In Search of Medieval Disability

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In February 2013 British archaeologists made a striking announcement. A DNA test done to a skeleton found in excavations in Leicester proved that the bones belonged to King Richard III, who died in a battle in 1485. This discovery aroused international interest for many reasons, one of which is closely related to disability history. Richard was immortalized by William Shakespeare, who in his play described him as a hunchbacked and murderous person. In most interpretations of the play, Richard’s malevolent character has been performed through and together with his deformity. In other words, his disability has been the metaphor of the faults in his character, which the Tudor dynasty wished to underline. The discovery of Richard’s body proves the few contemporary descriptions correct in a sense that he did have quite a severe scoliosis. However, the later descriptions of his appearance are very much exaggerated. There were no signs of a withered arm nor did he have a hump, but rather his one shoulder was higher than the other. Although Richard’s case is unique in many ways, the attitudes towards the king show how culture specific disability can be. For the early modern audience of Shakespeare’s play as well as for their followers, a physical impairment was a powerful way to highlight a person’s ill character, and it could serve a purpose in defaming the name of a person or even a family lineage, for Richard’s deformity symbolized the fall of the Plantagenet line. These are, however, primarily sixteenth-century attitudes, which continued for a long time but have, at the same time, been falsely interpreted to also hold true for the Middle Ages.
Although themes related to disability history pop up every now and then, one of the questions we who study it often get is why. My own response to the question is twofold. In a way the current dissertation is a continuum of my earlier studies. I wrote my master’s thesis on childbirth as a social event in canonisation processes, and thus I got familiar with the thematic and the sources. When I started to plan on my doctoral dissertation, my first idea was to study the social network around a new-born child, including other humans as well as supernatural beings. After working with that for some time, I realised the plan didn’t really work out. The next idea was to study the marginalisation or liminality of small children and analyse three case-studies. The first one was supposed to be unbaptized children, the second one children who were victims of malevolent supernatural beings, and the third group was children with disabilities. Luckily I started to write about them first and soon realised it was a topic much wider than one third of a study.

The other reason why I ended up making this study is more multifaceted. The question why someone wants to study disability history often includes the assumption that in order to study such a topic, one must have first-hand experience of it – as if disability was a marginal phenomenon. That, however, is not the case – not in the fourteenth century, and not in the modern world. On the contrary, the history of disability intermingles with the discussions in the modern world not only in the academia, but also in relation to politics and human rights.

According to the World Health Organisation, about ten per cent of a given population in a given time has some kind of a disability. It can be estimated that various, permanent impairments were fairly common in the Middle Ages as well. One only needs to imagine a badly broken leg; with the medical knowledge of the time, it most likely never healed completely. On the other hand, in our society, we have more medical knowledge and can thus heal more impairments before they become permanent. At the same time, more children born with severe conditions survive, bigger operations can be made after serious accidents, and as our life expectancy keeps growing, most of us will face disability sooner or later.

In medieval times, the living conditions, however, had a big effect on how common impairments were, and it turns out that in some areas, the percentage of impaired persons was much higher than the estimation of WHO. For example, in archaeological excavations done in Norwich, more than thirty-five per cent of the adult skeletons buried in a late medieval graveyard showed paleopathological changes, particularly in their feet and spine. These were mostly rather poor people, who were harmed by their work and weak nutrition. Presumably in the wealthier areas the percentages were smaller, which makes a parallel with the modern world, as even now impairments have the most severe consequences among the poor, especially in the developing countries. In any event, just like today, permanent impairment was an issue most people in medieval societies had to encounter one way or another. Thus they were by no means exceptional, nor were people with disabilities necessarily strikingly different, let alone considered as freaks.

In modern sociology the attitudes towards permanent impairments and their disabling consequences are explained by the models of disability. In the western world, all sorts
of impairments became strongly institutionalised and medicalised in the early twentieth century, which led to the so called ‘medical model of disability’. This mentality has led to a situation where impairments and, in consequence, human variation, is pathologised, and impaired people made into objects of various curing and treating methods, at the same time oppressing their experiences and other aspects of their lives. The social model of disability, primarily used by disability activists, on the other hand, is close to the definition of the World Health Organisation. It defines ‘disability’ as an “umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations.” Thus the social model of disability separates ‘impairment’ as a bodily fact from ‘disability’, which includes also the physical, mental and social restrictions an impaired person faces because of the barriers of a society. In other words, what makes a disability is not only an impairment in a person’s body or learning ability, but what disables a person is the connection between the impairment, and the way one’s society deals with it. In our society, the disabling barriers are still numerous. The laws concerning accessibility are getting stricter, but that is still a big issue. People with disabilities also face big problems in the employment opportunities Studies have also shown that Finnish teenagers and young people do not regard physically disabled people as potential or desired dating partners, or even friends. A couple of years ago the Finnish Association of People with Physical Disabilities made a questionnaire for teenagers and young people concerning their attitudes towards friendship and dating. A majority of those responding to the survey stated that they couldn’t think of being close friends, let alone in a relationship with someone who has a disability.

The modern theories of disability do not work for the study of medieval history as such, but the conceptions are helpful in the attempts of detecting not only the paradigms of the medieval society, but also the attitudes of the historians trying to reach them. One of the issues that I struggled most with was objectivity, which, of course, is difficult if not impossible for every historian. When studying a topic like mine the problem was twofold. The common though erroneous assumption, which has only recently been questioned, has been that the experiences of the disabled in the Middle Ages were invariably difficult, hard and cruel. As a medievalist, I was eager to show that this was not the case. At the same time, I kept doubting my own findings and aims. Despite the miracle narratives in which the child was really poor, or in some occasions had a very severe impairment or disfigurement, I couldn’t find cruelty or marginalisation, although the sources need to highlight the unfortunate consequences of impairments. I discovered some ashamed parents and scornful brothers, but such remarks were, no matter what the viewpoint, always a minority. Still, especially in the beginning, I was worried that I had been overlooking source-critical aspects, because of course the miracle testimonies are silent about several elements of their protagonists’ everyday life. I also blamed myself for sugar-coating or romanticising my sources and wondered if I was just trying to explain away all references to the ill treatment of these children.
Only when I read sociologic works and, even more importantly, works of other historians who utilize disability theories, such as Irina Metzler, Joshua Eyler, Daniel Blackie and so on, I realised that I was not the only one facing the same problem. The way people with impairments and disability issues in general are discussed and portrayed in our society, especially in the media, is never neutral, but if a person has a visible impairment, he or she is labelled as a disabled person and portrayed either as a victim or as a hero. The works of American dancer and conceptual artist called Bill Shannon have been very illuminating in this regard. He dances and makes skateboard tricks on crutches, which he uses because of a hip condition. A part of his street performance is to shoot onlooker’s reactions when he’s suddenly falling in the middle of a dance act, or having troubles in everyday tasks like carrying something. The recorded reactions are a mixture of amusement and pity, depending on what people know about him beforehand. Mostly, however, people have troubles in responding to him, because he cannot be categorised either as ‘disabled’ or as ‘healthy’. Similar experiences have been reported by some social anthropologists who are sighted, but who have gone to public situations with a guide dog or a white cane. Bill Shannon has also been publically blamed for not wanting to have a hip replacement, which is a fine example of medicalising an impairment. It was only when I myself got aware of this kind of reactions and the cultural attitudes behind them, that I started to realise that despite my attempts to study the Middle Ages as a different society from ours, I was so deeply involved in the way our society sees disability, that I had troubles accepting that the conceptions of physical impairment may have been quite different then.

In my study one of the aims has been to detect these conceptions, which, at first glance, seem to be very strictly tied to religious discourse. Impairments occasionally appear in sermons and exempla as results of improper marital sex, and in chronicles they may be examples of God’s wrath. In miracle stories they of course appear frequently as situations to which the saint brings help, just as Jesus cured the blind, the deaf and the crippled in the New Testament. Poor, impaired persons also make an appearance in the records related to hospitals, most of which were run by religious orders. Religion is a thing inseparable from the medieval society and mentalities, but at the same time there is a danger, that because religious institutions and persons produced most of the written material, theological aspects get too much attention and suppress the more mundane interpretations. With disability history, the most obvious example of this has been the conception that illness and impairment were thought to be direct results of sin, that in medieval societies they were God’s punishments, and impaired people or the parents of disabled children were actively blamed for their conditions. Despite being religious sources in many ways, the miracle narratives, however, give a rather mundane, even practical view on the matter.

Whether there were underlying patterns in medieval conceptions of disability thus appears slippery for a modern reader to tackle. At the same time, many of the views and ideas that we, based on our own thinking, would like to project to the medieval society, are not grounded based on the sources. Yet many aspects present in our society are traceable in medieval texts. The concept of disability did not exist, but the severity of the situation was often defined by the restrictions a person had in fulfilling his or her social and cultural roles and expectations. Thus impairments did not necessarily change a person’s status or position in a society so long as they were able
to act like other people of their rank. At the same time, physical appearance was a thing that could define or identify a person as it is in our society. Unlike for us, pointing out a person’s outer appearance was not necessarily improper or offensive. Surnames deriving from one’s physical traits – such as Crokebayne, Nanus or Le Blynd – were transferred from one generation to another even in a time when having a surname like that was by no means a norm. So physical impairment was not a stigma, but rather one aspect among others that identified a person.

Yet many aspects present in our society are traceable in medieval texts. If the impaired person was of a high social status, there was a tendency to treat them as heroes. For example, John the Blind, the early fourteenth-century Count of Luxembourg, King of Bohemia and titular King of Poland ruled his lands for ten years without seeing anything. Apparently he managed to pass as a sighted person and to fool many, and those contemporaries who were aware of his blindness, praised him for overcoming his disability. Impaired beggars, on the other hand, were suspected of feigning their impairments, as they often are today, but at the same time, they were also objects of mercy and pity.

Instead of trying to detect what medieval people thought of disability as a phenomenon, it is more fruitful to separate different impairments from each other as well as discuss impairments in relation to the person’s social status, age and gender. In the end, the so called medieval society was not homogenous, and even within small communities, people’s situations, conceptions, and status could differ significantly. Because there was no universal concept of ‘disability’, nor was there a universal concept of ‘normalcy’, whether and how a physical impairment became a disability depended on a complex set of factors.

**Literature:**


