

Disability studies and the classical body: the forgotten other

Introduction

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Abstract

This chapter argues that an awareness of disability studies is essential in Classics and the Humanities more widely. Studying historic disabled people requires an engagement with this relevant if seemingly anachronistic field, as we would expect with other identities, such as gender, sexuality, and ethnicity. Dialogue between past and present will help combat the ableism of our scholarly work, which is not only morally dubious, but also intellectually blinkered. This introduction sets out many of the key background issues, such as how to define disability and categorize impairments in both Western modernity and classical antiquity, and the construction of bodily aspirations and aesthetics, particularly around ‘the norm’ and ‘the ideal’. It introduces the standard medical and social models of disability studies, but argues that we need to move beyond them, for example, considering a ritual model involving divine intervention. Unusually for a work on a disadvantaged minority, it investigates modern (British) equality and human rights law as a transparent, practical framework for exploring the complexities and tensions that the disabled body holds to the light.

Introduction

The title of this volume makes a bold claim that disability is the forgotten ‘other’ or minority in Classics and cognate disciplines, despite intermittent attempts to address this (e.g. Snyder, Brueggemann and Garland-Thomson 2002).¹ Many identities and statuses might lay a claim to this label, and perhaps it cheapens a serious issue if this is made into a competition. But impairment and illness are not particularly unusual, and for a proportion of society such conditions are a life-long norm. Neither are they mundane and boring, especially when the ingenuity behind substitution strategies is brought into account. Although *representations* of disabled people have long been a fascination in classical studies, especially if they can stand as metaphors or be ‘good to think with’, it is true that scholars have been much warier of engaging with disabled people themselves. This may partly be owing to the fact that a disproportionately low number of academics in the Humanities appear to be disabled

(although the environment is increasingly inclusive), leading to such people being very much considered the ‘other’. But ‘other’ also carries connotations of abnormality, and, historically, disabled people have been considered to be freaks. Activists for civil rights for other identities have ‘bristled’ with being associated with disability (Kudlick 2003, 766). This denies a stark reality: unless you die reasonably young after a healthy life, it is normal to experience impairment and debilitating conditions at some point, whether physical or mental. So why is this considered outside the realms of normal experience? There is a moral case for correcting this omission, as recently argued by Silverblank and Ward (2020), but there are also many intellectual reasons for engaging with these issues.

The ‘classical body’ of the title serves three purposes. First, it is a reference to the body’s lived experience, rooted in empirical knowledge rather than imagined empathy. Second, it nods towards the ideal classical form, particularly as preserved in iconic marble sculptures. But these sculptures are so often broken and impaired – such as the *Venus de Milo* and her absent arms. Why, in our mind’s eye, do we substitute phantom arms and ignore the damage? Why do we venerate the shattered Venus, but belittle those born with this form (e.g. Adams 2017, 206–9)? Third, ‘classical body’ refers to the large corpus of scholarship and sources, handed down over millennia, that has shaped modern Western thought and culture. This influence extends to the very ideas about disabilities and attitudes towards people with impairments that disability studies was established to assess and challenge.

A certain triangulation occurs across this volume. One point of reference is the Greco-Roman world itself, and the acknowledgement of the impaired or different bodies that breathed and moved within it. Another is the modern field of disability studies, very much an anachronism in terms of antiquity; it is unlikely they had the same concept of ‘disability’, and they certainly did not explicitly study it. Classical reception is the third point of reference that links these two contrasting worlds – the classical legacy as preserved and (mis)remembered over the centuries, and the process by which modernity has shaped, reused, and manipulated this ancient familiar/exotic/ideal world for its own agenda. It is this dialogue that ultimately justifies the juxtaposition of Classics and disability studies.

Why disability studies?

Although the so-called reflective disciplines, such as philosophy, literature ... rhetoric, art, and history, evoke disability everywhere, they seem unable to reflect on it. It appears in treatises on the ravages of war, aesthetic theories that expound on perfect form, metaphors dripping with disability imagery, modernist notions of progress, and artistic representation of anomalous bodies. Yet, outside the disability studies literature, it is barely ‘unpacked’. Disability has become, then, like a guest invited to a party but never introduced.

Linton (1998: 87–8)

This introduction argues that Classics and cognate Humanities disciplines need to break free from the traditional shackles of ableism and engage closely with

disability studies. The absence of impairment and the failure to acknowledge physical, sensory, and mental difference permeate these fields. Take, for example, an auditory reader that includes a chapter on ‘hearing loss’ to explore the ‘silence of the past’, while excluding a consideration of actual impaired hearing and deafness (Bull and Back 2003). Much bodily research is *about* the body, as externally studied and observed (etic), rather than *from* the body as experienced (emic), and this is particularly true in studies of the disabled body (Kosut and Moore 2010, 2). Kosut and Moore’s *The Body Reader* is unusual in that it focuses on the body’s workings and non-workings rather than its social construction, and it also draws from disability studies (see also Breckenridge and Vogler 2001). As Shakespeare (2014, 67) states: ‘academics who want to make comments about the impact of impairment, might do well to base their analysis on empirical evidence about how disabled people feel about their embodiment’. So why is this so rare in the Humanities?

Mainstream awareness of disability rights and issues are lagging at least a generation behind those of gender, sexuality, and ethnicity. The term ‘disablism’ does not have the same traction in identity studies or the world at large as its equivalents – various common software or social media sites (such as Microsoft Word, used for this chapter, and Facebook) mark the term ‘disablism’ as a misspelling, with that red, wiggly underscore (excitingly, this has now changed with the latest 2020 update of Word – progress!).² ‘Racialism’ and ‘racism’ are the earliest negative ‘-ism’ terms known, used from the early twentieth century. ‘Sexism’ is first cited in the *OED* in 1965, ‘ageism’ in 1970 (‘feminist’, as a progressive ‘-ism’ word is, however, first cited in the 1890s: Nagle, Fain and Sanders 2000, 267). All of these behaviours existed earlier: ‘before there was *racism*, there was racism; before the word there was the practice’ (Bauman 2008, 13, original italics). These terms were coined in order to fight *against* these attitudes; similarly, ‘Islamophobia’ was popularized by the 1997 British Runnymede Trust Report, which raised concerns about prejudice against British Muslims. The widespread lack of recognition that ‘disablism’ is a word and a problem is partly due to the lack of disabled people’s agency and voice: this group needs to be decolonialized.

Colonialism is a form of dominance that occurs through various means, such as military or psychological, and is primarily used to refer to one country or people asserting control over another. It can also be used in a wider sense, such as the call to ‘decolonise the curriculum’ by challenging all structured inequalities. Colonialism is practised externally through aggressive culture contact, and a similar process can occur within societies, whereby certain groups are ‘othered’ (even if they are not a minority, such as women). Although this form of manipulation is a human universal, in recent centuries, upper-class, White, heterosexual, able-bodied, Western males have celebrated particular triumphs. Modern progressive societies are tasked with deconstructing this artificial, normative default in order to encourage the active participation of under-represented groups. Disability studies not only supports activism in attaining rights

and adjustments for disabled people, but also challenges fundamental concepts of ‘the norm’, while celebrating bodily differences.

Framing this discussion in terms of colonialism can be useful in other ways. Both disabled and racial minorities are under-represented in Western academia. As ‘whiteness’ assumes the guise of neutrality, and therefore normality (McCoskey 2012, 26), so does being able-bodied. For example, Genie Gertz (2008, 219) has taken Joyce King’s work on dysconscious racism – which implicitly accepts dominant White norms and privileges – and introduced the idea of dysconscious audism, a particular form of ableism that Deaf people who use sign language (rather than speech) encounter.³ These assumptions are reflected in the choice of research questions and the parameters of projects.

A consideration of colonialism is a reminder that modern disability studies is a particularly Western phenomenon, so the ‘us’ versus ‘them’ narrative does not just run through time. The global south and developing countries are keen to assert *their* voice on how to promote the rights of disabled people (e.g. Anand 2013). Readers will note that there is a strong focus on the British context in this volume. This is deliberate, to a point, as claims of universality so often just uphold Western values and assumptions and impose them on others. In other words, a more local focus responds to the particular histories that constitute the structured ableism of that environment – it is unrealistic to assume that this will be the same across the world. And, if this assumption is made, all too often it is the Western template that is applied (Anand 2013).

Although we should not expect only disabled people to research these issues within each society (the insufficient representation in academia means that this would lead to their continued neglect, and we should not feel obliged to take a professional interest in this topic if we tick that box), there needs to be a grassroots-based approach, and this requires close engagement with disability studies. There is a long way to go in this, both in Classics and in the Humanities more generally. For example, in body studies (e.g. Borić and Robb 2008) and sensory studies (e.g. auditory archaeology: Scarre and Lawson 2006; Boivin et al. 2007; Mills 2014), there are few references to sensory impairments (but see Blackman 2012, 3–4; Mladenov 2015). The recent Routledge series on *The Senses in Antiquity* pays little attention to impairments or disability studies (see Graham, Chapter 7, this volume). One relevant topic this series could have explored is the plasticity of the brain – for example, how a blind person may rely more on hearing, redeploying cognitive function to this (Rodaway 1994, 101–3). The series includes a volume on ancient synaesthesia (Butler and Purves 2013), but little consideration of sensory impairment.

Rather than being a strategic decision or deliberate slight, this does seem to be a genuine and common oversight. One groundbreaking contribution to sensory archaeology includes a self-declaration statement that plants numerous flags of identity and education, without mentioning any impairment, sensory or otherwise. This ‘excavation of the researcher’s own sensorial prehistory, the ways by which our sensory realms and biographies define our engagement with

the world' leaves us to assume that there is no such disability (Hamilakis 2013, 10). As someone with a significant sensory (hearing) impairment, I noticed this lack of comment immediately. However, reviewers of this work have not picked up on this omission, including one that referred to this page of self-analysis (Tringham 2015, 708; see also Rojas 2015; Sørensen 2015). This reflects the dominant ideology of able-bodied normality, or ableism. Furthermore, whereas other disciplines are drawn upon, such as anthropology, art history, and film studies, there seems to be no engagement with disability issues in Hamilakis's approach. Scholars engaging with sensory studies usually do so in interdisciplinary terms; for example, Day (2013, 2) invokes an impressive range, including history, sociology, ethnography, sociocultural anthropology, food studies, human geography, art and cinema, and archaeology – but again not disability studies. Although both volumes have much to contribute in terms of the archaeology of the senses, this absence presents a missed opportunity.

Within Classics, important work on disabled people in antiquity has been conducted (e.g. Garland 2010; Rose 2003; Laes, Goodey and Rose 2013; Laes 2018; Laes 2020a), but engagement with disability studies has been much more uneven. This chapter argues that disability issues are *particularly* relevant to Classics. 'Disability studies teaches that an assumed able body is crucial to the smooth operation of traditional theories of democracy, citizenship, subjectivity, beauty, and capital' (Breckenridge and Vogler 2001, 350). As Classics has done so much to define these terms in the modern Western context, it provides an appropriate and exciting starting point for renegotiating them in the light of a wider appreciation of Being Human, disabilities and all. Returning to sensory studies, we find that Greco-Roman antiquity has substantially influenced modern thought. As late as the seventeenth century, Aristotle's theory of taste perception was followed (Jütte 2005, 41). The ocularcentrism of the modern West is thought to stem ultimately from Aristotle, who also split the senses into our familiar five (*De Sensu* and *De Anima II*, 424b; Jütte 2005, 61–2; Skeates 2010; Day 2013, 4).⁴ In order to widen our understanding, we need to unpack this legacy, while simultaneously surveying unexplored territories. For example, other senses may be considered, such as using sound studies and deaf studies to explore the experience of low-frequency vibrations (Friedner and Helmreich 2012). Here, engagement with a particular disability group contributes towards our wider understanding of the human senses.

The field that deals with the impaired body and the social impact of disability can take us beyond the aesthetics of the beautiful body, that most classic motif of Classics. Furthermore, in a two-way, dynamic dialogue with the past, we may explore how modern interpretations of ancient attitudes have shaped the perceptions and expectations of disabled people today (e.g. Adams 2020 on deafness). The challenge lies not only on the general level of reconstructing how (disabled) bodies act and are integrated socially, but also with retrieving them from a silent, specific past. There is a moral case for turning attention to disability, but this volume seeks to persuade the reader that there is an intellectual

one as well. As bridges have already been built between Classics and other identity studies, such as gender, ethnicity, and sexuality studies, we may look sideways to them when considering how best to incorporate disability studies, and it is to these potential guides that we now turn.

Disability studies and classics: integrating the ‘others’

Disability studies emerged in the UK and America as a distinctive discipline in the 1980s. In the following decade, it ‘developed a new disability history, focused on concepts of otherness’ (Laes, Goodey and Rose 2013, 4). The concept of the ‘other’ has been very influential in Classics, while assumptions about ‘normality’ are perpetuated. Perhaps as a result of being relatively new, disability studies is also an interdisciplinary area of research, requiring expertise from psychology, sociology, linguistics, economics, anthropology, politics, history, and media studies (Swain, French and Cameron 2003, 5). On the one hand, the very presence of this field of study sets the modern West apart from antiquity – it is a ‘quite obvious statement that Greco-Roman writers could not and did not share our concept of disability’ (Laes 2020b, 1). On the other hand, an explicit discipline on disabilities opens up our understanding in ways that can benefit the field of Classics. For example, disability studies challenges assumptions not only about the individual body, but also about the relationship between the individual and society. But the concept of ‘disability’ is culturally specific – as are all identities. So how can we open a dialogue between past and present?

A start may be to make retrospective diagnoses by deploying current medical knowledge, but this is a limited approach (Goodey and Rose 2013, 19–20). Part of the problem is that medical terminology and categorisation have changed beyond recognition (see next section). Furthermore, our ‘modern’ views have changed greatly over the decades, and medical opinions can be highly contested (just as the Greco-Roman world was not itself a static, homogeneous entity). However, rough retrospective diagnoses can provide a loose analytical framework for reconstructing past experiences (e.g. Baker and Francis, Chapter 8, this volume) and interpreting representations (e.g. Hall, Chapter 9, this volume). Broad identity labels, such as ‘ethnicity’, ‘class’, and ‘disability’, mask very striking variations within them that need to be qualified, even before bringing in intersectionality.⁵ In the case of disability, I would argue that such qualification necessitates some kind of diagnosis. This approach enables a link between medical humanities and disability studies (e.g. Flexer and Hurwitz, Chapter 2, this volume; Petridou, Chapter 3, this volume; King, Chapter 10, this volume), the line between which is perhaps arbitrary. Some grasp of the specific impairment is required to build convincing bridges between past and present, in terms of experiencing the condition or representations of the condition.

Evidence for disabled people in antiquity is extremely limited, particularly concerning their experience rather than how they were viewed. This is the case for other minorities (or perceived minorities), so at least we can turn to other

areas for guidance on how to proceed (e.g. see Davis 2017 on depictions of/by disabled people in film, in contrast with other minorities). Women and disabled people are comparable, as both are ‘defined in opposition to a norm that is assumed to possess natural physical superiority’ (Garland-Thomson 1997, 19). Indeed, Aristotle (*Generation of Animals* 737a 26–30) defined the female as being ‘as it were, a deformed male’.⁶ Feminist studies have wrestled with the fact that past cultures and traditional studies are inherently misogynous, or at least patriarchal (Grosz 1994). Women in antiquity lacked a voice, so how can they be written into the past, given the absence of surviving evidence and the expectations of modern sensitivities (e.g. Meskell and Joyce 2003)? One way is to explore how men *represented* women in literature and art, and this can also be applied to disabled people.

Considerations of ancient disability have focused on mythological cases and philosophical literature (e.g. Coe 2016 refers to Homer, Oedipus, and Teiresias and focuses on Thampris on the Athenian tragic stage; see also Ebenstein 2006; Kelly 2007; MacFarlane 2010). Studies have also considered how disabled people are represented in art, and how they were externally viewed (e.g. Trentin 2015). This is a practical response to the nature of the evidence, but it may also encourage a certain kind of objectification. Arguably, writing *about* disabled people is not the same as listening to the disabled voice, although there is some evidence for patient agency and voice (e.g. Letts 2016). However, Quayson (2007, 36) has argued that:

[it] is important to bear in mind that attitudes to people with disabilities at any historical conjuncture are often multifarious, even in contexts that appear more enlightened and progressive. It is literature more than anything else that helps refract these multivalent attitudes towards disability.

Whereas women may be objects of the male gaze, the disabled body is the object of the (sometimes medical) stare (Garland-Thomson 2009; see also Foucault 1973; Garland-Thomson 2002). This stare conveys a detached, clinical response to the disabled individual, rather than providing insights into their experiences. A recent study of the body language of ‘grotesques’ in the ancient world includes a section on ‘cripples’, a term that, ‘while vague and unsympathetic ... has the virtue of being widely used and understood in scholarship’ (Masségliia 2015, 279, fn. 44). This use of such an outmoded term is surprising and reflects the lack of engagement with disability studies and those affected by such conditions today (notwithstanding the ownership of ‘Crip Pride’ in some activist corners, which is not universally endorsed and is divisive). It is also a consequence of the focus on the *etic portrayal* of these figures. American scholars of disability studies are usually located within Humanities, with a tendency towards cultural representations (e.g. cinema), whereas British experts are generally placed in the Social Sciences – dealing with empirical evidence, lived experience, and policy (Shakespeare 2014, 52–3). One consequence of this split has been the lack of any engagement with lived disability issues in the British Humanities.

Although we are dealing with ancient societies for which ‘disability studies’ would have been inconceivable, the same could be said about gender, sexuality, class, and ethnicity studies, and classicists have engaged with them. On the one hand, anachronistic ideas should not be projected back – such as the Western distinction between sex (nature) and gender (culture) that emerged during the late 1950s (which the ancient world helped to shape: Holmes 2012; Foxhall 2013). On the other hand, we should avoid the ‘add [minority] and stir’ approach that does not engage with modern theory, as was applied to women in antiquity during the early 1970s (Skinner 2013). An investigation into ancient women would appear odd without some awareness and engagement with feminist literature. For example, Judith Butler’s views concerning how gender is produced, performed, and regulated through social and cultural practices is of relevance even in prehistoric contexts (Butler 1990; 1993; Perry and Joyce 2005; Brady and Schirato 2011, 3). Butler’s ideas of performance and femininity (rather than being a female) have been picked up in disability studies (e.g. Davis 2008).

The application of modern ideologies on to past worlds is complicated. The title *Making Silence Speak* (Lardinois and McClure 2001) indicates the role and (lack of) voice women had in the Greek world, as opposed to the present situation. Or is it so contrasting? The silencing of women remains deeply rooted, as their absence in so much modern data collection indicates (Criado Perez 2019). Our relationship with the ancient past rests on shifting sands, as both cultures are continually re-evaluated. In terms of sexuality, Orrells (2011) has wrestled with the tension between current sensitivities – with liberal attitudes to homosexuality that may more readily be mapped over ancient views – and the suffocating intolerance that existed in the earlier, Victorian period, when Classics was, ironically, more influential than it is today. We can expect similar changing tensions when considering disability. Furthermore, it is not the case that only elite, Western males engaged with antiquity, as Hall and Stead’s (2020) work on class indicates. Reception studies also needs to attend to how disadvantaged groups engage with Classics, including disabled people (e.g. Adams, Chapter 6, this volume).

Unlike the identities of gender, ethnicity, and sexuality, which are perceived to be socially constructed, disability is understood to have ‘real’ limitations (Mitchell and Snyder 2000, 2; Shakespeare 2014, 29–30). Modern Western culture, so tolerant in other regards, remains essentially ableist – ‘disability studies reminds us that feminism, sexuality and gender studies, and critical race theory meet at a point of incomprehension when faced with the corporeality of the disabled body’ (Breckenridge and Vogler 2001, 350–1). There are clear advantages to being able-bodied; what is less palatable is the further assumption that all disabled people should strive for a ‘normal’ body, rather than accepting impairments as a natural and normal part of human life. Disability differs from other minorities in that there is strong support for the use of medical technology and aids to normalize the individual. The nearest equivalent perhaps is the attempt to ‘cure’ homosexuality (Conrad 2007, Chapter 5), although an equivalent

comparison has been made concerning the use of melanin, hair straighteners, and dyeing products by Black people (Dunn 2008). Modern medical developments have ventured into areas well beyond the capabilities of ancient medicine, which poses difficulties in terms of bridging the cultures: the medical and ethical parameters are worlds apart. However, the main social issues are broadly comparable – and here we may again return to the Greco-Roman world.

Antiquity has influenced our attitudes towards disabled people in two contrasting, apparently contradictory ways, united only in othering them. The first is based on disgust and stigma, whereby impairments mirror character weaknesses and faults, so that the individual is to blame, monstered, and rendered subhuman (Oliver and Barnes 2012, 56; Vlahogiannis 1998, 14; 2005). Such thinking can be seen in the form of modern fictional villains, where a scar or hunchback signals inner inadequacies (e.g. Allan 2013 for representations of disabilities in science fiction). The second is the elevation of the inspiring souls who achieve goals against all the odds. Archaic tyrants and oikists were often depicted as deformed or disabled – for example, lame, blind, or with speech impediments. Ogden (1997) argues that the impairment served to demonstrate the extraordinary power of the ruler, as they were able to overcome it. Likewise, Demosthenes ‘beat’ his speech impediment by practising speaking with pebbles in his mouth (Rose 2003, 50, 65). The god Hephaestus’s impairment becomes his strength, or *mētis*, and ‘his disability is his ability’ (Dolmage 2006, 122), although, in mythology, the god was often ridiculed. Today, the Paralympians similarly represent heroic achievement. These examples – subhuman and superhuman – remain as stereotypes, and, in both cases, disabled people are not ‘normal’. A dialogue with the Greco-Roman world is therefore a crucial part to understanding, unpacking, and challenging such attitudes.

Antiquity has also influenced modern medicine and disability rights discourse to a (perhaps surprisingly) significant extent. Scientific medical discourse has drawn from key historical figures, such as Hippocrates, Aristotle, and Galen (King, Chapter 10, this volume). Occasionally, classical work targets this market specifically – for example, aiming to provide ‘stimulating comparative perspectives for medical students and practitioners interested in the experience of the patient’ (Petridou and Thumiger 2016, 6). King (2019) has explored in detail Hippocrates’s role in modern medical confirmation bias and his adoption as a role model. This classical legacy has not always been positive. ‘Negative reception’ is detectable in two ways: first, how antiquity has influenced adverse attitudes regarding disabilities (see above), and, second, in terms of how the reception has been flawed, with mistranslations flourishing through Chinese whispers that misrepresent the original meaning (e.g. on deafness: Adams 2020, 89–90; see also Silverblank and Ward 2020).⁷

To summarize: Classics and disability studies may seem to be unlikely bedfellows, but there is much moral justification for such cross-fertilization, and the intellectual potential is far greater than simply adding disabled people to the status quo.

Just as gender and race have had an impact well beyond women and people of color, disability is so vast in its economic, social, political, cultural, religious, legal, philosophical, artistic, moral, and medical import that it can force historians to reconsider virtually every concept, every event, every ‘given’ we have taken for granted.

Kudlick (2003, 767)

The challenges are considerable, not least because ‘disability’ is a modern word and concept, although bodily impairments existed in the Greco-Roman world just the same. It is to this issue that we now turn.

Defining disability, categorizing impairments

Around 15% of people are in some way disabled, according to the 2011 WHO *World Report on Disability* (framed within Western views of ‘disability’ and ‘normality’).⁸ It is clear that this group comprises a significant minority in all societies, even if ‘disability’ has just been used since the sixteenth century (Adams, Reiss and Serlin 2015, 6). But what does it mean to be disabled? In modern media, there is a tendency to speak of ‘disability’, ‘disabled people’, or even ‘the disabled’ as a single demographic category, without making even simple distinctions between different types of impairment and illness. However, ‘disability is an overarching and in some ways artificial category’, and polysemy is a problem (Garland-Thomson 1997, 13; see also Leshinskaya and Caramazza 2014; Altman 2001). As ‘*disability* itself covers a multitude of heterogeneous axes of difference’ (Breckenridge and Vogler 2001, 352, original italics), it may be preferable to italicize the term – thereby signalling the need to qualify it further.⁹ Dictionaries’ definitions of ‘disability’ include ‘incapacity, a disadvantage, deficiency, especially a physical or mental impairment that restricts normal achievement; something that hinders or incapacitates, something that incapacitates or disqualifies’ (Linton 1998, 11). The UK Equality Act 2010 defines disability as ‘a physical or mental impairment which has a substantial and long-term adverse effect on [your] ability to carry out normal day-to-day activities’.¹⁰ This definition is necessarily vague, in order to cover a wide range of conditions and illnesses, meaning that ‘the question of how the protected class is identified arises more acutely in relation to disability than it does for any of the other strands’ (Hepple 2014, 43).

In social policy (such as the British 1978 Warnock Report), the different types of impairment and required need are considered separately. Today, our medical terminology has achieved a level of specificity well beyond that of the ancient world.¹¹ There are different types of impairment – mobility, learning, sensory, communication, mental, cosmetic disfigurements, chronic illness (including pain) – and many different grades. Some impairments are more visible than others. These different impairments (or combinations of them) demand different responses. One might, for example, distinguish between impairments (e.g.

deafness) and disease and/or pain (e.g. earache, a pain and symptom). There are also significant implications for one's identity if the condition is congenital or occurs later on in life (so that one feels a loss). Furthermore, it matters whether the problem is temporary or permanent; in the latter case, the compensatory strategies adopted are likely to have a long-term impact on personality and behaviour.

The only conditions that automatically confer on an individual the status of 'disabled' in Britain are HIV, multiple sclerosis, cancer, or being registered blind or partially sighted. For this reason, this volume welcomes discussions of serious illness and pain as well as disability based on motor/mobility, sensory, or mental impairments. This flexibility also renders disability 'not as a given entity or fact, but describes it as a discourse or as a process, experience, situation, or event' (Waldschmidt 2017, 25). In other words, disability is framed within the real-life presence of an impairment, but focused on the *consequences* of it, sociopolitical, personal, legal, economic, and so on.

It is possible to be a high-functioning person with significant impairments, and 'disabled' does not necessarily mean *unable*. India favours the term 'inconvenience' rather than 'impairment' (Bolt 2014, 4), but there are clearly many cases where this term is too mild in terms of lived experience (and it is debatable whether these terms, as understood in English, can be applied to other countries: see Anand 2013). Disability categorizations are usually set within the framework of modern Western medicine and are always in flux: the history of the diagnosis of autism illustrates this well (Silberman 2015).¹² Terminology is important in not only reflecting but also shaping attitudes. For example, there is much more acceptance of 'learning difficulties' and those who have them than previous labels such as 'retard'. The stigma of being mentally ill is reflected in the widespread use of derogatory terms such as 'nutter' and 'looney'. These are not innocent labels, and the public acceptance of vast differences in funding for mental health in comparison with other illnesses (notably cancer) stems partly from this framing: words structure attitudes, attitudes shape social policies.

Only with clear terminology and analysis can disability rights be pursued (Riddle 2013a) – even if many groups within the wider field, such as blind people or people with restricted growth, reject or deny the label 'disabled' (Shakespeare, Thompson and Wright 2010). Furthermore, some Deaf people do not consider themselves to be disabled, as sign language facilitates communication as complex as spoken English. This is an interesting argument, but not without its problems (Brueggemann 2009, 12–3; Leigh 2009). Many will feel uneasy about the relish with which the term 'disabled' is cast aside, which increases the stigma for those stuck with it. This rejection of the term can also occur among non-signing, oral deaf people. Mabel Bell (wife of Alexander Graham Bell) was a 'disability-denier': 'I shrink from any reference to my disability, and won't be seen in public with another deaf person' (quoted in Lane 1992, 98). Is it not more productive and progressive to be accepting of the

label ‘disabled’? Stating that Deaf people have a culture based on sign language does not in itself refute the fact that there is also a medical impairment (Baynton 2008, 300). In more practical terms, this identification is necessary in order to receive certain types of support, such as Britain’s Access to Work programme (Scully 2012, 115), of which D/deaf people comprise the largest group of users. Such rights are recognized on the grounds of disability, not ethnicity or culture, and this box needs to be ticked.

How does all this compare with the vocabulary deployed in the Greco-Roman world? It has been argued that there was no single and general ancient Greek word for ‘disabled’, although they did have terms for specific impairments (Rose 2003, 11; this has been cited in many works since, e.g. Horn 2013, 116; see also Bien 1997; Cuny-Le Callet 2005; Laes 2008; Laes, Goodey and Rose 2013, 7). However, Laes (2020b, 3) explores the use of *anaperoi* for permanent impairments, notably the root *peros*. *Debilis* in Latin is rather vague, and can simply mean weak (Stahl 2011, 715), but Laes (2020b, 5) has pointed out that Latin distinguishes between illnesses or temporary afflictions (*morbis*) and more permanent impairments (*imbecillitas*, *infirmitas*, or *vitium*). Although this category of people clearly existed, there was apparently no need for a single collective noun for them. However, this category was recognized at some level, as disabled people were unable to draw lots for political office (Lysias, Speech 24.13–4; Dillon 1995, 38), and ‘abnormal’ bodies could be separated in death (Graham 2013; Southwell-Wright 2013).

One concern raised about integrating disability studies with Classics has been that there is no ancient equivalent to the term and concept of ‘disability’, and so we are doomed to applying inappropriate anachronisms. However, classical reception offers the space to engage with the clash of values between modernity and antiquity. There has been a recent interest in antiquity and anachronism (e.g. Rood, Atack and Phillips 2020; Umachandran and Rood 2020), which focuses on the development of the term and how it was applied in antiquity. But there is also great scope to consider how to navigate a path between ‘us’ and ‘them’, and to consider how the apparent barrier of anachronism might actually become a fruitful way of reviewing and reinventing antiquity (e.g. the consideration of ‘queer temporality’ in Plato: Atack 2020). This revision of antiquity opens it up to numerous more people and identities than the staid traditional elite White male, and is important – or essential – for the sustainable relevance and survival of Classics (Hall, Chapter 9, this volume).

I end this section by pointing out again that our modern term is highly problematic in itself. As stated above, ‘disability’ needs to be qualified, although it rarely is, itself indicating how disability rights are less developed than other minorities. The United Nations City Group concerned with this (the Washington Group on Disability Statistics) deliberately rejects the use of ‘disability’ in its recommended questionnaire, partly because of the potential stigma attached to the term.¹³ And how do we assess whether a person is disabled or merely inconvenienced by a mild condition? The Washington Group system relies on

the self-reported assessment of functioning and, in the case of sensory impairments, asks the respondent to judge their difficulty in seeing or hearing while using auxiliary aids (namely glasses and hearing aids). This, therefore, differs from the British definition (following the 2010 Equality Act), whereby the individual is assessed *without* the use of any aid. Both systems possess an internal logic (whether aids are incorporated in the assessment or not), but they contradict one another. A deaf person using hearing aids could be considered disabled in one method, but not in the other (although it is widely understood that hearing aids do not ‘correct’ the impairment as glasses usually do).

Furthermore, let us consider standard equal opportunities monitoring forms, such as the template provided by Britain’s Advisory, Conciliation and Arbitration Service (ACAS 2020). The category of gender includes ‘man’, ‘woman’, ‘intersex’, ‘non-binary’, ‘prefer not to say’, and a space for ‘own term’. Ethnicity contains 27 boxes, and other identities, such as sexual orientation, religion or belief, and marriage status are considered sensitively with many options. In contrast, age is set in restricted bands, and so there is a clear expectation that there is a single, factual right answer here. With disability, the options are ‘yes’, ‘no’, or ‘prefer not to say’, with a limited amount of space to address the question: ‘What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here: ...’. In contrast to the other sections and protected characteristics, ‘disability’ is not broken down into a choice of categories, although further information is still required on the impact (which one might be unwilling to disclose as part of a job application). Disabled people are expected to out themselves as different from the norm, rather than just select from a diverse range of ‘normal’ options. This is not an unproblematic situation, and modern definitions are not straightforward. Indeed, disability studies offers a very productive starting point for exploring ‘the norm’ in both contemporary society and historically.

The normal body, the ideal body

How is ‘normalcy’ used as a synonym for ‘able-bodied’? Since the early nineteenth century, the word normal ‘has been used to describe how things are, as well as to prescribe how they ought to be – often both at once’ (Baynton 1996, 141). Although both ancient and modern societies have bodily ideals, the scientific, statistical approach to current medical practice has brought about a focus on the *typical* body (Davis 1995; Crawford 2014; 2015; Adams 2019). Governments have increasingly managed populations in this way, with an impact on social attitudes – for example, regarding sex and gender (Orrells 2015, 4). Covid-19 brought the role of data management, state oversight, and citizen tracking in public health to global headlines. Scientific discourse valorized uniformity – ‘statistics quantified the body, evolution provided a new heritage; eugenics and teratology policed its boundaries; prosthetics normalized it; and asylums cordoned off deviance’ (Garland-Thomson 1996, 12). The atypical was pathological, and the normal becomes the model to aspire to.

But is this aspiration realistic? ‘The body is up against an abstraction with which it cannot compete because the norm is an idealized quantitative and qualitative measure that is divorced from (rather than derived from) the observation of bodies, which are inherently variable’ (Mitchell and Snyder 2000, 7). By this twist, the norm is an ideal, but one that disabled people are expected to become, rather than society catering for normal diversity (Stiker 1997). A disabled person’s life is their norm, and so suggesting that normality should be a sought-after ideal can exert a great strain in terms of self-acceptance and personal identity. The contrast between congenital and introduced impairment presents a further challenge to ideas of normality. For example, we can compare the experience of war amputees, who have to adjust to a new reality, with people such as the quadrilateral amputee Diane DeVries, ‘who has refused, seemingly since birth, to accept the notion that she is disabled, or, indeed, ‘abnormal’ (Messinger 2008, 110; Adams 2019). Here we loop back to the ‘disability-deniers’ referred to above, although my preference would be to state that it is perfectly normal to have a disability.

The desire for conformity or normality is not uniquely modern. There was, likewise, a drive to conform to a standard in various aspects of ancient Greco-Roman life, illustrated, for example, by the practice of Greek hoplite warfare or the Roman military tortoise. But the most celebrated aspect of the body in the ancient world is that of the Body Beautiful, as demonstrated by the 2015 British Museum exhibition, *Defining Beauty: The Body in Ancient Greek Art*.¹⁴ Reactions against this notion include Beth Cohen’s *Not the Classical Ideal* (2000), although this book focuses on ethnicity and gender, not disability. There has also been a shift towards thinking about fragmented, broken, and disabled bodies in ancient Greece and Rome (e.g. Draycott and Graham 2017).¹⁵

William J.T. Mitchell (1994, 1–2) observed how the political position of academic research falls into either the narrative of ‘truth, beauty and excellence’ as exposed by the right, or the drive to expose and address the ‘political horrors’ of inequality and structured discrimination. This tension may be seen in this volume. For example, Chapter 6 (Adams) addresses art appreciation, with its traditional engagement with beauty, in the context of access provision for blind and partially sighted people. Hall (Chapter 9, this volume) offers a rousing espousal of the power of representations to promote equality.

The need to take a more flexible approach to ‘normality’ is increasingly recognized, particularly in institutions that engage with the general public and disability access issues, such as museums (e.g. Sandell, Dodd and Garland-Thomson 2010). For example, the ivory statuette of a hunchback from the British Museum (museum number 1814,0704.277) was accredited in 1907 to an artist able to show ‘an unsparring realism and the most minute observation of an abnormal’ (Yeames 1907, 279). Updated, the British Museum website, on 1 November 2015, noted the melancholic pose of the piece, and focused on the artist’s ‘interest in the characterization of the individual’ (quoted in Trentin 2015, front matter; British Museum Hunchback Catalogue, British Museum n.

d.). As of 12 December 2019, the British Museum's catalogue entry simply stated: 'Carved ivory figure of a hunchback displaying the symptoms of Pott's disease'.¹⁶ No comment is offered on the aesthetics of the figure; instead, the label is limited to a clinical assessment of its medical status – this seems to be felt to be the most politically correct, objective framing.

In the 2008–9 British Museum *Statuephilia* exhibition, Mark Quinn raised further questions regarding the classical ideal (Fig. 1.1). The *Lely* (*Crouching Venus*) peers behind her towards the brash, golden statue of Kate Moss (*Siren*), posed in a yoga position well beyond the abilities of most people.¹⁷ This juxtaposition highlights how 'ideal' equals 'unachievable', whether deity or knotted supermodel. These are different cultures, with different ideals of female body shape, roles, and attitudes – in contrast to the unsuccessful attempt by the curvy Venus to protect her modesty, tiny Moss stares straight out, defiant, at the viewer. The *Lely Venus* is a relatively unusual classical sculpture in that she is complete, which reminds us of the conceptual link between being able-bodied, normalcy, and completeness. The ideal built upon fragmentary classical sculpture contrasts with modern attitudes towards 'incomplete' disabled bodies (Adams 2017; see also Hughes 2017). For example, Mary Duffy deliberately sets her own, armless body against the 'amputated' *Venus de Milo*, but it is Duffy's body that is 'whole, complete and self-bounded' (Nead 1992, 79; see also Davis 2005). Duffy is not 'less' of a person owing to these missing parts: her claim to emic normality is as valid as anyone else's.



Figure 1.1 1.1a *Siren* by Mark Quinn; 1.1b: *The Lely Venus* (photographs by author)

Likewise, the presence of double-amputee Aimee Mullins on the cover of *Dazed and Confused* (September 1998), topless, but wearing tracksuit bottoms and her Cheetah feet, is a direct challenge to the viewer to reconsider their ideas of completeness and beauty (Sobchack 2006; see also Goggins, Chapter 5, this volume; Draycott, Chapter 4, this volume). Alexander McQueen designed ash wood prostheses for her, carved with vines and leaves, which she modelled in his 13th fashion show in 1999 (Victoria and Albert 1999). Classicists will appreciate a comparison with the Roman tree-trunk props (or prostheses?) of marble sculpture, which offered support for these stone copies of more robust bronze originals. At one point, Cinderella glass (or clear polyethylene) slippers/legs were made for her, a nod to an imaginary, fairy-tale world. In her 2009 TED talk, Mullins asks the questions: ‘what does a beautiful woman have to look like?’ and ‘what does it mean to have a disability?’ She did not *feel* disabled and was genuinely startled to be described as such – instead, ‘my legs might be wearable sculpture’ (Mullins 2009). The point, in her talk, is not to normalize her body, but to improve and inspire our idea of humanity. These are ideals, perceptions and aesthetic categories. We now shift to how states and individuals respond to impairment in a rather more functional way, and the support mechanisms and practices put in place to mitigate the impact of disabilities.

Dealing with disabilities: ancient and modern approaches

A society may be judged on how it treats disabled people. Are they able to work and perform life duties, and should the state offer personalized support? Does being disabled mean you are unable to work? State support has been enshrined in wealthier countries’ laws from the late twentieth century, but has the modern world created problems of its own? Clocking-in culture, stemming from the Industrial Revolution, requires a level of standardization that leaves less flexibility to absorb and accommodate diversity. The rise of capitalism and industrialism brought with it increasing segregation of the ‘defectives’, as there was little apparent room for disabled people in this new way of working (Oliver and Barnes 2012).

Over time, modern societies have intervened to enable such people to work. For example, during 2013–4, the British Access to Work programme supported 35,540 disabled people to retain or find employment, spending £108m (DWP 2015, 4). In contrast, Gellius (*Noctes Atticae* 4.2) understood ‘able-bodied’ as being literally functional for work (Laes, Goodey and Rose 2013, 7). To understand ancient attitudes towards those unable to work, we invariably turn to Lysias’s Speech 24 on classical Athens (Dillon 1995). Here, the defendant is facing the accusation that he has been claiming the Athenian pension undeservedly. Rose (2003, 95) has argued that *adunatos* here does not mean ‘disabled’, and that this plaintiff argued that he was ‘unable’ to work (and therefore in need of aid) for other reasons, mainly personal circumstances and the ability to partake in a trade to only a limited extent (likewise, we have varied reasons for being ‘unable’ to work, including parental

leave and acting as a carer). The existence of such a pension suggests a degree of social responsibility – even if this grant was not necessarily made for altruistic reasons, despite the claims of Lysias’s defendant (Dillon 1995). If you were unable to work, you might seek a rich patron for survival, and then be at their command politically – which would be undemocratic. Notably, the plaintiff in Lysias (24.10) states that, if you have a misfortune, you will find the means and strategies to combat or circumnavigate it if possible – the onus initially being on the individual.

In this section, we explore sociological models developed in disability studies, which consider the relationship between the disabled individual and their society, and then turn to modern equality and human rights law (focusing on British and, by extension, European law). We will consider how appropriate such models are for the Greco-Roman world, and what insights modern legislation may give us into the practical consequences of having an impairment, as this is the area where the challenges have been considered in most depth.

Moving beyond the medical versus social models

Modern medicine is one of the great successes of contemporary times. Some diseases have been eradicated, the body can be repaired to an extraordinary extent, and everyday prevention measures, from hygiene to lifestyle practices, are well understood (if not always followed). The individual body, or patient, looks to the professional doctor to deploy all available resources to save and improve lives. In increasingly secular times, the doctor plays god, with the vital proviso that life must not be deliberately shortened. Medical advances have understandably increased doctors’ authority, while the abnormal individual becomes a patient to be fixed. Furthermore, this authority is shifting to powerful pharmaceutical companies, who are ‘now marketing diseases, not just drugs’ (Conrad 2007, 19).

There are a variety of ways in which the body may be clinically fixed, or ‘normalised’ – surgery, prostheses, and drugs are just some. Biomedical enhancements (such as human growth hormone) and performance-enhancing drugs may be used to achieve normal or extraordinary ability. In some cases, the line between ‘treatment’, ‘normalization’, and ‘enhancement’ is not always clear (Conrad 2007). Furthermore, cosmetic (or ‘aesthetic’) surgery serves to help individuals ‘pass’ as categories or ideals that they want to belong to (Gilman 1999, 144–56). Minor cosmetic, or ‘remedial’, surgery is mentioned by Celsus (Jackson 2005, 23: quoting *De medicina* 7.8.3, 7.9, 7.25). The process of focusing on the physiological or biological feature deemed to be at fault, fixing the body, and rendering it normal (whatever that means) is known as the ‘medical model’.¹⁸

If the medical model describes the fixing of individuals so they can fully rejoin society (or ‘integration’), the social model calls for adjustments to social and environmental ‘norms’ in order to remove the disadvantage (or ‘inclusion’). In other words, it is society that needs to be fixed, not the individual, with the removal of any social and environmental constraints that prevent the person

from overcoming the consequences of their impairment (Anderson and Carden-Coyne 2007; Thomas 2007; Schillmeier 2010). A paradigm shift has occurred whereby the responsibility of dealing with the issue has passed from the impaired individual to the disabling society (Swain, French and Cameron 2003, 1). Structured support, such as reasonable adjustments (see below), is designed to circumnavigate any hurdles. Disability rights groups make a distinction between ‘impairment’ – namely, the physiological and biological missing part or defective element – and ‘disability’, which refers to the disadvantages that arise from this impairment and the consequent social segregation. The American Union of Physically Impaired Against Segregation argued that society had to take responsibility for the fact that its ‘normal’ includes a significant impaired minority, who are entitled to full access (UPIAS 1976).

Tom Shakespeare argued that a disservice is done if one neglects the predicament of bodily limitation and difference, and the role of the individual in responding to it (Shakespeare 2006, 2, 31; see Riddle 2013b for strong support of this interactionist model, which seeks practical and realistic advances). An uncompromising social model has little room for the impact of pain in certain disabilities, which can only be managed, rather than wished away as if it were a case of mind over matter (see Zurhake 2020 for pain as a cultural phenomenon – but this does disregard the neurology of pain). On a personal level, I do not believe there is a magic wand that can alleviate all the environmental implications of having an impairment, as dedicated advocates of the social model seem to believe. Medical advances have been remarkable and do not deserve to be undervalued – and, indeed, often form part of the levelling-up process. Furthermore, some social interventions intended to support one disabled group have had unintended negative consequences for another. For example, in Canada, curbs were removed as they served as a barrier to wheelchair users, thus making it more problematic for blind walkers to traverse roads (Shakespeare 2006, 43). The modern medical and social models should be applied with caution to the ancient world, where a further ritual or moral model seems appropriate.

Martha Edwards (M. Lynn Rose) has argued that all pre-modern societies follow the social model (or community model, as she terms it), whereas the medical model is purely modern: ‘the medical model did not exist in Greece’ (Edwards 1997, 44). However, from the evidence of medical tools and literature, it is clear that great attempts were made to fix the body. Foucault emphasized the specifically modern nature of the clinical gaze, but he still recognized that the basic tools of medicine went back to the Greeks (Foucault 1973, xviii). Ancient medicine (as recognized by the terms of modern Western practice, focusing on human intervention to heal the patient) is a well-studied phenomenon (e.g. Draycott 2011; Hughes 2008; Nutton 2012). For example, Plato refers to amputation (*Symposium* 205e, quoted in Rose 2003, 20), and Celsus (7.33.1–2) describes the technique in some detail (quoted in Garland 2010, 134–5). Holmes points out that it is part of the Greek legacy that ‘we believe there is a concept of a physical body whose nature (*physis*) must be known by the

physician (*iatros*)' (Holmes 2010, 84). Ancient authors, such as Pliny in his *Natural History*, offer great insights into the variety of ancient practice. Although the humours formed an important part of ancient belief (eventually having much influence on early modern Western practice), medics also focused on particular parts of the body, such as the eyes, head, teeth or stomach (Herodotus, *Histories* 2.84; see also Horstmanshoff 2012). We have plenty of evidence for ancient medicine; it was just not as successful as modern practice.

The social model in the ancient world has been overstated. For example, it has been argued that the lack of information about disabled people is because they were integral to Greek society – blending in so seamlessly that they were not worthy of note: 'the notion of physical disability as a classification was foreign to the Greeks' (Rose 2003, 95, 98; see Dean-Jones 2005 for further criticisms of this stance). Rose rightly observes that attitudes towards disabled people are culturally specific, but the fact remains that the ancient world *did* apply medical methods to 'fix' the body. Classical scholars have pointed out that medical definitions of 'abnormalities' as a starting point for a study do not necessarily exclude sociocultural factors and nuances (e.g. Laes, Goodey and Rose 2013, 7; Graham 2013, 252). Graham (2020; Chapter 7, this volume) has advocated using the interactional perspective, which focuses on the emic experiences of impairment (see also Flexer and Hurwitz, Chapter 2, this volume; Petridou, Chapter 3, this volume). This approach also demands integration into traditional social and cultural interpretations, 'spotlighting both their disabling *and* abling aspects and intentionally disrupting the normative/non-normative binary' (Graham 2020, 34–5).

This focus on the medical and social models has led to a neglect of a third model, which could be described as a moral model involving the gods.¹⁹ One 'deserves' good health by keeping on the right side of the gods, and, where the cause of a disease was unclear, divine or demonic agency could be blamed (Holmes 2010, 86; Oliver and Barnes 2012). In certain cases, a ritual confession was made when someone was stricken by illness or accident (Van Straten 1981, 101). Part of this practice involved the deposition of anatomical votives – this practice dates back to the Bronze Age (Morris and Peatfield 2014; Draycott and Graham 2017). Given to the gods as either bribes or thanks, one 'earned' one's healing. Some of these anatomical votives may serve as a memory aid for a lost part, such as an amputated leg (Van Straten 1981, 76). Anatomical votives could offer pilgrims a sense of regaining control over their bodies (Petsalis-Diomidis 2010, 260); they can therefore be viewed as psychological prostheses, or aids to feeling whole and normal (Adams 2019). Our increasingly secular society, where medics may be hoped to be omniscient and omnipotent (at least in times of stress), cannot offer a straightforward comparison to the ritual or moral model detectable in the ancient world, aside from praying for the sick.

Although the medical and social models offer intriguing ways to think about the relationship between the individual and the collective, we need to go beyond this dichotomy when applying disability studies to the Greco-Roman world.

First, all societies seem to have some combination of both at play, if weighed differently, which leaves the simple ‘either ... or’ nature of the debate unhelpful. Second, the focus on this polarity has meant other forms of dealing with disabilities have been overlooked, notably appeals to divine support. Third, this focus on sociological models has resulted in another area, which has wrestled with what to do with disabled people for decades, being overlooked entirely: that of equality and human rights legislation. Arguably, Britain’s 2010 Equality Act navigates a path between the medical and social models. It validates the medical model, involving the provision of technology and aids to ‘fix’ people and bring them in line with ‘normal’ modes of ability, but it also stipulates that society should help to provide these and adapt environments, rather than leaving individuals to fend for themselves.

Equality and anti-discrimination laws

Equality law offers a further opportunity to draw comparisons between different areas of identity studies (as explored above), and to expand further the nature and implications of impairments and disabilities. Whereas classicists have embraced philosophical, anthropological and theoretical literature on identity issues, there is less engagement with the law. We may consider it anachronistic to consider modern equality law, but it offers a deep and explicit philosophical and practical framework for such issues (just as an understanding of medical conditions may be useful for framing experiences, without having the simple end goal of retrospective diagnosis). Equality law is closely linked to human rights, which should clearly be of interest in Humanities disciplines. The nature of ‘equality’ itself is debatable. Various European and British theories of ‘equality’ have yielded seven meanings (Hepple 2014, 18): ‘1) respect for equal worth, dignity and identity as a fundamental human right; 2) eliminating status discrimination and disadvantage; 3) consistent treatment/formal equality; 4) substantive equality of opportunity; 5) equality of capabilities; 6) equality of outcomes; 7) fairness’. In Britain, the first formal equality legislation arrived with the 1965 Race Relations Act (followed by a further Act in 1968). The Equal Pay Act 1970 and the Sex Discrimination Act 1975 began the formal battle for equality on sex grounds (Hepple 2014, 11–3). The year 1970 also witnessed the passing of Alf Morris’s Chronically Sick and Disabled Persons Bill into law, which committed the state to providing better support for those eligible. Its underlying aim was charitable in nature, so that they should be cared for; it did not grant full civil rights and protection against discrimination. The delay before disability discrimination law came in reflects society’s general lack of awareness, and partly explains the unwillingness in some academic quarters to engage with disability studies alongside other disadvantaged groups.

The use of the modern term ‘disability’ is often linked to levelling structures aimed to provide some kind of equality in terms of opportunities and life experiences. This was first enshrined in British law in 1995,²⁰ under the Disability

Discrimination Act, which instructed certain spheres of life, such as employment, to provide reasonable adjustments for disabled people. The nature and extent of such adjustments were necessarily vague, so that sufficient support is made where possible, without bankrupting the supplier of that support. This Act made a fundamental change in how disabled people were to be treated and what they might expect. Instead of being left to deal with their short straw as best they may, responsibility for levelling up was cast out to wider society. Globally, this shift to human rights is marked by the 2006 United Nations Convention on the Rights of Persons with Disabilities.

Although certain aspects of disability law have been extended and developed, the main change in Britain's 2010 Equality Act was to bring all forms of discrimination under the same umbrella.²¹ Disability discrimination was to be considered as unlawful as the other eight protected characteristics (PCs: race, age, sex, pregnancy and maternity, religion and belief, gender transitioning, marriage and civil partnership, and sexual orientation), and all fell under the banner of human rights. There was to be no hierarchy of discrimination: all are equally unacceptable. This measured approach should bring all on board – 'the single Commission and the single Act are less likely to be seen as representing only sectional interests, particularly since issues affecting White men – such as age, religion or belief and sexual orientation – are included' (Hepple 2014, 229). Being placed under the same law invites comparison with various identities and situations, which is a strong weapon against unconscious bias (e.g. consistently calling out racism, but failing to 'see' homophobia or indeed disability discrimination). The single law also faces head-on the potential clashes between interests and preferences, such as between religion and gay rights, or women's and trans rights. Only these nine PCs are protected in law, which may cause concern for disadvantages that fall outside them, particularly in terms of harassment (Hepple 2014, 21), or the notable absence of class.

In the 2010 Equality Act, the four main types of discrimination fall across all nine PCs in the same way. They are direct discrimination (e.g. refusing to allow a person into a restaurant because they are Jewish or have an assistance dog); indirect discrimination (e.g. maintaining working practices that fail to reasonably accommodate an employee on the grounds of religion or disability); harassment (e.g. name-calling or bullying on the grounds of one of the PCs); and victimization (punitive treatment of an individual who has claimed a form of discrimination). This Act offers a blueprint for civic life, as its main philosophy is that no individual, including those with PCs, may discriminate against another. This serves to discourage the weaponizing of PCs to an unreasonable extent: the law offers protection against another's unlawful behaviour, rather than empowering an individual to get whatever they want.

These obligations fall across areas of public and private life, such as education, transport and housing, and the duties vary. For example, educators have an anticipatory duty to expect and prepare for disabled students in advance, whereas employers have a responsive one, to act only when an employee requests

reasonable adjustments. The scope of the 2010 Act is huge, and it is not just that it encourages comparisons between various PCs: in order to demonstrate a claim of discrimination, the claimant needs to present comparators. For example, a woman must demonstrate a pay gap by comparing herself with a man doing the same kind of job with the same experience.²² This approach to equality therefore relies on data and evidence. For disability, the Equality Act prohibits direct discrimination, discrimination arising from disability (which abolishes the need for a comparator), indirect discrimination, and a failure to make reasonable adjustment (Connolly 2011, 388).

Of the nine PCs, only disability has this duty of reasonable adjustment, because this is the only characteristic based on impairments and special needs. The three situations in which reasonable steps must be taken to avoid any disadvantage are: (1) changes in practice, such as providing a BSL interpreter if needed; (2) changes in the built environment, such as ramps; and (3) provision of auxiliary aids, such as voice-activated software for blind people (Hepple 2014, 94–7). To not comply with these requirements amounts to discrimination against the disabled person. However, employers could argue that such an accommodation was not possible (Hepple 2014, 56, on *Mba v London Borough of Merton* 2014): ‘the discriminator must show that “the treatment is a proportionate means of achieving a legitimate aim”’ (Equality Act 2010, s15(1)(b)).

Even this brief survey of Britain’s 2010 Equality Act indicates how identities can be set side by side, even while recognizing crucial differences between their natures. All of the PCs have been defined with a close, modern scrutiny – but there is no reason to feel that disability is the only characteristic that cannot be explored in the Greco-Roman world. In other words, the various legal, socio-political and even economic protections and provisions are clearly very different to the situation in antiquity (e.g. Adams 2020 on deafness). However, this is true of all PCs, and, as this Act instructs all PCs to be taken equally seriously, we should not single out disability as a no-go area for study in the past. I would also suggest that the law offers fruitful food for thought beyond the medical versus social models that are regularly referenced in the literature. Finally, there is a moral as well as intellectual argument for opening up classical scholarship to considerations of disability. A consideration of how equality and human rights law actually works in practice (specifically Britain as a case study here) offers a solid platform for such an approach.

This volume argues that an awareness of disability studies is essential in Classics and the Humanities more widely. The study of historical disabled people needs to engage with this and cognate fields, as we would expect with other identities, such as gender, sexuality and ethnicity. This dialogue between past and present will help combat the ableism of our scholarly work, and similar tensions encountered elsewhere lead the way, such as that between modern feminist views and the sexism of the Greco-Roman world. It should become unthinkable to explore the senses without bearing in mind sensory impairments, or ‘the body’ without remembering that it can, and often does,

'break'. Disabilities and ill health feature highly in identity and life, and, although being able-bodied may be taken for granted, it is not guaranteed to last. The final section explains how this volume seeks to persuade and convince the field of Classics of the benefits of this approach.

The layout of this book

There is a tension throughout this volume between the realities of the experiences of being disabled and how people with impairments are viewed, categorized, represented and treated. Disability studies offers insights into the former with obvious caveats, and modern accounts have more to offer than the assumptions arising from a scholar's imagination. In turn, Classics has played a major role in shaping Western bodily concepts, such as 'normal', 'ideal', 'beautiful' and even 'able', so this should be a two-way dialogue. This is an exploratory volume, which investigates the ways in which this conversation may be productive. The reader will note that a variety of approaches and methods are adopted.

This volume is divided into four parts, each of which has a more detailed introduction by the editor. Part 1, 'Communicating and controlling impairment, illness and pain', explores patient agency and voice. In Chapter 2, Michael J. Flexer and Brian Hurwitz actively engage with ancient authorities and Greek tragedy through the lens of modern medical case reports (MCRs). Georgia Petridou explores the challenges to articulating pain, ancient and modern, in Chapter 3. Clinical encounters demand precise communication, but is it always possible to represent such experiences in words?

As with all parts of this volume, these chapters are juxtaposed deliberately in order to explore the methodological and interpretive benefits of scholars from very different backgrounds engaging with both modern Western and ancient Greco-Roman treatments of disability. Flexer and Hurwitz are both from social science or medical humanities backgrounds, rather than Classics, and their resulting perspective of ancient authorities is fresh and insightful (see also King, Chapter 10, this volume for modern appropriations of such texts for medical or activist reasons). Petridou is an authority on ancient medicine and religion and has also sought inspiration from modern literature and case studies to consider perspectives not usually made explicit in classical evidence. This double reception (people from outside the field reinterpreting classical sources, and classicists investigating cross-cultural, especially modern, sources, in the creation of reception) was encouraged in the original conference and this volume. The pairing of these chapters increases their individual value even more.

These opening chapters address the medical side of disability head-on, which counters a growing trend to adopt a full social model to ancient disability (from Rose 2003 onwards). This is not a reactionary return to the dark days when disability was viewed solely in terms of what was wrong, missing and abnormal, nor does the focus on the relationship between patient and medic imply

that an impairment must always be fixed. It is, however, a formal recognition of the practical side to illness and impairment; if the negative impact of a condition does not demand some kind of formal response and attention, then it is probably an inconvenience rather than a disability (according to the legal definition outlined above, set out within the parameters of the modern West). The chapters in this volume consider this medical–social tension on a case-by-case basis, with a greater consideration of the perspective of the disabled person (rather than just how they are represented and treated by others).

Part 2, ‘Using, creating and showcasing disability supports and services’, continues along similar lines to consider treatments in the form of props, prostheses and modes of communication that can substitute a missing body part or sense. In Chapter 4, Jane Draycott analyses the evidence for ancient prostheses, drawing out nuances in use and range in meaning, from functional to cosmetic. Sophie Goggins explores the modern context for these objects in Chapter 5, as staged in museums, particularly National Museums Scotland. Here, the issue of who gets to narrate the story carries particular resonance. In Chapter 6, Ellen Adams considers how blind and partially sighted people interact with visual culture in museums, drawing from a course based on the Parthenon galleries in the British Museum. This engages with the access practices of audio description and touch tours.

This part also juxtaposes three different kinds of expertise: ancient prostheses, museum curation and access programmes in museums. How can material culture and museum displays and events alleviate impairment and increase awareness about disability issues? Again, the dialogue between ancient and modern disability is tackled from different perspectives in all three chapters, so that the sum becomes more than their parts. The tension between medical and social is also navigated differently in each chapter for comparative purposes. Draycott explores one of the more obvious types of medical support, but also considers how they could be a social investment. Goggins discusses a medical exhibition, but in addition relates how personal responses also form part of the curatorial engagement. Adams investigates how museums have developed compensatory strategies for people with visual impairments, in response to disability law. She also explores how wider society might benefit from making these provisions more mainstream, which could in turn influence visual studies.

Part 3, ‘Real bodies and retrieving senses: disability in the ritual record’, is archaeological at heart. Continuing the engagement between sensory studies and disability studies (from Chapter 6), Emma-Jayne Graham anchors Chapter 7 not in a modern museum, but in the Roman sanctuary of Fortuna Primigenia at Praeneste. This convincing emic reconstruction of past experience invites us to reconsider our understanding of ancient religion beyond the issue of disability alone. From sanctuary to burial, Patricia Baker and Sarah Francis explore the mortuary treatment of people with evidence for significant impairments in Chapter 8. They argue that they were considered to be like children, supported by ancient authorities (using both literary and archaeological

evidence, as most chapters in this volume do). Both chapters again explore the tension between the medical and social models (or Graham's use of interactional theory), while the explicit setting in the ritual sphere highlights the contrast between the everyday experience of disability and time spent engaging with other worlds (deities or the dead). As argued above, the ritual sphere offers a third avenue for dealing with disability beyond medical treatments and social accommodation, albeit in rather different ways, as illustrated here.

Graham's consideration of experiences of people with visual or mobility impairments highlights one issue that is often overlooked: it can be very time-consuming being disabled. One can still visit and participate, but movement is often slowed down, and the arrangements need to be better planned. This aspect adds to the phenomenological experience of including disabled people in collective events, past and present. In contrast, Baker and Francis highlight the *spatial* segregation that can occur, in this case in the mortuary sphere. This is becoming less common in societies such as Britain with the mainstreaming movement, but remains a sensitive subject: how and when should having special needs mean separate provision, rather than adjusting the mainstream environment?

Part 4, 'Classical reception as the gateway between Classics and disability studies', returns to elements of Part 1 that we never completely left. This volume began by exploring the voice of the forgotten othered, be it patient or person with impairment, and the challenges of articulating subjective experiences. Turning full circle, it returns to these themes, but with the added dimension of imagined stories and distorted dialogues between Greco-Roman antiquity and Western modernity. These illusions, filters and tensions generate a cognitive dissonance, whereby accounts of myriad and occasionally contradictory experiences present themselves simultaneously. Reality and representation do not sit as opposing ends of a spectrum, but rather fold into each other to produce the messiness of perception – including, and perhaps especially, that of the human body.

Who owns the narrative, who gets to set the scene? And how should we strike a balance between exploring cultural representations and human experience? In Chapter 9, Edith Hall explores modern engagements with disabled people from ancient myth, arguing that cultural representations can promote progressive values. Her central focus is Nicolas Poussin's landscape, *Blind Orion Searching for the Rising Sun* (1658), which acts as a springboard for considering the ripples of reinterpretation. Helen King completes the volume in Chapter 10, considering first how Classics has influenced modern medical and disability treatises, before turning to a modern invention of an ancient disabled woman in the form of Nydia, the blind flower-girl of Bulwer-Lytton's (1834) *Last Days of Pompeii*, rendered in 3D sculpture by Randolph Rogers (1853–4, 1859). As with all chapters in this volume, the wide range of approaches and methodologies reflect the broad church of Classics, and they demonstrate the myriad ways in which the voices of disabled people may contribute to the field.

As Classics seeks to decolonize its curriculum and research agendas in terms of marginalized voices, moving towards a more enriched, multivocal and

sustainable future, this volume begins to consider how this may be achieved in terms of disability. In various ways, the chapters in this volume navigate a path between the three landmarks of: the Greco-Roman world, classical reception, and relevant modern fields such as disability studies and medical humanities. This necessitates a dynamic dialogue between past and present, as well as engagement with a wide range of sources (notably textual and visual) and scholars with diverse expertise. While the individual chapters achieve this independently, even more is gained when they are read side by side, as suggested in the introduction to each of the four parts.

Notes

- 1 Trentin (2013) also points out that disabled people have not formed part of the traditional teaching material of Classics.
- 2 Following Bolt (2014, 3), we may draw a distinction between ableism, which makes assumptions about normalcy and the default able-bodied person (equivalent to 'patriarchy'), and disablism, which refers to the exclusion of and hostile attitudes towards disabled people (equivalent to 'misogyny').
- 3 Note the use of 'Deaf' for people who use a sign language as their first or preferred language and have consequently built a strong community based on it, while 'deaf' refers to those with a significant medical hearing impairment.
- 4 Jütte (2005, 54) points out that this number of senses is shared by early Indian and Chinese cultures, which raises the question of whether this is a specifically Western phenomenon as is often stated (for example, Hamilakis 2011, 210).
- 5 See, for example, Kudlick (2003) on the impact of there being mainly White male leaders in the Deaf community and movement. This makes seeking the 'representative voice' problematic.
- 6 Aristotle defined the male as 'the one who is able', while the female was 'the one who is unable', and so the ability to do certain things was important: Aristotle, *Generation of animals* 765b 36. Aristotle has contributed so much to disability studies that he warrants an entry in the monumental *Encyclopedia of Disability Vol. 1* (Albrecht 2006), where this observation is described as 'quaint at best' (p. 124).
- 7 Anand (2013, 37) provides a very useful table of disability historiography, whereby the Greco-Roman contribution is summarised as: 'to find explanations for contemporary trends in discrimination against physical difference. To understand contemporary veneration of beauty and perfection'.
- 8 www.who.int/publications-detail/world-report-on-disability (accessed 7 May 2020).
- 9 Bourdieu warned against over-intellectualising the language of representation, especially concerning the body, but a self-conscious precision is essential given the complex relationship between impairment and identity (Bourdieu 1977, 120; see also Boivin 2008, 90).
- 10 www.gov.uk/definition-of-disability-under-equality-act-2010 (accessed 12 December 2019).
- 11 Medically, the impaired body formed a focus of Enlightenment interest in taxonomy: if one could classify the world, one could understand and control it (but see Bowker and Star 1999 for the contradictions and fuzziness in today's terminology).
- 12 These 'identity categories' have been explored in American literature and cultural assumptions regarding the physically impaired (Garland-Thomson 1997). The so-called Chinese encyclopedia is often referred to in order to demonstrate how cultural/natural taxonomies can vary. Here, animals are classified according to: those

- belonging to the emperor; embalmed animals; fabulous animals; wild dogs; animals painted with a very fine brush of camel hairs; and those that seem to be flies when observed from a distance (Foucault 1970, xvi; Sonesson 1989, 67). See Bowker and Star (1999, 131), who compare this with the International Classification of Diseases.
- 13 ‘Why don’t the WG questions use the word “disability”?’: see the FAQ page here: www.washingtongroup-disability.com/resources/frequently-asked-questions (accessed 6 January 2021).
 - 14 This kind of focus on aesthetics is directed towards the artist rather than the bodily experience of those at the time (for example, Porter 2010; see also Squire 2011).
 - 15 It is notable, however, that Greek artists disliked showing impaired and mutilated bodies (Dasen 1993, 165–6). She argues that people with impaired growth in the ancient world were not ‘seen as an irreducible monstrosity’, as their bodies were at least complete.
 - 16 www.britishmuseum.org/collection/object/G_1814-0704-277 (accessed 7 August 2020). Note that the earlier description has more in common with the freak show fascination with the so-called monstrosities and curiosities in the ancient world, particularly the Roman one.
 - 17 Art reports from when the sculpture was sold suggest that a yoga guru was used for the pose, e.g. www.businessinsider.com/kate-moss-in-gold-fetches-900000-siren-by-marc-quinn-2011-10?IR=T (accessed 4 May 2020).
 - 18 Perhaps the most successful protest against this interventionist approach to the body relates not to disability, but childbirth. For example, the British National Childbirth Trust actively discouraged professional assistance, including pain relief and doctors (particularly during the 1990s, but it is more relaxed today). Such movements arose from the oppressive medicalization of childbirth, with the mother often sedated and placed in stirrups (Conrad 2007, 157–8).
 - 19 One exception is Horn (2013), but this relies in particular on early Christian Greek sources, where the concept of the individual’s fault for his predicament becomes clear (p. 138): ‘disability was the failure to receive healing: the ability in question was the ability of the person to muster sufficient faith in the power of the healer’. Similarly, the role of God and/or a divine plan in disabilities has been explored in biblical studies (Avalos, Melcher and Schipper 2007).
 - 20 The year 1995 also witnessed the milestone publication of Garland’s *Eye of the Beholder: Deformity and Disability in the Graeco-Roman World*, although Garland works in the American system, where the groundbreaking disability discrimination law was passed in 1990.
 - 21 Because disability requires distinct consideration and treatment, it has a separate committee in the Equalities and Human Rights Commission (EHRC). The EHRC was established in the 2006 Equality Act as the authority required to implement the later legislation. This has since been starved of funds and is no longer able to perform its full remit. The 2010 Equality Act also followed the United Nations Convention on the Rights of Persons with Disabilities, which became effective in 2008 (Scully 2012, 118).
 - 22 It also makes it virtually impossible for a claimant to work with two PCs at the same time – for example, a Black woman complaining about unequal pay would need to select one PC for a direct comparator in turn (Hepple 2014, 77–8; Sargeant 2018, 10–2).

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