

■ CHRISTINA LEE

## Abled, Disabled, Enabled: An Attempt to Define *Disability* in Anglo-Saxon England

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In recent years the study of medieval *disability* has become a very fertile field. Scholars such as Irina Metzler, Wendy Turner, Josh Eyler, Edward Wheatley, Cordula Nolte and many others have shaped this field, often with considerations of how we can apply a concept that was so much shaped by contemporary concerns to a period which is very different from ours. In the discussion of medieval *disability* two of the main models have made the biggest impact: one is the social model that distinguishes between impairment (the physical or mental condition) and *disability* (barriers and disadvantages encountered because of an impairment); and the second is the religious model, developed by Edward Wheatley.<sup>1</sup> This model is an extension of the long-standing moral model, in which *disability* is constructed through religious ideas of the body and mind. Both models have some valid points: in medieval theology as I will show, the body is understood in a framework of being in-between states; it is mortal and frail and yet it has the possibility to be redeemed and made perfect. The distinction between *impairment* and *disability* has been questioned in modern approaches, such as the cultural model,<sup>2</sup> but I think that a distinction between biological difference (which is the main source of information since the presence of mental impairment is very difficult to prove) and societal response is useful for my period. At a time when there is less of a normative body, since corrective tools, such as braces are absent, we need to ask when an impaired body is truly regarded as different.

My Essay addresses the question of whether there is a conscious concept of physical and mental difference in the Anglo-Saxon period. On the one hand, it is very clear that such differences existed, which I will show by examples from skeletal finds, but on the other hand, is there anything like a category ›disabled‹ in this times? To do so, I will examine examples from texts, as well as from material culture. From the beginning we need to remember that this is a very long period – a good thousand years and that certainly mentalities and cultures changed radically during this time. Thus, examinations of *disability* have often focussed on the later medieval period, since it offers so many more texts. However, can the early Middle Ages really be compared to the late Middle Ages, which had gone through cataclysmic changes caused by diseases, such as the Black Death, which did not only result in a shortage of labour, but also in many survivors of the plague who had to live with physical scars and a reduced ability for work? This paper is intended as the beginning of a dialogue and an invitation to form a new definition of *disability*, one that works for the early medieval period.

There is still a lacuna in research. While big strides have been made in the examination of medieval *disability*, the early medieval period is still lagging behind. Firstly, there are far fewer texts to consult, and those that we do have are often written in one environment only – that of the clergy. Unlike later medieval sources, which contain information about lay people, institutions, such as hospitals and leprosaria, the Early Middle Ages are largely written by a

1 Edward Wheatley, *Stumbling Blocks before the Blind: Medieval Constructions of Disability*, Ann Arbor 2010.

2 See for example, S. Snyder and D. Mitchell, *Cultural Locations of Disability*, Chicago 2006, p. 10.

single group. Even legal texts are the product of churchmen, such as the influential cleric Wulfstan (d. 1013). Secondly, the Early Middle Ages are a period of radical changes – from paganism to Christianity, from orality to literacy, the rise of Islam, to the expansion of Europe across the Atlantic by Viking settlers. It is therefore possible that so many of the things that clerics may tell us about with great certainty are still stuck in a trial phase. This means that the Church in many parts may have just been one power and that relations with older powers had to be negotiated. We should assume that the same concessions that Bishop Mellitus had to make with regards to the animal sacrifices of the newly converted Anglo-Saxons,<sup>3</sup> as told by Bede, and which allowed them to continue sacrifices, as long as they put them in a Christian framework by making the sign of the cross over them, that the very same transitional ideas may have also applied to concepts of the body and its imperfections. And this is where archaeology comes in as a kind of alternative text – a discourse which includes not just different people, but also extends further than the period of literacy. Prior to the advent of Christian burial in churchyards there was a wide variety of options, from cremation to inhumation. Burial in rural field cemeteries continued long after the conversion of the Anglo-Saxons in the seventh century parallel to the new burial in church yards. The positioning of the body in graves (supine/prone), as well as the goods which accompanied them, may tell us something about the status and wealth of those who had a physical impairment. However, we need to consider that evidence here as well is a question of survival. Not everyone who died was buried, not every burial has survived and where we have remains that have survived the ages and which can be analysed for evidence of impairment, we are still missing many illnesses that only show themselves in the soft tissue, such as blindness or facial disfigurement, but which potentially may have had implications for the sufferer.

With this caveat I want to consider if there has ever been anything like an Anglo-Saxon concept of *disability*, by looking at the linguistic vocabulary which may indicate such a concept and by discussing some of the texts which contain evidence for impairment.

From the start we need to consider that modern experiences and attitudes are not those of medieval people, and disability is clearly one of them. This is a time when little can be done about squints, and where many people must have had visible impairments, either through congenital or through heavy labour and ageing processes. Considerations of *disability* today are very much centred around questions of needs of the individual who is affected, as well as taking away possible discrimination. In medieval societies reflections on the subject will have focussed working around the various impediments in a society in which the collective, not the individual, is at the core of considerations of need. That does not mean that there are no individual experiences, but that this diverse society had to find room for all.

The complexities of this society can make it quite difficult to apply contemporary parameters: »Official definitions of disability«, writes Dan Goodley about modern understandings, »reflect the organisational requirements of governments, their institutions and key welfare professionals«.<sup>4</sup> The governments of early medieval England, however, did not have an organised welfare system; charity is largely administered by the Church on an ad hoc basis, and here the impaired are just one group in the hodge-podge of stakeholders that benefit from alms, which also includes the poor and the old. The measure of charity or care that is given

3 Bede, *Historia Ecclesiastica Gentis Anglorum*, ed. by Bertram Colgrave/R.A.B Mynors, Oxford 1969, p. 106.

4 Dan Goodley, *Disability Studies*, London 2011, p. 5.

to the needy is not defined and depends on local and regional traditions: what may be regarded as ›sick‹ and in aid of support in one place, may be seen as normal somewhere else.

The church, however, needs the needy, since they not just offer examples for care and cure, which I will look at later, but also for remission. The recipients of charity will ›repay‹ their benefits through prayer – a vital necessity for anyone wishing to escape purgatory; without them there is no possibility to be saved from eternal damnation. In this context it is therefore not surprising that physical and mental impairments loom so large in the miracles of saints, since they are the ones that demonstrate the healing powers of faith. For example, the relatively short *Anonymous Life of St Cuthbert* contains 12 larger descriptions of healing – which outweigh all other miracles, such as heavenly food depositions.

Since care and support was delivered by the local community, we should remember that Anglo-Saxon communities required a large range of occupations, many of which could be performed with an impairment. Spinning and weaving, for example, can be done sitting down, but they also require a certain degree of expertise and dexterity. It is perfectly possible for a woman with a mobility impairment to become an expert in her craft. And while Old English possesses a range of vocabulary that expresses ability – from *cræft* – which can mean many things from strength to medical knowledge, and *mægen* ›strength‹, it has no designated word for *disability*. There are terms for weakness, ill health and even crippled, but not one word that defines a person just by one aspect of their bodily or mental faculties, as today.

›Disability‹ today covers a multitude of different conditions, but it also acts as an overarching concept which is useful in legislation and governance. We may not have a designated Old English word for ›disability‹, but we have a range of terms that include all kinds of physical and mental impairments: the adjectives *unhal* (110 matches in the Dictionary of Old English Corpus), and *untrym* (158 matches),<sup>5</sup> both negatives of the relatively vague concepts of health: *hal* ›hale, in good health‹ and the noun *untrymnes* ›sickness‹. These words are largely used in religious texts, but the negative *unhal* ›sick, in bad health‹ also appears in medical and legal writings. To just demonstrate the complexities of defining such terminology, I want to give a few examples in which these terms are used. The distinction between both words appears to be fluent, but we can generally attest that they are used for people who are unable to do something because of an infirmity, but there seem to be at least some subtle differences. In the tenth-century glosses<sup>6</sup> to the *Lindisfarne Gospels* *untrym* translates *infirmities* ›sickness‹, but also *imbellicitatem* ›weak in body or mind‹ in the tenth-century *Blickling Homilies*.<sup>7</sup> In Ælfric's homily for the ninth Sunday after Pentecost, he uses *unhal* in the contexts of heresy. With reference to Luke 13, 22–24, he describes that the unbelievers are those who are *wanhal* ›infirm‹ and that God has chosen the infirm, blind and lame so that they can be healed.<sup>8</sup> *Unhal* is further qualified in the *Life of St Margaret* by the addition of: *crypol*, dumb, deaf, blind, *ungewittes* ›cripple, mute, deaf, blind and mentally impaired‹.<sup>9</sup> In legal texts *unhal* first appears in the laws of the late tenth-century King Æthelræd II, where it is stated that the *hal*

5 <http://tapor.library.utoronto.ca.ezproxy.nottingham.ac.uk> (accessed 28.10.2013).

6 Glosses are some of our earliest vernacular sources – unfortunately they are often no more than an English version of some passages. The ways in which glosses render Latin words give us an insight into how these texts were understood.

7 Richard Morris (ed.), *The Blickling Homilies of the tenth century*, 3 vols, London 1874–80.

8 Malcolm Godden (ed.), *Ælfric's Catholic Homilies. The Second Series*, London 1979, p. 216.

9 Mary Clayton/Hugh Magennis (eds), *The Old English Life of St Margaret*, Cambridge 1994, p. 132.

and *unhal* cannot be treated the same.<sup>10</sup> Clearly Anglo-Saxon law regarded the less able as a different category, but that does not make them automatically disabled. Æthelræd's laws connect the sick with the *unmaga*, which denominates ›a person without means, one who is dependent on others‹. Other words, such as *brocung* ›sickness‹, used in homilies, *wacmodness* ›morally weak‹, *bedrida* ›bedridden‹ and *þrowing* ›painful suffering‹ all appear in the context of bodily and mental impairment, but they do not express an overall concept. What they do show is that there is a plethora of different words that can be used for impairments, which are specific to genre and context. Perhaps the closest word that we can find for an overall word is *unmiht* which literally means ›un-ableness‹. This word is widely used in religious texts to signify sickness, where it is used for mental as well as bodily infirmity. With such a choice of different words for bodily infirmity the question of *disability* is even more confusing.

Ælfric, who among Anglo-Saxon writers is arguably most interested in the conditions of the body, has an ambivalent attitude towards impairment. He underlines that the blind man who meets Christ in the Gospel of John (9, 1–5): »...nære for agenum synnum ne for his maga blind geboren...« ›was not born blind on account of his own sins or those of his kinsmen‹, but »for þy þæt godes wundor þurh hine geswutelod wære.« ›so that God's miracle was revealed through him.‹<sup>11</sup> In one of Ælfric's homilies for Shrove Tuesday the passage about Christ's healing of the blind man in John 9: 1–8 is used allegorically in order to show that all human beings are impaired.<sup>12</sup> In this text Ælfric explains that a blind man values sight above all other worldly things, since though he may have possessions, he cannot see them without light. This light, he states, is like the invisible light of faith that we are unable to see. Blindness is thus not a question of sight, but of faith. Such texts show that *ability* or *disability* may not be a question of an impairment.

In many of the texts the impaired are presented as poor. The pairing of inability with a lack of economic prowess suggests that economic power and health may have been seen as related, and that if we are looking for disabling conditions, impairment may have been a root cause of poverty. However, there is not an obvious connection between impairment and economy. Like all medieval societies, Anglo-Saxon England has a vast gulf of social differences between those who have means to care for their impaired and those who are depending on charity, but unlike today, wealth creation is not always dependent on the ability to work. The clergy and aristocracy were not involved in manufacture or production of things, but did very well for themselves.

Early medieval society, as its later successors, has a range of different institutions which look after those who cannot look after themselves. Care was given as part of a community and whereas we are lacking special institutions in the earliest phase of Anglo-Saxon England, new communities for the sick and needy are created during the course of Anglo-Saxon history. Before the advent of *leprosaria*, for example, of which we may have just found the earliest Anglo-Saxon example at Winchester,<sup>13</sup> lepers continued to remain part of burial communi-

10 »... or þam þe se maga & se unmaga ne beoð na gelice, ne ne magon na gelice byrþene ahebban, ne se unhal a þe ma þam halum gelice. ...« (because the strong [literally those who are able] and weak are not alike, and they cannot raise the same load, and the infirm are not like the healthy); F. Liebermann (ed.), *Die Gesetze der Angelsachsen*, vol. I, Halle 1903, p. 52. The same law is repeated almost verbatim in the *Laws of King Cnut*; Liebermann, *Gesetze*, vol. I, 68.1.

11 Clemoes, *Catholic Homilies*, p. 449.

12 Thorpe, *Ælfric Homilies*, p. 158.

13 <http://www.winchester.ac.uk/academicdepartments/archaeology/Research/MHARP/Pages/MHARP.aspx> [accessed 8 January 2015].

ties – there was no separation in death. To our modern perception the idea of being institutionalised is negative, however, for a society which depended on mutual assistance not being part of an institution was worse. Therefore the cruellest punishment that this society had to offer is exile and the withholding of care. A very poignant example comes from Old Norse literature where the outlaw Grettir of *Grettis saga*, dies of sepsis on Drangey, since no one would help him with his wounds.<sup>14</sup> Scholars who look for a persecuting and excluding society by referring to institutions, such as *leprosaria*, should consider if segregation is an exclusion per se. Those who are truly excluded may not be so obvious.

The human body is not static and as many before me have already pointed out is dependent on care in infancy and in old age. While age may not always be disabling, as Sally Crawford has shown in her work where she points to the many »wise grey-haired men« in Old English texts,<sup>15</sup> the problems associated with aging have not escaped authors, at least hagiographers who often describe the twilight years of saints, such as St Cuthbert, as full of pain. Cuthbert, we are told by Bede, had to return from isolation on account of his frailty.<sup>16</sup> He needed care and could no longer live alone. While the community at Lindisfarne was very glad to see him back, old age and infirmity made the saint a recipient of care. In his vita this loss of physical strength does not incur a loss of status or spiritual ability.

Archaeologists, such as Nick Stoodley have noted that grave goods change with age,<sup>17</sup> and in a pilot study of stable isotopes and nutrition the Sheffield archaeologist Karen Privat has shown that certain prestigious foods, such as beef, were no longer part of the diet of older men.<sup>18</sup> Clearly we need bigger studies, and we may also consider that the old men at Berinsfield may have lost all their teeth, but there seems to be some indication that status is not constant and that age, then as now, may be disabling.

A very interesting study has recently been offered by Simon Mays who went back to look at those burials which Heinrich Härke had suggested to be warrior burials in his influential study of graves.<sup>19</sup> Härke had assumed that graves with weapons denoted an elite and he observed that these men were also taller than others, which he thought to be due to ethnic differences (incoming Anglo-Saxon vs. native British). Mays noted that there were no differences in the level of enamel hypoplasia in the groups of suspected warriors and the others.<sup>20</sup> Enamel hypoplasia manifests itself as a broken line of tooth enamel and is caused by either infectious disease or a period of malnutrition in childhood. Therefore, these people suffered no different diet or diseases when they grew up. Mays suggests that the taller men were

14 Guðni Jónsson (ed.), *Grettis saga*, Reykjavík 1936, chap. 84.

15 Sally Crawford, *Gomol Is Snotorest: Growing Old in Anglo-Saxon England*, in: Martin Henig/Tyler Jo Smith (eds), *Collectanea Antiqua. Essays in Memory of Sonia Chadwick Hawkes*, Oxford 2007, pp. 53–60.

16 Colgrave, p. 272.

17 Nick Stoodley, *From the Cradle to the Grave: Age Organisation in Early Anglo-Saxon Burial Rite*, in: *World Archaeology* 32 (1999), pp. 456–72.

18 Karen L. Privat/Tamsin C. O'Connell, *Stable Isotope Analysis of Human and Faunal Remains from the Anglo-Saxon Cemetery at Berinsfield, Oxfordshire: Dietary and Social Implications*, in: *Journal of Archaeological Science* 29 (2002), pp. 779–90, at p. 788.

19 Heinrich Härke: »Warrior Graves«: The Background of the Anglo-Saxon Weapon Burial Rite, in: *Past and Presence* 126 (1990), pp. 22–43.

20 Simon Mays, *Stature of Males Interred with Weapons in Early Medieval England*, in: Piers D. Mitchell/Jo Buckberry (eds), *Proceedings of the Twelfth Annual Conference of the British Association for Biological Anthropology and Osteoarchaeology*, Oxford 2012, pp. 167–174.

chosen to become warriors on the basis of their height – thus we may consider that some occupations may be restricted, not just by gender, but also by physical appearance. In this context I would like to refer to Sally Crawford's important observation that impairments of hearing or sight are more significant for free-born men, since these men had to be able to see and hear in order to swear an oath, as stipulated in the laws of King Cnut.<sup>21</sup> For free-born men being *unmaga* 'unable' was disabling indeed. A free-born man had to be able to carry weapons and, if necessary, fight for his lord. While there must have been many who gained an impairment as part of their service, men with congenital impairments may have never been able to get so far. And, if we interpret Mays's study correctly, neither would short men. We may also consider that in a society where much of status and gender was 'congenital', impairment was a greater *disability* than just being born poor or female.

Since so much of our textual evidence comes from just one man – the cleric Ælfric – who is a very careful wordsmith, we need to find additional sources for the study of what may have been disabling in the Anglo-Saxon period. For this question I would like to turn to material culture, with the caveat that furnished burial represents a much earlier period of Anglo-Saxon culture, which may be quite different.

An interesting case study comes from the cemetery of Blacknall Field, Wiltshire. This site was used in the earliest period of Anglo-Saxon history, from around the late fifth to the middle of the sixth century, so just after the arrival of the Anglo-Saxons and before the Conversion. The skeletons from this site are generally healthy and show no indication of metabolic disease, such as rickets. This middle-aged man in Grave 71 is with a height of 1.80 meter not just much taller than the others, but he also shows interesting pathology.<sup>22</sup> Enamel hypoplasia shows that he suffered a period of ill-health or malnutrition as a child. He was one of three individuals with congenital blocked vertebrae, but in his case it led to kyphosis, so his spine is badly bent. This would have affected his posture, he would have been stooped. The impression of ill health is further enhanced by his lower left arm missing due to amputation, possibly in childhood. We know from Anglo-Saxon laws that the cutting off limbs was used as a punishment of children as young as ten years of age<sup>23</sup> – so even though he appears to have received this amputation before the age of legal responsibility, he may have lived with a possible stigma later in life, as someone who looks as if he committed a crime. His grave is poor and just before death his feet were cut off. The cutting of limbs is used as a punishment, but we also know that the Anglo-Saxons used amputation as a means of stopping gangrene. We would really like to know whether it was done out of medical necessity or as a punishment for later transgression – so for example, did he steal because he was poor and was punished? Was he ostracised for his deformity which he received when he was young? Did he have the same 'earning potential' as non-amputees? His grave contains no goods, he is buried face down which Andrew Reynolds in his study of deviant burial has identified as always being different.<sup>24</sup> We should, however, observe that the man received

21 Sally Crawford: Differentiation in the Later Anglo-Saxon Burial Ritual on the Basis of Mental or Physical Impairment. A Documentary Perspective, in: Jo Buckberry/Annia Cherryson (eds), *Burial in Later Anglo-Saxon England c. 650–1100 AD*, Oxford 2010, pp. 91–100, at p. 95. The law she refers to is II Cnut 23.

22 F. K. Annable and Bruce N. Eagles (eds), *The Anglo-Saxon Cemetery at Blacknall Field*, Pewsey, Wiltshire, Devizes 2010.

23 For a full list and discussion see Reynolds, *Deviant Burial*, pp. 24–25.

24 Reynolds, *Deviant Burial*, p. 37.



some form of medical care for his amputated arm before and that he remained included in the community of the dead, so he continues to be a member of the group. According to later law codes criminals were only allowed to have medical and spiritual help three days after their amputations,<sup>25</sup> which means that if they did not survive this process in the period after the Conversion, they would have died in a state of mortal sin. This man's grave is deep and well cut – no hasty or shameful burial for him. He is not the only person to be buried without goods at this site – and while we think that grave goods are part of a bibliography which is ›written‹ by the mourners about the dead through symbolic items,<sup>26</sup> the position of his body – even in a shrouded burial – will have been note-worthy and said something about his self. We may compare the impairment of this man with that of a young man in his twenties at the Conversion-period site of Kingsworthy, Hampshire (Grave 38),<sup>27</sup> who had a congenital abnormality which meant that he was missing the whole of his left arm and shoulder. He, too, received no grave goods and neither did the contemporary burial of a middle-aged woman at the sixth-century site of Butler's Field, Gloucestershire (other than some animal bone), who had a ›dramatic malformation of the shoulder‹ (Grave 6).<sup>28</sup> Would missing an arm thus be disabling, because certain occupations cannot be performed? Are such deformities disabling because they remind people of criminals? Or were they just unlucky? Cases like these show that we need to be extremely careful with our source material.

A good example for a relationship between social status and burial space is the burial of a young child with hydrocephalus underneath a carved slab in York Minster, which, as Dawn Hadley suggests, may indicate that this child was from a richer family who could afford such a noteworthy burial for their child.<sup>29</sup> In this case the impairment plays no role, but the burial space does. It is a privileged position – close to the space from which, according to theology, salvation will come. This child will be one of the first to be resurrected. Whereas this child – if it had lived – may not have become a warrior, we see that its impairment may have given it a privileged position. The condescending term ›special‹, which is often labelled at contemporary people with impairments, may be read differently in a society which – at least officially – believed that it was the next life that mattered more than this brief interlude.

The sources suggest confusing, if not conflicting attitudes to impairment: on the one hand we see potential social implications, on the other we see effort and care invested in those who have been affected. The distinction between pagan burial and Christian funeral may be relevant, since attitudes towards impaired children may have changed under the influence of Christianity – but we may also consider that a change of burial options from field cemeteries and settlement burial to grave yards associated with Churches after the Conversion made child burial more easily detectable. There may also be a difference between burial of a child and an adult, but the child is not the only person with an impairment who has a carefully arranged burial – we find this time and again. My suggestion that children and impaired

25 Liebermann, *Gesetze I*, Laws of Edward and Guthrum 10.

26 See the influential work of Howard Williams, *Death & Memory in Early Medieval Britain*, Cambridge 2006.

27 Sonia Chadwick Hawkes/Guy Grainger (eds), *The Anglo-Saxon Cemetery at Worthy Park, Kingsworthy, near Winchester, Hampshire*, Oxford 2003, p. 46.

28 Angela Boyle/David Jennings (eds), *The Anglo-Saxon Cemetery at Butler's Field, Lechlade, Gloucestershire*, vol. 1, Oxford 1998, p. 55.

29 D.M. Hadley, *Burying the Socially and Physically Distinctive in Later Anglo-Saxon England*, in: Jo Buckberry/Annia Cherryson (eds), *Burial in Later Anglo-Saxon England c. 650–1100 AD*, Oxford 2010, pp. 103–15, at p. 110.

adults were regarded as being in the same legal category,<sup>30</sup> as that of a dependent, is currently challenged by Duncan Sayer.<sup>31</sup> I would like to respond that pairing may be viewed as evidence of a special care given to both, the sick and the very young. Needless to say that our contemporary attitudes towards *disability* are far from straightforward, but if anything, evidence from burial archaeology – which, pagan or Christian, represents the attitudes of the living towards the dead – underlines that there is not one single view of impairment and that we may have a doctrinal view parallel to pragmatic approaches.

With this rather unhelpful statement, how may we approach the question of what is considered to be a *disability* in Anglo-Saxon England? I want to quickly consider if any of the main contemporary models could work in an Anglo-Saxon context. The longest-standing model, which has already been mentioned above, is the moral model. It views impairment as a consequence of human failing. There are actually fewer instances of such failings followed by subsequent sickness in Old English texts than we may expect, but here is one from *Ælfric's Life of St Basil*: an evil and pagan Emperor, Valens, keeps the pious Julian in captivity and is pondering his death when his son becomes sick: *geuntrymned*.<sup>32</sup> St Basil heals the malady of the son by asking the emperor to believe in God. We should note that it is sickness, and not bodily deformity, which is the punishment for transgression.

I have already mentioned that in many cases impairment is figurative, as for example, Bede's explanation that the blind Tobias in the apocryphal *Book of Tobit*, who proclaims God's word signifies those who are reprov'd, but who are also chosen, is part of a long tradition in which impairment is used symbolically. Imperfections of the body in this tradition have meaning. In the homily for the first Friday in Lent, *Ælfric* defines deafness as signifying those who do not listen to God, and blindness »in the mind« as those who do not see the light of faith, and lameness as those lame of the heart.<sup>33</sup> This kind of reasoning reduces impairment to the level of metonymy, but this approach was practiced by the influential sources used by these authors: Isidore in book 11 of his *Etymologies* uses the body as a parable, as does Hrabanus Maurus.<sup>34</sup> We may consider that *Ælfric* and others use what has been termed »ablist languages»,<sup>35</sup> since in many of his works impairment is metaphorical. We still use negative connotations such as »lame argument» or »blind corner» which connect physical impairments with negative ideas, which is criticized by some disability activists. The frequent iteration of physical impairment and defective faith may have had some effects on those who were listening to these sermons.

30 Christina Lee, *Forever Young: Child Burial in Anglo-Saxon England*, in: Shannon Lewis-Simpson (ed.), *Youth and Age in the Medieval North*, Leiden, Boston 2008, pp. 17–36.

31 Duncan Sayer, »Sons of athelings given to the earth»: Infant Mortality within Anglo-Saxon Mortuary Geography, in: *Medieval Archaeology* 58 (2014), pp. 78–103.

32 *Ælfric's Lives of Saints*, 2 vols, edited and translated by Walter W. Skeat, Oxford 1881–1900, repr. 1966, vol. I, p. 68. Following citations will be by volume no. and page(s).

33 John Collins Pope, *Homilies of Ælfric, A Supplementary Collection*, being Twenty-One Full Homilies of his Middle and Later Career, 2 vols, London 1967 and 1968, p. 233.

34 Lisi Oliver/Maria Mahoney, *Episcopal Anatomies of the Early Middle Ages*, in: Jennifer C. Vaught (ed.), *Rhetoric of Bodily Disease and Health in Medieval and Early Modern England*, Ashgate 2010, pp. 25–42.

35 For a definition please see: Lennard J. Davis, *Identity, Politics, and Culture*, in: Gary L. Albrecht/Katherine Seelman/Michael Bury (eds), *Handbook of Disability Studies*, Thousand Oaks 2001, pp. 535–45; see also: Irving Kenneth Zola, *Self, Identity and the Naming Question: Reflections on the Language of Disability*, in: *Social Science and Medicine* 36 (1993), pp. 167–173.



We should consider that Anglo-Saxon religious writers pondering impairment may not necessarily write for the impaired, their families, or their doctors. Rather, they write in a framework of discourse in which disease, just like any other condition in the material world, has symbolic significance. The list of impairments commonly named in hagiography includes mental illness, blindness, lameness, deafness, and being mute, all of which correspond to the conditions healed by Christ, with the occasional skin condition or unspecific paralysis thrown in.

The idea that sin and impairment are connected occurs in quite a few religious texts, but we should be careful to consider that impairment befalls anybody – from the most holy, such as St Cuthbert in childhood to the most deprived. St Cuthbert, we are told in the anonymous life was suffering from a condition that made his knee swell up, his sinews contract and led to the lameness of one leg, so that the foot could not touch the ground: »neruis claidicans, pede altero terram non tangens«. <sup>36</sup> One day the eight year old St Cuthbert is carried outside where he encounters an angel of God who asks him to minister him as a guest. Cuthbert's pious response of »I would, if I could« <sup>37</sup> is followed by a medical examination, since no doctor had tended to him and a recipe of cooking wheat flour in milk and anointing the knee while the poultice is hot. While Cuthbert at the age of eight may not have committed a cardinal sin, he is still afflicted with the original sin <sup>38</sup> – for which healing can only come from God. What this episode demonstrates, is that any ideas of a disabling impairment need to be very carefully considered.

The connection between Christianity and healing goes back a long way, but the relationship is not always an easy one. In a bid to outrun their competitors the Church Fathers, according to Darrell Amundson, declared other healing cults, such as that of Asclepius as pagan, but they never doubted the efficacy of magic. <sup>39</sup> Even in the late tenth century the church has to compete against other health care providers, which shows that it did not have a monopoly on healing. Sermons underline just how much religious writers were aware of health care alternatives and had to remind their flock that salvation would not come from anyone else but God and his representatives on earth:

*»Se Cristena man þe [...] bið gebrocod ond he þonne his hælðe secan wile æt unalýfedum tilungum oððe æt awyrigedum galdrum oððe æt ænigum wiccecræfte þonne biþ he gelic þam hæðenum mannum gelic þe ðam deofolgyldre geoffrodon for heora lichman hælðe ond swa heora swala amyrdon.«* <sup>40</sup>

36 Bertram Colgrave (ed.), *Two Lives of St Cuthbert: A Life by an Anonymous Monk of Lindisfarne and Bede's Prose Life*, Cambridge 1940, p. 66.

37 According to the anonymous life: »Si Deus voluisset et me nodibus infirmitas pro peccatis non obligasset in honorem eius ministrare hospitibus piger non essem« [if it had been God's will and if he had not bound me with infirmity on account of my sins, I would not be slow to minister to guest in His honour; trans. Colgrave], Colgrave, *Anonymous Life*, pp. 66–68.

38 Genesis 3: 1–19. Mankind has become mortal and frail because of the Fall.

39 Darrel W. Amundson, *Medicine, Society and Faith in the Ancient and Medieval Worlds*, Baltimore 1996, p. 7.

40 Godden, *Ælfric, Catholic Homilies I*, pp. 449–450, »The Christian person, who [...] is sick and who seeks to restore their health with unlawful actions or with cursed incantations or any witchcraft, is like the heathen person who offers devil worship [lit. devil's payment] for the health of their body und who thus ruin their soul.«

Although Christ is never referred to as a doctor in the bible, as early as the third century writers such as Clement of Alexandria use the epithet *sotor*, which means saviour and which, interestingly was also applied to Asclepius before.<sup>41</sup> Writers such as Jerome may have been familiar with Galen and Hippocrates, as well as the medical precepts of the stoics.<sup>42</sup> The early church inherited a framework, coined by such influential ideas such as *Plato's Timaeus*, in which a healthy mind and body were interlinked. While the mind and body analogies were embraced by the Church fathers, there is critical dialogue and distancing as well. Whereas Plato and Aristotle advise that ›defective‹ children should not be reared, Church Fathers, such as Augustine place much emphasis on the value of human life. The major difference is that there is no healthy state of human existence in this life per se, since the body is frail and mortal and the only place where the body is perfect is in Heaven. Illness, according to the Church Fathers, is the result of distance from God, a spiritual ailment which God alone can conquer.<sup>43</sup> Ælfric writes: »Se lichama is deadlic þurh Adames gylt, ac ðeahhwæðre God arærð eft þone lichamam to ecum ðingum on domes dæg« ›The body is mortal through Adams guilt and yet, God will raise the body again in eternity on Doomsday.‹<sup>44</sup> In accordance with Augustine, Ælfric too, believed that the body would be made perfect in Heaven. As a consequence, there can be no perfect body on earth.<sup>45</sup>

While the frail body is temporal, what about the frail mind? This is a difficult area in a field where sources are restricted. Bodily impairment is challenging enough to define, mental illness is even more complicated. Mental illness is a collective term for many modern conditions, but medieval concepts are often ill defined. The most standard depiction of a person with a mental impairment in medieval literature is derived from the biblical ideas. Where we get definitions of mental impairment, these seem to be people who act ›inhumanly‹ – either being a danger to others or themselves. For example, we hear of St Cuthbert healing a woman who is labelled ›insania‹: this manifests itself by the gnashing of teeth and tearful groans: »frendens dentibus gemitum lacrimabilem emittebat«. <sup>46</sup> The woman is twice described as ›insania‹ and said to be close to death. The description of her as possessed with a demon is clearly reminiscent of Christ's healing of the boy possessed by an evil spirit in Mark 8, 32 (also Matthew 17, 14–19 and Luke 9, 37–45), but the husband's reaction to his wife's illness is interesting: he is sad because his wife is dying and will leave him desolate, but also because she has changed from a modest woman to one who has the ignominy of insanity and is covered in her spittle.<sup>47</sup> In many cases mental illness is not caused by the affected persons themselves or a result of a sin committed, but is instead the product of an outside force (devil) entering the body and therefore curable. The person who is struck by such a force is therefore no longer in control of their body and also not culpable.<sup>48</sup>

41 Klaus Bergdolt, *Wellbeing: A Cultural History of Healthy Living*, Cambridge 2008, p. 100.

42 Bergdolt, *Wellbeing*, p. 101.

43 Ibid.

44 Ælfric, *Sermo de Initio Creatura*, ed. Thorpe, p. 16.

45 See Ælfric Homily 11 *Sermo ad Populum in Octavis Pentecostes*, where Ælfric writes that those who have an injury or impairment »ænigre awyrðnysse, oððe wanhale« will be all cured in heaven, ed. J. Pope. *Homilies of Aelfric. A Supplementary Collection, being Twenty-One Full Homilies of his Middle and Later Career*, vol. I, London 1967, p. 235.

46 Colgrave, *Anonymous Life*, p. 90.

47 Ibid., p. 92.

48 See the article by Kirsten Uszkalo, *Rage Possession: A Cognitive Science Approach to Early English Demon Possession*, in: Sally Crawford/Christina Lee (eds), *Bodies of Knowledge*, Oxford 2010.

Galen's idea that between health and illness there is a third state, in which he places the elderly, children and the convalescents,<sup>49</sup> undermines the binaries of health and illness and allows for a more fluid transition. This has not escaped Anglo-Saxon writers who were at odds to tell their newly converted flock why God allows physical suffering. Pain, impairment and illness are a state in-between, to use Susan Sontag's great metaphor – a passport to the other, heavenly kingdom.<sup>50</sup> King Alfred, no stranger to chronic pain writes that »On the other hand, the impaired are to be reminded that they should know and perceive that they are so much the more God's children, and the more he loves them, the more he exhorts and chastises them.«<sup>51</sup> Ælfric several times states that God will chastise whom he loves.<sup>52</sup> For the homilists this life is only an interlude. At least for the religious the next life is the one which matters and one in which the body will be made hale. In this understanding suffering is a good thing, and being impaired is a preferential state.

Anglo-Saxon texts do not shy away from showing even the holiest men and women as sick and frail, but this is not on account of transgressions or sin, but because it is a state in which they can excel. Physical weakness is translated as mental strength and as an opportunity. Authors here follow patristic sources very carefully. John Chrysostom himself names eight reasons why even the holy fall ill, among which are demonstrations of their humanity and that preaching from the sick is more compelling.<sup>53</sup> In many cases impairment is therefore a test of patience and it should not surprise us that many of the holy men, such as Erecenwald, Cuthbert and even Guthlac are afflicted with illness of a kind. Illness, we are reminded time and again, has to be borne patiently.<sup>54</sup> Ælfric writes that there are various reasons why people get ill: some for their sins, but some because, just like the Old Testament Job, they are tested for their obedience, others are made ill so that God's might can be shown.<sup>55</sup>

Nevertheless, even the patristic sources do not consider that suffering should go without alleviation. Origen, for example, states that God does not want us to be without aid when illness strikes. However, God is the source for healers. Ælfric with reference to the Church Fathers, such as Augustine and Chrysostom, describes Christ as *se soða læce*, the true doctor.<sup>56</sup> The attitude towards medicine is another difference to later medieval thinking: it is considered to be a good and God-given discipline. Isidore compares it to the *secunda Philosophia*, but medical practice was forbidden to monks by the Council of Clermont<sup>57</sup> in 1130, and to the higher clergy in 1131 by the council of Rheims, which is reiterated at the Lateran council of 1139 and by 1219 canon law forbids any cleric to become a doctor. What we see here is that

49 Bergdolt, *Wellbeing*, p. 87.

50 Susan Sontag, *Illness as Metaphor and AIDS and Its Metaphors*, Harmondsworth 2009.

51 Henry Sweet (ed.), *King Ælfred's West Saxon Version of Gregory's Pastoral Care*, London 1871, p. 250 (MS Cotton).

52 See for example Godden, Ælfric, *Catholic Homilies II*, p. 188.

53 Andrew T. Crislip, *Thorns in the Flesh: Illness and Sanctity in Late Ancient Christianity*, Philadelphia 2012, p. 20.

54 See, for example, Vercelli Homily 22, in: D. G. Scragg (ed.), *The Vercelli Homilies and Related Texts*, Oxford 1992, p. 372.

55 Homily on the Passion of St Bartholomew, in: Peter Clemoes (ed.), *Ælfric's Catholic Homilies: The First Series*, Oxford 1997, pp. 448–459.

56 Amundsen, *Medicine*, p. 135. In the Homily on the Passion of St Bartholomew Ælfric categorically emphasises: »God is se soða læce« [God is the true leech/physician]; Clemoes, *Homilies of Ælfric*, p. 448.

57 Amundsen, *Medicine*, p. 222.

practical and spiritual healing become divorced from each other. Much of Anglo-Saxon medicine is pragmatic and often things that are good for the body are also good for the soul. For religious writers there can be no cure for the body without curing the soul. The soul needed regular care which was beneficial for it, such as saints' feasts which were celebrated with public displays and pageants, or confession which moved from one-off penance to regular confession during the Anglo-Saxon period.<sup>58</sup>

Which leads to another prominent model of *disability*, the so-called medical model in which impairment is the problem of the individual which needs rectifying through medical intervention. We can certainly find plenty of evidence for this model in hagiography, where the sick are carried to doctors in order to gain healing for all kinds of conditions, or in the medical handbooks from the period which promise all kinds of healing options. These texts underline the need for healing, but they also tell us much about what amount of effort was invested in giving care to the impaired. An interesting description is in the anonymous *Life of St Cuthbert*, where *mulieres* 'women' carry the litter of a paralytic boy to where St Cuthbert stops on his way from Hexham to Carlisle.<sup>59</sup> The passage indicates that women were not just care givers, but that they were actively involved in seeking care, and trying to provide cures for their kin. Mobility impairments and mental illness are the most frequent conditions for which help is sought. While the texts are part of miracle stories they do encourage to think of physical and mental impairments as something which can be changed, albeit through spiritual assistance.

The most commonly used model today is the social model of *disability* with its sharp separation of the bodily impairment and the *disability* which is caused by others because they cannot accommodate the physical or mental difference of the impaired. It is perhaps the most favoured of all modern models. It certainly underlies much of modern *disability* legislation. A good example where an impairment is a *disability* is found in *Bede's Ecclesiastical History* where we are told that a chaplain named Andrew who was worthy to be a bishop was prevented to be consecrated as bishop on account of his bodily infirmities.<sup>60</sup> Whether he is prevented by someone or whether this is his own decision, remains untold. In contrast to Andrew, we have plenty of other members of the clergy who do not encounter barriers because of their physical impairment.

We may look towards legal texts to consider if some aspects of bodily change is worse than others. As we have already seen from the archaeological material, such changes may indeed lead to a different burial. Late Anglo-Saxon England sees an increased focus on physical punishment instead of the customary system of paying compensation for injuries – which has been explored by Katherine O'Brien O'Keeffe.<sup>61</sup> Cutting off noses, ears and hands are visible signs of shaming and must have thus had an impact on how people with a similar impairment were viewed, since the reasons for that loss may not always be obvious.<sup>62</sup> The cultural model denies that a distinction between *disability* and impairment is possible. It considers *disability* as a construction of culture, where it is used as a metaphorical crutch used

58 Amundsen, *Medicine*, p. 27.

59 Colgrave, *Anonymous St Cuthbert*, I, chapter V, p. 118.

60 Colgrave/Mynors, p. 328.

61 Katherine O'Brien O'Keeffe, *Body and Law in Late Anglo-Saxon England*, in: *Anglo-Saxon England* 27 (1998), pp. 209–232.

62 For an excellent survey of laws see Lisi Oliver, *The Body Legal in Barbarian Law*, Toronto 2011, pp. 165–166.

in constructs, such as text. For anyone studying literature illness is never just the physical condition, it is a marker of poverty, such as Tiny Tim's mobility impairment in *Charles Dickens' Christmas Carol*, or an outward sign of wickedness, as the scoliosis of Richard III in the play of Shakespeare and *Thomas More's History of Richard III*. Illness can thus act as a useful character depiction, but one that is actually rarely used by Anglo-Saxon writers. Even Holofernes, most wicked and evil in the Old English adaptation of *Judith*, has no physical features – unlike the female heroine whose beauty is underlined at several points (*ides ælfscinu* ›woman of elfin beauty‹, l. 14; *beorhtan idese* ›bright/beautiful woman‹, l. 341).<sup>63</sup> Holofernes' wickedness is underlined by his actions which are excessive drinking, being too loud and too bawdy. However, all is not well in Old English literature – there are still the many instances where a mobility impairment is healed through God's power or that of his representatives. In a literary corpus where the devil has a limp – as in the *Andreas poem* (hellehinca, l. 1172)<sup>64</sup> – would this be recognised by those who listened to such stories? Did Old English have any wards which were seen as unacceptable for the description of the human form?<sup>65</sup>

To conclude: while there may not be an overall concept of *disability*, physical and mental impairments are staple ingredients of Anglo-Saxon texts. The depictions we have are conflicting and confusing. On the one hand impairment is used as a metaphor, used in negative depictions, but on the other it is also an exalted state. Unlike in our medicalised present, where impairment tends to be regarded as negative and where the impaired have to fight for the right to be accommodated, Anglo-Saxon writers could see impairment as desirable. This life, churchmen such as Bede tell us, is transitory, no more than the flight of a sparrow from one side of the hall to the other.<sup>66</sup> In this fleeting life being God's child with a ticket to eternity is so very important. Impairment is not always disabling – it can be an ability, too. At least in texts it may be seen as a preferential state, one that marks out the afflicted as chosen. This is a difference to our modern concepts which try to take negativity away from *disability* and where communities, such as the deaf who refuse cochlear implants have a difficult stand in a society that sees the ›able‹ body as a norm. Anglo-Saxon texts understand that illness may be a choice, as in the case of religious who may have the ability to gain health, but deny themselves healing because they feel more complete with their impairment. Regardless of the options available today, the most common view of impairments is still that they should be ›corrected‹ as much as medically possible.

Still, non-religious texts indicate that impairments could indeed be disabling, and that they were different for men and women. Legal texts – which do include women – make being dumb, blind or deaf a problem – but since we know that women did not have a place in the hundred<sup>67</sup> or the king's retinue – would this have mattered so much then? Evidence from archaeology suggests that physical difference was not necessarily regarded detrimental, but that we can see that the impaired were often treated as different, if not special. We are,

63 Cited from Elliott van Kirk Dobbie (ed.), *Beowulf and Judith*, New York 1953.

64 Kenneth R. Brooks (ed.), *Andreas and the Fates of the Apostles*, Oxford 1961.

65 While certain terms have become politically incorrect, such as ›handicapped‹ which is based on the idea that the person is dependent on charity, i. e. ›cap in hand‹, there are today still a range of words where negative concepts are associated with physical impairments.

66 Bede, *Ecclesiastical History*, II, 13, pp. 182–184.

67 The Hundred (wapentake in the north) is an administrative unit which contained one hundred families led by leader who had juristic authority and who could gather armies. This post was not hereditary, but subject to being elected by the free men in the Hundred.

however, still missing much information since mental impairment or soft tissue scars cannot be shown on the skeleton.

What remains to be said is that in the exploration of Anglo-Saxon *disability* we are missing many of the cultural norms that allow us to understand what is considered to be different in the first place. In a culture which seems to have monsters and demons, as well as dog-headed saints, it is not always easy to say what is truly ›deviant‹. Most modern *disability* theories include relatively static bodies, even aging is not always considered as an aspect. Anglo-Saxon examples can show us how a society with few medical options may define bodily difference, but what is needed is a much finer linguistic study of the available text material to gain an understanding into the language used by people. We also need a very careful examination of all text passages, especially those used by Ælfric, who clearly runs a number of different discourses for different occasions when he portrays impairment as beneficial in one text and negative in the other.

Anglo-Saxon examples show us that *impairment* and *disability* then as now were difficult concepts. While we can show that they had definitions of health and thus elements of differentiation between people, we do not know if health is the decisive factor. What we really need is to understand if there is anything like a ›non-impaired‹ body at all in the minds of the Anglo-Saxons, or if we are just looking at shades of difference in the overwhelmingly frail and fleeting lives of men.