

Conclusion

The petitions received and the letters issued by the Apostolic Chancery between the twelfth and fourteenth centuries attest to the recognition of disability by the pontifical institution. They record the existence of supplicants' physical or mental impairment and, on a case-by-case basis, authorize petitioners to adapt their duties, both as clerics and as Christians, according to their abilities. These documents are situated on the borderline between institutional edicts and lived experiences, between administrative theory and real-world practice. A petitioner's initial request set into motion an intense and complex epistolary exchange, highlighting the dynamic role played by all the actors involved, disabled supplicants and curial personnel alike. With the dispensation of grace, a privilege allowed only to the pope, the Chancery established a system that allowed the Church hierarchy to govern the souls and bodies of all Christians, the clergy included. Indeed, grants of papal grace permitted the institution a greater degree of control over the clergy than ever before. Similarly, the petition process functioned as a formidable instrument by which the papacy exerted its authority across Christendom, increasing the Church's already considerable sway over late medieval Christian society. Every step in the construction of the dialogue served papal authority: each protagonist, from the supplicant to the scribes, contributed to strengthening the Church's power. The prevention of physical or mental conditions, including old age and chronic or terminal illnesses, allowed for the recognition of disability as a condition. The Church developed extensive administrative protocols out of necessity, as a means to effectively supervise the clerics in its employ, many of whom were scattered across the Christian world. This system was a bureaucratic extension, and reflection, of the control that the pontifical institution had established over Christian souls and bodies, demonstrated in particular by the Church's central role in determining questions of clerics' physical or mental incapacity.

The petition process was a vehicle by which supplicants could receive formal recognition of their disability. The effects of such recognition could be dramatic. It enacted a shift in supplicants' own sense of identity, and fundamentally transformed their relationship with the ecclesiastical institution. Such changes occurred initially at the individual level; identity remains above all a personal matter. Drafting a petition necessitated the supplicant present his life and circumstances, or a version thereof, to the discerning eye of his curial superiors. Such documents, then, operate as a means to constitute the supplicant's identity as much as a reflection of his identity more generally. The way in which a supplicant presented himself in a petition 'is not without effect on the construction of his self – if not moral, at least social'.¹ In this process, the individual submits his newly fashioned identity for the judgement of the Chancery. If the petition were deemed worthy, the Chancery would essentially ratify the supplicant's disabled identity by issuing authoritative documents, the letters of response.² Notwithstanding the supplicant's agency in initiating the process and offering a specific version of his identity, the Apostolic See retained its superior authority, exerting substantial influence over the impaired bodies that submitted to its judgment. Grants of papal grace appear to offer the optimal solution both for impaired petitioners

¹ Fassin, "La supplique", my translation.

² Tock, "Recours à l'écrit", p. 379.

and the Apostolic See. Indeed, the latter upheld the right of disabled petitioners to remain in the *ecclesia* (the Church), and recognized their specific differences, alongside the accommodations such differences necessitated. The papal institution established the prerequisites of bodily and mental normativity, in its case-by-case administration of ‘public assistance’ and its functional diagnosis, or minimally recognition of, ‘medical’ conditions as ‘valid’ impairments.³ In this way, the Church ‘manufactured’ the disabled condition itself.⁴ Papal letters possessed juridical value, transmitting the voice, and the authority, of the pontifical institution to hyper-local contexts. In the hands of successful petitioners, these documents ultimately functioned as a potent legal tool with which to circumvent established norms.⁵

The construction of identity was not simply an internal, individualistic endeavour, over which a petitioner had supreme control. Rather, the petitioner’s disabled identity emerged in dialogue with the papacy, ever reliant on the gaze of the institutional other. Above all, the petition process determined the supplicant’s disability based on his relative ability to fulfil his social role, in other words, his ability to retain the position in society he had enjoyed before the onset of his impairment, or before it demonstrably worsened. Thus, the supplicant’s individual identity becomes a social artefact, a product of the way in which he now fits, or fails to fit, within the group to which he previously belonged. In the sources, the criteria used to constitute disabled identity are to a considerable degree collective. The petition process demonstrates the fluidity of the disability identity – and, arguably, of identities more generally – as each supplicant constructs a virtual identity which is temporary and fragile, emerging only in relation with the institution for certain purposes. On another occasion, the same supplicant could, for instance, present himself in a very different light, forward very different arguments in his case, and, as a result, be judged to be more or less disabled. The integration of impaired clerics into the Church, despite their mental or bodily ‘defects’, was not automatic. However, the flexibility of grace allowed impaired clerics to individualize themselves in petitions, and to thereby secure individualized accommodations afforded by the institutional recognition of their specific status.⁶

Petitions permitted disabled clerics to transgress the collective social identity accorded to them. With grants of grace, impaired clerics could remain active in the clergy, even if their physical or mental incapacity prevented them from participating in the community or undertaking clerical duties in the same way as an able-bodied person. Consequently, papal responses to the petitions testify to the Curia’s desire to offer a variety of flexible adjustments formulated to the specificities of each petitioner, in order to manage the clerics under its care in the most humane, and administratively sensible, manner. These documents are highly practical. They are a means, for example, to allocate clerics benefits that they are able to assume despite their disability, and to organize professional and/or social assistance to ensure petitioners’ continued quality of life and the satisfactory management of Church affairs. As the preceding chapters highlight, the Pontifical Chancery adjusted its regulations for impaired clerics, if they possessed desirable attributes that ‘made up for’ their physical limitations, such as a good education, or keen

³ Abberley, “Disabled People”.

⁴ The use of the term ‘make’ is borrowed from a whole literature on public policy, presented in particular by Frigoli, “De la circulaire au guichet”.

⁵ On the legal value of letters, see Oudin, “La pratique épistolaire médiévale”, and Somerville and Brasington, *Prefaces to Canon Law Books*, p. 8.

⁶ On the individuation process through disability, see Oliver, *Understanding Disability*.

intellectual abilities. Similarly, the appointment of assistants demonstrates the legislative flexibility introduced by the grace system. The pontifical institution routinely appointed such professional helpmates to support disabled petitioners, thereby enabling the latter to stay in post and fulfil all associated requirements to a satisfactory degree, despite their physical or mental incapacities. Such protocols prevented the social exclusion of the most vulnerable disabled clerics, whether through spatial segregation or penury. The Church forestalled deleterious outcomes by ensuring disabled clerics had safe housing, and adequate financial support. As a result, disabled clerics were able to live and work as members of the community, occupying public space in a well-defined and respectable ecclesiastical role. In this way, disabled clerics remain included in the ecclesiastical sphere and, then, in the medieval society. Above all, petitioners in receipt of papal grace are recognized by the pontifical institution as entirely suitable for clerical office. Although their impairment meant that they could no longer fulfil their previous mission, disabled supplicants retained part of their clerical identity by incorporating their disability into it. As a result, their disabled bodies are normalized. The papal institution's treatment of impaired clerics went beyond a politics of simple inclusion. In fact, with dispensations of grace, the pope actively enabled impaired clerics. Such grants, and the accommodations derived therefrom, functionally removed clerics' disability from the equation, rendering their bodies capable once more.

In addition, analysis of the dialectic between petitioners and the Chancery sheds light on the construction of theological authority in the Middle Ages. The Church was pulled between tradition – notably, respect for canon law – and innovation, in light of exigent circumstances faced by clerics in the here and now, as testified in the letters. The vocabulary used in the papal letters demonstrates the Chancery's significant expertise in the therapeutic field, thanks to a consistent culture, both theoretical and practical. The medical terminology deployed in these documents reveals that a scholarly understanding of impairment prevailed within the Church, and therefore illustrates the evolution of the concepts of impairment and disability in the period. In this way, the Church integrated nascent medical science into its culture, appropriating and reorienting it for the purpose of granting pontifical grace. The Church appointed doctors as experts and reproduced their discourse, thereby valorizing medical knowledge in all spheres of society. The pontifical institution represents the medium through which the social and political world imposed its view on the impaired body in the late Middle Ages. The Church's dominant position allowed it a real measure of flexibility, of which the letters in the corpus allow us only a partial glimpse. Nevertheless, it is evident that the Apostolic See played an essential role in defining disability in this period, thanks to the authority conveyed in its correspondence with impaired petitioners, with its judgments circulated across Christendom. Then, this institutional competence situated the pope as the leading expert in defining physical and mental disability in the Middle Ages, occupying a role held by doctors in the modern world.⁷

⁷ It is interesting to observe that in modern disability legislation, pertaining to work regulations all of these actions would be considered “reasonable adjustments” that an employer would be expected to make for their staff. The church looked after its own personnel, much as in the modern public sector the civil servants can be in receipt of various benefits for incapacity. Even in what might be considered the medieval equivalent of the private sector it had become customary for retainers, artisans and even peasants to receive pensions by the latter Middle Ages.

A quick survey of the supplications sent to the Apostolic Penitentiary during the fifteenth century corroborates a number of the conclusions drawn from the present corpus.⁸ First created by Innocent III (1198-1216) around 1200, the Penitentiary would come to take over some of the core responsibilities of the Apostolic Chancery. The latter was becoming overwhelmed, falling victim to the runaway success of the policy regarding dispensations of papal grace. During the reign of Benedict XII (1334-1342), the Penitentiary was staffed by specialized administrators. The increasing number of suppliants in daily correspondence with the Chancery necessitated the foundation of a special office reserved for issues relating to pontifical grace and justice. Something of a little sister to the Chancery, the Penitentiary also was responsible for granting pontifical pardons, in the form of absolutions, (minor) indulgences, dispensations, and licenses.⁹ The office thus dealt with important matters, and penitentiaries had not unsubstantial power, as they were endowed with pontifical authority to settle the matters at hand. Yet the Apostolic Penitentiary and its archives are little known, and have been neglected in scholarship, not the least because the penitential records were only relatively recently (re)discovered in the Vatican's collections.¹⁰

Petitions handled by the Penitentiary further enrich our knowledge of cases of clerical *defectus corporis* and *mentis*.¹¹ They allow us to observe the evolution of the Church's treatment of impaired petitioners, and its recognition of their status. For example, the Penitential petitions testify to the institutionalization of the criteria of capacity and *claritas* (i.e., good reputation) as prerequisites for ordination. These criteria were established during the during the thirteenth and fourteenth centuries, as discussed in earlier chapters. The documentation received and produced by the Apostolic Penitentiary indicates, however, that they remained in currency in the fifteenth century and were constant touchstones in papal adjudications of clerical impairment. They also explicitly classify the type of disability with which a suppliant lives, and identify its root causes. Petitions sent to the Penitentiary mention all manner of physical impairments – such as gibbosity, blindness, ‘stains’, limb loss, serious illness, and so on – that were understood to impact petitioners' capacity. Particular attention was paid to conditions that affected the suppliant's hands or eyes, unsurprisingly. These impairments appear again and again in both canon law and in the petitions of the Penitentiary, and are discussed with far more frequency than other conditions. This is due to the relative visibility of ocular and manual conditions, which would necessarily impact the suppliant's *claritas*, and the tendency for such impairments to detrimentally impact petitioners' capacity. Indeed, they are likely to be a problem in the context of promotion to higher orders, as they are the two parts of the body most ‘in demand’ and visible in religious ceremonies.

The petitions preserved in the registers of the Penitentiary prove that determinations regarding individuals' exclusion from or inclusion in the *ecclesia* continued in the same ways as the Apostolic Chancery. Indeed, they still rest upon the extent to which their physical or mental impediments limited their active participation in worship and other Christian duties, such as pilgrimage, Lent, and so on. In

⁸ This survey is based on the consultation of the volume *matrimonialium et diversorum* 7, recorded during the pontificate of Pius II in 1459.

⁹ Salonen, “The Decision of Pope Pius II”.

¹⁰ They were mentioned by Göller, “Das alte Archiv” in 1913 and only became accessible to researchers in 1983.

¹¹ Unfortunately, the letters written in response are not preserved before 1569.

fact, analysis of the Penitential sources confirms several trends identified as early as the twelfth century. In the second half of the fifteenth century, the information contained in the petitions was still very much subject to the administrative tone and respect of the pontifical institution's writing rules. Sources from the Apostolic Penitentiary witness the continuation of tensions first observed in the Chancery's records in terms of the discursive exchange at play. The institutional office, whether the Chancery or the Penitentiary, expected a certain formalized discourse from petitioners, with the latter obliged to (re)formulate their own testimony appropriately. Petitioners enjoyed a similarly limited degree of discursive freedom in narrating their disability and formulating their request from the twelfth to the fifteenth centuries.¹² In this context, the rhetoric used still leads to the categorization of the disabled and involves the recognition of the supplicants' condition.

The documents under consideration afford privileged insight into the ways in which disability, as a category and a condition, came to be defined in the Middle Ages. This provides a premodern starting point for a conceptual trajectory which ultimately culminates in the emergence of the modern notion of disability in the twentieth century. Defining disability is a political action, an act of government. Criteria restricting the receipt of grace to only a select few were taken directly from canon law, a legislative corpus on which both the Apostolic Chancery and the Penitentiary relied when determining grants of grace, licences, and absolutions. However, canonical legislation evolves with the times – in the medieval era, and so too in our modern times.¹³ Regulations continued to prohibit the participation of priests with mental or bodily 'defects' in worship until the twentieth century. Indeed, this measure was re-iterated in the 1917 Code of Canon Law promulgated by Benedict XV (1914-1922). This Code is then very close to the legislation contained in the Decree or the Decretals, as shown by the canon 984:

Can. 984 2.° Those impaired in body who cannot safely because of the deformity, or decently because of the deformity, conduct ministry of the altar. To prevent the exercise of an order already legitimately received, however, it is required that the defect be more grave, nor can acts that can be rightly placed be prohibited because of this defect; 3.° Those who are or were epileptics, insane, or possessed by the devil; but if after reception of orders they fall into these and it is certainly proved that they are free, the Ordinary can permit his subjects to exercise once again the orders already received.¹⁴

However, the 1917 provision was partially abolished in by John Paul II in the 1983 Code of Canon Law, a relatively major update to ecclesiastical regulations which functions to this day as the Church's definitive legislative corpus. The updated Code authorizes the ordination of individuals with physical 'infirmities', while maintaining the exclusion of individuals with intellectual disabilities, as canons 1041 and 1741 testify:

Can. 1041 The following are irregular for receiving orders: 1/ a person who labors under some form of amentia or other psychic illness due to which, after experts have been consulted,

¹² Eubel (ed.), "Der Registerband"; Lea (ed.), *A Formulary*; Schwalm, (ed.), *Das Formelbuch des Heinrich Bucglant*. See also Fossier, *Le bureau des âmes*.

¹³ The following remarks are based on a reflection with Henri-Jacques Stiker on recent developments in canon law.

¹⁴ Translation by Peters (ed.), *The 1917 or Pio-Benedictine Code of Canon Law*, p. 403.

he is judged unqualified to fulfill the ministry properly; [...] 5/ a person who has mutilated himself or another gravely and maliciously or who has attempted suicide[.]

Can. 1741 The causes for which a pastor can be removed legitimately from his parish are especially the following: [...] 2/ ineptitude or a permanent infirmity of mind or body which renders the pastor unable to fulfill his functions usefully.¹⁵

The text breaks with the tradition, handed down by Church Fathers, of excluding people with bodily ‘defects’ from the clergy, on the basis of their impairments and the *scandalum* their participation in worship could feasibly cause.¹⁶ Indeed, while Canon 1741 illustrates that the criterion of capacity remains operative, the image of the disabled priest as irretrievably scandalous has faded from view. Canon 930 notes, for example:

§1. If an infirm or elderly priest is unable to stand, he can celebrate the eucharistic sacrifice while seated, but not before the people except with the permission of the local ordinary; the liturgical laws are to be observed.

§2. A blind or otherwise infirm priest licitly celebrates the eucharistic sacrifice by using any approved text of the Mass with the assistance, if needed, of another priest, deacon, or even a properly instructed lay person.¹⁷

Crucially, clerics with recognized impairments no longer require papal grace to permit them to perform divine services. Rather the focus is on supporting clerics in overcoming the challenges imposed by their impairment with appropriate accommodations, including the appointment of an assistant. Such interventions do not necessitate an appeal to external ecclesiastical authorities. And if permissions are required, as with the ‘infirm or elderly priest’ in Canon 930, they can be secured at the local level, from the cleric’s own ordinand. Thus, the very notion of bodily or mental ‘defect’ disappears from the 1983 Code of Canon Law and is replaced by terminology for specific conditions (e.g., blindness, old age) or neutral expressions and descriptors (expansive ‘infirmities’, permanent disability, and so on). However, canon 1041 emphasizes that people with self-inflicted ‘mutilations’ are still not eligible, testifying that there is still an importance attached to the moral valency of certain impairments.

In theory, this new legislation allows the full integration of disabled clerics in the Church, without any obligation to secure pontifical grace. In truth, however, the picture is less rosy: impaired people continue to face substantive barriers to admission to the seminary and to holy orders.¹⁸

The difference between the 1917 Code and the 1983 Code reflects the ‘end of a world’, a palliative solution to the shortage of priests caused by the drastic decrease in priestly vocations.¹⁹ The French clergy, as with their European counterparts more generally, have suffered from the decline in the practice of

¹⁵ Canon Law Society of America (eds.), *The code of canon law*, canon 1 040.1; 1 040.5 (repeated with a few words in canon 1044 2.2 to prohibit irregulars from exercising the orders received) and canon 1 741.2.

¹⁶ The notion of fault, however, remains present. It still excludes from the order clerics guilty of self-mutilation.

¹⁷ Canon Law Society of America (eds.), *The code of canon law*, canon 930.

¹⁸ Kette, “Changer les mentalités”.

¹⁹ The expression “end of a world” is borrowed from Hervieu-Léger, *Catholicisme*, notably p. 19-20.

Catholicism since the mid-1960s.²⁰ On the one hand, the measures taken during the Second Vatican Council (1962-1965) radically transformed worshippers relationship with the divine: the notion of sin became abstract. On the other hand, though, the reforms did not offer the progress expected by some Catholics.²¹ At the same time, the clerical profession has been transformed over the course of the late twentieth century. The earlier system, in which religious were also carers, teachers and social workers, is becoming little more than a memory. Whilst remaining ‘vocational’ professions, these activities have been removed from the Church’s broad remit, and are now typically run and managed by the state with a secular workforce.²² The meaning of ‘vocation’ is evolving, no longer limited to religious vows. The ‘exculturation’ of Catholicism, i.e., the stark decline in the religion’s political and cultural influence, has diminished the role of clerics, and all religious, in both public and private spheres.²³ These are but a few of the reasons that the modern Church faces a crisis in recruiting new servants. This ‘staff shortage’ has undoubtedly contributed to the institution’s decision to soften its clerical entrance requirements, and offer a warmer welcome to impaired entrants.²⁴

The end of canonical regulations prohibiting the inclusion of impaired people in worship is also explained by changing attitudes towards impairment and disability among the faithful, and in society more generally. It reflects, for example, the semantic shift evident in most national and supra-national legislation in Europe and the Global North, with terms such as ‘infirm’ and ‘infirmity’ steadily displaced by ‘disabled’, ‘disability’. The legislation put in place by supra-national and national public policy from the 1980s onwards illustrates developments in the recognition and conceptualization of disability. Such statutes demonstrate that the definition of disability varies according to numerous factors: an individual’s specific context, legislative objectives at play (e.g., if a law is targeted to improve health, intervene in workplaces, and so on), and the level of financial support committed by governments to a given endeavour.²⁵ For example, only a small proportion of disabled people qualify for governmental social assistance. In such cases, governments narrowly define disability in order to limit expenditure. By contrast, when cost is not an issue, such as in anti-discrimination law, a much more inclusive definition of disability predominates.²⁶ The first International Classification of Impairments (ICIDH) was published by the World Health Organization (WHO) in 1980 to consider the consequences and social dimensions of disability. It recognizes that disability has three effects: impairment (of function), incapacity (in the performance of activities), and disadvantage (in the conditions of social integration).²⁷ This landmark publication represents an important step forward in the global recognition of disability: it introduced the dimension of social disadvantage, which had never before been included in an official definition of disability.²⁸ So doing, the policy document calls for, and facilitates, increasingly individualized care for

²⁰ Cuchet, *Comment notre monde*, p. 135.

²¹ For a review of Guillaume Cuchet’s book, see Poutrin, “1965”.

²² Dubet, *Le déclin de l’institution*, 2002, especially p. 14 on priests and p. 35 on the changing direction of vocations.

²³ The exit from political religion is linked to the democratic model according to Gauchet, *Le désenchantement du monde*. Cultural exit is theorised by Hervieu-Léger, *Catholicisme*. The authors insist, however, on the persistence of beliefs, which go beyond the codes prescribed by religious institutions.

²⁴ Denis, “Les religions en France”.

²⁵ Bolderson and Mabbett, *Definitions of Disability in Europe*, p. 24.

²⁶ Degener, “The Definition of Disability”

²⁷ World Health Organisation, *International Classification*, p. 10.

²⁸ Barral, “De l’influence des processus de normalisation”.

disabled people, according to their unique circumstances and capacities. Indeed, legal categories in operation today differentiate disabled people according to their intrinsic individual characteristics, thanks in particular to the notion of vulnerability.²⁹

Notwithstanding the substantive progress that has been achieved, activist researchers underscore that there is much left to do. For a start, the current understanding of disability lacks a global approach.³⁰ In 2001, the International Classification of Functioning, Disability and Health (ICF or ICIDH-2) was adopted, updating the 1980 ICIDH, in order to propose a common frame of reference (resolution WHA54.21). The new framework advocates accommodation and rehabilitation, and focuses less on the diagnosis of disability and more on the lived experiences of disabled people. Authority to define disability is wrested from the hands of medical institutions, and returned to disabled people themselves, with the aim of supporting the greater integration of the disabled community in society.³¹ Likewise, the United Nations emphasized the need to ensure disabled people are included fully in society in its most recent consideration of disability, dating to 2006.³² The most recent communication from the WHO dates from 2011. In its World Report on Disability, the ICF is presented as a bio-psycho-social model, a compromise synthesizing individualistic and social models of disability, whilst also taking into account the role of environment:

Disability is the umbrella term for impairments, activity limitations and participation restrictions, referring to the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors).³³

International definitions of disability continue to proliferate, and the process of harmonization is ongoing. Nevertheless, there are connotative parallels between the papal system of categorizing disability in the Middle Ages, developed in order to grant graces, and the current system of assessing disability, an integral step in the allocation of governmental assistance to applicants deemed disabled 'enough', or disabled in the 'right way'. Study of the corpus of petitions and letters demonstrates, then, that the cultural definition of disability developed by the medieval Church has more in common with our contemporary understanding of disability than we might first expect.

²⁹ See Gittard, "Protection de la personne".

³⁰ Roussel, "CIH-1/CIH-2".

³¹ Smart, "The Promise of the International Classification".

³² Sherlaw and Hudebine, "The United Nations".

³³ World Health Organisation, *World Report on Disability 2011*, p. 4.