

ARCHAEOLOGY AND THE MEDIEVAL LIFE-COURSE

REBECCA GOWLAND AND BENNJAMIN PENNY-MASON

ABSTRACT: Historical evidence has provided a rich source of information concerning the structure and experience of the medieval life-course. Archaeology has also contributed to these debates, through the material remains associated with different age groups and the structural remains of houses, but primarily via the wealth of evidence provided by the medieval cemeteries. Human skeletal remains are proving to be a particularly fruitful source of data for understanding the relationship between chronological, biological, and social ages in medieval England. This chapter examines the historical, archaeological, and bioarchaeological evidence for the medieval life-course, from infancy to old age. This range of evidence is integrated and discussed with reference to current theoretical approaches to the life course and age identity within the social sciences.

KEYWORDS: birth, childhood, puberty, adolescence, elderly, marriage, age transition.

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Age in the modern industrialised world has been conceptualised as a chronological phenomenon: the passing of time marked by the embodied processes of growth, maturation, and degeneration. Whilst ageing is often considered to be a universal process, people grow up and grow old within different cultural and physical environments and social scientists have begun to explore the role of age identity as a structuring force in society (Gowland 2006; Sofaer 2006). Within archaeology, however, these debates failed to gain traction until recently: the perception of age as little more than a chronological 'variable' persisted long after other facets of identity, such as ethnicity and gender, had been deconstructed (Sofaer Derevenski 1997). Different cultures invariably divide the life course into a series of stages, each accompanied by social attributes or expectations of behaviour appropriate for that age group. Historical evidence from medieval Britain suggests a number of different ageing schemes, though one of the most common is the six-age system: *infantia* (0–7 years), *pueritia* (7–14 years), *adolescentia* (14–21 years), *iuventus* (21–49 years), *senioris* (50–72 years), and *senectus* (72 years onwards). However, the relevance of these categories for day-to-day social behavior and the extent to which other facets of social identity, such as gender and status, impinge upon the chronology of these age stages is less well understood.

Ethnographic studies of the life course identify some cross-cultural congruence in age categorizations, particularly those that align with biological milestones, such as teething in infancy or the commencement of puberty, but also a high degree of variation, even with respect to social definitions of the beginning and end of life (e.g. Fortes 1984; Gottlieb 2000). In gender archaeology, a separation is usually maintained between sex as a biological construct and gender as a social construct. While this distinction has long been critiqued, it serves a useful discursive purpose for archaeologists (see Sørensen 2000 and Sofaer 2006 for a discussion). Likewise, Ginn and Arber (1995, 2) have distinguished between different 'categories' of age. These include: physiological age (representing the physical ageing of the body), chronological age (corresponding to the amount of time that has passed from the moment of birth), and social age (socially constructed norms concerning appropriate behaviour and attitudes for an age group). Sofaer (2011) also highlights psychological age (how one feels, behaves, and acts) in studies of age identity. These age categories are not discrete or exclusive, however, behavioural norms attributed to a particular age group can have repercussions for biological milestones that are important for social age identity (e.g. learning to walk or menarche) (Gowland 2006).

Early archaeological studies of age as an aspect of social identity tended to focus on children (e.g. Crawford 1999; Lillehammer 1989). More recently, authors have argued that in order to more fully understand period-specific perceptions of a particular age group, these must be fully contextualised within the life-course as a whole (Gilchrist 2000; Gowland 2006). Examples of archaeological studies that have adopted a life-course approach include research by Harlow and Laurence (2002) on the Roman life-course, Gilchrist (2012) on the medieval life-course, Sofaer Derevenski's (1997) study of age identity in Bronze Age Hungary and Gowland's research (2001; 2006; 2007) on age identities in 4th to 6th century England. This chapter will discuss current theories of age and the life-course within archaeology, drawing upon sociological and anthropological studies of ageing. It will then focus on the historical, archaeological, and bioarchaeological evidence for understanding the medieval life-course, from conception to old age.

THE LIFE-COURSE IN ARCHAEOLOGY

The term 'life cycle' has commonly been used in discussions of age, though this term is now generally considered too prescriptive in its construction of life as a series of fixed chronological and biological phases (Hunt 2005). Instead, social scientists prefer a 'life-course' perspective, conceptualising age as a series of 'life pathways' and transitions over the trajectory of life from conception to death (Marshall 1996; Moen 1996, 181). The life-course approach facilitates a deeper exploration of the culturally contingent nature of age identity and the fluidity and inter-sectionality of age with other aspects of identity, such as gender. The life-course experience is also one that is now understood as being embedded within the social and historical matrix of a society and hence can only be interpreted in relation to this context (Hunt 2005). Importantly, it recognises the cumulative nature of individual biographies: in other words, it explicitly considers the way in which identities and experiences in early life may impact upon later stages (Hockey and Draper 2005, 43). This is a departure from the earlier 'life cycle' approach to age, because of the explicit acknowledgement that one's identity and physiology at any moment in time is borne out of earlier phases, which may have divergent effects on individual trajectories (Levy and the

Pavie Team 2005, 4). This approach has been particularly significant for bioarchaeological studies of age identity which have embraced an ‘osteobiographical’ approach to the study of human skeletal remains (Robb 2002). From this perspective, the skeleton is regarded as an (incomplete) archive of social as well as biological life experiences. The tissues of our bodies become saturated by the social and environmental fabric in which we exist and these interactions become fossilised within our bones and teeth (Gowland and Thompson 2013; Robb 2002; Sofaer 2006). In this respect, bioarchaeological studies are particularly informative for studies of age identity in the past; the human skeleton does not simply provide a ‘snapshot’ of a person at the time of death, but has a temporal dimension. For example, isotopic data retrieved from an adult skeleton may provide information relating to a variety of earlier phases of life, from infancy onwards, because different teeth form and bones remodel at different ages and rates (e.g. Beaumont et al. 2013). Likewise, some pathological lesions observed on adult skeletons (e.g. cribra orbitalia and enamel hypoplasia), as well as adult body proportions, reflect childhood stresses and provide a window into these earlier periods of the life-course.

When considering age identity in the past, the cemetery context is a particularly fruitful form of evidence because of the direct link it provides between the physiological body and cultural aspects of burial practice (Gowland and Knüsel 2006). Since the 1990s, the body has been reconceptualised as a mediator of both social and biological processes (Shilling 1993). This represents an important departure from earlier models which viewed the body as a purely biological entity and largely irrelevant for interpretations of cultural practice. Finally, an important aspect to bear in mind when interpreting burial assemblages is that as people get older, not only does their identity alter, but so too does the identity of the person burying them, from parent to spouse to child. Age and gender identity are lived relationally; therefore, the variation in funerary practice accorded throughout various life-course stages could reflect and reproduce the changing relationships of the deceased with age (Gowland 2001; 2006). Individuals are not monadic entities, instead strong interdependencies exist in the life-course trajectories of related individuals (Levy and the Pavie Team 2005, 6). Furthermore, each individual experiences a number of different interlocking roles which lead to marked heterogeneity in age identity. A high status medieval female will therefore experience different biological and social age milestones than her lower status counterparts. Likewise, males and females may experience divergent social age trajectories once gender starts to become a more prominent feature of their personae.

CONCEPTION TO INFANCY

The beginnings of life and the treatment of foetal and infants remains have been a recent focus of interest (e.g. Finlay 2013; Gottlieb 2000; Gowland et al. 2014; Millett and Gowland 2015). The beginning of personhood is culturally ascribed and therefore highly variable (Kaufman and Morgan 2005, 321) and, while often marked by discrete rites of passage (e.g. baptism, or the *dies lustricus* in the Roman world), the acquisition of personhood is often, in actuality, a *process* rather than an event. Hockey and Draper (2005, 54) argued that studies of the life-course have tended to be constrained by the ‘twin gate-posts of birth and death’; thus omitting the significance of life before birth. Yet, as Gilchrist (2012, 1) discusses, medieval concepts of the life-course *did* include a pre-birth identity.

Medieval understandings of conception, pregnancy, and human development remained largely unchanged from those devised millennia earlier in ancient Greece and Rome (MacLehose 2010, 165; Orme 2001, 14). Aristotelian theory espoused that the father provided the 'spirit' and the mother the 'matter' for the embryo, and that foetal nourishment occurred via menstrual blood (Youngs 2006, 44). Galen's writing stated that the embryo was formed from two seeds, one from the mother and one from the father, which then developed from plant to animal form, before finally becoming human (Gilchrist 2012, 21). Once pregnant, the choice of bodily indicators that life had started is likewise culturally contingent (e.g. halted menstruation, 'quickening') (Hockey and Draper 2005). In the earlier stages of pregnancy the developing foetus was considered to exist in a vegetative, animalistic state, without a soul. The foetus then came to be imbued with a soul from 46 days *in utero* for boys and much later at 90 days for girls, who 'lacked the heat and strength to form as quickly' (Orme 2001, 15; Young 2006, 44). However, some medieval writers believed that 'ensoulment' occurred later in gestation, at around 6 months *in utero*. At this point of the pregnancy, the now 'human' foetus acquired a social presence, but the child's soul could only be protected by the rite of baptism, which could not occur until after birth (Gilchrist 2012; Orme 2001). Tainted by the original sin, the soul of an infant who died prior to baptism was believed to live in eternal limbo, with no chance for salvation in the afterlife (Orme 2001; Youngs 2006). The time between ensoulment and baptism was therefore a spiritually precarious one and arguably one of the most tightly defined stages of the medieval life-course. Loss of the infant prior to baptism resulted in their liminal status and exclusion from burial in consecrated ground (Youngs 2010). While the buried remains of these infants may have been spatially marginalised, their loss could have still invoked considerable grief in the immediate family. Murphy presents a variety of archaeological and historical data to highlight the fact that infants buried within *cillíní* in Ireland were nevertheless mourned by their families (Murphy 2011).

The spatial differentiation of infant burials in association with medieval churches is noted by a number of authors, including most recently Craig-Atkins (2014) who synthesised the evidence from sites in medieval Britain. She notes that neonates, including pre-term infants, were often buried close to church walls (within 1.5 metres). These are often referred to as 'eaves-drip' burials and interpreted as a form of posthumous baptism, with the water dripping from the eaves of the church effectively anointing the burial. However, as Craig-Atkins discusses, a number of these burials pre-date the ubiquity of more formalised ideas regarding the baptism of infants and may well have arisen from earlier traditions. The same author also notes that some young adult women, including mother/infant burials, were buried close to church walls. This has parallels with excavations from Roman sites in which infants and possible mothers were also buried close to structures (Millett and Gowland 2015). The desire to maintain the inter-connectivity between mother and infant may have been a motivating force in burial practice.

Historical evidence for medieval perceptions of infancy is biased towards the wealthier members of society (Goldberg 2010, 30; Orme 2001, 86; Youngs 2006, 63). Infants were largely restricted from moving for the first two or three months of life by the custom of swaddling. Swaddling bands were used for practical reasons in terms of restricting movements, but also because infants were considered mouldable and the practice was believed (erroneously) to promote the straight growth of long bones (Finucane 1997, 39;

Hanawalt 1986, 175; Houlbrooke 1986, 132). Mortality rates were high, with a third of children not surviving infancy (the first year) (Orme 2001, 64; Youngs 2006, 34). Lewis and Gowland (2007) analysed the levels of neonatal mortality (death during first month after birth) versus post-neonatal mortality (death between one month to one year of age) from a number of rural and urban sites in medieval England. Post-neonatal mortality provides a strong indication of disease environment and diet, but tends to be lower than neonatal mortality, which is related to factors intrinsic to the mother. However, in medieval urban environments post-neonatal mortality exceeded neonatal mortality, highlighting the poor living conditions endured.

The 'average' family in later medieval England was likely to have consisted of a mother, father, two or three surviving children, with grandparents possibly also living in the same domicile, or nearby (Orme 2001, 55; Schofield 2010, 58). Evidence from coroner's rolls indicates that 80% of infant deaths occurred within the home (Hanawalt 2002). From the ages of 1 to 2 years, as the child began walking, talking, and weaning, they were perceived to have reached a new stage in the life-course (Gilchrist 2012, 206; Lewis 2007, 6). Evidence from analysis of $\delta^{13}\text{C}$ and $\delta^{15}\text{N}$ isotope values from non-adults at Wharram Percy (North Yorkshire) suggests that most children were breast-fed until between one and two years (Richards et al. 2002, 209). The weaning diet consisted of 'pap' (porridge), or bread soaked in water or milk (Orme 2001, 71) and was provided in conjunction with breast-milk from at least 6 months of age. This diet, however, was unlikely to have been adequate for the developmental demands of a growing infant and at Wharram Percy this was reflected in the delayed growth of infants during the weaning and post-weaning period compared to modern values (Mays 2010, 71).

CHILDHOOD

The age of 7 years demarcated a distinct stage of transformation in the medieval life-course towards a more 'rational' and responsible status as the child became more immersed in the adult world (Figure 1) (Hanawalt 1986, 183; Heywood 2001, 11; Houlbrooke 1986, 150; Orme 1995, 86). Seven years of age was also a significant age demarcation in the Roman period and subsequent post-medieval period in terms of child labour and legal accountability, yet it bears no relationship to any obvious biological marker. From 7 years children were encouraged to appear more adult-like and were praised for demonstrating qualities beyond their years (Young 2006, 41). It also marked a shift in gender identity, with the adoption of more strongly gendered clothing, including tunics, doublets, and belts for boys, while girls wore long-fitted gowns, with no headgear (Gilchrist 2012, 81). Medieval vocabulary also becomes gendered from this stage of maturation onwards, with boys described as 'groom', 'knave' and 'lad' and girls as 'lass', 'maid' and 'wench' (Orme 2001, 6).

A large-scale study of bioarchaeological evidence for medieval childhood indicates that those aged 6–11 years exhibited similar levels of disease and trauma to 0–5 year olds, suggesting that although children were developing into adult roles, the majority were likely to have experienced an extended period of childhood roles into puberty (Penny-Mason and Gowland 2014, 185). Evidence from analysis of $\delta^{13}\text{C}$ and $\delta^{15}\text{N}$ isotope values from Wharram Percy revealed that children aged 4–8 years had a distinct diet that continued to mark them out as different from adults (Mays 2010, 95). This suggests that, although they were

progressing away from an infant status and towards adulthood, they were now in a separate social group of their own. Again, there are parallels here with Roman Britain: Powell et al. (2014) identified a specific childhood diet in Roman London that was clearly differentiated from both infant and adult diets in terms of content.

ADOLESCENCE

Puberty marked the physical end of childhood and a cognitive and embodied transition towards an adult identity (MacLehose 2010, 173; Orme 2001, 220; Youngs 2006, 96). The increasing divergence in physical characteristics between the sexes was further reinforced by clothing which was reflective of the ritual, identity, and performativity of adolescence. Young women were allowed to wear their hair loose up until marriage, with young men distinguishing themselves with tight-fitting tunics (Gilchrist 2012, 84). The physical changes of puberty and the adoption of more strongly gendered roles and gestures represented a shift towards a distinct socio-cultural group for adolescents. While older children were perceived to be more 'rational' than their younger counterparts, adolescence was a period of life associated with reckless behaviour, independence, and the development of passion and lust (MacLehose 2010, 173; Youngs 2006, 101).

Recent bioarchaeological studies of socially significant pubertal milestones, including menarche, have contributed significantly to understandings of medieval adolescence. Shapland et al. (2015) examined the skeletal remains of a large sample of young females aged between 14 and 25 years from medieval cemeteries. The onset of menstruation was only observed in medieval females aged 15 years and over (on the basis of osteological criteria), compared with an average of 13 years today. Puberty is strongly affected by socio-environmental conditions, with adverse environmental circumstances such as poor nutrition or high pathogen load leading to delays in growth, pubertal onset, and an extended period of maturation during adolescence and into early adulthood. These skeletal data are supported by the documentary evidence which also indicates that the age of onset of menarche was likely much lower among higher status groups with better nutrition which included more dietary protein. The same study also found evidence of women afflicted with venereal disease from a young age (perhaps indicative of prostitution), as well as high levels of respiratory and infectious diseases.

The period of adolescence in medieval England was a protracted one and for women the transition to adult status may not have occurred until marriage, which for many did not occur until their early 20s. Whilst there is evidence for young betrothals and marriages, it was certainly not a widespread practice, nor one encouraged by the church. Cases are most often recorded for society's elites rather than the struggling masses (Goldberg 2004, 26; Orme 1994, 571).

THE GROWING BODY: WORK, REST, AND PLAY

Play was recognised as important in the development of a child and generally encouraged (Goldberg 2008, 262; Orme 2001, 164; Shahar 1992, 103). Material culture suggests that children's play, then as now, often imitated aspects of adult life (Crawford 2009; Orme 1995; Youngs 2006). Medieval parents considered children under five to be playful and

active, although lacking in both discretion and judgement (Finucane 1997, 10). Despite this, by today's standards medieval parents adopted an attitude of benign neglect towards their offspring, often leaving them unsupervised (Goldberg 2008, 261; Gordon 1991, 163; Ward 2010, 43; Youngs 2006, 54). This is not to imply widespread indifference or even cruelty towards offspring, as inferred by previous histories of medieval childhood (e.g. Ariès 1962; De Mause 1974), simply that they were allowed more freedom from parental constraint. Occasionally, this had fatal consequences; coroners' rolls reveal that 60% of deaths during 3–6 years of age occurred as a consequence of misadventure during play (Hanawalt 2002). 'Play' continued to be a significant part of older children's lives too, but developed into more structured social group sports (Hanawalt 1993, 117), such as wrestling and mock fighting, as well as more adult pursuits such as dice and chess (Orme 2001, 178). For boys, joining the hunt was a particularly important stage in maturation (Gilchrist 2012, 92) and 'playing at war' was also encouraged, with boys as young as 7 years being taught how to shoot a bow and arrow (Orme 1995, 63).

Education could begin at home from a young age and was largely based on Christian principles, together with the customs and etiquette of medieval society (Houlbrooke 1986; Lett 1999; Ward 2010). A child's obedience to its parents was instilled in Christian teaching but only a small fraction of children received a formal education between the ages of 5 to 14 years (Orme 2001; Shahar 1992; Youngs 2006). Some churches and monasteries provided education for the younger children of the local parish (Alexandre-Bidon 1999; Lett 1999). The majority of schooling was restricted to boys, with education for girls in skills such as basic literacy a matter of parental choice (Wilkinson 2010). Peasant children would have received no formal education, and would instead have learned occupational and domestic skills through the observation and shadowing of their parents (Goldberg 2004).

Work was an additional source of potential trauma and health stress for young children and they were inculcated into domestic duties from a relatively early age (Hanawalt 1986). From around 5 years there was a gradual increase in the variety of tasks and household duties that children would be involved in (Youngs 2006). This is reflected in the increasing prevalence and variety of trauma incurred by children, including injuries in contexts away from the domestic setting, such as the father's workplace (Finucane 1997; Hanawalt 1986). Full-time employment for children tended not to begin before around 12–14 years of age and for many this meant boys taking to the fields and girls tending to the household (Alexandre-Bidon 1999; Bolton 1980). Documentary sources indicate however that girls and boys also travelled to nearby urban centres to work in domestic service, as well as a range of other occupational activities. Migration to urban centres was particularly high after the Black Death, when a wider range of occupational activities became available (Gilchrist 2012) and this exposed adolescents to a greater array of morbidity and mortality risks (Roberts 2009; Lewis, in press). Skeletal evidence for migration into towns is inferred from the excess of adolescent and young adult deaths in urban contexts (e.g. London and York) compared to rural settings (e.g. Wharram Percy). A large-scale analysis of skeletons of later medieval children also revealed that, unusually, levels of morbidity in children aged 12–16 were much higher than levels at earlier stages of life, however levels of trauma still did not reach adult levels, highlighting this stage of life as a period of transition (Penny-Mason and Gowland 2014).

Between the 14th and 16th centuries adolescents contributed a third of the work force, a substantial portion of the economy (McKintosh 1988). Although many worked ‘full time’, most did not leave the household immediately, as their new finances would not permit them economic independence (Youngs 2006). The most likely children to leave home at this age were those who were taking up apprenticeships, mostly boys (Orme 2001; Houlbrooke 1986; Wilkinson 2010). Apprenticeships marked a major transition in a child’s life, usually beginning between 12 and 16 years old for boys, although in the 14th century girls could enter domestic service from as young as 10 years of age (Orme 2001, 310; Gilchrist 2012, 145). Twelve years of age marked the first time children became independent and responsible in Common Law. Before that, any legal action taken against a child would be delayed until their maturation, or the responsibility for the action was placed upon the parents (Huscroft 2010; Young 2006). Children around 12–14 years were eligible to inherit property or make a will of personal property and by the 14th century children aged 14–16 years could be obliged to pay to the Poll Tax (Goldberg 2004; Youngs 2006). There is evidence that children could not give evidence in ecclesiastical court until 16 year of age, which was also around the same time they became liable to pay Church dues, becoming a full adult in the eyes of the Church (Garver 2010; Orme 2001).

ADULTHOOD

The status of adulthood was associated with occupational skills, religious learning, and qualities such as self-control, knowledge, and wisdom; characteristics that could be attained at a wide variety of chronological ages (Youngs 2006). There was no medieval ‘age of majority’ and, in the absence of distinct social milestones such as marriage, there was no single point at which an adolescent entered adulthood (Youngs 2010). By the later medieval period the majority of marriages were delayed until their early 20s and this age is congruent with the final maturation of the adolescent male body and female fertility (Goldberg 2010; Shapland et al., 2015). Employment, marriage, pregnancy, establishing a household, and providing for a family all established an adult embodied identity that was reinforced through material culture. Adolescent males were depicted as beardless, but adult males grew beards, while married women covered their hair. The transition to motherhood was also marked by differences in the body and dress during pregnancy (the wearing of stomachers), and on a mother’s ‘churching’ after delivery through the wearing of a white veil (Gilchrist 2012, 96).

Adulthood was strongly gendered. Documentary sources indicating that males ate more meat than females are supported by isotope studies from sites such as medieval York (e.g. Müldner 2009). There were also clear divisions of duties, and palaeopathological evidence from medieval sites shows that females often have different patterns of trauma and health stress when compared to males (Grauer 1991; Sullivan 2005). Female mortality also tends to peak at a younger adult age (25–35 years) than males (35–45 years), although this pattern is common to many periods and places in the past. Younger adult female mortality is often thought to be the result of ‘obstetrical hazard’, although this interpretation tends to be accepted too uncritically and broader archaeological reasons for younger female deaths, perhaps related to diet or activities, should also be considered (Stone and Walrath 2006).

OLD AGE

While medieval skeletal assemblages yield very few individuals beyond the age of 45 years, this picture is known to be influenced by taphonomic and methodological biases in osteological techniques of age estimation (Gowland 2007). Historical and epigraphic sources for the Roman and medieval worlds attest to the fact that people did sometimes reach very old ages. Only a handful of archaeological studies have sought to examine perceptions towards older people in the past (e.g. Appleby 2010; Gowland 2007; 2015). By contrast, historical studies of old age, from the Classical to Early Modern periods, are much more plentiful (e.g. Parkin 2003; Pelling and Smith 1991; Thane 2000). In later medieval England, old age was recognised as a distinct stage of life. Some believed, for example, that the cessation of menstruation could poison an older woman's body, giving way to fornication and crime (Gilchrist 2012) but the transition to 'old age' could also allow women an increased freedom, with many experiencing greater social power (Moore 1994).

Negative attitudes towards the elderly are nothing new. Texts from both the ancient and medieval worlds supply negative descriptions of physiological decline in old age and expressions of repugnance towards the ageing body (Parkin 2003; 2011; Pelling and Smith 1991). There are some links between the ageing body and the disabled and impaired body in medieval England. Both represent an outer expression of inner sin and corruption, whilst concurrently bringing the individual closer to God, because of their proximity to suffering and death. Within a Christian world view, death marks a transition towards another, potentially more desirable, spiritual state of being and, in that context, the end stage of life may have been more greatly valued (Gowland, in press). Overall, archaeological and historical evidence suggests that individuals were cared for in their old age. This includes the sub-division of tofts to accommodate elderly kin and 'retirement' contracts, which record arrangements for older tenants to continue to be housed and fed once they had surrendered their lands (Gilchrist 2012). A number of elderly skeletons have also been recovered from medieval hospital sites. These individuals had suffered debilitating impairments but were nevertheless the recipients of institutionalised care.

CONCLUSIONS

In medieval England, males and females experienced increasingly divergent trajectories from the age of 7 years, while social status profoundly influenced biological milestones such as puberty, leading to a younger age of maturity amongst upper class females. Life for the elderly in the medieval world was likely to have been more favourable when compared to some of the preceding periods, with family obligations and institutional care demonstrated through the archaeological and historical evidence. The influence of catastrophic events such as the Black Death profoundly altered the social fabric of society, including age norms, leading to at least temporary disruptions in family relationships in terms of the death of children and parents, as well as influencing work-related migratory patterns and the age at which occupational activities outside of the home commenced for both boys and girls. While broad age trends can be highlighted, there was a great deal of heterogeneity in experiences of the medieval life-course which arose from social and environmental circumstances. In particular, the integration of bioarchaeological evidence into past biographies is proving a fruitful avenue of enquiry to unravel the medieval life experience, particularly so when it is fully contextualised with archaeological and historical data.

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Figure 1 Defining chronological, biological and social age, in relation to medieval language commonly used to describe those under the age of 21 years old