Chapter 11

Accessing the inaccessible

Disability and archaeology

Morag Cross

Introduction

It is very easy for an archaeological discussion of disability to consist of the bare bones of a history of the orthopaedic ward. However, disabled people are not all dead. I wish to raise some of the issues involved in disability politics, of which most archaeologists will be completely unaware. I outline the medical and social models of disability, and the adoption of the social model by the disabled people's movement in America, and then in Britain. The social model is currently undergoing refinement, as is discussion of the distinction between impairment and disability. Some of the meanings of 'access', a key concept in disability issues, are discussed, and some of the ways in which archaeology might become accessible to disabled people are explored. I mention a broad range of issues to put the discussion into a wider contemporary and political context. The social model of disability may have a contribution to make to the archaeological understanding of disability and vice versa, if archaeological considerations can be grounded in a theoretical context in which the past is relevant to the present and future of disabled people.

Why disability?

Why should archaeology matter to disabled people, and why should disabled people matter to archaeologists?

Archaeology is a means of accessing the activities of our predecessors, and it also serves a function once served by origin myths — the creation and explanation of identity. These issues are of special relevance to disabled people. A group excluded in the present can be included in the past, and, just as disability arts are being used to create a still-evolving disability 'culture' (e.g. Shape London/Disability Arts seminar on Disability Arts and Culture', references in Barnes 1992) so archaeology can show disabled people that their experiences are not uniquely contemporary. They have very ordinary disabled predecessors, and history can be used as another means of self-affirmation for disabled people, alongside arts and politics (Morrison and Finkelstein 1993). Indeed there is at least one instance of disabled people's contemporary existence being acknowledged in nineteenth-century archaeological writing (McCulloch 1868: 539). In that instance the brevity and uniqueness of the reference demonstrates that they truly are 'footnote people in...history' (Wallechinsky and (Wallace 1978: 364).

Archaeology has engaged with other issues that are socially constructed and defined, such as race and gender, but disability is a neglected subject. Examination of the British Archaeological Bibliography (BAB) over the period from 1989 to 1996 reveals no entries under disability and numerous ones under 'disease' (e.g. BAB 1995: 276). Yet disability and disease are not the same thing. For archaeologists, disability is usually considered to be an orthopaedic condition experienced by someone in the past, but disabled people are not all dead. The existence of physical impairment is a historical constant, deserving consideration as much as race or gender, for it cuts across all boundaries. In dealing with identity, definitions, and the historical reconstruction of society, disability studies and archaeology have considered some of the same problems. 'In the history of the portrayal of disabled people is the history of oppressive and negative representation. This has meant that disabled people have been represented as socially flawed able-bodied people, not as disabled people with their own identities' (Hevey 1993, quoted in Barnes 1992: 4). Disability politics is constructing an identity for disabled people in the present, and tentatively using history to extend that identity back in time. Working in chronological reverse, archaeology has sought to Construct identities in the past, using material remains surviving into the present.

There is obviously a tension between a diversity of disabled identities today and in the past, and using the past to construct a present-day identity (Oliver 1991: 49). Anspach (1979: 768) states that 'the politicization of the disabled represents an attempt to wrest definitional control from "normals"'. Today among disability activists, although the debate over definitions is ongoing, people are considered to be disabled only if they identify themselves as disabled.

The social construction of disability, that is, the effect of personal attitudes and perceptions of what constitutes disability, has been illustrated by Finkelstein (1981). He describes a village where wheelchair use is the norm, all the architecture is adapted, and walking is literally a handicap. Walkers are seen as being uncommunicative and lacking eye contact because they are bent double, having poor social skills. The social criterion of disability, a problem created by the processes and institutions that structure society, is rather literally illustrated by Kurt Vonnegut in 'Harrison Bergeron'. To quote,

The year was 2081 and everybody was finally equal. ...Nobody was smarter than anybody else.... Nobody was stronger or quicker.... All this equality was due to the 211th, 212th, and 213th Amendments to the Constitution and the unceasing vigilance of the Handicapper General.

(1968: 19)

Here, to equalize ability, people are artificially impeded or handicapped by the state, and by this society's definition, impairment is 'normal'.

Disability itself is a neutral fact, and is only assigned positive or negative meanings in a social context (Hevey 1993: 119). It is unlikely, for instance, that dyslexia, a disadvantage today, would have been much of a problem for a medieval peasant. Extrapolation of the

contemporary negative status and nature of disability back in time is a dangerous path. What may be regarded as an impairment and a personal disaster now may not have been so regarded in the past. This is a central tenet of the social model of disability — that injury and impairment do not necessarily equate with incapacity.

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The medical model of disability

The two conventional views of disability, opposed like Scylla and Charybdis, are the medical and social models. According to the medical model, disability is viewed as a personal, individual medical tragedy amenable to either a medical intervention, cure, or control, or to incarceration in a segregated institution. Disabled people are stigmatized, but the interpretations as to why vary according to the commentator. Historical materials like Oliver (1990: 34—5) and Barnes (1991: 62) attribute stigma to economic and labour factors, because society and personal value are structured around the ability to work. They suggest that stigma is a learned response to the economic incapacity of disabled people (Abberley, 1987: 15—16 and 1993: 111; Oliver 1991: 51).

In the medical model of disability (see Brisenden 1986; Abberley 1987; Oliver 1993 for a fuller discussion), the medical condition, or impairment, is seen as being the disabled person's own 'problem' — the natural consequence of personal inadequacy. The solution is to make him or her conform to the physical norm as much as possible — e.g. prevent deaf schoolchildren from using sign language. The medical condition, illness, or disease is seen as being 'the disability' — the two concepts being regarded as synonymous. The medical model is beautifully summarized in the contents page of Barnes (1992: 5), 'The Disabled Person as Pitiable.. Sinister... Atmosphere or Curio...Super Cripple... Their Own Worst and Only Enemy ...Burden...Abominable...Incapable'. Disability status is attained by incapacity, failure, dependency, and passivity on the part of the individual, and strategies are written, researched, and administered to disabled people by able-bodied professionals, as it is socially created by these administrative procedures.

The social model of disability

The civil-rights movement in 1960s America, and the power of the Vietnam veterans lobby, transformed the self perception of disabled people in the United States (Fine and Asch 1988: 3—5; Hahn 1988). Because there was a written constitution, nonattainment of the rights enshrined therein was a civil-rights issue (Shakespeare 1993: 25 0—1). This led to the passing of the Americans with Disabilities Act in 1990, which is commonly viewed as the most significant civil-rights statute since the 1964 Civil Rights Act (Pfeiffer 1994: 534). In a situation of high-profile disabled activism quite unlike that in the UK, Pfeiffer suggests that '[judged] by the amount of attention it receives in the media, from the employer organizations...it may be the most visible Piece of legislation passed during the Bush Administration' (ibid.).

Influenced by events in the United States, a radical reconceptualization of what it meant to be disabled began in Britain. In 1976, following unsatisfactory official definitions Of 'disability', 'handicap', and 'impairment', the Union of the Physically •Impaired Against Segregation defined disability as the loss or limitation of opportu'nities that prevents people who have impairments from taking part in the

normal social life of the community on an equal level with others due to physical and social barriers (Pagel 1988: 3; Davis 1993: 289; Finkelstein and French 1993: 28). 'ImPairment' was defined as 'the lack of part or all of a limb, or having a defective limb' Organ or mechanism of the body'. In this definition the common use of the term 'disability' to mean a medical condition was rejected, along with the phrase, 'people with disabilities'. The focus was shifted from the functionally limiting impairment to the external physical environment, and the disabling society. This is termed the social model of disability.

People researching disability, such as Oliver, Barnes, Abberley and Finkelstein, began to examine how disability was socially constructed — other people's attitudes

had to be challenged (e.g. Oliver and Barnes 1993). However, the main focus of their attention was disability as a social creation of industrialized societies, by institutionalized and economic discrimination, and an inaccessible physical environment. The   'problem' was external to the person — it was not the inability to climb steps that was the problem, but the lack of a ramp to make a public building accessible. This made 'disability' a civil-rights issue in a country with no civil-rights tradition (Barton 1993). Disabled people were able to perceive a commonality of experience for the first time, and to come together with similar goals, as an oppressed minority group (Pagel 1988; Hasler 1993: 280; Shakespeare 1993: 253).

This use of the social model made possible the creation of a disabled identity, a way to challenge stigma as a large group rather than as isolated individuals (see Fine and Asch 1988: 6—8 on disabled people's emerging minority-group consciousness). It also laid the foundations for political and self-help movements, and the creation of organizations of disabled people, such as local forums (Morris 1991: 176) as a substitute for the Victorian philanthropic charities for disabled people (Pagel 1988: Ch. 3; Barnes 1991: 222—5). The breakthrough of the social model was that social oppression and negative status were neither inherent nor inevitable. It broke the old reductionist equation that impairment necessarily led to limitation and incapacity. It provided a mechanism for social change and the removal of disability (Scotch 1988: 165—71). If environmental barriers like steps, inaccessible public transport, and segregated schools were changed, the disability would be removed. Since disability is socially constructed, disabled people's self-definition as members of an oppressed minority group, the social model of disability, enables them to engage in collective action to change and make accessible the social and physical world in which we live (Oliver 1993: 65).

Two social models: active and passive

In its early form, the social model was frequently uncritically promulgated with the fervour of revealed truth. It needed to be radicalized and expanded, to become more inclusive and self-critical. The disabled person exists in a tension with the disabling society. In the medical model they would be made to adapt and fit in with their envi ronment. In the social model, which presupposes that the person is disabled almost entirely by external factors, one can modify one's surroundings to fit oneself, negotiating this relationship by political action, assertiveness training, the independent living movement, etc. (Abberley 1987; Scotch 1988; Barton 1993).

There is, however, a paradoxical relation between the self and one's individual impairment or functional limitation (Oliver 1990: 65—77; Lenny 1993). Social-model theorists have placed less emphasis on this. Some strategies for dealing with impairment have been criticized on ideological grounds, for relocating the disabling problem within the individual, and making it a personal problem once again, what Finkelstein (1996) calls the passive social model.

The use of the term 'adjustment' for the process of grieving for lost abilities has been criticized (e.g. Oliver 1990: 63—5) because the process of dealing with impairment is one of constant renegotiation (Zola 1982, quoted in Oliver 1990: 64). Some counselling is seen as judgemental, and as reinforcing negative views of disabled people as psychologically inadequate or maladjusted to their situation (Lenny 1993: 235). It has been suggested that some negative or grieving responses to acquired impairment are learned behaviours due to the negative status of disabled people in society (Abberley 1993: 109, 111; Finkelstein and French 1993: 31—2). I would disagree — loss of abilities can cause real emotional pain because hearing, for example, is more than a purely utilitarian or optional means of communication.

On the other hand the attitude that if you have never had the use of them some faculties would not be missed (i.e. congenital impairment) seems especially common among deaf activists campaigning for minority-language status for sign language and a separate deaf culture. By neglecting the complexity of the experience, some statements about positive self-image can sound dangerously close to 'redemption through suffering'. By this I mean the numerous 'I wouldn't change/be without my impairment' testimonies, which can start to resemble just another way of dealing with the personal experience of disability and can walk a fine line between 'supercrip' hero stories. I am aware that there are differences in the experience of people who were born with, and those who have acquired, impairments, and therefore have some experience of an able-bodied existence against which to measure living with impairment. The difficulty, and sometimes impossibility, of comprehending another's experience does not diminish its validity, and can pose a challenge to its acceptance. The social model has largely neglected the individual's response to, and experience of, impairment, because it considers this to be divisive and subjective (French 1993: 24). However, we all have different experiences and can only make sense of them through the meanings available to us.

Recently some female writers have suggested that definitions of impairment need to be explored, and that the difference between impairments have been ignored (Crow 1992; Lloyd 1992; French 1993: Morris 1993). This is partly a gendered response, influenced by the feminist conviction that 'the personal is political'. Fine and Asch (1988: 5—6) summarize well the range of causes and effects of impairment which can be highly visible (e.g. wheelchair use), hidden (e.g. epilepsy), acquired (e.g. amputation), or congenital, mild, or progressive, and can vary over time. Many impairments themselves are disabling or restrictive, and are not amenable to remedy by societal or attitudinal change (French 1993). Although Liz Crow (1992) and Sally French (1993) have written about this, there is still an over-reaction against anything that even remotely links medical conditions, the individual, and restriction (Morris 1 991: 70, 181; Lloyd 1993: 212). There has been a heated debate in the pages of

Disability Now about attitudes to impairment and living with functional limitations, which can leave the individual feeling like a spectre at the feast, an onlooker ignored by those leading a 'normal' life (Disability Now 1996a; 1996b).

In some of its manifestations, the social model can fail to take account of multiple Ca usation and simultaneous multiple meanings of disability and stigma and can be very prescriptive in an area full of shades of grey (Casling 1993: 203—4). Jenny Morris (1992: 159) calls for research that is not 'alienated knowledge', which allows space within the research for the absent subject, without treating disabled people as objects.

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Jane Campbell and Mike Oliver published a history of the disability movement told through the experiences of disabled people using 'action research' strategies. It eXam_ ined their own part in this history as 'collective, self-reflective inquiry', partly to cir_ cumvent disabled people's scepticism of much traditional research (Campbell and Oliver 1996: 24—6). Theoretical work on the social model is ongoing as it needs to be radically expanded to make room for those, albeit contentious, concepts with which it does not yet seem to deal with sufficient frequency (Crow 1992).

One such issue is impairment. The neglect of impairment is 'an obstacle' to the cohesion and expansion of the political movement 'if it is ignored by the theoreticians of the struggle' (Shakespeare 1993: 256—7). Work has been completed on such areas as the role of counselling and the social model (Terry Daly, Strathclyde University, UK) and the examination of women's perceptions of impairment (Carol Thomas, Lancaster University, UK). Finkelstein has suggested the social model has split into active and passive models, which have downplayed the practical struggle for social change (active), and overemphasized the psychological experience (passive). He suggests having a disabled point of view on mainstream issues and working with the majority community for the common good (Finkelstein 1996). Hopefully, rather than proving divisive, more structured analyses will allow a broader identification of ordinary disabled people with what can be abstruse, obscure, and jargon-laden debates.

The Greeks had a word for it — 'stigma' and prejudice

A word associated with disability is 'stigma' — which was originally a slave's brand in ancient Greece (Abberley 1993: 110). It is ironic that the plural, stigmata, has prestigiously divine associations that stigma does not. Although Oliver and others have rejected many psychological and cultural explanations (1990: 60—70) for the negative status of disabled people, Tom Shakespeare (1994: 283) has taken a broader view and examined the reasons for cultural prejudice against disabled people, as this prejudice can also be disabling.

Disabled people represent a variety of different things simultaneously, and are invested with multiple meanings. Shakespeare suggests that they are the 'other' (1994: 290—6) against whom we measure and define ourselves, and the transgressors of physical and social boundaries. They are reminders of mortality and physical frailty, as well as an economically and thus socially disadvantaged group. Popular culture is full of disabled villains and monsters (discussed at length in Barnes 1992; Casling 1993; Hevey 1993; Shakespeare 1994). Impairment in Western society is invested with negative cultural meanings, used to justify and normalize prejudice, as if it were the inevitable, natural

outcome of difference. The Americans with Disabilities Act (1990) identified such prejudice as illegal (Pfeiffer 1994: 540).

Anthropological explanations of stigma (Murphy 1987, quoted in Oliver 1990: 20; Oliver 1990: 15, 17, 19, 61—3) acknowledge the overwhelmingly negative images of disabled people in Western culture, and the meanings attributed to them (e.g. Scheer and Groce 1988: 28—9, 32). However, recent research suggests that the status of disabled people in traditional societies can vary widely (ibid.). Impairment functions as the 'metaphor du jour', standing in for the moral cause of the moment, as is revealed by any study of leprosy, epilepsy (Schneider 1988), or AIDS. Some disabled

activists have even begun to reconstruct the disabled identity by 'reclaiming' stigma and disempowering language, and using it positively (Anspach 1979) and politically, after the models of the black and gay liberation movements.

Psychological explanations of the stigma attributed to disability (Oliver 1990: 65—8) consider what Harlan Hahn calls the aesthetic and existential anxiety engendered in the onlooker (1988: 42). Disabled people remind us of the frailty of the human body, of the threat posed to our self-image by the physically different or disfigured — aesthetic anxiety. Existential anxiety is the fear that 'it could happen to me', as indeed it can.

Fine and Asch examine the psychological assumptions made regarding disabled people by researchers who often root stigma in the individual's possession of the impairment itself, as if it were a 'natural' consequence (1988: 9, 11, 13), rather than in others' attitudes or in environmentally imposed restrictions. The reasons they suggest for these assumptions broadly parallel Hahn's definition of existential anxiety — the onlooker's perception of impairment as victimization, problems, and vulnerability, 'a reminder that we cannot control all life events' (Fine and Asch 1988: 15). As with Hahn, the impairment becomes a memento mori, a reminder of our own mortality like the medieval Dance of Death on a church wall.

As a direct consequence of the social model and its emphasis on disabling environments of all kinds (social, economic, institutional, and physical), the concept of 'access' has become prevalent and political. The stereotypical meaning of access is wheelchair ramps and lifts (English Heritage 1995). These things are very important in theory and practice, but there are more dimensions to 'access' than the width of doors. These include access to education and information.

However utopian the social model, in the short term it has been as revolutionary as Stonewall or the Alabama bus boycott. It has provided a point of identification for an emerging consciousness of disabled people as a minority group — defined by Dworkin as 'identifiability, differential and pejorative treatment, and group awareness' (Dworkin and Dworkin 1976: viii). It has identified issues of key concern to disabled people themselves — independence, access, choice, and identity. Independence is the choice to organize one's own life and personal care, not necessarily the ability to do everything physically unaided — hence the independent-living movement. The social model has challenged stereotypical assumptions that disabled people are victims, that they are always in need of help, that they identify only with others similarly disabled, and that impairment necessarily means inability and helplessness (Fine and Asch 1988). By being the motor for the mobilization and motivation of activism, the social model has simultaneously smashed and transcended any equation of Impairment with concomitant powerlessness.

Morag Cross

An arthritic approach: a need for change in archaeological attitudes to disability

so what of disability and archaeology? The medical model approach through the grouping of disease processes or deformity as manifest in skeletal remains is prevalent' for example in the International Journal of Osteoarchaeology. At the time of writing there were no entries under 'disability' in the British Archaeological Bibliography. Entries under 'disease' simply emphasize the lack of political or social context — 'disease — med, degenerative joint/prostatic; carcinoma' (BAB 1996: 253) Under osteoarchaeology we find 'med, chronic septic arthritis...bones (animal); bones (human)' (ibid.: 287). In Glasgow University, all books dealing with the archae_ ology of skeletal remains are classified under 'Medicine' next to 'History of Medicine', including The Archaeology of Disease (Roberts and Manchester 1995), suggesting that the mood is more that of epidemiology than social context. The disease, not the human being, has become the actor. The medical condition manifest in the skeletal or material record is the impairment, not the disability, although the impairment may prove disabling. The degree of disability or exclusion of an individual in the past may be hard to quantify or assess, but in the light of the growing differentiation between sex and gender in the past, it seems that the issues of 'impairment', and 'disability' in past societies should also be addressed.

To date very little theoretical work has been done on archaeology and the politics of disability — probably because disability is an isolated geographical and social event. There might be the practice of archaeology by disabled people, because there are disabled archaeologists. There might be an archaeology for disabled people, as some efforts have been made to improve site accessibility. There is, however, no archaeology of disabled people, probably because they have never been a homogeneous group in time, place, or type of impairment. Nevertheless some disabled activists have begun to make use of archaeology to construct a historical identity for themselves, such as John Hay, a deaf historian tracing the history of the deaf community in Scotland. He has 'reclaimed' the tomb of Princess Joanna, 'The Dumb Lady of Dalkeith', daughter of James I (of Scotland), in Dalkeith Collegiate Church, as a point of historical identification for the deaf community (From the Edge, BBC2, 16.10.1996). This raises various issues of identity and archaeological responsibility to which I will return in the conclusion.

In his discussion of how and why the medical model dominated capitalist views of disability, Oliver outlines the rather idealized theory that disabled people were integrated into pre-industrial society, when work was done at home and the individual could contribute according to his or her ability (1990: 25—32). Janssens says that 'the economy is also a decisive factor in fixing an attitude towards the sufferer' (1970: 145) — depending on the ability of the community to 'carry' unproductive members. Archaeologists have to rely heavily upon the medical model of disability (i.e. functional abnormality) because they excavate the material remains of people's bodies. However, the social model does privilege a material level of explanation as well, namely the contribution of the environment to the social creation of disability.

In the concluding chapter of Archaeology of Disease, Roberts and Manchester (1995: 196—202) concentrate on new technical and methodological aids to the analysis of data and specific disease processes. In some recognition of lacunae in the data, with which contemporary disability discourse is actively engaging, the need for consideration of human environmental adaptation (a concern of the social model) is suggested. To quote, 'Broad areas of investigation could provide useful information on past human adaptation to particular environments' (ibid.: 200), including urban and rural communities and environments, and health and gender. In an earlier and unusually inclusive book, P.A. Janssens (1970) seems to have taken a wider number of factors into account, including (brief) mentions of environments, climate, and religion.

It might be interesting to examine the physical environment of an excavated skeleton identified as mobility impaired, for example, using the social model's concept of environmental barriers as disabling. In a rural society with no wheelchairs or mobility aids, unimproved roads, and unmodified topography, is a person who may be economically unproductive necessarily going to be more integrated than someone today who is imprisoned at home by inaccessible public transport?

One study has examined the contemporary incorporation of the 'personal geographies of individuals with impaired mobility' (Vujakovic and Matthews 1994: 359), and how they 'read' the physical built environment of a city, into the design of graphic representations of accessible and inaccessible areas. The exclusion of individuals from the spaces between buildings is a form of political control (ibid.: 373), and the environmental perceptions of disabled people differed strongly from other users. Mapmakers, and possibly archaeologists planning ground surfaces, 'project with their own values' (ibid.: 375), while the mental (cognitive) maps of the environment, 3-D space, and hazard/barrier perception of the mobility impaired are often different (ibid.: 375—6). 'A person confined to a wheelchair cannot negotiate monumental stairs. Rather than having a sense of awe and respect, such a person is likely to feel angry at what is above' (Steinfield et al. 1977: 9). This is directly related to the basic precepts of the disabling environment in the social model of disability.

There is ongoing research into areas such as medieval attitudes to disability. Publication has begun to examine social attitudes to mental illness and leprosy, and coping strategies, one manifestation of which is leper houses and other forms of social provision and control (e.g. Cullum 1994). There have been studies of votive offerings (Radford 1949) and pilgrimage (Peter Yeoman pers. comm., Fife Council Archaeologist), an activity loaded with ambiguous moral messages about disabled people as ripe for divine intervention. This last area is a huge field of study, which is still ongoing, and seems to structure the discourse on disability in medical terms, as a catalogue of bodily defects.

There is a paradox here — in using the social model, it would be necessary not to equate a particular impairment in the past automatically with the experience of a similarly impaired person today — and there are still few cross-cultural studies of disability (Scheer and Groce 1988: 23; Oliver 1990). Since the meaning and effect of impairment is Culturally constructed, what may be regarded as incapacitating today may not always have been so regarded, especially in economically marginal communities (Barnes 1991: Il ; Finkelstein 1993: 12; mentioned briefly

in Janssens 1970: 145). Interestingly, serious suggestions that some past religious figures may have suffered from epilepsy or Other conditions can be greeted with anger by their modern followers, demonstrating a prejudice that reflects the contemporary stigma of psychiatric conditions.

'We see through a glass, darkly': museum presentation and representation

Unlike theoretical issues of disability and archaeology, the accessibility of museums to disabled people has been an issue for several decades. This has generated articles (the 'Open Doors' columns in the Museums Journal), case studies (Perth Museum entrance, Pickles 1996), committees (Pickles 1997), quangos, multimedia presentaand lottery funding for enhanced accessibility (Stone 1997). Dr Margaret Faull of the National Coal Mining Museum for England has spoken in Disability Now of her experience as a disabled museum professional, words that are still too often an oxymoron. Trying to strike a balance between conservation and accessibility is diffi_ cult — what may be adequate lighting for one visually impaired person may be unsuit_ able for artefact preservation. Tactile access is hindered by traditional cases full of reflections. It is literally a case of seeing through a glass darkly.

Physical and intellectual access to collections are two separate but related issues. Able-bodied and disabled people are frequently ignorant of each others' limitations and perceptions. Consultation with access-panels of disabled people can Challenge ways of looking at the environment. The new Royal Museum of Scotland has been designed with visitor accessibility as a primary consideration from the beginning. An access audit and consultation with local disabled groups has produced a guide to the original Victorian building (NMS 1996), and the content and degree of 'difficulty' of information labels and the museum's interactive catalogue and information system (MOSAICS) is also being carefully assessed (A. Watkins pers. comm.).

On intellectual access one approach is to address disabled people on their own terms and within their own cultural frame of reference, using tactile and audio aids where appropriate. Earlier curators like William McCulloch, born in 1815, were not entirely unaware of the tactile and voyeuristic attractions of some exhibits for a visitor population deprived of 'video nasties' and violence on television (although public executions provided a more-than-virtual reality alternative). In 1868 McCulloch wrote:

Of the many objects of special interest to the student of Scottish history preserved in the Museum of Antiquities at Edinburgh, one of the most interesting is the old beheading machine, better known as The Maiden. It is an object that attracts the notice and awakens the sympathies of visitors from all climes and of every shade of colour. Mutes describe its action to each other with unmistakable significance; the blind handle it tenderly.

     (1868: 539)

It might be wondered whether the sympathies of disabled visitors were excited by thoughts of revenge against the patronizing Victorian perpetuators of the medical view of disability.

Professor John Hull, who is himself blind, uses scale models and tactile plans of cathedrals to attempt to 'reconstruct the cathedral' for visually impaired people 'through the use of their own senses...rather than the usual way of listening to descriptions by sighted people...not to attempt to convey to blind people a sighted person's experience' (Innovations in Information 1994b).

The archaeology museum at Nimes (Innovations in Information 1994b) has focused on visitor autonomy, to enable people to wander through the displays by themselves — with audio cassettes and relief maps. Another French museum has trained deaf people as conference guides using specialized art-history sign language. One aim is to provide deaf children with adult role models 'to feel confident about their future opportunities as professionals' (Innovations in Information 1994c). This approach (and McCulloch's, by default) uses already established elements of disability culture.

The appointment of access officers 'is a clear sign that the museums sector is starting to take ownership of the issues' (Pickles 1997). Disabled people themselves must take ownership of access and employment issues are represented not only by 'visitor figures' but als, as Nimes has already envisaged.

The issue of the representation of disabled people has mainly been tackled with relation to visual representations in the media (e.g. Disability and the Media Project, by K. Ross at Cheltenham and Gloucester College). Less well-known is the issue of their representation in museums — that is, if and how they are incorporated into a model of the past. The closely analogous case of the (in)visibility of the lesbian and gay communities in museums was discussed by Gabrielle Bourn, 'despite museum rhetoric on recognising diversity, there is still one minority group which remains In the shadows' (Bourn 1996: 28—9). Letters on the subject of 'queer representation' in museums and the 'recognition of minorities of a perceived "controversial nature"' (Clayton 1997) apply equally or with even greater force to disabled people, who are the one minority group which anyone could join.

Making education accessible is a challenge to providers in all subjects, not just in archaeology. Bristol University has run a summer school in archaeology for visually impaired students since 1982. Toby Stone (1995) has written in the Guardian about the difficulties of being a student with undiagnosed dyslexia, and the misunderstandings that this caused. The assistance of a cooperative institution, the Institute of Archaeology at University College London enabled him to circumvent problems like drawing plans and sections (Stone, pers. comm.).

Conclusion

Mike Oliver suggested that 'the issue of disability and the experiences of disabled people have been given scant consideration in academic circles. Both the issue and the experience have been marginalised' (1990: xi). He states that only medicine has considered disability, and then only as a medical problem. 'Hence there is an urgent need for other disciplines such as sociology, anthropology, history...to take these matters seriously rather than to merely offer descriptive and atheoretical accounts which leave

medical and psychological approaches unchallenged. ...On the experience of disability, history is largely silent' (ibid.).

Disabled people can only have a prehistory once they start writing their own history by actively participating in archaeology. The only archaeological article aimed specifically at disabled people that I have been able to find suffered because the disability journal editors were initially unable to find an archaeologist to assist them (Perceptions 1996). Archaeological data can be used to construct a past that does not merely replace 'negative' with 'positive' images, but attempts to structure the disCourse to reflect the complexities of the experience of disablement, and consequent social estrangement or inclusion.

Deaf people have identified 'artefacts' such as the picture of Sir Joshua Reynolds t the Tate Gallery (Self-Portrait As a Deaf Man, 1736), which are produced by, if t for, disabled people. In this artefact, Reynolds fulfills Hevey's criteria of the disa bled person producing and positioning his own representation, and how he (Reynolds) wished to be perceived.

Archaeology as a discipline does not have a static building or fixed location unless s, itself, part of a museum display. Whom it serves, other than archaeologists, may not always be apparent. Archaeologists' attitudes are affected by lack of awareness of and interest in contemporary disability issues. This was demonstrated, for example, by the difficulty faced by the editors of the disability journal, Perceptions, when they attempted to find an archaeologist willing to write for them. This has resulted in archaeologists equating disability with illness and disease, rather than viewing disablement as a socially constructed phenomenon. On one side is the impairment, such as arthritis or osteoporosis, and on the other are the social and environmental limitations encountered/imposed. If there is to be a change, it should also be asked what the disabled community wants from archaeologists, if anything.

Beyond the aetiology of disease, epidemiology, and physical access to sites, there is a lack of literature from an archaeological perspective. Titles of archaeological books which conceivably cover the 'archaeology of people who were disabled' include A Field Guide to Joint Disease in Archaeology (Rogers and Waldron 1995) and Identification of Pathological Conditions in Human Skeletal Remains (Ortner and Putschar 1981), shelved in a library alongside 'History of Medicine'. Disability here is equated with an explicitly medical perspective.

Most writing on disability politics has been in the field of sociology. In contrast 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 ablist paradigm and treating disabled people as objects, a material resource like other archaeological remains. The failure to engage with disability politics suggests a lack of awareness of the disability movement. The Archaeology of Inequality (McGuire and Paynter 1991) looks at African American, Native American, colonial, and women's experiences, but does not consider disabled people, who continue to experience economic and physical inequality. Disabled people exist within every other group, and it could be argued that disability issues are relevant to everyone.

Kelley and Hanen consider the possibility of a 'sociology of archaeology' (1988: 100) since it is not 'a closed system unrelated to the societies in which it is embedded' (ibid.). Investigators' pre-existing biases influence approaches and degrees of 'objectivity', though 'the relationship of such factors to the actual practice of archaeology appears to be only dimly perceived by most archaeologists' (ibid.). Archaeologists, like society at large, have usually been unaware of disabled people among them, ignoring them for various reasons. Meanwhile the cohesive strategies enabled by the social model at grass-roots local level have coagulated into the collective and increasingly coherent voice(s) of disabled people. Excavated diseased joints, which were once disabled people, have modern equivalents, who have been functioning as cultural magnets for and aggregates of able-bodied people's analogies and values. They are one of Kelley and Hanen's 'variables'. To quote,

On the whole, archaeologists have paid less attention to these variables than have anthropologists (especially ethnographers), probably in part because the latter, dealing as they do with living human beings who respond to the researchers, have been forced to a realisation that the cultural bias of investigators is a serious problem. The view gaining in popularity, however — that archaeology is making sense of the past in the present — is moving us toward a greater awareness of the effects of our own cultural backgrounds on archaeological questions.

(1988: 142-3)

Disabled people are a hidden group to whom archaeologists have some responsibility in terms of representation and incorporation. As mentioned previously, disabled people might require something from archaeologists in terms of their own history, but without dialogue it is hard to posit what this is, or whether there is an audience at all — disabled people have varying levels of political awareness and self-awareness as a minority group. Although 'the disabled' are considered as 'them' and 'over there', disability is a fluid category. Some archaeologists will become disabled; some disabled people are archaeologists. 'The disabled' are 'us', not 'them over there'.

In their concentration on 'fossilized disease' in the form of skeletal deformity, archaeologists dig up impairment, not disability. Joint disease is not a disability, it is an impairment. In archaeology there seems to be no concept of 'disability' according to the social model (as exemplified in the long list of books on the history of disease, not disability, classified as 'History of Medicine'). In the same way that the concepts of sex, sexuality, and gender are not the same things, so impairment, disease, and disability are not synonymous, and archaeology needs to develop its own, more social model of disability. In the wake of the implementation of the Disability Discrimination Act in 1996, now is the time to engage with disabled people and disability politics on their own terms. At present, although a means of accessing the past, archaeology itself is still an environment inaccessible to many disabled people.

Acknowledgements

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