The Appearance of Health:  
The Symbolic Construction of the Healthy Body through Urban Cemetery Evidence from Late Iron Age and Early Roman Britain

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Introduction

Health is of interest to those who study the past. Many people have done so from a medical perspective, which has led to interesting and varied insights into ancient disease and illness. This work, however, lies at the other end of the health spectrum, in the idea of ‘wellness’. This paper begins by exploring these themes, before examining the evidence of good health in the archaeological record for late Iron Age and Roman Britain. It then considers concepts of the body and healthiness drawn from the biological and social fields. These suggest that good health can be understood through body parts, such as the face in relation to perception and the social gaze. Good health can then be seen as part of living and well-being, a shared concept between self and other. This idea is extended with a discussion concerning artefacts and agency.

The paper then focuses on toilet instruments and cosmetic items that have traditionally been associated with personal grooming. Hill (1997: 98–107) and others have added to these ideas by proposing that during the late Iron Age and early Roman period, there was a new concern with identity and appearance by the elite in southern Britain. While these objects have often been found in domestic locations, some are associated with graves. This seems quite unusual given their function. The discussion is then developed by considering toilet and cosmetic implements associated with cemetery sites, located close to towns in south east Britain. These are then considered through a theoretical lens, leading to the suggestion that this type of material may have contributed to the symbolic reconstruction of healthiness in the dead.

Concepts of Health

There has been a large corpus of work that has greatly contributed to the understandings of illness and disease in antiquity. In trying to summarize some of this, the following topics might be suggested; biological processes, pathological changes, and physical illnesses have all been investigated (e.g. Molleson 1992: 43–67; Roberts and Cox 2003: 89–104, 107–163). The role of the healer as a professional, a skilled practitioner, or as a family member, has been discussed, as have the places of healing or medical practice, such as hospitals, surgeries, and temples (Nutton 2004: 249, 281; Carr 2002: 58–73; Jackson 2005: 97–98; Scarborough 1969: 76–80, 84; Selwyn 1991: 8–9; Allason-Jones 1999: 134–136; Baker 2002: 69–79; Cruse 2004: 93–105; Barefoot 2005: 206–212). The curative elements within religion and magic, such as the significance of the deposition of anatomical votive objects, have received some attention (see Henig 1984: 151–152; Jackson 1988: 157–166; Cruse, 2004: 113–125, 130–131). Therapeutic practices, including the medicinal use of plants and the health benefits of diet, as
well as treatments such as those undertaken by specialist eye doctors or surgeons are popular areas of investigation (e.g. Cruse 2004: 61–75; Ciaraldi 2002: 81–85; King 2001: 44–51; Jackson 1996: 177–187). Surgical instruments from a burial at Stanway, near Colchester, for example, have been interpreted as the tools of a doctor or a late Iron Age healing practitioner (Boon 1974: 137; Crummy 1997: 337–342; Jackson 1997: 1471–1473; Crummy 2002: 47–57; Carr 2003: 117–125; Cruse 2004: 160–162). Other small items, such as ligulae, have been viewed as having functional roles in both medicine and cosmetics (Allason–Jones 2005: 126). But is some of this work influenced by our modern medical models of health?

Within this framework medical professionals diagnose and treat illness. The body is seen through Cartesian philosophy as a machine that can be repaired. It may feel right and comfortable, but it has had its critics. Foucault (1963: ix–xix) suggested the healthcare establishment gained dominance by developing new terms to describe the body, and indeed today’s medical terminology can confuse and create anxiety for those outside specialist circles. Illich (1976: 49–52) thought that normal parts of the human condition such as childbirth were medicalised, and that the healthcare profession actually had a vested interest in ensuring that there was such a concept as disease. It is these criticisms that led to authors such as Alter (1999: 43), the anthropologist, to ask whether it was possible to escape the ontology of health defined in terms of disease.

More recently, the idea of health as healthiness has gained some popularity. Wellness is usually seen as the absence of sickness, but it is of course possible to have a disease and be healthy. Even if a person does not have any illness, they can appear healthier at certain times than at others (Caplan 1993: 238). A piece of modern research that considers the question of health was carried out in the 1990s by Blaxter (1995: 26–32). She and her team undertook a survey of over 9000 individuals in the United Kingdom, to explore lay (as opposed to professional) theories of health, and concluded that definitions of this term could be divided into two fields, which she called positive and negative concepts. Negative concepts used words associated with ‘illness’ and ‘disease’, and so statements included, “health is when you don’t have a cold” or, “health is when you don’t have to think about pain”. The positive constructs, according to Blaxter, were related to phrases like, “health is being carefree”, or “health is having loads of whumph”, (italics own emphasis). It has also been suggested that health and disease are on a continuum. Wellness, (however it is culturally expressed) sits at one end, whilst death is at the other (Seedhouse 2001: 65; Sheridan and Radmacker 1992: 8). A person’s position on this line is not static. It can alter, allowing for the transient nature of their state of being, making it a continuously negotiable concept.

**Healthiness in late Iron Age and Roman Britain**

The study of healthiness is slowly becoming a subject in its own right in archaeology and history (e.g. King 2005a: 1–11). Good health has been explored through the works of the ancient authors, although it is always difficult to know how far the texts influenced everyday health matters in late Iron Age and Roman Britain (Wear 1993: 1283). Galenic writings did note that health and humeral balance could be maintained by following an appropriate dietary plan, which was often dictated by the season (Nutton 2004: 240). Wilkins (2005: 136–149) discusses the work of Athenaios, a Greek author who collected information at the end of the second century A.D. about diet. Certainly, amongst the medical writers, fruit and vegetables were seen as being reasonably helpful in sustaining health (Wilkins 2005: 143–144).
Interestingly, an investigation into the contents of a cesspit at Bearsden Roman fort, Scotland, revealed evidence of what may have been a vegetarian diet (Cruse 2004: 90).

Women’s healthiness is another area that has received some attention. King (2005b: 154–160) has investigated the Hippocratic corpus for understandings in this topic. She notes that women’s reproductive functions were used to judge their states of healthiness (King 2005b: 156–158). Evidence of a plea for the maintenance of health on behalf of a pregnant lady comes from a spell found at West Deeping Roman Villa in Lincolnshire. It asks for the womb to ‘stay in place’, and not hurt an unborn child (Hassall and Tomlin 1996: 443–445). This may be associated with the strange idea in antiquity that the womb was mobile, and moved around the body like an animal (Jackson 1988: 89). Along with this magic, the gods were often called on to provide health protection. Statuettes from the first or second century A.D. found in London, interpreted as dea nutrix, divine protectors of the home, may have been associated with good health. An inscription found near Kirkby Lonsdale, Lancaster, set up by Julius Saturninus, states ‘to the holy god Asclepius and to Hygiea, for the welfare of himself and his own’ (Collingwood and Wright 1965: 204, RIB 609). Recent work suggests that Hygieia did indeed represent ‘health’, and that she was worshipped not only by those who were seeking wellness, but by those already in ‘good’ health (Stafford 2005: 134; Wilkins 2005: 136). Religious centres such as Bath, had altars that were set up asking divinities for the health, welfare, or safety of an individual (Cunliffe 1969: 189). Some temples and civic buildings had ambulatories, which not only provided shelter from inclement weather, but may also have been seen as promoting health through the exposure to fresh air (Woodward, 1992: 37–38; Vitruvius V.9.5).

A number of letters from the Roman fort of Vindolanda contain references to positive health. One says, ‘Sollemnis to Paris his brother, very many greetings. I want you to know that I am in very good health, as I hope you are in turn, you neglectful man, who have sent me not even one letter’ (Vindolanda Tablet: 311). Healthiness is also mentioned on a wooden tablet from Roman London. Part of an inscription for a deed of sale concerning a female slave states, ‘and that the girl in question is transferred in good health, that she is warranted not to be liable to wander or run away’ (Tomlin 2003: 44–45). Even if the word ‘health’ seen on many of these inscriptions was part of a formulaic textual construction, the discussions illustrate that such a concept existed.

Perhaps one of the most well known areas of investigation in this field is seen in Roman hygiene (Jackson 1999: 107–116). Baths, latrines, aqueducts, and drains have all been studied. There are for instance at least 1000 known surviving remains of Roman baths in the empire. Some of these have been excavated in Britain, in towns such as London, Wroxeter, and Bath (Rowsome 1999: 263–277; White 1999: 279–291; Cunliffe 1969: 89–147). Massages and exercise, as well as general socialising were all part of the experience, and it is thought that an urban suite of baths with hot, warm, and cold rooms may have been used by all levels of society, including slaves (Fagan 1999: 29–34). Loosely associated with bathing is the strigil, an object probably used to scrape oil from the skin after its application. Oils or perfumes stored in unguent bottles and flasks may have been applied to the skin at the end of the bathing regime. A number of these vessels (that may also have been used to store cosmetics) have been found from sites throughout Britain. In the south east, there is evidence of many types of glass flasks or bottles used for these purposes, including tubular, indented, truncated conical, discoid unguent bottles, and mercury and bath flasks from settlements such as Colchester, Sheenep, Canterbury, London, Chichester, and St Albans (Cool and Price 1995: 148–165, 383–397; Price and Cottam 1998: 169–190). Mirrors made of glass or polished metal could have been
used to assist in the application of make-up, although it has been noted that they would have created a flawed reflection (Allason-Jones 2005: 138). In addition to these objects, there are also toilet and cosmetic items, often discussed in relation to the body, appearance and general well-being. Before considering these types of small finds in more detail, it is worth taking a moment to explore the themes of the body and healthiness.

Healthiness, the body, self and other

One of the main methods used to understand the body is found in medical anthropology. Palaeopathological work has moved from taking a purely clinical perspective, to the adoption of the biocultural approach, which essentially uses an epidemiological methodology (Roberts 2002: 10–11). Lifestyle evidence from the landscape, climate, society, diet, and economy is considered, together with the physical remains of bones and teeth to provide insights into the body. The Iron Age and Roman periods have been explored in texts such as that by Roberts and Cox (2003: 89–104, 107–163), Gowland (2004: 135–146), and Redfern (2003: 147–170). Redfern investigates the Romano-British urban environment and culture, and considers how this is reflected in the remains of individuals buried in urban cemeteries. One of her samples reveals that females had a lower prevalence of stress indicators when compared to men (investigated by using a combination of three osseous changes). This, she suggests, may have been as a result of women’s enhanced immune systems, meaning that they were probably better at tolerating environmental stress than their male counterparts (Redfern 2003: 156–157).

In addition to these approaches, the body can be seen through the use of ethnographic and social theory. It has been suggested that the body can be transformed through the use of objects, and that they can be used to help create bodily identities and well-being (see Hill 1997: 100–101; Carr 2001: 116; Crummy and Eckardt 2004: 44–46). Bodies are monitored by society and produced by the self or others through patterns of action and interaction (Fowler 2004: 38). Specific bodily parts such as the face can be said to mirror the self (Synnott 1993: 73–102, 103–127). It is a public presence that is defined by perceptual experience. Indeed according to evolutionary theorists, human facial attractiveness and health may be linked. Facial symmetry and facial attractiveness have been found as markers for health and fitness, and so the face may, therefore, be advertising health (Thornhill and Gangestad 1999: 452–459). Modifying the appearance may be undertaken to create a more attractive, healthier image.

The sociologist Goffman (1969: 28–82) considered self presentation as part of a model that human social life was like a theatre. The self regulates and controls its image. People play roles, tailor their performances depending on their audience, and change their behaviour when the audience is absent. For Goffman, the body is a physical part of human agency, and is bound to the relationship between the body, the self, and social identity (Shilling 2003:77). Impression-creating behaviours are produced as people try to enhance and protect their public image. Yet, the self and other are inextricably connected. The other can be seen as the person or group that provides meaning on the subject (Cavallero 2001: 120–121).

To be ‘healthy’, is defined in the Oxford English Dictionary as having or ‘showing’ good health, and as biological and social beings, we communicate in, with, and through our senses (Sykes 1989: 460; Synnott 1993: 128). Visual perception occurs when the eye receives images which travel via the optic nerve to the occipital lobe of the brain, where meaning is attached (Goldstein 1989: 64–107). Within the social construct, the gaze, ‘establishes the union and interaction of individuals which constitute society’, (Synnott 1993: 226). So these biological
and social elements that form part of the experience of perception for self and other, allows the body, and indeed the face, to communicate healthiness through performance, display and image making.

Agency, toilet and cosmetic items

Theoretical approaches in interpretative archaeologies and material cultural studies have shown that it is possible to see artefacts as meaningful and symbolic, and that multiple meanings can be generated from an object (Hodder 1993: xvii; Buchli 2002: 12–19). Tilley (2000: 421) notes that artefacts are situated in relation to the social, and it is a relationship that is active. Indeed, lives continuously negotiate a relationship with inanimate objects, and a link exists between agents, actions, and artefacts (Wobst 2000: 41–42). As Gardner (2003: 2) says, agency allows for the consideration of how actors are constructed by their meaningful relations with the material world around them. There are intentional actions of agents, which can in turn produce conscious social change (Dobres and Robb 2000: 10). Within this world, individuals draw on their cultural resources for objectification and self-categorization (Swidler 1986: 273–286).

Having considered that artefacts can be used with intentionality by free, acting individuals, we can now examine in more detail some material from the late Iron Age and early Roman period that is closely associated with ‘healthiness’. Toilet and cosmetic items have been found at sites in both Continental Europe and Britain. There are, for instance, a number of tweezers identified as coming from the workshops of the presumed Gallic bronzemith, Agathangelus. As well as at Pompeii, tweezers were found in a tomb at Tarquinia, where they were associated with other grave goods, including the fragment of a mirror and a strigil (Gostencnik 2002: 232). Agathangelus-type tweezers have been discovered at Piddington villa, Northamptonshire, while several others have been found in London (Friendship-Taylor 2004: 6; Gostencnik 2002: 232). Indeed, some of these toilet and cosmetic items are associated with sites in southeast Britain, an area thought to have shared a number of cultural characteristics with the Continent (Frere 1987: 229; Cunliffe 2005: 149).

Toilet implements, which include nail-cleaners, ear-scoops/cosmetic spoons and tweezers, were sometimes kept together as a set (known as a chatelaine), on a suspension loop. A nail cleaner, found with belt buckles and a strap end at the late Roman Lankhills cemetery, Winchester, has led to the suggestion that these items were worn suspended from a belt (Crummy and Eckardt 2004: 48). However, it is worth noting that some of these items have been found separately.

Whilst the primary use for nail cleaners is self explanatory, tweezers could have been used to remove unwanted facial hair, while wax was cleaned from the ear using an ear scoop (Adkins and Adkins 1982: 138; Crummy 1983: 58; Hill 1997: 98). Other implements, such as ligulae, (long handled toilet spoons usually made from bone or bronze), may have been used to extract substances such as cosmetics from narrow bottles and flasks. Cosmetic grinders (mainly found in Britain) were probably used to break up eye and face paints (Jackson 1985: 172). There are a number of examples of these small bronze crescent shaped mortars and pestles, many with zoomorphic terminals such as bovid heads (Jackson 1985: 165–169). One has even been found at Worlington, Suffolk in the form of a brooch, suggesting that it served a dual purpose (Suffolk County Council Archaeological Service 2003: 3). Less decorative are small pieces of stone with bevelled edges, perhaps used as palettes on which to combine cosmetics. Make-up might have been mixed or applied with a spatula (Crummy 1983: 57). Shears, if used
to cut human hair, could have contributed to a well trimmed, healthy appearance (Hill and Crummy 2005: 2–4).

Although a number of toilet and cosmetic items are associated with domestic settings, such as houses and streets (see Crummy 1983: 57–63), some have been found in graves. This is a paradox given that these artefacts are about health, living, and appearance. There have been various suggestions as to the reasons and purposes of grave goods in archaeology. They may have equipped the dead for the world of the after life, possessions of the deceased, or mourners’ gifts to the departed (Parker Pearson 1999: 7). In relation to small finds, Baker (2001: 58) proposes that the presence of medical tools with a body could mean that they were used in an unsuccessful operation, or by a failed doctor. This, she suggests, may have led to the objects to be seen as socially polluting items, which was why they were placed within the grave (Baker 2001: 58). Williams (2003: 100) adds to this by wondering whether small items such as combs were placed in a grave as they had served the deceased’s body.

**Healthiness through Bodily Practice**

To explore this further, let us consider some toilet and cosmetic items, associated with the dead from comparable pre-Roman and early Roman urban cemeteries in the south east of Britain. The burial sites in question lay on the periphery of towns. Their spatial setting in the landscape meant that they had close links with the urban settlements. The largest late Iron Age and Roman cemetery found at St Albans (*Verulamium*), Hertfordshire, the King Harry Lane site, mostly contained cremations and was in use from about A.D. 1–60 (Stead and Rigby 1989: 398). The St Pancras cemetery at Chichester (*Noviomagus Regnentium*), West Sussex (again the majority of burials were cremations), was established in the first century A.D. (Down 1971: 55). The following list provides details of the graves that contained toilet and cosmetic items from these sites.

**Graves Containing Toilet and Cosmetic Items from King Harry Lane, St Albans, Hertfordshire, and St Pancras, Chichester, West Sussex.**

**King Harry Lane, St Albans, Hertfordshire.**
- Grave 86, (SB 77), Sex unknown, Phase 3, A.D. 40–60. Tweezers and a component of a toilet set, (brooches and pottery), (Stead and Rigby 1989: 84–85, 104, 294)
- Grave 122, (AN 29), Sex unknown, Unphased. Two pairs of tweezers, (brooches and a nail), (Stead and Rigby 1989: 104, 306)
- Grave 203, (SB 40), Sex unknown, Phase 3, A.D. 40–60. Toilet set (comprises of tweezers and a possible nail-cleaner), cosmetic grinder set, (brooch and pottery), (Stead and Rigby 1989: 84–85, 104, 326)
- Grave 422 (SJ 20), Sex unknown, Phase 3, A.D. 40–60. Ear scoop (and pottery), (Stead and Rigby 1989: 84–85, 104, 382)
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St Pancras, Chichester, West Sussex.

- Burial group 228, Sex unknown, Trench E, Period 3, A.D. 70–third or fourth century. Cosmetic grinder, ligula (brooches, jewellery, needles, pin, coin, bone toggle, glass and pottery), (Down 1971: 55, 113)

Six graves at King Harry Lane contained toilet and cosmetic items, and five had more than one of these objects in the same grave. There were only two graves at St Pancras that contained this type of material. Given that there were 472 burials at King Harry Lane, and 326 at St Pancras cemetery, these items are rare. It has been suggested that some of these individuals were part of a new social elite who were adopting a different life-style and attitude towards the body (Hill 1997: 102). This may explain some of the other associated items in the graves, such as jewellery. It is not known whether the toilet and cosmetic items came from male or female graves. If we now consider some of the cultural practices surrounding cremation rites, and apply these to the King Harry Lane and St Pancras evidence, an interpretation is offered that sees these objects in light of theories surrounding the body, healthiness, and agency. Given Tilley’s (2006: 62) suggestion that artefacts can act to convey information about a variety of symbolic domains through the same media, what follows is one small contribution to our understanding of this type of material in late Iron Age and Roman Britain.

We can see from the texts that Romans honoured the honourable in death (Hope 2000: 108). Providing that you were not too poor, or seen as a criminal, the corpse took centre stage in a funeral. The body was prepared for the funeral by the family or, if they could afford it, by morticians (pollinctores), (Plautus Peonulus 63). Bodel (2000: 138) notes that the undertakers took their name from the practice of covering the face of the corpse with powder in order to conceal the discolouration of death. After death, the corpse was washed, perfumed, and dressed. Indeed, funerary evidence from this period has revealed fragments of footwear suggesting that the body was clothed. Having been laid out on a funeral couch (lectus funebris), the corpse was taken by procession for incineration (or inhumation) on a litter. A number of these couches have been identified from Italy, France, and Britain, including a possible example from Folly Lane, St Albans (Eckardt 1999: 77; Niblett 1999: 99). Many parts of a funeral rite were public, and in ancient Rome (especially by the wealthy and elite), was important (Patterson 1992: 15). Livy (5.41) noted that senators prepared for death by putting on their finery. Family members, however, covered their hair with ashes, wore darkened mourning clothes, and those who attended the funeral refrained from bathing (Catullus 64.349–51; Virgil Aeneid 10.844, 12.611). On their return, they underwent a cleansing rite as death was seen as a social pollutant.

If it is accepted that cremation rites in south east Britain were similar to those reported by the texts, it could perhaps be proposed that the presence of small personal items from the King Harry Lane and St Pancras cemeteries may have been placed there because they were used by the morticians or the family to create the appearance of the living person for this public event. A carefully crafted presentation of the face would have superimposed wellness on the dead, whether male or female. This would be contrasted with the relatives who deliberately applied ashes to their hair. The small personal items may have once belonged to the deceased person, but as they were used on the body they were polluted, and therefore accompanied the corpse. While the healthy self can be defined, modified, and controlled in life, in death the body is reliant on others (Hope 2000: 125). The funeral provided a ritual social frame that produced
embodied memories for significant others. These others acted as agents in the creation of this memory by transforming the dead, and briefly reconstructing a form of the living healthy person.

Conclusion

In this paper, social and biological theory allows good health to be conceptualised as a transient state of being that is seen and shared with others through perception and performance. Since small items such as tweezers, cosmetic grinders, and ligulae can be seen as assisting in the active creation and manipulation of the body, it is perhaps possible to see these objects as a set of resources that were utilised by other significant agents to produce healthiness in the face of the deceased. These polluted items then formed part of the death rites. Before the burning of the corpse, those present at the funeral would have memories of a face that spoke of life, living, and healthiness.

While this work has focused on the symbolic reconstruction of healthiness, there are different avenues that could advance this field. The work could be considered through the comparison of other locations and geographical areas including the Continent, which may yield more information relating to issues such as gender. Further work in the archaeology of healthiness may be extended to consider different types of evidence such as art or inscriptions. Indeed research into good health could include understandings of different life stages, such as rites of passage, or insights into bodily experience.

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Bibliography

 Ancient Sources
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Modern Sources


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