Death and Disability: The Social Perception of Disability through the Lens of Burial Treatment in Late Roman and Early Medieval Britain

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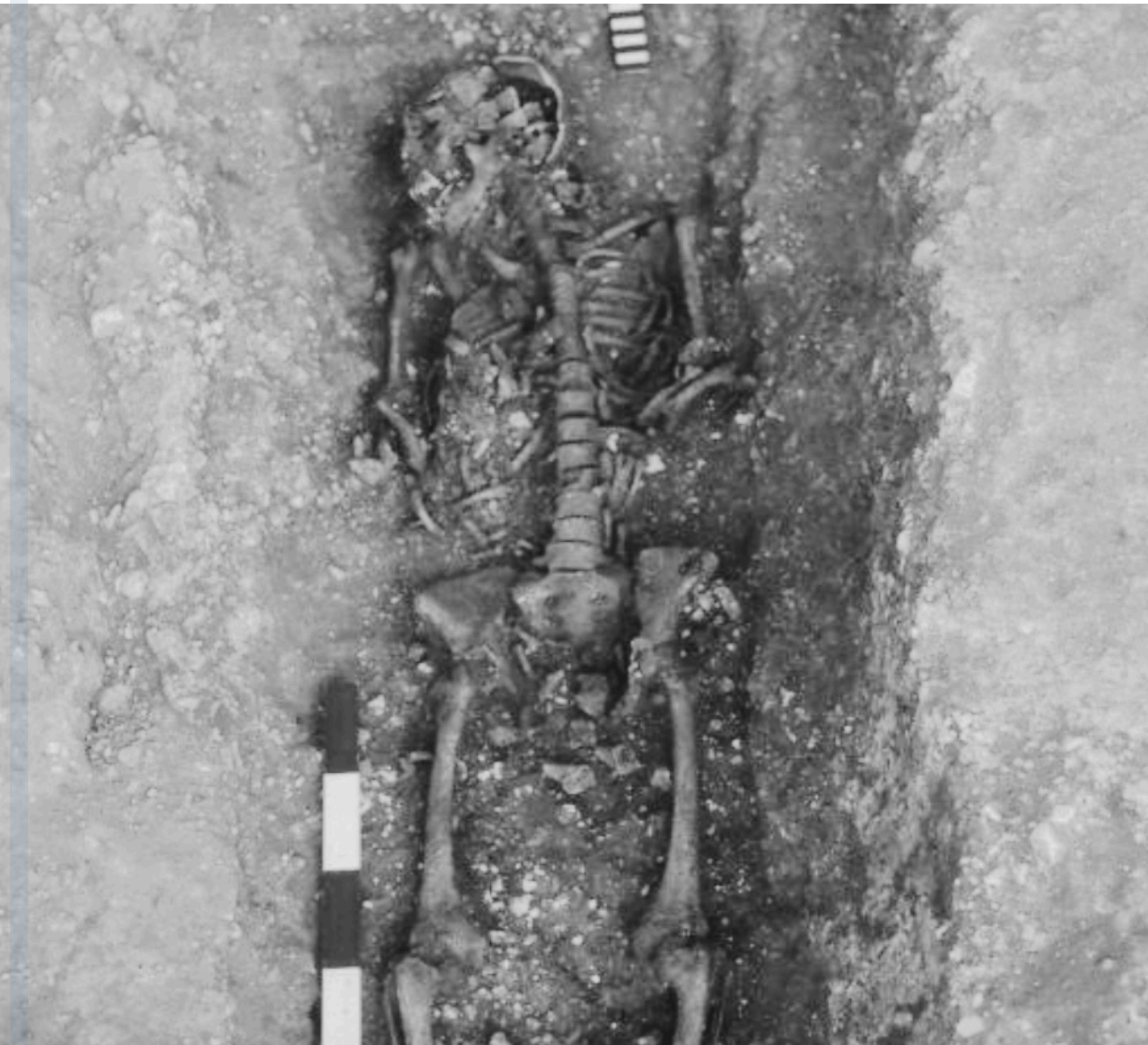
ANOUK ROGGEMA



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Death and Disability

The Social Perception of Disability Through the Lens of Burial Treatment in Late Roman and Early Medieval Britain

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“Different, not less.”
Temple Grandin

Table of Contents

List of Figures

List of Tables

List of appendices

Chapter 1: Introduction

1.1 Background and research context

Disability has long been an overlooked topic within archaeological research (Bohling, 2020, p. i), despite the fact that impairment, both physical and mental, is a common and widespread experience which can affect any member of society (Evelyn-Wright, 2022; Zakrzewski et al., 2017). When disability is discussed, it is often focused on disabled individuals as either outcasts or 'survivors against the odds', painting a rather bleak picture of life with a disability, especially in the past, unfairly and inappropriately projecting modern (and Western) conceptualisations of disability and impairment.

Since disability is a social construct (see section 1.6), it is difficult to determine how it was experienced in the past, especially when considering societies from which we do not have any primary written sources. This is the case for both late Roman and early medieval Britain; while written sources existed in other parts of the Roman empire, there were no primary written sources from Britain during this time, and while middle and late Anglo-Saxon law codes are known to us, these do not exist for the earlier period (Bohling et al 2023; Bohling 2020, p. 28). Even contemporary Roman sources from what is now Italy do not describe disability and/or impairment directly, though 'attitudes are uniformly negative' (Castells Navarro et al., 2017, p. 44-45). Due to the lack of documentary evidence from these periods, palaeopathological and funerary evidence are the most productive methods with which we can glean insight into the societal perceptions and attitudes towards disability and impairment. This thesis will investigate whether physically impaired individuals were treated atypically in death, and what the implications of this treatment are regarding the lived experience of disability in these past communities.

1.1.1 Terms and definitions

There are several important terms that will be used in this thesis that warrant explicit definition. Terms such as 'impairment', 'disability' and 'deviancy' have been subject to a great variety of interpretations and contextually determined definitions.

Firstly, we must distinguish between impairment (physical or otherwise) and disability; as addressed in section 1.6, the social factors impacting the experience of impairment cannot be neglected. 'Impairment' will therefore be defined as any physical or mental differences that impact an individual's functionality, while 'disability' is defined as the restrictions or limitations

that arise for this individual in their social and physical environments as a result of the interaction between their impairment and established social norms, values, and sensitivities (Metzler, 2011; Zakrzewski et al., 2017, p. 269). In this study, only physical impairments will be considered as mental impairments cannot be observed osteologically.

The degree to which a particular physical impairment actually leads to disability is thus dependent on the social and cultural context in which it is experienced (Bohling, 2020, p. 15; Zakrzewski et al., 2017, p. 270). Because of this, it varies throughout time and space; the treatment of impaired individuals can therefore indirectly give valuable insight into period- and region-specific social values. According to Bohling (2020, p. 12) and Zakrzewski et al. (2017), we can gain a more nuanced view of disability in past communities by taking into account how *ability* is constructed, and what are considered important or culturally relevant abilities to have. An individual's capacity to fulfil societal expectations in this regard can fluctuate over time, as can their potential to be considered 'disabled' (Zakrzewski et al., 2017; Evelyn-Wright, 2022). Murphy (1990) similarly views disability as a state of liminality, in which the boundaries between disabled and abled are blurry. This fluidity, in my opinion, can be mediated by a host of factors relating to the individual's identity and status, as well as their environment – certain aspects may push them closer to liminality, while others keep them closer to the proverbial social centre. Relatedly, Zakrzewski et al., (2017, p. 271) bring up the idea that pregnancy by this definition can also be considered disabling; a pregnant individual may (however temporarily) experience the social effects of physical impairment. Similarly, an ageing individual may slowly become more and more disabled as the effects of old age begin to take hold. This demonstrates that disability is not limited to those experiencing congenital defects, chronic illnesses, or trauma, but can affect almost anyone. This has implications for the social perception of disability, and what that means in terms of burial treatment.

The term 'deviancy' is used commonly to describe the inhabitant(s) of any grave that displays unusual features. Lists have been made that include anyone from disabled people to criminals to witches, and there is often an assumption of negativity implied in the atypical burial of the individual (Taylor, 2008; Reynolds, 2009). This thesis will attempt to shift this perspective, viewing deviancy as a descriptor of atypical or eccentric people who in some way exist outside the social norm; this need not necessarily be negative.

For definition of medical and technical terminology used in this thesis, please see appendix i, which contains a glossary providing a more detailed explanation of each term.

1.2 Relevance and importance

The archaeological study of human remains allows for a unique insight into the social perception and deaths of individuals whose lives and deaths may otherwise have been left out of the dominant narrative. Disabled people, both in the modern day and in our studies of the past, occupy a marginalised space leading to an image of past societies that lacks the diversity it truly had.

Recent theoretical developments have seen the rise in popularity of intersectional analysis, an approach derived from feminist theory which emphasises the ways different (marginalised) identities intersect to construct specific experiences (Spencer-Wood & Trunzo, 2022). In their introduction to the Archaeologies special issue on intersectional theory in archaeology, Spencer-Wood & Trunzo list race, class, gender, age, ethnicity, and sexuality as potentially intersecting identities, but fail to address disability in a similar context. This demonstrates the need for a stronger focus on disability within archaeology, especially as an identity which can interact with others to create complex and nuanced lived experiences in the past.

Furthermore, research in this area has largely been restricted by traditional period boundaries, with studies being conducted on burial customs and the treatment of physically impaired individuals within the late Roman or early medieval periods, without making comparisons between the two. Additionally, research on impairment in the past has primarily focused on case-by-case analysis, neglecting to look for broader patterns (Castells Navarro et al., 2017, p. 46). This thesis will aim to bridge these gaps in knowledge, providing a new perspective and understanding of this phenomenon.

1.3 Research gap

Central research problem: there is insufficient understanding of whether physically impaired individuals were given deviant burial treatment after death, causing a gap in archaeological knowledge.

1.4 Aim and research questions

The aim of this thesis is to increase the understanding of whether physically impaired individuals were given deviant burial treatment after death in Britain in the late Roman and early medieval periods.

It will address the main research question, to what extent were individuals with physical impairments given a deviant form of burial treatment after death in late Roman and early medieval central and south Britain?

In order to investigate this, the following sub-questions have been formulated:

1. What constitutes 'normative' burial practices in late Roman and early medieval central and south Britain, in terms of burial position, placement within the cemetery, inclusion of funerary goods, and treatment of the body?

2. What burial practices were used for physically impaired individuals, in terms of burial position, placement within the cemetery, inclusion of funerary goods, type of internment, and treatment of the body?

3. How does burial treatment of physically impaired individuals compare to normative burial practices?

4. How does the burial treatment of physically impaired individuals compare between the late Roman and early medieval time periods?

1.5 Methodology and dataset

1.5.1 Methodology

This research project will consist primarily of a literature review. A combination of literature on the late Roman and early medieval periods, as well as (archaeological) disability studies, will be employed in order to gain a detailed and encompassing view into the burial treatment of impaired individuals. The conclusions of these studies will be incorporated as well as detailed analysis of osteological reports with the aim to look at older data from a different perspective.

I have made a selection of several osteological reports and studies, some of which investigate entire cemeteries, and some of which detail the analysis of just one impaired individual. Both of these types of studies will be relevant, providing both detailed description and broader information.

I will define normative and deviant burial treatment, and determine the ways physically impaired people were treated after death, within this region for both time periods. In this aim, I will use

five criteria: burial position, body position and treatment, funerary goods, type of internment, and the location and orientation of the grave. I will then compare the burial treatment of impaired individuals to the standard set for normative treatment.

Subsequently, I will compare my findings from the late Roman period with those from the early medieval period, in order to determine whether there is any significant difference in the burial treatment of physically impaired individuals between the two time periods.

Please see the illustration below (figure 1) for a visualisation of the research and methodology structure.

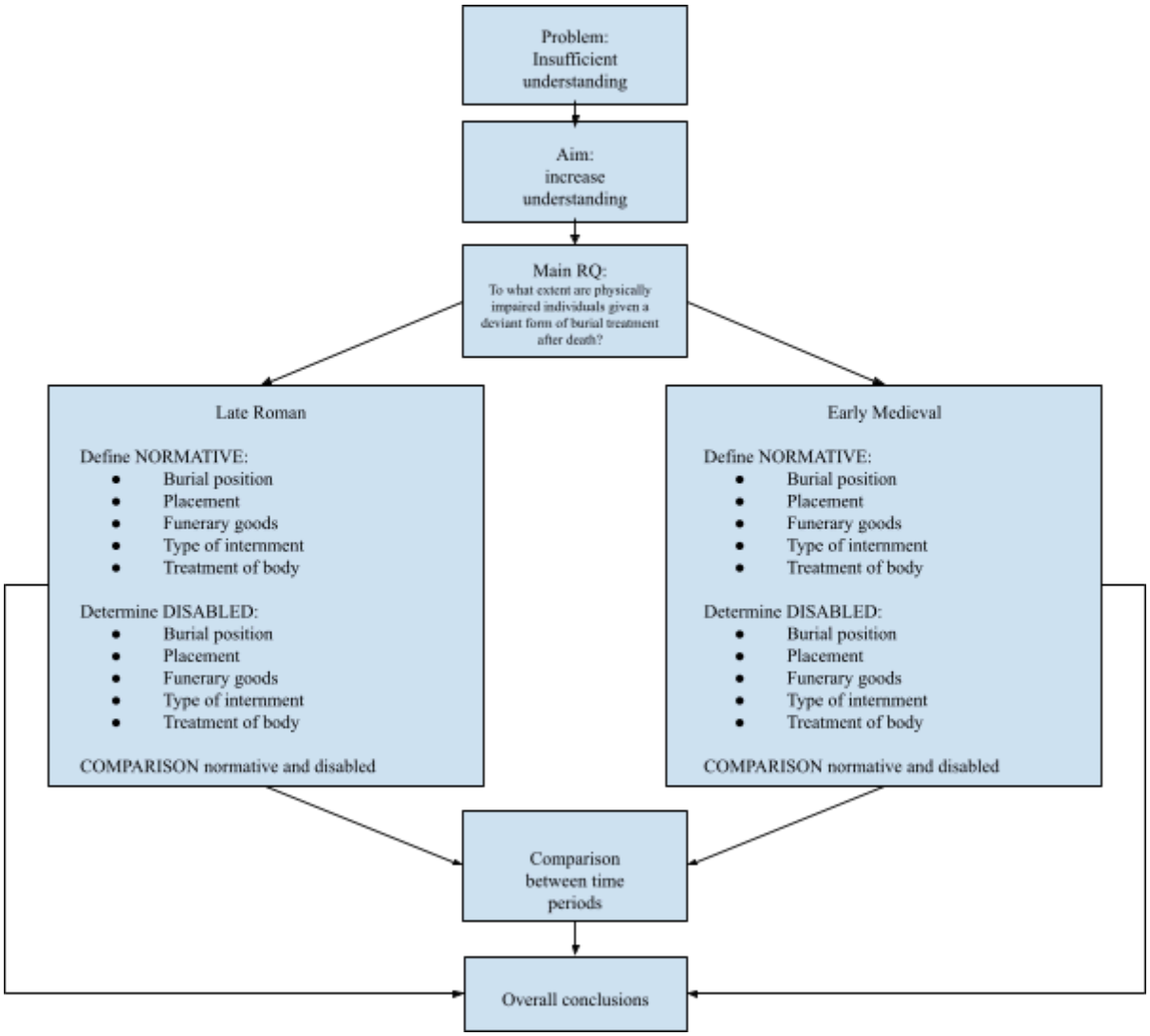

Figure 1: Research and methodology structure (source: author's own work)

1.5.2 Dataset

I will analyse osteoarchaeological datasets and studies from late Roman Britain (c.250-c.410 AD; Oxford University, n.d.) and early Medieval Britain (c.410-c.600/50 AD; The Historical Association, n.d.). I will employ in my analysis 3 assemblages from each time period, in order to allow for internal comparison and cross-temporal comparison. These are the following (see figure 2):

Late Roman:

- Alington Avenue cemetery (3rd-4th c.; 91 individuals)
- Kingsholm cemetery (2nd-4th c.; 48 individuals)
- Poundbury cemetery (2nd-early 5th c.; ~1400 individuals)

Early medieval:

- Apple Down cemetery (5th-7th c.; 121 individuals)
- Edix Hill cemetery (c. 500-early 7th c.; ~140-150 individuals)
- Great Chesterford cemetery (mid 5th-late 6th c.; 194 individuals)

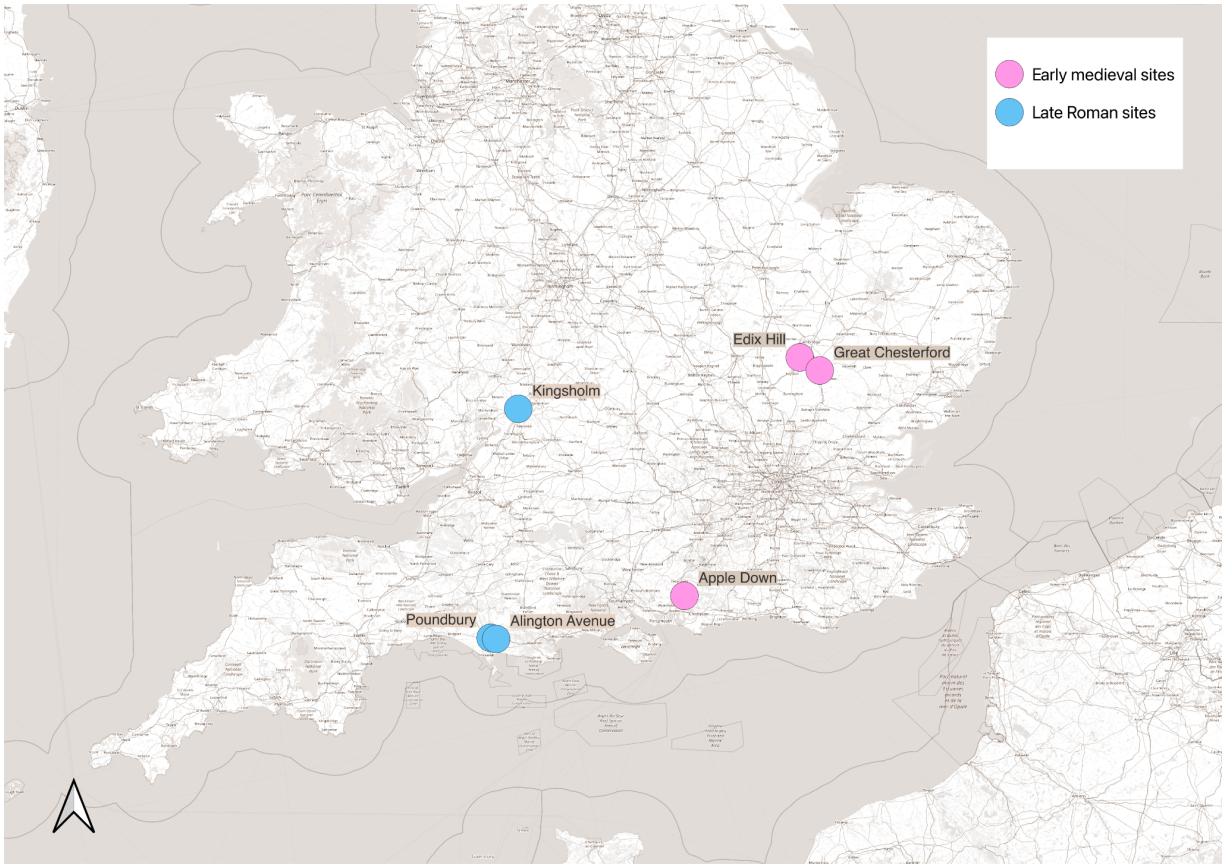

Figure 2: Map depicting the locations within Britain of each of the selected cemeteries (source: author's own work)

Six burials containing physically impaired individuals from each period will be analysed, for a total of 12. This selection has been made to facilitate comparative analysis as much as possible, while remaining within the scope of this thesis. Burials have been selected which are thought to provide the most interesting cases, with a range of physical impairments and burial treatments. However, it must be acknowledged that this is a small, non-random sample.

The focus of this study will be on the impaired individuals and their burial treatments, which will be compared across sites and periods. While a comparison will be made to standards set by previous scholarship regarding normative burial practices, none will be conducted with respect to the burials at these sites that show no evidence of impairment; this is simply due to the limited scope of this study, and I hope that future research will be able to conduct more in-depth analysis of this kind.

Following debate on the use of the term 'Anglo-Saxon', I will use 'early medieval' in place of this (Louviot, 2020). In terms of the geographical region, conforming to the majority of existing

literature in this subject area, I will include data from primarily central and south Britain. Individuals with physical impairments will be compared to those without, and burial treatment will be investigated. This includes burial position, placement within the cemetery, and any funerary goods included in the grave.

1.5.3 Limitations

There are a number of limitations to this methodology that would be useful to address at the onset. Firstly, the use of palaeopathological analysis of skeletal remains as a way to explore disability in the past presents a number of obstacles when it comes to interpretation and generalisation. The often poor preservation of skeletal remains can hinder recognition and diagnosis, which may lead to underdiagnosis of physical impairment (Roberts, 1999; 2000, p. 48; Bohling, 2020, p. 13). Furthermore, the degree to which a particular impairment is visible on the skeleton varies greatly depending on the condition, and many may not be identifiable at all, which also leads to underdiagnosis. Conversely, some conditions may result in very clear skeletal changes or lesions, but were not actually disabling. Roberts (2000, p. 48-52) outlines a range of skeletally observable afflictions that may cause impairment. A key factor is longevity; the more chronic a condition is, the more likely it is to be considered disabling. Each of the impairments discussed in this thesis fall under one of the categories laid out by Roberts (2000), ensuring as much as possible that the individuals under study would have experienced (long-term) impairment as a result of their condition. It must be noted that the longevity of a particular condition need not be related to the degree to which it was disabling; however, for the scope of this thesis, clear parameters are helpful.

It is important to consider these factors when applying bioarchaeological methods to the study of disability in the past, especially considering the social aspects that influence individuals' experience of impairment, as well as the cultural variability that exists when it comes to perceptions of impairment by society. 'Disability' is for a large part socially constructed, and depends on the worldviews of the society in which it is experienced (Bohling, 2020, p. 15). Modern-day ideas about what disability means in terms of a person's lived experience and the way they are perceived cannot be assumed to apply directly to past contexts (Roberts, 1999). Parallel to the ways norms and values vary between different societies, the place of disability within these constructions too will change; the importance placed on particular traits or abilities links directly to what traits and inabilities may be considered disabling or limiting. For example, societies that value speaking and being heard may engender more significant disability for those with hearing or speech impairments. In studies of past disability, it is therefore key to understand the ways impairment may have been conceptualised in particular communities. One way in

which this can be done is through funerary practices; burial treatment in many ways reflects societal attitudes and values, on a broad as well as individual basis.

Variation not only exists on a broader community level, but also on an individual one; there is a range of personal factors that can have influence on the extent to which disability impacts someone's lived experience. These include gender, age, socioeconomic status, and even personality (Roush, 2017). Furthermore, specific details about the onset and type of disability, as well as its visibility to the public, can affect the impact it has on the individual and the way they are perceived by their community. Unfortunately, while this thesis will address effects of impairment on functionality and visibility, it can only speculate regarding the actual lived experience of the impaired person.

Furthermore, while the person may have had a particular lived experience based on their impairment, their death and burial is entirely constructed by their community, who introduce their own perspectives and biases into the funerary process. As will be discussed in chapters two and three, burial practices are fundamentally social processes, involving the renegotiation of communal identities; communities may try to manipulate aspects of the deceased's identity for various reasons, and the burial may therefore not be an accurate representation of the individual in life. However, these attempts at constructing a 'proper' burial mediated by factors of identity can also tell us a lot about the community's values, priorities, and views.

Despite these limitations, due to the lack of contemporary primary sources from this region the methodology employed in this project is the most generative way in which this minority group within society can be researched archaeologically, enriching the archaeological narrative and reflecting the diverse experiences of people in the past (Bohling, 2020, p. 19). Osteological analysis of skeletal remains can reveal conditions that increase the probability of that individual having experienced disability, and the funerary context in which they are found can provide invaluable insight into the way this may have been perceived by their community.

1.6 Theoretical background

To contextualise the data and methodology used in this thesis, a theoretical background will be laid out. There are a variety of frameworks used in the study of disability in the past, but all exist in the broader context of archaeological post-processualism, centering a marginalised group within society and attempting to give voice and agency to individual lived experiences.

As touched on earlier, contemporary theoretical approaches surrounding social roles and identities such as feminist theory and intersectional analysis are highly relevant to the subject matter of this research. When thinking about the role of impairment in constructing particular lived experiences and the perception and role of an individual within their community, all other aspects of their identity and cultural context must be considered; this has been insufficiently considered by many past studies, which tend to analyse disability in isolation if at all. This is where intersectional analysis can become particularly useful, in its acknowledgement of the unique ways in which various (marginalised) identities can intersect and produce differing experiences and treatment (Spencer-Wood & Trunzo, 2022). This thesis hopes to not only centre intersectionality in archaeological disability studies, but also to allow disability to take its place as an identity that can intersect.

Traditionally, there are two main models of disability (Bohling, 2020, p.8-9). The medical model views disability exclusively through the physical, diagnosable impairment an individual experiences, and is focused on 'fixing' this problem through cures and rehabilitation (Cross, 2007; Shakespeare, 2013). Disability is thus fundamentally internal. Conversely, the social model views disability as a social construct, caused by oppressive and discriminatory societal standards which exist entirely outside of the impaired person – there is a strong separation between physical impairment and disability. It does not look for cures but rather to deconstruct social barriers, thus bringing much-needed attention to external factors acting upon impaired individuals' lived experiences, but also ignoring the very real physical consequences of impairment. Therefore, while this study favours the social model of disability as a more modern understanding of the impacts of impairment and which allows for plurality of meaning and multivocality within archaeological disability studies, the clinical aspects of impairment as emphasised by the medical model must not be neglected (Anastasiou and Kauffman, 2013).

There are also a number of theories describing disability from a more strictly archaeological perspective. The Bioarchaeology of Care approach (BoC), proposed by Tilley (2012) focused on what funerary contexts can tell us about what kind of care an impaired individual may have needed, and subsequently about their relationship with their community and the social structures involved. This leans into the concept of intentionality, which will be explored further in the coming chapters. However, one could argue that survival of an impaired individual does not necessarily imply care; just because a disabled person was kept alive for a longer period, does not mean they had a positive relationship with their carer(s). Still, the funerary context is an intentional, symbolic display which involves active choices by the community; the products of these choices can inform us about their intentions and values.

Moving away from the concept of care, the more recent approach 'Bioarchaeology of Disability' (Bohling et al., 2022a; Bohling et al., 2022b; Bohling et al., 2023), proposes a population-scale method, focusing on the disabled members of communities without narrowing down to individual cases. It takes with it the emphasis on the socio-cultural aspects of disabled life of the BoC approach, marrying palaeopathological analysis with theoretical interpretation. Aspects of this theory have been applied in this thesis, though its limited scope prevented true population-wide statistical analysis. Primarily the nuanced view of the correlation between funerary contexts and lived experiences is deemed useful, and the understanding of the social context as a key factor in constructing the disabled person's life and death.

Another contemporary paradigm dealing with disability in the past is that of Dis/Ability (Zakrzewski et al., 2017; Evelyn-Wright, 2022). This approach views disability as existing on a continuum, rather than being a fixed trait; it emphasises the idea that anyone can become disabled at any point in their life, and the degree to which it affects them (whether that be physically or socially) can fluctuate over time. It stresses that each individual's lived experience is shaped and mediated by the interaction between them and their social and physical environments, which is conducted through their body. Every element of one's lived experience is mediated through the body, including social interaction and the construction of personal and communal identity and meaning (Murphy, 1990). The role of the disabled body in this theoretical context can be seen as key in processes of communal and individual construction of identity and values; if one's body is the focal point, physical differences will be primary drivers of social differentiation.

1.7 Thesis structure/reading guide

This thesis is divided into five chapters. Chapter two will establish a broad background of current scholarship on normative and non-normative burial practices in both the late Roman and early medieval periods. It is this background against which my own analyses will be compared to determine where and if deviancy can be observed.

Subsequently, chapter three will discuss analysis of 12 burials of physically impaired individuals, six from each time period. These burials were found at the Alington Avenue, Kingsholm, and Poundbury cemeteries from the late Roman period, and the Apple Down, Edix Hill, and Great Chesterford cemeteries from the early medieval period. Each burial will be discussed in terms of the type of impairment, the ways and extent to which this may have impacted the individual's daily life, and the manner in which they were buried.

Chapter four features a comparative analysis between the two periods based on the 12 graves described in chapter 3, drawing parallels and teasing out differences in the ways impaired people were treated over time. It will analyse the variety of factors that may influence burial practices of disabled individuals, and the products of these that are observed archaeologically.

Chapter five summarises the findings of this thesis, and discusses its implications for the archaeological study of disability in the past and more specifically the late Roman and early medieval periods in Britain. It answers explicitly the research questions posed in this thesis, based on the data and comparative analysis conducted in earlier chapters. Furthermore, it explores avenues for further research as well as the broader societal relevance of this study.

Chapter 2: Standards for Normative and Non-normative Burial Customs

This chapter will discuss existing scholarship on normative and non-normative late Roman and early medieval burial practices. It is important to note that 'normativity' is not concrete and thus difficult to establish, especially considering the cultural diversity present in Britain in both periods and the interaction and 'hybridisation' that occurs at the intersection of these different cultures. Furthermore, normative burial is a range of different features, which are not necessarily all present at the same time.

2.1 Late Roman Britain

2.1.1 Social deviancy in late Roman Britain

In order to establish a correlation between physically impaired individuals and non-normative burial treatment, it is important to determine what constitutes social deviancy, and to what extent this might lead to unusual treatment after death. Social deviancy is highly culturally determined, and is difficult to observe objectively in burial contexts as it depends on the perception of the individual by their society (Crerar, 2014, p. 2; 2015, p. 381). The archaeological observation of social deviancy thus depends on broader intratemporal patterns, and cannot be based purely on isolated examples. Studies have suggested that deviant burial is most commonly afforded to those who in some way opposed or failed to follow established social norms, such as disabled people, criminals, children, witches, suicide victims, the elderly, sacrificial victims, and more (Taylor, 2008, p. 111; Tsaliki, 2008, p. 3; Murphy, 2008, p. xii). These social norms vary across time and different cultures, making deviant burial a historically contingent phenomenon.

Graham (2013, p. 252) drew attention to the role funerary rites play in providing a 'framework' within which individual members of society could establish or reinforce their own identity or status; she argues that a dead body may become the focus of living community members' attempts at negotiating their own personal identities, by making clear their relationship to the deceased. The treatment of people in death can thus be seen as a useful parameter to gain insight into whether or not they were considered socially 'deviant' in late Roman Britain.

2.1.2 Standards for normative burial customs in late Roman Britain

As stated earlier, normative burial is a range of different practices. Taylor (2008, p. 91-92) defines 'normative' burial customs in late Roman Britain as being characterised by a great degree of care for the deceased and their body, as well as concern for its future well-being. These

traits manifest themselves in the form of either thorough cremation or a carefully constructed and protected inhumation, and the deposition of particular grave goods within the burial that would aid the individual on their journey after death, including clothing and food. When it comes to inhumations, normative burial includes the use of secure coffins, as well as the neat wrapping of the body in a shroud.

In terms of the positioning of the body within the grave, the most common placement was supine (on the back) and extended (Cooke, 1998, p. 65; p. 241). The cardinal alignment of graves commonly varied both within cemeteries and across them, though a roughly west-east (head pointing west) alignment was often observed; despite the variation, Cooke (1998, p. 250; p. 106) argues that most sites in Britain demonstrated a predominant alignment of W-E, and that a 'reasonable coherence' can be observed across British sites from this period.

Multiple studies have also observed care, planning, and thought in the spatial planning and alignment of burials, both within the cemetery and regarding its placement in the broader landscape. The spatial positioning of cemeteries was one of few aspects of burial practice prescribed by law in Roman Britain (Alcock, 1980). Esmonde Cleary (2001, p. 136) observed that cemeteries were often located in pre-planned areas surrounding settlements, specifically designated for the disposal of the dead. These locations were often specifically chosen to be visible from urbanised areas, creating a constant awareness of the presence of the deceased. It also emphasises death as a journey, as the dead would be the first and last thing travellers would encounter upon entering and leaving the city. Despite this geographical closeness, there was also a strong emphasis on boundaries between the living and the dead, both for hygienic reasons as well as superstitious ones (Taylor, 2008, p. 110). Bodies were wrapped and interred in secure coffins, ensuring the separation between the living and the dead, and burial grounds were bounded by enclosures, ditches, and walls (Esmonde Cleary, 2001, p. 137). Cooke (1998, p. 36) confirms the use of coffins as being the preferred method of internment, with for example 75% of graves at the Poundbury cemetery in Dorchester (see section 3.1.3) containing a coffin.

2.1.3 Religious and social background of late Roman Britain

When establishing standards for normative and non-normative burial treatment, it is important to build an understanding of the religious and social background against which burial activities are taking place. The cultural motivations behind certain behaviours are key to determining whether observed 'deviant' burial practices are actually deviant, or whether they present mere variations of the normative rites. There are a number of cultural factors that must be taken into consideration here.

Firstly, the effects of christianisation may have led to a stronger focus on particular practices; several studies have posited that shifts in grave alignments (towards W-E) and grave goods (decrease in prevalence) in the late 4th century are the result of shifts in religious beliefs (Cooke, 1998, p. 210; 251). Furthermore, the large-scale shift in the 3rd century from cremation to inhumation burials has been popularly linked to the spread of Christianity, which favoured this for its preservation of the body (related to the belief in physical resurrection before the Last Judgement; Cooke, 1998, p. 247; Sparey-Green, 2002, p. 94; p. 97). However, caution must be exercised in assuming a correlation between the spread of Christianity in Britain, and the shift to inhumation burials; according to Sparey-Green (2002, p. 95), there are likely also practical concerns that play a role here, such as the availability of firewood for cremation, which perhaps decreased as a result of increased deforestation under Roman occupation (Dark, 1999, p. 260). Moreover, 'Christian' burial traits are difficult to identify, and the shift to inhumation graves could therefore be the result of unrelated factors (Cooke, 1998). Despite this, observed attempts at 'preserving' the body through for example plaster burials, lead-lined coffins, and mausolea have been ascribed to affiliation with Christian beliefs (Sparey-Green, 2002).

Pre-Roman and contemporary pagan traditions may also have influenced burial practices in late Roman Britain. More 'deviancy' is observed in cemeteries believed to be pagan (Taylor, 2008, p. 100). Furthermore, many burial customs categorised as deviant bear similarities to common practices associated with the Iron Age (Cunliffe, 2010, p. 30-36). These include a greater incidence of grave goods, excarnation (exposure above ground) followed by reburial, the 'triple death' (the individual is killed, and then 'killed' twice more after death), and incidences of decapitation and isolated skulls. It is conceivable that some of the burial customs observed at late Roman cemeteries are in fact 'leftovers' or incorporations of older Iron Age customs. Engel (2019) proposes a similar theory of the hybridisation of cultural practices in Roman Britain, as opposed to a one-way process of romanisation, while Alcock (1980) confirmed the continued presence of Iron Age beliefs exerting significant influence over burial customs in Roman Britain. Iron Age and Romano-British customs also share the thought and care put into the treatment of the dead, and the experience of postmortem practices as a *process* – in both traditions, normative death is seen as a strict, ceremonial operation. Similarly, Tracey (2012, p. 375) found that Iron Age burials exhibited evidence of wrapping and bodily protection, a practice considered normative in late Roman times (Taylor, 2008).

Another important cultural factor is the prevalence of superstitious beliefs. The fear of witchcraft and ghosts penetrated every level of late Roman society, all the way up to the elites (Taylor, 2008, p. 96). The fear of the dead rising to trouble the living significantly influenced burial

rituals, primarily in the form of seemingly excessive measures to restrict the body, and abnormally secure burials (Taylor, 2008, p. 97; Esmonde Cleary, 2001). Tsaliki (2006) argued that necrophobia may have led to deviant burial practices when it came to individuals with diseases, disabilities, or who suffered a violent death. For example, an elderly man from Alington Avenue who may have died as a result of the amputation of his arm, was buried prone (see section 3.1.1). Furthermore, late Roman curse tablets often include requests for the infliction of physical harm on those who have wronged the person, and impairment may thus have been associated with the actions of supernatural powers (Evelyn-Wright, 2022, p. 158).

2.1.4 Standards for non-normative burial customs in late Roman Britain

Despite the difficulties in establishing 'normativity', there are still practices that clearly deviate from the norm. As aforementioned, proper burial was very important in late Roman Britain (Taylor, 2008). Deviancy from normative burial practices, therefore, is worthy of attention, despite the fact that non-normative burials often form just a small percentage of the total burial population (Taylor, 2008, p. 100). Deviancy has been observed at a greater rate outside urbanised contexts, showing greater uniformity in urban areas which may be linked to the high level of planning involved in the treatment of the dead in cities (see section 2.1.2). It is best known in southern and eastern England, the focus of this paper. There are several main burial practices which have been considered to deviate from the norm (Taylor, 2008, p. 92). These are summarised in tables 1 and 2 Not all practices are relevant to the data discussed in this thesis, specifically, and will therefore be only briefly mentioned; those with direct relevance will be further discussed below.

Criterion	Normative practice (see section 2.1.2)	Non-normative practice
Body position	Supine, extended	*Prone, flexed*
Body treatment	With care and respect	*Mutilation/dismemberment*; decapitation; signs of unusual violence; unusual placement of the head
Burial placement	W-E; main cemetery grouping	*Anything other than W-E; peripheral/liminal location; spatial segregation*
Type of internment	Single	*Multiple; abnormally secure graves*
Funerary goods	Standard kit for the journey to the afterlife, including food, drink, money, boots (clothing), and lamps	*None; abnormal (different form)*

Table 1: Normative and non-normative burial practices in late Roman Britain, summarised; relevant practices italicised

Practice	Criterion	Details	Example	Reference(s)
Prone burial	Body position	Correlated to fewer grave goods, mutilation/restriction, and spatial segregation; associated with disapproval/fear	Elderly woman with osteoarthritis and pseudoarthrosis at Huntingdon	Taylor, 2008, p. 95; p. 109-110; Cooke, 1998; Milella et al., 2015; Crerar, 2015
Decapitation or otherwise unusual placement of the head	Body treatment	Linked to prone burial and other forms of mutilation; interpreted as dehumanisation or separation between mind and body	Burial at Poundbury with their decapitated head laid at their feet	Milella et al., 2015, p. 8; Taylor,2008, p. 96; Tsaliki, 2006; Crerar, 2014; 2015
Spatial segregation	Burial placement	Strong correlation between peripheral burial	Poundbury cemetery was highly organised,	Taylor, 2008, p. 101; p. 100;

		and prone burial, as well as other deviant practices; burial in liminal locations associated with ritual boundaries	with deviant burials being found primarily in certain areas	Farwell & Molleson, 1993; Cooke, 1998, p. 39; p. 44; Esmonde Cleary, 2001, p. 137
Signs of unusual violence/*dismemberment*	Body treatment	Form of 'extra' punishment or motivated by necrophobia; bears similarities to the 'triple death' phenomenon seen in pagan burials (see section 2.1.3)	Lame man at Dunstable; disabled woman at Guilden Morden	Taylor, 2008, p. 93; p. 95; p. 103-104; Milella et al., 2015, p. 8; Tsaliki, 2006
Abnormally secure graves	Type of internment	Related to fear of the dead; physical restriction of the body or use of secure coffins	6yo deaf child at Poundbury (see section 3.1.3)	Taylor, 2008, p. 110; Esmonde Cleary, 2001; Tsaliki, 2006; Taylor et al., 1993, p. 201-202

Table 2: Types of deviant burial practices in late Roman Britain; relevant practices italicised

Prone burial is commonly associated with deviancy among studies of late Romano-British burial customs (Taylor, 2008; Cooke, 1998; Milella et al., 2015; Crerar, 2015). Taylor (2008, p. 95) argues that it may indicate disapproval, and could be a form of punishment or penitence. The practice is also found to be correlated to fewer grave goods, and often associated with evidence of mutilation and/or restriction, and spatial segregation (Taylor, 2008, p. 109-110; Cooke, 1998). Prone burial thus, in combination with the other associated practices, could be construed as less respectful treatment of the deceased, which is in direct opposition to normative customs. There is evidence of this practice being applied to disabled individuals, for example at Huntingdon; an elderly woman with osteoarthritis and pseudoarthrosis was given a prone burial and placed outside the main cemetery (Taylor, 2008, p. 109).

Protected inhumation was a common form of burial in late Roman Britain, showing the care for the integrity of the body at the time (Taylor, 2008). However, more extreme measures have also been observed that appear to be attempts at creating even more secure burials, potentially out of fear for the dead (Taylor, 2008, p. 110; Esmonde Cleary, 2001; Tsaliki, 2006). This includes the

physical restriction of the body, as well as extra secure coffins. Burials recognised as 'abnormally secure' often contain the remains of disabled children; for example, a 6 year old deaf child at Poundbury was buried prone in a coffin made of stone roof tiles (Taylor, 2008, p. 110). A similarly secure burial was found at Arrington, Cambridgeshire of a 9 month old infant with hydrocephalus, buried in a lead-lined coffin and wrapped in a shawl. The grave contained an abnormal amount of grave goods; this fact combined with the child having survived longer than might be expected considering its condition, shows unusual care and respect (Taylor et al., 1993, p. 201-202; Taylor, 2008, p. 110).

A third burial practice which has been considered deviant is the mutilation of the body, and/or signs of unusual violence (Taylor, 2008, p. 95). The amputation of one or more of an individual's limbs postmortem has been demonstrated at cemeteries such as Dunstable and Guilden Morden (Taylor, 2008, p. 103-104). The former contained the burial of a lame man, whose head and one foot had been removed, while at the latter was found the burial of a disabled woman whose head was severed and laid at her feet. The absence of one or multiple post-cranial bones (below the head) is a commonly deviant feature of late Romano-British cemeteries (Milella et al., 2015, p. 8). It has been explained by some as being a form of 'extra' punishment after death, for criminals or others who were socially deviant (Taylor, 2008, p. 95). However, others ascribe it to superstitious beliefs and necrophobia, and view it as another method to physically prevent the dead from rising (Tsaliki, 2006). Interestingly, the Iron Age 'triple death' phenomenon also bears similarities to this custom of bodily mutilation; victims of this treatment include bog burials, of which an unusual proportion was physically impaired (Taylor, 2008, p. 93).

Grave location and alignment also deviates from the norm (Taylor, 2008, p. 101; Cooke, 1998). As illustrated above, the idea of separation in death was key in late Roman Britain, and this includes spatial segregation. The Poundbury cemetery, for example, was highly organised, and deviant burials were found only in certain areas (Taylor, 2008, p. 100; Farwell & Molleson, 1993). Burials at the periphery were more likely to contain a prone burial (or otherwise deviant body position), to contain fewer grave goods, to lack a coffin, and to be north-south aligned rather than east-west (Cooke, 1998, p. 39; p. 44; Farwell & Molleson, 1993). The correlation between in particular prone burial and spatially segregated burial has been further demonstrated elsewhere (Taylor, 2008, p. 101; Cooke, 1998). The significance of spatial segregation and the separation of the dead is also illustrated by the practice of ritual deposition in liminal spaces; Esmonde Cleary (2001, p. 137) linked the burial of human remains in ditches, shafts, wells, and next to walls with the ritual boundaries these structures represent, and associated that with the physical constrainment of the body which has been observed as a non-normative burial practice

in late Roman Britain. For example, infant burials are often spatially associated with (domestic) structures such as at Burnby Lane (Millett & Gowland, 2015, p. 180-183).

2.2 Early Medieval Britain

Having discussed Roman scholarship on normative and non-normative burial practices, I will now move on to a discussion of early medieval scholarship.

2.2.1 Social deviancy in early medieval Britain

Memory of the dead and mortuary practices in early medieval Britain are fundamentally social processes, that involve the active participation of members of the community (Williams, 2006, p. 3). Harrington et al. (2020, p. 390-391) agree that burial rites are inherently performative actions, and are the product of practical and symbolic choices; they play an important intentional role in the formation, mediation, and negotiation of social and communal identities. Burial practices in early Medieval Britain are as much a practical method of laying the dead to rest as a symbolic, public display, and studies agree that the social identity of the deceased is of key importance in mediating this (Williams, 2007, p. 2; Williams, 2006, p. 10; Harrington et al., 2020, p. 392; Richards, 1995). Deviant practices may have been a way for the community to negotiate their shared identity by symbolically reinforcing those who were perceived as being excluded from it (Sofield, 2015, p. 377). This bears similarities to the conceptualisation of social deviancy in the late Roman period, which will be further discussed in chapter 4.

Several authors have made arguments for the inclusion of the physically impaired in the category ‘socially deviant’ in early Medieval Britain. According to Craig & Craig (2013, p. 631), a ‘significant proportion’ of individuals with physical impairments were buried in a non-normative manner. Reynolds (2009, p. 38) agrees, often including disabled people on lists of the socially deviant. This idea appears to be supported by empirical data, as shown by Hadley (2010); however, this study also provides compelling evidence for the contrary. It may be the case that the phenomenon of deviant burial is more complex, and affected by a multitude of factors interacting with one another to produce the archaeological evidence we observe; social factors such as gender, age, status, et cetera may also act upon an individual’s treatment in death (Craig & Craig, 2013, p. 637).

2.2.2 Standards for normative burial customs in early medieval Britain

Normative burial practices in early Medieval Britain have previously been defined as supine inhumations in graves cut into the ground, with little to no elaborate above-ground structures (such as mausolea) (Reynolds, 2009, p. 36; Wilson, 1992; Harrington et al., 2020, p. 401; Halsall, 1995, p. 5). In terms of grave goods, the majority of burials were well-furnished until the mid-8th century, and funerary goods commonly included clothing, grave equipment, containers, tools, weaponry, and jewellery (Harrington et al., 2020, p. 407; Halsall, 1995, p. 5; Brownlee, 2021a; 2021b, p. 4). According to Halsall (1995, p. 5), early Medieval burials contained more lavish grave goods than those from the preceding Roman period.

In the 5th and 6th centuries, about one-third of graves was aligned west-east, a proportion which increased to one-half in the 7th century (Reynolds, 2009, p. 36). The remaining majority was oriented south-north (Bohling, 2020, p. 114-115). Not only was the 7th century characterised by an increase in uniformity in this regard, burials of this period have also been observed to contain fewer and different grave goods. This could be ascribed to the impact of widespread conversion to Christianity during this period, though caution must be exercised in drawing correlations between these phenomena. According to Sofield (2015, p. 351), burials in the 5th-9th centuries in Britain were almost all placed in separate distinct areas, outside urbanised and populated areas. This indicates a similar focus on spatial segregation as was common in the preceding late Roman period.

Multiple studies have emphasised the variable nature of burial practices in early Medieval Britain. Harrington et al. (2020, p. 406-407), Reynolds (2009, p. 94), and Halsall (1995, p. 7) all underscore the idea that burial customs are ‘locally enacted’ as opposed to being determined by a higher, central authority such as a court or government. Burial practice in this period was subject to great regional variation, in terms of both normative and deviant customs, and rites were applied and determined at the community level. For example, prone burial has been more commonly observed in certain areas, while decapitation is spread more evenly across Britain (see figure 3; Reynolds, 2009, p. 75; p. 81). Despite this, authors maintain that there is a strong basis of commonality across communities, and there exists a noticeable degree of shared rites across southern Britain (Harrington et al., 2020, p. 407; Reynolds, 2009, p. 94).

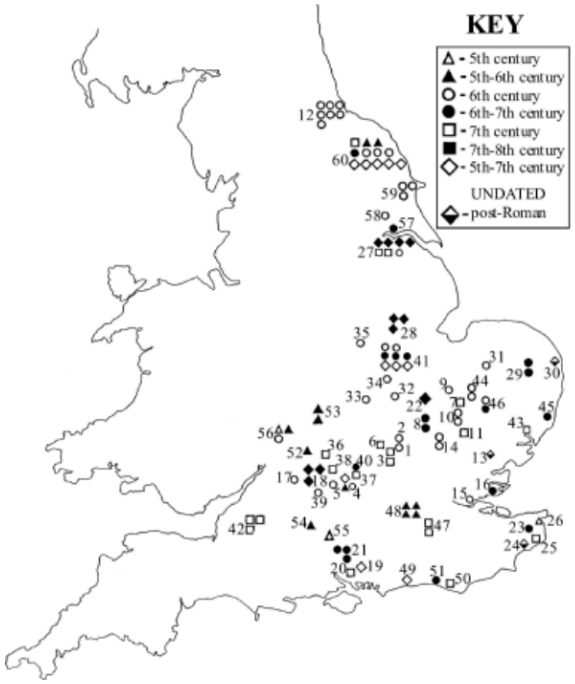

Figure 3: Distribution of cemeteries containing prone burials across Britain over time (source: Reynolds, 2009, p. 75)

A common theme in literature surrounding early Medieval burial practices in Britain is the concept of community investment, attention to detail, and intentionality. Multiple authors note their opposition to the idea that burials of this period, whether they be normative or 'deviant' are handled in a careless or opportunistic manner, and emphasise the time, effort, and deliberate choices involved in funerary rituals of the time (Sofield, 2015, p. 352; Harrington et al., 2020, p. 391; p. 403; Williams, 2007, p. 3). This presents itself in terms of the care and respect observed regarding the treatment of the body, as well as positioning and furnishing of the grave.

2.2.3 Religious and social background of early medieval Britain

When it comes to burial practices in early Medieval Britain, there are several religious and social factors that must be taken into account in order to be able to accurately analyse normative and non-normative customs. Firstly, the late 6th and 7th century period was characterised by the widespread conversion to Christianity, as well as other social, political, and economic transformations such as the development of the Anglo-Saxon kingdoms (Reynolds, 2009, p. 36; Williams, 2006, p. 5). Secondly, the primary motivation for deviant burial rites cited by the majority of authors is superstition – fear of the dead, especially the 'powerful dead', rising lays

central to most interpretations of non-normative customs (Reynolds, 2009, p. 38; p. 89; p. 91; Sofield, 2015, p. 377).

The period of formal conversion to the Christian religion, primarily in the 7th century, was an important factor impacting burial practices across Britain (Reynolds, 2009, p. 36; p. 95). Not only was this a period of large-scale religious change, it also saw social, political, and economic shifts, each of which exercised its own influence on the relationship between local communities and their deceased (Williams, 2006, p. 5). According to Williams (2006, p. 3), the memory of the dead was a central part of early Medieval life in Britain, and was strongly affected by social and religious beliefs. While these changes came towards the end of the period under study in this thesis, their beginnings are still relevant and may be related to changes in the burial record at this time.

Necrophobia appears to be a recurring theme in literature on deviant burials in the early Medieval period in Britain. Non-normative burial customs are commonly presumed to be a method with which communities attempt to securely lay to rest those deemed 'powerful' or 'dangerous' (Reynolds, 2009 p. 38; p. 89; p. 91; Blair, 2009). This includes so-called 'cunning women', victims of sudden illness or injury, 'deformed' individuals, foreigners, and others. Practices such as prone burial, stoning, mutilation, and binding the feet or hands were methods of physically as well as symbolically restricting the dead body (Hirst, 1985; Reynolds, 2009, p .63; Harrington et al., 2020; Klevnäs, 2016). Similarly, burial in settlement context and/or in and around spatial boundaries may be motivated by necrophobia (Sofield, 2015, p. 377). Reynolds (2009, p. 90) theorises that without the application of these non-normative customs, individuals who were seen as socially deviant would not be accepted into communal cemeteries; unusual burial practices were thus seen as an effective way to allay the atypical dead.

2.2.4 Standards for non-normative burial customs in early medieval Britain

Similarly to normative practices, deviant burial rites demonstrate notable geographical variability, and are shown to be applied at a community level (Reynolds, 2009, p. 61; Harrrington et al., 2020, p. 398; p. 406-407). Still, Reynolds (2009, p. 81) notes that there are some deviant burial practices which show a wider geographical range, such as decapitation. The main non-normative practices found in early medieval Britain are summarised in tables 3 and 4 (Reynolds, 2009, p. 61; p. 207). Again, only those with direct relevance will be further discussed below.

Criterion	Normative practice (see section 2.2.2)	Non-normative practice
Body position	Supine, extended	*Prone, flexed, crouched*
Body treatment	With care and respect	Mutilation/amputation/decapitation; *stoning*
Burial placement	W-E or S-N; main cemetery grouping	*Anything other than W-E or S-N; peripheral/liminal location; spatial segregation*
Type of internment	Single	*Multiple*
Funerary goods	Well-furnished; clothing, grave equipment, containers, tools, weaponry (for males), and jewellery (for women)	*None; abnormal (different form/unusually rich)*

Table 3: Normative and non-normative burial practices in early medieval Britain, summarised; relevant practices italicised

Practice	Criterion	Details	Example	Reference(s)
Prone burial	Body position	Linked to social deviancy; correlated to other deviant practices such as lack of grave goods, spatial otherness	Individual EH130 at Edix Hill (see section 3.2.2) with pelvic osteomyelitis	Reynolds, 2009, p. 82; p. 72; p. 75; Halsall, 1995, p. 7; Brownlee, 2021a, 2021b, p. 4; Mui, 2018; Harrington et al., 2020, p. 401
Amputation/mutilation/decapitation	Body treatment	Correlated with lack of grave goods, decapitation, and prone burial; potentially result of intentional reopening of graves (Klevnäs, 2016) – related to 'overkill' (see section 2.1.3, triple death); turning of skulls upside-down	Two men from Chadlington, Oxfordshire whose decapitated heads were placed between their legs	Reynolds, 2009, p. 77-78; p. 81; p. 85; Horne, 1933; Roberts & Cox, 2003; Klevnäs, 2016, p. 197; p. 379; Crerar, 2015, p. 384; Halsall, 1995, p. 6; p. 7

		bears similarities to prone burial		
Spatial segregation	Burial placement	Association with liminality; spatial clustering of deviant/impaired burials; many burials in settlement contexts are deviant in other ways, and associated with boundary features (Sofield, 2015); result of intentional efforts to negotiate identity as opposed to punishment or fear	Cluster of impaired burials at Great Chesterford (see section 3.2.3)	Reynolds, 2009, p. 90; p. 183; p. 207; Zakrzewski et al., 2017; Bohling et al., 2023; Sofield, 2015, p. 368; p. 371; Moore, 2001; Crawford, 2008; Harrington et al., 2020
Stoning	Body treatment	Stones placed on or around body; strongly linked to necrophobia; link to physical impairment or disease	Young woman at Spong Hill, Norfolk, weighed down with flint stones	Reynolds, 2009, p. 82
Unusual grave furnishing	Grave goods	Unusually lavish grave goods; grave goods of a different form than the standard	'Cunning women' such as those at Broughton Lodge and Westbury-by-Shen ley	Reynolds, 2009, p. 63; p. 74; p. 89; p. 91; Harrington et al., 2020, p. 390

Table 4: Types of deviant burial practices in early medieval Britain; relevant practices italicised

Coinciding with the aforementioned period of societal change, the 6th and 7th centuries witnessed a significant increase in the number of deviant burials (Reynolds, 2009, p. 94). It must be noted that Reynolds (2009, p. 67) considers 'deviant' burial to be exclusively those forms of burial associated with 'outcasts', and therefore explicitly rejects all other forms of atypical burial (e.g. crouched burials, multiple burials, and shallow/cramped burials) from his analysis. I share the opinion of Whitehouse (2016, p. i), who stresses that deviant burial practices be associated not only with negative aspects of the deceased's identity, and that the scope of what is considered

a socially deviant identity should be broadened to include all types of 'eccentric' qualities. Crouched burials and multiple burials have indeed been attested to in this period, and are associated with deviancy as well (Sofield, 2015; Farwell & Molleson, 1993; Bohling, 2020).

Prone burial is the most common deviant form of burial in the early Medieval period in Britain (Reynolds, 2009, p. 82). Studies agree that prone burial is a common method with which to express certain feelings towards or about the deceased's identity, and that it can be associated with social deviancy (Mui, 2018; Harrington et al., 2020, p. 401). While there is no universal pattern to it, there are clear cross-regional similarities, and the custom was widely practised. The majority of prone burials are unfurnished, though this may be correlated to the same processes reducing the provision of grave goods in normative burials of the period (Reynolds, 2009, p. 72; Halsall, 1995, p. 7; Brownlee, 2021a, 2021b, p. 4). Examples have been found of combinations with other unusual practices, such as excarnation and non-normative alignments (Reynolds, 2009, p. 75).

Another non-normative practice is that of 'stoning', whereby stones are placed on or around the body within the grave (Reynolds, 2009, p. 82). It is second in popularity to prone burial, but much more concentrated geographically. Reynolds (2009, p. 82) correlates the practice strongly with necrophobia, arguing it is a very direct method of containing the deceased's body and preventing the dead from rising. Examples have been observed of the placing of stones over specific body parts, which may be due to illness or injury in those areas. This implies a potential link between physical impairment and deviant burial treatment in this period.

Deviant burials can contain anywhere from no grave goods to abnormally lavish and unusual ones (Reynolds, 2009, p. 63). As aforementioned, many deviant burials are unfurnished or poorly furnished, but some graves have been found to contain unusually rich funerary goods, such as those ascribed to so-called 'cunning women', for example at Broughton Lodge and Westbury-by-Shenley (Reynolds, 2009, p. 74); Reynolds (2009, p. 89; p. 91) relates this to a fear of the 'powerful' dead, who may have been afforded 'extra' secure burial practices. This is supported by Harrington et al. (2020, p. 390), who state that the ways goods are placed within a grave could be a method for communities to mediate social inequalities.

Lastly, the use of space and liminality is a common theme. Reynolds (2009, p. 207) uses the concept of 'spatial otherness' to describe the common placement of deviant burials in liminal spaces, whether that be at the edge of the cemetery or burial plot, or in/around boundary structures such as barrows, ditches, and walls. 62% of deviant burials can be found to be spatially associated with liminality (Reynolds, 2009, p. 183). Zakrzewski et al. (2017) and

Bohling et al. (2023) also note the spatial clustering of physically impaired individuals within cemeteries at several cemeteries including Great Chesterford, implying an association between them. Spatial segregation is a remarkably common method of creating distinction between normative and deviant burials, bearing even more significance knowing that most deviant burials are found in otherwise normative cemeteries (Reynolds, 2009, p. 90). It is only from the 7th century onwards that isolated deviant burials are observed.

2.3 Conclusion

This chapter has summarised current scholarship on late Roman and early medieval burial practices and deviancy, demonstrating differences in past practices as well as the impact of different scholarly emphasis. The differences and similarities between the two periods will be further analysed in chapter 4, but first, I will turn to the discussion of disabled burials and their funerary treatment.

Chapter 3: Burial Treatment of Physically Impaired Individuals

In this chapter, three cemeteries from the late Roman period and three cemeteries from the early medieval period in southern Britain will be analysed in more detail (see figure 4). As detailed in section 1.5, several individuals with observed physical impairments from each of these burial grounds will be subject to an in-depth look into the burial treatment afforded to them, and whether or not there is any relationship between their disability and their treatment after death. These individuals were selected non-randomly (see section 1.5.2). Burial methods will be assessed based on five factors (see section 1.5). This data will subsequently be discussed and interpreted in chapter 4.

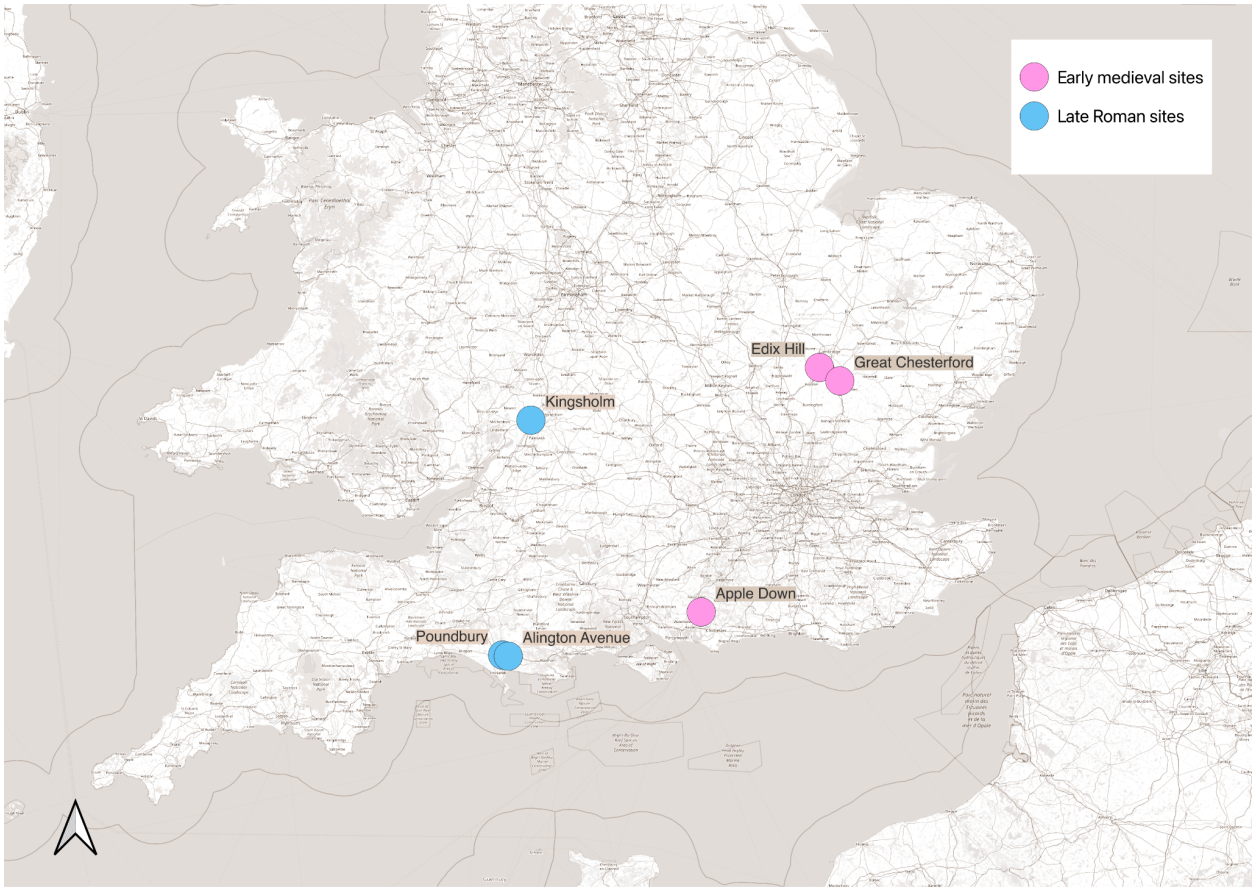

Figure 4: Map depicting the locations within Britain of each of the selected cemeteries (source: author's own work)

3.1 Late Roman Britain

3.1.1 Alington Avenue, Dorchester

Alington Avenue is a 3rd-4th century site consisting of more than 100 burials, of which 91 are extended inhumation burials dating to the Roman period (Evelyn-Wright, 2022, p. 47). It was located nearby Dorchester, in Dorset (see figure 4). Three burials with evidence of physical impairment will be analysed in detail below. The details of each skeleton, their diagnoses, and the impact of this on their life are summarised in table 5. It is worth noting that the preservation at this cemetery was excellent, with all skeletons under analysis in this section being 90-95% preserved (Evelyn-Wright, 2022). This level of preservation allows for a high level of accuracy in diagnosis and visibility of lesions, making it much less likely that any could be missed.

Figure 5: Map of the Alington Avenue cemetery with selected burials indicated in blue (source: modified and reprinted with permission from Evelyn-Wright, 2022, p. 64)

AA766

Interestingly, despite infanticide of babies with visible congenital conditions being common in this period, AA766 survived to young adulthood (Taylor, 2008; Castells Navarro et al., 2017, p. 45). However, her condition likely negatively impacted her marriage prospects, which would have had significant social consequences for a woman of this period (Gevaert, 2012; Evelyn-Wright, 2022).

Despite the plethora of pathologies, AA766 was afforded a relatively typical burial in most aspects (see table 8; Evelyn-Wright, 2022, p. 95; p. 109). There were only a few small deviations in her burial treatment; her flexed arms laid over her pelvis diverge from the normative extended position, and her SW-NE orientation differs from the standard W-E (Evelyn-Wright, 2022, p. 95). Her relatively normative burial may suggest that she was not considered an outcast by her community (Evelyn-Wright, 2022, p. 109). However, it may also be the case that her social deviancy in life simply was not reflected in her burial. The lack of evidence for a *mors immatura*, a burial rite commonly afforded to the unexpected deaths of young, unmarried women and children, may be because her death was not considered unexpected; either due to her condition, or because marriage was already considered outside the realm of possibilities (Evelyn-Wright, 2022).

Figure 6: Skeleton AA766 in situ at Alington Avenue (source: reprinted with permission from Evelyn-Wright, 2022, p. 108)

AA852

The lack of evidence of healing or infection at the site of AA852's amputation indicates that he passed away shortly after the procedure or was already dead (Evelyn-Wright, 2022, p. 118; p. 120-121). Skeletal evidence shows his arm was intentionally amputated, though the rest of his limb is missing from the grave. This could indicate postmortem mutilation of the body (Klevnäs, 2016). Contrarily, Evelyn-Wright (2022, p .120-121) argues that the amputation was the necessary consequence of a traumatic accident, requiring emergency medical intervention. The notion that it could be the result of punitive measures, e.g. that demand the removal of a hand as punishment for theft, was also dismissed due to the extent of the limb which was amputated (far more than just the hand) as well as the fact that it was the right arm, which would have been seen as particularly harsh (Evelyn-Wright, 2022, p. 120).

It is interesting to note that his right arm was removed, as this would likely have been his dominant side and its removal could have caused further stigma due to the rejection of left-handedness by Roman society. His inability to perform important social and economic rituals that would have required the use of his right hand may have resulted in a 'social disability' in addition to his physical impairment (Evelyn-Wright, 2022, p. 121; p. 162). For example, Pliny the Elder describes Marcus Sergius, who lost his right hand and was forced to defend his right to take part in ritual sacrifices from which his colleagues wanted to ban him on account of his being 'infirm' (Evelyn-Wright, 2022, p. 161-162). The removal of his right arm would thus have been a difficult choice, not only due to the health risk it posed but also the social ramifications. It may also have hurt his masculine credibility; according to Sørensen (2013), an individual's gender identity was constantly subject to change and was a matter of active performance rather than fixed truth. Needing medical intervention may have been seen as undermining a man's self-control and therefore his authority, and the resulting impairment even more so (Flemming, 2000). This may have been compounded by his old age, leading to an even greater loss of self-control (Evelyn-Wright, 2022, p. 166). The attempt to amputate may thus be interpreted as demonstrating a level of care and respect for the individual, as the consequences of this decision were great but the preservation of his life was deemed valuable enough to make it. The impact of impairment on gender roles can also be observed in burials AA210 and PB243A, as will be detailed below – this may explain the difference in treatment between skeleton AA766 and the others; because AA766 was female, her impairment did not impact her ability to meet gender-related expectations nearly as much as it did for AA852, AA210, and PB243A.

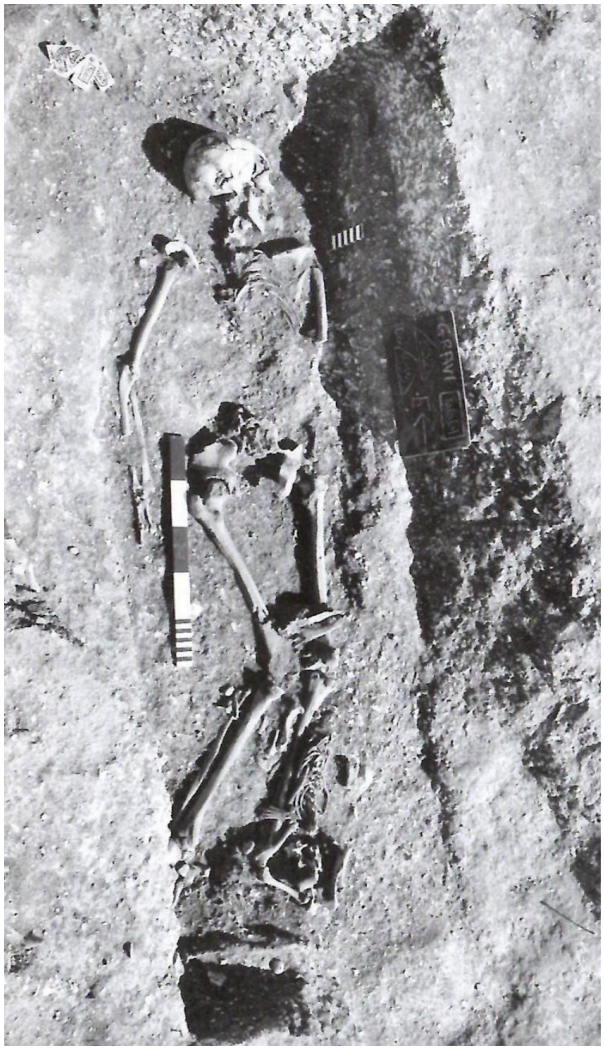

Figure 7: Skeleton AA852 in situ at Alington Avenue, with the dog skeleton visible at his feet (source: reprinted with permission from Evelyn-Wright, 2022, p. 125)

There were a number of ways in which this burial deviated from the norm (see table 8; Evelyn-Wright, 2022, p. 118). Both his prone burial and atypical orientation might be interpreted as intentional deviations, as they present rites that are in direct opposition to standard funerary treatment. With this skeleton being just one of two prone burials at this cemetery, the application of this rite and its possible motivations are of interest – Evelyn-Wright (2022, p. 124) argues that the violent death of this individual played into superstitious attitudes and necrophobia within the community at the time, and that his 'bad death' was a primary impulse for the atypical treatment. Furthermore, in spite of the fact that AA852 became physically impaired very close to his death, according to the Dis/Ability framework Evelyn-Wright (2022, p. 127) suggests that when AA852 passed away, his identity was reduced to his impairment, and this was manifested in the practices used in his burial.

Lastly, Evelyn-Wright (126-127) suggested multiple interpretations for the rare burial custom to include a dog. Firstly, the dog in question may have been AA852's pet. Evelyn-Wright (2022, p. 126) considers this a likely explanation. A second interpretation is that the dog performs a more symbolic function, representing wealth and/or status. Thirdly, the dog may be present in the grave due to its mythological links with the underworld; not only through the obvious association with Cerberus, but also by virtue of their role as guide and guard animals. The dog was then included to ensure safe arrival in the afterlife, both from a concern for the person's journey as well as a fear that they might return. The guarding function of dogs may also be a contributor, not only guarding the dead but also protecting the living. Interestingly, the ritual associations with dogs cause them to occupy a liminal space, existing in both the worlds of the living and the dead (Evelyn-Wright, 2022, p. 127). This association with liminality may have also contributed to the inclusion of the animal in this grave.

AA210

While AA210's osteoarthritis was disabling, it must be noted that this was a relatively common affliction in the late Roman period, and may therefore not have led to any significant social consequences (Thould & Thould, 1983). Out of 28 individuals with a preserved spinal cord at this cemetery, 14 had osteoarthritic lesions (50%; Evelyn-Wright, 2022, p. 91-92). The two fractures to his hand and wrist may be associated with interpersonal violence, as they often occur as defensive wounds and/or as a result of boxing or punching. They are associated with both physical and social consequences, as summarised in table 5 (Evelyn-Wright, 2022, p. 134; p. 138-139).

Figure 8: Skeleton AA210 in situ at Alington Avenue (source: reprinted with permission from Evelyn-Wright, 2022, p. 141)

There was one manner in which the burial of AA210 may be considered atypical (see table 8; Evelyn-Wright, 2022, p. 139). AA210's grave was oriented NE-SW, which is again an almost entirely reverse orientation to the norm (W-E), similar to AA852. As with AA852, this reversal of the normative burial custom may be interpreted as purposeful, potentially as a way for the community to symbolically enforce their relationship to the deceased and his identity.

Grave	**Sex**	**Age**	**Diagnoses**	**Physical consequences**	**Social consequences**	**Reference(s)**
AA766	F	Young adult	Spondylolysis; Schmorl's nodes; enamel	Shortened stature (123cm);	High visibility; limited	Evelyn-Wright, 2022, p. 95; p. 104-106

			hypoplasia; mandibular hypoplasia; underdevelopment of the ulnae and fibulae; mesomelic dwarfism; Madelung's Deformity; cribra orbitalia; lumbar lordosis	shortened limbs; pain; limited movement; period of stress or lack of nutrients in life (enamel hypoplasia and cribra orbitalia); bladder/bowel issues and muscle spasms (lumbar lordosis and spondylolysis)	marital prospects	
AA852	M	Older adult	Above-elbow amputation of right arm; bilateral ankle abnormalities	Lack of arm; pain and swelling; difficulty walking (ankle abnormalities)	Missing right hand; impact on masculinity due to medical intervention	Evelyn-Wright, 2022, p. 118; p. 120-121
AA210	M	Older adult	osteoarthritic lesions; Schmorl's nodes; fractures in right 2nd metacarpal, right distal ulna, and right midshaft fibula; exceptionally poor dental health (lost 10 teeth); old age	Pain; difficulty walking; difficulty eating and speaking (dental health)	Visible swelling; impact on masculinity due to medical intervention, age, and dental problems; difficulty taking part in social and economic activities	Evelyn-Wright, 2022, p. 134

Table 5: Diagnoses and impacts of each of the graves analysed from Alington Avenue

3.1.2 Kingsholm, Gloucester

Now, we will move on to the second late Roman cemetery. Kingsholm is a 2nd-4th century cemetery near Gloucester at which 48 individuals were excavated (Castells Navarro et al., 2017, p. 35; Roberts et al., 2004). Of the 48 skeletons, one displayed skeletal lesions that would have caused physical impairment in life. Again, the details of this skeleton are summarised in table 6. Unfortunately, no map is available of this cemetery.

K131

Both Roberts et al. (2004) and Castells Navarro et al. (2017) suggest a diagnosis of clubfoot for K131, resulting in a significantly atrophied left side due to the lack of force, leading to asymmetry in their body. Besides this, the left talus (bone in the ankle) is clearly misshapen, causing the articulation of the ankle joint to be positioned abnormally (Castells Navarro et al., 2017, p. 41). Understandably, this would have caused significant difficulty walking. While Roberts et al. (2004) argues for a diagnosis of talipes equinovarus, which is more commonly a congenital condition, Castells Navarro et al. (2017) more recently reanalysed the remains and proposed that K131's clubfoot was acquired, resulting from a poliomyelitis infection. Based on the evidence, this does seem a more likely interpretation (Roberts et al., 2004, p. 400; Castells Navarro et al., 2017, p. 41-43).

The distinction between a condition present at birth versus one acquired later in life is important when making interpretations about the individual's lived experience and the social and economic consequences of their impairment. If K131 had been born with clubfoot, the response of their community to their impairment may have been quite different than if it had been a result of illness; as previously mentioned, infanticide of babies with congenital conditions visible at birth was common during this period (Taylor, 2008; Castells Navarro et al., 2017, p. 45). On the other hand, illness resulting in severe paralysis may have incited superstitious, fearful reactions believing the affliction to be the result of a curse.

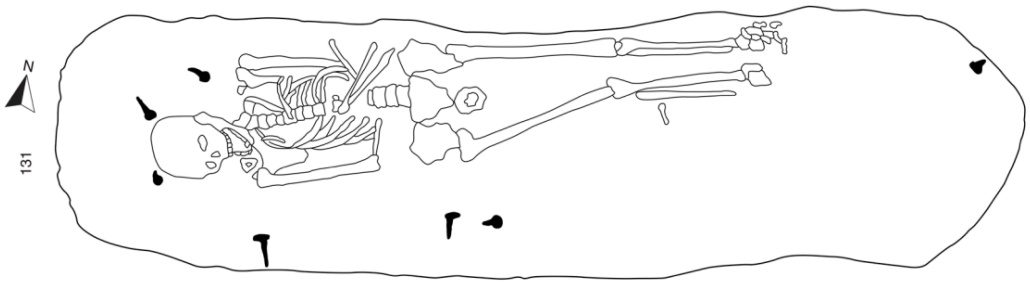

Figure 9: Grave drawing of K131 (source: reprinted with permission from Castells Navarro et al., 2017, p. 36)

Despite the clear physical and potential social consequences of their disability, K131 received a normative burial in all key aspects (see table 8; Castells Navarro et al., 2017, p. 35). The only atypical element of the burial treatment of K131 was the size of the grave, which was considerably larger (Castells Navarro et al., 2017, p. 35). The normative burial runs counter to the impression made by contemporary sources on disability, which include cruel humour and perceptions of dependency and weakness (Castells Navarro et al., 2017, p. 45). For example, Emperor Claudius, who suffered from symptoms similar to poliomyelitis, was purposefully hidden from the general public and was hated by his family.

Grave	**Sex**	**Age**	**Diagnoses**	**Physical consequences**	**Social consequences**	**Reference(s)**
K131	I	Young adult	Clubfoot; non-specific lung infection; scoliosis; abnormally shaped skull	Difficulty walking; pain	High visibility; limited ability to participate in social and economic activities; requiring daily assistance	Roberts et al., 2004, p. 391; Castells Navarro et al., 2017, p. 41

Table 6: Diagnoses and impacts of the grave from Kingsholm

3.1.3 Poundbury, Dorchester

Moving on to the last late Roman assemblage, Poundbury is a 2nd-early 5th century cemetery in Dorchester (see figure 4) consisting of around 1400 individuals, of which over 20 burials contain

physically impaired remains (Farwell & Molleson, 1993). Two burials containing physically impaired individuals will be analysed in detail below, of which the key facts are summarised in table 7.

Figure 10: Map of the main Poundbury cemetery (source: reprinted with permission from Farwell & Molleson, 1993, p. 40). Unfortunately, no indication can be found of the location of skeleton PB243A, though it is located in the main cemetery

PB1114

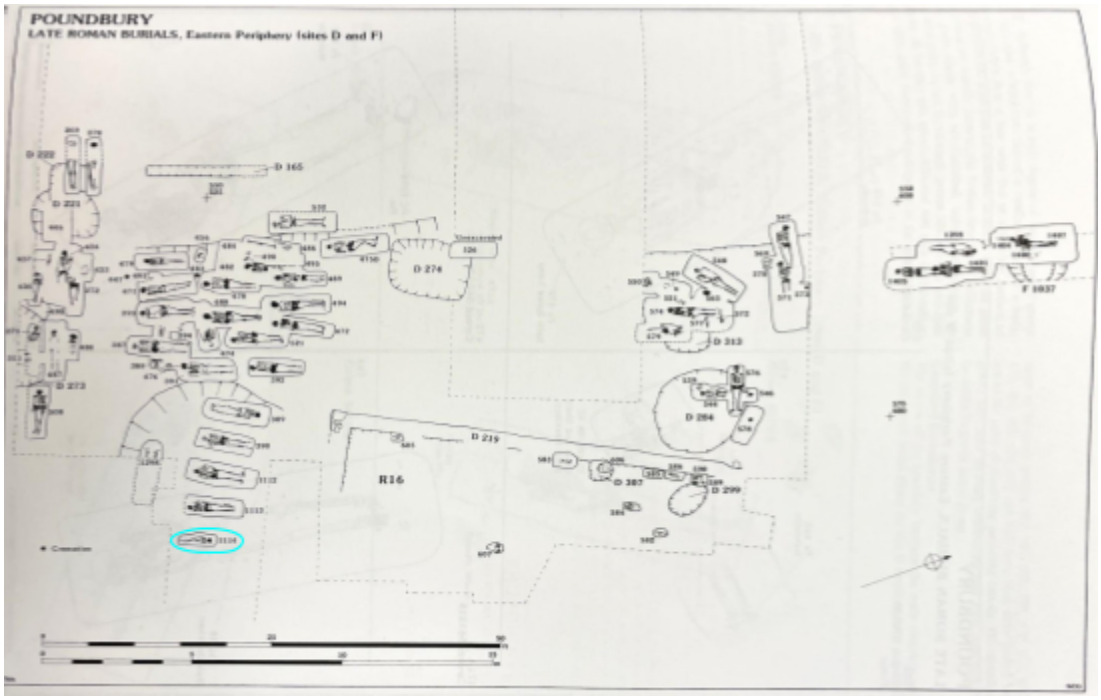

Figure 11: Map of eastern peripheral cemetery, with PB1114 circled in blue (source: modified and reprinted with permission from Farwell & Molleson, 1993, p. 25)

Being almost or entirely deaf significantly impacted this child's life, limiting their ability to interact with the outside world. The condition was congenital, meaning that the child would have grown up hearing-impaired from birth (Molleson, 1989). Considering the context of infanticide during this period (Castells Navarro et al., 2017, p. 45; Taylor, 2008), it is notable that this child survived at least beyond infancy – however, it could be argued that deafness is not a type of impairment that would be necessarily 'visible' or noticeable at birth, or even in the period immediately after. Conceivably, this disability would only become clear as the child grew and failed to respond to auditory stimuli or learn to speak.

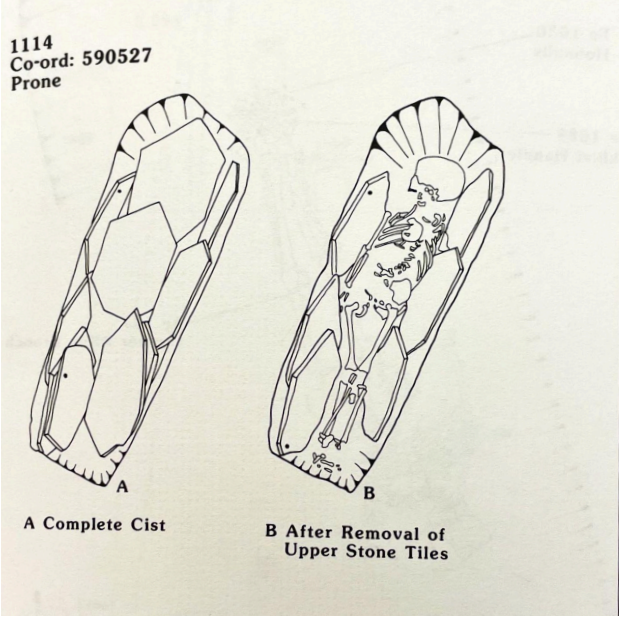

Figure 12: Grave drawing of PB1114, showing the positioning of the limestone roof tiles (source: reprinted with permission from Farwell & Molleson, 1993, p. 29)

There were a number of ways in which skeleton PB1114 received deviant burial treatment (see table 8; Farwell & Molleson, 1993, p. 187; p. 152). The covering of the body in limestone roof tiles bears similarities to the 'stoning' custom attested to in the early medieval period (Reynolds, 2009, p. 82). This may be related to necrophobia (see section 2.1). The use of limestone tiles may have been a way to keep the deceased from rising to disturb the living, out of fear of aspects of their identity or the circumstances around their death. Perhaps, the child's inability to speak severely impacted their ability to fulfil social requirements and meet societal norms, which led to fearful treatment around their death.

The location of the grave is notable as the peripheral cemeteries diverge from the main cemetery in several ways. Firstly, only one of the seven prone burials was found in the main cemetery (Farwell & Molleson, 1993, p. 226-227). Furthermore, while the main cemetery contains few graves with funerary goods, the peripheral groupings have grave goods in much greater numbers, and of greater variety as well (Farwell & Molleson, 1993, p. 230). Additionally, variation was observed within the peripheral cemeteries in terms of grave orientation (for example, PB1114 was buried in a reverse orientation of N-S; Farwell & Molleson, 1993, p. 25); besides the normative W-E alignment, which was the strong majority in the main burial group, peripheral cemeteries also saw significant numbers of N-S oriented graves (Farwell & Molleson, 1993, p. 228-229). PB1114 was one of these (Farwell & Molleson, 1993, p. 25). Other burials that may be considered to belong to 'deviant' persons were also found in these peripheral cemeteries, such as an individual believed to be foreign who was buried in the northern peripheral cemetery (Farwell

& Molleson, 1993, p. 146). Another example of this is individual 1354, who was an elderly woman who suffered from what is known as a 'dowager's hump', caused by osteoporosis. The spatial association of individuals who may be considered socially 'deviant' in some way, in combination with the other factors that differ between the main and peripheral cemetery groups, is of interest and may point to attempts by the community to differentiate between different identities.

PB243A

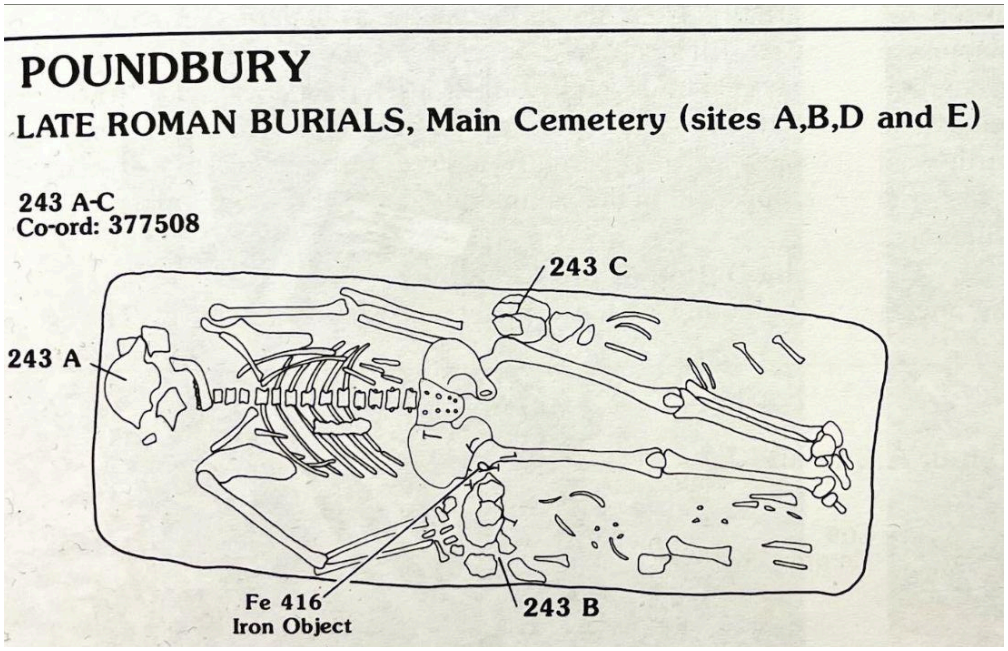

Figure 13: Grave drawing of PB243A-C (source: reprinted with permission from Farwell & Molleson, 1993, p. 71)

PB243A was buried normatively in several ways, as summarised in table 8 (Farwell & Molleson, 1993, p. 71). However, there was one major way in which this burial deviated from the norm; he was buried together with 243B and 243C, two infants of 12 and 18 months old. This grave is thus an example of a multiple burial. Moreover, the addition of the two infants becomes even stranger when we realise that they could not have been twins or siblings, due to their age. The male adult in the grave also appears too old to have been the father (Farwell & Molleson, 1993), though I would caution in making this assumption, as it is well-known that men are able to have children well into their old age. While examples of multiple burials with women and children are attested at several cemeteries of this period, including Poundbury, this treatment is much less commonly afforded to men. It could be that the infants suffered a uniquely bad death, causing their association in the grave with a physically impaired man. However, what is more likely is that

children and the disabled occupy a similar social space, leading to their spatial relation in death (Craig & Craig, 2013).

Grave	Sex	Age	Diagnoses	Physical consequences	Social consequences	Reference(s)
PB1114	I	Child	Extreme or total deafness in both ears (bone growths blocking both ear canals)	Inability/limited ability to hear	Disconnection from community; potential inability to speak/communicate well; limited ability to participate in social and economic activities	Farwell & Molleson, 1993, p. 187
PB243A	M	Older adult	Osteoarthritis of the big toes; fusion between calcaneus and talus; old age	Difficulty walking; impaired balance; significant pain	Limited ability to participate in social and economic activities; impact on masculinity	Farwell & Molleson, 1993, p. 151

Table 7: Diagnoses and impacts of each of the graves at Poundbury

Burial	Sex	Age	Body position	Arms position	Body treatment	Single internment Y/N	Coffin Y/N	Grave goods	Grave location	Grave orientation	Other	Reference(s)
'normative'	N/A	N/A	Supine, extended	Extended	Wrapping, complete body	Y	Y	Common; clothing, food, money, boots	Within main cemetery grouping	W-E		Taylor (2008); Cooke (1998); Esmonde Cleary (2001)
'deviant'	N/A	N/A	Prone, flexed, crouched	Other than extended	Mutilation, decapitation	N	N	None or fewer	Peripheral; liminal	N-S/ S-N		Taylor (2008); Cooke (1998); Esmonde Cleary (2001);

												Millela et al. (2015); Crerar (2014; 2015)
AA766	F	Young adult	Supine, extended	Flexed	Wrapped, complete	Y	Y	Normative	Main cemetery grouping	SW-NE		Evelyn-Wright (2022)
AA852	M	Older adult	Prone, flexed	Left arm slightly flexed	Wrapped, complete	Y	Y	Normative; dog	Main cemetery grouping	SE-NW		Evelyn-Wright (2022)
AA210	M	Older adult	Supine, extended	Right arm over waist	Wrapped, complete	Y	Y	Normative	Main cemetery grouping	NE-SW		Evelyn-Wright (2022)
K131	I	Young adult	Supine, extended	Crossed over chest	Complete	Y	Y	Pottery sherd	-	W-E	Abnormally large grave	Castells Navarro et al. (2017); Roberts et al. (2004)
PB1114	I	Child	Prone, extended	-	Complete; covered in stones	Y	Y; limestone	-	Peripheral	N-S		Farwell & Molleson (1993)
PB243A	M	Older adult	Supine, extended	Extended	Complete	N	Y	Two infants (12mo and 18mo)	Main cemetery grouping	W-E		Farwell & Molleson (1993)

Table 8: Selection of graves from the late Roman period and the elements of burial under study. Deviant practices are highlighted in red; practices that were unusual but not discussed in literature as 'deviant' are highlighted in yellow

Now that the six burials selected from the late Roman period have been discussed, I will move to those from the early medieval assemblages.

3.2 Early medieval Britain

3.2.1 Apple Down

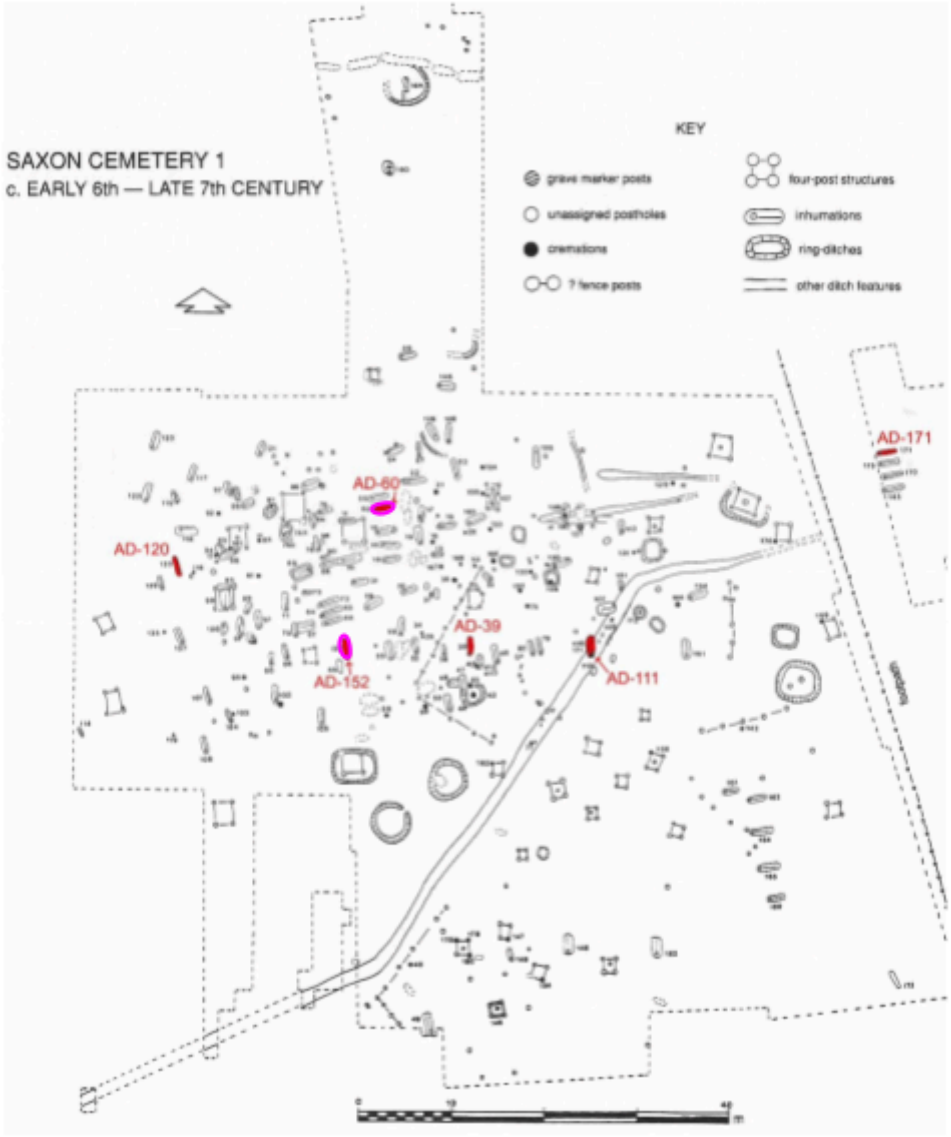

Figure 14: Map of Apple Down cemetery 1, showing the location of all impaired burials (red) and the selected burials (pink) (source: modified with permission from Bohling, 2020, p. 174; Copyright of the Novium Museum (a service provided by Chichester District Council). All rights reserved.)

Apple Down cemetery 1 is a 5th-7th century site in Compton, West Sussex (see figure 4), containing around 121 inhumation burials, of which seven were found to show evidence of physical impairment (Bohling, 2020, p. 114-115). Two graves containing physically impaired individuals will be analysed in more depth below. The details of their diagnoses and impacts are summarised in table 9.

AD60

The level of dependency that AD60 would have had on others indicates a willingness on the part of their community to put time and effort into, at the very least, keeping them alive. Not only would AD60 have been much restricted in a practical sense, an inability to use the muscles in one's limbs would cause them to atrophy, making them visually distinctive.

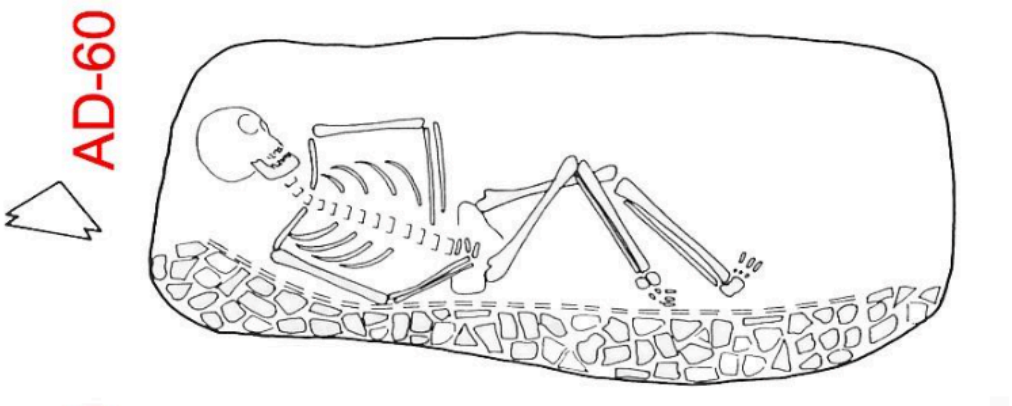

Figure 15: Grave drawing of AD60 (source: reprinted with permission from Bohling, 2020, p. 177)

While fitting into the majority in some aspects of their burial, AD60 was buried in a non-normative manner in a number of ways (see table 12; Bohling, 2020, p. 175). Firstly, only eight other graves at this site contained burials on their left side. Furthermore, the densely packed stone lining in the grave is unusual; the regularity of the stones and the tightness with which they were packed demonstrate a high level of care, which is reinforced by the fact that the extra space required to fit the stones would have necessitated extra time and effort (Bohling, 2020, p. 179). Since the stones were not on top but rather next to the body, an interpretation of necrophobia based on perceived efforts to restrict the body is inadvisable. The stone packing may be a protective measure, intended to safeguard the deceased's body in the afterlife (Bohling, 2020). This interpretation is further supported by the fact that stone packing within the graves of other individuals at Apple Down was often afforded to women and children, who occupy a similarly disadvantaged position and may therefore be considered more vulnerable and in need of protection after death.

AD152

As illustrated by table 12, AD152 was buried normatively in every way but one (Bohling, 2020, p. 175-176). It is notable that this sacrifice of weaponry is afforded to an individual with a clear physical impairment, as it has often been associated with elevated social status such as that of a warrior (Bohling, 2020, p. 180). It may have been incorporated in the burial to reflect a broader

social or economic status of the individual or their family (Bohling, 2020, p. 181), or served a more symbolic purpose in manipulating the deceased's identity after death (Brunning, 2013; Sayer et al., 2019). The latter interpretation implies that AD152's family made this inclusion to construct a particular status they wished he had, or to counterbalance the effects his impairment had on his perception in society by inflating his link to weaponry. It is more likely that AD152 did indeed not hold warrior status in life, as he died at a young age before he would have had a chance to prove himself (Bohling, 2020, p. 181). While the attempt to manipulate the perception of the deceased after his death implies a certain level of shame at his condition and their association with it, it also shows that enough care and respect for this individual was involved to make such an attempt in the first place. The deposition of spears and shields is rare in this period and commonly associated with high status due to the sacrifice involved; this would thus not have been a light decision to make.

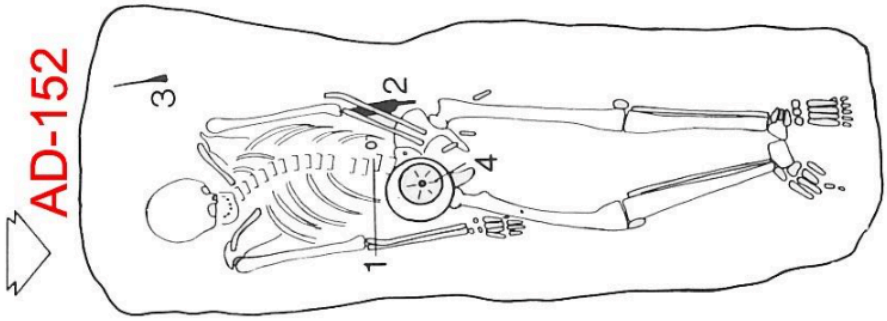

Figure 16: Grave drawing of AD152 (source: reprinted with permission from Bohling, 2020, p. 177)

Grave	**Sex**	**Age**	**Diagnoses**	**Physical consequences**	**Social consequences**	**Reference(s)**
AD60	I	Adolescent	Paraplegia /quadriplegia; resulting muscle atrophy	Inability to walk; inability to use arms in the case of quadriplegia	High visibility; high level of dependency on others (even more so if quadriplegic)	Bohling, 2020, p. 178
AD152	M	Young adult	Hypertrophic	Pain and swelling (both	Visibility; social stigma in	Bohling, 2020, p. 180

			osteoarthropathy (HOA) or treponemal disease (such as syphilis)	conditions)	the case of syphilis	

Table 9: Diagnoses and impacts of each of the graves at Apple Down

3.2.2 Edix Hill

Figure 17: Map of Edix Hill cemetery, showing the location of all impaired burials (red) and the selected burials (pink) (source: modified and reprinted with permission from Bohling, 2020, p. 222; Copyright of the Novium Museum (a service provided by Chichester District Council). All rights reserved.)

Edix Hill is a 6-7th century site in Barrington, Cambridgeshire (see figure 4), containing roughly 140-150 inhumation burials (Bohling, 2020, p. 210; p. 118). Six graves were found with individuals displaying evidence of physical impairment. Two of these will be analysed in detail below and their details summarised in table 10. It must be noted that only a portion of the cemetery was excavated, and thus the true boundaries of the site cannot be determined; no interpretations can therefore be made regarding marginality of graves.

EH42B

EH42B was afforded a relatively unusual burial treatment in the form of a bed burial (see table 12). Just two burials of this type were found at Edix Hill (Bohling, 2020, p. 229). This rite is primarily found in the 7th century and is commonly associated with women, and with the provision of unusually rich grave goods (Bohling, 2020, p. 229-230). The immense time and effort involved in creating such a burial implies that this individual was one of significance in the Edix Hill community; the grave cut had to be significantly larger than the average grave, and the bed itself needed to be constructed and placed within the burial. Furthermore, the grave goods included were carefully arranged on the body (Bohling, 2020, p. 230). The investment into the mortuary rites of EH42B implies great care and respect for this individual. Not only was the funerary provision unusually large, it was also unique in terms of the types of objects that were included (see table 12; Bohling, 2020, p. 230). This differentiates EH42B not only from other impaired individuals, but also from other female burials, and indeed from most other members of the burial assemblage in general. This underscores her potential importance to the community. While being both female and physically impaired, these facets of her identity did not preclude her from receiving a lavish burial, and did not 'overshadow' what appears to have been a high social status.

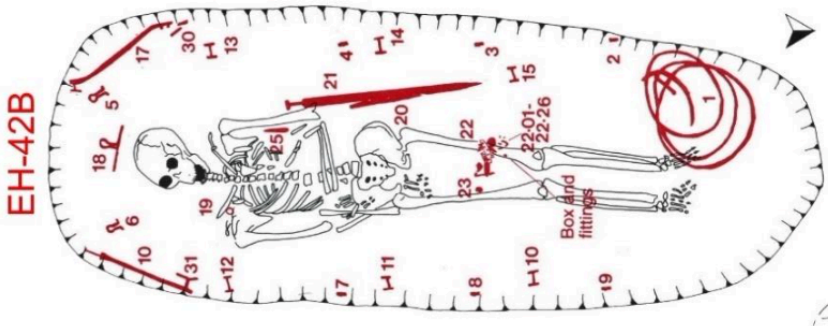

Figure 18: Grave drawing of EH42B (source: reprinted with permission from Bohling, 2020, p. 227)

EH130

EH130 was one of two prone burials found at Edix Hill (see table 12). Furthermore, their legs were flexed and pointed to the left, which was also rarely observed at this burial ground (3.4%). As suggested previously, the application of this burial method may be related to necrophobic attitudes (Reynolds, 2009). Bohling (2020, p. 232) argues, however, that the variability observed in the application of this burial method across communities implies that the motivations behind it may be equally variable, and subject to more specific local pressures and factors.

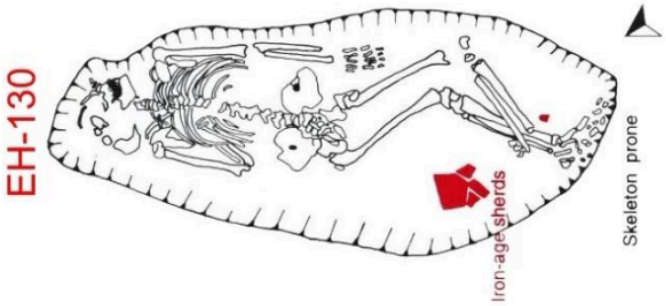

Figure 19: Grave drawing of EH130 (source: reprinted with permission from Bohling, 2020, p. 227)

EH130 was also buried with unusual grave goods (see table 12); Iron Age sherds were placed behind the individual's legs. This fact, combined with the spatial association and alignment of the burial with an Iron Age topographical feature (of unknown type; possibly a ditch), is interesting to discuss. Only five other burials contained similar grave goods (4.1%; Bohling, 2020, p. 231); not only this, but the only other prone burial that was excavated at Edix Hill was aligned with the same Iron Age feature. This may therefore have had some ritual significance; the association with the Iron Age feature and/or ceramics may have been a way to further differentiate these individuals from the rest of the community, or to serve symbolically as protection or safeguarding.

Grave	**Sex**	**Age**	**Diagnoses**	**Physical consequences**	**Social consequences**	**Reference(s)**
EH42B	F	Middle adult	Leprosy, leading to: periostitis on lower leg; plantar ulcer; distinct changes to facial bones	Pain; limited ability to walk	Distinct changes to facial bones leading to high visibility; dependency on others	Bohling, 2020, p. 229
EH130	I	Adolescent	Osteomyelitis in pelvic area	Pain and discomfort; limited ability to walk and unusual gait	Visibility due to unusual gait; requiring aid	Bohling, 2020, p. 231

				due to location of infection		

Table 10: Diagnoses and impacts of each of the graves at Edix Hill

3.2.3 Great Chesterford

Great Chesterford is a mid 5th-late 6th century cemetery site south of Cambridge (see figure 4), consisting of around 194 burials, of which 161 are inhumation graves dating to the early medieval period (Evison, 1994, p. xi). A number of graves were found to contain the remains of physically impaired individuals; two of these will be analysed further below. Again, the details concerning their diagnosis and its impacts are summarised in table 11. Unfortunately, no grave drawings or photographs were available of the graves at this cemetery.

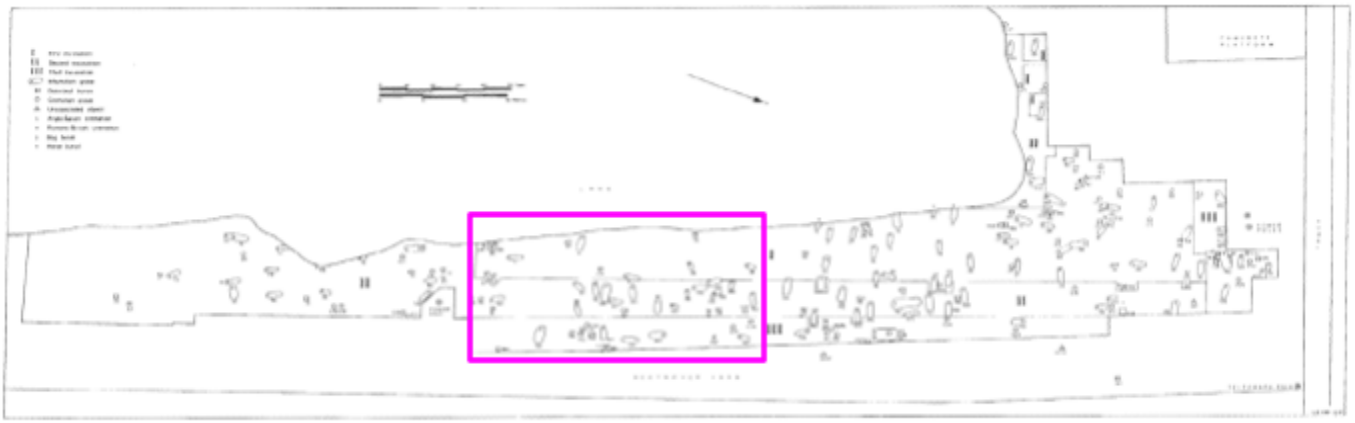

Figure 20: Map of the excavated area at Great Chesterford, with the cluster of impaired burials indicated in pink (Source: modified from and reprinted with permission from Evison, 1994, p. 2f)

GR96

Leprosy is a disease which affects the individual long-term; once an individual contracts the illness, it becomes their reality for the rest of their life (Zakrzewski et al., 2017, p. 278). As previously mentioned, it would have caused the person to become both functionally and visually distinct from the rest of their community (see also table 11).

GR96 was buried within a cluster of graves containing an unusually high proportion of physically impaired individuals, closely associated with several non-adult burials and one multiple burial (see table 12; Zakrzewski et al., 2017, p. 278). This apparent spatial association of potentially 'deviant' social groups points toward an intention on the part of the community to link these individuals' identities (see section 3.2.4).

Beyond the spatial aspects of his burial, the grave of GR96 also contains several unusual grave goods (see table 12; Evison, 1994, p. 104). As previously mentioned, the inclusion of weapons may be an attempt by the community to manipulate the identity of the deceased, either to reflect status, or to compensate for their impairment (Bohling, 2020, p. 181). Considering the fact that his condition would have limited his mobility to such a degree that engaging in combat would have been at the very least uncomfortable, it is unlikely that this individual would have had the status of a warrior; it is therefore more probable that the weaponry included in his grave was a symbolic act.

GR101

The edges of the lesion on GR101's skull were depressed, indicating that the wound which it had resulted from had had time to heal (Evison, 1994, p. 80). This implies that he did not die from this wound.

GR101 was buried in the same cluster as GR96, thus also being spatially associated with other impaired individuals as well as non-adults and women (see table 12; Zakrzewski et al., 2017). This may imply that, while we cannot know whether his cranial trauma had any long-term effects, he was still viewed as impaired or occupying a socially liminal space in some way. GR101's body was also positioned abnormally (see table 12; Evison, 1994, p. 199); he was one of just 12 burials at this site in which the individual had crossed legs. Regarding the grave goods, it may be more likely in GR101's case that he was in fact a warrior, as his age would have allowed him ample time and it is conceivable that his head wound was caused by a sharp weapon, perhaps in combat (Evison, 1994, p. 44). Considering this, his spatial association in death with other socially 'liminal' individuals is interesting; if the inclusion of weaponry as grave goods is indicative of some level of status, this implies that either a) his physical impairment overruled his acquired social status, or b) physical impairment is not necessarily correlated to a reduction in social status. I consider the second option more likely, as I will elaborate on in chapter 4.

Grave	**Sex**	**Age**	**Diagnoses**	**Physical consequences**	**Social consequences**	**Reference(s)**
GR96	M	Adolescent /young adult	Leprosy; periostitis on lower right tibia	Pain; limited ability to walk	Distinct changes to facial bones leading to high	Evison, 1994, p. 34; Waldron, 1994;

					visibility; dependency on others	Zakrzewski et al., 2017; Bohling, 2020, p. 229
GR101	M	Middle adult	lesion on left frontal bone (forehead), ~2-3 cm in length; antemortem tooth loss	headaches and disorientation; (potential) depression and anxiety, chronic headaches, dizziness, and fatigue (Flint Rehab, 2022); (potential) impact on ability to speak coherently (University of Utah Health, 2021); impacted ability to eat (antemortem tooth loss)	Distinct change to facial appearance due to location of wound; impact on ability to partake in social and economic activities depending on severity of long-term effects; dependency on others	Evison, 1994, p. 34; Flint Rehab, 2022; University of Utah Health, 2021

Table 11: Diagnoses and impacts of each of the graves at Great Chesterford

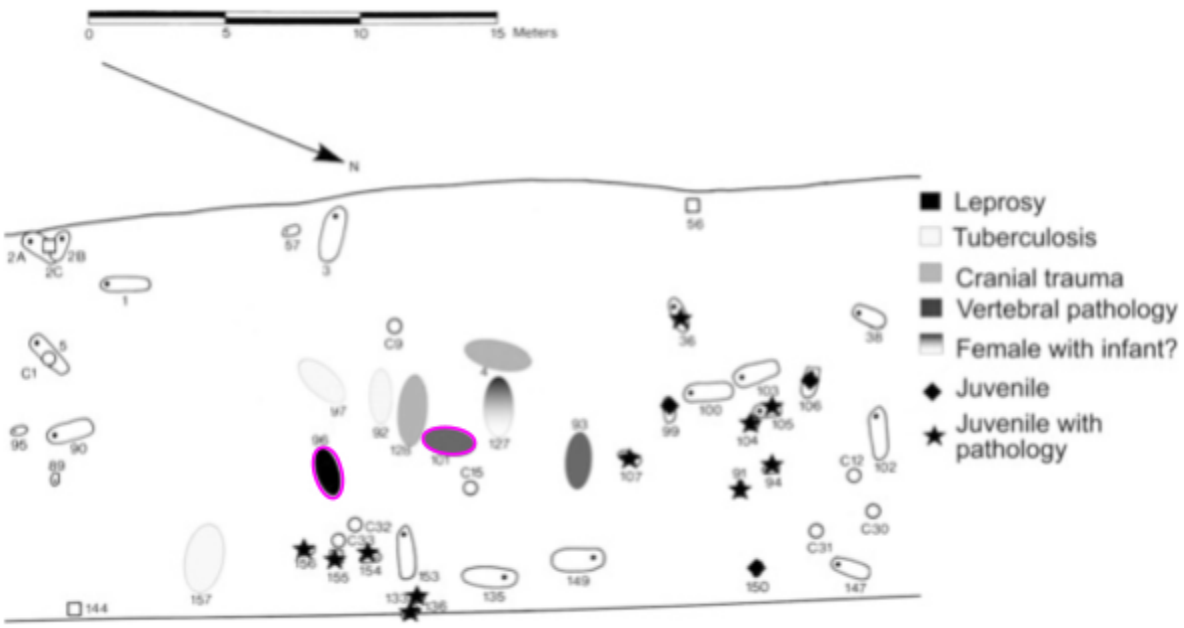

Figure 21: Detailed map of the cluster of impaired burials at Great Chesterford, indicating diagnosed pathologies with GR96 and GR101 indicated in pink (source: modified from Zakrzewski et al., 2017, p. 278)

Burial	**Sex**	**Age**	**Body position**	**Arms position**	**Body treatment**	**Single internment Y/N**	**Coffin Y/N**	**Grave goods**	**Grave location**	**Grave orientation**	**Other**	**Reference(s)**
'normative'	N/A	N/A	Supine, extended	Extended	Complete	Y	N	Clothing, tools, jewellery, weaponry	Main cemetery grouping	W-E, S-N		Reynolds (2009); Wilson (1992); Harrington et al. (2020); Halsall (1995)
'deviant'	N/A	N/A	Prone, flexed, left/right	Flexed	Mutilated, decapitated; stoning	N	Y	None	Peripheral; liminal	N-S, E-W		Reynolds (2009); Harrington et al. (2020); Klevnäs (2016); Sofield (2015)
AD60	I	Adolescent	Left, flexed	Flexed	Complete	Y	N	Stone lining	Main cemetery grouping	W-E		Bohling (2020)
AD152	M	Young adult	Supine, extended	Extended	Complete	Y	N	Spear and shield	Main cemetery grouping	S-N		Bohling (2020)
EH42B	F	Middle adult	Supine, extended	Extended	Complete	Y	N	Bed, knife, pouch, key, weaving batten, spindle whorl, sea	Main cemetery grouping	S-N	Abnormally large grave	Bohling (2020)

								urchin fossil, sheep astragalus				
EH130	I	Adolescent	Prone, flexed	-	Complete	Y	N	Iron age sherds	Aligned with iron age feature	SW-NE		Bohling (2020)
GR96	M	Adolescent /young adult	Supine, flexed	Flexed	Complete	Y	N	Spearhead, a conical ferrule (ring used for fastening), a knife, a buckle, and a bronze shoelace tag	Cluster of impaired individuals	W-E		Evison (1994); Zakrzewski et al. (2017)
GR101	M	Middle adult	Supine, flexed	Flexed	Complete	Y	N	Spearhead, buckle, knife	Cluster of impaired individuals	S-N	Crossed legs	Evison (1994); Zakrzewski et al. (2017)

Table 12: Selection of graves from the early medieval period and the elements of burial under study. Deviant practices are highlighted in red; practices that were unusual but not discussed in literature as 'deviant' are highlighted in yellow

3.3 Conclusions

The burials of physically impaired individuals in the late Roman and early medieval periods in southern Britain described above present a variety of observations that may inform our interpretation of the social perception of disability in these periods. In the coming chapter, the analyses from each period will be compared with one another, in order to establish the potential differences and similarities in the burial treatment of physically impaired individuals and the implications of this when it comes to our understanding of the lived experiences of disabled people in the past.

Chapter 4: Comparative Analysis Between the Late Roman and Early Medieval Periods

4.1 Normative and Non-normative Burial Methods

4.1.1 Comparison of social deviancy

I will begin by comparing how social deviancy is defined in both late Roman and early medieval research. This will provide the social framework in which we can place the burial customs observed archaeologically.

A notable similarity between late Roman and early medieval scholarship is the focus on funerary practice as a fundamentally social process, which is inherently performative and provides the community with a way in which they can negotiate and mediate their own personal and group identities. The role of burial rites in both late Roman and early medieval communities is said to be framed by intentionality and active, symbolic choices, which come together into a public display of identity (Graham, 2013; Harrington et al., 2020; Williams, 2006). This was confirmed by the data discussed in chapter 3, which showed evidence of intentionality and attempts at identity negotiation in both periods (see sections 3.1.4 and 3.2.4). Regardless of the identity of the deceased, funerary rituals appear to have been shaped by deliberate choices and the investment of time and effort on behalf of the community.

Scholars in both late Roman and early medieval research have included physically impaired individuals in the category 'socially deviant' (Taylor, 2008; Tsaliki, 2008; Murphy, 2008; Craig & Craig, 2013; Reynolds, 2009; Hadley, 2010). Some suggest that deviant burial customs are most often observed relating to individuals who in some way failed to meet societal standards (Taylor, 2008; Tsaliki; 2008; Murphy, 2008); my analysis in chapter 3 did indeed reveal a potential link between physical impairment limiting one's ability to partake in social and economic activities, and atypical burial treatment. However, I also argue that this is highly contextual and depends on a range of factors acting upon an individual's identity in death, such as age, gender, social status, and more (Crerar, 2014; 2015; Craig & Craig, 2013). The funerary process is complex and informed by a variety of influences, and while deviancy can indeed be correlated to physical impairment, this is not a one-to-one relationship but rather the result of interaction between various personal and communal identities.

4.1.2 Comparison of the standards for normative burial customs

There are a number of similarities and differences between the late Roman and early medieval periods when it comes to standards for normative burial treatment, which will now be laid out.

A theme that emerges from both periods is the concept of care and respect. Scholars emphasise the intentionality and emotional and physical investment involved in burial rites (Taylor, 2008; Sofield, 2015; Harrington et al., 2020; Williams, 2007). They strongly reject the idea that any burial, whether it be normative or non-normative in nature, was treated carelessly or haphazardly; if burial practices are observed that defy the identified norms, these are the result of intentional choices on the part of the community, rather than opportunism.

The intentionality with which burial is undertaken in both periods is further evidenced by the spatial planning observed (Esmonde Cleary, 2001; Taylor, 2008; Sofield, 2015). The emphasis on physical separation between the living and the dead is commonly observed throughout both periods. The dead are separated from the living not only physically in space, but also symbolically through the rituals involved in funerary practices. This may be one facet of the intentionality and investment consistently observed in burial across the two periods; a careless, haphazard burial may have been insufficient to satisfy the symbolic requirements ensuring the segregation of life and death.

A last commonality was specific to burial treatment itself. In both periods, the most common way to perform a burial was through inhumation, with the body placed in a supine, extended position (Cooke, 1998; Taylor, 2008; Reynolds, 2009; Wilson, 1992; Harrington et al., 2020; Halsall, 1995). Furthermore, the grave itself was most often aligned in a W-E manner, though this proportion was smaller in the early medieval than in the late Roman period (Reynolds, 2009). Grave goods were common in both periods as well, though they took a different form and decreased in prevalence over time during the early medieval period (Reynolds, 2009; Halsall, 1995; Brownlee, 2021a; 2021b). These commonalities suggest a continuity of practice across the two periods.

The early medieval period distinguishes itself from the preceding late Roman period in that scholarship observes a greater degree of local variation in burial rites. While late Roman cemeteries display more uniformity across communities and regions, early medieval burial assemblages show ‘locally enacted’ burial customs, especially in terms of grave furnishing and body positioning (Harrington et al., 2020; Reynolds, 2009; Halsall, 1995). This growth of variability in burial customs may be related to a decentralisation of power, and a loss of

socio-cultural unity and interconnection. The localisation of burial practice indicates a shift in the scale at which power is enacted, from one with a wider geographical scope to one with regional foci. I also observed variability in customs in the burials described in chapter 3, which displayed a diverse range of rites especially when it came to deviant treatment.

4.1.3 Comparison of the standards for non-normative burial customs

I now turn to a comparison of standards for non-normative burial customs within scholarship in both periods.

The late Roman and early medieval periods shared many common deviant customs, including prone position, mutilation of the body, decapitation and/or displacement of the head, and spatial segregation (Taylor, 2008; Reynolds, 2009). Scholars agree that these rites may be a way in which communities express certain feelings towards the identity of the deceased, especially in relation to their own personal and group identities (Harrington et al.,2020; Mui, 2018). Though many associate them with negative connotations, this is not supported by the evidence discussed in this thesis, which demonstrates much more care and emotional investment as opposed to rejection (Taylor, 2008; Sofield, 2015; Harrington et al., 2020; Williams, 2007). The implied link that much of literature puts forward between deviancy and exclusion or otherwise negative impacts on the individual thus may not be supported by archaeological evidence. As Whitehouse (2016) proposed, deviant burial may be more a reflection of atypicality and 'eccentricity' rather than social rejection.

The relationship between deviancy and (spatial) liminality provides an interesting lens through which to view impairment in the past. While deviant burials are most often still contained within the main cemetery grouping, there are examples from late Roman and early medieval contexts in which the ritual deposition of human remains in liminal spaces has been demonstrated (Esmonde Cleary, 2001; Sofield, 2015). As shown by Sofield (2015), even burials in settlement contexts display attempts at creating distinction between normative and non-normative burials through spatial separation, demonstrating a marked difference between the two. This practice is often applied to burials that are also deviant in another way, such as through prone burial or mutilation. The importance of spatial planning when it comes to the treatment of the dead in both periods may thus extend to a more specific form of segregation, possibly one based on aspects of the deceased's identity.

Scholars commonly suggest necrophobia as a primary motivation for non-normative burial customs (Taylor, 2008; Tsaliki, 2006; Reynolds, 2009). Methods such as prone burial, physical

restriction and/or mutilation of the body, and stoning have all been associated with this, especially in relation to a deviant identity of the deceased. Authors suggested that those who died from a 'bad death' such as a violent or shameful one, may be particularly likely to be subject to necrophobic burial rites (Evelyn-Wright, 2022, p. 124). This relates to potential physical impairment; if disability was treated as or similarly to 'bad death' the non-normative customs applied may be linked to necrophobia.

One way in which deviant burial practices differ between the two periods is the manner chosen to physically restrict the body of the deceased. In the late Roman period, lead-lined or plaster coffins or the wrapping of the body ensure secure burial (Taylor, 2008; Esmonde Cleary, 2001; Tsaliki, 2006). In the early medieval period, stoning was more commonly observed (Reynolds, 2009). Reynolds (2009) speculates that the placement of stones over specific parts of the body may be related to illness or injury in those areas. Examples have been observed in which stones were placed over the pelvis of female remains, associated with infant remains in the same grave (Zakrzewski et al., 2017); this may be related to death or injury in childbirth. Death in childbirth quite obviously only affects the person at the end of their life, and yet is reflected in their grave; how would this change when they are suffering from long-term impairment? The application of stoning and other deviant practices to individuals displaying evidence of physical impairment would imply a similar attitude, whereby it becomes a defining characteristic in death.

The role of funerary activities in supporting processes of identity construction and mediation is an underlying factor driving deviant burial practices (Graham, 2013; Williams, 2006; Sofield, 2015; Harrington et al., 2020; Mui, 2018). The funerary process is a way in which communities can express their feelings towards an individual formally and symbolically, and use this to communicate their own social role and status. Not only does a group identity need to be renegotiated in the event of the loss of one of its members, this is also an opportunity to reinforce existing identity relations between members of the community. In my opinion, this organic yet structured reconfiguring of identities in processing the death of a peer is a much more plausible driver of deviant burial practices, as it allows for an understanding and explanation of the complexity that is so often observed in funerary processes which arguably cannot be elucidated by something as simple as fear, or any other one-sided explanation.

I will now turn to a comparative analysis of the disabled individuals analysed in chapter 3, to determine to what extent these interpretations apply to the selected cemeteries. The data is summarised in a table in appendix ii.

4.2 Case Studies

One recurring theme in the case studies from both time periods is the diversity of burial rites. Regarding deviant customs, the burials do not appear to follow a common pattern, and there is notable variation between different communities. This is true for both late Roman and early medieval graves, despite local variability being more prominent in early medieval scholarship (Reynolds, 2009; Harrington et al., 2020); perhaps this can be attributed to the fact that the variability is only observed in deviant or otherwise atypical graves, which have not featured as a central focus of much of the literature on this topic. Moreover, those atypical burials that have been studied have primarily been analysed on a case-by-case basis, which would restrict the possibilities for interpretation of broader patterns as has been conducted in this thesis (Castells Navarro et al., 2017, p. 46).

Discussing the diversity of burial rites further, appendix ii shows that most variation occurs when it comes to the grave goods/furniture that have been included (or not included) in the burial. While many graves are found to be atypical in some way in this respect, the manner in which they deviate from the norm varies considerably. This can be seen in the grave furnishings of AA852, PB243A, AD60, and EH130; this funerary provision in the graves of impaired individuals clearly does not follow a common pattern, and appears to be determined less by a standard practice and more so by variables specific to the individual and community in question, and the relationships they have to each other. For example, the inclusion of weaponry in burials AD152, GR96, and GR101 was considered unusual taking into account their impairment (Bohling, 2020, p. 180-181); this action may therefore have been influenced by other factors acting upon the identity of the deceased, beyond their disabled identity.

Based on the data discussed in this thesis, unusual body positions (prone, flexed) and unusual grave goods appear to be the most common deviant features. Prone burial, in particular, appears relatively consistently. As authors writing on both time periods have emphasised the intentionality involved in all forms of burial including prone, this pattern may say something about the ways communities use burial practices to express certain feelings towards the deceased, based on their identity (Graham, 2013; Williams, 2006; Harrington et al., 2020). The same can be said for the provision of unusual grave goods; for example, the inclusion of weaponry may have been a way for the individual's community to construct a particular identity for them in death, which may or may not reflect their true identity in life (Bohling, 2020). Whether it does or does not, the attempt made to manipulate this after the person's death may tell us more about the way their community perceived certain identities and social roles. The

inclusion of certain grave goods may have been a way to compensate for less desired aspects of one's identity, such as disability.

Furthermore, a higher number of graves from the late Roman period are oriented in an atypical manner, while a higher number of those from the early medieval period are located peripherally or spatially associated with liminality or deviancy (see appendix ii). These are deviant features that have been attested to in both periods, but based on these selected individuals there is a distinct difference in the prevalence of each custom. Despite the small sample size in this thesis, the patterns that emerge from this data form an interesting look into the diversity of burial rites afforded to those with physical impairments, and the potential factors that play into this. When it comes to atypical orientation and spatial segregation, these may be interpreted as two similar but distinct ways of creating spatial differentiation between different burials. While the late Roman period still saw a stronger focus on family plots, this may have been deprioritised in the early medieval period, allowing for a new form of spatial distinction for those deemed socially atypical (Taylor, 2008; Farwell & Molleson, 1993).

Contrary to popular interpretations, the data in chapter 3 does not suggest negative attitudes towards the impaired as a motivating factor for their differential treatment in death (Taylor, 2008; Reynolds, 2009; Castells Navarro et al., 2017). While these attitudes may still have existed and impacted the individual's life and even death, they are not necessarily implied by deviant treatment; non-normative burial customs may instead indicate attempts on behalf of the community to negotiate and renegotiate their own personal and group identities in relation to the deceased. This implies not so much a condemnation of or punishment for the individual, but rather an attempt to create meaning and symbolically address their place in the social whole, which is now transforming as they transition from the world of the living to that of the dead. As discussed in chapter 2 and in section 4.1, multiple authors have made the argument that funerary practices are a social process (Graham, 2013; Williams, 2006; Harrington et al., 2020). I propose that a similar interpretation may be made regarding the burial rites afforded to physically impaired individuals, and that though this may lead to atypicality, it does not inherently imply negativity.

This interpretation is further supported by the evidence of care and respect in burials of physically impaired individuals from both late Roman and early medieval assemblages. The careful positioning of the body within the grave observed in every burial demonstrates that the funerary ritual was a matter of deliberate choices. Of the selected burials described in chapter 3, many display aspects which demonstrate increased effort and investment on behalf of the community. For example, in each of the three burials from Alington Avenue, there was evidence

that the bodies had been dressed, wrapped, and carefully placed in coffins (Evelyn-Wright, 2022). Furthermore, the inclusion of the dog in grave AA852 points towards a careful and intentional positioning of elements within the burial (Evelyn-Wright, 2022, p. 158), and the attempt to amputate his limb, despite the potential consequences, demonstrates a prioritisation for the preservation of his life. Similar care can be observed in the burial of K131 and those from Poundbury, from the same period; the size of the grave cut in which K131 was buried would have similarly taken increased effort and time, though it is also possible that the larger grave cut was originally intended for another individual, and perhaps an untimely death of K131 led to the grave being repurposed. Similarly, the time and effort that would have been necessary in order to construct the limestone coffin in which PB1114 was interred certainly implies intentionality and purpose, and may be argued to suggest a level of emotional investment in the burial of this child.

On the other hand, Taylor (2008) proposes necrophobia as a contributing factor (see section 2.1.4); the fact that this method has been applied to other disabled children may support this idea. However, it is also likely that these practices are simply a reflection of communal grief at the death of someone so young; the secureness of the grave a result of their desire to protect the child, as opposed to themselves. For example, another case of an abnormally secure child burial was at Alington Avenue, in which the grave contained a lead-lined coffin and unusually lavish grave goods; this care for the preservation of the body as well as the rich funerary provision implies love rather than fear (Evelyn-Wright, 2022, p.157). This is further supported by the fact that children, regardless of ability, bear the burden of inheritance of their family's wealth and/or position; the death of a child would thus be a great loss and would require the unexpected renegotiation of family and community dynamics. Multiple interpretations are thus possible, and more in-depth study is needed to investigate the intersection between young age and physical impairment.

Care and respect can also be observed when looking at the early medieval burials. For example, the inclusion of a tightly packed and evenly laid stone lining in the grave of AD60 demonstrates increased time and effort taken in the construction of this burial, similarly to the burial of PB1114. Additionally, the inclusion of weaponry in the burials of AD152, EH42B and GR101 points towards a willingness to sacrifice valuable items for the sake of the deceased; while this may have been an effort to posthumously manipulate the individual's identities, perhaps to compensate for their impairment, these acts betray a degree of emotional investment in the afterlife of these individuals that counters any suggestion of carelessness or hate.

Another similarity is the parallels between the treatment of physically impaired individuals, and women and children. Though this is more commonly attested to in early medieval scholarship,

similar patterns can be observed in late Roman burials. The inclusion of two infants in the burial of PB243A is one example of the possible spatial association between impaired individuals and non-adults. These groups may occupy a similar social space, due to their inability or decreased ability to contribute socially and economically, and their subsequent limited responsibilities and increased need of care and support (Craig & Craig, 2013, p. 637; Zakrzewski et al., 2017). Similarly at Great Chesterford, non-adult and female burials are spatially associated with the cluster of impaired individuals (Zakrzewski et al., 2017, p. 276). Their common exclusion from power structures within society might have led to their association in death. While these burials are spatially concentrated, they are not positioned at a marginal location in the cemetery; in fact, they are located relatively centrally. This implies that these individuals were not expressly marginalised, but instead grouped together to reflect shared traits. Potentially, impaired individuals existed in a liminal state between sickness and health, owing to the chronic nature of their impairment. This would not fit into contemporary understandings of illness, which was expected to end either by a return to health or by death. Women and children may have been considered to occupy a similarly liminal space; children who are not yet adults, and women who go through processes of pregnancy and childbirth (Zakrzewski et al., 2017, p. 278). This grouping of graves based on their social identities speaks to the intentional engagement of communities with the deceased's identity during funerary processes; not only are these groups spatially linked to one another, they may also be afforded atypical burial rites in similar patterns. For example, deviant customs regarding body position and grave goods observed in several early medieval graves from Apple Down cemetery were applied to women and children at similar, though decreased, rates (Bohling, 2020, p. 183-185). According to Mui (2018), atypical body positions within the grave may be related to diminished social power, and Bohling (2020, p. 183) proposes that the reduced grave goods may be related to non-adults' and impaired individuals' reduced ability to contribute economically.

Despite their physical impairment and the atypical treatment of some of their contemporaries, there were also burials which were relatively 'normative' (see appendix ii). With respect to burial K131 (clubfoot), Castells Navarro et al. (2017, p. 34) suggested that the individual's impairment did not restrict their ability to engage with their community socially and economically to the extent that it would impact their status, and subsequently, treatment in death. The degree to which an impaired individual was able to contribute to society may indeed have been an important factor deciding the manner of their burial; however, this was not the only factor. About the burials at Apple Down, Bohling (2020) stated that the treatment of these individuals after death was also influenced by other parts of their identity. This is underscored by the relatively normative burial of AA766 (dwarfism), and the overlap in treatment between impaired people,

non-adults, and women – it is the interplay of different identities in an individual that leads to a particular response from the community to their death.

To conclude, there were a number of common themes which could be observed in the burial methods afforded to individuals with physical impairment, including the evidence of care and respect, the lack of a negative attitude, the diversity in burial rites, the parallels with other socially liminal groups, and some of the deviant customs themselves (prone burial and unusual funerary provision). More late Roman graves were oriented atypically, and more early medieval graves were located peripherally or liminally. It appears, generally, that a grave as observed archaeologically is the product of a range of different factors, including aspects of individual and communal identities and the ways and degrees to which these interact and act upon one another, as opposed to it being the result of one single feature such as physical impairment. However, it must be made clear that physical impairment can indeed be one of these factors, and certainly has the potential to play a role in the ways the funerary process of a particular individual is enacted.

Chapter 5: Conclusion

5.1 Summary of Findings

This study has shown that individuals with physical impairments are, to a certain extent, given a deviant form of burial after death.While a perhaps unexpected amount of normativity was observed in the twelve burials analysed from the late Roman and early medieval periods in Britain, there were also a range of ways in which these burials can be said to have deviated from the standards of 'normativity' as set out by previous scholarship from both time periods (see chapter 2). Unusual body positions were the most common type of deviancy, in the form of prone and/or flexed burial, but there were also several examples of non-normative depositional inclusions within the grave.

The variation amongst the burials when it came to the presence as well as type of deviancy speaks to the influence of many different factors in shaping and constructing the funerary ritual. While this thesis focuses on disability and physical impairment, it has also shown that there is a range of other aspects of an individual's identity that can play a role (Craig & Craig, 2013; Roush, 2017; Crerar, 2014; 2015). Gender has come to the fore, in particular in the late Roman period (see section 3.1.1) but also in a significant way in the early medieval assemblages (section 3.2). Parallels were observed between the treatment of impaired individuals and female skeletons, through spatial association as well as similarities in treatment (i.e. body position, inclusion of grave goods). Age is a factor that similarly contributes to the overall funerary process; not only can old age lead to physical impairment and disability, infants and children have also been subject to unusual burial rites in ways that parallel the treatment of impaired individuals. These links between various groups that may exist outside the accepted 'standard' in society, for example of an able-bodied, middle adult man, indicate that these social distinctions in life may be intentionally reflected in death. The variability in the burial record when it comes to disabled individuals may therefore be explained by the intersection of various personal and communal identities that together construct the funerary ritual; not only age, ability, and gender play a role in this but also social status and role, and more nebulous concepts such as personality and personal relationships (Roush, 2017).

Another important observation that was made based on the results of the analysis in chapter 4 was that, contrary to popular belief and much of the preceding research, no evidence was found of negative attitudes on behalf of the community towards the disabled deceased. This was demonstrated by the normative aspects of burial that characterised many of the graves, showing little distinction in death based on a disabled identity. However, I would argue it was shown even

more so by the ways in which these burials were atypical or 'deviant' – much of previous scholarship has suggested that these unusual practices reveal carelessness or even rejection, but the graves described in chapter 3 betray a high degree of intentionality, and arguably even emotional investment. This is more in line with studies that have characterised the funerary ritual in general as a performative display, involving deliberate choices that function to mediate a process of identity (re)construction (Graham, 2013; Williams, 2007; Williams, 2006; Harrington et al., 2020; Richards, 1995). Based on the evidence, I suggest that this similarly applies to the burial of physically impaired people, and that the intersection of various identities within it makes it all the more interesting and insightful regarding social perceptions and values in a particular community. The oft-quoted truism 'the dead don't bury themselves' reminds us that burials tell us much more about the living community than the deceased individual. Not only what they think about them, but what they feel towards them and what they want for them; and perhaps even more so what they want for themselves.

The conceptualisation of disability proposed by Murphy (1990; see section 1.1) as a form of liminality provides an interesting framework for the data discussed in this thesis. Several of the burials described in chapter 3 are associated with liminality, either in a peripheral location within the cemetery or by spatial association with liminal elements such as ditches and enclosures. Liminality has previously also been associated with other forms of deviant burial, but has not been explored more specifically. It certainly seems conceivable that deviancy and liminality can be discussed in the same breath, especially considering the observed correlations between disabled burials and those of other 'non-standard' groups within society such as women and children. These groups can be viewed as occupying a liminal space within their community, not being 'full' members of society in the accepted sense. Adulthood, maleness, and able-bodiedness form the centre, to which childhood/old age, femaleness, and disability are the margins. This may not necessarily be a negative thing, but definitely indicates an intentional differentiation between various members of the community which can explain the deviant burial practices that have been applied to them.

The comparison between the burials from each period revealed many similarities and fewer differences. While the type of deviancy when it came to funerary practices varied across time, with late Roman burials being more likely to be oriented unusually while early medieval ones were more likely to be associated with liminality, overall the two periods had more in common with each other. This indicates a level of continuity in this region over time, at least when it comes to the degree to which deviant burial takes place; the greatest variation between the two periods, both regarding normative and non-normative practices, occurred in terms of the *type* of deviance. This variability regarding the specific burial methods themselves may be related to

shifting norms and values, with the loss of centralised authority and decreasing influence of Roman culture at the end of the late Roman period. Meanwhile, the continuity that has been observed might be attributed to the continuing hand of pagan customs in constructing funerary rituals, as well as persisting local traditions that have not yet been pushed out by the widespread imposition of Christian values which would occur after the early medieval period (Bohling, 2020, p. 39; 45; 69; Reynolds, 2009c; Williams, 2006; Cooke, 1998; Sparey-Green, 2002). While Christianity had not fully taken hold, its influence may be noticed in this period in the more uniform adherence to west-east orientation (see section 2.1.3 and 2.2.3).

5.2 Limitations

This study was limited by a number of factors which restrict the validity of its conclusions. Besides the limitations to the methodology which were discussed in section 1.5.3, several others were noted during the process of this particular research. Most significantly, the sample size was rather small, containing just twelve burials of physically impaired individuals coming from a total of six assemblages (three from each period). In order to truly be able to discern broader patterns in the burial treatment of disabled people, a larger sample would be required, which may even allow for statistical analysis to be conducted. Furthermore, while comparison was made between these selected burials and the standard set by scholarship regarding 'normative' burial treatment, due to the restricted scope of this thesis no burials of individuals without observable conditions could be included in the sample. No comparison could thus be made between the impaired graves and non-impaired graves from the same periods or cemeteries, which would have allowed for a deeper level of interpretation regarding the role of disability as a factor in burial treatment.

Not only was the sample quite small, the burials that were analysed were selected from within their relative assemblages. The selection process cannot be said to have been entirely random, and graves were selected based on a range of factors. Firstly, the grave quite obviously needed to contain a physically impaired individual, according to the defined parameters of this term (see section 1.1.1). Some practical factors also played a role, such as the level of detail in the description of each burial (information on each of the burial aspects under study needed to be present). Besides this, however, burials were selected based on their level of relevance and interest, deriving from the type of impairment but also the type of burial. An attempt was made to include as wide a range as possible in these regards; most different kinds of impairment were included, and I tried not to unintentionally exclude burials that displayed a high degree of normativity. However, it must be acknowledged that eradicating any biases in this process entirely would be impossible, and this likely impacted the results of this study.

5.3 Avenues for Further Research

Ideally, research building on the work done in this project would address some or all of the limitations discussed in section 5.2 – it would include a larger sample size, perhaps being able to analyse all burials in one or multiple assemblages and thus avoiding the need to make a more specific selection. This would also allow for more quantitative analysis to be conducted, which may reveal interesting insights on a community or even regional level. While this would be incredibly worthwhile, it must be noted that qualitative analysis, as was undertaken in this thesis, should not be neglected, nor should the individual level be forgotten. As was shown in this research project, the funerary process can be influenced by highly personal factors. However, statistical analysis, as can only be conducted with a larger, more inclusive sample, would allow for the observation of broader, higher-level patterns.

Similarly, the inclusion of graves containing individuals with no osteologically visible lesions (i.e. seemingly non-impaired people) would support more solid interpretations regarding the treatment of those that do have observable conditions, by facilitating comparison internal to the assemblage itself. This would eliminate any confounding factors relating to the variation between different burial communities. Further comparison could subsequently be conducted across regions and periods.

Since research of this kind with a focus on physically impaired individuals has been a relatively recent development, not many studies have been conducted that operate beyond individual case studies or with an emphasis on the disabled members of past communities. Therefore, it would be fruitful to conduct more research of this kind, perhaps looking at other assemblages than the ones that have been included in this study or at other regions and periods. The methodology and theoretical framework employed in this study, as well as others that were described in section 1.6 could in theory be applied to any part of the past, both geographically and temporally.

Each of these potential avenues for further research would further broaden and deepen our understanding of the lived experiences of disabled people in the past, spotlighting a community which has long been in the shadows of archaeological research whether that be through passive neglect or active bias. As this thesis has done, the diversification of our image of the past matters not only in terms of the accuracy and validity of archaeological study of the past, but also for the meaningfulness and impact of archaeology as a discipline in the present.

Abstract

This thesis analysed the extent to which physically impaired individuals are given deviant burial treatment in death in the late Roman and early medieval periods in central and southern Britain. Until recently, disability has been overlooked in archaeological research, and modern biases have been unfairly projected on the past. This thesis made use of a literature review of excavation reports as well as osteological analyses to gain an understanding of the different ways individuals with physical impairments were treated after death, using five criteria by which to measure normative and non-normative practices: the treatment of the body, the type of internment, the funerary goods, the grave location and alignment, and the position of the body. Twelve graves containing impaired people were analysed specifically, allowing a comparison to be made between normative and deviant customs, and between these practices and those applied to these specific burials. This analysis revealed variability in treatment, and while deviancy was observed, this was not explicitly linked to negative attitudes towards disability. Furthermore, while there were differences between the two periods, considerable continuity in traditions could also be observed.

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Appendices

Appendix i – Glossary

This appendix contains a glossary of terms used in this thesis which warrant further elucidation, including medical and technical terminology. It is organised alphabetically.

Acquired: as opposed to congenital – developed after birth, potentially due to disease, infection, or trauma.

Antemortem tooth loss (AMTL): loss of one or more teeth before death (i.e. during life). This is recognisable osteologically as the bone in the jaw will begin to grow over the hole left behind by the tooth.

Atrophy: decrease in size or degeneration of an organ or tissue, for example muscle tissue (Unbound Medicine, n.d.). This can occur in muscles due to chronic lack of use.

Bilateral: on two sides. In the case of clubfoot, it means both feet are affected.

Calcaneus: bone in the heel of the foot (see figure 22).

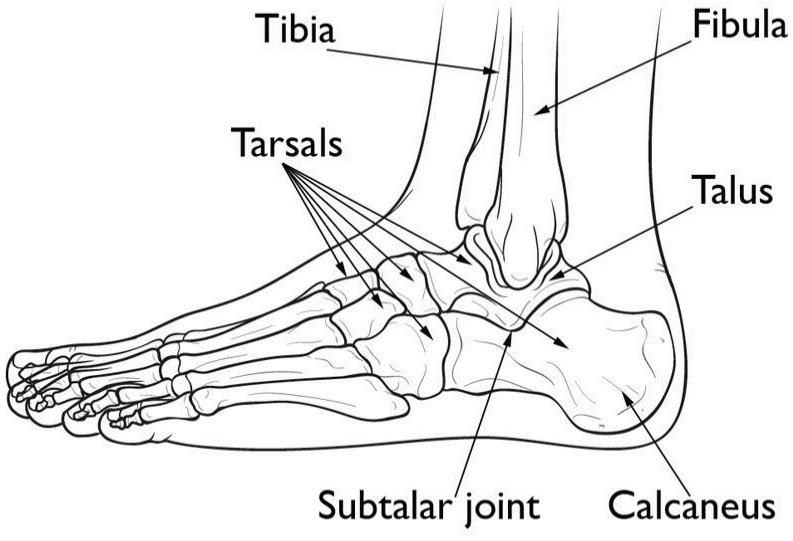

Figure 22: Anatomical illustration of the tarsal bones in the foot, as well as the distal ends of the tibia and fibula (source: Githens & Cass, 2022)

Clubfoot: acquired or congenital condition that causes one or both feet to turn downward and inward (Mayo Foundation for Medical Education and Research, 2019).

Figure 23: Illustration depicting clubfoot in an infant (source: Icahn School of Medicine at Mount Sinai, n.d.)

Congenital: as opposed to acquired – present from birth. Can be due to genetic or non-genetic factors (National Cancer Institute, n.d.).

Cribra orbitalia: porous lesions localised in the eye orbits of the skull, often associated with nutrient deficiencies (in particular, iron deficiency) (O'Donnell et al., 2020).

Figure 24: Cribra orbitalia (source: Beck, 2014)

Cunning women: burials from the early medieval period in Britain that contain female remains and are often associated with unusual burial practices, in particular, lavish and unusual grave goods. These burials are often linked to a high status for the individuals within them, and a 'special role in society' (Reynolds, 2009, p. 73). Many of these graves contain amuletic objects, and are associated with a level of power.

Distal: in the context of the anatomical position of bones within the body – furthest away from the centre point of the body (as opposed to proximal).

Enamel hypoplasia: a period of time during growth in which less enamel is produced, causing distinctive lines on the tooth (O'Malley, 2020).

Figure 25: Enamel hypoplasia (source: Reeve, 2021)

Excarnation: exposure of the dead body to the elements above ground, before reburial (Cunliffe, 2010).

Extended: as opposed to flexed – positioning whereby the legs are extended (relatively) straight below the torso within the grave.

Fibula: smaller long bone in the lower leg. The distal end forms part of the ankle, and the proximal end sits under the knee (see figure 26).

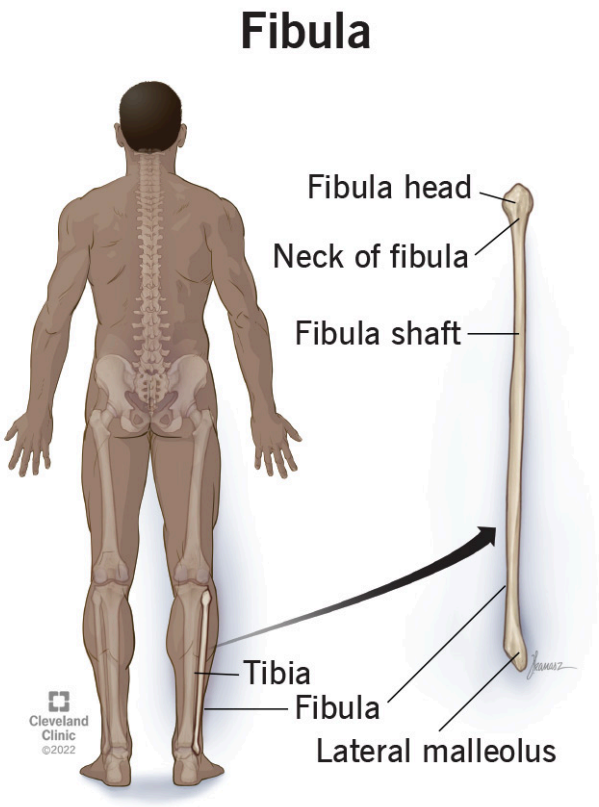

Figure 26: Anatomical position of the fibula within the body (source: Cleveland Clinic, 2022b)

Hypertrophic osteoarthropathy (HOA): a disease which causes clubbing of the fingers and toes (Chakraborty & Sharma, 2023).

Hydrocephalus: a condition in which excess cerebro-spinal fluid builds up around the brain, causing the appearance of an abnormally large head (Shuer & Thakkar, n.d.).

Infanticide: the purposeful killing of a young child or infant.

Inhumation: deposition of human remains by means of burial in the ground.

Last Judgement: the belief, within the Christian religion, that Jesus shall, at some point, return to judge the living and the dead, who will subsequently receive either reward or punishment (Williamson, n.d.). At this time, the dead will be resurrected, leading to a strong belief in the preservation of the body within Christianity.

Leprosy: a condition caused by a bacterial infection that affects the nerves and causes visible and painful sores on the skin. Left untreated, it can lead to severe disfigurement and disability (Donohue, 2023).

Liminal/liminality: located at a boundary or threshold; in a transitional state, between two different states.

Lumbar lordosis: excessive arch of the lower spine, tilting the pelvis forward (Erickson Gabbey, 2023).

Madelung's Deformity: condition affecting the growth plate of the radius, which causes pain and limited movement of the wrist due to the misalignment of the radius and ulna. (Boston Children's Hospital, n.d.).

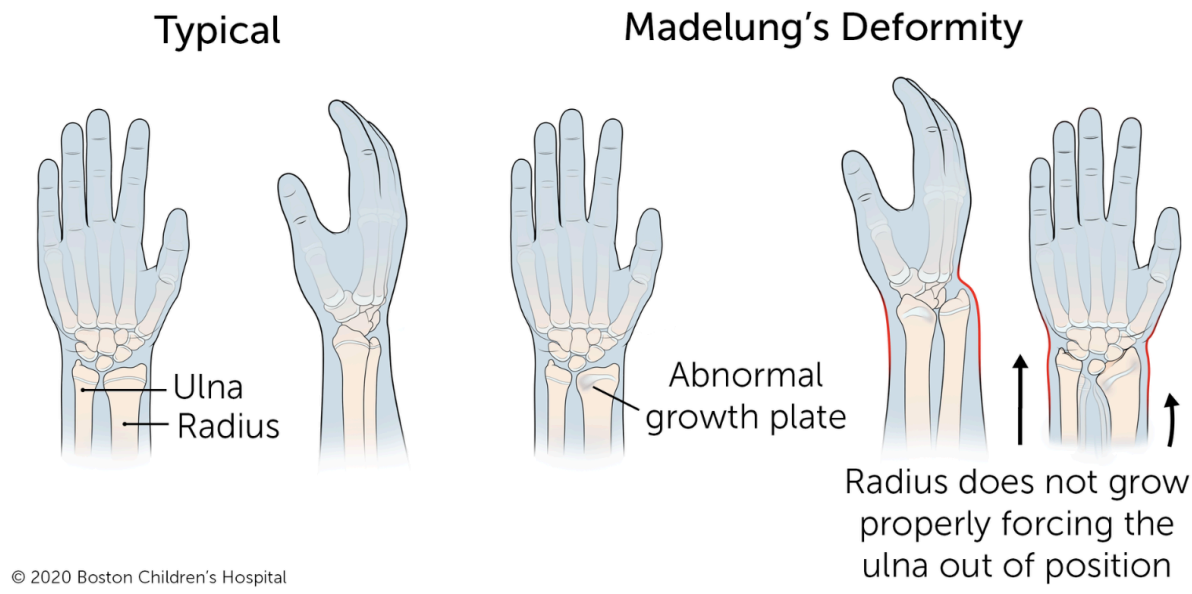

Figure 27: Illustration depicting Madelung's Deformity (source: Boston Children's Hospital, n.d.)

Mandibular hypoplasia: underdevelopment of the lower jaw (Zimmerer et al., 2023).

Mesomelic dwarfism: (Langer type). A bone growth disorder causing extreme shortening of the limbs (National Library of Medicine, 2012).

Metacarpal: one of five bones in the palm of the hand (see figure 28).

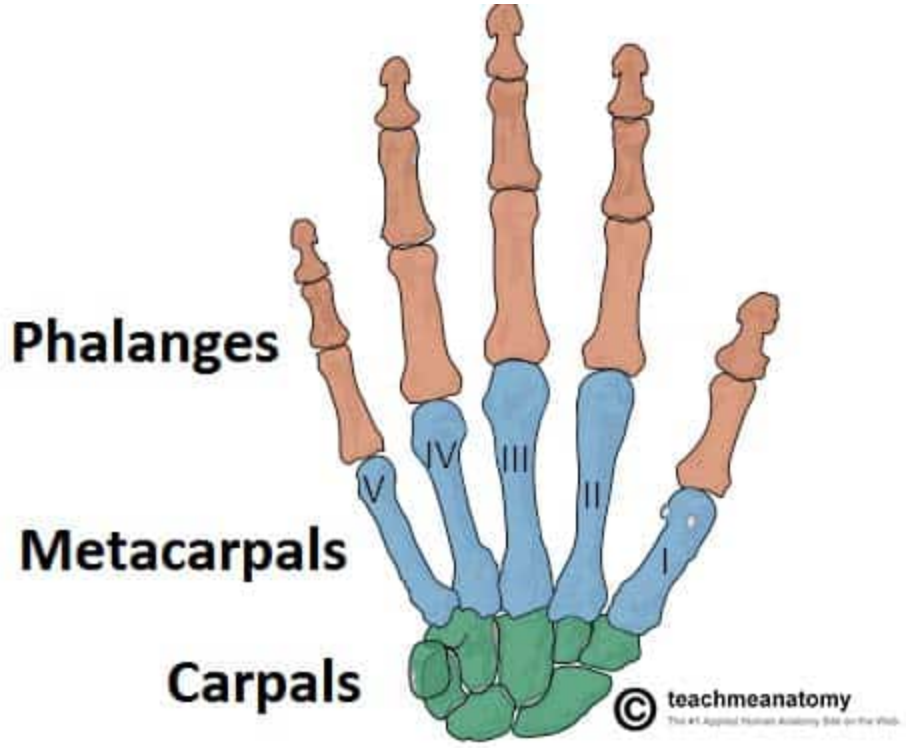

Figure 28: Bones of the hand (source: Jones, 2024)

Mors immatura: an untimely or early death, often in the case of children or young, unmarried women (Evelyn-Wright, 2022).

Necrophobia: fear of the dead.

Osteoarthritis: most common form of arthritis, that causes a breakdown of the cartilage that protects joints. This leads to contact and friction between bones which can be very painful (Mayo Foundation for Medical Education and Research, 2021). It most often affects knees, hips, and the spine.

Osteomyelitis: infection of the bone.

Osteoporosis: bone disease which causes the density of bone to decrease, weakening the bone and making it more prone to fractures (U.S. Department of Health and Human Services, 2023). This often develops with old age.

Overkill: the practice of 'killing' the corpse once or twice more after death, as attested to in late Roman Britain (Klevnäs, 2016).

Paraplegia: paralysis from the waist down; inability to use the legs and feet (Cleveland Clinic, 2022).

Perimortem: around the time of death, either just before, during, or just after.

Periostitis: infection of the periosteum, the thin membrane that covers the outside of a bone.

Peripheral/periphery: as opposed to central – on the outside; on the margins/marginal.

Plantar ulcer: open wound in the skin found underneath the foot that will not heal. Can be caused by excessive physical activity, or be related to a lack of sensation in the foot (Cleveland Clinic, 2022a).

Poliomyelitis: a viral infection which can cause severe paralysis, commonly of the legs but this can extend to the entire body and can even cause death if the muscles required for breathing are affected (World Health Organisation, 2023).

Postmortem: after death.

Prone: referring to burial position – face-down, on the belly.

Pseudoarthrosis: occurs when bones do not heal/fuse together properly after a fracture (Hellicar, 2022). Can cause pain and mobility issues.

Quadriplegia: paralysis of the upper and lower limbs, from the neck down (Cleveland Clinic, 2022c).

Radius: bone in the forearm (see figure 29).

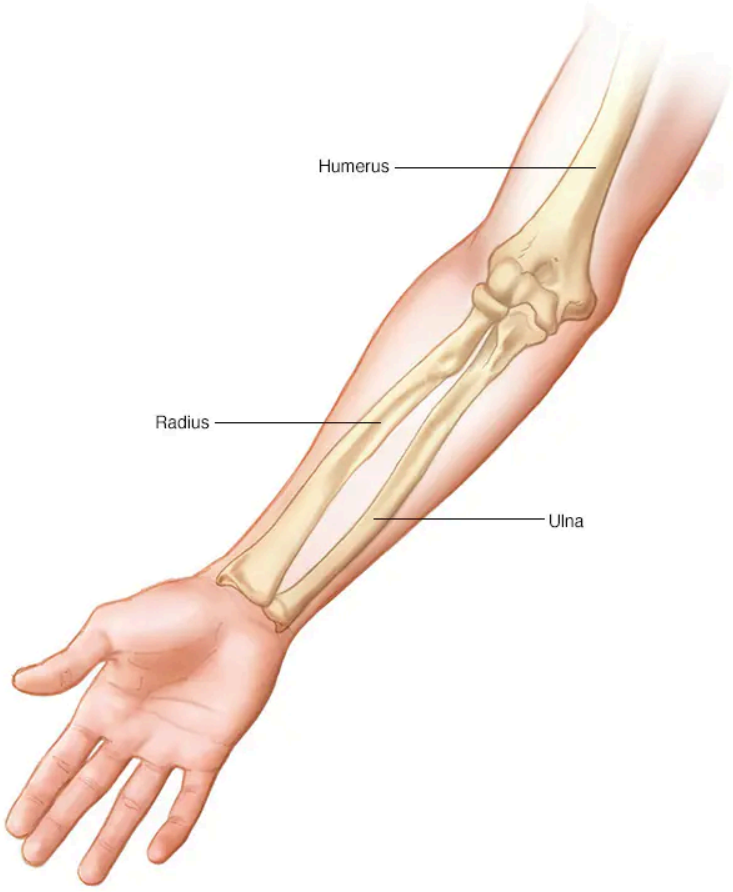

Figure 29: Bones in the forearm (source: Mayo Foundation for Medical Education and Research, n.d.)

Schmorl's nodes: herniation of the spinal disc in which the nodule makes an impression into the surrounding cartilage (Hernández, n.d.).

Scoliosis: unnatural curvature of the spine (Mayo Foundation for Medical Education and Research, 2023).

Spondylolysis: a stress fracture on the vertebrae (Johns Hopkins Medicine, 2022).

Supine: referring to burial position – face-up, on the back.

Talipes equinovarus: type of clubfoot that causes one or both feet to turn downward and inward (Affiliates in Foot Care, PC, 2024).

Talipes varus: type of clubfoot that causes one or both feet to turn inward (Affiliates in Foot Care, PC, 2024).

Talus: bone in the ankle (see figure 22).

Tibia: bigger long bone in the lower leg (see figure 30). Forms the shin, ankle, and part of the knee.

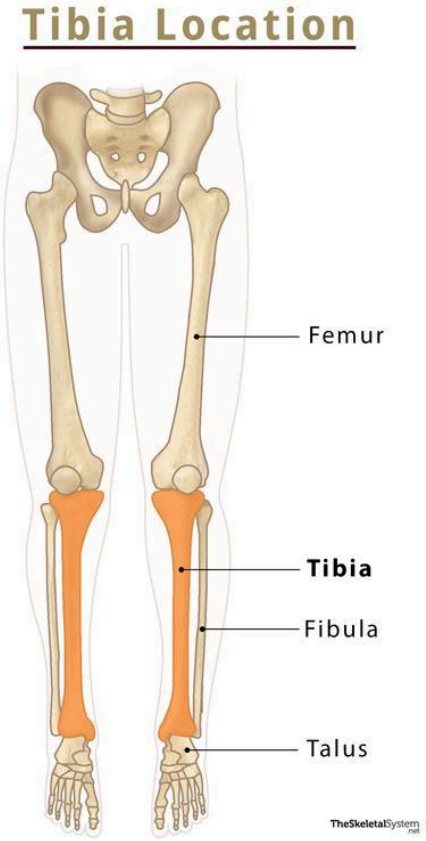

Figure 30: Anatomical position of the tibia within the body (source: The Skeletal System, 2021)

Treponemal disease: one of several diseases caused by treponemal bacteria, including syphilis, yaws, and pinta (Marks et al., 2014). Primarily affects the skin.

Triple death: phenomenon attested to in Iron Age Britain, whereby a person is 'killed' twice more after death (Cunliffe, 2010).

Ulna: bone in the forearm (see figure 29). Forms the elbow and part of the wrist.

West-east alignment: referring to cardinal alignment of a grave – with the head in the west and the feet in the east.

Appendix ii – Table showing the selection of graves from the late Roman and early medieval periods and the elements of burial under study. Deviant practices are highlighted in red; practices that were unusual but not discussed in literature as 'deviant' are highlighted in yellow

Time period	Burial	Sex	Age	Body position	Arms position	Body treatment	Single internment Y/N	Coffin Y/N	Grave goods	Grave location	Grave orientation	Other	Reference(s)
Late Roman	'normative'	N/A	N/A	Supine, extended	Extended	Wrapping, complete body	Y	Y	Common; clothing, food, money, boots	Within main cemetery grouping	W-E		Taylor (2008); Cooke (1998); Esmonde Cleary (2001)
	'deviant'	N/A	N/A	Prone, flexed, crouched	Other than extended	Mutilation, decapitation	N	N	None or fewer	Peripheral; liminal	N-S/S-N		Taylor (2008); Cooke (1998); Esmonde Cleary (2001); Millela et al. (2015); Crerar (2014; 2015)
	AA766	F	Young adult	Supine, extended	Flexed	Wrapped, complete	Y	Y	Normative	Main cemetery grouping	SW-NE		Evelyn-Wright (2022)
	AA852	M	Older adult	Prone, flexed	Left arm slightly flexed	Wrapped, complete	Y	Y	Normative; dog	Main cemetery grouping	SE-NW		Evelyn-Wright (2022)
	AA210	M	Older adult	Supine, extended	Right arm over waist	Wrapped, complete	Y	Y	Normative	Main cemetery grouping	NE-SW		Evelyn-Wright (2022)

	K131	I	Young adult	Supine, extended	Crossed over chest	Complete	Y	Y	Pottery sherd	-	W-E	Abnormally large grave	Castells Navarro et al. (2017); Roberts et al. (2004)
	PB1114	I	Child	Prone, extended	-	Complete; covered in stones	Y	Y; limestone	-	Peripheral	N-S		Farwell & Molleson (1993)
	PB243A	M	Older adult	Supine, extended	Extended	Complete	N	Y	Two infants (12mo and 18mo)	Main cemetery grouping	W-E		Farwell & Molleson (1993)
Early Medieval	'normative'	N/A	N/A	Supine, extended	Extended	Complete	Y	N	Clothing, tools, jewellery, weaponry	Main cemetery grouping	W-E, S-N		Reynolds (2009); Wilson (1992); Harrington et al. (2020); Halsall (1995)
	'deviant'	N/A	N/A	Prone, flexed, left/right	Flexed	Mutilated, decapitated; stoning	N	Y	None	Peripheral; liminal	N-S, E-W		Reynolds (2009); Harrington et al. (2020); Klevnäs (2016); Sofield (2015)
	AD60	I	Adolescent	Left, flexed	Flexed	Complete	Y	N	Stone lining	Main cemetery grouping	W-E		Bohling (2020)
	AD152	M	Young adult	Supine, extended	Extended	Complete	Y	N	Spear and shield	Main cemetery grouping	S-N		Bohling (2020)

	EH42B	F	Middle adult	Supine, extended	Extended	Complete	Y	N	Bed, knife, pouch, key, weaving batten, spindle whorl, sea urchin fossil, sheep astragalus	Main cemetery grouping	S-N	Abnormally large grave	Bohling (2020)
	EH130	I	Adolescent	Prone, flexed	-	Complete	Y	N	Iron age sherds	Aligned with iron age feature	SW-NE		Bohling (2020)
	GR96	M	Adolescent /young adult	Supine, flexed	Flexed	Complete	Y	N	Spearhead, a conical ferrule (ring used for fastening), a knife, a buckle, and a bronze shoelace tag	Cluster of impaired individuals	W-E		Evison (1994); Zakrzewski et al. (2017)
	GR101	M	Middle adult	Supine, flexed	Flexed	Complete	Y	N	Spearhead, buckle, knife	Cluster of impaired individuals	S-N	Crossed legs	Evison (1994); Zakrzewski et al. (2017)