medieval Italy.” *Historical Review.* Vol. 58, No. 1. (April 1972): 58-83.

Medieval and Renaissance Pistoia: The Social History of an Italian Town, 1200-1430. Connecticut: Yale University Press, 1967.

“Population, Plague, and Social Change in Rural Pistoia, 1201–1430.” *Economic History Review*, 2nd ser., 18 (1965): 225–44.

“The Making of the Medieval Family: Symmetry, Structure, and Sentiment.” *Journal of Family History.* Vol. 8, No. 2. (Summer 1983): 116-131.

Horrox, Rosemary. *The Black Death*. England: Manchester University Press, 1994.

Huizinga, Johan. *The Waning of the Middle Ages (1924).* New York: Dover Publications, 2013.

Jansen, Katherine. *Peace and Penance in Late Medieval Italy.* Princeton: Princeton University Press, 2018.

Kelly, John. *The Great Mortality: An Intimate History of the Black Death, the Most Devastating Plague of All Time*. New York: Harper Perennial Publishing, 2006.

Kircher, Timothy. “Anxiety and Freedom in Boccaccio’s History of the Plague of 1348.” *Letteratura Italiana antica*, 3 (2002): 319–57.

Lansing, Carol. *Passion and Order: Restraint of Grief in the Medieval Italian Communes.* New York: Cornell University Press, 2008.

Lansing, Carol, and Edward English. *A Companion to the Medieval World.* Sussex: Blackwell Publishing, 2009.

Lee, Alexandra. “Confraternities and the Plague in Orvieto: 1340-1410.” *Confraternitas*. Vol. 28, No. 2 (Fall 2017): 1-14. https://jps.library.utoronto.ca/index.php/confrat/article/view/29314/21861

Logan, Richard. “A Conception of the Self in the Later Middle Ages.” *Journal of Medieval History.* Vol. 12, No. 3 (September 1986): 253-268.

McNeill, William. *Plagues and Peoples.* New York: Anchor Books Press, 1976.

Neal, Derek. *The Masculine Self in Late Medieval England*. Chicago: University of Chicago Press, 2008.

Nohl, Johannes. *The Black Death: A Chronicle of the Plague*. Translated by C.H. Clarke (1926). Pennsylvania: Westholme Publishing, 2006.

Park, Katharine. *Doctors and Medicine in Early Renaissance Florence.* New Jersey: Princeton University Press, 1985.

Park, Katherine and John Henderson. “The First Hospital Among Christians: The Ospedale di Santa Maria Nuova in Early Sixteenth-century Florence.” *Journal of Medical History.* Vol. 35 (1991): 164-188.

Shaw, David. *Necessary Conjunctions: The Social Self in Medieval England.* New York: Palgrave Macmillan, 2005.

Siraisi, Nancy. *Medieval and Early Renaissance Medicine: An Introduction to Knowledge and Practice.* Chicago: Chicago University Press, 1990.

Terpstra, Nicholas. *Cultures of Charity: Women, Politics, and the Reform of Poor Relief in Renaissance Italy.* Cambridge: Harvard University Press, 2013.

The Politics of Ritual Kinship Confraternities and Social Order in Early Modern Italy. Cambridge: Cambridge University Press, 2000.

Tonsor, Stephen. "Order and Degree: The Medieval Quest for Individuality Within the Bounds of Community." *The Intercollegiate Review.* Vol. 24, No. 1 (Fall 1988): 29-38.

Venderber, Suzanne. *The Medieval Fold: Power, Repression, and the Emergence of the Individual.* New York: Palgrave Macmillan, 2013.

Wray, Shona. "Boccaccio and the doctors: medicine and compassion in the face of plague." *Journal of Medieval Medicine*. https://www-tandfonline.com.ezproxy.uleth.ca/doi/pdf/10.1016/j.jmedhist.2004.06.005?needAccess=true

Communities and Crisis: Bologna during the Black Death. The Netherlands: Brill Publishers, 2009.

"Tracking Families and Flight in Bologna during the Black Death." *Medieval Prosography.* Vol. 25 (2004): 145-160.

Ziegler, Philip. *The Black Death.* New York: Harper Perennial, 1969.

Zinsser, Hans. *Rats, Lice, and History*. Boston: The Atlantic Monthly Press, 1935.

History of Emotions and Experiences:

Archambeau, Nicole. "Healing Options during the Plague: Survivor Stories from a 14th-century Canonization Inquest." *Bulletin of the History of Medicine*. Vol. 85. No. 4 (Winter 2011): 531-59.

Boddice, Rob. *A History of Feeling.* London: Reaktion Books, 2019.

The History of Emotions. Manchester: Manchester University Press, 2018.

"The History of Emotions: Past, Present, and Future." *Revista de Estudios Sociales*. Vol. 62 (May 2017): 10-15.

Boddice, Rob and Mark Smith. *Emotion, Sense, Experience.* Cambridge: Cambridge University Press, 2020.

Brotons, Fanny H. "The Experience of Cancer Illness: Spain and beyond." PhD Thesis. Madrid: Carlos III University, 2017.

Broomhall, Susan. *Emotions in the Household, 1200-1900*. London: Routledge Press, 2017.

Violence and Emotions in Early Modern Europe. London: Routledge Press, 2016.

Bouquet, Damien and Piroska Nagy. *Medieval Sensibilities: A History of Emotions in the Middle Ages*. Translated by Robert Shaw. Cambridge: Polity Press, 2018.

Ernst, Sebastien. “Spaces of Feeling and Felt Spaces: Spatially Structured Emotions in the Jailhouse.” *History of Emotions, Max Planck Institute for Human Development.* (October, 2015): https://www.history-of-emotions.mpg.de/texts/spaces-of-feeling-and-felt-spaces.

Febvre, Lucien. “Sensibility and History: How to Reconstitute the Emotional Life of the Past.” in *A New Kind of History from the Writings of Lucien Febvre*. Ed. Peter Burke. London: Routledge & Kagan Paul, 1973: 12-26.

Nagy, Piroska and Xavier Biron-Oullet. “A Collective Emotion in Medieval Italy: The Flagellant Movement of 1260.” *Emotion Review*. Vol. 12. No. 3 (July 2020): 135-45.

Reddy, William. “Historical Research on the Self and Emotions.” *Emotion Review*. Vol. 1. No. 4 (September 2009): 302-15. https://journals-sagepub-com.ezproxy.uleth.ca/doi/10.1177/1754073909338306

Navigation of Feeling. Cambridge: Cambridge University Press, 2001.

Roper, Michael. “The Unconscious Work of History.” *Cultural and Social History*. Vol. 11. No. 2 (May 2015): 169-93.

Rosen, George. “People, Disease, and Emotion: Some Newer Problems for Research in Medical History.” *Bulletin of the History of Medicine*. Vol. 41. No. 1 (January-February 1967): 5-23.

Rosenwein, Barbara. Anger's Past: The Social Uses of an Emotion in the Middle Ages. New York: Cornell University Press, 1998.

Generations of Feeling: A History of Emotions, 600-1700. Cambridge: Cambridge University Press, 2016.

“Worrying About Emotions in History.” *The American Historical Review*. Vol. 107, No. 3 (June 2002): 821-45.

Stearns, Carol, and Peter. “Emotionology: Clarifying the History of Emotions.” *The American Historical Review*. Vol. 90. No. 4 (October 1985): 813-36

Spinks, Jennifer, and Charles Zika. *Disaster, Death, and Emotions in the Shadow of the Apocalypse, 1400-1700*. London: Palgrave Macmillan Publishing, 2016.