THE ICONOLOGY OF SUFFERING: PROVIDING A LOCUS OF CONTROL FOR THE VICTIM IN EARLY MODERN ITALY

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ABSTRACT

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The focus of my thesis is on the diseased body in early modern Italy. The population of Europe was decimated by plague epidemics, especially during the fourteenth through seventeenth centuries. Epidemics were considered to be a punishment from God for the sins of a society who failed to follow proscribed religious teachings. This notion was compounded by the lack of scientific knowledge regarding the etiology and appropriate treatment for this disease, as well as for a more modern disease: HIV/AIDS. The plague-afflicted were stigmatized by their diseased body and humiliated through the implementation of extreme public health measures designed, erroneously, to contain and halt the spread of the disease. The victim was ostracized from society and abandoned by family, religious and medical communities. Especially during catastrophic times, people prayed to saints: prayers were said to stave off disease or to affect a miraculous cure. The beholder entered into a visual relationship with the image of the saint and the saint acted as an intercessor. While scholars agree that the sense of sight was privileged over others, I argue that for some plague-afflicted individuals, tactile sensation was more important and efficacious than sight. The plague-afflicted victim was stripped of dignity and control over his body; the corporeal application of a saintly image provided the victim with a locus of control and served as the motivating factor to regain control of his life, to be able to die a good death, and perhaps, to affect a miraculous cure.
To my children: learning is a lifelong process
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In 1748 in Naples, Giuseppe Orecchio, a middle aged shoemaker, experienced a miracle. A tumor developed in his testicles which split into three tumors, each the size of a large lemon. The tumors infiltrated his bladder and colon, affecting the elimination of urine and stool and caused him great pain. After several failed treatments including incision and drainage, and submersion in the baths at Ischia, his condition steadily declined. He was informed that no other treatment options were available and death was imminent. Hearing this, his daughters made a pilgrimage to the church of San Domenico where a saintly nun, Maria Rosa Giannini, was buried. The daughters brought back a paper image of Sister Giannini for their father. Each night, Giuseppe prayed to Sister Giannini; one night he applied the paper image to his wounds. Within days, he was miraculously cured with no visible signs of his previous affliction.¹

Orecchio’s story is not unusual. In times of crisis, individuals often obtained comfort and sometimes a cure through religious activities, including prayer to devotional images of martyred saints. Martyrs were witnesses who testified to the truth; the truth was embodied through their suffering and was self-evident.² Martyrdom substantiated all Christian truths: the possibility of consuming the body and blood of Christ, the immortality of the soul, the inevitability of the Last Judgment, and spiritual rebirth through Christ’s resurrection.³ The tattered body, either diseased or tortured, was the

¹ The following account is based upon the testimony in David Gentilcore, “Contesting Illness in Early Modern Naples: Miracolati, Physicians and the Congregations of Rites.” Past and Present. No. 148 (Aug., 1995), 117 – 148. David Freedberg, The Power of Images. Studies in the History and Theory of Response. (Chicago: The University of Chicago Press, 1989) states that the fundamental purpose to every pilgrimage is the element of hope; the focus of every pilgrimage journey is the shrine. Journeys are taken for physical or spiritual benefit for help that is unattainable on earth. Copies and souvenirs are taken home to work miracles, to mediate between ourselves and the supernatural, and to imprint the recollection of the experience within the mind. Souvenirs from pilgrimage sites become surreptitious but insistent reminders of the power and merits that go well beyond the poor respect accorded to them…they become fetishes and become talismanic, pp. 99 – 135.
³ Ibid, 25.
medium for conveying martyrs across the boundary separating earthly and celestial domains. The body’s role was to unite humanity with God and with other human beings, and it was also the agent of the Christian’s transformation to glory. Suffering cleansed the diseased body from sin so that it might be resurrected in perfection.

Over time, the role of saints as intercessors who prayed for God’s help changed to saints who served as protectors, who had their own power to help the sick and the criminal bodies. David Gentilcore suggests that the principal function of saints was to perform miracle cures, and that recipients of miracles, such as Orecchio, represented a source of hope when medical treatment was ineffective and death was imminent. Richard Trexler argues that the power to intercede comes from an object that had some association, either pictorial or narrative, with a powerful person, living or dead. Sister Giannini was the saintly intercessor on Orecchio’s behalf, affecting both the cure of his tumors and his redemption from sin.

What makes Orecchio’s story unique was the privileging of touch over sight in the performance of the miraculous cure. Vision was considered the most noble of the senses since it was the vehicle for knowledge and intellect. It was believed that what the eye saw was retained longer than what the ear heard. The power of the gaze imprinted

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4 Straw, “Settling Scores. Eschatology in the Church of the Martyrs.”
5 Ibid, 33.
7 David Gentilcore, “Contesting Illness in Early Modern Naples: Miracolati, Physicians and the Congregations of Rites.”
9 Millard Meiss in Painting in Florence and Siena after the Black Death: the Arts, Religion and Society in the Mid-Fourteenth Century. (Princeton, New Jersey: Princeton University Press, 1951), argues that images were important in the formation of consciousness. Michel Foucault in The Birth of the Clinic discusses the sovereignty of the gaze, the eye that knows and decides, the eye that governs. A long standing debate exists between the ideas of intromission (rays come from the object that is viewed into the beholder’s eyes) and extramission (the beholder generates rays which strike the object and come back to the beholder, a “kissing the image with one’s eyes”); whether a beholder is a passive or active participant in the act of looking. For more information, see Michael Baxandall, “The Period Eye” in Painting and Experience in Fifteenth-Century Italy. 2nd Ed. (Oxford: Oxford University Press, 1988), 29 – 108.
right from wrong in the beholder’s mind to affect a positive outcome, which is leading a
good life to achieve eternal salvation. Through stimulation of the beholder’s imagination,
one could train the eye of the mind to ascend an imaginary ladder toward God and
salvation. By looking at the paper image of Sister Giannini, Orecchio sought to be more
like the saintly nun, to live a life that was pleasing to God. Orecchio took his sense of
devotion to the next level by placing the paper image directly on his wounds. Robert
Maniura argues that, “Touch in some way transmits the perceived power of the holy
image.” The pivotal role of the shrine image, such as Sister Giannini’s, is that of
intercessor. This token image, claims Maniura, allowed a more direct experience of the
cult image than simply visiting the shrine, which Orecchio was unable to do. The
devotee (Orecchio) could feel as though he were in the saint’s presence through the
tactile manipulation of the image.

The story of Orecchio directly parallels behaviors of individuals afflicted with the
plague, which struck with repeated vengeance during the years 1347 - 1730. The
plague moved east to west, pagan to Christian. It was believed that sickness was
contingent on the state of one’s soul, therefore, an ill individual was perceived by the
community to have manifested sin in bodily form. When the plague struck, numerous

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10 David Freedberg, *The Power of Images. Studies in the History and Theory of Response.* (Chicago: The University of Chicago Press, 1989) states, “If we must have images at all, then we must ensure that they lift us to higher planes; that they assist us in proceeding from the material to the spiritual; and that they offer us mortals enwrapped in our senses the possibility of mediation – at least with the divine,” 358-9.
individuals sought the intercession of a saint to either defend against the disease or to cure the individual. Franco Mormando argues that the role of plague-related art was an instrument of healing and encouragement, and a source of solace and cure from heaven through the saints to God.\textsuperscript{15} Images transferred God’s healing power through a saintly intercessor to the afflicted individual.\textsuperscript{16}

While the Middle Ages contributed little to the medical model of disease, it gave new value to the experience. By linking the etiology of disease with sin, it turned its cause into a path of redemption.\textsuperscript{17} To treat the sickness, one had to first treat the soul. The fear of the plague and the spectacle of disease aroused ideas of penitence and the constant thought of death. Susan Sontag has argued, “Any important disease whose causality is murky, and for which treatment is ineffectual, tends to be awash in significance.”\textsuperscript{18} Epidemic diseases were a common factor for social disorder as feelings about evil were projected onto a disease.

The onset of the plague represented a catastrophic event never before witnessed and the afflicted and their families initially called upon baffled physicians for treatment. The plague, however, outstripped the intellectual resources of the medical community, as noted by Boccaccio in his Decameron, “Against these maladies, it seemed that all the advice of physicians and all the power of medicine were profitless and unavailing.”\textsuperscript{19} The misunderstanding of the etiology and infectious nature of the plague caused physicians to

\begin{thebibliography}{9}
\bibitem{dixon} In \textit{Sickness and in Health. Disease as Metaphor in Art and Popular Wisdom}. Ed. Laurinda S. Dixon. (Newark: University of Delaware Press, 2004).
\end{thebibliography}
recommend treatment modalities which not only hastened death in the afflicted but also led to the rampant spread of disease. Full of terror, anguish, and guilt, people frantically turned to religion as a prophylaxis. For contemporary worshippers, images were effective means of protection, ritually activated and manipulated, in the process of negotiation and influence with celestial powers. Surrounded by death and fearing that the plague was sent by God in displeasure of the sins of humanity, and worrying that the Second Coming and Last Judgment were near, engravings and woodcuts of saints proliferated since they were believed to have talismanic powers [Figs. 1 & 2]. The anonymous woodcut of the 1370s and the engraving by Dürer of 1500 depicts St. Sebastian tied to a tree, powerless to leave or defend himself against the multiple arrows shot through his body. He presents a stoic countenance to the insults and torture inflicted by the pagans. Sinners emulated St. Sebastian and strove to be like him: to stand strong against temptation and to tenaciously proclaim and live the values of Christianity.

Engravings and woodcuts of St. Sebastian were extremely popular and were often

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20 It was believed that disease resulted from an imbalance in the four bodily humors: black and yellow bile, phlegm, and blood. Each humor combined two factors: hot and cold or wet and dry. Treatment modalities were directed at balancing the bodily humors through blood letting or the application of heat or cold.


23 Sebastian was a Christian soldier who was to be executed for his beliefs in early 4th century. He miraculously survived a shower of arrows and having been left for death, was nursed back to health by a woman, St. Irene. Sebastian returned to confront pagan the emperor and was subsequently brutally beaten to death. His association with pestilence stems from surviving the onslaught of arrows; the association of arrows with the divine is ancient. The Old Testament mentions arrows as metaphors for God’s punishment. Sebastian’s corpse was thrown into the Roman sewer system to keep Christians from honoring him as martyr. His commitment to the Christian faith is described in the Golden Legend. The fact that Sebastian was mortally wounded yet recovered made him a favorite among plague intercessors. See Christine Boeckl, Images of Plague and Pestilence. Iconography and Iconology. (Kirksville, Missouri: Truman State University Press, 2000). See also Joseph P. Byrne, The Black Death. (Westport, Connecticut: Greenwood Press, 2004). Carol Straw in, “Settling Scores. Eschatology in the Church of the Martyrs” in Last Things. Death & the Apocalypse in the Middle Ages. Ed. Caroline Walker Bynum and Paul Freedman. (Philadelphia: University of Pennsylvania Press, 2000) states that martyrdom was proof of all Christian truths: the genuine possibility of Christ’s flesh, the immortality of the soul, the inevitability of the Last Judgments, and the divine mystery of how Christ’s passion could generate the new life of the resurrection. Martyrs reenacted the sacrifice that was the foundation of Christian doctrine and illustrated the charity that should animate the institutional Church, 21- 40.
accompanied by prayers meant to be recited while looking at the image. One such prayer on an image states, “I beseech thee, Blessed Sebastian, because your faith is so great, to intercede for us so that whether from plague or from epidemic illness, we may be free” [Fig. 3].24 Andrea Mantegna’s engravings and woodcuts of St. Sebastian, widely distributed and readily available, were the most influential prints produced in the fifteenth century [Fig. 4].25 Mantegna’s engraving is similar in composition to Dürer’s engraving of 1500; both depict St. Sebastian tied to a tree. Without the distraction of a landscape, the personal relationship of the viewer with St. Sebastian was emphasized and enhanced. The motivation and importance of both engravings is relevant and obvious to the viewer. Both artists push St. Sebastian out in the foreground into the viewer’s space. Dürer’s St. Sebastian maintains a body position of suffering while Mantegna’s St. Sebastian is wearing a halo and holding the attribute of his martyrdom. His contrapposto and sensual stance sharply contrast with the sagging body of Dürer’s St. Sebastian, whose taut muscles are painfully stretched as he slowly slides down the tree trunk. The clear

24 Mark J. Zucker, *Early Italian Engravings for Religious Orders*. Zeitschrift für Kunstgeschichte, 56 Bd., H. 3 (1993), 366. Raymond Crawfur in *Plague and Pestilence in Literature and Art.* (London: Oxford University Press, 1914) discusses the term *pestblätter*. Pestblätter played much the same part in devotional activities of individual as the *ganfaloni* (processional banners) did for the masses. They weren’t exclusively German but were issued from presses of Flanders, the Netherlands, Italy and rarely, France. Pictorial Pestblätter are mostly rough woodcuts or copper-plate engravings, crudely colored by hand in some cases and belong chiefly to the last two-thirds of the fifteenth century and first one-third of the sixteenth century. The subject matter is usually simply devotional and represents some act of expiation or intercession on behalf of mankind. There are three typical types of pestblätter: Christ on the cross; intercession by the Virgin Mary or Christ; or memorials of martyrdom of special plague saints. Many of these forms have attached to them some appropriate prayer or invocation. Sometimes the religious element is supplemented by a discussion of hygienic precautions or of remedial measures to avoid disease or sin. The pictorial devotional cut is often blended with commands, usually in verse, informing one in methods to stave off pestilence by isolation, fumigation, washing or dietary means; or how to cure the plague by measures such as bleeding or plasters to hasten maturation of buboes. Pestblätter originated in more ways than one. In times of pestilence, pilgrimages were often made to shrines of special saints and rough representations of saints provided memorials of their visit. Sometimes the object of homage was a sacred picture which would be reproduced as a memento. Other times they were issued by religious communities for devotional purposes.

message to the viewer was that upholding Christian values and living a good life to achieve eternal salvation was difficult.

Some of the plague-afflicted expected a miraculous cure through the application of a St. Sebastian image to their buboes (swellings of lymph nodes primarily in the axillae, neck, and groin); others afflicted with pneumonic plague ate the image of St. Sebastian to stop vomiting blood.  

Michael Fried in *Absorption and Theatricality* writes, “Images of paper may be pulverized and eaten in expectation of some good effect or another. When such things happen, how intense the response must be, and how deeply the process of contemplation and mediation may draw on the wellsprings of private - to say nothing of public - emotion.”

The tactile manipulation of the image of sister Giannini fostered an intense physical and psychological reaction within Orecchio’s body. It was as though the saint entered his body and healed him from the inside out. The internalization of the image of the saint was the catalyst to his physical and spiritual recovery.

The plague-afflicted Christian worshipper was transformed in body and mind through an intense connection with the image of the saint. In his recent book on body consciousness, Richard Shusterman claims that deep aesthetic experiences and mystical religious experiences have the ability to transform one’s desires and redirect one’s way of life. 

There is an element of self-surrender in the quest for self-transformation; in other words, one must capitulate to information provided by the senses in order to improve one’s understanding of and performance of activities of daily living in order to lead a

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better life. Schusterman argues that, “Even if most pleasures seem trivial, some experiences of delight are so powerful that they deeply mark us, transforming our desires and thus redirecting our way of life. Deep aesthetic experience and mystical religious experience share this power… Ecstasies are celebrated for providing somatic empowerment and spiritual redirection.” When a Christian viewed a martyred body, he saw beyond the battered body; he saw an individual who was filled with God’s love, one who no longer felt pain. The martyr was filled with rapturous desire to see God in the eternal kingdom of heaven. When Orecchio gazed upon the body of sister Giannini, he saw beyond her suffering because he was able to anticipate the rewards of purification from sin.

It was believed that the corporeal application of images of spiritual works of art cured the body and that viewing plague iconography such as Mantegna’s *St. Sebastian* (1459 and 1480) encouraged plague-stricken victims to alter their religious sensibilities in order to die a good death and achieve eternal salvation [Figs. 5 & 6]. In both paintings, St. Sebastian assumes a contrapposto stance on ground level, and is tied to the remains of a triumphal arch amid a disastrous landscape. In Mantegna’s earlier painting of St. Sebastian, a wingless victory rests holding a trophy. To the left of St. Sebastian, a second victory’s feet are scattered among decaying bricks, a reference to the pagan world. Just behind the saint and to the left, a head leans against a wall above a Bacchic bas-relief. Below the saint, in contrast to the geometrical symmetry of the pedestal on which Sebastian stands and the base of the column, are scattered bits and pieces of broken

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29 Richard Shusterman, *Body Consciousness*, 42. Schusterman describes Gian Lorenzo Bernini’s *Ecstasy of St. Teresa* as a deeply somatic deliciousness “penetrating to the marrow of the bones, enthraling and transfiguring us,” 42.

stones and pagan statuary. In the corner to the left, a headless torso, a left foot wearing the traditional Roman military sandal and a head are visible, all references to the pagan world. In the art of the Renaissance, ruins represented fractured grounds in which to situate a sacred or suffering body and are made meaningful by interposing a frail human figure between object and viewer. Ruins metaphorically represented the remains of a vanquished pagan world. In both paintings, two archers who have pierced the saint’s body with numerous arrows are leaving. Also in both paintings, Sebastian assumes a Christological posture: his knees are slightly bent and his arms, tied behind his back, are rendered immobile just as Christ’s outstretched arms were immobilized by nails. Both Christ and Sebastian are powerless to defend themselves against torture, pain and humiliation. Sebastian’s inclined head forged pathos with the beholder. Sebastian, like Christ, looks up towards the heavens and to God for mercy and strength to endure his punishment. The message to the beholder would have been unmistakable: look to God for salvation.

Catholicism is based on intense physicality and its foundation originates in bodily experiences. Over the years, Christian believers have profited from elaborate experiences embodied in rituals, while dreading the repercussions of dissension. The core of Christianity is the incarnate God and the rites that glorify Him have been

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32 Christine M. Boeckl, Images of Plague and Pestilence. Iconography and Iconology states that ruins link disease with heresy. There is a story described in the Golden Legend in which the prefect of the city of Rome was afflicted with the same disease as Tranquillinus; the prefect asked Tranquillinus to bring him the person who had cured him. Sebastian was brought before the prefect to enact a cure. When he stood before the prefect, Sebastian noticed that he was surrounded by idols. The prefect was instructed to renounce his worship of false gods and demolish his idols; then he would be cured and would regain his health. All the idols were shattered yet the prefect’s health had not restored. It wasn’t until he admitted that he had a secret room full of idols and those idols were demolished that he was finally cured.
34 Ibid. Cindy Patton in Sex and Germs. The Politics of AIDS. (Boston: South End Press, 1986) states that disease was a signifier of sin which expanded the role and power of the Church to enforce social codes. The idea that God caused disease was interpreted by clergy to suit their needs as arbitrators of morality.
corporeal and sensual.\textsuperscript{35} Given the emotional stronghold the Catholic Church held over its believers, it can be reasoned that in early modern Italy, images of saints were primarily used as extensions of the Church to reiterate teachings and insure that the community abided by those teaching. Images were lovingly handled, gazed upon, applied to the body, and even eaten in the name of the Church. However, I contend that there was another purpose for the activation of the sense of touch with religious images: to empower the diseased body. Orecchio’s sick body isolated him from society and he suffered from strict rituals and laws, which hampered his decision making ability. His diseased body acted as a vice, holding him back physically and spiritually, from attaining freedom from disease and redemption from sin. The tactile manipulation and application of the image of Sister Giannini to his wounds allowed the spirit of the saint to enter Orecchio’s body and empowered him to take control over his disease and his spiritual destiny.

\textbf{Illness in Early Modern Italy}

The plague epidemic, which intermittently afflicted humanity since the third century, has long been used as a metaphor to denote the highest standard of collective calamity, evil, and scourge.\textsuperscript{36} Due to a lack of scientific knowledge regarding etiology, coupled with a systemic fear instilled by the Catholic Church, the plague was regarded as a judgment of God on society, specifically a society that failed to uphold the teachings of the Church.\textsuperscript{37} Although Orecchio was afflicted with syphilis and not the plague, the etiology of his malady was ascribed to failure to uphold the teachings of the Church by

\textsuperscript{36} Raymond Crawford, \textit{Plague and Pestilence in Literature and Art}. Detailed accounts of the plagues in the third, fourth and fifth centuries are recounted.
committing adultery with a prostitute. Susan Sontag in *Illness as Metaphor* underscores this connection between sin and punishment, “With the advent of Christianity, which imposed more moralized notions of disease, as of everything else, a closer fit between disease and “victim” gradually evolved. The idea of disease as punishment yielded the idea that a disease could be a particularly appropriate and just punishment.”\(^{38}\) Since Orecchio committed a sinful act with his genital organs, the punishment was appropriate: a large testicular tumor which spread to surrounding organs.

Other causes for the spread of the plague were believed to be astrological misalignments, *miasmas*, and evil spells.\(^{39}\) Jews, a poorly understood group of individuals, were viewed as crucifiers of Christ; they were perceived as different and came under intense scrutiny and fear for their religious beliefs and rituals, the professions they engaged in, and their advanced educational level including literacy rates.\(^{40}\) In their historical investigation of the plague, William Naphy and Andrew Spicer discuss three intense socio-psychological ramifications effected by the plague: 1. government control to ease the spread of disease; 2. heightened religious response; and 3. societal response including identification and persecution of scapegoats.\(^{41}\) One such consequence was the heightened scrutiny by Christians of community members which caused rampant

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\(^{40}\) William Naphy and Andrew Spicer. *The Black Death and the History of Plagues 1345 – 1730*. The authors discuss Jews’ stubbornness in refusing to accept the “truth” of Christianity as an alignment with Satan. By 1550, almost no Jews were left in Western Europe as country after country expelled or executed their Jewish population. The emphasis on literacy among Jews and their prohibition from many trades (farming and land-ownership) meant that Jews were congregated in urban areas and thus over-represented in professions that required literacy. Many Jews entered medicine because they were familiar with Hebrew and Arabic, giving them access to medical works of the ancients through the Islamic world. The power of Jewish physicians was a concern to many people. See esp. 67 – 70.

\(^{41}\) Ibid, 69.
paranoia and sociopathic behaviors such as the persecution of Jews [Fig. 7]. The miniature illumination from the Nuremberg Chronicles depicts the burning of a group of Jews. Jews were either expelled from cities, segregated and cordoned off within the outskirts of the city, or burned. Irrational behavior and paranoia also extended to ordinary citizens (anoiters) who were arrested, tortured and executed based solely, in many cases, on suspicion of spreading the plague through innocuous behaviors of touching a wall, doorknob, or dropping a soiled handkerchief on the ground [Fig. 8]. Neighbors were vigilant and quick to report suspicious behaviors. The anonymous engraving depicts the various forms of torture used on anoiters to extract the truth from them. The sick were treated no differently than criminals were treated during the Inquisition. The irony was that the Catholic Church was the Inquisitor whether one’s body was diseased through illness or through criminal behavior. Criminals, like sick people, were powerless to defend themselves against the super power of the Church. The Church exerted fervent control over the body’s spiritual state. The aim was to ensure that all individuals follow


43 Giulia Calvi, Histories of a Plague Year. The Social and the Imaginary in Baroque Florence. Trans. Dario Biocca and Bryant T. Ragan, Jr. (Berkeley: University of California Press, 1989). Calvi has painstakingly reviewed all Florentine records during the plague years and has chronicled events of suspicion and action (usually execution) that occurred. William G. Naphy in “Plague-spreading and a magisterially controlled fear” in Fear in Early Modern Society. Ed. William G. Naphy and Penny Roberts. (Manchester: Manchester University Press, 1997), 28 – 43 mentions that ordinary citizens were accused of intentionally spreading the plague by first making ointments from putrefying flesh and discharge from buboes and later spreading the ointment on walls, doors, and windows so that inhabitants would get sick and looters could take their belongings. Often barber-surgeons came to infected houses to lance the buboes and carried away the inhabitant’s belongings in the process. The accused were rounded up, tortured, and murdered. There was little recourse to denying guilt; individual’s often confessed under torture. He makes a strong connection to witchcraft since most accused plague spreaders were identified as poor women. Citizens remained ever vigilant of anyone spreading the plague and immediately reported their suspicions. An account which magnifies the paranoia that citizens had concerning being afflicted with the plague is the story of a man who unintentionally dropped his handkerchief on the ground. The event was witnessed by several citizens who also noted that it smelled bad. The man was arrested, tortured and executed. Douglas Biow in Doctors, Ambassadors, Secretaries. Humanism and Professions in Renaissance Italy. (Chicago: The University of Chicago Press, 2002), states that a lack of stink was a sign that putrefaction had disappeared and the air had become purified. Stink, perceived through the sense of smell, played a central role in the semiology of pestilence in the same way that a pleasant smell was a sign of health.
the conventions of the Church to promote peace and harmony within the community and to ensure salvation when death was imminent.

Parallel societal behaviors occurred in the 1980s with the newly discovered disease with a poorly understood etiology – human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS). Being labeled as plague infected or HIV positive stigmatized, and in some cases, destroyed the individual. Innuendos of being afflicted with the disease caused mass fear and hysteria; it often led to ridiculous and often fateful consequences for citizens.44 Disease stigmatizes (marks) a body; plague victims were marked by hard, black buboes, while AIDS sufferers were marked with Kaposi’s sarcoma. AIDS activist Cindy Patton claims that, “AIDS marked bodies already marked out by medical and popular discourse.”45 The perception by society was that if one was gay, one would contract HIV/AIDS, which led to the fear that homosexuality would spread and that one could easily become infected.46

As the plague ravaged the body, the stench of putrefying flesh was a telltale sign that death was near. It was as though the diseased body screamed out, “I am a sinner,” or “I am a homosexual.” The community either viewed the victim with sympathy (the victim became ill through no fault of their own), or with disgust (their disease resulted from their behaviors). However, the belief by the community that the individual brought

44 Cindy Patton, Sex and Germs. The Politics of AIDS. (Boston: South End Press, 1986). She discusses the medical delivery system which was hit hard by the effects of AIDS. Even though no healthcare worker came down with AIDS through casual contact, ambulance drivers, doctors, nurses, and dentists have refused to treat AIDS patients. San Francisco issued masks and gloves to police officers to wear so as not to catch AIDS when arresting gay men. In prison, person with AIDS who were ill were transferred, their personal effects burned, and their cells scrubbed. AIDS presented unforeseen problems for medical workers who had grown up and been trained in an age that did not know constant threat of contracting a deadly disease. One can’t forget the story of Ryan White, a hemophiliac adolescent, who contracted AIDS through blood transfusions and ultimately was denied the opportunity to attend school to prevent transmission of the disease. The fear and hatred of AIDS was so strong that it forced the family to move from Florida to Indiana after their house was burned down.

45 Cindy Patton, Inventing AIDS. (New York: Routledge, 1990), 127.

46 Cindy Patton, Sex and Germs. The Politics of AIDS.
the disease upon himself through unsanctioned behaviors, whether true or not rendered the victim powerless to defend his reputation. Repeated attempts to proclaim one’s innocence caused collective disbelief and more innuendos among members of the community.

Disease as a signifier of sin expanded the power of the Church to enforce social codes. Socio-economic distinctions related to transmission of disease arose during the plague: illness in the rich carried fewer hints of moral causation and was mainly attributed to living in a world polluted by immoral people and the poor; the poor were not viewed as a class of disadvantaged people, but poverty was seen as punishment for racial or cultural differences. It was believed that the slothful poor attracted their disease while the same disease in the wealthy was caused by germs unleashed by others.47

In AIDS, unlike the plague, difference (homosexuality) caused disease and this was a disease which had the power to leap social barriers. Sociologist Bryan Turner emphasizes the parallels between the AIDS epidemic and the plague: both began in localized areas and quickly became global health issues.48 Like the plague, AIDS spread panic and revealed social fissures, inequalities, discrimination, and stigmatization of marginalized groups of society. The response to AIDS was a reversion to the medieval notions of sin and disease.49 One of the most recognized HIV/AIDS posters was inspired by the experience of Ryan White, and has become the worldwide icon in the fight against HIV/AIDS discrimination. The poster shows a forlorn child with outstretched arms

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47 Patton, *Sex and Germs. The Politics of AIDS.*
49 Patton, *Inventing AIDS.*
bearing the message, “I have AIDS, please hug me, I can’t make you sick” [Fig. 9].

The purpose of the AIDS poster was twofold: first to break the stereotypic profile of the AIDS victim; and second to educate society about the transmission of the disease. AIDS was first referred to as the “gay plague” in reference to the types of individuals who were perceived to have contracted the disease.

Both plague and AIDS sufferers were distinguished by their lack of performance of ritual behaviors: the AIDS sufferer engaged in risky behaviors involving sodomy without condom use or needle sharing; the plague sufferer failed to perform expected “4 P” church rituals: prayer, penance, participation in processions, and pilgrimages. The Catholic Church sent a strong message to AIDS sufferers, as it did with plague victims: disease stricken individuals were immoral while healthy people were righteous.

Scholars, such as Paula Treichler, have investigated the impact of such moral readings of disease and have noted that for some people, the AIDS crisis fostered an increased fear and hatred of gays. Sympathy was replaced with disgust for a lifestyle which promoted the contagion of disease.

The Catholic Church long sought to harness the individual’s conscience and by extension his behavior, to ensure his salvation from damnation to Hell, and for the well-

50 http://www.nlm.nih.gov/exhibition/visualculture/living.html. Ryan White was a 13 year old hemophiliac with AIDS who was barred from attending school in 1985 and became a symbol for the intolerance inflicted on AIDS victims. “This poster reflected the changed tone of the media coverage of AIDS following Ryan White’s courageous battle, which helped shift focus from ignorance and discrimination to acceptance and newfound knowledge of the fatal disease. Designed to evoke compassion, the simple yet powerful message in the poster has subsequently inspired a variety of spin-offs used by international AIDS awareness and education programs.”


52 Sontag, in AIDS and Its Metaphors, quotes Jerry Falwell. In his response to the etiology of AIDS, Jerry Falwell claimed, “AIDS is God’s judgment on a society that does not live by His rules,” 61.

being of the community. Penances were necessary to reconcile oneself with God. Clergy saw to it that people feared unrepented-for sin and the damnation it brought more than anything else. Catholicism, far from offering solace, offered fear of an angry God and fear of eternal punishment in Hell. Through its power, the Church had the capacity to terrorize but was incapable of consoling. Nowhere is this fact brought to recognition than in Last Judgment scenes. Images such as Coppo di Marcovaldo 1350 mosaics of the Last Judgment in the ceiling of the Florence Baptistery; The Master of the Triumph of Death’s 1330s fresco, The Three Living and the Three Dead, The Triumph of Death, The Last Judgment, and Hell; and Michelangelo’s 1536 – 1541 fresco of the Last Judgment in the Sistine Chapel [Figs. 10, 11, 12]. All three examples clearly portray Christ as the judge of the dead: the good sit at his right hand and live eternal life with Him in Heaven, while the evil are damned to Hell for an eternity of suffering. Each work of art portrays Heaven as an idyllic place while grotesque figures which serve as metaphors for Hell, inflict perpetual misery. When viewing these works, the Christian realizes he will be judged after death and the responsibility for his destiny rests with making good judgments during his life. Orecchio was fearful of death because he knew that he had not fully acknowledged his sin of adultery and repented. His miraculous cure was a sign of his true repentance and his forgiveness from sin.

The people of early modern Italy feared disease – fear was a response to the spirit of self-preservation and an instinct for survival. Faced with a sudden and life-threatening occurrence, an intense emotive state was triggered which had severe mental and physical

consequences. Giuseppe Orecchio’s story revealed his fear of death and an instinct for survival, one that led him to try experimental medicine with the image.

In *Stories of Sickness*, Physician and Philosopher Howard Brody argues that stories of suffering are produced and alleviated by the meaning that one attaches to one’s experiences. The stories relate the individual’s experiences to explanatory constructs of society and culture, and place the experience within the context of the individual’s life history. Brody discusses the two functions of storytelling, both of which pertain to Orecchio. According to Brody, experiences can be labeled as representing either an act of religious devotion or as an out-of-character or atypical reaction from that individual. One can assume that Orecchio was a pious, God fearing man and that this experience could be classified as an act of religious devotion. However, when his surgeon, Gennaro Sarno was deposed to recount his version of the miraculous healing, it differed significantly from Orecchio’s.

Sarno stated that he first treated Orecchio in 1740 for the French pox (syphilis) and that his tumors were a result of that malady. Orecchio contacted the surgeon again in 1746, shortly after the death of his wife, when his symptoms exacerbated. Against medical orders, Orecchio visited the baths at Ischia after which his condition immediately deteriorated. One can assume that Orecchio prayed daily for the healing of his wounds and a return to health, yet apparently his prayers went unanswered.

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57 Howard Brody, *Stories of Sickness*. Stories of sickness are called “pathographies.” The term was coined by Anne Hunseker Hawkins.
58 There is discussion by Richard Trexler in “Florentine Religious Experience: The Sacred Image.” *Studies in the Renaissance*. (Vol. 19, 1972), 7 – 41 regarding images that “don’t work.” He states that, “The Florentine did not like to be duped” p. 36. Trexler asks the questions, “How did Florentines react when images failed?” “Did they accept failure as an indication that hardship was God’s will?” “What was their subsequent behavior toward the image?” The behavior of the supplicant depended on their convictions regarding the attitude of the image toward him. The
sense of pride and guilt for bringing the disease upon himself from infidelity and from a failure to follow proscribed religious teachings, Orecchio was forced to take action to regain control over his body and halt his impending death sentence. It was no accident that his daughters visited the relics of Sister Giannini, buried in the church of San Domenico, and that his miraculous cure happened on August 4th, the feast day of St. Dominic.59

Brody argues that stories can be used to give meaning to inexplicable and frightening experiences such as Orecchio’s malady and his miraculous recovery. As a miracolato, Orecchio had ample opportunity to tell and retell his story.60 With each retelling of his story, his self-confidence and ultimately his feelings of power increased. Discourse was important for both victim and the community; the sufferer tells the story of his sickness to the community, the community listens and as a consequence of verbal exchange, experiences healing. The ill person has attached meaning to his experience with his words and story; telling his story has reconnected him to other fellow human beings. A community can be healed to the extent that they can be more empathetic towards a sufferer. The sense of empathy allows the community to consider how they would cope should they experience a catastrophic illness and helps them learn coping skills from a victim who is ill and suffering.61 The community would have forgiven Orecchio his transgressions and believed that he was healed because he was truly

59 David Gentilcore, “Contesting Illness in Early Modern Naples: Miracolati, Physicians and the Congregations of Rites.”
60 David Gentilcore, “Contesting Illness in Early Modern Naples: Miracolati, Physicians and the Congregations of Rites.” A miracolato is a person who experienced a miraculous healing.
61 Brody, *Stories of Sickness.*
repentant for his sins. These religious stories often included an example with acknowledgment of causation to past transgressions coupled with promises of future redemption.  

In order for healing to occur, the person must behave in a certain way. As Susan Sontag has described, “Fatal illness has always been viewed as a test of moral character.” The calamity of disease can clear the way for insight into lifelong self-deceptions and failures of character. Before Orecchio could be healed, he had to face his imperfections and immoral behavior, both of which contributed to his current condition. To do this, Orecchio had to enter into a visual and tactile relationship with the image to regain power and to take control of his life, to effect changes in his actions leading to a good life and salvation. The image of Sister Giannini acted as a force, transferring power into Orecchio, giving him the strength needed to make changes.

Feminist theologian, Elisabeth Moltmann-Wendel argues that sickness is a journey and speaks of the terror of sickness. Orecchio was terrified; he was given a death sentence. His journey was toward forgiveness of his sins, salvation, and a return to health. Robert Maniura, in The Images and Miracles of Santa Maria delle Carceri, argues that miracle stories, “…purport to record not only miracles but also behavior [Fig.13]. Tokens from the shrine of Santa Maria delle Carceri were typically placed on the diseased body which effected a miraculous cure. Maniura clarifies that the miracle

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63 Sontag, Illness as Metaphor, 41.  
64 Sontag, Illness as Metaphor.  
does not occur in the image but rather in the response to it and the behavior that surrounds it, “People do things in miracle stories. In particular they do things in the hope of obtaining a miracle and do things when they believe they have experienced one.”

The hope for a miracle and the realization of a miracle both positively impact the motivational level of a victim such as Orecchio. This point of view is supported by Richard Trexler who adamantly states that images do not work miracles and never have. Rather, it was the beholder who willed the miracle to happen through an unflinching faith and devotion. While images like those of the Carceri were unmistakably associated with miracles which were perceived to be real, Trexler and other scholars argue that it was not the image but the response and behavior of an individual to the image that was “miraculous.”

The Alienation of Diseased Bodies

For Renaissance Humanists, the body became a mirror of divine perfection, the instrument through which the soul carried out its function on earth. The outward appearance of the body was presumed to be a mirror of its interior.

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67 Ibid, 82. Santa Maria della Carceri (St. Mary of the Prison) was a church designed by Giuliano Sangallo and begun in 1485 in Prato, Italy. The image of the Virgin Mary holding the Christ child was painted above a barred window of the town prison nearby. It began performing miracles such as detaching itself from the wall, changing color, weeping, sweating blood, and opening and closing its eyes. The miracles were noted in a two volume set entitled *Historia della Apparizione et Miracoli di Madonna Sancta Maria del Carcere di Prato* by Giuliano di Francesco Guizzelmi, Biblioteca Roncioniana, Prato, codex 87. The Virgin is flanked by St. Leonard on the left, patron of prisoners, with his attribute of leg chains and St. Stephen on the right, patron of the city of Prato. It is interesting that accounts exist for miracles performed by the Virgin Mary who is associated with criminal bodies. For examples of miracles occurring in 1903 and 1904 at a shrine not far from Quebec, St. Anne de Beaupré, see Charles W. Waddle, “Miracles of Healing” in *The American Journal of Psychology*, Vol. 20, No. 2 (Apr., 1909), 219 – 268.


70 Richard C. Trexler, “Being and Non-Being. Parameters of the Miraculous in the Traditional Religious Image” and Robert Maniura in “The Images and Miracles of Santa Maria Delle Carceri.”


plague epidemics changed the perception of body image, in particular the “disordered” or diseased body.\textsuperscript{73} A psychological space existed between a diseased body and a healthy one. One had to convince oneself that the sick person and well person had nothing in common; the sick did something to bring on their illness.\textsuperscript{74} Health was equated with religiosity, i.e. leading a good life, while disease marked an individual as immoral, or leading a bad life. Anthropologist Byron Good discusses illness as a “syndrome of experiences,” a set of words, experiences and feelings which typically run together for members of a society. The human body is both the creative source of the experience and the site of domination. The body constitutes the essential, fundamental dimension of our identity; it forms how we engage with the world.\textsuperscript{75} For the sick person, as for clinicians, disease is experienced as present in the body. But for the sufferer, the body is not simply a physical object or physiological state but an essential part of the self. It is at the same time a disordered agent of experience. Illness was formulated as an “aesthetic object” – how one analyzes the disjunction between disease as an object or condition of a physical body, and disease as a presence in a life or in a social world.\textsuperscript{76} If one believes that man was made in the image of Christ, then disease as a manifestation of the body can be beautiful.

The body is the agency through which the social environment is created and the surface upon which is inscribed a range of historical, social, and cultural discourses which prevail in society. Perceptions of the body and definitions of socially appropriate

\textsuperscript{73} Hatty, The Disordered Body.
\textsuperscript{74} Brody, Stories of Sickness.
\textsuperscript{75} Richard Shusterman, Body Consciousness: A Philosophy of Mindfulness and Somaesthetics. (Cambridge: Cambridge University Press, 2008).
\textsuperscript{76} Byron Good, Medicine, Rationality, and Experience: An Anthropological Perspective. (Great Britain: Cambridge University Press, 1994).
bodily practices stem from shifting socio-cultural criteria. The Black Death and the AIDS epidemic created a crisis around the body; both heightened anxieties about the uses of the body, the public presentation of the body, and co-mingling of bodies. In *AIDS Cultural Analysis, Cultural Activism*, Douglas Crimp asks the reader to consider whether one preferred to have a disease based on one’s lifestyle and therefore preventable, curable and containable through self-control, or a disease with a respectable name, such as the plague, which could be addressed through medical control and was beyond individual control. Crimp argues that most individuals would prefer to have the plague since it is caused by something that originated elsewhere, was objective, and had a name even if no cure was available. These crises which surrounded the body also involved concerns which extended beyond social practices that were developed to manage a succession of plague epidemics. Public confidence in medical science was shaken by the inability of scientists to produce cures or adequate treatments for these new diseases. There were no “magic bullet” cures, heightening the sense of vulnerability of the body and the degree of alienation from accepted beliefs in the medical community. An outcome stemming from the lack of confidence in the medical profession was that people took greater interest in their bodies.

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77 Hatty, *The Disordered Body.*
78 Douglas Crimp, *AIDS Cultural Analysis, Cultural Activism.* (Cambridge, Massachusetts: The MIT Press, 1988). Crimp’s comment seems to contradict the belief that the plague was caused by sin. However, through advancements in medical science, we now know that the plague was caused by a pathogen, not sin. The etiology of the plague was discovered by Dr. Yersin in 1894: a gram negative bacterium, *Yersinia Pestis* that originates primarily from rats. Humans contract the disease through a bite from a flea that bit an infected rat or, occasionally, from bacteria on clothing which enters the body through an opening. The plague is rarely spread from person to person. The bacterium travels to the lymph nodes where it multiplies. There are two forms of the plague: septicemic and pneumonic. For more information regarding the plague, see http://plague.emedtv.com/bubonic-plague/bubonic-plague-remedies.html.
79 Hatty, *The Disordered Body.*
80 Current treatment for the plague includes isolation and antibiotics. A plague vaccine is no longer available in the US. There is no vaccine to prevent HIV. The aim of treatment is to prevent multiplication of the virus through anti-viral medications.
81 Hatty, *The Disordered Body.*
The heightened awareness of the body among the sick was juxtaposed with forced constraints by religious and governmental agencies which prohibited the activation of the individual’s sense of power over their body.\textsuperscript{82} The problem of suffering was articulated as a question of meaning and the question of control was a fundamental crisis for society. Society responded to the plague and the HIV/AIDS epidemics by reasserting the core religious and moral meanings that were threatened by these highly malignant epidemics, as well as by applying a few social and technical controls that were available.\textsuperscript{83}

The plague and HIV/AIDS epidemics turned the world of the living and the dead upside down. Since the etiology and transmission of either disease was unknown, or mistakenly assigned to incorrect causes, restrictions were imposed by both the Church and governmental agencies to curb the spread of disease. To halt the spread of the plague, the Church banned traditional funeral processions and ceremonies in many cities. The dead were stacked up before doorways and abandoned inside houses. Burials, if done, were performed hastily and unceremoniously.\textsuperscript{84} The plague decimated large numbers of members of religious organizations, leaving few to care for the spiritual needs of the sick and dying.\textsuperscript{85} Religion, through a variety of ritual practices, regulated and constrained the human body with the aim of developing spiritual existence.\textsuperscript{86} The dead and dying felt abandoned by the institution intended to ensure their salvation. Rituals and

\textsuperscript{82} Religious and governmental constraints were intended to prevent the spread of the plague and HIV/AIDS and included the exaggerated and often unnecessary precautions taken with victims: confinement and isolation; destruction of personal items that came into contact with the body; and forced reporting of disease.


\textsuperscript{84} Jean-Noel Biraben, “Disease in Europe: Equilibrium and Breakdown of the Pathocenosis” in \textit{Western Medical Thought from Antiquity to the Middle Ages}. Ed. by Mirko D. Grmek. Trans. by Antony Shugaar. (Cambridge, Massachusetts: Harvard University Press, 1998).


practices which revolved around the spiritual needs of the dead and dying, and which were so important in early modern Italy, were shattered, leaving the sick with a sense of dread and impending peril.\footnote{For a complete account of the effects of the plague related to burials, treatment of the sick, and abandonment by parents, siblings, and spouses, see Giovanni Boccaccio’s \textit{The Decameron}. Giulia Calvi, in \textit{Histories of a Plague Year: The Social and the Imaginary in Baroque Florence}. Trans. Dario Biocca and Bryant T. Ragan, Jr. (Berkeley: University of California Press, 1989) states that death by the plague was thought to be fundamentally dishonorable because all the ritual traditions linked to the differentiated stages of death were deviated and denied. Nothing could be worse, more despicable or unhappy than to die badly. Christine M. Boeckl, \textit{Images of Plague and Pestilence: Iconography and Iconology} discusses the papal bull of Pope Clement VI who wrote in Jan 1349, “The contagious pestilence of the present day…has left many parish churches without parson or priest to care for the parishioners. Since no priests can be found who are willing…to take pastoral care…visit the sick or administer the sacraments of the church, we understand that many people are dying without the sacrament of penance. [Therefore]…persuade all men…if they are on the point of death…they should make confessions to each other…or if no man is present, then even to a woman,” 72 – 73. Richard Trexler in \textit{Public Life in Renaissance Florence} (New York: Academic Press, Inc. 1980) details the extensive rituals and practices of the Florentines related to religious and civic duties. According to Trexler, elaborate public ritual was one distinctive element of a European city during both the middle ages and the Renaissance. Cities competed for pilgrims as it had for trade. The civic identity and growth of the city was intertwined with the sacred; the city was the center of trade in salvation of souls as it was for material commodities. Ritual was the force that drew pilgrims to the city and held the inhabitants around the shared altar.} In normal times, the sick would be surrounded by family, doctors, and priests. However, in the time of the plague, human relations were inverted; gone were the rituals uniting sufferers with those attending them.\footnote{David Gentilcore, “The Fear of Disease and the Disease of Fear” in \textit{Fear in Early Modern Society}, 184 – 208.} Howard Brody claims that suffering occurs when one feels a serious split within oneself or between oneself and one’s social group or community. Orecchio suffered physically from his wounds and psychologically from his imposed isolation from society.\footnote{Brody, \textit{Stories of Sickness}.} Due to the rampant nature of the plague, there was no time to prepare oneself spiritually to die a good death.

Cultural critic and art historian Simon Watney, in \textit{The Spectacle of AIDS}, discusses the homosexual body as publicly humiliated, thrown around in zip-up plastic bags, fumigated, and denied burial for fear that there be any acknowledgment of loss. He believes that the homosexual body speaks after death, but not as a \textit{memento mori} [Fig. 11]. The Master of the Triumph of Death, in \textit{The Triumph of Death}, paints several
groups of individuals who have, or will, come into contact with death. The souls from a heap of dead people in the center of the fresco are carried to Heaven or Hell by angels or devils, while three corpses in various states of decay, are displayed in the lower corner. The message is that the physical body decomposes after death while the soul lives on. The soul is not tormented when the individual led a good life. The moral of the painting is that neither wealth nor power, nor beauty or youth can provide protection against the wrath of God – only piety can. One does not have the power to escape death, but one can choose to live the life that promises eternal salvation for the soul upon death. The living contemplate death, which can be anxiety producing if one is not living a righteous life.\textsuperscript{90} Watney argues that the homosexual body speaks as a life devoid of value and anonymous.\textsuperscript{91} The homosexual body in death is not celebrated for living a good life and for achieving eternal salvation. Instead, in the end, the body is disposed of like rubbish, like the trash it was in life.\textsuperscript{92}

In response to the HIV/AIDS epidemic, the Catholic Church stated that while it did not condemn homosexuality, it denounced homosexual acts as sins against God. The Catholic Church was opposed to methods to decrease the spread of AIDS such as distribution of condoms and needles. In this regard, the Church sent a strong message to AIDS victims that it doesn’t tolerate a lifestyle which causes this disease. However, just as Jesus ministered to the sick, the Church is compassionate to AIDS sufferers and

\begin{footnotes}
\item[90] Jean-Paul Sartre (1905 – 1980) argues that in a Godless world, individuals have no alternative but to choose and create their own values, which lays the ground rules for living. Individuals develop their personalities and create themselves. Individuals who are frightened by this freedom tend to run away from it and pretend that they are bound by existing rules and regulations (what Sartre calls “bad faith”). Sartre believes that everyone has the opportunity to make choices and the potential to live life to the fullest – this takes a commitment and a willingness to uphold one’s beliefs and values. His initial belief that individuals could free themselves from the pressures of society was later retracted as an exaggeration under his more Marxist phase.
\item[92] Simon Watney, “The Spectacle of AIDS.”
\end{footnotes}
actively ministers to those who are ill and their families. These good deeds of the Church, however, make little impact on gays and lesbians who feel ostracized and stigmatized by the teachings of the organization that so willingly reaches out a helping hand.

In the plague-afflicted and HIV/AIDS victims, the increased interest in one’s body was furthered hampered by restrictions imposed by governmental agencies. Again, there are parallels between the diseased body and the criminal body in terms of these restrictions to limit either the spread of disease or the spread of heresy. The writings of Foucault regarding surveillance (panopticism) within prisons, and the loss of control experienced by prisoners can be applied to the diseased body. Every aspect of the prison, from architecture to policies, was intentionally crafted to limit a sense of control in a prisoner – control equaled power, a motivating factor in challenging rules. The panopticon reduced the criminal to a state of conscious and permanent visibility that assured automatic functioning of power. Likewise, a panoptic society ruled the sick to

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93 Brittany Stahl, “AIDS and the Catholic Church.” NYC Pavement Pieces. December 14, 2008. The National Catholic AIDS Network was established by the Church in an effort to help AIDS patients and their families cope with the stress and hardship of caring for someone with the disease. St. Vincent’s Hospital in New York is one of many Catholic run hospitals that provide treatment and care to AIDS victims. It is the largest HIV center in New York State. The Catholic Church has also been active in educating and treating AIDS in third world countries. 94 Michel Foucault, “Panopticism” in The Information Society Reader, Ed. Frank Webster. (London: Routledge, 2004), 302 -312. Foucault examined certain medical discourses and the exercise of power in society. Foucault was interested in the relationship between the discourse of scientific knowledge and the exercise of professional power, the development of a political struggle around the body, the history of sexuality in relation to medical institutions, and finally the development of various forms of discipline and surveillance under the general notion of panopticism. 95 Michel Foucault, “Discipline and Punishment” in Contemporary Sociological Theory. Ed. Craig Calhoun, Joseph Gerteis, James Moody, Steven Pfaff, and Indermohan Virk. (Malden, Massachusetts: Blackwell Publishers Ltd., 2002), 211 – 218. Foucault cites the writings of Jeremy Bentham (1787) for the idea of the panopticon. The panopticon or the Inspection-House contained the idea of a new principle of construction applicable to any type of establishment in which persons of any description were kept under inspection. This was particularly applicable to penitentiary-houses, prisons, houses of industry, work-houses, poor houses, lazarettos, manufactories, hospitals, mad-houses and schools. The essence of the plan is in the centrality of the inspector's situation, combined with the well-known and most effectual contrivances for seeing without being seen. The best form that the building should take to achieve this is circular: but this was not an absolutely essential architectural style. All cells in the building should be of equal size and all are visible to the inspector; the inhabitant sees neither the other inhabitants nor the inspector. It was essential that the persons to be observed should always feel themselves as if under inspection. It was important that for the greatest proportion of time possible, each man should actually be under inspection. These constraints made
limit transmission of disease. Moltmann-Wendel describes the body as a prison.\textsuperscript{96} The body is constraining and delimits what one can do. What one does to or with the body becomes readily apparent to society, who ultimately passes moral judgment on the individual. In the sick body, the signs of disease are obvious and how society responds to a sick body depends on the visible signs. With a sick body, society distanced itself through the creation of physical and psychological boundaries.

Cindy Patton, in \textit{Inventing AIDS}, describes the paradigmatic representation or embodiment of the AIDS virus as a gay man.\textsuperscript{97} She argues that in the world of AIDS, knowledge mobilizes a dispersed panopticism which directs everyone’s gaze to the sex lives of gay men.\textsuperscript{98} Like Foucault’s architectural \textit{panopticon}, keepers of AIDS knowledge possessed a discursive centrality from which to observe AIDS victims without themselves being observed.\textsuperscript{99} In an ironic twist, observers are hidden just as gay men are hidden in “closets.” In the name of public health and epidemiology, a social voyeurism descended upon and took liberty with the dissection of the sex lives of gay men. Gay men were powerless to defend their sexual practices against a public outcry in opposition to their behaviors.

Foucault also discusses the “medicalized” body as an object of the medical gaze. Medical homophobia developed as physicians, who poorly understood the nature of AIDS, asked themselves how a disease could pick out just gays.\textsuperscript{100} Members of the medical profession, such as physicians, exercised unchallenged control over a victim’s inhabitants more malleable when persuaded to behave in a certain way, and fostered more intense feelings for his subsequent actions.

\textsuperscript{96} Moltmann-Wendel, \textit{I Am My Body. A Theology of Embodiment.}  
\textsuperscript{97} Patton, \textit{Inventing AIDS.}  
\textsuperscript{98} Ibid, 88.  
\textsuperscript{99} Patton, \textit{Inventing AIDS.}  
\textsuperscript{100} Crimp, \textit{AIDS Cultural Analysis, Cultural Activism.}
body; they felt justified to prescribed treatments and other modalities aimed at slowing the replication of the virus. The HIV/AIDS victim had to submit to regular blood draws to ascertain effectiveness of the antiviral medications, and physical examinations by specialists to determine the progression of the disease. Partners of HIV positive individuals were subjected to mandatory testing. The medical gaze watched over the AIDS sufferer to ensure that risky behaviors were not engaged in. An AIDS poster created by Charles Michael Helmken warns viewers about the dangers of touch. He appropriates a seventeenth century painting by Tanzio da Varallo’s *Martyrdom of St. Sebastian* with the heading “LOVE AIDS PEOPLE” [Fig. 14]. The dangerous touch of sexually transmitted diseases encompasses all anxieties related to entering the body through any orifice: IV drug users, unprotected intercourse whether vaginal or anal. The arrows, symbolic of the plague, also represent the hurling of divine arrows through immoral bodies. This poster, like the one of the child asking for a hug, is educative – touching a body with HIV/AIDS does not cause disease. As the torturer’s role was to inflict pain upon the criminal to ascertain the truth, Foucault believed that the clinician’s gaze, i.e. the medicalization of the patient, was the functional equivalent of fire in a chemical combustion – to reveal the truth.\(^{101}\) This medical gaze, Foucault believed, was endowed with a plurisensorial structure – a gaze that touches, hears, and sees.\(^{102}\) In this manner, the clinician used all five senses to pass judgment on the patient as the senses revealed the truth about the sick body.


\(^{102}\) Ibid, 170.
The HIV/AIDS victim was labeled as a disease instead of a person who had a condition. Paula Treichler, in *AIDS, Homophobia, and Biomedical Discourse: An Epidemic of Signification*, states that for Foucault, the tragedy of AIDS was not intrinsically its lethal character, but rather that a group that had risked so much – gays – are looking to standard authorities such as doctors and the church for guidance in a time of crisis. The irony is that these institutions, perceived to endow the sick body with hope for a cure and salvation, were also the institutions that took the most precious object, power, and ultimately the loss of control, away from the sick body. A poster by James Thorpe beautifully describes the sense of hopelessness and powerlessness felt by HIV/AIDS sufferers. It portrays a faceless victim surrounded by words which enumerate the losses confronted by the HIV/AIDS sufferer: loss of hope, family, friends, job, faith, medical insurance, and his home [Fig. 15]. Thorpe appropriates the figure of a man used at target practice to represents the AIDS victim. The image evokes feelings of victimization and alienation experienced by AIDS victims. Concentric circles leading to the bulls-eye are drawn on the black body set against a white background with splashes of red (symbolic of blood – the most deadly route of transmission of the virus). Thorpe calls attention to the stigmatization of HIV/AIDS: the sick body is a marked body waiting for the bullet to hit the mark and cause death. The faceless victim justifies and invites psychological and physical abuse. The concentric circles mark the boundaries of the body; the losses experienced by HIV/AIDS victims are outside the body, beyond their control.

104 Paula Treichler, “AIDS, Homophobia, and Biomedical Discourse: An Epidemic of Signification”
Attempts were made by the government to control the spread of HIV/AIDS through public health measures and education. The government also attempted to control the spread of the plague through limitations on movements of people and goods.\textsuperscript{106} Naphy and Spicer argue that, “Plague was not regulated but society was; health became an excuse for order.”\textsuperscript{107} Many rich inhabitants of plague-infested communities fled to their villas in the countryside. Psychologists Hatty and Hatty, in \textit{The Disordered Body}, discuss confinement of the sick; those trapped and unable to flee were quarantined in their homes, which were boarded up and marked. The sick were segregated from the healthy, a further stigmatization. Others who were ill were remanded to \textit{lazzaretti}.\textsuperscript{108} Confinement and isolation within a \textit{lazaretto} produced sheer terror among the afflicted who viewed them as replicas of Hell.\textsuperscript{109} Those in contact with infected persons were able to move about but had to wear a distinguishing sign at all times.\textsuperscript{110} In \textit{The Birth of the Clinic}, Foucault discusses hospitals as breeding grounds for diseases and how they create disease within the social space in which it is placed. The isolation of the sick, meant to protect others from infection, instead communicated disease and multiplied it to infinity. Foucault states, “The chain of one disease engendering another, and that of the perpetual impoverishment of poverty, is thus broken when one gives up trying to create for the sick a differentiated, distinct space, which results, in an ambiguous but clumsy way, in both

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\item[106] William Naphy and Andrew Spicer. \textit{The Black Death and the History of Plagues}
\item[107] Ibid, 80.
\item[108] Laurinda S. Dixon. \textit{In Sickness and in Health: Disease as Metaphor in Art and Popular Wisdom.} Lazzaretti were places that cared for plague victims.
\item[110] Hatty, \textit{The Disordered Body.}
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\end{footnotesize}
the protection and the preservation of disease.” Foucault recognized that public health measures which were instituted to protect against disease, actually hastened the spread of the disease.

Medical men and police replaced priests as guardians of social reality. Public health measures that were instituted and carried out by police to halt the spread of the plague included: closing the city gates; fumigating letters arriving through mail; prohibiting assemblages of people; cleansing the air by the burning of bonfires; disinfecting streets, buildings, clothing, and any possibly contaminated surfaces with vinegar or sulfur or destroying them by fire; rounding up beggars and prostitutes and sending them out of the city; and killing dogs as suspected spreaders of contagion.

Rules were enforced with little tolerance for ideas and lifestyles which diverged too much from the normal.

Epidemics of early modern Italy shaped societal perceptions of the body and norms for management and presentation of the body that still inform many twentieth century attitudes. A wide range of enduring regulatory measures, such as quarantine, are still in place today. Plague epidemics provided the capacity for the state to develop and

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113 Franco Mormando, “Introduction: Response to the Plague in Early Modern Italy: What the Primary Sources, Printed and Painted Reveal” in *Hope and Healing. Painting in Italy in a Time of Plague 1500 – 1800*. Ed. Gauvin Alexander Bailey, Pamela M. Jones, Franco Mormando, Thomas W. Worcester. Published in conjunction with the exhibition held at Worcester Art Museum, 3 April – 25 September, 2005. (Singapore: CS Graphics, 2005). Michel Foucault in *The Birth of the Clinic* describes the public health measures to control epidemics: “A medicine of epidemics could exist only if it was supplemented by a police: to supervise the location of mines and cemeteries, to get as many corpses as possible cremated instead of buried, to control the sale of bread, wine and meat, to supervise the running of abattoirs and dye works, and to prohibit unhealthy housing; after a detailed study of the whole country, a set of health regulations would have to be drawn up that would be read at service or mass, every Sunday and holy day, and which would explain how one should feed and dress oneself; how to avoid illness, and how to prevent or cure prevailing diseases. These precepts would become like prayers that even the most ignorant, even children, would learn to recite. Lastly, a body of health inspectors would have to be set up that could be sent out to the provinces, placing each one in charge of a particular department: there he would collect information about the various domains related to medicine, as well as about physics, chemistry, natural history, topography, and astronomy, would prescribe the measures to be taken, and would supervise the work of the doctor,” 25 – 26.

114 Mormando, “Introduction: Response to the Plague in Early Modern Italy”
refine new techniques for regulation of the diseased or “disordered” body. This was an ideal opportunity for the state to significantly and permanently extend its field of influence in affairs of the Church and community. Control was enforced from the creation by the state of a much enlarged bureaucracy to administer new control measures; the bureaucracy was convinced that community problems of all kinds could be resolved by government intervention. The overwhelming fear that the Apocalypse was near imposed strict control over the sick; the sick, also fearful that the Apocalypse was near, were frightened by the limited rituals surrounding death and dying. The plague tore apart the moral and social fabric of Europe; the ensuing demoralization resulted in a morbid psyche that dwelt on death and disease, conjuring up biblical visions of the four horsemen of the apocalypse [Fig. 16]. People believed the disease signaled the end of the world and no medicine or other remedy could reverse it.

**Power and the Image**

Susan Sontag, in *Regarding the Pain of Others*, believes that “The iconography of suffering has a long pedigree. The sufferings most often deemed worthy of representation are those understood to be the product of wrath, divine or human.” Through images, worshippers sought refuge from the plague by soliciting the intervention of powerful heavenly protectors on their behalf. Art historian Christine Boeckl emphasizes that religious art produced during catastrophic times was cathartic; it offered hope and helped victims overcome the ravages of epidemics without lasting

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115 Hatty, *The Disordered Body*, 55.
116 Hatty, *The Disordered Body*.
117 Ibid., 181.
psychological effects. Visual representations of plague experiences affirmed the fragility of life and drew attention to the futility of human intervention to defer death.

Artists working during catastrophic times such as the plague, attempted to forge pathos of the viewer with the image of a plague saint. Images were relations that opened doors to a wider world of feelings and promised the transformation of self and society. Giorgio Vasari and Leonardo da Vinci agreed that no medium could match the emotive power of the image to bring tears to the eyes of the beholder. Scholars such as David Areford argue that the efficacy of the image was achieved through the level of precision and accuracy in its creation. The prototype was powerful because it touched the saint’s body; each reproduction of the prototype had to be as detailed as the original because the woodcut became an extension of the relic – its aura and its power. Hans Belting, in Likeness and Presence. A History of the Image before the Age of Art claims that, “Only images that were lifted by an aura of the sacred out of the material world to which they otherwise belonged could take on real power.” Relics and images are closely related and sometimes dependent on each other in ritual functions and veneration. Images assumed the appearance of relics and in turned gained power from their coexistence with relics. Images and relics confirmed the experience of the living

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122 Hatty, The Disordered Body. Epidemic Disease and Cultural Transformations.
123 Franco Mormando, in “Introduction: Response to the Plague in Early Modern Italy,” states that each town and city of Italy and Catholic Europe invoked its own celestial patrons and canonized heroes for protection against the plague. The three most common ones were St. Sebastian, St. Roch, or the Virgin Mary. Raymond Crawfurd, in Plague and Pestilence in Literature and Art, states that the plague saint of Milan was Carlo Borromeo; Venice had St. Roch; Rome had the Madonna; and Siena and Florence looked to St. Sebastian.
125 Ibid., 111.
128 Ibid., 152.
saint; the saint received gifts from the faithful who in return required his or her services – a sort of legal contract.\textsuperscript{129} In this manner, pictures were force fields and faces of desire; they wanted a kind of mastery over the beholder.\textsuperscript{130} A simple woodcut of the image of Sister Maria Rosa Giannini served as a substitute for the saint’s presence and power.\textsuperscript{131} In the case of Orecchio, it was also a reminder of the pilgrimage made by his daughters on his behalf. Freedberg argues that souvenirs from pilgrimage sites become furtive but insistent reminders of power and merits that go well beyond the meager respect we accord them; they become fetishes and become talismanic in their own right.\textsuperscript{132} Although the majority of recorded miracles transpired as the individual prayed before the image, there are stories of miracles, such as Orecchio’s, that occurred following a visceral interaction with the image.\textsuperscript{133}

Patrick and Kelli Fuery, in \textit{Visual Cultures and Critical Theory}, argue that a subject, in this case a diseased body, invests power in an image which serves to strengthen the seduction of the image and thereby the achievement of the subject’s desires.\textsuperscript{134} The image had to first attract and then mesmerize the beholder; as Michael

\begin{itemize}
\item \textsuperscript{129} Belting, \textit{ Likeness and Presence.}
\item \textsuperscript{131} David S. Areford, “The Sacred Multiplied: The Early Printed Image as Reproduction and Simulation.” University of Michigan Medieval and Early Modern Seminar Colloquium. October, 2005. Robert Maniura has recently discovered a woodcut of the fourteenth century painting of “Santa Maria delle Carceri” glued to the inside cover of a manuscript compiled in 1515, implicated in the transmission of the painting’s miraculous powers. The manuscript, assembled in two volumes by Giuliano di Francesco Guizzelmi, details accounts of miracles associated with the image. This Italian woodcut is the only extant impression dating to the late fifteenth or early sixteenth century.
\item \textsuperscript{133} Ibid. Areford details the story of a woman named Mona Lisabetta of Pisa who lay close to death for two days. Her son came to Guizzelmi asking for an image of the Virgin of Carceri, specifically a “paper figure” which “touched” the Virgin’s “most glorious figure.” The image is brought to Mona Lisabetta and placed first on her mouth and then her body. The corporeal application caused convulsions. The woman had visions of the Virgin of the Carceri and later recovered. In another story, a priest from Pisa, Vincenti d’Alexandro da Laia, asks Guizzelmi for a paper image of the Virgin. He is cured from a fever when he kisses the image.
\item \textsuperscript{134} Patrick Fuery and Kelli Fuery. \textit{ Visual Cultures and Critical Theory.} (New York: Oxford University Press Inc., 2003). An example given to explain this statement is the following: one attends Church and views an image of the crucified Christ. This image is the central tenet of the Catholic Church – it is fundamental to the faith and livelihood of religious individuals. The viewer makes a commitment to and engagement with the image by inviting Christ into his
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Fried states, “…a painting had to call to someone, bring him to halt in front of itself and hold him there as if spellbound and unable to move.” Fried argues that the painting had a desire to change places with the beholder and to turn the beholder into an image for the gaze of the picture, a so-called “medusa effect.” The gaze fetishizes – the beholder falls in love with the object and is moved by its presence. One has to wonder why Orecchio was so attracted and moved by the image of Sister Giannini. Was Orecchio so infatuated with the image because it was a female saint? Was it because she was a patronymic saint, i.e. did she have the same name as Orecchio’s late wife? Was it because his late wife and the image of Sister Giannini shared a physical resemblance and Orecchio transposed the image with that of his late wife? Or, was Orecchio’s behavior the result of his strong emotional and sexual longings for his late wife? The image of Sister Giannini was a fetish; a fetish was to be beheld – to “be held” close by, or reattached to the body of the fetishist. As a fetish, the image was lovingly cherished, aroused sweet affection or tears, and was handled as frequently and lovingly as one desired.

Beholders, such as Orecchio, were attracted to an image because it had or showed a physical body like theirs; one that he could identify with. Because of this similarity, beholders felt close to the image and suffered with it because it bore the marks of

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138 David Gentilcore, in “Contesting Illness in Early Modern Naples,” cites examples of miraculous healing by Sister Giannini. Although afflicted with numerous maladies, she never complained and never sought treatment for them because, “Servants of God like Giannini gloriied in their maladies, which were always long-lasting, repugnant and torturing – an attitude shared by the witnesses called to testify at hearings for their canonization, who described the diseases in the most vivid detail,” 141.
139 No information exists regarding the physical features of Sister Giannini; reasons for Orecchio’s attachment to the nun are merely speculative.
140 W.J.T. Mitchell, *What Do Pictures Want?* 194
suffering. By suffering alongside of the image, the beholder was transformed from passive to active participant. Power shifted from the image to the beholder and back to the image. When Orecchio gazed at the image of Sister Giannini, he entered into a multitude of relationships with the image through the investment of power. This relationship positioned the subject and image individually and with respect to one another in the exercise of power. As Orecchio entered into a discourse with the image, the image possessed privilege of knowledge and used it in exercising its power to the best effect possible. Orecchio was mesmerized by the image of Sister Giannini and acted upon his thoughts to effect change.

As mentioned, sick bodies and criminal bodies are viewed by others as similar. As such, sick bodies like Orecchio’s struggled with the dominance of the image; one had to let the spirit of the image into one’s body to effect the desired change. Both the sick and the criminal body had to accept and publically proclaim their transgressions against God and make amends to enjoy eternal salvation. While the sick body was subjected to disease and suffering, the criminal body was subjected to the image of suffering on a tavolletta [Figure 17]. As a sinner, Orecchio struggled against the religious and governmental restrictions placed upon him and his diseased body. As Fuery and Fuery have argued, “The more the image is interpreted as being important and powerful in its given visual field, the more seductive it becomes and the less it is met with spectator

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142 Freedberg, *The Power of Images*.
143 Fuery, *Visual Cultures and Critical Theory*.
144 Fuery, *Visual Cultures and Critical Theory*.
145 Freedberg, *The Power of Images: Studies in the History and Theory of Response*. Each handheld tavolletta was painted on both sides; one side might contain a scene from the Passion of Christ while the other side might contain a painting of a martyrdom that was relevant to the punishment given to the criminal. The tavolletta would be held in front of the condemned man’s face all the way to the site of execution. For information regarding the use of tavollette and examples of such, see Samuel Y. Edgerton, *Picture and Punishment: Art and Criminal Prosecution during the Florentine Renaissance*. Ithaca: Cornell University Press, 1985, 165 – 188.
The investment of power strengthened the seduction of the image and led to a symbiotic relationship between image and beholder. Orecchio sought conscious domination of the image by inviting Sister Giannini into his life to guide him and to give him the strength and power to overcome his faults and heal his body. The image of the saint was not visualized for what it was in its material form, but for what it could become for the beholder, Orecchio. Orecchio placed his trust in the image of Sister Giannini; this trust allowed Orecchio to move forward physically and psychologically, to begin the healing process through a sense of empowerment. Foucault has argued that power exists only when it is put into action; it is not a function of consent, a renunciation of freedom, or transference of rights. Power produces knowledge; power and knowledge directly involve one another. That is, there is no power relation without the mutual establishment of a field of knowledge, nor any knowledge that does not presuppose and constitute at the same time power relationships. Power and knowledge were essential components in Orecchio’s healing process.

One uses representations of the body for the reasons they were produced – to create a spectator that responds and invests their subjectivity into the visual through a power structure. Through power transferred from the image, Orecchio gained knowledge and insight into his condition. Only then was he able to make the necessary spiritual changes to effect healing. The tactile sensation of the saintly image on Orecchio’s wound was a physical reminder that he needed to repent for healing to begin; it also gave him the motivation and will power to carry out his task. Richard Schusterman argues that

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147 Fuery and Fuery, *Visual Cultures and Critical Theory*.
149 Ibid, 19.
spiritual ecstasies, such as the one experienced by Orecchio, provide somatic empowerment and spiritual redirection.\textsuperscript{150} The beholder achieves a holistic transformation through the experience. For Schusterman, the senses belong to and are conditioned by the body. He believes that since the body is stronger than the mind, activities which strengthen the body can make the mind (and willpower) stronger.\textsuperscript{151} If one can improve the way a sick body is made aware of feelings and sensations, one will achieve self-knowledge which directs the will to act.\textsuperscript{152} Power can be repressive, yet can act in a positive way only if it weighs on an individual as a force that says no, but that crosses and produces things, induces pleasure, forms knowledge, and generates discourse.\textsuperscript{153}

Foucault believes that the body is an important site for self-knowledge and self-transformation. He argues that self-fashioning is not just a matter of externally stylizing oneself through one’s bodily appearance, but transfiguring one’s inner sense of self (character, attitude or ethos) through transformative experiences.\textsuperscript{154} To make the body “infinitely more susceptible to pleasure,” Foucault advocates pursuit of unorthodox somatic practices.\textsuperscript{155} Orecchio’s placement of the image of sister Giannini on his genital area may be read as a desperate act laden with erotic underpinnings. At first, his act could be interpreted as sacrilegious (sacred fellatio). However, looked at in the context of the writings of Foucault and Schusterman, the act is seen as purely transformative in the exchange of power between image and victim. Orecchio touches himself, unlike

\textsuperscript{150} Richard Shusterman, \textit{Body Consciousness}.  
\textsuperscript{151} Shusterman, \textit{Body Consciousness}.  
\textsuperscript{152} Shusterman, \textit{Body Consciousness}, 43.  
\textsuperscript{154} Shusterman, \textit{Body Consciousness}. \textit{A Philosophy of Mindfulness and Somaesthetics}, 9  
\textsuperscript{155} Shusterman, \textit{Body Consciousness}, 9
Christ who touched those with physical ailments and healed them. Since there was no
one else to lay the image on his genital tumors, Orecchio had to manipulate the image in
his hands and then apply it to his wounds. W.J.T. Mitchell claims that people are sexually
aroused by pictures and sculptures, that they weep, mutilate, kiss, and go on journeys
with them; they are stirred by them, calmed by them, and provoked to revolt.¹⁵⁶

Even if most pleasures seem trivial, some experiences of delight are so powerful
that they deeply mark us, transforming our desires and thus redirecting our way of
life. Deep aesthetic experience and mystical religious experience share this
power… The overwhelming spirituality of such experience is often expressed
and heightened by a deeply somatic deliciousness that Saint Teresa describes as
“penetrating to the marrow of the bones, enthralling and transfiguring us.”¹⁵⁷

Many images of St. Sebastian have a homoerotic quality about them and Louise Marshall
argues that humanist influence during the Renaissance led to Sebastian being depicted as
a young, handsome, nearly naked athletic hero – a grafting of Apollo onto Sebastian
[Figs. 18, 19, 20].¹⁵⁸ All three images are of a young, nearly naked St. Sebastian, whose
lithe, muscular body is thrust out toward the viewer. The loincloth barely contains his
genital organs and he is tied to the tree as though he were part of a bondage scene.
Although his body is pierced with multiple arrows, his face registers neither fear nor
discomfort. Perugino and El Greco depict St. Sebastian as looking up toward Heaven
while Botticelli’s St. Sebastian looks out at the viewer with a cocked head. These images
are meant to inspire courage in the face of death for beholders. They instruct the
beholder to be strong in the face of calamity and to uphold the faith so that one may join
Christ in Heaven. These images also have a strong connection to Helmken’s AIDS
poster, where the figure of St. Sebastian is homoerotic as he is being tended to by Irene

¹⁵⁶ Mitchell, What Do Pictures Want?
¹⁵⁷ Shusterman, Body Consciousness, 42
¹⁵⁸ Louise Marshall, “Manipulating the Sacred: Image and Plague in Renaissance Italy.” Renaissance
and a man who is gently pulling out the arrow [Fig. 14]. St. Sebastian looks up toward Heaven with dreamy eyes, his legs splayed open with his garment falling away over his genital area. One of St. Sebastian’s hands clutches his chest while the other reaches out to the arrow and the young man.

Fuery and Fuery discuss the erotic underpinnings of the dissolution of individual selfhood shared by religious ecstasy and sexual abandonment; they cite examples related to hopelessness of base materiality through cultural sublimation; dialectics of purity and impurity, homogeneity and heterogeneity; obeying and transgressing the law. The victim, according to Schusterman, experienced the thrill of self-surrender in the quest for self-transformation. Ecstasies, such as the one experienced by Orecchio, were celebrated for providing somatic empowerment and spiritual redirection. Numerous scholars discuss accounts of sexual acts and sexuality related to images. Orecchio connected to the image of Sister Giannini in a way that he apparently was unable to with other saints,

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159 Fuery and Fuery, *Visual Cultures and Critical Theory*. Religious ecstasies and sexual abandonment can transgress normal societal expectations and border on the fringe of normality and what would be tolerated by society. There is a certain thrill associated with these endeavors because one is behaving in a manner dissimilar to how one would normally behave. Some behaviors border on what society would consider unlawful conduct and the individual would suffer consequences related to their behavior.

160 Shusterman, *Body Consciousness*.

161 Hans Belting, in *Likeness and Presence, A History of the Image before the Age of Art* discusses Dagobert Frey and the example of nun Margarethe Ebner: “What is important is that here, as in children’s play, the reality represented by the object is not located in that object but in subjective experience. And indeed, we are reminded of the games of a child with her doll when Margarethe Ebner tells us how she takes the figure of the Child Jesus out of his cradle because he has been “naughty” in the night and kept her awake, how she places him on her lap and speaks to him, holds him to her bare breast to suckle him and is shocked to feel “a human touch of his mouth.” The game passes over into the erotic, even the pathological, when she tells us that she takes a life-size wooden model of the crucified Christ into her bed at night and lays it on top of her,” 417. David Freedberg, in *The Power of Images, Studies in the History and Theory of Response*, discusses the story of a monk who was especially devoted to an image of the Virgin; he prayed daily before image. One day he fell ill, developed a growth on his throat and was unable to talk and say prayers. Shortly thereafter, he had a vision in which the Virgin appeared especially beautiful and having wiped his wounds with a cloth, withdrew her breast and placed it inside his mouth. Freedberg states that the sexual basis for this incident, just like the incident of St. Bernard receiving ejected milk from the Virgin’s breasts, are clear.[Fig. 21]
or that his prayers to other saints failed to have the same outcome.¹⁶² One will never know the reasons behind Orecchio’s intense attachment to the image of Sister Giannini; whatever the reason, the tactile sensation of this particular saint was instrumental in effecting Orecchio’s cure.

Concluding Remarks

There is no doubt that epidemics such as the plague and HIV/AIDS, which signified the wrath of God or man’s fallen state of sin and suffering, spread fear and panic among society. Without clear cut scientific rationale behind the etiology and transmission of these diseases, society turned to religion for answers while governmental agencies instituted drastic public health measures which they believed would curtail the spread of these diseases. Those afflicted with either of these diseases bore the stigma of their disease, were ostracized and eventually abandoned by family and friends, as well as the medical and religious communities. An individual such as Orecchio who was dying, like a convicted criminal sentenced to be executed, sought comfort in the iconography of suffering. Scholars agree that these images enabled the beholder to perceive and grasp the divine; suffering cleansed the body from sin so that it might be resurrected in perfection.

Images of St. Sebastian and Sister Giannini served as intercessors on behalf of the afflicted. Just as Christ bore the sins of humanity and died for the salvation of mankind, Sebastian deflected arrows, symbolic of the plague, away from humanity and onto himself; Sister Giannini interceded on Orecchio’s behalf so that he might be healed. St. Sebastian’s actions reiterated Christian beliefs and values; beholders of these images

¹⁶² David Gentilecore, in “Contesting Illness” does not give any information regarding whether Orecchio prayed to other saints before he turned to Sister Giannini.
emulated St. Sebastian and vowed to live a good life to achieve eternal salvation. The primary action of plague and suffering iconography, therefore, was to stimulate the senses to evoke sensations of remorsefulness in the beholder for perceived appalling behavior. Through the gaze of the beholder upon an image, a connection was made which triggered a change in the behavior of the diseased body.

Relics of touch, such as the image of Sister Giannini, were often applied to the body for their miraculous properties. The story of Orecchio underscores the importance of performing rituals in early modern Italy in the quest for spiritual salvation. For Orecchio, the image of Sister Giannini came alive and cured him of his malady because he wanted it to. The diseased body reaped another benefit from activation of the sense of touch with an image of suffering: an empowerment of the individual to shape choices. Disease is a form of alienation in which the body is viewed as an object or thing – it loses its identity and sense of control. Orecchio’s act of the corporeal application of the image of Sister Giannini allowed his sick body to gain physical strength and volition to determine his fate, including curing his body of the disease. Without the activation of the senses through the tactile stimulation of the image, his diseased body would have simply given up and allowed others to assume increased control over his body. In the face of religious and governmental constraints which surrounded the diseased body, the tactile veneration of the image was the most potent factor in influencing and motivating the diseased body to heal itself.
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