

## *Introduction*

The practice of asceticism—religiously or philosophically motivated self-denial<sup>1</sup>—had been a part of Christian spirituality from the time of the apostles: it was a feature that Christianity shared with many other Greco-Roman philosophies and religions.<sup>2</sup> At the end of the third century AD, however, a new ascetic movement appeared—Christian monasticism.<sup>3</sup> Christians began to renounce the traditional expectations of society: men cast off their tax burdens; women refused the path of marriage and child rearing. These renunciants and solitaries (*monakhoi*, monastics) lived in a variety of ways: as hermits at the edges of civilization, as itinerant beggars, as solitary virgins within the household, or in community alongside like-minded monastics.<sup>4</sup> By the 330s this new form of social organization, the monastic movement, had already emerged as an important social and religious force.<sup>5</sup> The discarded letters and receipts of late antique Egyptians bear witness to the emerging role of monastics within society and economy, as protectors, mediators, legal advocates, traders, landlords, taxpayers, spiritual patrons, and religious healers.<sup>6</sup> And by the 350s Egypt had become renowned across the Roman world as the center of the early monastic movement. Monasticism inspired the literary imagination<sup>7</sup> and attracted religious tourists, whether in search of wisdom, healing, or souvenirs.<sup>8</sup> A new way of communal existence had taken hold in Egypt; in the words of Athanasius, bishop of Alexandria, “There were monasteries in the mountains, and the desert had been made a city by monastics.”<sup>9</sup>

Monasticism did not remain a mere tourist curiosity, and the social and economic impact of early monastics was not restricted to the towns and villages. Nor was the new movement limited to Egypt. By the fifth century monasticism had become a dominant force in late antique culture, whether in the Greek-, Coptic-, and Syriac-speaking East or in the Latin-speaking

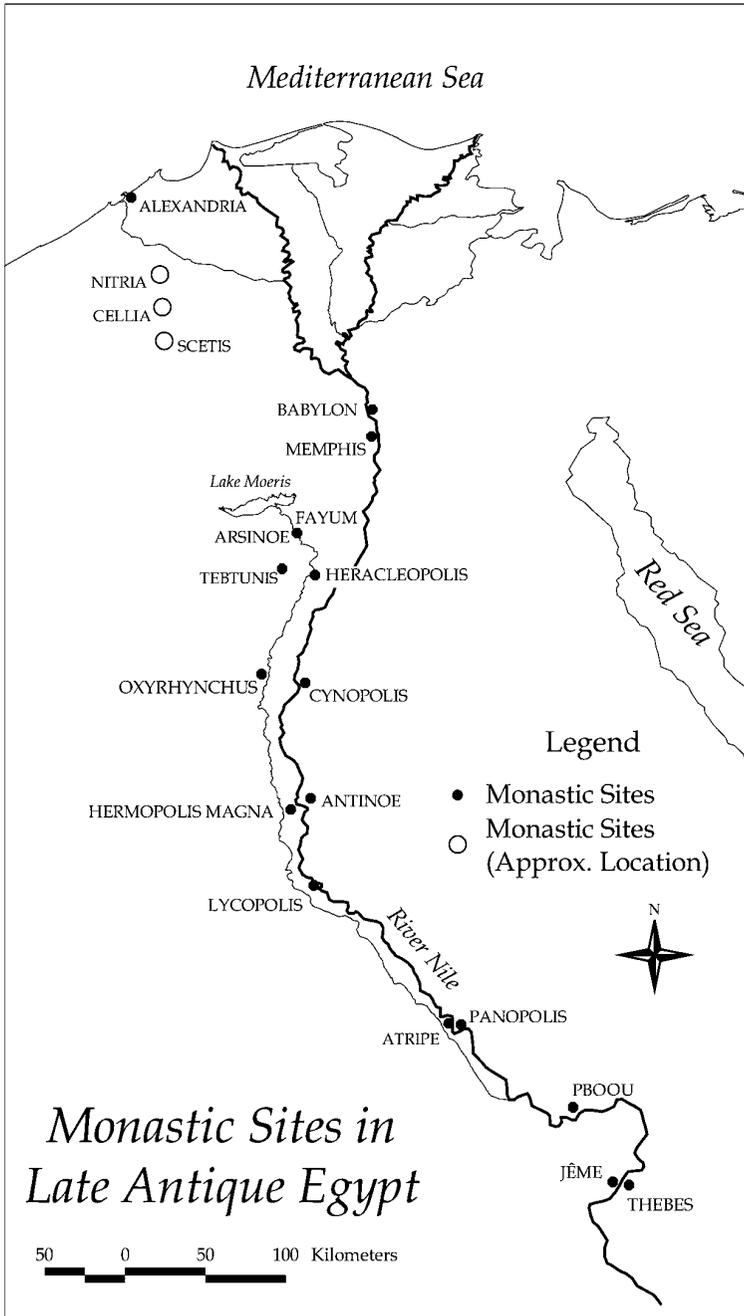


Fig. 1. Roman Egypt, showing monastic communities in the fourth century AD.

(Cartography by C. Scott Allen.)

West.<sup>10</sup> Monasticism influenced virtually all areas of the late antique world. Monastic groups emerged as powerful political constituencies to be harnessed or feared.<sup>11</sup> Monastic thinkers altered the shape of both Christian theology and biblical interpretation.<sup>12</sup> Indeed, monasticism had an undeniable influence on virtually all areas of the Christianized world of Late Antiquity.<sup>13</sup> And as we shall see in the following pages, monasticism also transformed the health care system of Late Antiquity.

### THE COMMUNITIES AND THE SOURCES

Third- and fourth-century Christians enacted the monastic impulse—the desire to cut oneself off from the world at large—in a number of places, patterns of life, and social organizations. Indeed, the early monastic movement can be envisioned as existing on continua from urban areas to desert, from solitary to communal; it included solitary ascetics in the cities, desert hermits, ascetically married couples, and communities of monastics.<sup>14</sup> For the history of monastic health care we shall focus on one general pattern of monastic existence: communities of monastics—monasteries. The reason for this focal point is simple: the monastic health care system, as a social system, by definition entails the actions and interactions of participants in a social organization. Not surprisingly, it is the records of monastic communities, as opposed to the lives of hermits, that provide the most evidence for the monastic health care system.

What characterized monastic communities and distinguished them from the world at large—and indeed from the patterns of solitary monasticism? Early monastic communities shared a number of general features, although they differed considerably on the level of social organization and institutional governance, as we shall see subsequently. Perhaps first among these common features was a devotion to prayer. Monastic communities were fundamentally oriented toward the service of God in the form of prayer, an activity that ideally could encompass the whole of a monastic's day.<sup>15</sup>

Monastic communities also valued ascetic practices of bodily self-denial, usually of a moderate nature: regulated food intake (including fasting), limited sleep, rough or simple clothing, and limits on other physically and emotionally pleasurable activities (e.g., bathing and laughter).<sup>16</sup>

Manual labor was also a common feature of life in a monastic community.<sup>17</sup> This was not only for economic reasons; manual labor was also a practical component of monastic prayer, as certain tasks enabled the monastic to retain a meditative state through their repetitive nature.

Monastic life was also characterized by the provision of mutual support, both emotional and material.<sup>18</sup> Emotional support included the process of socialization, or the inculcation of monastic values in novices, and ongoing teaching and spiritual direction throughout a monastic's life.<sup>19</sup> Material supports included all the necessities of life: commodities and services such as food, shelter, and clothing. In all these areas monastic communities shared a basic orientation.

The main division between the different types of monastic communities lies not in their ideals of monastic life (prayer, asceticism, manual labor, and mutual support) but in the social organization in which these ideals were enacted. The monastic communities under consideration in this book may be divided into two main types: *lavra* monasticism and coenobitic monasticism.

#### *Lavra Monasticism*

*Lavra* monasticism<sup>20</sup> refers to a kind of physical layout: the row of houses set along a "street" (Gr. *laura*)—although the cells in a *lavra* were more often scattered over a wide area rather than set in a row.<sup>21</sup> Historians have reasonably hypothesized that *lavra* monasticism developed out of the early monastic tradition of anchoritic monasticism, the lifestyle of the hermit. While there were no doubt the occasional monastic hermits who dwelled most of their ascetic lives estranged from other human beings, it was very difficult for a hermit to remain fully withdrawn from human contact, as even the most idealized monastic biography acknowledges. Hermits were reputed to have great wisdom and, frequently, miraculous powers to save souls and restore health, and so they attracted both transient pilgrims and more permanent disciples, who in turn attracted disciples of their own. Soon the cell of an individual hermit might be supplanted by a conglomeration of cells, each headed by a master monastic, usually with one or more disciples under his or her tutelage. *Lavra* monasticism thus developed as a natural outgrowth of anchoritic monasticism, as a way of accommodating the burgeoning monastic population of Egypt.<sup>22</sup>

Historians have pointed out the differences among the main *lavras* of northern Egypt and Palestine,<sup>23</sup> but for the purposes of this investigation these surface variations do not correlate with significant differences in the basic structure of the health care system.

*Lavra* monasticism is characterized by a diffuse, decentralized social

structure based on a number of small-scale units, unified under a minimal administrative hierarchy. Each individual unit or cell was organized according to a simple hierarchical structure based on a master/disciple relationship, with one master and one or more disciples.<sup>24</sup> The behavior in each cell, the level of asceticism, the observance of fixed hours of prayer and the types of manual labor were by and large determined by each individual master. The socialization of new monastics, in the form of inculcation of social mores and training in ascetic disciplines, was also determined by each master.<sup>25</sup>

Yet these cells, which could range from one monastic to two hundred, were not entirely individual or discrete units. Rather, they shared a common institutional culture—from similar monastic garb to shared social mores, informally enforced through peer pressure rather than through formal regulation.<sup>26</sup> The institutional unity of the scores of cells was further internalized at weekly church services and meals held on Saturdays and Sundays in the main church, one of the few communal buildings in any lavra.<sup>27</sup> The decentralized organization of the lavra, with its tolerance for behavioral variation among its many cells, was apparent in its health care system, as we shall see.

The literature produced by lavra monastics reflects its decentralized, individualistic culture. It includes the oral teachings of individual masters, lives of monastic leaders, treatises of monastic theorists, and travel narratives of visitors to the various communities. For this study I have drawn primarily on six texts from lavra monasticism, although in point of fact several of these texts are compendia of the teachings and biographies of scores of monastics. These include the *Apophthegmata Patrum* (*Sayings of the Desert Fathers*) in the “alphabetic” and “anonymous” collections; treatises by Evagrius of Pontus (a monastic theorist in the lavra of Kellia); two travel narratives, the *Lausiac History* of Palladius and the *Historia Monachorum in Aegypto* (*History of the Monastics in Egypt*); and the *Lives of the Monastics of Palestine* by Cyril of Scythopolis.

### *Coenobitic Monasticism*

All coenobitic monasticism, in Egypt, Palestine, Syria, Asia Minor, and the Latin West, was dependent on the system developed by the monastic leader Pachomius around AD 320.<sup>28</sup> Just as the lavra monasteries of northern Egypt and Palestine differed among themselves in certain details of organization and administration, so did coenobitic monasteries.<sup>29</sup> Nonetheless, for the

purposes of this study, I shall not discuss the historical development of coenobitic monasticism in the various areas of Late Antiquity since the differences in enacting Pachomius's coenobitic model do not significantly bear on the monastic health care system.

Coenobitic monasticism takes its name from the Greek term for fellowship or community (*koinônia*), which is in fact a term that Pachomian authors frequently use to refer to the monastery. In contrast to lavra monasticism, coenobitic monasticism was characterized by a high degree of centralized authority, a highly regulated monastic lifestyle, and a physical boundary (i.e., a wall) that separates the monastery from the world at large. Entrance into the monastic community entailed an extensive process of socialization, to which all monastics were subjected. This socialization could include a lengthy catechesis in the monastery's gatehouse, instruction in the rules of the monastery, instruction in the scriptures (including reading and memorization), sometimes an oath, and finally the donning of the new monastic uniform—the habit (*skhêma*).<sup>30</sup> This common socialization for all members helped to reinforce a degree of uniformity and cohesion that simply was not a part of lavra monasticism.

Once inside the coenobium each monastic was assigned by the elder to a "house." Each house had its own administrative hierarchy consisting of "housemaster" and "second," who were in turn under the authority of a number of elders, who ultimately answered to the father or archimandrite of the community. It was within their houses and among their fellow house members that monastics spent much of their days, in prayer, sleep, work, and instruction. Indeed, the leader of the house was an absolutely central figure in a monastic's life.<sup>31</sup>

But while most of the individual monastic's time was spent within his or her house with its approximately twenty inhabitants, many daily economic, social, and religious activities of the houses were highly centralized, in sharp contrast with lavra monasticism. All the necessities of life were centralized. The coenobium depended on each house to do its job: baking, serving, farming, building, weaving, nursing. Monastics ate collectively in the refectory, received their clothes from the monastic supply room, and were assigned a cell (either solitary or shared) in a house.<sup>32</sup> Prayer was also collective, generally consisting of two daily services attended by all the monastery's inhabitants, as well as formal hours of prayer during which prayers were recited individually by all monks.<sup>33</sup> The highly centralized and

regulated life of coenobitic monasticism—as well as the social cohesion encouraged by a common socialization into the community—determined the health care system that could develop with the coenobium.

The nature of the sources for coenobitic monasticism reflects its highly centralized and regulated lifestyle. These sources include rules, instructions, general epistles, homilies, and chronicles of the communities in the form of lives. In particular, this study primarily draws on twelve sources: the *Rules* attributed to Pachomius; the *Instructions* and *Letters* of Pachomius; the *Instructions* and *Rules* of Pachomius's successor Horsiese; the *Instructions*, *Letters*, and *Fragments* of Horsiese's successor Theodore; the *Canons* of Shenoute; the *Longer* and *Shorter Rules* of Basil of Caesarea; and the *Rule* of Augustine of Hippo.

As may be apparent from this list of textual sources, most of the communities that I discuss in this book are Egyptian. There are good reasons for this Egyptian focus. On the one hand, it reflects the very practical reality that Egyptian monasticism provides most of the early data for Christian monasticism. Furthermore, while I do not wish to suggest that Egyptian monasticism is entirely representative of all monasticism, the social structures of Egyptian monasticism were so influential upon communities in the rest of the ancient Mediterranean and European worlds that I think it sufficient to focus the description on several important and influential Egyptian communities, while incorporating additional sources from other areas for the sake of comparison. On the other hand, this book's focus on Egypt also reflects the great advances that have been made in the study of Egyptian monasticism in the past several decades. These advances include the publication of nonliterary documents pertaining to early monasticism;<sup>34</sup> the collection and publication of scholarly commentaries and translations of texts previously only available in disparately published sources;<sup>35</sup> the production of important interpretive studies of Egyptian monasticism; and not least the codicological reconstruction of the works of Shenoute, which has made more accessible a wealth of textual resources for all types of historical investigation.<sup>36</sup> Yet, for all the documentary wealth of Christian Egypt, monasticism freely crossed the regional boundaries of the late Roman Empire, as the final chapter will show. Indeed, the distinctive monastic organizations evidenced in early Egyptian monasteries would provide the basic organizational model that would characterize the medical and nonmedical charities of monasteries throughout the late antique world.

## SICKNESS AND HEALTH CARE IN MONASTICISM

Regardless of their type of community or their geographical location, early monastic writers devoted a great deal of thought to issues of sickness and health within monasticism.<sup>37</sup> In particular, monastic leaders focused on problems of the establishment of a health care system and the creation of a positive social role for the sick within monastic life. In a radically new form of social organization such as the monastery, which was set apart from the usual institutions and social bonds of Greco-Roman society, how were monastics to be cared for in illness? What obligation did monastics (literally “solitaries”) have to care for each other in illness? Was health necessary for monastic practice? What role could the sick, disabled, and elderly play within the monastery?

In response to the unique problems faced by an institution intent on renouncing traditional social bonds,<sup>38</sup> an innovative type of health care system emerged within monasticism. Within the monastery, the sick were guaranteed health care from a variety of professional and nonprofessional providers, a system that was without precedent in ancient Mediterranean society. The sick had access to a range of medical treatment corresponding to the best types available outside the monastery: dietary treatment, pharmaceuticals, surgery, rest, and comfort care; they also had access to health care institutions that were new to the monastic health care system: a corps of professional nurses and an infirmary, a protohospital. The monastic health care system was an integral component of monasticism. Furthermore, the emergence of the monastic health care system was not only important for the growth of the early monastic movement but also fundamentally transformed the health care system of Late Antiquity by providing the template for the late antique hospital, which emerged in the 370s.

This study is divided into four chapters. Chapter 1 documents the health care system of early Christian monasticism, focusing on communities of the fourth and fifth centuries. Chapter 2 explains the historical emergence of the health care system in monasticism through a comparison of the caregiving functions of monasticism (which include health care) with those of the ancient family and of early Christian charity. Chapter 3 examines the social functionality of the monastic health care system from the perspective of medical sociology. Finally, chapter 4 describes the influence that the monastic health care system brought to bear on ancient Mediterranean society as a whole in the development of the hospital in Late Antiquity.