

Chapter 2

Accommodating Critical Disability Studies in Bioarchaeology

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Introduction

Bioarchaeology is the study of human skeletal remains within their biological and cultural contexts. Bioarchaeology draws its perspectives from a range of disciplines most notably osteology, paleopathology, physical anthropology, cultural anthropology, history, and also includes demographic and environmental analyses (Martin 2013). This discipline can in fact draw its conceptual perspectives from any scholarly discipline if that field of study enables it to assist in providing a more holistic contextualization of the human skeletal remains that are its central data. Disability studies has been put forth by some archaeologists and bioarchaeologists as potentially useful for their disciplines (e.g., Cross 1999; Southwell-Wright 2013; Byrnes et al. 2015). Southwell-Wright (2013), for example, argues that the social model of disability can assist archaeology's conceptualization of impaired and disabled people in the past. Yet how relevant might the critical study of disability actually be for bioarchaeology?

In this chapter, we examine the social model and several other models of disability in terms of their congruency with the aims of bioarchaeology and how they might be useful for this discipline. Recently, critical disability studies (CDS) has been touted as offering new ways of thinking about disability (e.g., Meekosha and Shuttleworth 2009; Shildrick 2012). Given the currency of this development, we further appraise several lines of thought employed by CDS and indicate points of convergence and tension between bioarchaeology and the critical study of dis-

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ability. Foremost among these is the contrast between CDS's constructionist understanding of impairment-related concepts and bioarchaeology's foundational focus on the causes and effects of disease processes as possibly indicative of impairment. We also explore whether Foucauldian concepts such as biopower and subjugated knowledges and histories might be useful for a bioarchaeology of disability. Finally, we discuss the notion of care as it is being taken up in both CDS and bioarchaeology. Suffice to say, in this chapter we do not offer definitive analysis of the issues we raise and simply open a discussion between bioarchaeology and CDS.

Bioarchaeology: Toward Engaging with Disability Studies

Until recently, much of archaeological and bioarchaeological literature has focused on the clinical description of pathological features of an individual's skeletal remains or broader effects of disease or diet on population health. This paleopathological focus had meant marginalization of "the actual experience of impairment and disability" (Southwell-Wright 2013: 75). As Southwell-Wright observes, "This medical, rather than social, perspective pervades much of the paleopathological literature to date" (2013: 76) and points to the origins of the discipline in clinical medical practice. Perhaps as a result of these origins, Southwell-Wright (2013) notes that even in more recent bioarchaeological research, impairment and disability are still often conflated in this literature.

Yet, almost two decades ago, the *Archaeological Review from Cambridge* published a special issue on disability that attempted to initiate an explicit disability discourse in archaeology (Finlay 1999). Archaeological cases involving the human skeletal remains of individuals with certain impairments were analyzed, sociocultural contexts were deemed important to incorporate into these analyses and features of the social model of disability were discussed as potentially offering assistance in developing an archaeology of disability (e.g., Shakespeare 1999; Cross 1999; Roberts 1999). In that volume, Cross notes, "archaeology, which has been ready to embrace race and gender issues, has done little to incorporate disabled perspectives into models, beyond working from Hevey's ableist paradigm and treating disabled people as objects, a material resource like other archaeological remains" (1999: 23). Even with the publication of this special disability issue, a focus on archaeology and bioarchaeology in disability did not effectively gain much ground.

Recently, however, there has been a renewed initiative with calls for archaeological and bioarchaeological study of disability and integration of anthropological, historical and other perspectives, most notably disability studies, within this focus (e.g., Battles 2011; Southwell-Wright 2013; Metzler 2006, 2013). Heather Battles (2011) has called for the integration of relevant multidisciplinary perspectives on the body such as disability studies into bioarchaeology. Southwell-Wright (2013) asserts that the social model of disability can be useful for archaeology and bioarchaeology with its differentiation between impairment and disability. The

precursory symposium of the current volume also evidenced a keen interest in exploring the relevance of disability studies perspectives for bioarchaeology. This opening up to disability studies perspectives seems part of a larger trend in bioarchaeology for multidisciplinary and holistic analyses of human skeletal remains in their social and cultural contexts. But how applicable are trends and concepts in disability studies, and more recently CDS, to this holistic integration occurring within bioarchaeology?

Models of Disability and Bioarchaeology

Lennard Davis has shown how the idea of the “normal” does not emerge in European culture until the early to mid-nineteenth century (1995: 24–27). He traces its beginnings as an ideology of the middle-way for the bourgeoisie through the development of the statistical norm to “the new ideal of ranked order powered by the imperative of the norm...[and] supplemented by the notion of progress, human perfectibility and the elimination of deviance” (1995: 35). Employment of the norm in public health and industry has been key to this concept’s proliferation in everyday life which negatively highlights physical, cognitive, intellectual and sensory differences. It was against the pervasiveness of normative perceptions of disability as deficiency that scholars in disability studies were partially responding to in the 1970s and 1980s with the various socio-political models that located disability in oppressive socioeconomic and political structures (DeJong 1979; Oliver 1983; Hahn 1985). These models of disability were also born out of the constraints of the medical model, focusing as it does on deficits and abnormality of bodies. The emerging disability studies and associated models relegated pathological categorization of impairment to biomedicine and primarily focused on the social prejudices and barriers to the access and participation of people with impaired bodies (Hughes and Paterson 1997). These socio-political models of disability have been effective in mapping inequalities and materialist barriers to participation in many modern societies, particularly those of Anglo-European origin.

Recent trends in bioarchaeology may open up a space for convergence with socio-political perspectives on disability. Bioarchaeology has recently witnessed a turn toward theories of human behavior including social theories to provide interpretational frameworks for data collected from human remains (Martin 2013; Soafer 2011). While critical theory has been employed less than more generic social theory in bioarchaeology, there has been some use of critical concepts. For example, Klaus (2012) shows how the concept of structural violence can be employed productively in the bioarchaeology of violence. Martin (2013) provides a strong case for using a political-economic perspective on the production of inequality and how analysis of skeletal remains within context can reveal the embodiment of inequality (see Gravlee 2009). Barrett and Blakely (2011) provide a good example of the latter from a biocultural and social inequality perspective on enslavement of African-Americans in colonial New York. Evaluation of skeletal

remains in the bioarchaeology of inequality is often tied to analyses of an individual's or a group's health and impairment status and can provide a critical window onto a past society's distribution of resources, status distinctions, and disabling effects; an analysis can of course be made more definitive if the context can be fleshed out with burial and mortuary evidence, artifacts, and/or textual accounts.

As noted, several researchers have recently suggested that disability studies perspectives might be productive in studying impairment and disability in the archaeological and bioarchaeological record. Southwell-Wright (2013) critiques early disability studies theorists for tending to analyze disability through a materialist Marxist lens that is not relevant to the past beyond industrialism. He nevertheless argues that employment of the social model can help combat reductive approaches within archaeology and, by extension, bioarchaeology. Southwell-Wright and other archaeologists such as Metzler (2006: 203), focus on the social model's separation of impairment from disability. Both researchers effectively understand impairment to mean "the medical or anatomical phenomenon, while "disability" describes the social construct loaded upon the former; hence, disability is culturally specific, and variable over time and space" (Metzler 2013: 5).¹ Further, Southwell-Wright (2013) perceives that the concept of disability as social construct provides an "emic" perspective to disclose how others responded to people with impairments in their community, which has utility for archaeological and bioarchaeological investigation across historical time periods and different cultures. We concur with this aim, albeit the extent to which the concept of disability can be considered emic is debatable. While not advocating a strictly materialist perspective, we would argue for more explicit acknowledgment by archaeologists that disability employed as a critical concept necessarily entails an evaluation of to what extent adverse responses to people with impairments occurred within a community.

In an analysis of the archaeology of disability in the Roman Empire and Roman Britain, Southwell-Wright shows the usefulness of employing both archaeological and historical textual sources in analysis of impairment and disability within their social and cultural context. Cautioning that the textual data is only reflective of the attitudes of elite males, he acknowledges their weight in describing "the marginalization of individuals with impairments" in Roman society (Southwell-Wright 2013: 78). By employing both textual and archaeological sources, Southwell-Wright challenges the oft-cited belief in the pervasiveness of negative attitudes toward certain impairments in the Roman world and makes the case for a more contextual conclusion: the response to certain impairments such as dwarfism, scoliosis, tuberculosis, and signs of trauma likely shifted over time and was variable depending on cultural values and social contexts (e.g., socioeconomic status).

¹It can be argued, of course, that anthropologists had implicitly recognized the culturally variable response to impairment before the emergence of sociopolitical models of disability (e.g. Hanks and Hanks 1948; Douglas 1966).

An example from Roman Britain illustrates the variability Southwell-Wright posits. In discussing funerary rituals and burial practices in Roman Britain, there are normative funerary rituals with “supine, extended inhumation burials, often confined and in some cases with grave goods provided for the individual depending on their age or gender” (Southwell-Wright 2013: 84). In contrast are what are termed “deviant” burial practices including burial of the body in isolated contexts, weighing the body down with rocks, burial face down and prone and after-death decapitation burials with the head often placed by the legs. While there has been much speculation that these burial practices were for marginalized individuals, such as gladiators, beggars, and disabled persons, there has actually been no consensus in what these deviant practices mean. Southwell-Wright describes four studies of skeletal evidence from individuals with various types of dwarfism: three sets of remains show funeral rites not considered as unusual or deviant, while only one individual showed signs of a deviant burial with the individual being buried in an isolated pit. This kind of variability in the archaeological and bioarchaeological record constitutes a problem for blanket evaluations of disabling attitudes in a society toward individuals with certain impairments. The social model’s critical intent, which is to map marginalization based on impairment, is difficult to achieve in practice given the incompleteness and uncertainties of the historical and bioarchaeological record, albeit a critical evaluation may be more likely in recent historical periods when the kinds and amount of evidence available tends to be greater.

Such appears to be the case with a bioarchaeological study conducted at the site of the Erie County Poorhouse in New York State. Muller’s research on impairment, disability, and children in this institution in the late nineteenth century (Chap. 7) combines historical and skeletal analyses of the remains of 66 children disinterred from this site. Through detailed analysis, Muller shows that the diseased and impaired children of poor and vulnerable women were more likely to end up in the cemetery, with the removal of “healthy” children to orphanages or by adoption. In another study at this same site, Byrnes (Chap. 11) compiled hospital records and skeletal analyses of 207 individuals; she provides a complex intersectional analysis of skeletal remains that evidenced impairments. Using these lines of evidence, Byrnes argues that foreign-born males, particularly immigrants from Ireland, who were more apt to seek relief and whose occupations were most often unskilled laborers in a time when safety precautions were minimal, experienced the highest rate of traumatic injury and impairment. Muller and Byrnes’ work suggests the marginalizing socioeconomic forces that were operating in the US in the mid-nineteenth century and how impairment and disability can intersect with other social categories. Thus, even with relatively recent cases, critical evaluation of disability in the archaeological and bioarchaeological record may require a nuanced and intersectional analysis.

Are there any other models of disability that might be useful to bioarchaeology with the potential for analyzing adversity in response to impairment in the past? Recently, Lorna Tilley in making the case for a bioarchaeology of care distinguishes between a critical approach to disability and an interactional understanding comprised of “biological, psychological and social elements,” which perceives disability

as “being produced through interaction between physical and/or cognitive dysfunction and the cultural and physical environment” (2015: 70). In this move, Tilley distances herself from critical approaches to disability,² choosing to draw from a more broadly interdisciplinary disability studies, Tom Shakespeare’s interactional perspective (2006) and the World Health Organization’s (WHO) *International Classification of Functioning, Disability and Health* (ICF) (2003, 2011). Yet, the ICF has been criticized on a number of counts. Hammell (2004) employs a Foucauldian perspective to critically interrogate the ICF’s classificatory practices as a means to assess deviance from normal functioning. The social modelists Michael Oliver and Colin Barnes argue that, “the concept of participation is included in the ICF scheme but underdeveloped and is still linked to individual circumstances or “personal factors” rather than firmly tied to the social and political organization of society” (2012: 26). Goodley provides another critical perspective, arguing that the explicit universalism underlying the interactional model, WHO’s *World Report on Disability* (2011), “risks whitewashing over the specifics of disability” (2014: 18). As Goodley cogently argues, “While mindful of the cultural relativism of the category of disability, the report has to pull disability out of the local into the register of more global appeal” (2014: 17). Thus, the ICF may perhaps be useful for bioarchaeology as a classificatory measure of individual functioning within a universal, albeit Western-derived scientific frame. Yet, its usefulness as a measure of social participation and a critical tool in the present or the past is questionable.

In the late 1990s and early 2000s, Kasnitz and Shuttleworth (1999, 2001; see also Shuttleworth and Kasnitz 2006a, b; Shuttleworth 2004) developed a sociocultural model of impairment-disability meant for ethnographic research cross-culturally that was explicitly critical, drawing both from socio-political models of disability and anthropological perspectives. This model recognized the need to provide an emic understanding of local contexts, but also saw it as necessary to balance local understanding, meanings, and values with recognition of the human deprivation and suffering that many disabled people endure. Kasnitz and Shuttleworth proposed that the perception of anomalous embodiment (Douglas 1966) is a more open conceptual space than a strictly socio-political model of disability, with which to theorize social responses to those who manifest bodily differences, or in Garland-Thomson’s terms (1997) “extraordinary bodies” (also see Shakespeare 1994; Devlieger 1999). In this way, symbolism and culture are more explicitly brought to the fore than in a strictly materialist understanding of disability.

In Kasnitz and Shuttleworth’s schema, those persons exhibiting various forms of anomalous embodiment may be integrated in the social group or held in high esteem, perceived as individually impaired or impairing the group in some way, yet still integrated and valued, or may alternatively be deemed and responded to as disabled in the socio-political sense of the term—all mediated by sociocultural

²In fact, Tilley takes her argument further by implying that the political sensitivity of the disability rights movement and disability scholarship has been a primary factor that has adversely impacted the development of a bioarchaeology of disability. In other words, bioarchaeologists have been afraid to counter critical perspectives on disability.

contexts (e.g., religious rituals, subsistence activities) and social categories (e.g., gender, age). In addition, an impairment, while in modern Western societies is perceived as implying a problem with individual bodily structure and function, in non-Western societies may not necessarily be about an enduring pathological process at all (e.g., the birth of twins, a baby's top teeth coming in first) (Shuttleworth and Kasnitz 2006a). This schema was proposed as a critical tool with its own cultural history, which may be useful in some cases to elucidate and critique disabling structures and practices cross-culturally.

While aware that many impairments in and of themselves can present difficulties for the individual in performing activities and participating in social life, Kasnitz and Shuttleworth's primary focus was to discern sociocultural responses to anomalous embodiment and impairments. From an interactional perspective (WHO 2003, 2011; Shakespeare 2006) this focus might be seen as overly biased toward the social and cultural at the expense of the biological. Yet, it does fit the purpose of a critical heuristic tool to assist in ascertaining the extent of social marginalization, taking into account mediating cultural contexts and social categories. Of course, optimal application would require detailed ethnographic corroboration of disabling responses. Despite this limitation, Kasnitz and Shuttleworth's model has some utility for bioarchaeology as a sensitizing schema that acknowledges cultural complexity and intersectional identities when analyzing disabling structures and inequalities in the past.

Critical Disability Studies and Bioarchaeology

Disability studies was founded in its critique of institutions such as medicine and capitalism with the terms of critique being primarily materialistic and adversarial (Meekosha and Shuttleworth 2009). While acknowledging its foundations in socio-political models of disability, CDS moves beyond a strictly materialist critique of the disabling social, economic, and political structures to interrogate notions of history, culture, discourse and embodiment employing a broader range of critical theories than disability studies—for example, post-modern, post-structural, critical race theory, queer theory (Meekosha and Shuttleworth 2009; Shildrick 2012). In addition, CDS explicitly contests the universalizing of Western scholarship and engages with indigenous knowledges and scholarship (Meekosha 2011). CDS also problematizes dichotomies such as individual/social models of disability and impairment/disability, which have dominated debates in disability studies, and incorporates the analysis of intersectionalities (Meekosha and Shuttleworth 2009; Shuttleworth and Meekosha 2013; Goodley 2014; Shildrick 2012). The aim of CDS is not only to critique disablism, which although focused on adverse responses assumes disabled people as “other”—but also ableism, “a naturalised understanding of being fully human [which]...is articulated on a basis of an enforced presumption

that erases difference” (Campbell 2009: 5; also see Goodley 2014).³ In what follows, we discuss several developments in critical disability discourse that may be pertinent to engagement between CDS and bioarchaeology.

The Construction of Impairment

One notion that has especially come under increasing scrutiny in CDS is impairment, as, like disability, it is perceived as a constructed concept. In a strictly social model approach to disability, impairment is assumed. But with the advent of CDS, there is sustained interrogation of impairment and disability as discursive constructions, which imply certain power relations. Early disability studies scholars had advanced the argument that the power and pervasiveness of biomedicine shaped the response to disabled people’s problems of living (e.g., Gill 1989; Hahn 1985). Indeed, the medical model was a prime target of disability studies’ critique. While there was a sensibility in these scholars’ work that the language around impairment was problematic, because of the relegation of the impaired body to biomedicine in disability studies, there was not a sustained critique of the constructive power of medical discourse and impairment as a concept. It was at the turn of the millennium that the notion of impairment began to be more scrutinized in the disability studies literature (e.g., Corker 1999; Hughes 2000; Tremain 2005a).

The “naturalness” of impairment was increasingly challenged, as Tremain (2005a) employing a Foucauldian, post-structural perspective argued, “That the discursive object called “impairment” is claimed to be the embodiment of a natural deficit or lack...conceals the fact that the constitutive power relations that define and circumscribe “impairment” have already put in place broad outlines of the forms in which that discursive object will be materialized” (2005a: 11). The medical nomenclature of impairment, pathology, abnormality, and deficit has especially been targeted as having detrimental effects for disabled people. As Hughes argues, “a sociological account of impairment seeks to augment the armoury of the social model by developing one of its weaknesses, namely the cultural critique of medicine” (2000: 555). He goes on to show the various ways in which medicine has contributed to the “aesthetic invalidation of disabled people” (2000: 555).

³There are complex reasons why we have begun employing the term CDS instead of disability studies, which we cannot sufficiently address here (see Meekosha and Shuttleworth 2009). Suffice to say that disability studies as a term to describe a critical approach to disability is losing its cogency, with many scholars who minimally employ critique now using the term to self-describe themselves. In contrast to a strictly ‘post-conventional’ CDS (e.g., Shildrick 2012), our vision explicitly incorporates both the critical materialist understanding that was the hallmark of a socio-politically defined disability studies and also opens up to the range of critical enquiry associated with post perspectives.

What does critique of a medical understanding of impairment and related terms imply for engagement between CDS and bioarchaeology? Empirical bioarchaeological research on impairment and disability requires evidence of pathological changes to bone structure in skeletal remains discovered at archaeological sites (Tilley 2015). This foundational analysis, bequeathed by the medical orientation of paleopathology, is needed in order to identify any particular skeletal remains as evidencing pathological changes in bone structure that could be impairing for the individual. Further analyses may attempt to situate these human remains within the specifics of culture and history, but this will often depend on the associated evidence of spatial, ethnographic, iconic, artifactual, documentary, and historical data. While interpretive contextualization of skeletal human remains is the ideal in bioarchaeology, is it possible to square its foundation on signs of pathology to an orientation meant to critique not only normative social structures, but also the physiological and anatomical norms and pathological references that negatively construct and categorize individuals and groups?

Many CDS scholars, of course, recognize that an impairment, construed as an individual deficit by the biomedical construction of the body, can in fact often be functionally limiting (e.g., Siebers 2006; Meekosha and Shuttleworth 2009). As has been acknowledged, especially by feminist disability studies scholars (e.g., Meekosha 1998) even if all social barriers were removed, many people with impairments would nevertheless still experience discomfort, pain, and/or limitations in functioning. However, even those scholars who acknowledge the corporeal limitations accompanying many impairments may still balk at direct references to pathology being employed by bioarchaeologists to found their objects of study.

Can alternate readings of the pathological body offer insight into how to transcend this apparent impasse? Some scholars are increasingly advancing the idea of human bodily variation to diminish the focus on impairment as deficiency. A less dominant formulation within disability studies emerged in the 1990s that reframed “disability” as human variation (e.g., Scotch and Schriener 1997, 2001). That is, impairment introduces variation into many of our institutional systems, which are set up for a restricted range of characteristics. These scholars argued that while the social and minority group models based on the ideas of discrimination, access, and rights can effectively challenge many explicit barriers, those based on lack of fit between institutions and people with certain impairments outside the normative range require accommodation to variable bodies. More recently, this issue has taken a decidedly bioethical turn with an emerging discourse on the ethics of biodiversity (e.g., Garland-Thomson 2012, 2015; Sparrow 2015; Wasserman 2015). For example, Garland-Thomson (2012, 2015) has called for “conserving disability” as a natural form of human variation, one “that promotes and protects human

biodiversity” (2015: 15) and a genetically open future.⁴ In this view, impairments are conceived as “potentially generative resource[s] rather than unequivocally restrictive liability” (2012: 239). From another angle, Overboe notes that genetic engineering and improvement of the species is more about the desire for power under the guise of progress, which implicitly devalues diversity and disabled “expressions of life” (2006: 223). He argues that the medical diagnosis of his condition as “cerebral palsy” with “spasms,” which is imposed on him “fails to capture their vivacity” (2006: 230). For these two disabled academics, “conserving disability” as human species diversity and highlighting the lived vivacity of bodies constituted as deficit by biomedicine are presented as crucial ethical concerns.⁵

The currency of these ideas within CDS calls for a bioarchaeology that is critically reflexive about its foundational use of pathologizing nomenclature and remains open to alternate conceptions of impairment, some of which while not yet standard in “scientific” discourse, are nevertheless imaginative interpretations from which “scientific” explorations initially stem. Relating to reflexive practice, the interpretive archaeologists Shanks and Hodder observe:

⁴Disability scholars vary in their strictness in distinguishing between impairment and disability. For example, Garland-Thomson (2015) and Scotch and Schriner (1997, 2001) in their discussions of human variation and biodiversity incorporate impairment into their use of disability. The authors of the present chapter maintain the distinction between impairment and disability when possible for analytic and political purposes, while recognizing the constructedness of these terms. As in Kaznitz and Shuttleworth’s schema, we view impairment as the negative cultural perception of an individual’s embodiment, which in Western societies has been influenced by biomedicine and is primarily considered in terms of its impact on individual functioning, but which in many non-Western cultures can include meanings that transcend the individual or bodily and behavioral function. We have also previously argued that the social model and its separation of disability from impairment is only “one of a number of separate tools in our analysis ... [which aims for] a more complex understanding of disability oppression in our work” (Meekosha and Shuttleworth 2009: 51). Being CDS scholars we understand that these concepts cannot encompass the complex relationships between biology, society, culture, and psyche that exist in disabled people’s actual lives. We further acknowledge that the meanings of these terms may in the future shift according to cultural, political, or scientific reformulations.

⁵The conceptual move to biodiversity espoused by Garland-Thomson is not without its critics in CDS. Lennard Davis (2013), for example, maintains that, the neoliberal notion of diversity must exclude those persons who cannot choose their identity, which is epitomized by those with impairments without cure. As he argues, “disability (along with poverty) represents that which must be suppressed for [neoliberal] diversity to survive as a concept ... (which ultimately seeks sameness)” (2013: 13). Drawing from Davis among others, Friedner and Weingarten (2016) also critique this discourse for not acknowledging the biopolitical underpinnings of the move toward biodiversity and the management of bodies in the twenty-first century. This process is driven by marketplace capitalism and obsession with individual choice and ignores the “economic, social, and political factors that exist in relation to different forms of disability” (4), which flattens out these different forms in equal contribution to human diversity and thus paradoxically works to “erase difference” (4). While these are important considerations, we do not have the space to address them here within the context of an engagement with bioarchaeology.

An awareness of discourse implies an attention ... to the way archaeology designs and produces its pasts ... and involves a shift from validation to signification, from anchoring our accounts in the past itself (divorced somehow from our efforts in the present to make sense of it) to the ways we make sense of the past by working through artefacts. (1995: 28).

This is an acknowledgment that discourse not only structured past human experience, behaviors and cultures evidenced by the patterns in the archaeological record, but also structures the archaeologist's own production of the past (see also Kelley and Hanen in Cross 1999). By the same token, CDS should concede that identifying morphological changes in bone structure is crucial for a bioarchaeology of disability. The determination of pathology, or in more biodiversity sensitive terms variant human corporeality, in human skeletal remains from archaeological sites and the assessment of probable functional impact is a necessary initial step in an inquiry process—one that can eventually lead to critical analysis and interpretation of disabling or abling responses within the historical, social, and cultural contexts of an individual's life.

The Employment of Foucauldian Approaches to Disability

The past decade has seen widespread employment of Foucauldian analyses in CDS (e.g., Gabel and Peters 2004; Tremain 2005b; Sullivan 2005). What makes some of Foucault's ideas useful to CDS is their de-familiarization of modern institutions and practices as benevolent and caring (Foucault 1978; Burchell et al. 1991). Foucault conceives the emergence of power relations in modernity as biopower, "a set of procedures and practices that objectivize and attempt to measure, predict and manage phenomena and processes having to do with the life of the human species and its individual variances in terms of a norm" (Meekosha and Shuttleworth 2009: 57). Are there useful possibilities for Foucauldian approaches in a critical bioarchaeology of disability in recent history?

Archaeology has employed Foucault productively in prehistoric contexts, often drawing on his idea of bodily inscription, "the literal marking of society on the body of the individual" (Meskell 2007: 27), which is conducive to the study of material remains and artifacts. Archaeological and bioarchaeological research on disability has so far used Foucault's concepts minimally in their analyses. However, Foucault's notions such as those related to biopower might be applied to many historical situations during the past several centuries in societies where disabled people have been socially objectified, categorized, and separated from the social group, such as in poor houses and hospitals where they can sometimes share space with the poor and destitute. An archaeology and bioarchaeology attuned to these kinds of concepts in their work with human remains from historically relevant sites in conjunction with documentary and any accompanying mortuary and artifactual evidence might be a critical avenue to pursue.

Yet there are also inherent tensions between any alliance between Foucault and bioarchaeology. Foucault's focus on discourse can seem at odds with the necessary

foundational analyses of bioarchaeology. In addition, Foucault's later genealogical approach explicitly interrogates the past to show the discontinuities and divergences from a coherent historical narrative. As he puts it, genealogy is "a form of history which can account for the constitution of knowledges, discourses, domains of objects, etc., without having to make reference to a subject which is either transcendental in relation to the field of events or runs in its empty sameness throughout the course of history" (1980: 117). As Shakespeare has cogently observed, "The work of Foucault on homosexuality shows that we need to abandon the idea of a linear development through time of a taken-for-granted category of identity" (1999: 101). With his idea of subjugated knowledges, Foucault further highlights a plurality of historical knowledges, in effect a plurality of pasts, which genealogy should emancipate from hegemony "of a theoretical, unitary, formal, and scientific discourse" (1980: 85). This suggestion of alternative histories casts doubt upon the search for historical certainties and mythical origins. Post-processual archaeology has especially grappled with this sense of alternative pasts (Hodder 1992; Rowlands 2007). In one sense, the excavation of local prehistories contributes to the goal of revealing a plurality of pasts. As Rowlands (2007) notes, however, this excavation has occurred in the context of a comparative and universalizing "project of Western origin" (2007: 66–67) that, while perhaps relevant for the project of colonialism, "reveals the limitations of the archaeological project on a global scale" (2007: 67). Despite the ever-present possibility of a retrospective critique of one's purposes for seeking an alternative past, the usefulness of applying a genealogical approach in bioarchaeology would be to open up to a diversity of subjugated histories. As Anand (Chap. 4) has argued, genealogy "would ... inform bioarchaeology differently from the way traditional histories do."

Foucault's notion of subjugated knowledges would especially seem to fit well with the marginalized histories of disabled peoples. Yet Metzler's (2006, 2013) painstaking work on impairment and disability during the European Middle Ages is mainly drawn from sources such as medical and legal texts and social and economic sources. As she argues, we may be able to gain a historical sense of the images of and attitudes toward disability, but the voices of disabled people themselves are for the most part silent within these texts (Meltzer 2013: 3). Metzler's study of "disability in the Middle Ages ... [is] a cultural history, a study of mentalities, focusing on social attitudes rather than on personal testimonies and identities" (2013: 3). This obviously constitutes a problem for the historian who desires to unearth disabled people's voices and not their representation by others. We may be able to trace an outline of these knowledges by their absences, but the question is to what extent can subjugated histories of disabled people be made visible without their own voices? Of course, this limitation does not necessarily disqualify historical research on impairment and disability, or archaeological and bioarchaeological research, as lived experience is carved within historical trajectories and sociocultural contexts that may be traceable in varying degrees.

The Bioarchaeology of Care and Critical Disability Studies

If, however, left with skeletal remains which evidence pathology and impairment but appear to be denuded of much of their social and cultural contexts, are bioarchaeologists consigned to solely analyze and interpret this evidence through the discursive frame of the causes and effects of diseases? Some bioarchaeologists have not given up on construing social and cultural contexts so easily. Tilley (2015) and others (Tilley and Oxenham 2011) argue for an approach that while carefully analyzing the morphological changes to skeletal remains, in some cases cautiously infers such human behaviors as caregiving. That is, for some individuals whose skeletal remains indicate progressive and enduring changes in bone structure and consequent impairment, some level of caregiving was probably necessary for their survival.

Tilley and Oxenham (2011) propose a bioarchaeological theory of care that includes informed speculation on psycho-social, as well as emotionally, supportive care. These ideas reach fruition in a four-stage bioarchaeology of care methodology for researchers to follow, and an index of care (Tilley and Cameron 2014; Tilley 2015). In the first stage, the bioarchaeologist describes in detail indicators of pathology and provides a differential diagnosis. The second stage seeks to discern if the person was able to participate in daily activities within their communities or whether care was necessary by identifying the impact of disease on the functioning of the individual. In the third stage, the bioarchaeologist develops a model of care that details the minimum needed for the individual to survive. If enough evidence has been generated, the final stage would synthesize analysis from previous stages to provide an interpretation of caregiving and social norms and values within the particular culture at the time.

Setting the terms for a bioarchaeology of care is an ambitious project and, in her recent book, Tilley goes into great detail to explore theories of human care, speculation on whether caregiving occurs among nonhuman primates, and she also discusses possible reasons for its minimal use in bioarchaeology. Tilley (2015) acknowledges that both the terms disability and care are presently contentious. While providing a reasonable contextualization of current debates around use of the term “disability,” she does not explicitly refer to the problems that disabled rights advocates and disability studies raise in employing the term “care” to denote the assistance that many require in order to function and perform everyday activities. Tilley, a former nurse who acknowledges her biases toward caregiving, however, implies dependency as the underlying concept that may have driven bioarchaeologists’ past reluctance to focus on caregiving in the human skeletal record. An assumption of dependency has in fact been a core point of contention for the disability rights movement embodied most tellingly in the concept of independent living.

Dettwyler (1991), in an influential article that referenced disability studies’ texts and echoed the problems that the disability rights movement raised with disabled people being viewed as dependent, argues against reading compassion into analyses

of care in the bioarchaeological record. She claims that some osteologists and paleopathologists were reading compassionate care into skeletal remains that showed signs that the individual was impaired. Tilley (2015) persuasively reveals the gaps in Dettwyler's argument, that, in fact, the researchers she was citing were not going beyond the available evidence to assert compassion, but were making relatively conservative interpretations of the evidence. Tilley's careful rendering of the index of care is meant to systematize and make any bioarchaeological interpretations of caregiving more rigorous. In fact, as shown above, Tilley's index of care is conservatively restricted in making interpretations of caregiving within what is known of the norms and values of the particular culture at the time. Within this conservative context, in optimal cases what is attempted is a fleshing out of the social identity and broad "personality traits which possibly played a part in the subject's management of disease experience" (Tilley and Cameron 2014: 8) and the lifeways of the group that may have promoted caregiving. Intentions and motivations of caregivers, such as compassion, will in most if not all cases be impossible to ascertain.

How does this bioarchaeological focus on care mesh with a critical reading of the concept of care and caregiving as played out in the disability rights movement, disability studies, and the current CDS discourse? As implied above, within disability studies, the care relationship between carer and disabled person has historically been viewed as an asymmetrical relation with power inevitably in the hands of the former (Hughes et al. 2005: 261). Disability studies scholars have argued that the disabled person who requires care was often treated as a passive recipient, dependent, and at the mercy of services outside their control (Hughes et al. 2005). This critique was an impetus for the development of consumer, user-directed care in the US, UK, Canada, and now Australia.

User-directed care is an attempt to empower the disabled recipient by putting them in control of their own care. This development, however, has itself come under critical fire within CDS. Drawing inspiration from the feminist ethic of care, critics such as Hughes et al. (2005) and Watson et al. (2004) contend that user-directed care organized as simply an instrumental service errs by extracting the relational aspect from the care dynamic. Recently there have been a number of attempts to bridge this gap between the self-control of consumer-directed care with an ethics of care that takes into account the relational dynamics involved. There is a move to conceptualize care in more nuanced and relational ways. Hughes et al. (2005) suggest that a post-feminist perspective emphasizing embodied interdependence and reciprocity within the caring relationship would work, not only to undermine the hegemonic masculine agenda, but also the hierarchical structure within the current dynamic of care. Others such as Fisher et al. (2015) have explored the notion of the enhancement of relationships through mutual recognition within the caregiving relationship. Kelly (2013) presents an argument for what she terms "accessible care," which attempts to bridge the divide between an independent living approach to care and the feminist perspective. From Kelly's point of view, "Care in this context, is positioned as an unstable tension among competing definitions, including that it is a complex form of oppression" (2013: 1). What these

various perspectives on care in disability studies and CDS show are the multiple senses the term can currently invoke. In fact, an understanding of care does not easily fit into any prefigured categories of oppression, instrumental care of or for a body, emotional investment or mutuality within the care relationship; perhaps care has invoked a complex of affects and multiple meanings throughout human history.

Within the bioarchaeology of care, there is also conceptualization of the dynamic between carers and care-recipient. For any interpretation of caregiving that results from application of this index, Tilley and Cameron argue that, “caregiving is understood as a purposive interaction in which caregivers and care-recipient have made the decision to participate; the giving and receiving of care are the products of agency” (2014: 6). Their index of care is assumed within a broad definition from direct hands-on support to accommodation. Tilley and Cameron’s claim is framed within an interactional model of care: that caregiving is an interactional process, which both parties have taken up and are invested in.

While a materialist disability studies secured firmly in a modernist view of power relations and oppression might have questioned how much agency “care-recipients” can exercise, the more recent care discourse in CDS has problematized this constrictive understanding of care. A focus on interdependency and reciprocity within the care relationship (Hughes et al. 2005) broadens the sense of agency involved. In this view, agency is conceived as relational (Burkitt 2016). As Burkitt argues, agency is no longer simply “conceptualized as an absolute power but has to be understood as a matter of degree. In interrelation, interdependence, and interactions with others, interactants are always active and passive, powerful and yet vulnerable to various degrees” (2016: 336). This focus is of course not meant to deny the legitimate concerns within disability studies and CDS about the cultural and socio-structural constraints that have often restricted disabled people’s choices within care relationships. But at the relational and interactive level there is a convergence of sorts between CDS and bioarchaeology. The temporal constraints imposed on bioarchaeology in studying the past, however, limit knowledge of the agentic intentions of the care-recipient similar to how understanding the motivations of the caregiver are limited. Disabled people are always agents in their own care, but beyond “broad personality traits” (Tilley and Cameron 2014: 8) evidence for both their relational agency and their control within the care relationship will be hard to come by. CDS, on the other hand, has an easier task in analyzing the contemporary dynamics of agency exerted by disabled people in the care relationship. Nevertheless, the bioarchaeology of care as conceived by Tilley and colleagues represents a significant addition to our knowledge of the lives of those with impairments in the past. Understanding how caregiving was structured and attended to within the lifeways of a particular group and the broad character traits that the care-recipient may have had (e.g., resilience) provides part of the history of response to impairment and may inform our current models of care.

Conclusion

This discussion of the utility of disability studies and CDS for bioarchaeology would not be complete without mentioning the important CDS principle of engaging with other cultures' perspectives on impairments and disability (Meekosha and Shuttleworth 2009). As CDS scholars living in Australia, we note that archaeologists and Aboriginal people have in recent years begun to work in collaboration after a long period of mistrust. One such example is at Lake Mungo in the Willandra Lakes World Heritage area. This kind of collaboration fits well with both the current discourse of engagement in CDS and trends in archaeology (Murray 2011). Acknowledgment of Indigenous perspectives on their ancestors' human skeletal remains and allying these perspectives with archaeological and bioarchaeological narratives is even more critical in the case of those individuals who may have been impaired, often as the result of invasion and colonization. Indigenous knowledge today may provide important clues to the social response to and lived experience of these individuals in the past.

Certainly, the use of models of inequality and marginalization of people with impairments can be employed as heuristic tools for critical analysis, but with caution, especially when the archaeological, historical, and ethnographic evidence is limited. The difference in funeral rites and burial practices for people with dwarfism in Roman Britain as discussed by Southwell-Wright suggests the status variability that can exist in a society for people evidencing anomalous embodiment or impairment of a particular kind. Even when multiple forms of data support an argument of inequality or marginalization as in Muller (Chap. 7) and Byrnes' (Chap. 11) research, the convergence of forces and categories intersecting with impairment (e.g., poverty, immigrant status, gender) often provide a complex picture in which disabling structures are difficult to analytically tease out from the cultural meanings and sociohistorical processes that construct other marginalized identities. Recognizing the mediating influence of sociocultural contexts and other identity categories in any response to impairment (Shuttleworth and Kasnitz 2006a) and providing a nuanced intersectional analysis is, however, becoming requisite in CDS scholarship. In addition, CDS's engagement with Indigenous knowledges and other critical points of view such as the ideas of Foucault provide an array of perspectives that might be considered by bioarchaeologists in their research on impairment and disability.

It is, however, important to remember that in the spirit of the Frankfurt School, most critical theory is oriented toward changing present society and has emancipatory aims (Horkheimer 1986); and indeed even Foucault's (1984) primary aim was to provide a critique of modernity. Some models and concepts employed in disability studies and CDS may be useful in interrogating and understanding the past, but this will implicitly occur via a critical perspective on the present. Barrett and Blakely provide commentary on both sides of the point,

As scholars we are embedded within the cultural, political, and social contexts of our time and place as we seek to understand the complexity of the past. We are guided by questions in the present in our search to understand the past. Taking this into consideration, scholarship may more effectively engage in critique of the present through understanding the processes that influenced and transformed the lived experience of past people's (2011: 212–13).

That critique of the present can change our understanding of the past can be illustrated by returning to the convergence between a critical approach to disability and care with that of interpretation in the bioarchaeology of care. Despite Tilley's distancing herself from critical disability perspectives, it is evident that the bioarchaeology of care has been conceptualized with sensitivity toward the "agency" of disabled people; an agency championed by disability rights activists and scholars that initially focused on a lack of power within the caregiver/care recipient dyad, but which has expanded more recently in CDS to include a sense of relationality and interdependency. In short, recognition of disabled people as employing agency has been incorporated into bioarchaeology's interpretive schema of caregiving in the past. The extent to which bioarchaeological understanding may influence CDS's critique of the present and our current models of care are currently a question mark. Yet, while the caveat remains that we can never know the actual motivations, intentions, and feelings involved for impaired individuals and their presumed caregivers studied by bioarchaeologists in the skeletal record—that certain persons were valued enough to be provided care or accommodation for does present convincing evidence that marginalization is just one of the pasts that can be written for this population.

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