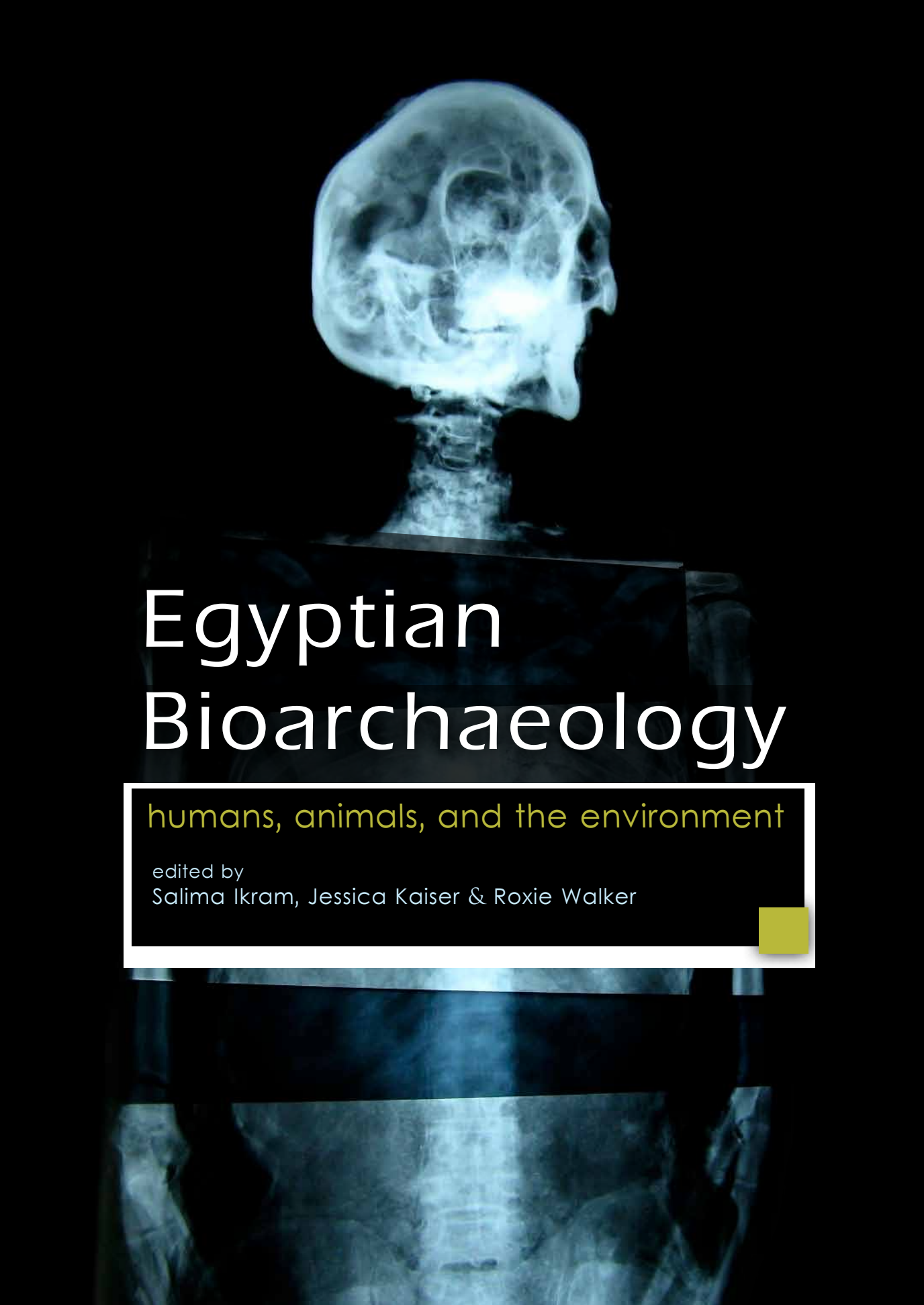

Egyptian Bioarchaeology

humans, animals, and the environment

edited by
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Sonia Zakrzewski

What is Identity? And How Does It Relate to Bioarchaeology?

Bioarchaeology is more than "just" the study of the biological aspects of archaeology. It is more than "just" paleopathology, although this is frequently how the wider community views osteoarchaeology or bioarchaeology (Perry 2007). Bioarchaeology is the study of people who lived in the past, carried out using archaeology, but with a framework situated within, and developed from, biological methods. The key word is "people" as it is the people, or more specifically the individuals themselves, who are too often forgotten, or "lost", in the broader whole.

In contrast to Marty Rubin, the blogger and aphorist, who argues that each person has a story, for bioarchaeologists, each individual has multiple stories. Whether skeletonised or mummified, each body or burial has many stories, told or written in varying degrees of detail. These multiple stories exist as aspects of multiple identities, not only layered one on top of another, but also intercutting and transecting each other. Archaeological studies of identity have frequently comprised analyses of gender (e.g. Walde and Willows 1991; Díaz-Andreu 2005; Sofaer 2006), age (e.g. Moore and Scott 1997; Lucy 2005a; Sofaer 2006), personhood (e.g. Fowler 2004), rank or social status (e.g. Wason 1994; Babić 2005), sexuality (e.g. Schmidt and Voss 2000; Dowson 2008), ethnicity (e.g. Jones 1997; Lucy 2005b; Zakrzewski 2011) and/or disability (e.g. Hubert 2000a; 2000b). Archaeologically, these multiple strands of identity have recently begun to be brought together to form cohesive entities (Meskell 2001). Despite some notable exceptions, such as specific papers in Lucas Powell *et al.* (1991), Grauer and Stuart-Macadam (1998), Steckel and Rose (2002), Gowland and Knüsel (2006) and Knudson and Stojanowski (2009), these multiple aspects of identity have rarely been integrated within bioarchaeology.

This paper will argue that bioarchaeology and funerary archaeology can act as the mechanisms to synthesize these different categories in concert to form overarching identities. Such categories are fluid and dynamic rather than discrete, but are also relational in that their recognition will depend upon personal, individual viewpoints. Even aspects that are frequently considered completely

biological, such as circulating estrogen levels, also have individual, and hence social, variation; for example, a 60+ year-old male may have higher estrogen levels than an equivalently aged (i.e. post-menopausal) female (Greendale *et al.* 1997) despite estrogens being the primary female sex hormones. These biological factors thus need to be integrated into the broader archaeology in order to develop more nuanced interpretations.

At the Ptolemaic-Roman delta cemetery of Quesna, most individuals were interred in simple pit graves excavated directly into the sand (for details, see Rowland 2008; Rowland *et al.* 2010). The orientation of the burials varies, with twenty-one individuals oriented east-west, most with their heads towards the west, and eight buried norht-south, most with their heads to the north. In addition, there are individuals buried within multiple burials, sometimes with several individuals buried in one depositional activity, whereas others are buried in distinct and discrete burial events. Still others are buried in ceramic coffins. This diversity of mortuary treatment hints at differing aspects of identity being recognized and acted upon by the burying (surviving, living) population. It is imperative that this diversity is recognized throughout the archaeology, and that this is articulated in discussions regarding the individuals buried within the cemetery. The following sections use examples to demonstrate how this approach might be taken.

Demography

Within studies of identity, aspects of age and gender are usually considered to be relatively socially oriented. Gender, as distinct from sex, is well studied (e.g. Sweeney 2011), but the social aspects of age, other than those distinguishing childhood (Sofaer Derevenski 1997), are less broadly known (Moore and Scott 1997; Gowland 2006; Sofaer 2006). In studies of age, focus has generally been on improving the accuracy and precision of biological age estimation techniques for skeletal material, rather than on forming a nuanced approach to social aspects of age. Where such a life-course approach has been undertaken, individual biographies rather than distinct and discrete age categories have generally been developed. Of the sample of burials excavated from Quesna, less than half the adults excavated could be assigned into even broad age categories, such as young adult, middle-aged adult or older adult. Most individuals were simply classified as being "adult". But these individuals each had their own distinct life experiences. For example, did any of these individuals experience pain, such as from arthritis? Can we link their biological age, simply "adult", to their funerary contexts so as to gauge their relative social age within the assemblage?

The bioarchaeology of children has developed in Egyptian contexts (e.g. Power 2012; Wheeler 2009; 2012; Wheeler *et al.* 2013), but the link between childhood and children's identities is still not frequently contextualized. At what biological or skeletal age are children socialized into being "people"? Is there a recognized social period of childhood, and can this be identified from the mortuary bioarchaeology? This is a development of the life-course approach, focusing on the process and

experience of childhood rather than seeing absolute ageing as being the endpoint of bioarchaeological studies.

One burial from Quesna is of particular interest with regard to the life-course approach and age. The inhumation recorded as Burial B6 from Grave 1005, the best preserved of all the burials, is that of an old female (Rowland 2008). She was relatively short in stature (approximately 142 cm), edentulous, and experienced both osteoporosis and osteoarthritis. The very fact that she survived so long, despite her lack of teeth and skeletal lesions, suggests that she was a "cared for", and indeed valued, member of the community. She was thus a "person", probably even an "older woman" or "old lady", rather than simply an individual. One might also argue that she "lived" rather than simply "survived".

Ethnicity

Social identity clearly includes aspects of ethnicity. Recognizing ethnicity requires the identification of biological affinities and, although ethnicity clearly cannot be mapped directly onto population affinity from such concepts of affinity and affiliation, ethnic groupings may be hypothesized. This view of ethnicity is distinct from "race" or variation in skin colouration. Ethnicity is fluid and dynamic, whereas the traditional view of "race" has been of fixed and discrete entities. Race is thus a modern social construct. Within the folk concept of race, the traits usually used to distinguish races depend upon external and observable features such as skin colour, leading to a dichotomous concept of race, usually focusing on Black and White (Shanklin 1999). Some archaeological studies simply equate race with ethnicity and reify perceived artefact associations, thereby investing the artefacts with a static ethnicity (or race) (Orser 1999).[1]

Early biodistance studies of ancient Egyptians concentrated on the shape of certain anatomical complexes. These complexes, defined by extreme variants as geographic groups, were situated within an anthropological research milieu of fixed "racial types" and entities. For example, Randall-MacIver (1901) and Thomson and Randall-MacIver (1905) used six morphological observations, and concluded that southern Predynastic Egyptians were a hybrid population, consisting of "Negroid" and "non-Negroid" (or "Semitic") elements. They argued that the morphological patterning supported a hypothesis of the juxtaposition of two groups, which they then considered as "racial types". Mid-20th century studies, e.g. such as those of Batrawi (1945; 1946); Fawcett and Lee (1902); Giuffrida-Ruggeri (1915); Morant 1925; 1935; 1937); Risdon (1939); Stoessiger (1927), were primarily metric, but employed some of the same concepts of fixed "types". More recent researchers have employed both metric and non-metric variation to determine patterning resulting from migration and mobility (e.g. Hillson 1978; Keita 1990; Rösing 1990; 1992; Irish 1998; 2000; Zakrzewski 2001; Keita 2004; 2005; Irish 2006; Keita 2006; Zakrzewski 2007a; Keita and Boyce 2008; Irish and Friedman 2010; Zakrzewski and Powell 2011). These studies, more micro-

1 For a biological discussion of the existence or not of biological races, see Cartmill (1998).

evolutionary in framework, acknowledge aspects of fluidity in morphology, and include the archaeological or Egyptological context for interpreting the meaning of the analyses. Such approaches have been developed by Buzon (2006; 2008) and Zakrzewski (2001), using bioarchaeological methods to integrate burial patterning with skeletal morphology.

As noted earlier, ethnicity is very distinct from the popular folk-concept of 'race' with its focus on skin coloration. Ethnicity should rather be viewed as an aspect of social organisation that involves the active maintenance of cultural boundaries through social interaction. Ethnicity is a part of social processes, similar to subsistence, religion, economy, politics, etc (Trigger 1989; Jones 1997; Riggs and Baines 2012), but may be underpinned by some biological patterning. Ethnic groupings have started to be defined as groups that self-consciously unite around particular traditions. Such definitions contrast with the primordial notion of ethnicity, whereby ethnic group membership is given at birth on the basis of blood or kin. As a result, ethnicity exists within the fluid situational nature of group boundaries, with individual identification occurring within a self-defining system (Jones 1997: 64). In this sense,

> *"ethnic groups are culturally ascribed identity groups, which are based on the expression of a real or assumed shared culture and common descent"* (Jones 1997: 84).

This could be considered (as) a relational and malleable approach to the definition of ethnicity, whereby ethnicity intrinsically involves a consciousness of difference. It is this latter understanding of ethnicity that is exemplified at the New Kingdom tombs by the patterning in grave goods, funerary architecture and burial practice (Buzon 2006; 2008). Similarly, from the First Intermediate Period onwards, evidence from steles suggests that Gebelein had a colony of Nubian mercenaries (Zakrzewski 2001). For example, some steles, such as Boston MFA 03.1848 (which specifically calls the individual depicted "Nehesy", the ancient Egyptian name for Nubians (Kendall 1997)) and Leiden F 1938/1.6, suggest that Nubian mercenaries had married Egyptian women (Fischer, 1961). These steles from Gebelein indicate that Nubians lived with, and were buried near the Egyptian community they served, and although they were buried in an Egyptian manner, they were still depicted as Nubian, thus retaining their ethnic identity.

Stature

Body size and shape are important components of identity; the modern fascination with "being thin" and the body beautiful is simply an expression of this impact on modern constructions of identity. How tall were the ancient Egyptians? Can adult height be used as a proxy for social ranking in ancient Egypt? We know that the Egyptians themselves recognized differences in body size and shape between both individuals and groups. Indeed, there were three distinct Egyptian words for abnormally short people, including different types of dwarfs (*dng*, *nmw*, and *ḥwʿ*) (Dasen 1993). Given that completed adult height can be used as a proxy

for disease load, an adult who underwent several periods of prolonged stress in childhood tends to be shorter and smaller than someone who did not. Adult stature is therefore at least a rough indicator of childhood health status.

Adult heights were computed for the skeletally mature individuals recovered from the Quesna cemetery, following Raxter *et al.* (2008). Statistically significant sexual dimorphism was found between the males and females in the sample, with males being on average almost 10% taller than females. This contrasts with the ancient Egyptian norm of men being approximately 6.2% taller than women (Zakrzewski 2003; 2007b). In addition, greater variability was found for computed female statures than for males. Stature and body size, and the sexual dimorphism expressed within them, are important as not only are they effects of childhood health, but are also linked to aspects of gender relations and interactions with social hierarchy and social ranking.

Despite the criticism their methods have attracted (see Gray and Wolfe 1980; Gaulin and Boster, 1985; 1992; Holden and Mace 1999), Alexander *et al.* (1979) reported a significant association between polygyny and sexual dimorphism in stature. Similarly, Kanazawa and Novak (2005) hypothesized that polygyny may increase sexual dimorphism by decreasing female height, since females with earlier menarche tend to be shorter in modern polygynous societies. In addition, natural selection might also constrain minimum female body size so as to maintain reproductive capacity (Stini, 1975; Guégan *et al.* 2000); hence where fertility is high, sexual dimorphism may be low (Guégan *et al.* 2000). Given that growth is highly sensitive to "biocultural factors" such as social, nutritional, economic and health conditions (Eveleth and Tanner 1990; Steckel 1995; Bogin 1999; Steckel 2009), these factors may lead to sexual dimorphism if males and females are differentially affected. Furthermore, males may have been more sensitive than females to these growth stressors (e.g. Hiernaux and Boedhi Hartono 1980; Eveleth and Tanner 1990; Ortner 1998; Jantz and Jantz 1999; Zakrzewski 2003; 2007; Steckel 2009), implying that populations under environmental stress may exhibit lower sexual dimorphism. However, recent research has suggested that these patterns of sex-specific environmental sensitivity may be confounded by cultural behaviours (e.g. Silventoinen *et al.* 2001; Leonard *et al.* 2002; Dangour *et al.* 2003). Finally, differential investment and treatment along gender lines may also lead to sex differences in growth and hence sexual dimorphism, but again the evidence supporting such hypotheses is variable (Holden and Mace 1999).

The arguments presented above suggest that the high level of sexual dimorphism in the Quesna skeletal assemblage may have underlying and potentially interlinking causes. These may affect the social structure and organisation of the local population, and as such should be considered in discussions of the site and the living people. The Quesna population may have treated boys and girls differently or there may have had some polygynous nature to their social organisation.

(Dis)Ability and Paleopathology

Paleopathology and the assessment of disability are what are commonly assumed to be the primary purposes of skeletal studies. Paleopathology is relatively easy to understand, being the study of diseases and their processes in the past, but disability is rather harder to define. Disability is an umbrella term, covering impairment, activity limitation, and restrictions on participation (World Health Organisation [WHO], no date), (and) so disability or disabilities may appear sporadically, and sometimes chronically, throughout a person's lifetime.

Disability is constructed in terms of medical reductionism within the medical community but as a social phenomenon by social scientists (Thomas 2007). Adopting this latter approach, Oliver (1983) argued that disability is not caused by impairment, but rather from social restrictions placed upon individuals with bodily impairment. This social deviance focus comprises aspects of both the impaired body and the lived experience. Following this argument, disability is simply a form of limited activity; hence a disabled person is one who has some condition that prevents him/her from carrying out the full "normal" range of activities associated with a given age (Thomas 2007). Disability is therefore an age-related and universal phenomenon, with an emphasis on living with "illness". In addition, focus is placed on the changed circumstances of significant others within the local society. Disability is also considered a state of social liminality, whereby the individual is excluded from ordinary life and is therefore denied the full expression of "being human" (Murphy 1990). This construction of disability is built on both human perception and "being" as embodied phenomena, with meaning residing in the body and the body itself residing in the world (Merleau-Ponty 1962). Consequently, there is a fluid boundary between disabled and able-bodied, and identity, especially self-identity and ascribed identity, has paramount significance. Furthermore, the perceived impaired body may also be socially constructed. Following this approach, the embodied "difference" may comprise the so-called "impairment" with the external reaction to the impairment being the so-called "disability" (Tremain 2002). This socially constructed view of disability permits being "disabled" to be viewed as simply a point upon a continuum of ability rather than as a binary opposition to able-bodied. Bioarchaeology interacts both with all the above approaches to disability, and also their impact on understanding the interplay of the multiple identities upon the person.

The broad nature of some of the WHO terms, such as "restriction on participation", means that disability is a complex series of phenomena that reflect the interaction between the person and the local society (Zakrzewski in press). During certain periods of life a person may experience temporary restrictions on activities, for example, as a result of pregnancy impinging on mobility through symphysis pubis dysfunction. Following childbirth, the woman is likely to return to full mobility and therefore no longer has this form of disability, but may have some limitations on activity resulting from lactation or the care of a young infant. Similarly, following a severe injury causing long bone fracture, the limb requires stabilisation and hence a reduction in mobility. As a result, the activity patterning and use of that person's limb changes. This affects the entire community

surrounding and supporting that person. The way in which the society treats such changes in activity patterning are thus of importance for understanding the nature of the relationship between society and disability. It is for this reason that we should, perhaps, think in terms of a continuum of ability, with individuals moving backwards and forwards along it at differing life stages. As a result, any person may become disabled at some point in their life, and yet disabled people and disability have often been overlooked archaeologically or considered "hidden from view" (see Waldron 2000). These disabilities may be permanent or temporary, and may contribute to social exclusion and/or the concept of "difference" (Zakrzewski in press). Indeed, although Egypt seems to have been relatively accepting towards individuals considered (as) "different" or "other" (Jeffreys and Tait 2000),

> *"What is perceived as a 'disability' or as 'madness' in one society, in another may be considered as just one attribute among many which make up an individual, or may not be perceived as part of the individual at all"* (Waldron 2000: 7).

Unlike in Roman or Greek art, disabilities are relatively well represented in Egyptian art, with achondroplasia probably the most common. Considering dwarfing to be a disability is potentially an oxymoron, as neither dwarfism nor small stature need lead to any reduction in ability to undertake activities (Zakrzewski in press). As noted earlier, it is clear, however, that Egyptians did recognise dwarfing and abnormally short stature, as there were three distinct Egyptian words for such people, and the use of these words would usually be accompanied by a determinative depicting a disproportionate dwarf (Dasen 1993). It is therefore clear that individuals of abnormally short stature were considered different from "normal" people (for detail see Weeks 1970; Iversen 1975; Dasen 1993; Robins 1994), and some of these people were of high social ranking. For example, the 4th Dynasty dwarf Perniankhu, buried in the western cemetery at Giza (Wilkinson 2007), is depicted with symbols of authority such as a sceptre and a long staff (Hawass 1991; Wilkinson 2007). Indeed, dwarfing may have been valued as some form of divine marking (Dasen 1993), such as association with solar deities and use in cult dances (Baines 1992). Dwarves thus appear to have been viewed positively within Egyptian society (Sullivan 2001), and potentially able-bodied, although "other".

Although Egyptian artistic representation focused on the body as an entity, with each portion having its idealised or typical form (Robins 1994), and individual and personal traits potentially being downplayed or avoided (Iversen 1975), there are depictions that may represent some form of "disability" or disease process. Examples include the gardener from the tomb of Ipuy at Beni Hasan (Metropolitan Museum of Art, New York 30.4.115) and Roma's withered right leg on his New Kingdom funerary stela (Ny Carlsberg Glyptotek, Copenhagen AIN 134). The deformities illustrated by the first example are usually thought to be a representation of kyphosis resulting from Pott's disease (Reeves 1992; Filer 1995; Halioua and Ziskind 2005; Ziskind and Halioua 2007), although other putative causes have been suggested (Nunn 1996). Both congenital deformity (talipes equinus) and poliomyelitis have been suggested for Roma (Filer 1995; Nunn 1996; Halioua and

Ziskind 2005). The latter stela is of particular importance, since Roma is shown using his staff as a crutch rather than as a symbol of status and rank (Jeffreys and Tait 2000). However, in most artistic representations, physical impairments are only shown for relatively minor individuals (Dasen 1993), implying that either the physical manifestations were not considered to be part of the primary individual's persona or that only the body beautiful should be depicted.

There are aspects of disablement that can be identified from the artistic record that may not be recognised archaeologically, such as impairments to hearing or sight. Although some blindness may originate in features that leave a skeletal marker, such as blindness as a result of tumour or trauma to the optic area, most blindness is not recognisable from the bioarchaeological record. However, examples such as the potentially blind harpist from the New Kingdom tomb of Nakht at Thebes or Raia, the Ramesside chief of singers from the temple of Ptah at Memphis (Wilkinson 2007) indicate that blindness was considered of note, and it may even potentially have represented piety (Dasen 1993). Since Raia was depicted blind when playing music for his patron deities, but sighted or at least with his eyes open in other representations (*Ibidem*) suggests a duality to his social persona.[2] Given this expression of multiple identities and the frequent association of dwarfs with both malformed and/or "exotic" peoples, people with "handicaps" or "disability" may have been considered to be liminal (*Ibidem*). This argument also supports the hypothesis that multiple identities were recognised by the ancient Egyptians, and that specific aspects of identity were voiced within the material culture.

Ageing, Congenitalness and "Disability"

Advancing age frequently leads to a reduction in mobility and movement, commonly associated with the onset of arthritis and arthritis-like disorders. Without modern medicine, such reductions in mobility are likely to have been even more common and potentially more painful than are currently experienced. This would imply greater visibility within Egyptian society of individuals with reduced mobility as a result of the ageing process. This might also lead to a different understanding of disability and a potentially wider recognition of age-related reductions in mobility and ability. Overall, such a view would treat the elderly as simply being located differently on, or moving along, the continuum of ability. Following Tremain (2002), this idea may be developed so that importance is placed on considering whether the individual was in pain. This approach to disability mirrors that taken by social scientists in viewing (dis)ability as simply being one aspect of the life-course and one aspect of an individual's identity. It is clear from Egyptian texts, such as the "Instruction of Amenemope" (which includes commands such as "Do

2 There is also the idea that these performers merely had their eyes shut and were not, as a rule, blind. Indeed, in Egypt and many other countries even today musical performers shut their eyes to better hear the music. It might, in some case, be an iconographic topos (eds.).

not laugh at a blind man, Nor tease a dwarf, Nor cause hardship for the lame."), that tolerance towards people with disabilities was recommended. This has been described as

> *"a more generous attitude towards some disabilities"* (Quarmby 2011: 25).

However, questions remain in terms of which disabled people, or "others", were deemed respectable and/or viewed as "Egyptian people". It is possible that those physical changes associated with the "normal" ageing process were considered valid and permitted individuals to retain their identities, whereas those that were congenital, such as dwarfing, might have led to the social demarcation of the person as "other" or "different", but still very definitely Egyptian.

Two burials from Quesna are of particular note in this regard: burials B21 and B26. Despite their differing funerary contexts, these two individuals share certain similarities and both were clearly considered to be of some importance in the local community.

B26 was the uppermost extended supine burial in a mud-brick burial structure with five other inhumations (Rowland 2008). It was found missing its skull, potentially as a result of grave robbing. This person was very tall, with unfused epiphyses (such as both humeral heads, distal radial epiphyses). The only fused bones were the neural arches of the vertebrae and the innominates; all sacral bodies, heads of ribs, spinous processes and endplates of vertebrae were unfused. Based on the morphology of the pubic symphysis, using the Suchey-Brooks method (Brooks and Suchey 1990), the individual was estimated to have been 15-24 years old at death. However, it possesses numerous epiphyses, which should, by this age, either have fused or have started to fuse together. Given the length and relative robustness of the long bones, the individual was assumed to be male. Based on this assumption, stature was estimated to be approximately 1.7 m (following Raxter *et al.* 2008). Two objects were found in the grave fill, a Ptolemaic pot sherd and a sherd incised with a wedjat eye (Rowland 2008).

B21 was found in grave 1019, a single inhumation in a simple pit grave, cut directly into the sand. Unlike most other burials from Quesna, the extended supine skeleton of a subadult of indeterminate sex was oriented north-south (Rowland 2008). The body was missing most of the skull, and the part that was recovered was badly damaged, probably as a result of grave robbing activity. In contrast to B26, where the arms were found crossed right over left, the arms of B21 were placed alongside the body. However, like B26, this individual had completely unfused epiphyses. Based upon pubis symphysis morphology, age was estimated as 15-24 years (Brooks and Suchey 1990). The dental wear and development was also assessed as approximately similar (Brothwell 1981; AlQahtani *et al.* 2010). Like B26, the individual had many epiphyses, such as the heads of the metacarpals, metatarsals and the proximal phalanges, that should, by this age, have either fused or have been in the process of fusing. The long bones were also relatively long, leading to a stature estimate of almost 1.6 m if female and almost 1.65 m if male (following Raxter *et al.* 2008). This person was found in association with a variety of grave goods, including a Hathor plaque, a winged bird collar, a large scarab,

several small scarabs, a Djed pillar and a variety of other amulets, plaques and pieces of cartonnage (Rowland 2008).

Both burials were of unusually tall subadults. Both were of individuals who were still growing at time of death, for which there may have been a number of different causes, but the differential diagnosis is not of import to the argument here. What is noteworthy is that each of these individuals was afforded a non-normal burial, but one that suggests that the person was considered important and a valid "person" to the community. It follows that the local population recognised these two people as being "different" in some way, but that this was simply one part of their multiple identities. This implication thus links to emic constructions of "otherness" (Hubert 2000) and constructions of identity as recognized bioarchaeologically (Perry 2007; Knudson and Stojanowski 2008).

Multiple Masks, Multiple Faces, Multiple Stories, Multiple Identities

This paper has attempted to demonstrate how bioarchaeology can act as more than simply a catalogue of burials and of paleopathology. Many bioarchaeological studies, when they have considered identity, have primarily been single-issue studies (Meskell 2001), usually focusing on aspects of health or disease. Bioarchaeology should consider how the skeletal or mummified evidence for disease or trauma, or population affinity etc., may actually have an impact on both the individual person and on his/her peers. Thus bioarchaeology should interact with more traditional aspects of archaeology and Egyptology. Hawkes' (1954) ladder of inference, better described by Gamble (2007: 89-90) as an "onion of inference", can be employed as an analogy. Each layer of understanding of the person is a mask (or a burial wrapping) that must be removed to lead to the inferences underneath.

I have argued that, as already espoused in some Egyptian projects such as Amarna, Dakhleh Oasis or Abydos, bioarchaeology can be more than is often recognized externally; it involves unwrapping several layers of interpretation. After standard initial studies of burial archaeology and archeothanatology, age, sex, paleopathology etc., one might hope to explore evaluations of emic understandings of social personhood, health, disease and dis/ability etc. This involves recognising the multiple aspects of identity that are bound together in constructions of self and other. A suitable mechanism by which to proceed might be to develop multiple osteobiographies, and use these in association with more traditional population- or sample-based approaches. For each person there is an individual biography, and hence a parallel osteobiography. Each of these will reflect, to differing extents, aspects of the individual's identities. Each person thus has multiple stories behind an external mask and imprinted upon the body, which reflect these multiple and interlinking facets to the personal and social identity of the individual.

Best practice, I would argue, is thus to synthesize osteobiography with population- or sample-based approaches. This involves taking best practice from studies of the individual (e.g. see papers in Stodder and Palkovich 2012) to develop and compare differences between individuals. Wheeler *et al.* (2013), in their study of potential

child abuse at Dakhleh, have demonstrated the importance of detailed study of the individual, and have placed burial 519 into both a wider Egyptian and a wider Roman context. Robb (2002) provides one of the first excellent demonstrations of the potential for osteobiography as an aid to understanding the individual, time and the past, and Boutin (2011) demonstrates its potential as a means to understand personhood. In Egyptian contexts, however, we have the additional benefit of the excellent artistic representational record, the potential to undertake archeothanatology (Duday 2009), and so I would argue that we should attempt to synthesize this, where possible, with our multiple osteobiographies to develop emic understandings. Social conceptions and understandings can be recognised within Egyptian art (Robins 1994; Riggs 2010; Riggs and Baines 2012). It is these multiplicities of differentiation that permit the diversity within osteobiography to be contextualized. Thus Egyptian bioarchaeology has the potential to integrate and critique the differing aspects of identity through osteobiographies of both specific individuals and larger samples such as cemeteries. Egyptian bioarchaeology can therefore study and provide many faces, deliver and illuminate many stories and thereby uncover multiple identities.