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Makers Statement

This project began from a simple problem in the Oseberg material: the burial is so famous for the ship, wagon, carvings, and grave goods that it is easy to lose sight of the skeletons themselves. I wanted to make that focus on what they can tell us in a way that stayed archaeological rather than theatrical. Because the only available teaching skeleton I could access was male, not female, I did not try to alter sexed anatomy. Instead, I used it as a neutral armature on which to reconstruct some of the specific pathologies discussed in the readings, especially Per Holck's osteological study of the Oseberg skeletons and the more recent work that treats the burial as a serious monument of power rather than a curiosity (Holck 2006; Pedersen 2024).

The first major choice I had to make was what not to do. The sources do not support a sensational reconstruction, and I did not want the project to become "damage for effect." I therefore limited myself to conditions that were both discussed in the readings and physically representable on a workshop skeleton: C2-C3 fusion, degenerative damage in the cervical and spinal joints, severe deformation of the lower back centered on L5, worn teeth, and an overall stooped or impaired posture. I left out more speculative or less visibly reconstructable conditions, and I avoided adding violent trauma because that would have imposed a story the evidence does not support. That decision mattered to me because it forced the project to stay interpretive and disciplined rather than decorative.

The clearest pathology to recreate was the C2-C3 fusion. Holck describes the second and third cervical vertebrae of the older woman as fused on the left side, which made this one of the few conditions that could be translated fairly directly into a physical intervention (Holck 199). I recreated that by physically bridging the two vertebrae with hot glue (brown for demonstration) and then shaping the fusion so it looked like pathological bone growth rather than two parts simply stuck together. Doing that taught me immediately that even the most straightforward reconstruction involves judgment, as I had to decide how much fusion was enough to make the condition visible without turning the neck into a rigid block.

The lower back required more interpretation. Holck describes the fifth lumbar vertebra as wedge-shaped because of an intravital compression fracture and also emphasizes severe deformation from inflammation and wear (Holck 200). I had

already completed the L5 compression, but in the later stages I had to push that area beyond one neat fracture and make it look like a chronically damaged region. That meant reshaping the vertebra using a dremel at the B.D.W. and the surrounding lower back so the distortion seemed cumulative and lived-in. I achieved the collapse of the vertebral body with a hack-saw and dremel, creating the sort of frontal compression that occurs from a stooped forward posture over time.

I also added degenerative damage in the cervical and spinal joints and wore down the teeth a la metal toothpick. The joint work came from Holck's discussion of inflammatory disease, defects in the vertebrae, and osteophytes, all of which suggested that the spine should not look normal except for two isolated lesions (Holck 199). The teeth were a smaller but important decision. Holck mentions that the teeth of both skeletons show the use of "toothpicks rather frequently, leaving traces of wear between all the remaining teeth…parallel traces in the enamel and dentine give reason to believe that the pick must have been made of metal" (Holck 200). Using the dremel with a narrow attachment, I did such a wearing on the molars and first premolar of one side of the skeleton. I only did one side for comparative purposes, as the difference can be seen by opening the jaw and inspecting the teeth. One of the more practical lessons of the project I learned is that achieving similar pathologies requires similar "simulatory" actions: I achieved the worn teeth by doing 30 years of wearing down in 30 minutes with essentially the same movements but accelerated.

The final and probably most important decision was posture. A standing teaching skeleton defaults to a symmetrical, healthy pose, yet the pathologies (particularly the L5) indicated a slouch. By shifting the final stance into a stooped and slightly impaired posture and straightening the neck in addition, I created the skeleton as it would have been when Åsa(?) died as an old woman. This was also where I learned the most from the project as a whole. The reconstruction made clear that the Oseberg burial was not just the resting place of an abstract "elite woman," but of an elderly and physically compromised person who was still buried with extraordinary wealth and pomp. That does not solve the problem of identity, and it does not prove that the older woman was Åsa of later tradition, but it does force a more concrete historical conclusion: status cannot erase bodily frailty, and the body itself impacts how we understand elderly power, care, and commemoration in the Viking world.

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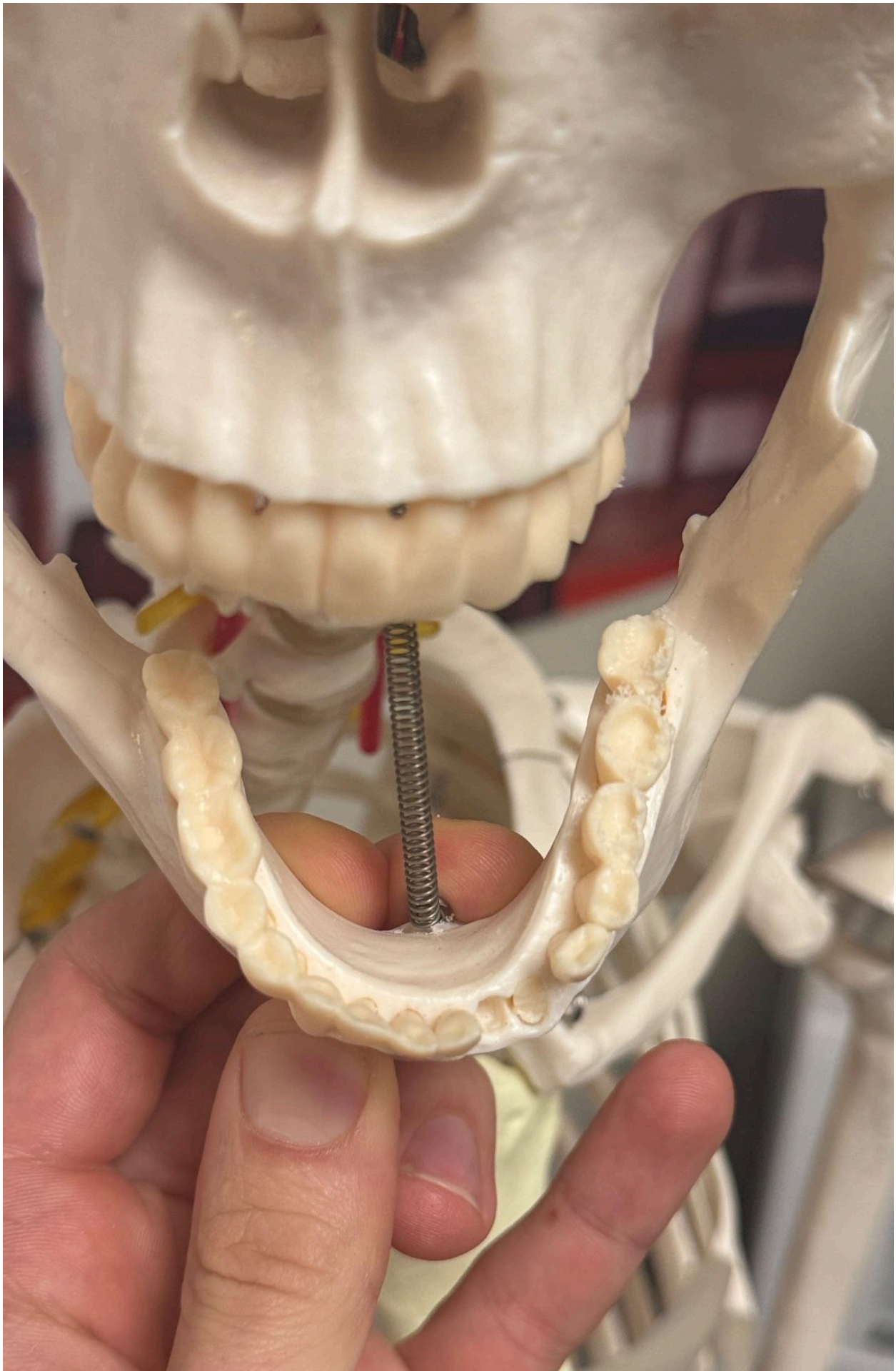


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