HÁSKÓLI ÍSLANDS
Hugvísindasvið

Charity On The Fringes Of The Medieval World

Skriðuklaustur, A Late Medieval Priory-Hospital In Eastern Iceland

Ritgerð til MA-prófs

Catharine M. Wood

September 2013

Háskóli Íslands

Hugvísindasvið

Sagnfræði- og heimspekideild

Fornleifafræði

Charity On The Fringes Of The Medieval World

Skriðuklaustur, A Late Medieval Priory-Hospital In Eastern Iceland

Ritgerð til MA-prófs

Catharine M. Wood

Kt.: 150371-2799

Leiðbeinandi: Steinunn Kristjánsdóttir

September 2013

Figure 1: Icelandic postage stamp commemorating the 500th -year anniversary of the consecration of Skriðuklaustur's church

This is a study on the space and place of medieval monastic charity as represented by the infirmary that was in operation at Skriðuklaustur, a late medieval Augustinian monastery (1493-1554), located in eastern Iceland. In approaching the analysis on the space and place of care, the first step is to understand what was meant by medieval monastic hospitality and charity and the factors that differentiated between the two practices. This distinction between hospitality and charity as practiced by religious groups is important to understand because it dictated not only the *form* of interaction but also the *location* of interaction. Therefore, the second step in this study is identifying these places of care and how they were physically demarcated according to religious practice. This will be conducted by analyzing the location and architectural layout of monastic infirmaries and hospitals. Other material considerations in the practice of care include the artifacts associated with the medical profession as well as information from burials at monasteries and hospitals where the age, gender and types of pathological conditions that have been identified from the skeletal assemblage may reveal evidence of the practices and level of care administered at these infirmaries. The final step is the combination of the archaeological evidence and historical documentation that will be used to develop a context in which to understand how the social mechanisms of monasticism were used in the creation of space and place in the practice of charity towards secular society. This social aspect of monasticism played an integral role in developing and maintaining the monastic identity and it is through this understanding that the practice of charity may be recognized at the late medieval monastery, Skriðuklaustur.

For AVW
1972-2010
sjáumst

In hospitality there is to be no regard for persons, but we ought to welcome indifferently all for whom our resources suffice (*Decretum Gratiani*, *Distinctio* 42 *post* C. I)

Place is pause in movement (Tuan 1978)

An archaeological poetics involves finding ways of expressing and taking the measure of something which is absent (Thomas 1996)

Table of Contents

Figures

Introduction

Skriðuklaustur and Medieval Western European Monasticism

During the eleventh century the people of Iceland converted to Christianity and subsequently there were nine monasteries and two convents in operation at one time or another during the medieval period, starting from the High Middle Ages with Baer monastery (1033-1049) and closing out the Late Middle Ages with Skriðuklaustur (1493-1554).

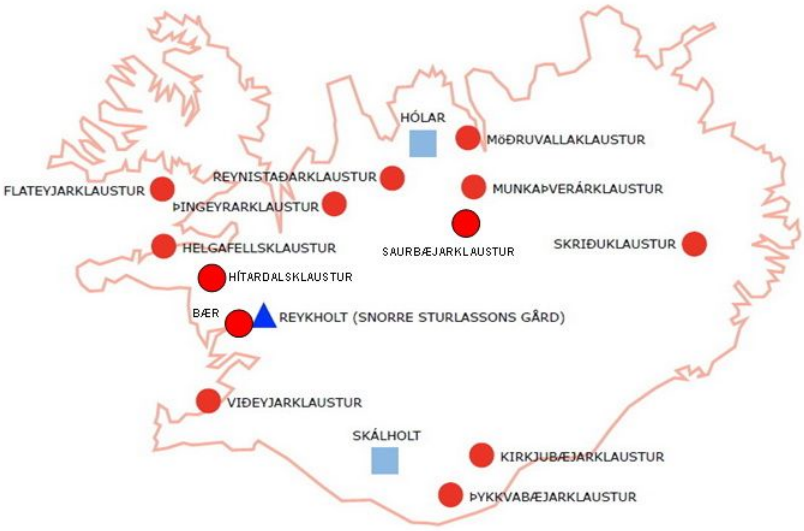

Figure 2: Map of medieval Icelandic monasteries and convents. © Per Arvid Asen

Bær, 1033-1049
Þingeyrarklaustur, 1133-1551
Munkaþverárklaustur, 1155-1551
Hítardalur, 1166-1207
Þykkvabæjarklaustur, 1168-1551
Flateyjarklaustur, 1172-1184 moved to Helgafellklaustur, 1184-1531
Kirkjubæjarklaustur (convent), 1186-1551
Viðeyjarklaustur, 1225-1551
Möðruvallaklaustur, 1295-1546
Reynistaðaklaustur (convent), 1296-1551
Skriðuklaustur, 1493-1554

Skriðuklaustur was founded by Bishop Stefán Jónsson at a time when the age of the Catholic institution was coming to a close with the impending Lutheran Reformation and the subsequent dissolution of monasteries in the mid-sixteenth century. Therefore, as a consequence of its late foundation, Skriðuklaustur had a brief tenure, in comparison to most monasteries, of approximately 60 years. The monastery is known not only for its late foundation but also for its operation of an infirmary which based upon archaeological evidence of its cemetery included, among the interred brethren and founding family members, young women and children which may indicate that the infirmary at Skriðuklaustur catered to the wider secular community (Kristjánsdóttir 2010a). These findings from the archaeological investigations have brought up three main issues regarding the practice and identity of medieval monasticism in Iceland that bear significance for understanding Skriðuklaustur.

The first issue is the perception of the Catholic Church and its mission in medieval Iceland. According to Kristjánsdóttir, the general view of Icelandic medieval monasteries has been that "the Catholic Church in Iceland was inactive, if not indifferent, regarding the provision of social assistance" (2008: 210). Instead, Icelandic monasteries were "believed to have functioned primarily as seats of power for medieval chieftains, their activities centered on the accumulation of wealth, prayer, writing and the education of clerics" (Kristjánsdóttir 2008: 210). And as observed by Vésteinsson:

> It is unusual that very little information is preserved about the religious houses or monastic life; even though a number of works are known by the hands of monks…they deal mostly with the outside world and give only a limited insight into monastic attitudes and none into the size or condition of these establishments. What can be said about the religious houses is that they are conspicuously private in origin, that they were all very small and that their principal function was to be retirement homes for aristocrats (2000: 133).

This view has been supported by a lack of comparable archaeological data that brings up the second issue, that only two other medieval monastic sites, Viðeyjarklaustur and the convent, Kirkjubæjarklaustur, have been partially excavated to date. Due to the lack of archaeological data, the third issue regards the general layout and building materials of Skriðuklaustur in which it has been thought that the monastery "either operated in a farmhouse or that their buildings did

not differ considerably from contemporary medieval farmhouses" (Kristjánsdóttir 2008: 210). This may also be attributed to past excavation procedures in which there was a "general lack of interest in the history of the building and its associated material culture and as a consequence the primary analysis consisted of identifying the layout and date and assigning these structures to a typological-evolutionary context" (Vésteinsson 2004: 88).

In general, the first issue regarding the provision of social assistance is reflective of the Western European tradition between the seventh and ninth centuries. However, during the late medieval period in which Skriðuklaustur was in operation, the Catholic institution and monastic practice experienced vast reform movements that reorganized the internal structure of the Church and influenced the practice of charity and hospitality (Brodman 2009, Burton 1994 and Lawrence 2001). Hospitality had been an ingrained ethic within monastic orders but it wasn't until the "tenth century monastic revival" in which the code of law, the *Regularis Concordia* (c. 970), enforced the strict observance of the Rule of St Benedict. This led to the subsequent reforms of the monastic practice during the eleventh century in which the attempt was to emulate the "apostle life" that included "the adoption of a celibate, communal life in which they [the monks] would not marry, hold no personal possessions and derive no revenue from their office" (Burton 1994: 3-4 and 44). The establishment of the Augustinian canons during the eleventh century was based upon the Benedictine practice of following the apostle life while at the same time performing pastoral care that included the foundation of hospitals.

A contributing factor to religious reform and the pursuit of an active practice of charity within the monastic life was the concept of Purgatory that developed during the twelfth century. The belief in Purgatory created a general anxiety in the care of one's soul for the afterlife that was measured by actions during one's life time (Daniell 1997). According to Vossler, measures that were taken to secure the fate of one's soul were the practice of confession that "had been declared a common obligation at the Fourth Lateran Council of 1215. Confession required examining one's own conscience, and without confession it was impossible to obtain the forgiveness of sins and therefore salvation" (2011: 414). Other actions that were taken in defense of one's soul include, "the trade in indulgences, which bought time off from punishment in the after-life" and the benefaction of religious institutions and charitable donations to the poor and destitute known as *miserabiles personae*, or *wretched persons* (Vossler 2011: 414). As Gratian himself put it, *the bishop ought to be solicitous and vigilant concerning the defense of the poor*

and the relief of the oppressed (Tierney 1959: 15). And so it was, "that the phrase most commonly used by the medieval canonists to describe the poor relief responsibilities of the parish clergy was *tenere hospitalitatem* – they were obliged to 'keep hospitality.' As Tierney observes, the primary sense of the word referred to the reception of travelers, the welcoming of guests, but the canonists very often used it in a broader sense to include almsgiving and poor relief in general" (1959: 68).

The religious concepts of sin and salvation also played an active role in the practice of medicine. According to Meirer and Graham-Campbell:

> St Benedict laid down in Chapter 36 that the care for the sick had to be before and above everything else: *Infirmorum cura ante omnia et super omnia adhibenda est*. This demand, together with the general success of the Benedictine rule, gave rise to centuries of medical practice in monasteries…however, this medical knowledge did not go unquestioned…the fathers of the Church discussed intensively whether sickness and medicine were, both alike, part of God's plan of salvation…in which, sickness was mainly explained in religious terms (as punishment for sins or a test) and medicine had to justify its existence by reference to religion (2007: 430-31).

It is within this medieval religious framework that the Augustinian monastery of Skriðuklaustur may be understood as representing the "active apostle life" by administering pastoral care through the operation of a hospital. Therefore the aim of this research is to address the issues brought up by the Skriðuklaustur site by looking into the social aspect of monastic charity and hospitality and how this practice has been interpreted through the material culture of medieval monasteries and hospitals. However, due to the lack of comparative archaeological material from the other known Icelandic monasteries, solutions for understanding how Skriðuklaustur operated as a monastic hospital for the secular community, will be accomplished by adopting a combined archaeological and historical cross-cultural research strategy by using the examples of the Priory of St Mary Merton, Surrey and St Mary Spital, London as a comparison to understand the space and place of Western European medieval monastic charity and thus how it was translated at Skriðuklaustur.

Chapter One

Theoretical Building Blocks for Medieval Monastic Archaeology

The combined research strategy of using archaeological investigations and historical documentation will be supported by a framework based on the discipline of medieval archaeology that is composed of social theories and archaeological methods in which to situate Skriðuklaustur's Western European Catholic mission within medieval Icelandic society. This framework is supported by a foundation built from past and current practices of Icelandic archaeology that is essential to understanding the issues regarding the findings from the Skriðuklaustur excavations.

The time frame wherein Skriðuklaustur is situated is generally understood to be the medieval period but as Gilchrist notes, "medieval archaeology is commonly divided into at least two, and sometimes up to four, chronological sub-periods of early and later medieval; for example, in Germany, the period is divided into the Early Middle Ages (c. 450 to the 8th century), Carolingian/Ottonian (9th to 10th centuries), the High Middle Ages (c. 1000-1250) and the Late Middle Ages (c. 1250-1500)" (2009: 388). However, according to Hicks and Beaudry, the Late Middle Ages in which Skriðuklaustur is from, has also been categorized as "Post-medieval" that spans the period between AD 1450-1750 and archaeology of the period "from around AD 1500 up to the present is referred to as historical" (Hicks and Beaudry 2006: 1 and 3).

Despite the differences in the assignation of the beginning and the end of the medieval period, this time frame of medieval and historical archaeology can be "characterized by rapid cultural change" (Moore 1995: 119). As Moore observes, "no other period in the human time line has the pace, scale and intensity of cultural development that the 'Modern' period does. The world changed from consisting of fragmented local and regional economic, political and social networks to being interconnected via international ones" (1995: 119-120). The medieval period is also defined by the presence of written documents, which has presented a conundrum for those in the archaeological profession. As observed by Andrén, "there is a paradoxical contradictory view that exists within historical archaeology. On one hand, the presence of written sources is

seen as a great advantage, since archaeology is always dependent on analogies in order to translate material culture into texts. On the other hand, the presence of texts can be seen as a great disadvantage, since it seems to leave little scope for archaeology by hampering the potential of archaeological analysis and interpretations" (1998: 3).

The break between material culture and text can be traced back to the nineteenth century when the discipline of history developed into a "more exclusively text-based scholarship" and archaeology evolved into an object-centered discipline with the focus on "a past with no written sources" (Andrén 1998, Lucas 2004 and Moreland 2001). However, the two disciplines worked on parallel transacts in the pursuit of identifying and developing local identities based upon a "state idealism which centered on great events, ideas and personalities of which the 'historical' role of archaeology was confined to studies of the historical topography, a background knowledge that provided the scene of the political drama and of 'early' history, which to varying extents lacked the 'necessary' texts" (Andrén 1998: 120; see also Lucas 2004 and Moreland 2001). Other areas of archaeological research during the nineteenth century included 'protohistory' which focused on "early historical periods that were known only from oral tradition that had been put into writing [such as the Icelandic Sagas] or from ethnographic descriptions by outsiders, archaeology functioned then as an extension of history" (Andrén 1998: 121 and Moreland 2001).

This is the setting in which Icelandic archaeology developed while under Danish rule during the nineteenth and early twentieth centuries. Examples of this 'protohistorical' work in Iceland include the *Survey of remarkable antiquities in Iceland*, which was compiled by Finnur Magnusson between 1816-1817. This survey "formed the basis for a regional description of interesting sites for the Royal Commission in Denmark and characterized an archaeology of local interests and particular places relating to the Icelandic Sagas, the Church and folklore traditions" (Aldred 2006: 10). Another example is the survey conducted by the Icelandic Literary Society between 1839-1873. This project involved a total description of Iceland that included archaeological sites. And as Aldred observes, "these initial surveys were fairly comprehensive geographically but were limited by the types of sites being studied. Of which there was clearly a special interest in Saga sites and those landscapes relating to the earliest settlers and it has therefore been argued that these [surveys] helped to fuel the beginnings of nationalism and a

romantic perspective on the past that eventually led to Iceland's claims for independence later in the nineteenth century" (Aldred 2006: 11-12).

The nationalism inspired archaeology was centered on the indigenous literature that consisted of "sagas, hagiographies, histories, annals and law codes that are no older than the twelfth and fourteenth centuries. They provided a rich record of later landholding patterns, legal practice, stock raising, demography, conflict and competition and thus were an invaluable access to an internal world view of social and economic categories that have therefore been used as reliable accounts of [Iceland's] colonization by anthropologists and historians" (Smith 1995: 319, McGovern et al 2007: 29 and Friðriksson 1994).

The two main texts from this period are Landnámabók and Íslendingabók. Landnámabók, the Book of Settlements, which "recounts the family histories of nearly 400 settlers, identifies the farmsteads they founded, outlines the areas of their land claims and describes the settlement of each of Iceland's major districts. These accounts were the framework for many of the Icelandic Family Sagas written during the thirteenth and fourteenth centuries" (Friðriksson 1994:14 and Smith 1995: 320). Íslendingabók, the Book of Icelanders, contains information on the conversion to Christianity written by Ari frodi Thorgilsson in the mid-twelfth century" (Friðriksson 1994: 14 and Smith 1995: 320). However, as prefaced by Andrén (1998), the reliance on these medieval period texts had the "affect of making it appear that there was far more information about the Norse colonization of Iceland than was actually available" (Smith 1995: 319; see also Friðriksson 1994 and McGovern et al 2007). Other criticisms on the reliance of the written material to understand this "prehistoric period" of settlement, revolved around the question of "accuracy for depicting people and events in the ninth, tenth and eleventh centuries" (Vésteinsson 1998: 2). According to Vésteinsson, "attempts to build a general picture of developments based on Ari's Book of Icelanders and to some extent what could be plausibly be extracted from the Sagas… came up with lean results that provided little more than an approximate date for the beginning of landnám and an outline of constitutional developments" (1998: 2). Other arguments claimed that the texts were biased accounts "that manipulated genealogical and historical traditions to legitimate twelfth and thirteenth century elite families claims to property and prerogative…while other arguments suggest that these texts were written to preserve a sense of cultural unity or to create a sense of identity when the society was developing" (Smith 1995: 320).

In the following years, the reaction against the "over dependence on the literary sources and the move to put archaeology on an independent footing against history" was headed by Dr. Kristján Eldjárn who was one of Iceland's most notable archaeologists during the mid-twentieth century (Lucas 2004). According to Eldjárn, "the first and foremost role of archaeology is to create cultural history and in that field it contributes greatly in Iceland as in other places. But to create history as such, to describe historical occurrences, is beyond its scope" (Eldjárn in Friðriksson 1994: 186). This however, was not a sentiment unique to Iceland during this time which would become known as the period of "culture-history" within archaeology. And according to Gilchrist, "culture-history was the prevailing paradigm in world archaeology and was a tradition associated with the mapping of specific cultures and their influence, with no attempt to explain underlying meanings or trends in material culture" (2009: 386). This meant that archaeology was relegated to a supportive role to history by "providing details or particulars on general issues which were already known from documentary sources and as a consequence, archaeologists were rarely challenged to interpret their data in novel or expansive ways due to the readymade social context provided by history which resulted in a lack of archaeologically based questions and frameworks" (Lucas 2004: 6-7; see also Vésteinsson 1998 and 2004).

As a result, historical archaeology became known as the 'handmaiden to history' (Hume 1964) and during the 1960s through the 1970s the practitioners suffered a form of identity crisis in which "historical archaeology was adrift in that the field wasn't defined nor its subject matter identified…which led to pluralism of purpose, as well as method and theory" (Moore 2001: 389). This is exemplified by Watson's observation that historical archaeologists tried on many different hats during this time to find their niche in which their efforts may be described as "materialist, functionalist and evolutionist in orientation, overtly anthropological and scientific in its aspiration" (Watson 1995 in Little 2009: 370).

During the 1970s a dramatic response to the discipline's identity crisis was issued in the form of a scientific revolution "that appeared to offer a more objective, science-based method" known as Processualism (Gilchrist 2009: 386). A prominent figure of the North American Processualist movement, Stanley South, "proposed the quantification and explicitly 'scientific' approach of pattern recognition" in archaeology (Little 2009: 372). According to South, "many assume that historical archeology is a particularistic involvement with details of history, cataloging and classification…demonstrate that this is not enough, that the archeologist has a

responsibility to go further than this and to address the culture process by scientific procedures" (1977: xiii). This scientific based archaeology was vital according to South "in distinguishing between traditional archeology and the new approach. The former holds that the problems and their solutions come directly from the data. The latter acknowledges that the solutions come from us –facts don't speak for themselves" (South 1977: 15).

With regard to Icelandic archaeology of the time, an example that reflects this stance is the excavation work conducted during the 1970s and 1980s by Hermanns-Auðardóttir at the farmstead site of Herjólfsdalur located on Heimaey of the Vestmannaeyjar Islands off the south coast of Iceland. Hermanns-Auðardóttir's goal was to conduct the excavation and analyze the findings utilizing the methods of tephrachronology, radiocarbon dating and building typology without influence from the historical texts. Because in her view not only were these texts "secondary sources" but Landnámabók in particular, "was primarily a product of long and severe conflicts over land and power [and] is an exemplary index of land ownership written to favor certain medieval families who wanted to document their rights to retain land ownership" (1989: 167 and 1991: 9). Hermanns-Auðardóttir's findings from the excavations concluded that the Herjólfsdalur site represented an early settlement that spanned the time period from the Merovingian (seventh century) to approximately the end of the Viking Age (tenth or eleventh centuries) which was an occupation period of approximately 200 to 300 years that pushed back the accepted date of settlement of Iceland from the ninth century to the seventh century (Hermanns-Auðardóttir 1989 and 1991). Hermanns-Auðardóttir's work was met with an intense backlash from the archaeological community that ranged from critiques on excavation methods, laboratory methods and overall research methods. This reaction would influence the way that Icelandic archaeology was conducted from this period onwards with the focus shifting to a more historic-ecological approach as exemplified by Sveinbjarnardóttir's (1992) study on medieval period farm abandonment and McGovern et al's (2007) *Landscapes of Settlement* project in Mývatnssveit.

Despite the earnest nature of Processualism to provide a place for archaeology within the scientific community, it was a rather short-lived research paradigm. As witnessed by Hermanns-Auðardóttir's attempt, Processualism was not able to hold up against the "challenges to its objectivity." A statement by Griffin provides an indicator for the need of a more well-rounded research paradigm that would provide context for archaeological materials:

> An ideal publication of an historic site would be in the form of an ethnographic monograph. In such a work, the information from written documents, field excavations and analysis of artifacts would be presented in an integrated form rather than in the form of a standard archaeological report. But, despite the fact that most archaeologists have been reared in anthropology departments, many of them are incapable of, or are disinterested in undertaking such a task…their professional experience has seldom gone beyond the counting of potsherds and the erection of time-space frameworks. They have rarely come to grips with cultural reconstruction. What I am suggesting is a kind of culture history, or cultural anthropology, or social history, or historical ethnography…which will adequately describe and interpret the way of life at a historic community in much the same way as a good ethnography records the way of life of a particular living community (1978: 21-22).

This sentiment is echoed by Hodder and Hutson's observation that "an object as an object, alone is mute. But archaeology is not the study of isolated objects; objects may not be totally mute if we can read the context in which they are found" (2003: 171). The Post-processual movement would answer this need and as Gilchrist notes, starting from the mid-1980s, the movement encompassed "a diversity of interpretative approaches that drew inspiration from fields including anthropology, philosophy, feminism, Marxism and cognitive science that took a social constructivist perspective in challenging scientific claims to unique and objective knowledge" (2009: 387-388). Einarsson's 1995 doctoral dissertation on the Viking-period Granastaðir farmstead may be thought of as marking this transition period in Icelandic archaeology. He used a multidisciplinary approach that focused on ecology and social psychology to analyze the farmstead. Even though his stance on the use of historical records is a hold-over from Processualism wherein he states:

> My position is that Icelandic archaeology should not be in any way dependent upon historical research. Having thus undertaken the methodological experiment of freeing my work from the written sources, and of seeking other approaches to the country's origins and early years, I find it necessary to ignore those sources completely. [A reliance on these sources] has fostered the traditional school's notion that the sources are the central subject for research. Consequently, archaeological remains have played a passive role and been forced into contexts borrowed from the sources (1995: 13-14).

Despite his anti-historical records view, Einarsson's inclusion of the use of social theories to discuss the use of space within the Viking-period farmstead was an achievement that falls in line with the Post-processual focus on agency, which is "the active strategies of individuals to reproduce or transform their social contexts" in which material culture plays an active role (Gilchrist 2009: 388). As Einarsson observed, "there is communication between people and the

constructed space, or the social space. Each is dependent on the other and people vary in how they define or experience a house" (1995: 126). Therefore, the use of social theories within archaeology will have the result of "people acquiring a more dynamic role, because it is, after all, human beings who give rise to the archaeological remains" (1995: 126-127).

In developing a meaningful understanding of the social aspect of the archaeological material, it is therefore necessary to look to the "subjective internal meaning" which Hodder and Hutson state, "are not ideas in people's heads, in the sense that they are not conscious thoughts of individuals. Rather, they are public and social concepts that are reproduced in the practices of daily life. They are both made visible for archaeologists and because the institutionalized practices of social groups have a routine they lead to repetition and pattern" (2003: 172). This can be understood from Einarsson's use of social theories in his analysis on the use of space within the farmstead and from Friðriksson's observation that "the role of sagas, place-names and folklore in Icelandic archaeology should not be underestimated. The archaeological works studied show that these alternative sources have greatly influenced the understanding of the archaeological past. They have formed the cosmology of Icelandic archaeology. Within this realm are set ideas of material culture, which offer explanations of origin, function and date to most archaeological finds" (1994: 16).

Historical and medieval archaeology is in an enviable position where practitioners have at their use an abundant variety of resources in documentation, method and theory for conducting research so that the discipline can no longer be considered as "secondary to textual sources but as providing a very different picture in that sometimes they support texts, sometimes they contradict texts but most of all, they usually tell us something which is not *only* never in any texts, but never could be, thus offering perspectives and understandings of the past that are not possible through single lines of evidentiary analysis" (Lucas 2004: 13 and Wilkie 2006: 13-14).

This stance has significantly influenced the way in which the archaeology of buildings in general and the archaeology of medieval monasteries in particular have been conducted. By acknowledging that the built environment can provide more in depth information beyond the functional reasons such as protection from the elements, to providing clues on social status and community relations, it enables the archaeological pursuit of how the built environment shapes and is at the same time shaped by the human occupants.

1.1 Identifying the Boundaries of Space and Place: The Archaeology of Buildings and Structures

The Western European medieval monastery is easily recognizable by its physical structure and layout. However, monastic concepts of space within the architectural framework were far more complex then the walls of the cloister suggest. As Gilchrist states:

> Monastic perceptions of space are created by the use of boundaries, which may be of both real and ideal nature. Hence, while the boundary of a medieval precinct demarcated legal ownership of land, it also symbolized the divide between secular and religious domains. Space was (and is) used to regulate encounters between groups. Inside the precinct, the relationship between secular and religious was distinguished by an outer secular court and inner religious cloister. Within the cloister, a more subtle segregation relied on both the physical manipulation of space and the conceptual spatial divisions informed by coenobitic ideals. Attitudes towards space were created through shared knowledge, transmitted through sermons and written traditions. This codified ritual behavior informed attitudes toward space, which in turn reproduced the social order of the monastic community (1989: 55).

This observation on the monastic ordering of space and place provides the framework in which to build upon concepts of social theories in order to "understand the action behind the material object as well as the object itself" and thus comprehend the complex relationship between human behavior and the built environment (Pauls 2006: 65).

According to Carver, "traditionally, medieval buildings were the province of the architectural historian, who made use of written documents in combination with observations on the ground to create a narrative for a building and place it in its artistic and historical context" (2011: 38). Whereas, the archaeological method of studying buildings has been based on stratigraphic models that tend to the illustrative observations of the "fabric sequence that has been incorporated in the walls" (Brogiolo 2011: 42 and Grenville 1997: 14-16; see also Johnson 1993 and Rapoport 1969). Both the historical and archaeological methods fall into the trap of basing the structural analysis on functional explanations. These explanations range from the "evolutionary which assumes a progression from less to more complex, the role of the environment to interpret variations in building and plan forms and economic factors to explain variations in size, materials and style"(Grenville 1997: 15-16). As Rapoport states, a "building form is the manifestation of a complex interaction of many factors" and to limit the analysis of structures and buildings "to a single cause fails to express the complexity which can be found

only through consideration of as many as possible variables and their effects" (Rapoport 1969: 18). Therefore, to avoid the use of these simplistic research paradigms, the goal is to identify the "complex interaction of many factors" in order to understand the social aspect of structures through archaeological means. As observed by Einarsson, "one strength of archaeology is its ability to illuminate how social relations and behavior are materialized – that is, manifested in the actual finds. However, this depends on its success in adapting, developing and incorporating social-psychological theories, so as to infer social relations from the archaeological material"(1995: 127).

Two main approaches may be utilized in the archaeological study of buildings and structures: formal spatial analysis and the application of social theories. Both methods share the concept of space "as an analytical instrument in which to think historically of space as signifying a wide range of concepts and ideas such as abstract, material, performed and imagined. By this means people may locate themselves in their immediate and eschatological surrounds and it is thereby that [space can] be understood as an idea that denotes various systems of self and collective identification" (Cassidy-Welch 2010: 2). Which as Tuan observes, "if we think of space as that which allows movement, then place is pause; each pause in movement makes it possible for location to be transformed into place and therefore place may be conceived of as a type of object of which places and objects define space, giving it geometric personality" (1977: 6 and 17). This understanding imbues the built environment with a deeper meaning in that it is not only turf and stone, mortar and wood posts that hold the structure intact but it is the idea of place, the idea of the structure itself that enables it to exist and gives it meaning and purpose in society.

The overall agenda of spatial analysis is that it views "architecture as providing the key to comprehending reality by way of teaching and clarifying social roles and relations" (Tuan 1977: 102). Hillier and Hanson expand upon this idea of architecture as providing the medium in which a society organizes itself with the emphasis that:

> The relationship between spatial form and the ways in which encounters are generated and controlled is about the ordering of relations between people. Architecture structures the system of space in which we live and move. In that it does so, it has a direct relation – rather than a merely symbolic one – to social life, since it provides the material preconditions for the patterns of movement, encounter and avoidance which are the material realization – as well as sometimes the generator – of social relations (1984: ix, 2 and 18).

The method used for understanding these relationships is based on the concept of *access analysis* that involves "mapping and quantifying the interrelationships of rooms, in the attempt to reveal the social use of space and from which inferences regarding structure and functioning of society may be drawn" (Grenville 1997: 17). As both Grenville and Mytum observe, access analysis can be easily applied to the study of medieval monasteries:

> By studying the arrangement of the many recognizable elements of a monastic complex, it is possible to understand how the monastery operated. This involves the measurement of the ease of access to and circulation around a building and developing patterns that identify how control over access to space is conducted. Access analysis can demonstrate the pattern of relationships between spatial units such as rooms, corridors or defined open spaces such as cloisters in which information regarding human situations and status can be conveyed (Grenville 1997: 17 and Mytum 1989: 350-53).

In order to understand the relationships between human behavior and the built environment learned from access analysis, the Processual model of *systems analysis* was developed that built predictive models of society based upon the spatial calculations of avoidance and encounter that is orchestrated by the partitioning layout and location of buildings and structures. As Johnson notes, "from the systems analysis model social behavior was understood as a system of activities and architectural form as a system of settings, that would vary in a predictable way according to the organizational characteristics of society" (1993: 29). And according to Mytum, "this analytical tool could be used to work out how a particular system (i.e. buildings and structures) operated at a moment in time by indicating complex inter-relationships and of causes and effects [and therefore] systems are seen to be self-regulating, maintaining equilibrium internally and maintaining relations with outside forces such as the physical environment or wider social, political or economic spheres. [And therefore] it is a simplification of the real world in order that certain aspects of the world can be analyzed and understood" (1989: 343).

An example of this predictive model based on human behavior and the built environment is Kent's study of segmentation in which her approach was to "elucidate the inter-relationship between culture, the use of space and architecture in order to formulate models that would enhance the understandings of architecture and activity areas and thereby develop a spatial theory of society to understand past architectural forms" (1990: 129). Kent's research

methodology was based upon the assumption "that social complexity determines the organization of space and of the built environment" (1990: 127). This may be understood that "as a society becomes more socio-politically complex, it is expected that its culture, behavior, use of space, cultural material and architecture become more segmented" (Kent 1990: 127). Kent isolated these segments into categories such as: "status stratification (the strata are social segments), hierarchies (ranked social and/or political segments), specialization and division of labor (economic segments) and pronounced sex roles (gender segments)" (1990: 127). With the result that "culture is seen as composed of integrated parts, subsystems or components which together articulate with behavior and specifically with the use of space, in such a way that behavior can be viewed as a reflection of culture. Concomitantly, architecture, is then seen as a reflection of behavior and ultimately of culture" (Kent 1990: 128). Mytum provides an example using the monastery as a system model:

> In which the components include monks, various parts of the monastic complex including the church and the cloister and artifacts such as books and liturgical equipment. Beyond the system itself would be secular patrons and benefactors…the relationship between the components of the system would include the social relationships between different groups within the monastery, prayers, physical movements within and between areas of the site (1989: 341).

The main argument against formal spatial analysis and systems analysis is that it implies a static, predictive model of society that is revealed through the type and placement of the built environment. As Grenville states, "the danger is the assumption that social organization can be simply 'read off' from an access map which then gives the impression that social relations are somehow solidified or reified in spatial relations" (1997: 20). Even though as Gilchrist notes that spatial analysis may be a "useful technique for comparative and problem-oriented analysis" (2009: 389-390), it is still difficult to see how the variety and complexity of the social use of space can be explained within this framework. Because as both Grenville and Johnson caution, "must be aware of assuming that because a building retains a fixed access pattern, its use and meaning has not changed. Social use of space is constantly adapting and changing which includes the perception that space may vary between different groups within a society such as between men and women [or in the monastic context, monks and laity] and it is these types of

variables which may not be readily visible through formal spatial analysis" (Grenville 1997: 20 and Johnson 1993).

Thus, the acknowledgement of social variables in the study of architectural space, such as monastic rules (i.e. The Rule of St Benedict), may be put into place to understand what maintained the idea of a monastery and upheld the conceptual and physical boundaries between the religious and laity. As Smith explains, "monastic rules by their very nature, define spaces and the behaviors appropriate to those spaces. A monastic rule assigns each space within a monastic community with its particular values and establishes it as a place for the performance of particular activities…rules were conceptual templates for monastic communities and formed part of the flux of relationships between people and physical things" (2010: 16-17).

This may be understood in the practice of hospitality where although "interactions with patrons, benefactors and ecclesiastical visitors, was all conducted within the monastic precincts, the spaces into which lay people were admitted were specially selected and usually depended on the context of the occasion, the status of the person, and the attitudes of the abbot and the monastic community" (Jamroziak 2010: 41). This illustrates the point that monastic space was understood through social concepts of identity and that the monastic architecture was used as a flexible framework to uphold these ideas. Therefore, the monastic conceptual and physical boundaries may be seen as working together to create a potent signifier to the secular community whose participation in the recognition and acceptance of these boundaries helped to maintain them.

The creation and maintenance of these conceptual boundaries may be understood through the theory of *structuration* as developed by Bourdieu (1977) and Giddens (1984). Through the application of structuration, "the underlying rules are revealed that allowed a culture to function and thus provided the framework by which those in the culture acted and reacted" (Mytum 1989: 345). And as Donley-Reid explains, conceptual boundaries are "established and maintained through *practice* which may be understood as daily and ritual activities and that through this process social hierarchies and power strategies are created and maintained. But it is the use of space that is especially important in setting up divisions and hierarchies between persons, which continuously reinforce underlying principles of a culture (1990: 115).

This is illustrated in Bourdieu's theoretical construct of *habitus,* which is situated in between structure and practice. According to Bourdieu:

> The structures constitutive of a particular type of environment produce *habitus*, [which are] systems of durable, transposable dispositions, structured structures [that are] predisposed to function as structuring structures…the *habitus* is thus the universalizing mediation which causes an individual agent's practices, without either explicit reason or signifying intent, to be nonetheless 'sensible' and 'reasonable…and therefore, reinforces the taxonomic principles underlying all the arbitrary provisions of this culture (1977: 72, 79 and 89).

Bourdieu uses the house as an example of the *structuring structure* by which the house can be understood to represent the "active setting for the formation and maintenance of social structure" (Aslan 2006: 134-135). As Aslan states, "the physical features of a house can encourage specific types of behavior within the setting that conform to expectations of proper social action. The boundaries and spaces formed by walls and furniture transform ideas about social relationships into a material form. In turn, the physical form of the house reinforces the social ideas. The divisions and arrangements within a house can set up hierarchical or other relationships between people, objects, and activities. The daily use or practice within the space helps to maintain and reinforce the social organization" (2006: 134-135). And it is through this process that *habitus* is formed which is the "unconscious knowledge an individual has of a set of order and an understanding of how to operate within society. This process of imbuing cultural norms in individuals through the interpretation of physical space and the social inhibitions it imposes means that social space becomes ideologically charged (Grenville 1997: 22).

However, *habitus* is essentially a one-way relationship in the enculturation process between objects, the built environment and the individual. Giddens on the other hand views the process of *structuration* as a two-way relationship, a *duality* of structure. As stated by Giddens:

> The constitution of agents [individuals] and structures are not two independently given sets of phenomena, a dualism but represent a *duality*. According to the notion of the duality of structure, the structural properties of social systems are both medium and outcome of the practices they recursively organize. However, structure is not to be equated with constraint but is always constraining and enabling (1984: 25).

The house as understood through *habitus* is the instrument that "establishes and teaches ideas about the relationship of the individual to the family and between the family and the rest of the community" (Aslan 2006: 135). But according to Giddens' duality of structure, the house is seen as both *structuring* the ideas of the relationship of the individual to the family and community at

large while at the same time *being structured* and *reflecting* the ideas of the individual. This reflective nature of social practices may be used to understand how "social life is lived out through the material world" (Thomas 1996: 55).

Therefore, by applying the theory of *structuration* as proposed by both Bourdieu's *habitus* and Giddens' *duality of structure* to the concept of access analysis and segmentation, the aim is to understand not just the mechanics of how the Western European monastic model was adopted in Iceland at Skriðuklaustur but to understand how the model was translated and adapted by medieval Icelandic society to conform to their ideas of monasticism. As Thomas observes, "the significance of places can not be inherent in their form. Meaning is not held within an entity but develops in the relationship between things and human beings" (1996: 88). This relationship between identity and material culture allows insight into the concept of the monastery as a structuring structure that enabled Skriðuklaustur to become a recognizable monastic institution within medieval Icelandic society.

Chapter Two

Medieval Western European Monasticism

The focus of this study is on what Brodman describes as the "new medieval European understanding of social charity" that was influenced by the writings of Innocent III (1161-1216) and Thomas Aquinas (1225-1274) (2009: 5). In these treatises, "charity was established as an obligation and as a right in which the former was imposed upon all Christians who, within certain parameters, were bound to share their material wealth with the needy. The latter involved the ennoblement of the needy, who became not only fit objects for charity but who also acquired a positive right to assistance" (Brodman 2009: 5). However, it may be understood that these works drew from the Rule of St Benedict which according to Greene,"was the foundation upon which the entire structure of medieval monasticism in Western Europe was built" (1992: 2). The medieval Icelandic monasteries were divided between the Benedictine Order and the Augustinian canons that were both based upon the Rule of St Benedict.

St Benedict was an Italian abbot from the sixth century who established a monastery in Monte Casino located between Rome and Naples (Lawrence 2001: 22). It is from there, that Benedict composed his treatise on the organization of a monastic community where he laid out within 73 chapters "a carefully ordered routine of prayer, work and study which filled the day and varied only according to the liturgical year and the natural seasons" (Lawrence 2001: 31). As Lawrence noted, although "it was a regime of strict discipline, Benedict wrote: there was to be *nothing harsh or burdensome*" (2001: 31).

St Benedict's Rules were brought to a larger audience from the writings of Pope Gregory the Great who compiled a biography "between 593-94, which was some 45 years after Benedict's death, called *The Life of St Benedict*. The biography constitutes the second book of Gregory's Dialogues – a collection of *Lives of Italian abbots and bishops*" (Lawrence 2001: 19). Following the compilation of the biography, in 597, Pope Gregory began his mission of converting Anglo-Saxon England to Christianity that resulted in the establishment of a monastery dedicated to St Peter and St Paul (later St Augustine) in Canterbury" (Burton 1994: 1). As Burton observes, it was through this missionary process that "monasticism became an important and integral part of Christianity from its earliest days in England. And as Gregory's

mission advanced further into the Anglo-Saxon kingdoms, other monasteries were sponsored by kings and queens who embraced the new religion" (1994: 1). However, Burton makes the point that "although it is likely that Benedict's Rule was used in the monasteries…it was only one of several available and it was some time before it emerged as the basis of monastic observance throughout the West and therefore, it is more appropriate to think of religious houses in early Anglo-Saxon England as following a pattern of existence shaped both by Benedict's rule and by local customs" (1994: 1).

English monasticism reached a peak in the eighth century that is commonly known as the "golden age" which was chronicled in the *Ecclesiastical History of the English People and Lives of the Abbots.* It was written by Bede who had spent his life from the age of seven in the northern monastery of Jarrow (Burton 1994: 2). However, towards the end of the eighth century and throughout the ninth century, monasticism experienced a serious decline and subsequent deterioration due to a "combination of external forces such as the Viking raids where coastal monasteries were plundered as well as internal factors that contributed to the erosion of monastic society" (Burton 1994: 3). It was therefore the aim of the "tenth century monastic revival to rekindle monastic life and overcome the internal issues that had plagued the monastic community during the ninth century which included the prevention of undo influence from lay patrons and founders in monastic affairs. This was to be achieved through a code of law called the *Regularis Concordia* (c. 970) in which strict observance of the Rule of St Benedict was enforced" (Burton 1994: 3-4).

English monasticism underwent more changes during the eleventh century with the Norman Conquest in which "Norman and French abbots helped to impose foreign customs and practices on the monasteries" (Burton 1994: 28). As a result, the "revival of the eremitical tradition (i.e. hermit as opposed to the coenobitic or community life) and the Gregorian reform movement that began in southern France and Italy made its way to England" (Burton 1994: 28). This reform was in association with "attempts to impose a regular life on the clergy whereby groups of clerics serving cathedrals and major churches should live a life in common" (Burton 1994: 28). According to Lawrence, this new wave of reform, "sought to put an end to the secularization of ecclesiastical offices, to separate clergy from worldly entanglements and impress upon them the superior character of their sacred calling of which the drive for clerical celibacy was an integral part" (Lawrence 2001: 164). And as both Burton and Lawrence observe,

the adoption of a celibate, communal monastic life was put into practice in which, "they would not marry; hold no personal possessions and derive no revenue from their office" (Burton 1994: 44 and Lawrence 2001).

According to Lawrence it was "in about the middle of the eleventh century that houses of canons regular began to appear. These houses were comprised of groups of clergy who had renounced private property, lived a communal life, observed a monastic timetable and shared a common refectory and dormitory" (Lawrence 2001: 164). These houses of canons followed the Rule of St Augustine (354-430), who had been bishop of Hippo in North Africa during the fifth century. "When he was consecrated bishop, he turned his household into a monastery where he was able to exercise his conception of the monastic ideal by requiring his clergy to renounce private property and live a community life of contemplation and prayer" (Lawrence 2001: 165 and Greene 1992: 1). The Rule was not expressly a Rule such as written by St Benedict but was instead based upon a letter, known as "Letter No. 211", that Augustine had written to his sister who was a nun. The letter advised on the practice of religious life regarding the "virtues of chastity, charity and concord that would create the foundation for a religious community" (Lawrence 2001: 165). As Lawrence observes, "it was in the twelfth century that the Rule of St Augustine was fully identified with the regular canonical life" (Lawrence 2001: 166). As opposed to the 73 chapters that outline the daily life of a monk in the Rule of St Benedict, the Rule of St Augustine was far more generalized and as Lawrence comments, "gave little practical guidance on how to organize a monastery or construct a timetable" (Lawrence 2001: 166). And so the Rule of St Benedict was incorporated within the canons regular customaries with the result that the "difference between an Augustinian house of canons regular and a Benedictine monastery would at times be hard to define" (Lawrence 2001: 166). Therefore, based upon its generality and adaptability, Burton observes that, "the Rule of St Augustine came to be the standard one for houses of canons…where they could live a common life according to a monastic timetable and still be able to emulate the life of the apostles by adapting that timetable to accommodate concerns of a pastoral or social nature" (Burton 1994: 45). As a consequence, the twelfth century witnessed the rapid spread of "Augustinian canons throughout England which would eventually become the largest institution in the country" (Miller and Saxby 2007: 2). Although their foundations varied in type and size, "they provided much of the workforce of the medieval church, including charitable work which was due to the fact that there was no rule

requiring a minimum number of canons in their houses and their lack of ostentation made them cheap to found" (Thomas, Sloane and Phillpotts 1997: 98). And so it was that, "their houses were often endowed with parish churches and expected to serve them or founded in association with hospitals to provide pastoral and practical care" (Miller and Saxby 2007: 2).

2.1 Medieval Monastic Hospitality and Charity

From the Rule of St Benedict:

Chapter 31: What Kind of Man the Cellarer of the Monastery Should Be
Let him take the greatest care of the sick, of children, of guests and of the poor, knowing without doubt that he will have to render an account for all these on the Day of Judgment.

Chapter 53: On the Reception of Guests
Let all guests who arrive be received like Christ, for He is going to say, "I came as a guest, and you received Me" (Matt. 25:35).And to all let due honor be shown, especially to the domestics of the faith and to pilgrims. In the reception of the poor and of pilgrims the greatest care and solicitude should be shown, because it is especially in them that Christ is received; for as far as the rich are concerned, the very fear, which they inspire, wins respect for them (http://www.osb.org/rb/index.html).

Western European monastic charity and hospitality towards the secular community was not evenly practiced nor was it condoned by every monastic institution. As Brodman remarked:

> Medieval religious charity was highly fragmented and inchoate; it never coalesced into a coherent or cohesive organization [and that] so disparate were the organs of medieval charity in terms of structure and objectives that only religion provided coherence to the phenomenon and constituted it as a genuine and significant movement within medieval society (2009: 3).

Despite the inconsistencies within the religious community, there developed a sense of obligation, of a duty to help others outside of the immediate household as is evidenced in Chapter 31: *What Kind of Man the Cellarer of the Monastery Should Be* and Chapter 53: *On the Reception of Guests* of the Rule of St Benedict. From this acknowledgement of the obligation to care for others developed the concept of charity that would shape the definition of what it means to be poor in society. This would bring into question the role and responsibilities of the religious community towards the secular poor that would coalesce into a debate during the twelfth and thirteenth centuries between the "active apostle life" versus the "contemplative life." This was

due to the fact that the active apostle life was at odds with the Gregorian movement from the eleventh century that sought to revive the eremitical tradition with the focus on the contemplative life and voluntary poverty of its members within the monastic community. The Cistercians and Carthusians that developed from the reform movement were the most vocal in advocating the contemplative life, whereas, the Benedictines have been recognized as the advocates for the active apostle life. As Brodman states, proponents for an active life "such as Innocent III and Thomas Aquinas argued that the love of God was best demonstrated by practicing charity towards neighbors whereas traditionalists such as the Cistercian Bernard of Clairvaux (1090-1153), defended the path of the ascetic – self denial and prayer - as the most direct way to God" (2009: 5).

Before the Rule of St Benedict dedicated in writing the responsibilities towards caring for others and before the twelfth century debate between the "active" and "contemplative" life of the religious, the concept of charity in its "ancient usage" was not associated with people. "*Caritas* in Latin, denoted objects that were highly esteemed because of their cost, and then, more generally, described a sense of benevolence; in the late Empire, *caritates* were persons who became objects of this affection" (Brodman 2009: 3). Eventually, through time Brodman notes that:

> In early Christian usage, the meanings of charity became more complex. In a broad sense, charity came to denote an affection that was nonphysical and directed primarily toward God. From this love of God flows warmth toward other human beings: friends, strangers, and even enemies. Alms, or charity in the modern sense, therefore, were only one dimension or consequence that grew from a love for God and for neighbor. In late antiquity and the early Middle Ages, charity came to carry this sort of material connotation, often expressed as a meal offered to guests or shared by members of a particular group. Gradually, it also came to describe a distribution of alms or else an institution that provided gifts of food and clothing to the poor (2009: 3-4).

The definition and practice of hospitality was interchangeable with charity during this time. As noted by Tierney, the word, "*hospitality* was most commonly used by the medieval canonists to describe the poor relief responsibilities of the parish clergy which was termed "*tenere hospitalitatem"* – they were obliged, that is, to "keep hospitality." But the primary sense of the word referred to the reception of travelers, the welcoming of guests, and the canonists very often used it in a broader sense to include almsgiving and poor relief in general" (1959: 68).

The practice of hospitality and charity has been documented from various sources during the Anglo-Saxon period (410-1066 AD). Orme and Webster observe that "the aristocracy in particular had an ethic of open-handedness to others [which was exemplified in] the poems of Beowulf and Widsith [that] portrayed the wandering fighter and minstrel being given hospitality in the halls of kings. [As an example] King Oswald of Northumbria in the 630s had an officer in charge of relieving the poor, who came from far around at the time of a feast in order to ask for alms" (1995: 15). Members of aristocratic households who were sick, infirm or elderly "were probably cared for on royal estates or if they had some standing they may have been given a piece of royal land to support them" as Orme and Webster note, "Domesday Book in 1086 records a number of manors held by the king's almsmen" (1995: 17). This practice was followed by "ecclesiastical households…where they were responsible for the care of the sick and elderly members of their household as well as being responsible for catering to visitors" (Orme and Webster 1995: 17). These communities had "an ethic of charity towards the poor but with the acquisition of relics and maintaining shrines with supposed healing powers, they were visited regularly by the poor and diseased which eventually led to the development of special arrangements for the sick and needy" (Orme and Webster 1995: 17). Examples of this practice include, Archbishop Egberht of York in the eighth century who is associated with a Church canon that states "bishops and priests shall have a hospice not far from the church's gate and a later archbishop, Eanbald II in 796 was urged by Alcuin to be diligent in giving alms and to set up houses for the daily reception of pilgrims and the poor" (Orme and Webster 1995: 17).

It was during the tenth century monastic revival, when the *Regularis Concordia*, was enacted, that instructions based upon the Rule of St Benedict, were included on the "maintenance of a sick house for sick brothers that was to be run by other brothers or servants as well as the provision of a guesthouse for visitors and that poor strangers were to be received by the abbot or by brothers chosen by him and travelers sent on their way with supplies of food" (Orme and Webster 1995: 18). As Brodman notes, the "monastic practice of [hospitality and charity] became more defined in the ninth and tenth centuries, particularly with the introduction of a class system to the monastic program of assistance" (2009: 53). This is made clear during the twelfth century in the canonists' Huguccio's commentary on the *Decretum* in which he divided the poor into three categories:

> Some were born poor but willingly endured their poverty for the love of God. Others joined themselves to the poor by giving up all their possessions to follow Christ. These two kinds of poverty were called voluntary. But there was a third sort of poor who were filled only with "the voracity of cupidity [greediness]." That sort of poverty was called necessary or involuntary (Tierney 1959: 11).

As Tierney observes, "it was well understood that the experience of poverty, like the experience of pain, might bring spiritual enrichment to a man who was capable of accepting it voluntarily, but also that, in itself, poverty was an unpleasant affliction which might produce quite opposite effects" (Tierney 1959: 11). And according to Brodman, Gratian, a contemporary of Huguccio, distinguished between two forms of assistance towards the poor: *hospitalitas* and *liberalitas*. "The former is the giving of alms gratuitously and is thus, charity. As Gratian wrote, *In hospitality there is no regard for persons.* 'Liberalitas', however, discriminates between friends and strangers, the honest and the dishonest, and the humble and the arrogant: *In this generosity due measure is to be applied both of things and of persons…of persons, that we give first to the just, then to sinners, to whom, nevertheless, we are forbidden to give not as men but as sinners*"(Brodman: 2009: 29).

This discrimination in charity and hospitality was expressed in the physical arrangement of the monastery and observed in the management of interactions between the religious and the secular. As noted by Brodman, the "Carolingian monastic master plan of St Gall (820-833) shows distinct accommodations for rich and poor. And also during this time, the duties of the monk traditionally charged with greeting strangers, such as the porter, became divided in many houses between a *hospitarius*, who was given charge of important guests and the *elemosinarius*, who dealt with the lower classes" (2009: 53). And according to Lawrence, "at Beaulieu abbey in the thirteenth-century, the almoner instructed the porter to issue loaves of bread leftovers from the refectory table to those begging at the gate on three days a week and to offer hospitality in the hospice each night to not more than thirteen poor men" (2001: 118). However, following Gratian, Lawrence states that the poor were divided into further categories in which the almoner also "distinguished between the deserving and the undeserving poor" and instructed the porter "to issue the daily dole during time of harvest only to those unable to work such as the sick and aged, boys and pilgrims; women thought to be prostitutes were to be given nothing, except in time of famine…in normal times, bread, ale or wine, occasional pittances [which are a share of the special dishes served to the monks on anniversaries] and discarded clothes, were the staple

commodities of monastic alms-giving" (Lawrence 2001: 118). All of which, in the end arrived at the, "general agreement among the canonists that the Church had a special duty to protect the class of people they called *miserabiles personae*, "wretched persons" or "poor wretches." Which was a term used of widows and orphans in particular, and of all the poor and oppressed in general" (Tierney 1959: 15).

According to Brodman, Innocent III may be considered "a pivotal figure in promoting assistance to the poor by his contributions to religious charity that were both practical and theoretical" (2009: 19). Among these contributions were several treatises that he wrote regarding charitable assistance, one of which was the *Libellus de eleemosyna*. In this document, Innocent III outlines "several objectives that explain why and how Christians should give alms, to show why almsgiving is to be preferred over other works of piety, to prioritize the objects of charity, and to invite the faithful to entrust their alms to the Church" (Brodman 2009: 21). As Brodman observes, "while the subtext of the entire papal discourse rests upon the assumption that the giving of alms, as a good work, pleases God and will produce a heavenly reward, Innocent emphasizes the spirit and motivation behind almsgiving as much as the objective act itself. He argues that such charity has three dimensions: the motivation of the giver, the manner in which the gift is rendered, and the actual charity itself" (2009: 21). Innocent III accomplishes this by "mimicking an Aristotelian analysis based upon four causes":

> First of all, a good deed must have a proper final cause; for Pope Innocent this is eternal happiness, not earthly favor or advantage. The mode of giving must be happiness; that is the giver has to be cheerful about it and not chastise or rebuke the object of his benefaction. The spirit motivating the gift has to be love; alms that lack love, he argues, are worthless for salvation. The giver thus must have empathy for the object of his charity and perhaps more broadly, for society" (Brodman 2009: 21).

However, as proof of the disparate objectives of medieval period charity, it appears for some that the focus fixed on the pursuit of pleasing God in order to secure favors. As Tierney observes, "a man was urged to give alms generously with the assurance that his action would be pleasing to God and would merit a heavenly reward" (1959: 46). And as stated previously by Vossler, actions taken in defense of one's soul included, "the trade in indulgences, that was thought to buy time off from punishment in the after-life" as well as the benefaction of religious institutions and charitable donations to the poor and destitute (2011: 414). An example "from a

canonistic source is the letter of authorization for collectors on behalf of charitable institutions, approved by the Fourth Lateran Council and included in the Decretals of Gregory IX: *Since, as the Apostle says, we shall all stand before the tribunal of Christ to be received according as we have borne ourselves in the body, whether good or ill, it behooves us to anticipate the day of harvest with works of great mercy, and for the sake of things eternal, to sow on earth what we should gather in heaven, the Lord returning it with increased fruit"* (Tierney 1959: 46).

And thus, despite the ideals of charitable practice proposed by Innocent III, it can be understood that for some religious communities, "monastic hospitality was driven by the community's concern for its reputation, by its hopes of material gain and of securing goodwill" (Kerr 2007: 37).

2.2 Religion and Medical Care

From the Rule of St Benedict:

Chapter 36: On Care of the Sick
Before all things and above all things, care must be taken of the sick, so that they will be served as if they were Christ in person; for He Himself said, "I was sick, and you visited Me" (Matt 25:36), and, "What you did for one of these least ones, you did for Me" (Matt. 25:40). But let the sick on their part consider that they are being served for the honor of God, and let them not annoy their sisters who are serving them by their unnecessary demands. Yet they should be patiently borne with, because from such as these is gained a more abundant reward. Therefore, the Abbess shall take the greatest care that they suffer no neglect. For these sick let there be assigned a special room and an attendant who is God-fearing, diligent and solicitous. Let the use of baths be afforded the sick as often as may be expedient; but to the healthy, and especially to the young, let them be granted more rarely. Moreover, let the use of meat be granted to the sick who are very weak, for the restoration of their strength; but when they are convalescent, let all abstain from meat as usual.

The ideals and discriminatory practices of hospitality and charity were translated in the medieval concepts of illness which were complex and involved all aspects of the human condition such as the environment, diet, age, gender and morality. As noted previously by Meirer and Graham-Campbell, "the fathers of the Church discussed intensively whether sickness and medicine were, both alike, part of God's plan of salvation…in which, sickness was mainly explained in religious terms (as punishment for sins or a test) and medicine had to justify its existence by reference to religion" (2007: 430-31). And as observed by Amundsen, "there is, in the [medieval] literature, a definite appreciation of God's hand in a Christian's suffering and of

the salutary effects of sickness in the Christian's life" (1996: 188). For example, "Pope Gregory I, in his pastoral handbook, wrote that *the sick are to be admonished to realize that they are sons of God by the very fact that the scourge of discipline chastises them*. They were also exhorted to *preserve the virtue of patienc*e" (Amundsen 1996: 188). Therefore, illness was thought of not only as a punishment visited upon the sinful but it was also thought of as a test of endurance and of an individual's faith in God. Accordint to Rawcliffe, "the widespread belief that human ills followed ineluctably from Original Sin and that individual acts of wrongdoing might additionally be punished with disease or disability made it seem impious to question the will of God by seeking earthly remedies. Moreover, since fortitude in the face of suffering helped to cleanse the soul of impurities and thus prepare it for a speedy ascent to heaven, pain was, in theory, to be embraced as a divine gift or mark of election" (2002: 41-42). This is exemplified in correspondence from Bernard of Clairvaux wherein he warned one house of Italian Cistercians whose community was riddled with malaria: *I have the very greatest sympathy for bodily sickness, but I consider that sickness of the soul is far much more to be feared and avoided. It is not at all in keeping with your profession to seek for bodily medicines, and they are not really conducive to health. The use of common herbs, such as are used by the poor, can sometimes be tolerated, and such is our custom. But to buy special kinds of medicines, to seek out doctors and swallow their nostrums, this does not become religious* (Rawcliffe 2002: 41-42). As can be discerned by this passage from Bernard of Clairvaux, the conflict between the active life and the contemplative life carried over to the practice of medicine. According to Rawcliffe:

> Implicit in Bernard's remarks is a characteristic jibe at the Benedictines, among whose ranks were to be found some of the leading medical practitioners of his day. For these monk-physicians the healing arts were part of God's handwork, to be deployed, along with every imaginable component of the rapidly expanding medieval pharmacopoeia, for the benefit of mankind. With *Christus medicus* as their model and a long tradition of humanist writing in the Stoic vein upon which to draw, they could legitimately claim both biblical and classical authority for their endeavors. The Rule of St Benedict twice required the abbot to act as a wise physician, and makes forceful use of medical metaphors, enlisting, for instance, the imagery of poultices, unguents, medicaments, cauteries and amputation in the section dealing with delinquent monks. It also displays a compassion for the physical frailties of the old, the young and the sick (2002: 42).

And as Amundsen notes, "in their efforts to deal with the spiritual needs of the majority, the clerical minority sought to maintain a delicate balance between meeting the people's temporal

and material wants, on the one hand, and meeting their eternal and spiritual needs, on the other. There was a long and evolving tradition of physical healing in Christianity [just as] there was an equally long tradition in Christianity to provide for spiritual healing; indeed, the very essence of Christianity had that as its goal" (1996: 189).

This balancing of the physical and spiritual needs of both the religious and the secular communities encompassed the type of medical care that was being practiced during this period. According to Wallis, "medicine was transformed significantly over the medieval centuries, the major watershed being the two centuries from 1050 to 1250. This watershed divides the history of medieval medicine into two periods: the age of *medicina* and the age of *physica*. Wherein *medicina* was a practiced art acquired through craft training and experience and *physica* resided in books that had not been available to early medieval western readers but was a type of book-learning about medicine that was imported from the Arab world, though its roots were in ancient Greece" (2010: xxii).

As observed by Gilchrist, the practice of *physica, "*revolved around the concept of the human body as a *microcosm*, which was in balance with the wider *macrocosm* of the natural world and Christian Creation" (2012: 32). As both Siraisi and Gilchrist note, "medieval medicine drew upon the Classical tradition of humoral theory, rooted in the works of Aristotle (384-322 BCE) and Galen (129-200 CE), as well as various Hippocratic treatises that made up the universe: fire, water, earth and air. Hippocrates's *On the Nature of Man* presents what was to become the standard set of four: fire, hot and dry, produces yellow bile in the body, and a choleric complexion; water, cold and wet, produces phlegm, and the phlegmatic disposition; earth, cold and dry, is also black bile in the body and leads to the melancholy complexion; air, hot and wet, makes blood and the sanguine temperament. A balance of the humours was required for good health in each individual but it was believed that these substances fluctuated in the body according to age and sex" (Gilchrist 2012: 32 and Siraisi 1990: 104-05).

Medical practitioners from the monastic infirmary found themselves caught within this distinction between *medicina* and *physica.* As Harvey observes, "the infirmarer would have been regarded as a *medicus*, for in a very general sense he was a medical practitioner and down to the twelfth century, this is the only meaning that the title necessarily conveyed in England, however, the growing professionalism of the art of medicine denied him the title and much of his former

importance at the actual bedside and in the dispensary" (Harvey 1995: 81). And as Cassidy-Welch states in regards to Cistercian monastic infirmaries:

> Several sources indicate that there was not necessarily a single *medicus* or *physicus* always responsible for the infirmary; rather, medical practitioners from outside the abbey were summoned. This is not to say that there was no medical knowledge within the monasteries themselves, or that the Cistercian houses were entirely reliant on the expertise of non-Cistercians in medical matters. However, who is to practice medicine is not delineated in any great detail in the *Ecclesiastica Officia* and the strong presence of *medicus* and *physicus* in charters as witnesses testifies to the receptiveness of the Cistercians to outside intelligences (2001: 145).

Care for the sick poor included shelter, warmth and clothing with the focus more on care than on cure. This is based upon documents that according to Thomas, Sloane and Phillpotts "suggest that special medical treatment within hospitals for the sick poor was minimal. There are hardly any references to medieval hospital inmates experiencing surgery, or receiving attention from physicians and the rare cases that occurred were limited to the late fifteenth and sixteenth-centuries" (1997: 32). The reason for this as explained by Thomas et al, is that "most physicians worked for wealthy patients such as royalty, nobles and high-ranking officials" and therefore, "it is unlikely that most of them would have worked in hospitals for the sick poor on a regular basis for the simple reason that hospitals could not afford their exorbitant charges" (1997: 107). What medicinal care that was administered to the sick poor consisted of "vegetable drugs of laxative, diuretic, sedative or stimulant nature that may not have required the purchase of special medicines but rather a knowledge of common, local plants and occasional imports such as cloves, cinnamon, ginger and black pepper" (Gilchrist 1995: 34).

2.3 Medicine, Law and Monks

According to Siraisi "in general the importance of monasteries as centers of medical knowledge declined from about the twelfth century even though subsequent gifts of medical books to monastery libraries suggest continued interest in the acquisition and doubtless the use of medical information within some monastic communities" (1990: 25). This decline may be attributed to a number of papal decrees that were issued in the twelfth and thirteenth centuries prohibiting the practice of surgery by clergy. Siraisi states that the "first ecclesiastical response

to the growth of commercial medical practice and non-monastic centers of medical learning had been to try and prevent the participation of monks in the discipline of medicine" (1990: 43). This is identified in a canon "promulgated by the Second Lateran Council of 1139 having the rubric, *Monks and canons regular are not to study jurisprudence and medicine for the sake of temporal gain*. This canon condemned the impulse of avarice that caused some monks to pursue such studies: *The care of souls being neglected…they promise health in return for detestable money and thus make themselves physicians of human bodies*" (Amundsen 1996: 196). And in 1163 a decree of the Council of Tours reiterated the prohibition by "forbidding professed religious to leave the cloister for the study of law and for pondering medical concoctions under the pretext of aiding the bodies of their sick brothers" (Rawcliffe 2002: 45 and Siraisi 1990: 43).

According to Amundsen the reasons for the prohibitions can be understood "that when acting as physicians monks would see shameful things that were not appropriate for them as well as the major concern that the study and practice of medicine was not appropriate for those whose lives were to be devoted exclusively to a religious life" (1996: 197). Another concern may be viewed as a form of protection so that "the cleric would not go against his spiritual calling by incurring any irregularities or impediments to his advancement by being responsible for a patient's death from the act of surgery" (Amundsen 1978: 38 and 1996). However, Amundsen notes "these prohibitions of the study of medicine would not have prevented them [the monks] from practicing the art. And further, it could be objected that if they were not permitted to leave their places of residence in order to study medicine, a prohibition of their practicing it would have hardly been necessary" (1978: 38 and 1996). In fact, as Amundsen continues, "there is nothing in the actual legislation to suggest that the clergy affected by the prohibition of being absent for extended study were not allowed to study medicine within the confines of their religious houses. As an example, there is a manuscript written by a religious in the late thirteenth century designed to instruct other religious in medicine so that they could treat the poor gratuitously since *the poor are abandoned by the ordinary physicians and surgeons*" (1978: 38). Another example includes "Peter of Spain who started as dean of the Church of Lisbon, then was physician to Pope Gregory X, next archbishop of Braga, then cardinal of Tusculum and in 1276, was elected pope under the name of John the XXI and has been credited with authoring the *Treasury for the Poor*, which listed simple but salubrious herbs that the poor could gather for themselves" (Amundsen 1996: 198).

However, "the practice of medicine did present certain unique problems for the clergy, on which Clement III wrote a rescript in which the concern was whether the cleric as a physician had done anything that would prevent his fulfilling his spiritual functions with a clear conscience" (Amundsen 1978: 39). Between 1187 and 1191, Clement had received an inquiry from a canonicus concerned with this matter. Clement's reply:

> You have brought to our attention that, since you are skilled in the art of physic, you have diligently treated many by the medical tradition of this art, although frequently it had happened to the contrary and those, to whom you thought you were applying a remedy, after taking the medicine, incurred the danger of death. But because you desire to be advanced to sacred orders, you wished to consult us on this. We reply to you briefly that if your conscience troubles you on account of those things said above, in our opinion you should not advance to major orders (1978: 39).

As this passages indicates, "if a cleric was responsible, even in a most peripheral way for anyone's death, he incurred a canonical irregularity. If he was in major orders, this irregularity prevented him from fulfilling his most important ecclesiastical functions. If he was in minor orders, it was an impediment to his advancement to major orders" (Amundsen 1978: 40). However, according to Amundsen, "it was the risk of incurring responsibility for the death of a patient in surgical practice, which was of even much greater risk than in medicine. In the latter the treatment was viewed as primarily passive, was less readily suspected and much more difficult to prove. However, the practice of surgery is active and thus the death of a patient is much more easily credited to the practitioner and therefore if the cleric had been responsible in any way for the death, he would have been prevented from fulfilling his spiritual functions as a priest" (1978: 40). Under Innocent III, the Fourth Lateran Council in 1215 issued a significant piece of ecclesiastical legislation that addressed the concern of surgery performed by the religious:

> No cleric may pronounce a sentence of death, or execute such a sentence, or be present at its execution. If anyone in consequence of this prohibition should presume to inflict damage on churches or injury on ecclesiastical persons, let him be restrained by ecclesiastical censure. Nor may any cleric write or dictate letters destined for the execution of such a sentence. Wherefore, the chanceries of the princes let this matter be committed to laymen and not to clerics. Neither may a cleric act as judge in the case of the Rottarii (bands of robbers and plunderers), archers, or other men of this kind devoted to the shedding of blood. **No subdeacon, deacon, or priest shall practice that part of surgery involving burning and cutting.** Neither shall anyone in judicial tests or ordeals

> by hot or cold water or hot iron bestow any blessing; the earlier prohibitions in regard to dueling remain in force (Amundsen 1978: 41).

But the very fact that the prohibition against practicing surgery is repeated in these various pronouncements attests to the fact that clergy were participating in medical surgery despite the injunctions. “While medieval canon law never prohibited the practice of medicine by clerics, there was obvious uneasiness on the part of the church about their motivation for engaging in such pursuits and the effects such endeavors would have on their spiritual obligations” (Amundsen 1996: 197). And it appears that it was effective in curtailing clerical practice of surgery which promoted the use of secular physicians as is seen for the infirmarer at Westminster abbey whose “principal advisor was a professional physician… who along with the apothecary and surgeon attended to the needs of the infirmary patients” (Harvey 1995: 82 and 87) and as stated by Cassidy-Welch regarding Cistercian infirmaries, “there was not necessarily a single medicus or physicus always responsible for the infirmary; rather, medical practitioners from outside the abbey were summoned when needed” (2001: 145).

Chapter Three

The Monastery, the Infirmary and the Hospital

Chapter 36: *On the Care of the Sick*, from the Rule of St Benedict, outlines provisions that are to be made in caring for ill brethren. Specifically, it was stated that, "the sick be assigned a special room." Based upon the standard Western European claustral plan, the "special room" is understood to be the infirmary but from what has come to be understood as the "standard" monastic layout it was not one of the main claustral buildings of the monastery. The monastic layout consisted of the church located on the north side of the cloister that was typically a square courtyard with the major monastic buildings arranged around it. The cloister had two elements: the garth or garden and the cloister walks, passages that lined all four sides of the garth (Greene 1992: 6).

Starting from the north side where the church is located and proceeding in a clock-wise direction, the buildings that surrounded the cloister included the sacristy, "where the altar furnishings were stored, next was the chapter house where the brethren gathered to hear a chapter of the rule of the order and to conduct day-to-day business, next to the chapter house was the warming room, where one of only a few fireplaces was kept within the cloister" (Greene 1992: 7). On the upper floor above the sacristy, chapter house and warming room was the dormitory, "which had two sets of stairs, the day stairs which led to the cloister walk and the night stairs located at the north end of the dormitory which was connected to the church. The night stairs were used in the middle of the night when the brethren were called to celebrate Matins and Lauds. Latrines were located on the south side of the dormitory. The refectory hall was located on the south cloister walk and the kitchen was located on the refectory's west side. On the west side of the cloister walk was the cellarer's range, associated with the lay brethren, which provided storage for foodstuffs, drink and other materials" (Greene 1992: 8-9). The infirmary was located outside of the cloister and it was oriented either to the east, the northeast or to the southeast of the main complex.

3.1 The Monastery

The idea for a claustral plan may be traced back to St Pachomius (292-346) "who was the first to order a coenobitic community in an abandoned village called, Tabennisi that was located in the upper Thebaid of Egypt" (Horn 1973: 15). As part of the design and layout of the monastic community, Pachomius surrounded the monastery with a wall, which as noted by Horn, the reason for its construction was "not so much in response to brigandry but rather because the wall was a symbol of monastic self-determination, shelter and a barrier against contamination by the impure and noisy world outside as well as an aid in establishing a corporate moral and in supervising monastic chastity" (1973: 15-16). However, even with this effort for distinguishing the monastic community from the rest of the populace, Horn states that "Pachomius's coenobitic community did not result in the creation of a cloister" that has come to be recognized from the medieval period (1973: 16).

It was not until the sixth century, within Chapters 22, 38, 39 and 66 of the Rule of St Benedict, that guidelines were provided for the layout of the monastery:

> Chapter 66 contained the phrase, 'The monastery should, if possible, be so arranged that all necessary things such as water, mill, garden, and various crafts may be within the enclosure, so that the monks may not be compelled to wander outside it, for that is not expedient for their souls.' In Chapter 22 it is directed that the monks, 'If it be possible…all sleep in one place; but if their numbers do not allow this, let them sleep by tens or twenties, with seniors to supervise them.' From Chapters 38 and 39, and other passages in the Rule, it must be inferred that the monks ate in a common refectory (Horn 1973: 19).

Examples for a planned community have also been identified from the seventh century in which the Rule of St Isidore (ca. 570-636) directed that "the cells of the monks' should be next to the church to guarantee quick and easy access to the divine office… the Rule mentions a cellar and a refectory as well as stipulating that the infirmary be removed from the cells of the monks, that the garden be within the monastic enclosure, and that the villa (the place where the industrial activities are carried out) be located outside, but not distant" (Horn 1973: 19). However, as noted by Horn, "there is no suggestion that the house of the monks is ranged around an open inner yard or that they form a tight enclosure around such a yard. Isidore's Rule suggests that this was not

the case and his directive to keep the industrial activities outside the monastic enclosure really eliminated the need for such an arrangement" (1973: 19).

Therefore, it may be surmised that the need for an architectural plan for the monastery was based upon balancing the practicalities of the environment as well as the spiritual needs and the day-to-day operation of a monastic community. As Horn explains:

> In proposing that a monastery should 'be so arranged that all necessary things such as water, mill, garden and various crafts be within the enclosure,' St Benedict made the monastery economically independent of the secular world. But the administration of the self-sufficient estates brought into the monastic community a host of seculars whose very presence threatened to subvert the monastic ideal of seclusion from the world and its preoccupations. As the monastery came structurally to resemble a large manorial estate, monastic integrity demanded the creation of an inner enclosure that would isolate the brothers from the serfs and the laymen and at the same time, make it possible for the latter to live as close to the brothers as their tasks required. The locked rectangular cloister was the answer to this problem. It established a monastery within the monastery (1973: 40).

The classic example of this architectural ideal may be found in the Plan of St Gall that was made circa 820 AD in the scriptorium of the monastery of Reichenau. Although St Gall was never built, "the plan reflects the thinking of the leading bishops and abbots of the empire on the question of what buildings should comprise a paradigmatic Carolingian monastery and in what manner these buildings should relate to one another" (Horn 1973: 13 and Wallis 2010: 94).

3.2 The Infirmary

As was indicated previously, the monastic infirmary was not a part of the main cloister. According to Bell, "as a general rule, in any monastic complex in England and Wales, the monks' infirmary was to be found to the east of the cloister and while there are exceptions to this, the infirmary was typically located either in the middle of the east side or at the northeast corner and in all other instances it was located southeast of the cloister" (1998: 211). And therefore, due to its location away from the main cloister, the infirmary complex was typically a self-contained facility that paralleled the main claustral buildings of the monastery. Examples include the Augustinian Priory of St Mary Merton, Thetford Priory, and at Fountains Abbey where "the infirmary was connected with the cloister by a covered passage that was nearly 200-

feet long" (Bell 1998: 218). And as represented in the Plan of St Gall, there were two smaller cloisters depicted, "one for the novices…and the other for the sick" (Wallis 2010: 94). According to Wallis, "this health services area is remarkable for its detail and reveals much about Carolingian and monastic ideals of medical care":

> The sick are shown to have their own chapel that abuts, but is not strictly walled off from, the chapel for novices. Each of the two parts of the chapel can be accessed only from the one of the adjacent cloisters. The cloister for the sick is surrounded by an infirmary building. Medical treatment is carried out in three purpose-built structures: a bathhouse for the sick, a bloodletting facility, and a house for the physicians, which doubles as a pharmacy and intensive care unit. The physician's living quarters faces an infirmary for the critically ill with a storeroom for drugs between. The first two rooms have corner chimneys for heating and toilet facilities en suite. The arrangement of the physicians' house would allow the doctors access to the medicinal plants in the garden and permit them to keep a constant watch over the acutely ill (2010: 94-97).

The typical floor plan for the infirmary consisted of an open hall in which the beds of the sick and aged monks were housed. "It wasn't until the end of the fourteenth and fifteenth centuries that changes were made from communal living to private in which screens were put into place that sectioned the beds into private quarters. There was a chapel or an altar at the east end of the hall so that the inmates could participate in the religious life and a kitchen served the infirmary which catered to the relaxed regulations about diet concerning the consumption of meat" (Greene 1992: 9).

According to Orme and Webster, the monastic infirmary was "reserved for the care of the monastery inmates only" (1995: 18). And in the thirteenth century, the Barnwell Observances (1295-96) listed categories of "three kinds of sick persons who were allowed within the infirmary: those suffering exhaustion and weakness from overwork or over indulgence; those suffering fevers, bodily pains or spasms; and those struck with sudden illness. The first were to be allowed only to rest for a short period in the infirmary; the second needed a physician, baths, and medicine and for the third, only care for the departing soul was deemed effective" (Miller and Saxby 2007: 127). However, despite the Observances, infirmaries did not exclusively house ill monks but provided accommodations for "elderly monks who were too old and infirm to take full part in the routine of the monastery" (Lawrence 2001: 119). As observed by Harvey, the

infirmary at Westminster Abbey was used for other purposes beside the care of the sick:

> At times the sick had to struggle to retain an adequate foothold here. In the later Middle Ages, their chief rivals were senior monks who had grown weary of the common life and wished to live privately. Possession of a chamber in the infirmary, or even half a chamber would enable them to do this. The chambers in the infirmary were so much sought after by the monks of this disposition that the prior, who allocated them, was able to demand payments that can be recognized as "key-money." It also seems probable that corrodians were occasionally housed in the infirmary. Of the six or seven chambers, which existed in the late medieval infirmary, only two were actually reserved for the use of the transient sick. In these chambers, the infirmarer provided the beds, pallets, or mattresses and the straw. The sick monk brought his own bedclothes: hence the use of the phrase *cum pannis* – 'with bedclothes' - to denote a monk who was an in-patient in the infirmary (1995: 87 and 90).

3.3 The Space and Place of the Infirmary

As was discussed previously, medieval medicine was balanced between providing physical and spiritual healing and therefore, while the Rule of St Benedict was followed in treating the sick, other ideas and methods were incorporated as well that were drawn from ancient Greek philosophers and physicians such as Hippocrates. These treatises on the spiritual and physical nature of the human condition were influential in deciding the location of the infirmary that was based on "practical, medical and spiritual considerations" (Bell 1998: 212).

The practical consideration for its location was based on water supply. As Bell states, "infirmaries have always required copious quantities of water that was used for flushing out the latrines, cleansing utensils and equipment and for washing and bathing as well as for cooking and drinking" (1998: 212). The basis for this practice may be found in Chapter 36 of the Rule where it is stated, "let the use of baths be afforded the sick as often as may be expedient." And in Hippocrates *Regimen of Acute Diseases*, he recommends that "bathing either continually or at intervals was beneficial to many patients… and that the necessary things include a covered place free from smoke and an abundant supply of water" (Bell 1998: 213).

The second postulated reason for the location of the infirmary regards the medical consideration for contagion as well as the stigma of sickness. As observed by Bell, "although the medieval understanding of the precise mechanics of infection and contagion was 'broad and unclear', there was no question that diseases were transmitted and it was universally accepted

that air had something to do with it [and therefore] it was only natural to separate the sick from the well and ideally to separate them to such an extent that the possibility of infection was, if not entirely removed, at least sensibly diminished" (1998: 219). The spiritual aspect of the contagion consideration reflects back on the medieval concept that illness, pain and suffering was brought on by God as a test or punishment for ones actions in life. Even though, as stated by Bell, "pain and disease could be a doorway through which the steadfast and faithful might pass to salvation, the fact nevertheless, remained that in the minds of most, people in pain must have deserved it and that in general it was better to shun the society of sinners than to cultivate it. Therefore, it was only natural that sinful sufferers should be segregated from the holy healthy and although the afflicted might have been instruments to learn benevolence upon, it was better that they be kept at a distance" (1998: 220).

The third postulated reason for the infirmary's location is influenced by the consideration of physical and spiritual contamination. As mentioned previously, the infirmary was located to the east, northeast or to the southeast of the main claustal complex and as observed by Bell, the location of the infirmary may "not only reflect the negative principle of medical and spiritual quarantine but the positive principle that according to Hippocratic and medieval medicine, geographical location played a significant role in maintaining or regaining health" (1998: 220). With the placement of the infirmary in the eastern quadrant it would face the rising sun and would fulfill both spiritual and physical requirements of the infirmary inmates. Within the Christian faith the rising sun in the east is associated with Christ and the call to heaven. And the physical needs were satisfied based on Hippocrates, *Airs, Waters and Places*, wherein "he discussed the health problems of towns and cities built in the north, south, east and west and concluded that the healthiest location was undoubtedly the east:

> In the first place, the heat and cold are more moderate, the waters that face the rising of the sun are clear, sweet smelling, soft and delightful… for the sun, shining down upon them when it rises, purifies them. People who live in this location, he continues, have finer complexions and clearer voices; they are better tempered and more intelligent; they are subject to fewer diseases and those less severe (Bell 1998: 220).

3.4 Archaeological Example of the Medieval Monastic Infirmary

The historical documentation on the location and arrangement of monastic infirmaries is supported in the archaeological record from excavations that were conducted at the Priory of St Mary Merton in Surrey. According to Miller and Saxby, "the archaeological evidence for the care of the sick comes in three forms: evidence of medical problems and intervention from the skeletal assemblage; objects and vessels associated with medicines and medical care and potential medicines from plants" (2007: 127). Other archaeological evidence includes remnants of floor plans and ruins that indicate how space was demarcated and used in monastic infirmaries.

3.4.1 The Priory of St Mary Merton, Surrey

The Sheriff of Surrey founded the Augustinian Priory of St Mary Merton in 1117. Archaeological excavations uncovered much of the medieval priory, which lay approximately 11.3 kilometers to the southwest of London on the banks of the River Wandle (Miller and Saxby 2007: xvii). Based on these investigations, elements of the monastic layout and development of the priory could be traced from the twelfth-century to the Dissolution.

Excavation revealed the remains of a stone church that was begun circa 1170 and possibly completed by 1200. "The church was sited on a platform above the flood plain and marsh. However, "*ex situ* architectural fragments, together with some stratigraphic and documentary evidence, suggest this was not the first stone church built, and that an earlier one existed in the vicinity, constructed in the mid-twelfth century" (Miller and Saxby 2007: xvii). Other buildings identified that were located to the south of the church included parts of the cloister and the east and south ranges. The main cloister to the south of the church was apparently separated from the nave by an open space. A gatehouse, a mill and possibly a large aisled guest hall were also identified within the precinct. Also identified to the southeast was a large monastic infirmary complex with its own cloister and chapel (Miller and Saxby 2007: 111). However, at the time of Dissolution, according to Miller and Saxby, "some of the priory buildings, particularly the church, were extensively demolished and large quantities of salvaged

stone were used to build Henry VIII's palace at Nonsuch, near Surrey" (2007: xvii).

The Infirmary

According to Miller and Saxby, "the extensive infirmary complex was in the usual position, located to the southeast of the church and away from the bustle of the main complex with a view of the cemetery" (Miller and Saxby 2007: 113). The infirmary hall, chapel, cloister and ancillary buildings "formed a self-contained community with buildings paralleling the functions of the main claustral complex. The excavated infirmary hall at Merton dates to the first half of the thirteenth-century even though a chapel of the infirmary was dedicated in 1161" (Miller and Saxby 2007: 124). The size of the infirmary cloister "was approximately 32 meters by 15 meters and more formally laid out as a cloister with at least three covered alleys" (Miller and Saxby 2007: 127). The excavations revealed that the infirmary hall "was a large undivided building aisled with pairs of columns along its length forming eight bays for the beds and central walking space. Access to the chapel may have been either through a connecting door or an opening separated by a screen…although the locations of the hall windows are not known, they were glazed apparently in the thirteenth-century with plain green and painted geometric and foliate designs" (Miller and Saxby 2007: 113 and 124). Also identified was a hearth that was located roughly in the center that heated the hall. But as stated by Miller and Saxby, "according to the archaeomagnetic dating, it appears that it was only used for a short period during the early thirteenth-century" (2007: 124). A second hearth was identified along the southern wall where "smoke could be expelled by a chimney rather than circulating around the hall from the central hearth. West of the central hearth, along the western wall, a possible cupboard for medicines was placed close to a timber screen" (Miller and Saxby 2007: 124).

During the 1360s-70s, "the infirmary hall side aisles on the ground floor were divided into single rooms for about fourteen inmates to provide private accommodation, with the assumption that the central aisle remained an open space" (Miller and Saxby 2007: 126). Based on research, it has been suggested from "a reference in 1520 that there was a lower chamber or cell of the infirmary that indicated that there was more than one floor in the hall or at least part of it and that the columns may have supported an upper level. Buttressing identified along the eastern wall, from possibly the fifteenth-century, may suggest the addition of an upper floor. In the mid-sixteenth century, private dwellings were provided in the infirmary for the abbot and

warden" (Miller and Saxby 2007: 126). Although according to Miller and Saxby "precise identification of other buildings and structures associated with the infirmary complex was problematic, suggestions include the infirmary kitchen, bleeding room, meat kitchen, washhouse, latrine, and the infirmarer's lodging" (Miller and Saxby 2007: 114).

Artifacts Recovered

The excavations did "not positively identify surgical or medical implements" (Miller and Saxby 2007: 128). The artifacts that were recovered include, "an ornate pair of spectacles that was identified in the burials which could suggest that they may have been either made or supplied by the infirmary" (Miller and Saxby 2007: 127). A pair of copper-alloy tweezers was identified and could have possibly been used for medical purposes. Other artifacts identified, "were sherds found in the north burial area that were identified as Spanish tin-glazed ware, that may be an albarello (a type of drug jar)" which Miller and Saxby tentatively suggest may represent the use of imported pharmaceutical jars in the infirmary. Glass urinal fragments from "the infirmary drain and the latrine indicate the diagnostic inspection of urine in the vicinity." Of which, as Miller and Saxby explain, "uroscopy was widely practiced throughout the medieval period and formed one of the most important medical skills within the infirmary" (2007: 128).

As Miller and Saxby state, "while no description was given of a potential garden area for the purpose of the infirmary at Merton Priory, archaeological excavation identified potential medicinal plants that included exceptionally large numbers of black mustard seeds in several samples from the area east of the infirmary and to a lesser extent, the infirmary kitchen" (2007: 128). Although also used for food, Nicholas Culpeper (1653) the seventeenth-century herbalist, listed the range of medicinal uses for black mustard seeds, "in wine as an antidote for poison; and in honey for treating coughs, it was chewed for toothache and externally used for throat swellings, clearing up skin lesions and even leprosy and hair loss. Other plant samples included henbane, black nightshade and hemlock, all of which were used for treating inflammations and swellings" (Miller and Saxby 2007: 128).

The Burials

Excavations conducted within the cemetery provided evidence that many of the individuals had received some form of treatment (Miller and Saxby 2007: 127). Within the skeletal assemblage, "13% of individuals recorded had suffered a fracture. The majority of which, was well healed and more were aligned than misaligned with relatively few showing evidence of infection" (Miller and Saxby 2007: 127). The burials also provided limited evidence for medical care in the form of objects buried with them such as "a possible hernia belt and a copper-alloy medical support plate on two burials that were identified. Both were associated with mature adult males, who may have been treated in the infirmary but both surgical objects were probably sourced from elsewhere" (Miller and Saxby 2007: 127). And as Miller and Saxby note, "although the identification of the medication plate may not be secure, it was evident that the individual suffered inflammation of the knee where the object was found and the sheet was possibly used in the curative manner copper bracelets are used today" (2007: 127). Pathology identified on the skeletal remains included "a high prevalence of diffuse idiopathic skeletal hyperostosis (DISH), which is associated with obesity and late onset of diabetes and suggests a privileged lifestyle" (Miller and Saxby 2007: 157). Other forms of pathology identified from the remains include, "tuberculosis, spina bifida, and the most common pathology in Merton, was the growth of periosteal bone on the tibia that may be associated with the maintenance of an upright posture for a long period" (Miller and Saxby 2007: 149).

Burial customs that were identified at Merton indicated that besides the burial of brethren, that Merton had a large number of higher status internments that included females and children, compared to the external burial areas. And according to Miller and Saxby, "this may suggest that the house attracted requests for burial possibly well beyond those of monastic personnel such as the servants, and the families of local patrons" (2007: 157).

The overall sample from 664 skeletons recorded indicates "that adults accounted for the great majority with few children, where only three of the remains identified were less than six years old. There was a marked male bias amongst the adults with 77.2% male and 6.9% female" (Miller and Saxby 2007: 148). And although there were a number of high status internments at the cemetery, Miller and Saxby conclude that, "the evidence suggests that Merton did not function as a parochial cemetery. That the overall burial area was restricted to classes of laity

with the greater emphasis on wealthy patrons and senior members of the monastic community" (2007: 148).

3.5 The Hospital

As indicated previously, excavations of the cemetery at Skriðuklaustur identified a variety of individuals that had been interred at the monastery. These internments included among the monks and the founding family members, young women, children and neonates (Kristjánsdóttir 2010a). This contrasts with the Merton Priory findings wherein the majority of burials identified were male and members of the monastic community and although there were some high status laity internments identified within the monastic cemetery, Miller and Saxby concluded that, "Merton did not function as a parochial cemetery" (2007: 148). Therefore, in order to understand these differences in the monastic burial population between Skriðuklaustur and Merton Priory, it is necessary to compare monastic infirmaries with medieval hospitals.

As has been shown from the archaeological excavations conducted at Merton Priory and from historical documentation the care of the secular sick, infirm and aged was not conducted within the monastic complex. According to Miller and Saxby, even though "care for the poor and travelers was a duty for all religious houses, this was usually done in buildings separate from the [monastery] infirmary" (2007: 123). These separate buildings were either located just outside the gate such as at Fountains Abbey where according to Bell, an infirmary for the local poor, aged, infirm and pilgrims and travelers, "was located at the gate of the abbey and at Sibton, a similar hospital for the poor, infirm, pilgrims and travelers was established at the gate of the abbey some time before 1264 and operated up to the Dissolution" (1989: 167-69). There were other options available to care for the general population such as hospitals that operated as separate institutions from the monastic cloister. As Orme and Webster observe, "some [hospitals] centered on worship, some nursing the sick, some keeping the long-term disabled and some receiving the poor" (1995: 40). And according to Gilchrist, "infirmaries for the sick poor represented a form of more general charitable relief and can be categorized according to their specialized functions":

- Leper hospitals, or *leprosaria*: which were founded during the centuries in which the disease is believed to have reached epidemic proportions in Britain. The earliest foundations were in the eleventh-century, at Canterbury, London and Chatham. The

majority of *leprosaria* date to the twelfth and thirteenth-centuries, corresponding with the growth in urban centers, overseas contact and population density.

- Hospices for pilgrims and wayfarers: which were established primarily to provide shelter, hospitality and comfort for strangers. Many were founded privately or by monasteries along the routes to the most popular shrines. These sites had an indirect link with healing, as they were associated with the shrines to which the sick flocked for cure.

- Almshouses: which were religious institutions for the general poor, as well as poor priests or mariners (1995: 8 and 48).

Even though treatment by a physician was a rare event for the sick poor these hospitals were founded and supported, "by patrons who were motivated by religious piety, demonstrations of power, and a genuine concern for welfare" (Thomas et al 1997: 3). This was based on the idea that "alms-giving was directly linked to the donor's salvation, since at the Day of Doom it was believed that Christ would judge men and women not by their own piety but by their actions towards the poor and weak" (Thomas et al 1997: 3). And according to Gilchrist, "medieval people were taught that Purgatory was a period in which the soul passed from death to salvation: a place where sins were purged by every kind of physical torment before final redemption. And therefore, charitable giving was a kind of intercession, which was thought to hasten the soul's passage through the torments of Purgatory" (1995: 9). Although charitable relief was a form of social welfare Gilchrist notes "that according to medieval belief the destitute, towards whom charity was directed, were necessary in order to grant spiritual salvation to others" (1995: 9). And thus "the problems of poverty and illness were addressed by medieval society but never resolved because the continued existence of the poor was crucial to the medieval social order" (Gilchrist 1995: 9).

Hospitals were normally placed outside of town walls, "often marking the gates as well as placed at entries to ports and harbors" (Gilchrist 1995: 14). Even though hospitals were separate institutions from monasteries "they were organized along monastic principles of which some operated as monastic hospital-priories that accommodated both a group of professed religious men or women, who along with staff and inmates observed at least a semi-monastic lifestyle, following a rule and wearing a common habit" (Gilchrist 1995: 8). And much like the monastic cloister, "the layout of the hospitals were arranged to insure that all the necessary buildings were included for a self-contained community" (Gilchrist 1995: 17). The infirmary hall

of the hospital was designed like the monastic infirmary in that the "hall was typically divided into three aisles by arcades with the inmates given beds in the screened side aisles and the central space kept clear for the movement of the staff" (Gilchrist 1995: 17). The hospital infirmary also included a "chapel attached to the east to resemble the chancel and nave of a parish church and the infirmary ward was arranged so that the inmates could witness the daily celebration of the mass from their beds" (Gilchrist 1995: 17).

The medieval hospitals "could be founded as male or as a mixed house with populations of both staff and inmates segregated according to sex" (Gilchrist 1995: 14). And as observed by Gilchrist, "it was at these mixed hospitals where they could assume special responsibilities not appropriate to male houses, such as the care of pregnant women and orphans"(1995: 14). Hospitals were also open to receiving travelers and benefactors as well as corrodians who "were permanent paying guests sponsored by royal or monastic patrons of the house or encouraged by the hospital in order to improve finances. These corrodians who held a lifetime corrody to reside in the hospital would have required lodgings separate from those of the staff and inmates" (Gilchrist 1995: 28).

3.5.1 The Priory-Hospital St Mary Spital, London

The Priory-Hospital of St Mary Spital exemplifies this type of medieval hospital arrangement. Mary Spital was located some 500 meters north of Bishopgate, which was one of the principal gates into the City of London (Thomas et al 1997: 4). The name *spital* is a twelfth-century English form of the Latin for *hospitale* of which the longer version, *hospital* does not occur in English until about 1300, which is then followed shortly afterwards by *spitalhouse* (Orme and Webster 1995: 39).

According to Thomas et al, "Mary Spital was not only a hospital but also a fully-fledged Augustinian priory with its own prior and canons" (Thomas et al 1997: 115 and Thomas 2004). The first hospital, that operated from 1197 to 1235, was not excavated but assumed by Thomas et al "to have lain west of the main hospital site and may have been no more than 16 meters long, of which 10 meters might have accounted for the infirmary nave and the remainder for the chapel" (Thomas et al 1997: 115 and Thomas 2004). But the cemetery associated with the first hospital was partially excavated. And based on the skeletal evidence and on written

documentation, it has been surmised "that the hospital looked after women in childbirth and according to the protocol of the time, if the woman died during childbirth and the child survived, the hospital would care for their children up to the age of seven" (Thomas 2004: 33 and Thomas et al 1997: iii and 89). Other evidence suggests that due to its location on the main road outside of the City gate, that in common with other hospitals, Mary Spital also sheltered travelers.

The Hospital

"In 1235 the founders of Mary Spital issued a new charter which showed that they had acquired new lands for the hospital and the complex was then expanded" (Thomas 2004: 33 and Thomas et al 1997: 91). The thirteenth century hospital complex was "divided into several different parts: the infirmaries for the sick, the cloister for the Augustinian canons, an area for the lay sisters who looked after the sick, gardens, orchards, the cemetery, houses for residents, and open land" (Thomas 2004: 36). The infirmary was T-shaped and according to Thomas et al, the choice of the design "was probably a convenient way for segregating the sexes without having to split the infirmary down the middle that would comprise the view of the altar from the bedridden inmates" (Thomas et al 1997: 115). However, at the close of the thirteenth century, changes had been made to the layout of the infirmary in which the sexes were segregated on different floors with the effect that the altar could not have been seen and therefore the "new infirmary was no longer within the 'body of the church" (Thomas 2004: 42 and 62 and Thomas et al 1997: 115).

Artifacts Recovered

Evidence of nursing care identified from the excavations included "the clearing out of straw from the floor and there was a hearth within the infirmary that indicated that the building was kept warm and beds were provided with lamps between them" (Thomas et al 1997: 115). According to the available written documentation, "money was left to the hospital in 1455 for a surgeon to work at Mary Spital and there was a Dr. Smith living in the house next to the infirmary in the sixteenth-century however it is not known for certain whether either actually practiced at the hospital" (Thomas 2004: 56 and Thomas et al 1997: 107).

Artifacts associated with medical practice that were identified include "small pipkins that may have been used for making herbal remedies and two urinal flasks; one was from the fourteenth-century and the other from the eighteenth-century. However, no other medical forms

of vessels or implements were definitely established" (Thomas et al 1997: 111 and 115 and Thomas 2004). The medicinal plant seeds that were found at Mary Spital included "wild cabbage, which was used for a variety of ailments including gout, rheumatism, deafness and impetigo; common mallow for poulticing; blackberry leaves for burns and swellings; and stinging nettles for colic, vomiting and gout; henbane and vervain were also in evidence" (Thomas et al 1997: 111 and 115 and Thomas 2004). Other artifacts identified from the excavations included "a large number of small iron and copper-alloy keys appropriate for a series of cupboards or lockers that might suggest an emphasis on the security of personal property within medieval hospitals" (Gilchrist 1995: 19).

The Burials

Besides the burying space within the church at Mary Spital, there were three cemeteries that had been identified from the excavations (Thomas 2004: 47). "An early cemetery lay to the south of the twelfth-century infirmary and another lay to the west of the thirteenth-century infirmary. The main cemetery lay to the southeast of the church. It covered an area of about 6000m2 (about 1.5 acres) and the remains of about 10,500 individuals were found" (Thomas 2004: 47). However, according to Thomas, "later buildings, including the western extension of Spitalfields Market, built in 1928, had destroyed some parts of the cemetery and at least 1,000 individuals were removed when the Market was built" (2004: 47). But even with this destruction, it has been estimated based upon "analysis of the density of burial across the undisturbed areas of the site, that at least 18,000 people were once buried in the main cemetery. And it has therefore been suggested that Mary Spital may have acted as an overflow cemetery for London" (Thomas 2004: 47-48). The types of pathology that have been identified include "tuberculosis, leprosy, arthritis, syphilis and DISH, as well as congenital diseases such as club foot, cleft lip but there were few cases of rickets and scurvy" (Thomas 2004: 48 and 54).

Although it cannot be verified that surgery was practiced at Mary Spital, evidence from the skeletal collection indicated that surgical practices had been carried out. "Two skeletons were found with pieces of metal attached to their legs, perhaps as some kind of support. One had two copper plates tied around his knee with a piece of textile, while the other had a sheet of lead wrapped around his lower leg. There were also high numbers of skeletons with healed fractures of various bones but mostly leg and arm bones. Examples of more serious forms of surgery

include individuals with amputated limbs and skulls that had been trepanned…all the individuals who had been trepanned had survived their ordeal as the bone had started to heal over again" (Thomas 2004: 57).

Due to the fact that Mary Spital was a Priory-Hospital run by Augustinian monks, it was targeted during the Reformation just like its contemporaneous monasteries. At the onset of the Dissolution, St Mary Spital "was valued and sold and its religious buildings thoroughly wrecked. The site was then split in two. The church, cemetery and all the northern parts of the precinct were leased to a variety of individuals. The southern parts of the precinct were leased by the Prior of St Mary Spital on January 3, 1538 to the fraternity or guild of artillery of longbows, crossbows and handguns" And then, in the following year, on January 1, 1539, the Priory and Hospital of St Mary Spital was finally closed by order of Henry VIII (Thomas 2004: 64-65).

Chapter Four

Skriðuklaustur

Based on the findings from the archaeological excavations conducted at Skriðuklaustur, the medical activity that has been identified by the artifacts and the skeletal assemblage has led to various descriptions of the monastery such as a hospital, infirmary, hospice and medical center. As was previously mentioned, monastic infirmaries were "reserved for the care of the monastery inmates only" (Orme and Webster 1995) and options for the secular poor, sick and infirm were relegated to the hospital. But the care that was provided at these facilities was based upon the institutions' founding and thus identified accordingly, such as hospitals for the sick-poor, hospices for travelers and pilgrims and the *leprosaria* for those afflicted with the skin disease. However, these affiliations were not always clear-cut and a care-giving institution could change its directive depending on the need at the time. This is exemplified in Gilchrist's observation where "in England between the fourteenth and sixteenth centuries, existing leper houses changed function as incidence of the disease decreased, and often developed into almshouses for other groups stigmatized by society, such as the mentally ill" (1995: 38). Given Skriðuklaustur's short tenure, it probably did not experience any significant changes in the service it provided like the changes identified with the English leper houses. Perhaps then, the reason for the monastery's mutable designation is that its identity as a care facility rests somewhere in between that of a monastic infirmary and a hospital such as the English Priory-Hospital at Mary Spital. The time period in which Skriðuklaustur was established and the circumstances of its founding provide the evidence to piece together the archaeological findings that provide an understanding of its role and identity in late medieval Iceland.

4.1 Research Issues

The overall premise to the previous research that has been conducted at Skriðuklaustur, is that despite being located in the North Atlantic, made of turf, stone and driftwood, the elements that comprise the monastery come together to transcend its location and differences in building material to replicate the universal ideal of the monastic identity as is recognized in Western

Europe. However, this has been a rather contentious point in the field of medieval Icelandic archaeology. As Kristjánsdóttir explains, "it has generally been believed that Icelandic cloisters functioned primarily as seats of power for medieval chieftains and that their activities centered on the accumulation of wealth, prayer, writing and the education of clerics. Icelandic scholars have maintained that the Catholic Church in Iceland was inactive, if not indifferent, as regards to the provision of social assistance" (2008: 210 and Vésteinsson 2000). This may be due to the fact that "the written sources describing Icelandic monastic buildings are limited in number but moreover, that the vast majority of the written sources used in this context (registers, appraisals and agreements of various kinds) date to the period following the Reformation" (Kristjánsdóttir *forthcoming*). And because there has been limited archaeological investigations of medieval Icelandic monasteries, it has resulted in an over dependence on these documents that were composed well after the period of monasticism and therefore according to Kristjánsdóttir it is "most likely the farmhouses that were then standing on the sites and not the monastic buildings that had already been abandoned or even demolished, were the structures being described" (*forthcoming*). And thus, as a consequence from this limited documentation, "the buildings of medieval Icelandic cloisters have been thought to be fundamentally different from other contemporary cloisters in the realms of architecture, purpose and function and therefore it has been believed that the Icelandic cloister either operated in the farmhouse or that their buildings did not differ considerably from contemporary farmhouses in Iceland" (Kristjánsdóttir 2008: 210). Three primary points have upheld this belief:

The first point is the supposed isolation of Icelandic society during the medieval period when the country was under Norwegian rule, then later under the rule of Denmark that lasted from 1262-1944. "The exclusively rural population of the island, as well as the social structure that lacked centralized power is regarded to have predominantly affected the aims and the running of the monastic institutions in the country. This means that even though knowledge about monasteries did reach the isolated island…Icelanders were unfamiliar with the general form and function of monasteries and therefore were operated at their own discretion which was drastically different from Western Europe" (Kristjánsdóttir 2008: 210, 2010a: 47 and *forthcoming*).

The second point concerns the issue of limited building resources. According to Kristjánsdóttir, "the available building materials included turf, stones and driftwood and as such

have not been regarded as suitable for the construction of large and complex buildings such as monasteries" (2008: 210-11). It has been postulated that the reason for this view could be "that buildings of turf and stone do not last long and they usually need to be rebuilt frequently and thus, the foundations of older structures are reused for new buildings" (Kristjánsdóttir 2008: 210-11). It is this cycle of rebuild-reuse that is seen in the Icelandic farmhouse and it is therefore the reason why monastic cloisters that have been built with the same type of material have been assumed to not be significantly different from the farmhouse.

And the third point concerns the lack of archaeological investigations of Icelandic monasteries. Only two other archaeological investigations have been conducted at monastic sites, one at the Viðeyjarklaustur monastery located on Viðey Island outside of Reykjavík and the other excavation at the Kirkjubæjarklaustur convent located on the south coast of Iceland. According to Kristjánsdóttir, "both of these sites are known for a long history of diverse settlements that includes monastic activities and farming that lasted from the tenth to the twentieth centuries. The monastic ruins at both these sites have become intermingled with the ruins of various phases of common farmhouses built both before and after the monastic institutions. Unfortunately, neither of these cloisters has, as yet, been excavated fully enough to produce evidence of architectural plans or inner function" (2008: 210-11).

4.2 Historical Background

Skriðuklaustur was in operation from the end of the fifteenth century up to the middle of the sixteenth century and it was a busy time in Iceland. The country was under Danish rule and was participating in trade with major European markets as evidenced by customs accounts such as "from England that indicated on average that some ten trading ships sailed to Iceland annually in the period between 1430-1550" (Karlsson 2000: 118). Archaeological excavations conducted at medieval period trading centers such as at Gásir in Eyjafjörður, located nearby the modern day City of Akureyri in northeast Iceland, have provided material evidence for commerce activities with European countries (Harrison, Roberts and Adderley 2008). And as Gardiner and Mehler observe:

> The period from about 1412 to 1602 was marked by the presence of English and Hanseatic merchants, fisherman and sailors and Iceland was able to offer goods and natural products that other north European lands did not have, or did not have in sufficient quantities. The rich fishing grounds provided a natural resource of considerable importance for the European market and together with other important export goods such as wool, vaðmál (a tightly woven and tough cloth), animal skins and fleeces, and sulphur, formed the basis of a vibrant trade between Icelanders, the English, the Hanse, the Dutch and the Norwegians. Luxury items such as walrus-ivory and falcons completed the repertoire of goods. These items were obtained in exchange for basic goods such as ground corn, beer and clothing, manufactured items such as horseshoes, kettles, scissors and knives and various luxury items such as haberdashery and even religious icons (2007: 385 and 401; see also Harrison et al. 2008 and Hastrup 1990).

Unfortunately, it was this contact that exposed the Icelandic population to the Black Plague that had previously swept throughout Europe in the fourteenth century. And so it was that Iceland experienced two plague outbreaks, one in 1402 that persisted until 1404 of which the point of origin has been traced to the trading port site of Búðasandur (also known as Maríuhöfn) that was "located on a promontory on the southern shore of the Hvalfjörður (Whale Fjord) in southwest Iceland (Gardiner and Mehler 2007: 392-93). The second outbreak occurred in 1494 and lasted through 1495 (Karlsson 2000: 111 and Hastrup 1990). Other events during this period include the 1477 volcanic eruption in Vatnajökull glacier and a change in the average temperature in which the subsequent "cooling climate led to crop failure and the abandonment of farms" (Kristjánsdóttir 2008: 214; see also Kristjánsdóttir *forthcoming* and Sveinbjarnardóttir 1992). It has therefore been suggested that the establishment of Skriðuklaustur was to provide a facility that would accommodate to the needs of a stressed local population in response to these crises of epidemics and natural disasters.

Skriðuklaustur is located in eastern Iceland in the Fljótsdalur valley on what was once "a main route between the southern and eastern portion of Iceland. With this location, Skriðuklaustur may have provided a final stop over for travelers before proceeding southwards by way of crossing Vatnajökull glacier" (Kristjánsdóttir 2010a: 51 and 2010b). And like most monasteries of the medieval period, in order to establish a steady income for the operation of the monastery, Skriðuklaustur owned land in Borgarhöfn that is located within the southeastern district of Suðursveit and was one of the district's main fishing stations that supplied the monastery with fish" (Kristjánsdóttir 2010b: 108).

The establishment of Skriðuklaustur was during an age of miracles and salvation where the ever-present threat of Purgatory hung over-head. According to Kristjánsdóttir, there is a legend of a miracle associated with the founding of the monastery site. As the legend goes, "a cleric from Valþjófsstaður parish church went down to the valley to visit a dying parishioner. Along the way he lost his chalice and paten. A man was sent to look for them and found the items on a knoll on the field called Kirkjutún, below the farm at Skriða. The chalice was filled with wine and the paten laid neatly on top with bread on it. This event was viewed as a miracle and was commemorated with the construction of a chapel and an altar was placed on the knoll where the holy items were found. A cloister was also founded on this site that was dedicated to the Virgin Mary and the blood of Christ" (2008: 209-10).

However, there is another account regarding the benefactor, Cecilía Þorsteinsdóttir, who gave the farm Skriða for the founding of the monastery. "She [Cecilía] was a well-born and wealthy woman who married her second cousin, despite the fact that such marriages were prohibited in Iceland at the time. She gave birth to seven children with her husband, who died while she carried their youngest child. Because of their illegal marriage, their children were treated as a burden to God and to other people. She sought special dispensation from the bishop, Stefán Jónsson, as well sought an exemption from the Pope but without success. Her last attempt in this campaign was to donate the farm at Skriða for the founding of a monastery" (Kristjánsdóttir 2008: 213).

4.3 Archaeological Excavations at Skriðuklaustur

The excavations at Skriðuklaustur were conducted over a span of ten years. According to Kristjánsdóttir, who is the principal investigator of the Skriðuklaustur project, the results of the work provide information that refutes these issues that plague the concept of medieval monasteries in Iceland. The following summary on the excavations has been compiled from Kristjánsdóttir's published articles from 2008, 2010 and 2011 and a forthcoming article in 2013.

Archaeological excavations were conducted in the field of Kirkjutún located below Skriða farm and revealed a monastic complex associated with the ruins of the late seventeenth and eighteenth century church, Skriðakirkja (Kristjánsdóttir 2008: 210 and 212). According to Kristjánsdóttir, "the only indication of multiple occupation on the site was with the church,

otherwise the ruins identified with the monastic period were well preserved, with no younger structures built on top" (2008: 212). The monastic complex is approximately 1300 square meters, which includes the cemetery. The archaeological excavations covered over 1100 square meters and as Kristjánsdóttir observes, due to "the monastery's short tenure, the layout of its building was rather straightforward and therefore easy to interpret. It consisted of only one building phase that lasted for nearly 60 years, excepting the church that continued in use for approximately another 250 years after the monastery's closing" (2010a: 49; figure 3).

Figure 3: Overview of the Skriðuklaustur excavation, view to the east, the church is in the foreground.
© Steinunn Kristjánsdóttir

The Skriðuklaustur complex consists of the church, prior's lodging, dormitory, chapter house, warming room, refectory, kitchen, infirmary hall, guesthouse, brewery and storage room (figure 4). The monastic rooms were located within a single, two-story structure that was on the north side of the cloister garden that was in turn enclosed by a thick turf wall (Kristjánsdóttir 2010a: 48). The church was located on the south side of the cloister and the monastic rooms in the single structure were divided on the western side by the brethren's dormitory, latrine, warming room and brewery with the prior's lodging on the second floor. The kitchen and the refectory area and the storage room were located in the eastern part of the complex and the infirmary hall was located within the monastic complex, on the second floor above the guesthouse, in the southeast quadrant of the structure. The only access to the infirmary from

within the complex consisted of small hatches that may have been for the delivery of food. Otherwise, there was a south facing entrance that opened out in the exterior side of the cloister garden wall that may have been shared with the guesthouse access (Kristjánsdóttir 2010a: 49-51 and *forthcoming*).

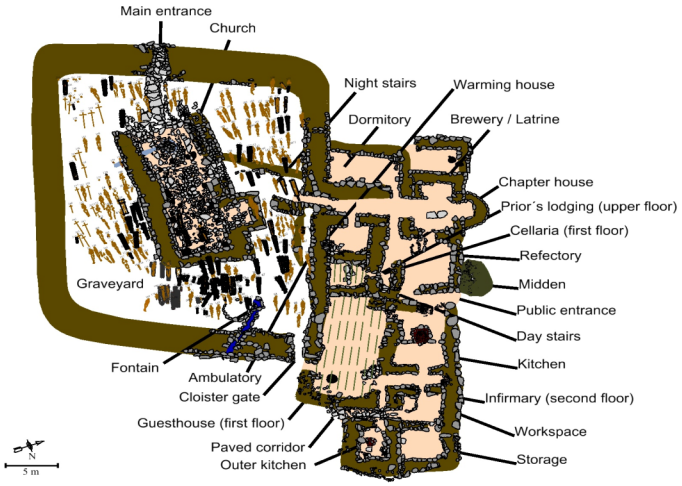

Figure 4: Excavation map of Skriðuklaustur. © Steinunn Kristjánsdóttir

"The cloister garden was not strictly rectangular but was situated as the core of the monastery. It measured over 100 square meters in size with a well in its approximate center. The garden was also used as the main cemetery for the monastery" (Kristjánsdóttir 2010a: 49). The internal ground plan of the monastic church measured "8 meters wide and 16 meters long. The church itself was situated on an east-west alignment" (Kristjánsdóttir 2010a: 49). According to Kristjánsdóttir, the monastic church was smaller then what was generally built at the time. She surmises that the reasons for this "may be that since the church was not consecrated until roughly a decade after the foundation of the monastery in 1512, it may not have been fully completed by the time of its dissolution in the 1550s" (2010: 49). Another reason proposed for the relatively small size of the church is that according to written sources around the time of the church's consecration the monastery was in the process of a "most far-reaching business of buying land

and possessions" and as Kristjánsdóttir speculates, "the monastery probably never recovered financially from these endeavors and thus was unable to expand the church" (2010a: 49).

The rooms within the monastic complex were "all similar in size, approximately 8 to 12 square meters, except for the infirmary hall that measured three times as much" (Kristjánsdóttir 2010a: 51). Two other entrances were excavated. The main entrance was located between the kitchen and the refectory in the structure's northern gable and the other entrance led into the cloister garden from the south. According to Kristjánsdóttir, "the position of the main entrance between the refectory and the kitchen may have been publicly accessible to the poor and needy where they could temporarily seek shelter and food" (2010a: 51).

Artifacts Recovered

Artifacts identified at the site include, "sulfur, coloring stones, wax and pimp-stones that were found inside the ruins which may indicate that in addition to writing, parchment and ink making may have been a part of the work done in the monastery" (Kristjánsdóttir 2008: 212). Unlike at the priory of St Mary Merton and the priory-hospital St Mary Spital, artifacts associated with possible surgery were identified at Skriðuklaustur. These tools include lancets, scalpels and pins that may have been used for surgical purposes such as suturing. According to Siraisi, "the essential equipment of the medieval period surgeon consisted of knives, razors, and lancets for making incisions, cautery irons, grasping tools, probes, needles, cannulae and a tool for trepanation…as well as sutures and pads" (1990: 155). However, "no definite evidence of trepanation has been identified on skeletons from Skriðuklaustur" (Kristjánsdóttir 2010a). As indicated previously, attendance of physicians was a rare occurrence at the medieval hospital and so it is not unusual that records of physician visits to Skriðuklaustur are not known at this time. However, "there is mention of barber-surgeons operating in Iceland during the early sixteenth century and evidence of healed fractures on some of the skeletal remains may indicate intervention by a surgeon" (Kristjánsdóttir 2011: 413; figure 5).

Figure 5: Evidence for healed fractures at Skriðuklaustur cemetery. © Steinunn Kristjánsdóttir

Besides the surgical tools, "two vessels for medication were found, both imported, one a vial and the other a ceramic bottle" (Kristjánsdóttir 2010a: 52). Other artifacts identified at the site that may be associated with medical practice include a large number of small stones or pebbles that were recovered from the infirmary hall. According to Kristjánsdóttir, "these stones are of a type associated with spiritual and physical healing. In most cases these stones have been imported and are of different types, such as crystal. The sizes of the stones range from 2 to 5 centimeters in diameter and their color varies depending on the type and some have markings on them" (2010c: 378).

An effigy of St Barbara was discovered in the church's chancel. It was made in Utrecht, Holland during the first half of the fifteenth century (figure 6). St Barbara was known as one of the Fourteen Holy Helpers who are a group of saints that were venerated in Roman Catholicism because it was believed that their intercession protected against disease. "The mission of St Barbara was to protect against fever and her presence in the church may have been to serve that purpose for the patients at the infirmary" (Kristjánsdóttir 2010a: 52).

Figure 6: Statue of St Barbara. © Steinunn Kristjánsdóttir

Samples of pollen from the cloister garden indicate that healing plants were cultivated at Skriðuklaustur during the monastic period. Ten species of healing plants were discovered, including three not native to the medieval Icelandic flora. These non-native species have been identified as, *Allium*: which comprises garlic, onion and leeks of which the garlic variety is known as an antiseptic, as well as an expectorant and stimulant; *Urtica major*: also known as nettle which is used as an astringent and tonic; and *Plantago major*: also known as plantain which is used as an expectorant, astringent and diuretic (Kristjánsdóttir 2010a: 51 and Larsson and Lundquist 2010).

The Burials

Excavation of the cemetery identified 298 graves that included monastic brethren and founding family members that were buried in the cemetery and within the church. Other buried individuals identified included graves of "fetuses, neonates, young children, adolescents, and in particular, young females as well as remains that represented lay people who may have bought their last resting place in the cemetery" (Kristjánsdóttir 2010a: 52-53). According to Kristjánsdóttir, "pathological conditions identified on some of the skeletal remains appeared to have been caused by diverse traumatic injuries and chronic illnesses such as syphilis,

tuberculosis, hydatid disease, non-specific infection, congenital disorders (cleft palate), periodontal disease, metabolic insult and fractures" (2010a: 52-53 and *forthcoming*).

4.4 Discussion of Excavation Results

The results from the excavation bring up three main issues regarding medieval monastic infirmaries, these are: the monastery layout, the location of the infirmary and the burial population. Initial findings published in 2008 stated that, "the excavation at Skriðuklaustur has revealed a monastic building that does not resemble any medieval farmhouse in Iceland. In fact, the building is laid out in a manner similar to that of most medieval monastic buildings in Europe" (Kristjánsdóttir 2008: 212). As was discussed previously, the typical layout for a Western European monastery was arranged so that the claustral buildings that comprised the four sides of the cloister garden could be identified in a clockwise fashion with the church on the north side, the sacristy, chapter house and warming room on the east side and on the second floor above these rooms, the dormitory with latrines located on the south side of the room, the refectory hall was on the south side with the kitchen attached to the west end and the cellarer's range was on the west side of the cloister garden (Greene 1992). And if the monastery had an infirmary it was located outside of the main cloister and oriented to the east, northeast or to the southeast (Bell 1989 and 1998).

However, since the 2008 findings, further excavation work has been conducted that made it clear that contrary to the initial assessment of Skriðuklaustur resembling the European monastic layout, it contains two key features that mark it as unique from the standard Western European model. The first feature is the church located on the south side of the cloister instead of on the north side and the second feature is that all of the buildings that comprise the cloister, including the infirmary, are located within a single structure.

Even though placing the church on the opposite side of the cloister is a break from the traditional plan, the mirrored layout of the monastery is not particular to Iceland. According to Kristjánsdóttir, "the mirrored arrangement was not unknown in monasteries and nunneries in England and Denmark, where a considerable number of the religious houses placed the church on the south side" (*forthcoming*). Another plausible explanation proposed by Kristjánsdóttir is that this arrangement may have been used "to shield the open cloister garden from the harsh

northern winds by using the monastic complex itself" (2010a: 49). And in consideration of what constitutes a typical monastic cloister, Gilchrist observes that "monastic studies have tended to emphasize the degree of uniformity in monastic planning and it has been assumed that standard arrangements outweighed regional variations or subtle preferences expressed by monastic orders" (1994: 92). However, it is understood "that the cloister orientation may be based on the premise that geometrical forms were reproduced in order to signal a particular conceptual content and thus, in the context of monastic building, the north cloister may have had a special religious significance" (Gilchrist 1994: 128). Another consideration for variations in layout may be based on the functional limitations of the site. According to Gilchrist:

> The most significant factors in the planning of monastic sites were water supply and drainage. Running water was needed behind the dormitory for the flushing of the latrine. Hence, the location of the dormitory would probably have determined the position of the cloister. Houses with wealth or influence may have had the resources to adapt a site's condition, such as by diverting watercourses. But poorer, lower-status communities may have been forced to accept the natural limitations of a site (1994: 129-31).

The second feature of Skriðuklaustur is the cloister itself in which all the buildings are located within a single structure on the north side of the cloister garden. This may be considered a unique arrangement to Iceland which as observed by Gilchrist, the arrangement of monasteries may be indicative of "the social origins of founders and inmates" due to the simple reason that these institutions "were constructed akin to the patrons and religious inmates own architectural milieu. For example, nunneries possessed features of gentry houses, such as moats, discontinuous ranges grouped around courtyards, upper-story kitchens and garderobes" (1994: 127). Therefore, based on the fact that there are no available comparable archaeological investigations of medieval Icelandic monasteries, it is prudent to review the structural format of the medieval Icelandic farmhouse to provide a baseline in which to compare the architecture of Skriðuklaustur.

Kristjánsdóttir is correct that Skriðuklaustur did not resemble the medieval Icelandic farmhouse per se. She notes that size-wise the monastic complex measured 1300 square meters in comparison to a typical medieval farmstead that measured approximately 130 square meters (*forthcoming*). According to Mehler, "the fourteenth century brought change in the layout of the Icelandic farm. The Viking-period longhouse with its open floor plan and adjacent structures was

no longer being built. In its place, a new arrangement had emerged, the so-called 'passage house.' The structure was named thus based on the passageway that ran the depth of the building and worked as a main distributor of traffic. This layout remained the typical construction until the twentieth century" (Mehler 2011: 179 and Høegsberg 2009). As to what prompted this change in the Icelandic farmhouse structure, Mehler states:

> It is an open question as to what initiated the change in the farm layout and the development of the passage house. Hypotheses include that the larger and richer the farms were, the more rooms would be included into the main building to be connected by a passage way. Another explanation is that during this period, the average temperature dropped resulting in a colder climate that lasted for several centuries. This change in the climate may have prompted conservation measures such as dividing the living quarters into smaller rooms to retain heat. A final explanation may be related to the contact with northern continental Europe. During the late medieval period, focus on the individual and the family came to the forefront and a resultant development from this focus was the notion of privacy and the creation of separate spheres for men and women. This resulted in differentiated chores and subsequent partitioning of space into a multi-room layout of houses (Mehler 2011: 180-81; see also Roesdahl and Scholkmann 2007 and Roesdahl 2009).

As an example, the layout of Skriðuklaustur may be compared to the farm of Kúabót that was abandoned in approximately 1490 (figure 7). The Kúabót farmstead arrangement has the passage house on the north side with a small family chapel located to the south of the building with a stone lined pathway connecting the two structures. Even though the arrangement of structures is similar between the farmstead and the Skriðuklaustur complex, the difference is found within the interior layout of the monastic structure. Unlike the Kúabót passage house, Skriðuklaustur does not exhibit a passageway that runs down the entire length of the structure. Instead, the interior layout consists of indirect routes that restrict access to the rooms within the monastic structure. This configuration is similar to what Høegsberg describes as a 'conglomerate' structure as exemplified by the dwelling from ruin group "029" in Greenland (2009: 96).

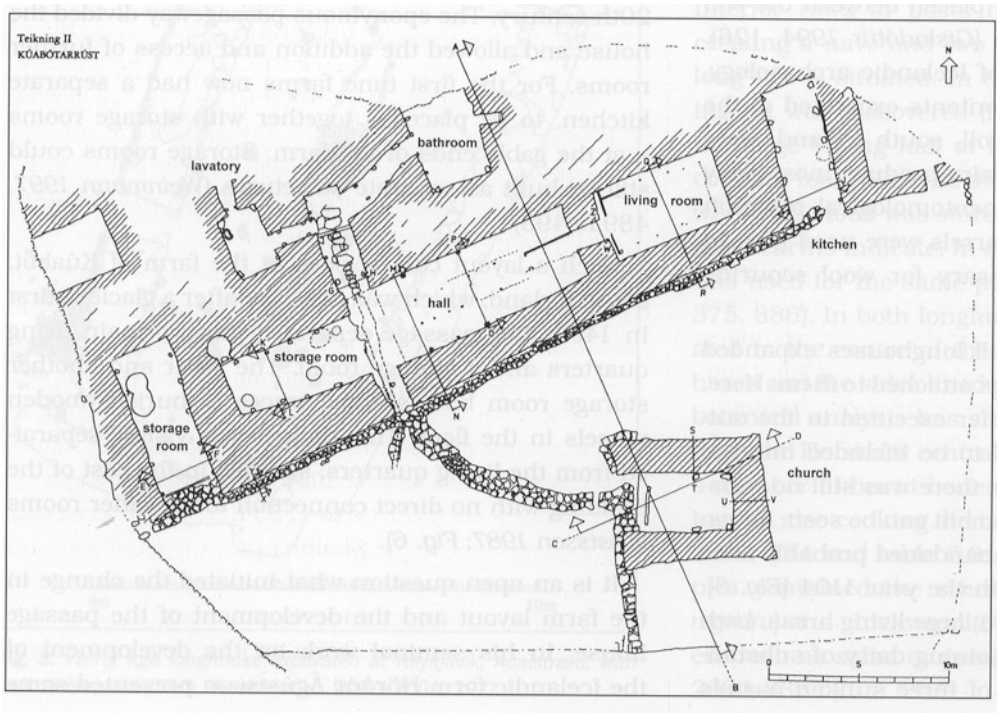

Figure 7: Kúabót farmstead and passage house. © Natascha Mehler

According to Høegsberg, when comparing the contemporaneous Greenlandic passage house to the Icelandic passage house "the Greenlandic houses do not appear to have been organized with a primary row of rooms placed end-to-end – hence, the impression of a more haphazardly organized building where rooms seem to 'huddle' together with most traffic conducted directly from room to room [instead of through the central passageway]" (2009: 96; figure 8). The adoption of this 'conglomerate' layout at Skriðuklaustur appears to be the method in which the brethren upheld the rules of separation as proscribed by Western European monasticism.

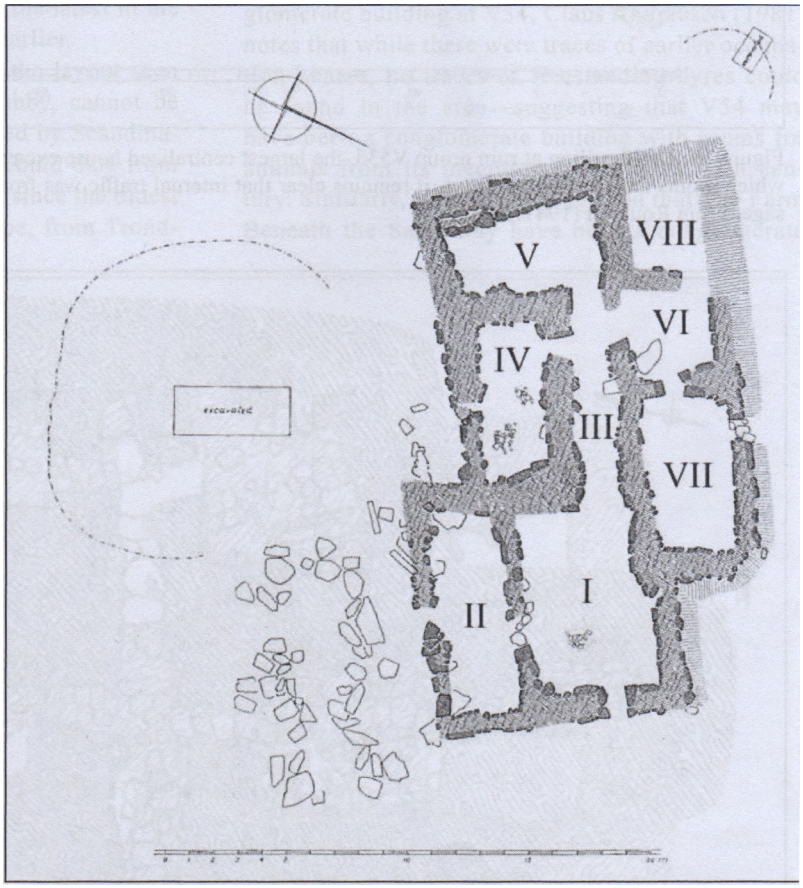

Figure 8: Dwelling from ruin group "029." © Mogens Skaaning Høegsberg

As was stated in the excavation summary, the infirmary hall is located inside the monastery complex itself. Kristjánsdóttir has proposed that "with a small monastery, a clearer separation of the infirmary was not needed" (2010a: 51). However, based upon the previous discussion on the location of the monastic infirmary and the possible reasons for its particular placement, outside of the monastic cloister, it does make one pause in consideration. As previously discussed, the location of the infirmary from Merton Priory was described as being "in the usual position, to the southeast of the church, away from the main complex" (Miller and Saxby 2007: 113 and 124). And the reasons for its separate location from the main cloister was explained previously by Bell (1989 and 1998) and Gilchrist (1994) which included the need for water supply, the concern of both physical and spiritual contagion from illness as well as the health benefits of being located in the eastern section as described by Hippocrates and the association of the rising sun and the call to heaven. But, based upon the excavation map of the site, it is clear that within the single structure arrangement that Skriðuklaustur was built in

keeping with the Western European layout. This is shown with the infirmary located on the southeastern side of the monastic complex and in close proximity to the cloister garden well. And in concession to the concerns of contagion, separation was achieved by placing the infirmary on the second floor away from the main interior rooms with the only interior access between the monastic community and the infirmary by means of the small hatches as previously described. The south facing entrance of the infirmary, which may have been shared by the guesthouse, is an obvious mode of separation as well since it does not open directly into the cloister garden. But instead, based upon the excavation plans, the infirmary entrance appears to be offset just enough to be located outside of the surrounding cloister wall. This type of separate access may be indicative of a public entrance for the guesthouse that would also allow the monastic infirmarer to tend to the laity without infringing upon the restricted interior religious sections of the monastery. This type of planning and use may account for the mixed group of individuals who were identified from the cemetery. Which brings up the third issue regarding the monastic infirmary as explored previously, that its intended use was only for the inhabitants of the monastery itself.

As Gilchrist and Sloane state, "one of the greatest misconceptions in the archaeological analysis of monastic cemeteries has been the popular assumption that they were effectively closed from the rest of the world [and that in fact] sometimes monasteries specialized in the burial of certain social groups" (2005: 56 and 60 and Daniell 1997). These groups include obedientiaries who held principal monastic offices as well as lay brothers and sisters, benefactors, founders and patrons (Gilchrist and Sloane 2005: 60-61). According to Gilchrist and Sloane, "in the early twelfth century, monasteries with manorial holdings began to use their prerogative to claim the *legitim* of their tenants, along with their bodies for burial. The second phase dating to the late twelfth or thirteenth century, saw the monasteries actively encouraging middle-ranking lay men and women to seek burial in their grounds. These burials often came with bequests of land, money or items, and with the phrase 'cum corpore' and it is probable that most such burials took place in the cemetery rather than the church or chapter house" (2005: 62). This may account for the laity who are buried at Skriðuklaustur in a section separated from the patients, brethren and the founding family members. Other than the possibility that these lay persons might represent corrodians or servants of Skriðuklaustur, they may represent a group of the monastery's land tenets. As stated previously, Skriðuklaustur had been involved in buying

land and possessions and "the monastery had owned ¾ of land in Borgarhöfn which was one of the district's main fishing stations that supplied the monastery with fish" (Kristjánsdóttir 2010a: 49 and 2010b: 108). And therefore, the possibility exists that this group of laity may represent tenants of Skriðuklaustur's land holdings. As Kristjánsdóttir put forth, "why would these individuals wish to be buried in the monastic cemetery where they had to pay for that privilege or earn the right to it instead of being buried free of charge at the parish church that was located approximately three kilometers away?" (2010a: 58).

The cemetery population findings at Merton Priory did indicate a mixed group buried there. Besides the monks and benefactors, other individuals identified included lay brethren, corrodians, servants and possibly family members of the brethren. However, as was stated previously, the majority of Merton's burial population consisted of adult males with the primary pathological conditions indicating a rich diet and a sedentary lifestyle, a characteristic observed by Gilchrist and Sloane, associated with the majority of monastic cemeteries of male houses. In contrast, Skriðuklaustur's cemetery population consisted primarily of individuals with various serious pathological conditions as well as the burial of young children and women of child-bearing age that represented a significant group of the cemetery population (Kristjánsdóttir 2010a: 56-57) From this observation, Skriðuklaustur's cemetery population is much closer in resemblance to the findings from the cemetery identified with the first phase of the priory-hospital at Mary Spital in 1197-1235, which was described as "a small roadside hospital where the remains predominantly suggest that the hospital may have been taking in destitute women and children" (Thomas 2004: 57 and Thomas et al).

Like Mary Spital, Skriðuklaustur was located on a main route between the southern and eastern portion of Iceland and with this location may have provided a rest stop for travelers. According to Kristjánsdóttir, "other traditional paths were known from the monastery that may have been used by travelers and the greater community to cross over to the eastern fjords and down to the bay of Héraðsflói" (2010b: 108). This type of access may account for the mix in age and gender identified at Skriðuklaustur's cemetery. Another possible comparison to Mary Spital in consideration of Skriðuklaustur's patronage may be associated with the legend of the miracle that occurred on the site of the monastery with the recovery of the priests' chalice and paten. Perhaps this may have drawn pilgrims to the monastery such as described by Gilchrist, where hospices that were founded by monasteries were associated with shrines (1995: 48). As Thomas

et al observed regarding Mary Spital's patronage, "the hospital catered to a large proportion of pilgrims due to the popularity of the practice since the mid-eleventh century but the flow of pilgrims increased at the hospital with the fame of the shrine of St Thomas Becket at Canterbury" (1997: 89).

Based on Skriðuklaustur's mix of age, gender and pathologies and its location on a main road, it may be considered that instead of operating strictly as a monastic infirmary such as at Merton Priory, Skriðuklaustur functioned instead as a priory-hospital such as at St Mary Spital. Further consideration for this finding is associated with Skriðuklaustur's benefactor, Cecilía Þorsteinsdóttir. Cecilía's donation of the farm at Skriða for the monastery was made in the hope of spiritual salvation as well as the very earthly concerns of public salvation for transgressing Icelandic law by marrying her second cousin. This act of charity may be considered as an example of the medieval period mindset in the founding of hospitals and monasteries. As noted previously, "the foundation and support of hospitals by patrons can be considered according to motives of religious piety…in dispensing charity the patron not only absolved their own consciences but were relieved of the burden of their own sins" (Thomas et al 1997: 3) and as noted by Gilchrist, "charitable giving was a kind of intercession which was thought to hasten the soul's passage through the torments of Purgatory" (1995: 9). Therefore, Cecilía's donation of the Skriða farm as an act of repentance enabled the monastery to operate an infirmary that was accessible to the greater community in providing care for the poor, sick and infirm.

Conclusion

Charity On The Fringes Of The Medieval World

The aim of this study has been to understand how the Western European model for the charitable monastic practice of the care for the poor, sick and infirm was adopted in Iceland at Skriðuklaustur. The research was conducted by utilizing a combination of archaeological and historical cross-cultural research supported by the social theory of structuration in order to create a context in which to address the issues and questions concerning the archaeological and architectural features of Skriðuklaustur that have been used to ascribe the role and function of the monastery within medieval Icelandic society.

As a baseline for this study, research was conducted to understand what the medieval monastic concept of hospitality and charity entailed and from this effort it was revealed that it was not a uniform practice within monasticism. The main reasons for the disparity included the division between the monastic mission of the "active apostle life" and the "contemplative life". This division was compounded by the varied interpretations on the objectives for the practice of hospitality and charity such as Innocent III's ideal of charity as an act inspired by goodwill towards others as opposed to charity and hospitality being conducted in order to absolve one of sins or to attain material wealth and a heavenly reward. As a result of these two main issues, categories were put into place on who was eligible to receive hospitality and charity that then dictated the form and location of interaction between the religious and the laity. This discrimination was detailed in the Plan of St Gall where "distinct accommodations for the rich and the poor were depicted" and it divided the role of the porter at the monastery "between a *hospitarius* who was given charge of important guests and the *elemosinarius*, who dealt with the lower classes" (Brodman 2009: 53).

This distinction in hospitality and charity was carried over into the practice of medical care by the separation of facilities wherein the monastic infirmary was reserved only for the brethren and hospitals and other institutions, such as almshouses, catered to the secular community. A review of archaeological investigations conducted at the St Mary Merton Priory infirmary and of the St Mary Spital hospital did corroborate some of the more general aspects

from historical documentation on this distinction between the places of hospitality and charity. However, the excavation of the cemeteries provided material evidence that the protocol and practice of these institutions was not always the same, which was demonstrated by the mixed burial population at the all-male house of Merton Priory. The archaeological excavations also revealed the type and extent of medical intervention that may have been provided at these institutions.

A key feature that was expressed through the material remains of the monastic infirmary and the hospital was the symbiotic relationship between the medieval concepts of spiritual and physical wellbeing that was translated in the location and layout of monastic infirmaries and hospitals. Precautions taken by the religious community to avoid spiritual and physical contamination from illness were realized in the architecture by creating a whole separate space for the infirmary that was located at a distance from the main complex. While the Skriðuklaustur monastic complex was situated within a single structure, it was built in keeping with the precaution of avoiding spiritual and physical contamination. As revealed by the archaeological excavations conducted at Skriðuklaustur, the interior layout consisted of indirect passageways that restricted access to the quarters reserved for the brethren so that the monks were able to care for the secular community and still maintain the avoidance strategies of the monastery. The adherence to the Western European monastic practice of separation between the brethren and the laity at Skriðuklaustur could only work from a reciprocal relationship based on social rules that were informed by the concept of spiritual and physical wellbeing and embedded in the practice of society. These social rules are exemplified by Cecilía Þorsteinsdóttir's donation of Skriða farm for the establishment of the monastery which was motivated by the belief that the foundation of religious institutions by patrons was a way to receive penance from earthly sins and thus avoid Purgatory.

What this research has shown is that despite the rules and regulations of medieval monasticism it was a highly varied institution with its mission influenced by the needs of the monastic community as well as by the needs of secular society. This variation extended to other aspects that defined monasticism such as the design and layout of the cloister. Derivations on the physical layout of cloisters could be attributed to "limitations of the environment as well as to the social origins of founders and the religious inmates" (Gilchrist 1994: 127-31). Therefore it may be understood that even though the architectural design of Skriðuklaustur was influenced by the

social milieu of medieval Iceland as well as influenced by the North Atlantic environment and the available resources used for building structures, it was founded and operated by the precepts of Western European Catholicism.

There may never be any conclusive answers to Skriðuklaustur's structural orientation that mirrored the north oriented Western European cloisters nor its architectural style that may be described as a conglomeration of the medieval Icelandic passage house and a monastery and so the best way to understand the uniqueness of Skriðuklaustur is that buildings serve as the mediator between thought and action. As stated by Thomas, "human identities, material objects and places all develop from a background of relationality [and in this way] the location comes to visibly manifest the interconnection between people and their worlds" (Thomas 1996: 89 and 237). Thus, Skriðuklaustur may be thought of as a social phenomenon where both the structure of the Western European Catholic religion and the agency of the monks were mediated through the practice of hospitality and charity towards the medieval Icelandic community and in turn, the community's needs structured the mission of the monks in relation to their faith.

Bibliography

Aldred, Oscar
2006 The Idea of Landscape in Icelandic Archaeology. Archaeologica Islandica 5: 9-26.

Amundsen, Darrel W.
1978 Medieval Canon Law On Medical and Surgical Practice By The Clergy. Bulletin of the History of Medicine 52: 22-44.

Amundsen, Darrel W.
1996 Medicine, Society, and Faith In The Ancient and Medieval Worlds. The Johns Hopkins University Press: Baltimore and London.

Andrén, Anders
1998 Between Artifacts and Texts: Historical Archaeology in Global Perspective. Plenum Press: New York and London.

Aslan, Carolyn
2006 Individual, Household, and Community Space in Early Bronze Age Western Anatolia and the Nearby Islands *in* Space and Spatial Analysis in Archaeology. Edited by Robertson, Elizabeth C., Seibert, Jeffrey D., Fernandez, Deepika C. and Zender, Marc U. University of Calgary Press: Calgary, pp: 133-140.

Bell, David N.
1989 The English Cistercians and the Practice of Medicine. Cîteaux 40: 139-74.

Bell, David N.
1998 The Siting and Size of Cistercian Infirmaries in England and Wales *in* Studies in Cistercian Art and Architecture 5. Edited by Lillich, Meredith Parsons, Cistercian Studies Series Number 167, Kalamazoo: Cistercian Publications, pp: 211-237.

Bourdieu, Pierre
1977 Outline Of A Theory Of Practice. Cambridge University Press: Cambridge.

Brodman, James William
2009 Charity & Religion in Medieval Europe. The Catholic University of America Press: Washington, D.C.

Brogiolo, Gian Pietro
2011 Developing the Archaeology of Buildings: An Italian Case Study *in* The Archaeology of Medieval Europe, Volume 2, Twelfth to Sixteenth Centuries. Edited by Carver, Martin and Klapste, Jan. Aarhus University Press: Aarhus, pp: 40-43.

Burton, Janet
1994 Monastic and Religious Orders in Britain, 1000-1300. Cambridge University Press: Cambridge.

Carver, Martin
2011 Religious Buildings, Part 1: Cathedrals and Monasteries *in* The Archaeology of Medieval Europe, Volume 2: Twelfth to Sixteenth Centuries. Edited by Carver, Martin and Klapste, Jan. Aarhus University Press: Aarhus, pp: 442-467.

Cassidy-Welch, Megan
2001 Monastic Spaces and their Meanings: Thirteenth-Century English Cistercian Monasteries. Brepols: Turnhout.

Cassidy-Welch, Megan
2010 Space and Place in Medieval Contexts. Parergon 27, no. 2: 1-12.

Daniell, Christopher
1997 Death and Burial in Medieval England, 1066-1550. Routledge: London.

Einarsson, Bjarni F.
1995 The Settlement of Iceland; A Critical Approach: Granastaðir and the Ecological Heritage. Hið íslenka bókmenntafélag: Reykjavík.

Friðriksson, Adolf
1994 Sagas and Popular Antiquarianism in Icelandic Archaeology. Avebury: Aldershot.

Gardiner, Mark and Mehler, Natascha
2007 English and Hanseatic Trading and Fishing Sites in Medieval Iceland: Report on Initial Fieldwork. Germania 85: 385-427.

Giddens, Anthony
1984 The Constitution of Society: Outline of the Theory of Structuration. University of California Press: Berkeley and Los Angeles.

Gilchrist, Roberta
1989 Community and self: perceptions and use of space in medieval monasteries. Scottish Archaeological Review 6: 55-64.

Gilchrist, Roberta
1994 Gender and Material Culture: The archaeology of religious women. Routledge: London and New York.

Gilchrist, Roberta
1995 Contemplation and Action: the other monasticism. Leicester University Press: London.

Gilchrist, Roberta and Sloane, Barney
2005 Requiem: The Medieval Monastic Cemetery in Britain. Museum of London Archaeology Service: London.

Gilchrist, Roberta
2009 Medieval Archaeology and Theory: A Disciplinary Leap of Faith *in* Reflections: 50 Years of Medieval Archaeology, 1957-2007. Edited by Gilchrist, Roberta and Reynolds, Andrew. Maney Publishing: Leeds, pp: 385-408.

Gilchrist, Roberta
2012 Medieval Life: Archaeology and the Life Course. The Boydell Press: Woodbridge.

Greene, Patrick J.
1992 Medieval Monasteries. Leicester University Press: Leicester.

Grenville, Jane
1997 Medieval Housing. Leicester University Press: London.

Griffin, John W.
1978 End Products of Historic Sites Archaeology *in* Historical Archaeology: A Guide to Substantive and Theoretical Contributions. Edited by Schuyler, Robert L., Baywood Publishing Company, Inc: Farmingdale, pp: 20-22.

Harrison, Ramona, Roberts, Howell and Adderley, W. Paul
2008 Gásir in Eyjafjörður: International Exchange and Local Economy in Medieval Iceland. Journal of the North Atlantic 1: 99-119.

Harvey, Barbara
1995 [1993, 1994] Living and Dying in England, 1100-1540: The Monastic Experience. Clarendon Press: Oxford.

Hastrup, Kirsten
1990 Nature and Policy in Iceland 1400-1800: An Anthropological Analysis of History and Mentality. Clarendon Press: Oxford.

Hermanns-Auðardóttir, Margrét
1989 The Early Settlement of Iceland: Research Based on Excavations of a Merovingian and Viking Farm Site at Herjólfsdalur in the Westman Islands, Iceland. A dissertation for the degree of Doctor of Philosophy, University of Umea, Department of Archaeology, Sweden.

Hermanns-Auðardóttir, Margrét
1991 The Early Settlement of Iceland: Results Based on Excavations of a Merovingian and Viking Farm Site at Herjólfsdalur in the Westman Islands, Iceland. Norwegian Archaeological Review 24, no. 1: 1-33.

Hicks, Dan and Beaudry, Mary C.
2006 [2008] Introduction: the place of historical archaeology *in* The Cambridge Companion to Historical Archaeology. Edited by Hicks, Dan and Beaudry, Mary C. Cambridge University Press: Cambridge, pp: 1-9.

Hillier, Bill and Hanson, Julienne
1984 The Social Logic of Space. Cambridge University Press: Cambridge.

Hodder, Ian and Hutson, Scott
2003 [1986, 1991] Reading the Past: Current Approaches to Interpretation in Archaeology. Cambridge University Press: Cambridge.

Høegsberg, Mogens Skaaning
2009 Continuity and Change: The Dwellings of the Greenland Norse. Journal of the North Atlantic. Special Volume 2: 82-101.

Horn, Walter
1973 On the Origins of the Medieval Cloister. Gesta 12, no. ½: 13-52.

Hume, Ivor Noel
1964 Handmaiden to History. North Carolina Historical Review 41, no. 2: 215-225.

Jamroziak, Emilia
2010 Spaces of Lay-Religious Interaction in Cistercian Houses of Northern Europe. Parergon 27, no. 2: 37-58.

Johnson, Matthew
1993 Housing Culture: Traditional Architecture in an English Landscape. Smithsonian Institution Press: Washington, D.C.

Karlsson, Gunnar
2000 The History of Iceland. University of Minnesota Press: Minneapolis.

Kent, Susan
1990 A cross-cultural study of segmentation, architecture, and the use of space *in* Domestic architecture and the use of space: An interdisciplinary cross-cultural study. Edited by Kent, Susan. Cambridge University Press: Cambridge, pp: 127-152.

Kerr, Julie
2007 Monastic Hospitality: The Benedictines in England, c. 1070-1250. The Boydell Press: Suffolk.

Kristjánsdóttir, Steinunn
2008 Skriðuklaustur Monastery: Medical Center of Medieval East Iceland? Acta Archaeologica 79: 208-215.

Kristjánsdóttir, Steinunn
2010a The Tip of the Iceberg: The Material of Skriðuklaustur Monastery and Hospital. Norwegian Archaeological Review 43, no. 1: 44-62.

Kristjánsdóttir, Steinunn and Kristjánsson, Gísli
2010b Skreiðin á Skriðu: Um tengsl milli Skriðuklausturs og Suðursveitar á 16. Öld *in* Saga: Tímarit Sögufélags XLVIII, no. 2: 94-108.

Kristjánsdóttir, Steinunn
2010c Icelandic Evidence For A Late Medieval Hospital: Excavations At Skriðuklaustur. Medieval Archaeology 54: 371-381.

Kristjánsdóttir, Steinunn
2011 The Poisoned Arrows of Amor: Cases of Syphilis From 16th Century Iceland. Scandinavian Journal of History 36, no. 4: 406-418.

Kristjánsdóttir, Steinunn
(*Forthcoming*) Crossing the Borders: Skriðuklaustur monastery on the frontiers of Medieval Iceland. Brepols: Turnhout.

Larsson, Inger and Kjell Lundquist
2010 Icelandic medieval monastic sites – vegetation and flora, cultural plants and relict plants, contemporary plant-names, 2010:18. Facts from Department of Landscape Architecture, Alnarp. http://www.ltj.slu.se/6/index.html.

Lawrence, C.H.
2001 [1984, 1989] Medieval Monasticism: Forms of Religious Life in Western Europe in the Middle Ages. Longman Group Limited: London.

Little, Barbara J.
2009 Family Resemblances: A Brief Overview of History, Anthropology, and Historical Archaeology in the United States *in* International Handbook of Historical Archaeology. Edited by Majewski, Teresita and Gaimster, David. Springer: New York, pp: 363-381.

Lucas, Gavin
2004 Íslenk fornleifafræði í norður-evrópsku samhemgi. 2: 11-28. English translation, pp. 1-17.

McGovern, Thomas H, Orri Vésteinsson, Adolf Friðriksson, Mike Church, Ian Lawson, Ian A. Simpson, Arni Einarsson, Andy Dugmore, Gordon Cook, Sophia Perdikaris, Kevin J. Edwards, Amanda M. Thomson, W. Paul Adderley, Anthony Newton, Gavin Lucas, Ragnar Edvardsson, Oscar Aldred and Elaine Dunbar
2007 Landscapes of Settlement in Northern Iceland: Historical Ecology of Human Impact and Climate Fluctuation on the Millenial Scale. American Anthropology 109, no. 1: 27-51.

Mehler, Natasha
2011 From self-sufficiency to external supply and famine: foodstuffs, their preparation and storage in Iceland *in* Processing, Storage, Distribution of Food: Food in the Medieval Rural Environment. Ruralia VIII, September 7th-12th, 2009, Edited by Klapste, Jan and Petr Sommer. Brepols Publishers: Turnhout, pp: 173-186.

Meirer, Thomas and Graham-Campbell, James
2007 Life, Death and Memory *in* The Archaeology of Medieval Europe: Volume I, Eighth to Twelfth Centuries AD. Edited by Campbell-Graham, James and Valor, Magdalena. Aarhus University Press: Aarhus, pp: 420-449.

Miller, Pat and Saxby, David
2007 The Augustinian Priory of St. Mary Merton, Surrey, Excavations 1976-90. MoLAS Monograph 34, Museum of London Archaeology Service: London.

Moore, Lawrence
1995 Studying the Modern Period: Expanding the Perspective of Historical Archaeology. Journal of Middle Atlantic Archaeology 11: 119-124.

Moore, Lawrence
2001 The Misplaced Trowel. North American Archaeologist 22, no. 4: 387-402.

Moreland, John
2001 Archaeology and Text. Gerald Duckworth & Co. Ltd.: London.

Mytum, Harold C.
1989 Functionalist and Non-Functionalist Approaches In Monastic Archaeology *in* The Archaeology of Rural Monasteries. Edited by Gilchrist, Roberta and Mytum, Harold C. British Archaeological Reports 203: Oxford, pp: 339-361.

Orme, Nicholas and Margaret Webster
1995 The English Hospital, 1070-1570. Yale University Press: New Haven.

Pauls, Elizabeth P.
2006 The Place of Space: Architecture, Landscape, and Social Life *in* Historical Archaeology. Edited by Hall, Martin and Silliman, Stephen W. Blackwell Publishing Ltd: MA, pp: 65-83.

Rapoport, Amos
1969 House Form and Culture. Prentice Hall Inc: Englewood Cliffs.

Rawcliffe, Carole
2002 On the Threshold of Eternity: Care for the Sick in East Anglian Monasteries *in* East Anglia's History: Studies in honor of Norman Scarfe. Edited by Bill-Harper, Christopher, Rawcliffe, Carole and Wilson, Richard G. The Boydell Press: The Centre of East Anglian Studies University of East Anglia, pp: 41-72.

Reid-Donley, Linda W.
1990 A structuring structure: the Swahili house *in* Domestic architecture and the use of space: An interdisciplinary cross-cultural study. Edited by Kent, Susan. Cambridge University Press: Cambridge, pp: 114-126.

Roesdahl, Else and Scholkmann, Barbara
2007 Housing Culture *in* The Archaeology of Medieval Europe: Volume I, Eighth to Twelfth Centuries AD. Edited by Campbell-Graham, James and Valor, Magdalena. Aarhus University Press: Aarhus, pp: 154-180.

Roesdahl, Else
2009 Housing Culture: Scandinavian Perspectives *in* Reflections: 50 Years of Medieval Archaeology, 1957-2007. Edited by Gilchrist, Roberta and Reynolds, Andrew. Maney Publishing: Leeds, pp: 271-288.

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

Smith, Julie Ann
2010 *Clausura Districta*: Conceiving Space and Community for Dominican Nuns in the Thirteenth Century. Parergon 27, no. 2: 13-36.

Smith, Kevin P.
1995 Landnám: the settlement of Iceland in archaeological and historical perspective. World Archaeology 26, no. 3: 319-347.

South, Stanley
1977 Method and theory in historical archeology. Academic Press, Inc: New York.

Sveinbjarnardóttir, Guðrún
1992 Farm abandonment in medieval and post-medieval Iceland: an interdisciplinary study. Oxbow Monograph 17. Oxbow Books: Oxford.

Thomas, Christopher, Sloane, Barney and Phillpotts, Christopher
1997 Excavations at the Priory and Hospital of St. Mary Spital, London. MoLAS Monograph 1, Museum of London Archaeology Service: London.

Thomas, Chris
2004 Life and Death in London's East End: 2000 years at Spitalfields. Museum of London Archaeology Service: London.

Thomas, Julian
1996 Time, Culture and Identity: An interpretive archaeology. Routledge: London and New York.

Tierney, Brian
1959 Medieval poor law: a sketch of canonical theory and its application in England. University of California Press: Berkley and Los Angeles.

Tuan, Yi-Fu
1977 Space and Place: The Perspective of Experience. University of Minnesota Press: Minneapolis.

Vésteinsson, Orri
1998 Patterns of Settlement in Iceland: A Study in Prehistory *in* Saga book of the Viking Society 25: 1-29.

Vésteinsson, Orri
2000 The Christianization of Iceland: Priests, Power and Social Change, 1000-1300. Oxford University Press: Oxford.

Vésteinsson, Orri
2004 Icelandic Farmhouse Excavations: Field Methods and Site Choices. Archaeologia Islandica 3: 71-100.

Vossler, Christina
2011 Archaeologies of Belief: Part 1, Religious Life in Public and Private (Thirteenth-Sixteenth Century) *in* The Archaeology of Medieval Europe, Volume 2: Twelfth to Sixteenth Centuries. Edited by Carver, Martin and Klapste, Jan. Aarhus University Press: Aarhus, pp: 412-429.

Wallis, Faith
2010 Medieval Medicine: A Reader. University of Toronto Press: Toronto.

Wilkie, Laurie A.
2006 Documentary archaeology *in* The Cambridge Companion to Historical Archaeology. Edited by Hicks, Dan and Beaudry, Mary C. Cambridge University Press: Cambridge, pp: 13-33.

Website:

The Rule of Benedict, http://www.osb.org/rb/index.html, accessed on January 2012.