Introduction: Interdisciplinary approaches to the study of disease and deformity in past populations

Eóin W. Parkinson and Lynette Talbot

Department of Archaeology and Anthropology
University of Cambridge
ewp24@cam.ac.uk; lt265@cam.ac.uk

> *Disease is not of the body, but of the place.*
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> *– Lucius Annaeus Seneca (Letter CIV to Lucilius).*

The study of disease, deformity and health in past societies is a subject that spans disciplinary boundaries, from bioarchaeology to social anthropology and the history of medicine. Whilst these disciplines employ different approaches, utilizing material culture, textual and skeletal evidence, combined multidisciplinary studies are vital in gaining a greater understanding of the significance of health and disease in past societies. Volume 32.1 of the Archaeological Review from Cambridge, *In Sickness and in Health: Interdisciplinary Approaches to the Study of Disease and Deformity in Past Populations,* is intended to promote and facilitate interdisciplinary dialogue between scholars using different methods and types of evidence in the study of disease in past populations.

Although bioarchaeologists have long since employed a multifaceted approach to the archaeology of disease (See Roberts and Manchester 2010), issues of terminology and a lack of awareness of research practice between disciplines pose difficulties in cross-disciplinary knowledge sharing. By combining textual, ethnographic and artifactual studies with palaeopathology, the papers in this issue draw together culturally determined concepts of health and direct analysis of disease to explore and discuss the benefits of multidisciplinary research across these fields.

Terminology: Thoughts on "Health"

The title of this issue, *In Sickness and in Health,* deliberately touches upon a fundamental issue that faces all interdisciplinary initiatives—that is the issue of terminology. Words such as "health", "illness" or "sickness" are often used interchangeably and sometimes, within particular fields, incorrectly considered as synonymous with "disease". This distinction is particularly relevant to the history of medicine, where it is important to distinguish between the subjective reports of symptoms found in documentary sources and the often microbiologically-defined modern disease categories. Aside from interdisciplinary issues of terminology, the term "health" is problematic largely due to its ambiguity. In exploring this very issue, McWhinney (1987) defined "health" as a subjective experience, whilst "disease" is a categorization based on prior knowledge that can enable a structured analysis of the causes and symptoms.

A widely cited definition provided by the World Health Organization (WHO) defines "health" as a state of complete physical, mental and social wellbeing that is not simply defined or demarcated by the absence of disease. The practicality of this definition has been challenged in both clinical (Saracci 1997) and bioarchaeological (Waldron 2009) contexts. The problem is amplified when we attempt to extend this modern definition into the archaeological record—if it is difficult to clearly and adequately define the modern concept of "health", then how applicable can such definitions to archaeological populations? What "health" may mean between, or even within, a particular society can vary significantly. Particular to the study of past populations, Waldron (2009) cites the limitations imposed by the osteological paradox (Wood et al. 1992) as a fundamental stumbling block in the definition provided by WHO.

Regardless of issues of terminology, these definitions do provide a clear distinction between the biological processes and social components of the disease experience. Indeed, the recognition of such social components, and their usefulness in conceptualizing the relationship between medicine and society, has been central to the development and cohesion of the history of medicine as an academic discipline (Jordanova 1995; Jackson 2011). As such, the definition provided by the WHO does have some use in that it serves to highlight how "health" is a socially constructed and highly individualized concept that can vary according to an individual's personality, status or religious orientation, or according to wider social

contexts. The prominence of these factors in dictating the lived experience of a disease emphasizes the need for a multidisciplinary and bio-cultural approach to the study of disease and deformity in past populations. Being able to draw on a combination of artifactual, textual, iconographic, ethnographic and archaeological evidence, along side studies of palaeopathology, enables a broader understanding of the interplay between the biological and social components of a disease.

Article summaries

The five articles in this issue present different approaches to the study of disease and deformity in past populations, but are all united in that they employ a multidisciplinary approach, drawing on a combination of osteological, textual, iconographic, archaeological and ethnographic evidence.

Robinson discusses disease and deformity in Egyptian funerary iconography in the first paper, highlighting the rarity of physical abnormalities in figurative art. Robinson suggests that when present, depictions of individuals with physical impairments represent a conscious choice of self-presentation, commissioned by the deceased individual or their family. Robinson also emphasizes that the represented individual's physical impairments did not hinder their participation in the afterlife, feeding into recent dialogues which stress that additional factors, such as an individuals personality, status or religious beliefs were major factors which can influence a disease lived experience (Roberts and Manchester 2010).

In the second paper, Castells Navarro and colleagues present a probable case of Poliomyelitis from Roman Britian. Through a combination of detailed osteological analysis, supported by textual and archaeological evidence, this paper explores deformity in a Romano-British context. Whilst acknowledging the scarcity of documentary evidence detailing social perceptions of physical impairments specific to Roman Britain, Castells Navarro et al. argue against the othering of impaired individuals in Roman Britain, citing the individual's normative burial.

The use of burial context to understand social attitudes to impairment is further developed in the following article by Brownlee, who examines physical impairment in later Anglo-Saxon England, using a combination of textual, archaeological and osteological evidence. With a specific focus on individuals disability, Brownlee suggests that physical impairment in itself was not strong

enough to determine burial treatment, rather suggesting that such actions were likely highly individualized, drawing on earlier work by Hadley (2010).

In the penultimate paper, Parkinson discusses how individuals suffering from leprosy in medieval Europe embodied societal fears expressed in contemporary iconographic themes, before drawing on ethnographic evidence to work towards an understanding of the disease's lived experience. Parkinson highlights the direct conflict between the strict social constructions surrounding the body in medieval Europe and the clinical symptoms of leprosy, which were often considered as the external manifestation of internal sin. It is suggested that this social and iconographic context may have been a contributing factor to the negative perceptions of leprosy in medieval Europe.

The final paper pursues a different line of thought, with Decrausaz considering how biological anthropologists approach disease and health in traditional societies, highlighting the medicalized perspective inherent in the pedagogical structures of the discipline. Using case studies regarding attitudes to ancestral remains and disease treatment from three different indigenous communities, this paper advocates a more holistic approach which considers relational ontologies alongside medicalized perspectives and interweaves archaeological, historical and ethnographic evidence in the interpretation of human remains.

To close the volume, Craig-Atkins draws the individual papers together, framing them in their wider research context. References to Finlay (1999) form a point of comparison between the current issue theme and previous issues from the Archaeological Review from Cambridge, serving to highlight the progression in this area of study.

In summary, this volume serves to emphasize the usefulness of interdisciplinary approaches to the study of disease and deformity, highlighting the importance of different scales of analysis, from individualized to wider societal factors, in building a broader picture of *Sickness and Health*. Alongside underscoring the value of multidisciplinary approaches, the papers in this volume also acknowledge the challenges associated with using often scattered and fragmentary evidence from a wide variety of sources. It is hoped that the discussions presented in this volume will stimulate further developments in the method and practice of interdisciplinary studies of disease and deformity in past populations.

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