

# **DISABILITY IN AFRICA: RELIGIOUS, ETHICAL & HEALING RESPONSES, to and by People with Disabilities, Deafness, or Mental Debility: a bibliography through four millennia, with introduction and partial annotation.**

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## **ABSTRACT**

This work introduces and partly annotates more than **1200** items indicating **religious, ethical, healing and spiritual responses** toward or by people with **disabilities**, deafness, or mental disorder or debility. Materials are found in the social, legal, medical, educational, literary, ethical, psychological, religious and anthropological histories, cultural heritage and current lives and practices in **most countries of Africa**, from antiquity to the 2010s. They are mainly in English (80%), with French (15%), some Arabic, German, and Dutch (with Afrikaans and Flemish), and a sprinkling of Ashanti, Coptic, Greek, Hausa, Latin, Norwegian, Portuguese, Russian, Setswana, Spanish, Swahili, Xhosa, Yoruba, Zulu... The Introduction shows that **this is more than a dry record of textual materials**. Responses have been made to and by disabled and vulnerable people, in both traditional and modern ways, across the vast wealth of African history and culture. Among the authors, more than a hundred voices of disabled people are identified and heard.

--- Here is a tool with which to map and grasp the dimensions and diversity. **The richness of compassionate and innovative human behaviour in many of the world's economically weaker countries can become a surrogate indicator of global progress toward peace-building and more humane resource distribution.** This should be shared with the rest of humanity in the 21st century. Massive problems confront us all: war, injustice, disinformation and political turbulence, resettlement of refugees, battles for water and resources amidst climate change and resurgence of disease. These threats and disasters are unlikely to be solved unless there is an increase in wisdom and mutual respect among all the major civilisations. It requires a recognition that **the poorest and apparently weakest nations and peoples have valuable, documented experience, and may offer wisdom, to contribute toward peace-building and the common good.**

# RÉSUMÉ

Ce travail introduit et annote en partie plus de 1200 éléments indiquant des réponses curatives, spirituelles et religieuses et éthiques envers ou par des personnes handicapées, des personnes ayant de surdit  ou de troubles mentaux ou d bilit . Le mat riel se retrouve dans les histoires sociales, juridiques, m dicales,  ducatives, litt raires,  thiques et anthropologiques, psychologiques et religieuses, dans le patrimoine culturel et les vies et pratiques actuelles dans la plupart des pays d'Afrique, depuis l'Antiquit  jusqu'aux ann es 2010. C'est principalement en anglais (80%), en fran ais (15%), en arabe, en allemand et en hollandais (avec afrikaans et flamand), et un peu d'ashantie, copte, haoussa, latin, norv gien, portugais, russe, setswana, l'espagnol, le swahili, le xhosa, le yoruba, le zoulou... L'introduction indique qu'il s'agit de plus qu'un registre   sec de mat riaux textuels. Des r ponses ont  t  apport es aux et par les personnes handicap es et vuln rables,   la fois de mani re traditionnelle et moderne,   travers la vaste richesse de l'histoire et de la culture africaines. Parmi les auteurs, plus d'une centaine de voix de personnes handicap es sont identifi es et entendues.

--- Voici un outil pour recenser et saisir les dimensions et la diversit . La richesse du comportement humain compatissant et innovateur dans de nombreux pays  conomiquement les plus faibles du monde peut devenir un indicateur substitut des progr s mondiaux vers la consolidation de la paix et de la distribution plus humaine des ressources. Cela devrait  tre partag  avec le reste de l'humanit  au 21 me si cle. Des probl mes immenses nous affrontent tous: la guerre, l'injustice, la d sinformation et la turbulence politique, la r installation des r fugi s, les batailles pour l'eau et pour les ressources dans le contexte du changement climatique et la r surgence de la maladie. Ces menaces et ces d sastres seront difficilement r solus   moins qu'il n'y ait une augmentation de la sagesse et du respect mutuels entre toutes les grandes civilisations. Cela n cessite de reconna tre que les nations et les peuples les plus pauvres et apparemment les plus faibles ont une exp rience pr cieuse et document e et peuvent offrir la sagesse pour contribuer   la consolidation de la paix et au bien commun.

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## KEYWORDS

**Religious and healing terms and people:** ancestor, blessing, breath, breathing, dream, suffering, compassion, charity, caring response, love, loving kindness, humility, joy, peace, energy, evil, heaven, hell, ignorance, impermanence, quietness, stillness, sin, soul, spirit, spirituality, transcendent, self, delusion, grasping, refuge, dream interpreter, diviner, priest,

nun, sangoma, isangoma, izangoma, exorcism, faith healer, sorcerer, witch, witchdoctor, orphan, widow, boloi, mopakwane, zar, abiku, afrit, djinn, ghul, ghou, goblin, jinn, junun, shaitan, tokoloshe, alms, beggar, bonesetter, fumigation, marabout, massage, mystic, splint, steam bath, sufi, heal, healing, health, rehabilitation, touch, cautery, cupping, curatif, guérir, guérisseur traditionnel, paix, advocacy, empathy, inclusion, habilitation, indigenous healing, humane, humanism, humanitarian, humanity, personhood, play therapy, sympathy, social responsibility, lakkal, nzelu, wholeness, holistic, heal, psycho-therapy, therapie, therapeutische, therapeutic space, trance, art, music, song, deaf space, mindfulness, meditation, minister, reconciliation, abantu, bantu, muntu, ubuntu, umuntu, obunto, botho, ubumwe, community spirit, communal responsibility, fellowship, koinonia, ujamaa, nyayo, inter-being, welfare, Islam, Muslim, Sunni, Shia, Koran, Qur'an, hadiz, hadith, Jewish, Jews, Judaism, Torah, Mishnah, Talmud, yeshiva, Christian, Catholic, Protestant, Bible, New Testament, Old Testament, gospel, Hindu, Buddhist, church, mosque, temple, prayer, intercession, supplication...

**Disability- and vulnerability- related terms:** {mainly English, some French and German, from several centuries, nouns and adjectives.} disabled, disability, handicap, handicapé, behindert, behinderung, cripp, deaf, dumb, sourd, stumm, taub, mad, crazy, retarded, fou, folle, arriéré, blessure, débile mental, verrückt, geistig zurück, autism, autistic, autiste, autistisch, abnormal, abortion, affliction, albino, amputee, amputated, barren, birth defect, bewildered, blemish, blind, castrate, challenged, club foot, cognitive impairment, cretinism, cripple, crooked, cross-eyed, damage, decrepit, defective, deformed, deformity, dementia, dependent, depression, deviant, disorder, dwarf, dyslexia, epilepsie, epileptic, eunuch, female circumcision, fracture, fragility, frail, gnome, goitre, half-wit, healing, health, hearing impaired, hobble, humpback, humq, hunchback, hydrocephalic, incapacity, infertile, injure, injury, iodine deficient, idiot, imbecile, infirm, insane, majdhub, majnun, ma'tuh, lame, leper, lepra, leprosy, limp, lisp, mad, maimed, malformed, marginal, mendicant, mental debility, mental disorder, misshapen, monster, monstrosity, mutilation, one-eyed, neuroses, paralysis, paralyzed, physical impairment, poor, possessed, poverty, psychoses, rape, schizophrenia, senile, sexual abuse, HIV, AIDS, SIDA, simpleton, shaitan, spina bifida, stammer, stupid, stutter, ugly, violent, violated, visually impaired, wounded, aged, drug dependency, substance abuse, contempt, curse, elderly, orphan, vulnerable, cure, heal, healing, health, relieve, amputé, aveugle, balbutie, bègue, boiteux, borgne, borné, bossu, débile, dénué d'esprit, dépourvu d'esprit, déséquilibré, élephantiasis, estropié, étroit d'esprit, faible, fou, goutte, hallucinations, infirme d'esprit, insensé, instable d'esprit, lépreux, lèpre corrosive, languissant, manque un membre, muet, noué, nyctalope, oeil fermé, paralytique, paraplégique, perclus, possédé par un démon, psychopthaologie, raccourci de la main (... du doigt, du nez), rhumatisme, sot, sourd, sourd-muet, stupéfait, stupide, troublé d'esprit, suffering, vitiligo, vue faible, zar; aussetzig, gebrechen, gichtbrüchtig, grewlich, humpeler, knebel, krumb, mangel, narr, schrekich, schwach, schwindet, tolpel, torheit, ungestalt...

**Regions, countries, languages, fields of study, notable people**

AFRICA: North Africa, North East Africa: {Abyssinia}, Algeria, Chad, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Libya, Mali, {Maghreb}, Mauritania, Morocco, South Sudan, Senegal, Somalia, {Somiland}, Sudan, Tunisia, Niger. West Africa, East Africa, Sub-Saharan Africa, Southern Africa: Angola, Benin, {Bornu}, Botswana, Burundi, Burkina Faso, {Upper Volta}, Central African Republic, Cameroon, Canary Islands, Cabo Verde, Congo (Brazzaville), Gabon, Ghana, Guinea, Guinea-Bissau, Ivory Coast {Côte d'Ivoire}, Lesotho, Liberia, Madagascar, Malawi, Mozambique, Namibia, Nigeria, {Rhodesia}, Rwanda, Sierra Leone, South Africa, South Sudan, Swaziland, Tanzania, Togo, Uganda, Zaire, Zambia, {Zanzibar}, Zimbabwe. {**KINDLY NOTE:** Use of some historical or alternative names is not intended to make any political assertion, or to give any annoyance, or to favour any party in a disputed area!}

--- Afrikaans, Arabic, Ashanti, Berber, Chewa, Coptic, Dutch, Egyptian, English, Flemish, French, German, Hausa, Hebrew, Italian, Norwegian, Portuguese, Russian, {multiple} Sign Languages, Peul, {Khoi} San, Sesotho, Setswana, Shona, Spanish, kiSwahili, Xhosa, Yoruba, *Nguni*, Zulu, ...

--- history, ancient, antiquity, medieval, modern, cosmography, cosmology, religion, faith, belief, mystical, philosophy, spirituality, transcendence, wisdom, moral, ethic, law, legal, sacred book, revered text, commentary, translation, interpretation, dimension, discourse, cognitive, linguistic, psychology, psychiatry, medical model, social model, alternative medicine, anthropology, archaeology, paleopathology, ethnography, ethnology, ethnopsychiatry, negritude, bones, remains, rock painting, cave art, carving. ...

--- Chinua Achebe; Augustine; Cyril Axelrod; Zamenga Batukezanga; Ibn Batuta; Arthur Blaxall; Florence Blaxall; Karen Blixen; Hendrietta Bogopane-Zulu; Ella Botes; Mahfoud Boucebci; Jean Buxton; Albert Camus; Henri Collomb; Patrick Devlieger; Radcliffe Bhekinkosi Dhladhla; Stephen Edwards; Steven Feierman; Andrew Foster; Paul Erick Gbodossou; Clifford Geertz; Tekla Haimanot; Taha Husayn; John Iliffe; Benedicte Ingstad; Ihsan Al-Issa; Gustav Jahoda; John Janzen; Jairos Jiri; Kenneth Kaunda; Helen Keller; Joseph Kerharo; Arthur Kleinman; Martin Luther; Nelson Mandela; Kofi Marfo; Credo Mutwa; Gamal Nasser; Murrough de Burgh Nesbitt; Yetnebersh Nigussie; Kwame Nkrumah; A. Bame Nsamenang; Julius Nyerere; Ben Okri; Constance Padwick; Oscar Ribas; William Rowland; Nawal El-Saadawi; Geoffrey Salisbury; Léopold Senghor; Albert Schweitzer; Robert Serpell; Sunjata; Michael Sutton; Leslie Swartz; Tertullian; Tchikaya U Tam'si; Jean Vanier; Marjorie Tennant Watson; Sir John Wilson; Kwazi Wiredu; William Zulu; ...and many more.

## WHO IS THIS BIBLIOGRAPHY FOR?

The annotated bibliography below is for:

1. Anyone in Africa who has web access and would like to know more about how disabled or deaf or mentally disordered people get along within the continent; and who has sufficient English or French to be able to handle materials of some complexity.

2. Anyone, in whatever country, who is researching, or planning to research some of the topics in the title, and would like to get a wider sense of the range of what has been written and how these things work in many African countries; and who is prepared to look up

some of the listed material and read it for themselves, and to reflect critically on what they find.

3. **It is not** designed for people who already know everything they want to know about Africa, or who believe it's all quite simple, or that any complexities can be dissolved by a few points they thought of as soon as they saw the title, points which are clear, straightforward (and probably mistaken). It is not designed for someone in a Western college who is required to write a 2000-word essay on 'Africa and Disability', and hopes to complete it in two hours and then go downtown with the guys and have some fun. {If they can give it ten hours and 3000 words, they might find something of interest below.}

4. It is not intended to give 'soft protection' to any kind of armed or coercive force, enabling military planners to enlist the goodwill of indigenous peoples, as a preliminary to invading the lands in which they live!

--- [This proviso arises after reading *The Tender Soldier* by V.M. Gezari, 2013, in which a "Human Terrain System" was devised to help foreign troops -- (who were blundering around in Afghanistan and being killed by local people who preferred to manage their own lives) -- to understand how they might avoid causing insult and anger with their every word and action. The Human Terrain System was a shambles, so it hardly entered the military lexicon. Anyhow, the information below is freely available online, so it may be 'below the radar' of any acquisitive military force, which expects to 'buy' information for big dollars. Much of Africa still seems at risk of being taken over, bought and sold and parcelled up, by economic forces and 'development aid', regardless of the feelings and beliefs of a billion ordinary African men, women and children. Anyone with some human intelligence who bothers to study the materials below, should understand that there are at least 50,000 different kinds of 'African', and 50 million variations in the beliefs Africans hold about the meanings of life, death, illness, disability, healing and goodness. Many Africans are also adept at concealing what they think and feel, putting up a plausible curtain of misleading or comical stories. **Think twice** before invading their territory. The outcome will not go the way you planned it...]

5. The bibliography is not produced for any institution, nor for any Global Initiative, or UN Agency, or religious organisation, or International Community of Right-Thinking Citizens; nor is it funded by any such agency. It lists the thoughts and studies of more than a thousand scholars and participants, having a very wide range of views and experience within the broadly defined field, collated and annotated by one minor scholar with the capable assistance of his wife.

## **WHY NOT IN DATABASE / FUTURE I.T. FORMAT?**

For sure, there are some merits in database format, e.g. for finding keywords in combination, and for saving space. Yet the present full text includes very many key words, in several languages, that were harmless historically, but have now passed out of common or polite use. To cross-reference all such terms, across language and semantic range, would



be difficult. Databases are like old-fashioned sardine tins - it's hard to be sure that you've got everything out, that might be lurking in a corner! The annotations provide some clues, or page numbers, which might be more difficult to work out in a database. Here, in a full-text version, if you do some work you can see everything for yourself, in whichever language it is offered.

--- [In .pdf format, it should be possible to use a simple trick such as to 'Find', which opens a search box at the top of the screen, and use it to search for any word or name. In other formats, a 'search' option is already on offer. The present compilers used combinations of MicroSoft Word, WordPerfect, and Google Chrome, going online using a PC but with a service provider designed for mobile phones, and Panda anti-virus protection. After using these odds and ends for many years, it is easy to forget that most of the world's surfers probably use quite different combinations of software, and might get some different results from the same search or manoeuvre! Merely setting Google to search in French as the main language brings up some different results.]

**Google Scholar?** Doesn't Google Scholar already provide everything that is here? No! (Not yet!) The various parts of Google are wonderful tools for finding many titles and checking details, in many languages, especially for journal articles in recent decades. It is less brilliant for locating earlier materials, or for seeing beyond the standard two-line snippet. Google sometimes finds its way through the keyhole of a locked cupboard {so clever!}; but at other times it does not even see round the corner. It's a huge machine - it doesn't have feelings, thoughts, beliefs or irony. It's not built to provide historical context, or to evaluate conflicting evidence. Google's engineers tweak the algorithms daily, to deter people from using tricks to boost their own product. But to provide careful annotations, involving context and some inside knowledge of individuals and scholarly work in complicated fields, over a lifetime -- this still requires human judgement and persistent revisiting of sources, and rethinking of how best to express the nuances.

[Recent developments in software generate poetry mimicking deep human thought, emotion and truth; and may detect irony or sarcasm; and can respond appropriately to humans in different language groups and perceptions, without the humans realising that a machine is addressing them. The younger world, i.e. the future population, already communicates {remotely} by voice, face, picture and tweet; but not so much by heavy blocks of grammatically-tidy printed text! Efforts to educate and civilise the younger billions will probably need to make more use of recent media, with fast-moving images and linkages. Do the young people think differently from the generation that was born before word-processing on computer became an everyday tool and who then saw the second great leap, the boom of the internet from 1992 onward?]

--- [Somewhere out there, one or two billion of the world's population, some of them African, have not yet made a phone call of any kind. What!?!? Do such people count for anything? Yes, they count as fellow-humans. It might be harder for them to be counted in the plans of people who have been using electronic gadgets since the age of four, and who think that using such gadgets is as normal as having two hands and ten digits.]

## **DIVISION by Period, Geography or Pigment (abandoned)**

**Period, Geography.** During compilation it was planned to divide the bibliography into sections, e.g. "North and North East Africa (Islamic, Coptic, Egypt, Ethiopia)" and "Sub-Saharan Africa", and some such periods as Antiquity, Medieval, Modern. While trying to apply these labels to a print-out before actually switching materials around, problems arose of contents and materials which did not fall neatly into a single category of time or place. There is documentary evidence of blind singers and musicians employed through three thousand years in northern and north east Africa, with at least three religions involved. Or take Augustine: he wrote briefly but perceptively about Sign Language in the 4th century CE at Tagaste (now in Algeria), and his Christian theological works are still being read, re-translated and discussed today. Why should these people of Africa be placed in an artificial box by some old British guy living centuries later in the Midlands of England? --- Finally, the attempt was given up. So all materials are listed in alphabetical order of the first author's surname (shown in capitals). So, work from North, West, East, Central or Southern Africa, and from any period, may be listed next to work from any other period or place. Confusing? Perhaps this may encourage users to notice a broader range of relevant material across the vastness of Africa's history and resources. ---- [During the attempt at classification, roughly 10% of the material fell into the 'Antiquity' bag, almost all being in Northern parts of Africa. The decision not to divide into sections was taken when only about 500 items were listed. When the total exceeded 1000, I wondered again whether I should have divided it up somehow; but by then too many other difficulties had arisen. I was trying to fight my way out of piles of materials and draw a line under it.]

**Pigment** (as in black, brown, dark, medium, light, pink, beige, white, blotchy,\* skin colour). Late in compilation, the main compiler read a revised (1999) version of a 1991 book hailed by reviewers (uniformly 'white' and apparently male) as the "best and most readable single-volume history of the African continent", by a distinguished EWEM retired professor of African History (an Elderly White European Male). The book is indeed readable, it covers much ground, and appears reasonably even-handed in its treatment of different ethnic groups, skin pigments, or whatever the latest preferred term. Yet even the present EWEM compiler had a feeling that some younger, non-white, non-european people might be dissatisfied with the account.

--- It is now almost impossible to write anything about skin colour without various groups of people 'taking offence', with or without reason. Why mention it at all? Well, in many parts of Africa, and across the world, some people associate greater capacity with some particular shades of skin colour. In many northern countries, light-skinned people spend huge money to darken their skin by exposure to sunlight, or tanning machines, or tattoos. In many Asian countries colossal money is spent on 'whitening' creams, and avoidance of sunlight, to lighten the skin colour. In Africa, all kinds and shades of skin are found, and in many places some colours may be preferred by some people. Yet people with the full range of abilities, intelligence, compassion, and other capacities, are found having every skin

colour, if one looks and listens.

---\*[As an old man with life-threatening diseases, I have blotchy, mottled, increasingly ugly, grey skin, among a crowd of patients of all colours. We are being treated, close up, by people from every continent, and every shade of colour. The outstanding feature of the nurses is not their colour or ethnic origin, but their youthfulness; and after that, their kindness; and then the spark in their eyes when I talk to them about work such as the present bibliography, and similar work across Asia.]

**Highly politicised.** In brief... everything about African History is highly politicised. If that tendency hasn't yet reached African Disability History, it soon will. Maybe authors should be classified and sectioned by skin pigment, and moved into separate compartments ('critical literary apartheid discourse?'); or divided by presumed hereditary bias; or some other dubious category. But I don't have the energy for it. Some battles and biases within disability terminology, and between modern or traditional approaches, and religious or secular discourses, are discussed below. An effort has been made to redress under-representation of female contributors (to use the boring, old dichotomy of Male or Female); and to include more voices of disabled persons.

## **DISCLAIMER {attempted}; BIAS {recognised}; ADDICTION (warning)**

Among the works listed in this Bibliography, some express views (on all kinds of topics) which the compiler does not agree with, and which are certainly not endorsed by the institution(s) or libraries publishing or listing the Bibliography. The main aim of the annotations is to indicate some of the contents pertinent to healing, disability, religion, and spirituality in Africa; and to do so in a fairly balanced and neutral style, respecting the authors' right to hold and express views which the compiler personally might find obnoxious; and also upholding the sensible readers' right to exercise their own judgement without suffering systematic and undeclared compiler bias. There is not the space, nor is this the place, to enter into polemics, or take sides in disputes between different religions, different schools of African thought, different geographical nations, or different parties in 'disability politics'.

**Recognised bias.** One 'bias'\* that *should* be seen here arises from the following idea or hope: that the more the peoples and communities across the world try for a 'level playing field' and really listen to one another, trying to understand the points of view of others who live in different ways, and facing the complexities and ambiguities of thoughts and beliefs, the more likely they {we} are to find some common ground, something essentially human that we can all recognise and share in, and some ways to tolerate differences and work toward peaceful co-existence, lowering of barriers and reduction of fear, hate, greed and injustice.

--- \*{Another substantive personal bias is discussed in Appendix 6: Special Education: 'brutal segregation' or 'healing response'? Some 'special education' articles appear in this Bibliography, as parts of the 'African response of caring and healing' for children with

disabilities. Some western academics argue that 'special schools' or 'special teaching' are part of a concealed and abusive segregation of disabled children, for social control and professional profit, and other wicked motives: they dismiss any 'humanitarian' motive as a delusion. Certainly, abuses can take place in special schools in any country, but the compiler's personal experience has been of special education in an open environment, with children coming to school each morning and going home each afternoon, and mostly giving evidence of enjoying and benefitting from the experience. See also COLE 1990, in Appendix 1.}

--- Conversely, some items gained entry even when it was unclear that they fell fully within the sphere of the title, because they concerned countries or languages where I could find very little more directly pertinent material, e.g. in Portuguese for Angola and Mozambique, or in Djibouti, Rwanda, Burundi, Eritrea, Lesotho, and some small islands.

**Positive bias.** Among the listed items **written by people who themselves have significant disabilities or deafness in Africa, some make little or no specific reference to healing or belief**; but I thought their contributions were sufficiently worthwhile, and should appear. Disabled people have for too long been 'spoken for'; and even those capable of writing well may be deterred by the time required, the hassles of getting anything published, the fact that it's hard to earn a living by writing, and the problem that work from Africa mostly remains unknown in Europe, Asia and the Americas (or even within Africa) until years after it was written. Also, if your work is noticed within your own country, and you criticise the government, you may be beaten and jailed. A little balancing of the injustice might become a kind of healing. There were further admitted partial biases. If the compiler was hovering between including an item or not (there were many hundreds of such items), it was more likely to be listed if the first author name was recognised as female; and if their name sounded 'black' they were more likely to get in, provided the work had some merit. (But if it seemed weak in scholarly approach, methodology, etc. it might attract a critical annotation).

**Bias against western-oriented...** While making claims about the unbiased inclusion of work that I disagree with, some work was not listed, even though it addressed Africa and disability (and was not purely biomedical), because I found it irritating and / or uninformative. This was mostly where the frames of reference seemed entirely 'modern', with list of references heavily weighted toward Europe and North America, from authors who were clearly 'addressing Westerners', as though there were no other serious audience. Other work did not enter this bibliography because I was running out of living time [see Weakness~~~, below]. It was tempting to include many more recent items; yet most academic articles and many theses, in the past decade, can be found with their abstracts by simple search of Google, or Google Scholar if readers wish to read the latest work.

**Uncombed.** There were also some notable and prolific authors and scholars, such as Abraham BERINYUU, Mahfoud BOUCEBCI, Gordon CHAVUNDUKA, Henri COLLOMB, Peter EBIGBO, Michael GELFAND, Joseph KERHARO, Murray LAST, Elias MPOFU, Robert SERPELL, and others, some of whose works are listed below with a little annotation, yet whose decades of study have made a much more formidable contribution to medical,

psychological, pastoral and anthropological understanding in Africa than is here represented. No doubt they all had views pertinent (whether positively, neutrally or negatively) to the 'religion, belief, ethics and spirituality' side of this bibliography; but I did not feel equal to trying to acquire and comb through their 30 or 40 years of work, to distil the essence of those views into a few (probably mistaken) lines of annotation. (Perhaps some who do appear below would have preferred not to appear; or not to be portrayed as still thinking the way they thought 30 years earlier).

**Alternative values?** Following the colossal spread of social networking sites by 2018, one may assume {and teachers frequently complain} that much of the world population, if it reads English at all, will refuse to read anything long and textual! Nevertheless, **there remain many millions who seriously 'want to know' and will read highly factual textual material of great length**, to understand more about humans and humanity in, or connected with, Africa. Perhaps a smaller number are interested in those 'meanings of life' that are not about gaining power, possessions or fame. This bibliography may contribute toward a kind of mapping of alternative meanings across Africa.

--- The compiler has found the materials fascinating and highly addictive to search for, compile, chew over and annotate; and later to rethink, re-read, re-annotate with more background and nuance, as he began to understand a little more. It has consumed some years of my life. I neglect to eat, sleep, exercise or respond to friends, while pursuing obscure items in historical disability. Such addiction is a stupid way to live. A need exists for many more people of differing age-groups and experience, to take up the study of the background of worldwide human problems. **There is a need not simply to start another organisation, raise funds, then rush out and 'Save Some Children' or campaign on some issues; but to go deeper** into the differing and variable concepts of life and their meanings in many countries and regions, and give a firmer basis of listening before acting, and then enabling others to act, or refrain from acting, in calmer, more balanced, better informed, more appropriate ways. This may be done more effectively by people who also live their own life in a balanced way, not neglecting to eat, sleep, exercise and enjoy the company of others! So that is one '**Addiction Warning**'. (See also Health Hazards Warning below.)

## INTRODUCTION

{OK, it looks as though the 'Introduction' already began in many paragraphs above -- but they were just 'setting the scene'!}

**Does this Introduction need to be read first? NO!** Some users may prefer to dip straight into the bibliographical materials, and see what kind of items are listed there, and how they are annotated. Some may want to check first whether their own name appears! (If so, it is strong evidence that you are a human, not a computer!) They might like to read the Introduction later.

The present bibliography contains over **1200** items concerned with some aspects of Africa, disability, deafness, religious belief, mental debility, healing and spirituality, ethics and morality, with some annotation. It has slowly been accumulating since about 2000 (or maybe since the 1960s when I spent a year teaching in West Africa, and returned to England with a new dimension to my brain). Some modern and historical items from countries outside Africa have been listed separately (Appendix 1), where they seem to resonate usefully with thinking in Africa, or to fill some gaps. The present format has borrowed from, and been influenced by, other bibliographies concerned with spiritual and religious beliefs and responses to disability across the great civilisations of the Middle East, South Asia and East Asia, such as:

---- Buddhism and Responses to Disability, Mental Disorders and Deafness in Asia. A bibliography of historical and modern texts with introduction and partial annotation, and some echoes in Western countries. <http://www.independentliving.org/miles2014a>

---- Disability & Deafness in the Middle East, A Bibliography: comprising materials with technical, cultural and historical relevance to child and adult impairments, disabilities and deafness, incapacity, mental disorders, special needs, social and educational responses and rehabilitation; partly annotated. Revised to June 2008.  
<http://cirrie.buffalo.edu/bibliography/mideast/index.php> \*\* [some items at Cirrie are still online, but now 'archived'.]

---- Disability and Deafness, in the context of Religion, Spirituality and Belief, in Middle Eastern, South Asian and East Asian Cultures and Histories: annotated bibliography of selected material, mostly in English and French.  
<http://www.independentliving.org/docs7/miles200707.html> and .pdf (July 2007)

**Other earlier published bibliographies** of some relevance have been produced by Céline BADUEL-MATHON; Julie CLIFF; René COLLIGNON; Beryl GOSLING; Mariem ELGAID; John GRAY; Armando FAVAZZA & colleagues; Wilfrid HAMBLY & Paul MARTIN; Tadesse KELBESSA; Helmut KLOOS & Zein Ahmed ZEIN; B. POUX; John RACY; M. ROBINEAU; J. VAN LUIJK; David WESTLEY; Irving ZARETSKY & Cynthia SHAMBAUGH; listed below. I salute these fellow-bibliographers! Work such as that by Steven FEIERMAN & John JANZEN, and by David WESTLUND, on relevant topics and having respectively a bibliography of 790 items and a reference list of 410 items, in six languages, have also been very useful! Late in the process, I rediscovered the massive "Africana Periodical Literature" bibliography originating with the great **Davis Bullwinkle**, now intelligently integrated with records and bibliographical data from the US Library of Congress, and the Africa Studies Centre Leiden, pepped up with Portuguese records from Pedro Pinto, open online at [africabib.org](http://africabib.org). This now shows ca. 180,000 items on all human aspects of Africa, from over 800 published journals. A simple search in this, on 'disab', found 207 items, some of which had not come up in any of my other sweeps and searches.

My own earlier general bibliographies of disability in Southern, Central, and North Eastern Africa listed about 1500 items, but rather few of those directly concerned religion, belief or

spirituality, though such features may be seen in the background. Before the year 2000 there seems to have been rather slow-growing and scattered discussion that combined African disability material and the spiritual dimension, or that formulated the results in a theoretical frame. One often had to search for relevant thoughts and insights in odd corners and footnotes. The materials listed here were gathered for various purposes over about fifteen years, and **annotations have been added at different times, so they are far from uniform in nature or style**. However, with electronic tools and speed, the new millennium has shown **signs of an increasing interest and discussion in this field**. There is not only 'discussion' but a growing wealth of experience of efforts to blend the different approaches; or to preserve their distinctness while ensuring that their effects or side-effects do not cancel each others' benefits.

The collection of 450 items on disability and religion in the Middle East, South Asia and East Asia from antiquity to the present, listed above, overlaps with the North-Eastern Africa material and the Middle Eastern material: both share Egyptian, Ethiopian and Sudanese materials, with similarities in countries where historical Islam and Christianity have been present. **The compiler is already conscious of grave fallibility** with those vast regions of the Middle East and Asia, and **acknowledges still greater 'credibility gap' with this Africa collection**. Ultimately, the task of collecting and annotating this kind of material should be done by expert teams of people probably living in Africa and having many skills, languages and long experience in the continent, and some experience with disability. The **present new effort is a primitive contribution that does not 'cover' the field but sketches a map or graph**, which may serve to indicate some of the dimensions that should be covered more thoroughly and competently, and with more primary sources.

**Thin and shadowy.** For the history and practice of religion and spirituality in sub-Saharan Africa, the compiler knows that much of the written material that has been produced, whether by settlers, missionaries, anthropologists, ethnobotanists, or other European visitors, remains thin and external to the African experience. During the recent few centuries of European arrival and colonisation, and concurrent Christian evangelism, there seem to have been few aspects of indigenous African lives that were celebrated and admired by the Europeans. (Nor is there much evidence of *respect for African indigenous cultures* during the earlier and longer involvement of Arabs in Africa). Since the 1930s, there has been a slow resurgence of African confidence in the many patterns of historical life and culture, and the wholeness and richness of the Pan-African experience. Yet there must be many aspects and depths that have yet to be communicated in their full colours and complexities, 'as they are actually lived', rather than as 'exhibition pieces' for foreigners to gaze at.

**Not on display.** That reticence and shadowy nature seems to extend through the religious and spiritual worlds of Africa, i.e. they are not readily 'on display'. Participants in those worlds are in no hurry to invite outsiders to 'walk around the shop' and handle the goods, or to video them for immediate exposure on Facebook. The visitor is watched covertly, and must show some kind of acceptable attitude, not grabbing at the surface of things, but showing meditative restraint and respect: e.g. "I wish I could spend years living here, and

might come to understand the deeper meaning of these words and things!" The visitor must 'earn the right' to be told anything beyond a few superficial indications.

**Leg-pulling pranks.** Anthropologist Koen STROEKEN (listed below, 2010 / 2012, p. xiv) eventually was allowed to undergo an 'initiation' rite among the Sukuma of Tanzania, and found that "the conversations afterwards with my fellow villagers radically changed in content and tenor. I had to face the fact that much of the material on magic I had previously collected as an uninitiated guest had been mixed with imaginative fabrications sometimes bordering on outright pranks at my expense." Karen BLIXEN (below), nearly a century earlier, and without formal 'initiation', noticed the capacity of her Kenyan 'Natives' to use "a grotesque humorous fantasy to lead us on the wrong track. Even small children in this situation had all the qualities of old poker-players, who do not mind if you overvalue or undervalue their hand, so long as you do not know its real nature." (p.26) MOGENSEN (below) and other anthropologists have also taken precautions against these humorous escapades.

### **Further in the dark!?**

The position of the present elderly, non-African writer and bibliographer, living near Birmingham UK, is at risk of being still further in the dark, or of being badly misled! Yet I had the experience, during 20 years, of living, working and reflecting upon South Asia initially in a state of complete ignorance, and of 'turning a corner' after 6 or 7 years and beginning to perceive the conceptual world in which Asian colleagues lived and worked and had their being; and after some further years to begin to be told "we count you as one of us", or "you understand how it is in our country". While often continuing to feel (and to be) very ignorant, nevertheless the awareness of crossing those frail bridges in one region of the world makes it possible to recognise that other, similar or different bridges of understanding are needed in the vast diversity of African cultures; and to try to keep an open mind about the differences.

--- Perhaps some of the obscurity might be self-imposed: anyone who begins with the **sceptical assumption that 'native religion' is a package of superstitious hocus-pocus**, which must eventually yield to the 'clear light' of Modern Science, or Evangelical Christianity, resurgent Islam or International Socialism, may **take a very long time to discern anything other than hocus-pocus**. Conversely, a **romantic assumption, that 'African religion' is full of some deep, eternal, human wisdom**, resonating through the ground with the drum-beats of the deep jungle, **may also mislead or disappoint** the credulous enquirer. One is likely to project one's own spiritual longings upon an imaginary matrix. [This is not to say there is no hocus-pocus, and no deep wisdom. Both can be found throughout Africa. Each may be cloaked in the other!]

**Membership and ownership.** Anyone delving into materials from ethnic or geographical or gender areas where they do not have 'membership' may be accused of 'cultural misappropriation'. It is arguable that, in a competition for awards and scholarship, someone having membership of the 'oppressed group' should have priority over someone having no membership. But in the case of a non-member 'taking an interest' and writing



and publishing with no prospect of financial or career benefit, such objections are harder to sustain. They are also **out of date: Google has already been there**, copying colossal quantities of text about everything historical or geographical or cultural or sexual or social - and even of confidential material - and opening much of it for all to read, unless actively threatened by governments or copyright lawyers. Most of that open online material cannot be recaptured and poured back inside anyone's bottle, as their 'own cultural material.' It's in the public domain now.

**Black skin turned white.** The early poetry of Tchicaya U TAM'SI (see below) suggests vividly the anguish experienced not so much by non-African visitors as by 'black' Africans who lived under a 'white' colonial regime, immersed in a 'white' version of Christian teaching and Catholic ritual, then passed through the hopeful period of political independence mostly in the 1950s or 1960s. They would discover that, after 'Independence', **European cultural and economic domination tended to increase.** This could unleash a plague of metaphorical 'leprosy' which turned black skin into white, while rotting the tissues and disabling the soul. In fierce verses depicting such a process, the formerly-colonised and physically impaired writer U Tam'si (1931-1988) noted the further destructive effect that: "nu corps et âme nu / je suis un homme sans histoire / un matin je suis venu noir /". The entire continent (apart from a few white or Arab enclaves) was assumed to continue 'dark', bare, lost in utter ignorance, devoid of merit or spiritual depth. A response associated with the Senegalese leader Léopold Senghor was the 'Négritude school', which had already in the 1930s sought to counter such dismal and dismissive thinking; yet this too could be dismissed by a later, 'post-négritude' generation as 'reverse racism', or as romantic exaggeration, generating pretty theme parks to relieve tourists of their dollars and assuage some inherited 'white guilt'.

Between these embattled or cynical positions, one may reflect that **packages of religious belief and practice or spirituality, of whatever origin, seldom come with their deepest goods on display.** (Much the same can probably be said of the non-religious philosophies of transcendence, or of 'humane humanism'). The externals of most (maybe all) religions can be viewed as a collection of obviously human devices, garments, movements, sounds, smells, artefacts, constructed in an attempt to express the inexpressible, and stained with the dust and sweat of centuries. Seeing beyond those externals invariably takes time and serious effort; but perhaps there is no other way to discern whatever there may be of wisdom, spiritual insight, the balance of darkness and light, of image and truth, and the guidelines for moral conduct taking into account the needs of oneself, the family, the neighbour, the community.\*

--- \*[Some further consideration of points of view on the issues may be found below under subsection 7, 'Faith, Belief, Religion, Spirituality, Scepticism and Atheism', and in Appendix 7.]

**Dr Livingstone didn't presume.** The explorer and missionary David Livingstone lived for several years in extreme vulnerability and chronic ill health in a remote, inland region of Southern Africa, amidst Africans whose sole experience of European culture was this barely-surviving wreckage of a pale-skinned man. In October 1855, Dr. Livingstone

expressed his perception of the 'moral spectrum' on which his hosts lived: *"They sometimes perform actions remarkably good, and sometimes as strangely the opposite ... they are just such a strange mixture of good and evil as men are everywhere else", showing "frequent instances of genuine kindness and liberality, as well as actions of an opposite character"* (in: *Mission Travels and Researches in South Africa, 1858, pp. 204-205*). {In recent 'critical' histories it is sometimes forgotten that, during two centuries, not all missionaries were well-funded, bigoted triumphalists preaching monogamy, European supremacy, a 'white Christ', or a 'prosperity gospel'. Some did have such features; but from observation and documentary evidence, not all were like that.}

**Secular and Mission.** Elizabeth ANDERSON (p. 124) and J.H. EEDLE (pp. 162-163), reporting for non-religious agencies, emphasized the role played by religious missions in developing formal services for disabled children or adults from the 1940s onward, while John ILIFFE (p. 199) notes the "entrenched position" of the missions from much earlier. Eastern and Southern African governments approved and partly supported their social and educational work, but until the late 1960s were unwilling to take the initiative or undertake more than token expenditure. The MacGregor Committee (ZAMBIA, 1967, 4) considered the suggestion of nationalising mission-run disability work, but found it wiser that government should "rather imitate than replace" the level of "industry, dedication and, on the best stations, a sheer professional skill."

## 1. Spectrum of Resources

African religious or traditional 'beliefs' or 'superstitions' have routinely been linked with many of the social and medical problems of significantly disabling conditions, by people of 'modern, scientific' outlook (who are not always aware that their own 'rational convictions' may appear implausible or ridiculous to people of different cultural or spiritual background). There has been increasing documentation of formal religious beliefs, as well as customary, traditional beliefs, connected with healing and disability in Africa, among which a few general points will be sketched. Some of these beliefs may seem 'modern' and 'positive' to rehabilitation therapists, others appear unattractive or neutral. Serious and unexpected bodily events will presumably continue to be interpreted in some kind of religious terms by many individuals, family members and neighbours in Africa (as in every other continent) for the foreseeable future. Some **awareness of the range of religious terms and resources** is advisable if health and therapy workers wish to enlist families' best efforts for ongoing care and increasing participation in everyday life.

**Some ancient Egyptian** experiences of disability have religious affiliation, as in the case of the dwarf god Bes (DASEN 1993); and also in an anencephalic neonate with spina bifida found in the Touna el-Gebel graveyard, near Hermopolis (DASEN & Leroi, 2005). MANNICHE (1991) considers that Egyptian musicians who were blind (or who were represented as such) were for this reason allowed to perform 'in the presence' of deities who must not be gazed at by humans. A notable theologian of the early Christian church was Didymus the Blind, who became a famous teacher at Alexandria, having learnt his letters by a tactile system engraved in wood (LASCARATOS & Marketos 1994). The early

tradition of blind musicianship was continued in the Coptic Church to the present (RAGHEB & Roy 1991), and was paralleled in the Muslim era by blind reciters of the Qur'an and of religious songs across North and West Africa (DODGE 1974; HAAFKENS 1983), and also in the Jewish community in Egypt (GOITEIN 1967-1993). As mentioned above, the Christian theologian Augustine lived and worked in North Africa, and ca. 389 CE gave probably the earliest statement from antiquity that clearly recognises the reality and depth of signed communication between deaf people and between hearing and deaf people (AUGUSTINE, transl. Russell 1968). In the Orthodox and Coptic churches in Ethiopia and Egypt, deaf or disabled people are believed to have had their impairments removed through the ministry of famous saints expelling harmful spirits, in medieval times (PETER, transl. 1906, I: 95-101), and up to the present (MEINARDUS 1999, 97-110, 151-154). There are similar beliefs about the healing powers of Muslim holy men, past and present, at shrines across North Africa.

**Traditional African** religious belief includes some cosmologies where disability is linked with divine action. Among the Yoruba people of West Africa, the deity Orisanla (Obatala) is believed to be responsible for making people's physical bodies, as "Blacksmith of heaven. / Husband of hunchback. / Husband of lame. / Husband of dwarf with a big fat head" (ABIMBOLA 1994). Uniquely amongst many stories of the discovery of fire, the Wagogo of Tanzania also have a cosmology in which efforts to collect fire from heaven (for peaceful purposes) were thwarted because those seeking it did not respond properly to disabled people they met on the journey. Eventually a woman {yes, a woman!} made the trip, displayed kind and inclusive behaviour to disabled people, and got along well with God. She brought back fire for her people to use (COLE 1902). {The men all agreed that women were better than men at that sort of thing!} Credo MUTWA (1998) recounts the origins of physical imperfections among the Bantu peoples of southern Africa, as part of a creation story.

**Like and unlike.** Some of these systematised beliefs are not so different from what can be discovered e.g. in European folklore, with perhaps an apparent thread of logic that makes it easier for the modern European mind to grasp. Other beliefs seem to involve a way of thinking that is hard to follow. Bernard HELANDER (1995, 83) notes ailments among the Hubeer in southern Somalia where "although the locally recognized symptoms may correspond to those recognised by medical science, the meaning of the illness is totally different. A good example of that would be *walkoraad* which phenomenologically corresponds more or less to hydrocephalus but is locally believed to be caused by the shadow of a bird."\* Among the Songye of Eastern Zaire, beliefs about children having some abnormality take the form of categorisation into 'ceremonial', 'bad', or 'faulty' children, not according to what European science might consider the severity or visibility of the impairment, but on some other lines. In the strongly stigmatised 'bad' category, are "albino, dwarf, and hydrocephalic children", who are expected to die soon (DEVLIEGER, 1995, 96). Erick GBODOSSOU (1999) sketches some analytical categories that might act as a bridge between West African and francophone European thoughts and beliefs concerned with impairment.

--- \*[For some years, the Somali 'shadow of a bird' notion of causality seemed to the

present compiler an illustration of something 'completely off the map' of scientific thinking. Yet finding something similar among the Khoisan in Southern Africa (LOW 2007, below; also KATZ) and recalling bird signalling in the ancient Hittite kingdom in Anatolia, as well as modern 'avian flu' epidemics, perhaps it makes sense. Such a connection was reaffirmed by KAMAT's article 'Dying under the bird's shadow' (2008), in Tanzania, concerning cerebral malaria, rather than disability; and that cited another example, in Mali, of an ill-omened owl flying at night. In Persian history, the shadow of a bird could be an honour: "...anyone on whom the shadow of the *huma* bird fell would become the emperor" (Schimmel, *Empire of the Great Mughals*, transl. 2004, Reaktion Books, p. 30).]

Prof. Stephen EDWARDS (2011), who is professionally qualified across a range of 'modern western psychological studies' and spent many years of academic research and collaboration with traditional healers in the University of Zululand, South Africa, did not find too much difficulty understanding the practical outcomes visible in a 'traditional hospital' that he visited in Uganda. There a traditional healer was caring for more than a hundred clients: "All clients had relatives staying with them in the hospital. Over time, the patients had built different hospital rooms with various purposes, e.g. divination, demon exorcizing, massage, purifying steam baths. All clients were treated free of charge and would pay the healer in some form according to their conscience after becoming healthy. Without any formal professional qualification, the healer was a community health psychologist gifted by his spiritual calling, community recognition and therapeutic effectiveness in facilitation of the community of patients in healing themselves."

In 2005, Frank KRONENBERG et al (below) edited a book that showed a younger generation of Occupational Therapists challenging the over-medicalised and over-professionalised tendencies of their seniors. They called upon fellow-OTs to respect the personhood, voice and spirituality of children and adults living with disabilities or with HIV / AIDS, or as refugees living in desperate conditions, or oppressed and marginalised in many ways. The book is far from a 'religious tract', but many of the contributors were willing to recognise 'spirituality', extending beyond the bounds of particular religions or dogma, and being a major resource base with which therapists could and should work.

**Township walks.** The present compiler is reminded of highly instructive walks around poor townships of Dar es Salaam, and rural areas around Moshe, visiting Tanzanian families having a disabled child, together with CBR workers in the early 2000s. [Old men have a terrible tendency to ramble... So I defer these stories to Appendix 9, so as not to clog up this Introduction.]

**Francophone resources (et al.)** Literature cited in Southern African work in this field, 'normally' has no reference to francophone material. Yet there is an interest in traditional healing and possible interface with 'modern' medicine and psychiatry, for more than 50 years (or 100 years, starting with SCHWEITZER, below) in the massive areas and large populations of francophone Africa. A more serious sweep around the francophone literature would probably collect 3000 items. WESTLEY's bibliography - see below - has a useful quantity up to 1992, with pithy annotations. The present bibliography lists about

160 pertinent items from francophone areas, and suggests that some 'refreshment of the imagination' may occur for Southern African readers who make the effort to access them. Francophone authors are clearly writing about similar interests and attempts to bridge similar gaps (or to beware the dangers). In some places, they seem to have made more progress -- or have got nearer to realising that some gulfs may be unbridgeable.

--- Being in French, there is some difference of technical vocabulary and differently-expressed concepts of humanity, life, destiny, etc. There are different shades of scepticism, or belief, bound up with the cultures of the French language and logic. (The level of French writing in Africa is often simpler than that of a Parisian intellectual! Writers within francophone Africa are either using French as a second or third language, or are at least expecting to be read by people for whom it is a second or third language. Either way, it makes more sense to prioritise communication above displays of cleverness.)

**Gallica pallica.** Many historical items on Africa in French can be found in Gallica - gallica.bnf.fr - among some 70,000 items open online there. (Again, a difference of French logic may be apparent to anglophone users -- huge rewards are promised on Gallica, which can be keyword-searched repetitively to home in on specific targets in the big database. There is also now a vast range of graphic materials available. Yet the textual layout, and the routes to printing out free textual materials, sometimes seem to involve Gallic logic! It may result from the origin and format of the database being more than 20 years old, when design was somewhat primitive.)

**Altera lingua.** It must be admitted that work in Dutch / Flemish / Afrikaans is scantily available here (about 10 items) - but users of these languages often publish in English too). There are 30 items in German -- quite inadequate to represent the considerable relevant studies reported in German. However, many scholars with first-language German choose to publish in English, to reach more readers; or their work is listed after being translated to English. Ca. 20 items in Arabic (transliterated) or based in Arabic are shown, a mere fraction of the relevant material from North Africa, due to the compiler's ignorance. Materials from Lusophone Africa have also not been easy to find in this field, and a few items (ca. 15) are included in the hope that they may be useful. There are also considerable quantities of archival materials in all these languages, awaiting researchers with linguistic skills and the courage to plunge in.

**Flying Porkers.** Much more material originating in African government sources could have been listed. Some of it has high-flown rhetoric, often derived from Geneva, or Washington DC, that could count as being of a 'spiritual, uplifting' nature. Yet such rhetoric may engender more scepticism than belief. As each baloney-filled policy founders on the hard rock of real life, or is found expensive, or out of fashion, and is quietly kicked into the long grass, one may wonder whether a generation will arise that learns to plan at, and with, the grass roots and the poor who live and work there, rather than in air-conditioned city offices. (Never fear... it will be back! Baloney has the auto-generative power to grow new wings, like a pig, and fly again).

--- [In defence, it may be noted that the present bibliography lists more than 60 doctoral theses or advanced dissertations, mostly PhD or MD; and many more theses form the basis

of later articles. Some of them also contain slogans and baloney, but they are more likely to be checked and critiqued and sent back for deeper reflection by supervisors and examiners. Many of these research-based works are compiled by people with practical experience -- they are not merely the 'next rung of the ladder' for someone who emerges from university aged 25, equipped with MA and PhD but knowing little about 'real life'.]

## **2. Asymmetry of Knowledge and Evidence between 'Modern' and 'Traditional'**

--- "Important as is the personality of the doctor in European practice, there is some sort of idea even among the least educated that there exists a body of established medical knowledge which in its totality is greater than that in the possession of any one practitioner. Not so among the Bantu. To them each doctor represents a separate system of medicine, his own, which, moreover, is not only his private and secret possession, but actually derives the best part of its virtue by being mediated through his personality. That is to say, the special methods and even the drugs which he uses would not be as efficacious in the hands of another doctor. Thus it is that, although the Native has little knowledge of and less belief in the rational bases of European medical practice, he is often willing to put himself in the hands of a European doctor in whom, for some reason or other, he has confidence." G.W. Gale (1934) Native medical ideas and practices in relation to native medical services. *South African Medical J.* 8: 748-753, on p. 751.

Some might wish to argue with, or rephrase, Gale's views from more than 80 years ago; yet his perception reappears in different shapes and forms in more recent articles by serious writers. Among the obstacles to serious and mutually respectful collaboration between therapists, health or rehabilitation workers steeped in 'modern, western' biomedical science and 'traditional' African healers, is the colossal asymmetry in the quantities of information involved, and the methods of amassing, reviewing, indexing and communicating it.

Through 50 to 100 years, thousands of people made efforts toward collaboration between 'modern' and 'traditional', and have written about it, as sometimes shown below. The various kinds of traditional healer or herbal practitioner remain the only de facto health resource for between 40% and 80% of African people (in different locations),\* while most of the remainder have sufficient proximity that they might sometimes get to see a 'modern' doctor or nurse, or psychiatrist. On the 'information' front (understood as knowledge and skills, based in concept, culture and design, with some feedback mechanism) what the Traditional Healer uses may be described as comparatively a static quantity and quality. That is still developing day by day in the mind and hands of more capable practitioners, slowly transferring orally and by personal demonstration to sons, or cousins, or maybe an outsider, or even a daughter, who are apprentices for anything from three years to twenty years. Little if any of it is written down, published, examined, discussed, reviewed, compared, challenged, or discarded. Some of it very likely works quite well in practice, and is trusted as far as it goes. Maybe it relies on the fact that a lot of illness is self-limiting - the body/mind more or less heals itself - and the competent healer or herbalist, witchdoctor or

diviner, uses performance, memory and practical psychology to influence and address the mental and spiritual needs of the client, explaining what has gone wrong in human relationships, and in terms of ancestors or spirits who have continuing grievances which must be assuaged, etc. This can be made to work by confident and plausible assertion, backed up with some herbs or bones that have a tangy smell and taste, or some oil, steam and massage which takes off a layer of dirt and itch and leaves clients feeling somewhat reborn. There may be an impressive amount of local pharmacological lore involved, and transmitted among a handful of people, which has measurable biomedical merit (and risk) if examined in a laboratory. (See, e.g. GRUKA; and SOBIECKI, below; and OSSEO-ASARE, appendix 1; further detail under GELFAND et al).

--- \*[The '80%' upper limit has been challenged, in published correspondence.]

**The 'information' in modern biomedical science**, and the vaster periphery of paramedical knowledge and professions, very largely comprises impersonal, # peer-reviewed, published, examined, challenged, battled over, repealed, revised and reissued information, which constitutes the largest open, continuously rolling, information program the world has known.

--- # [Much of it is *written up in a depersonalised manner*, in keeping with the 'science' idiom; yet the more cautious and sceptical biomedical scientists know that there is much 'personal politics' involved in what gets published, where the emphases are placed, what sort of findings are liable to be overlooked or suppressed or 'spun' in some way.]

--- It's harder in 2018 to get a sense of the measurement, since biomedical knowledge is now accessed from vast electronic databases. This compiler first started visiting medical libraries in the 1980s when on short leave from Pakistan, and started formally on the research trail in Birmingham in 1992, when the web was beginning to boom. Nearly thirty years' worth of *Index Medicus* stood ponderously on vast racks of the Medical School library, as a monthly bound volume of quarto size, each two or three inches thick, publishing the titles and citation details of new medical journal articles and reviews across the world, plus the peripheral nursing, therapy, psychological, bio-social and paramedical journals. **To actually find and read the full contents of a single month's worth of Index Med's listed titles, would probably now take at least 7 or 8 years (by which time much of it would be considered out of date).**\* To read a full year's worth of actual contents of the listed items in Index Med would take a long lifetime, without doing anything else at all. Obviously, nobody does that. One must specialise in one or two narrow fields, and keep up with a moderate periphery of contents in allied fields, and read some weekly 'insider, trade or professional' journals that summarise and review the most important developments; and attend serious conferences to learn what is 'really going on' behind the curtains. Front-line hands-on nurses and doctors and paramedics, counsellors and psychologists, in modern biomedicine are often working five or ten years behind the wave-front of research. They (not unlike the Traditional Healers) get along by acting a role with some degree of patience and kindness, and some firm pronouncements, but also with lots of blood tests and scans etc, where their computer sends them quickly to pills and potions that are at least harmless, or at best fairly effective. Even if they actually work with only a tiny fraction of 'modern medical knowledge', they are aware of the vast edifice of

information and debate that used to be displayed in the racks of printed *Index Medicus* (this ceased to be printed in 2004, since when it became freely available online via Pub Med and some specialist databases). Being now held in hugely powerful computers in database form, and being accessed from across the globe every moment of every day, it can of course be accessed and cross-referenced with vastly greater speed in electronic form, than in the old printed volumes. {Some lower-income countries do not have such rapid access}

--- \* **[The broad figures:** a seriously addicted reader, with amazing language proficiency, studying in the US National Libraries of Medicine (which take everything in Index Med from 1962 onward; and before that, held everything in the back-breakingly heavy volumes of the United States Surgeon-General's catalog from the 1870s onward - now separately digitised and searchable by title, but with limited further info), might average 15 minutes per article, and in 10 working hours could seriously digest 40 to 50 papers per day; and working 300 days per year could in theory read 12,000 to 15,000 items per year (or about 1.3% - 1.6 % of the current yearly output). [Go on - if you're so clever you can digest an average article in 5 minutes, across the entire medical and paramedical field, you might be able to read 4% of the current annual output. You can rival modern astro-physicists, who sometimes claim to understand 4% of how the Universe works!)] The number of articles in the database was 20,498,000 in 2012, 22,376,000 in 2014, and 25,358,000 in 2016. It seems to be increasing at more than 900,000 per year. It would thus take 7 or 8 years to read one month's output (and much longer if one did not live near a very strong library - not everything is fully electronic!); and a very long life to read just one year's output. (Or 25 years, if you're incredibly clever). Reading abstracts only, a rapid reader might skim through ten times as many, and still fall far behind the output, while knowing very little of the research strengths and weaknesses of the material. (Some time must be given to chasing down articles that have been retracted, because they were found to be fraudulent or seriously misguided). In practice, the addicted reader's health would crack after a few years with too little bodily exercise, healthy eating, or time for reflection. Please do not try it.]

--- [The 'Disability Studies' researcher may ask what this **monstrous medical database** has to do with disability as now understood (i.e. the Social Model of Disability), apart from the oppressiveness of the entire medical field towards people with disabilities?! Well, the medical field in most of the world addresses impairment of body and mind, sometimes arresting diseases that lead to impairment and disability. In recent decades, something like half of Index Med has been taken up with paramedical arts and sciences, including psychological and nursing articles, therapies, counselling, medical sociology, and all kinds of approaches in which 'the medical doctor' was simply one of a team of specialists. SMOD, the so-called Social Model of Disability (sometimes contrasted with the Individual Model) has been widely talked about in 'official' Britain, and is written into numerous government documents. Yet is also widely admitted to have had comparatively modest impact on ordinary human responses on the street, or in everyday design. Across Africa, SMOD appears in some official documents, but is invisible in the everyday lives of a billion people, or of some 30 to 50 million people (3% to 5%) who are likely to be perceived as 'disabled' by their fellow-citizens or villagers.\*



--- Further, if one searched for 'disability' or 'impairment' in English-language databases 30 years ago, or in book indexes, it was hard to find. Indexers seldom got to it -- occasional mention of 'handicap' might appear; or individual categories such as 'blind' or 'cripples'. You could check 'beggar', 'mad', 'mental', 'social welfare', and might turn up some case histories. That is why the present compiler began making annotated bibliographies on disability across Asia, the Middle East and Africa -- being convinced that there was in fact a great deal of knowledge held within the languages, cultures and concepts of these vast, ancient and modern continents, but it would remain mostly hidden unless searched for in accordance with those indigenous cultures and concepts, and a fairly extensive vocabulary of terms now considered 'politically incorrect'. Looking for SMOD, one would find only a weak echo of some already-forgotten official promise, generated by pressure from some well-meaning European advisor!]

--- \*[See Appendix 4, section 'African polite smiles']

**Mental health may be different.** The modern biomedical system loses ground where frontline practitioners are so busy and immersed in the technology and the screenful of blood results and 'fixing' the fixable parts of the body, that they are unable to listen to the patient. They can hardly get close enough to hear or feel the pain and suffering, the griefs and despair, the hates and envies, fears and worries -- so those remain unheard, unsmelled, unaddressed, untreated, and may drag down the physical body. Hence according to some of the literature, it is in the sphere of 'mental health' that the Traditional practitioner is more likely to overtake the Modern, because he or she takes more time to listen, and expects to address the undivided body-mind continuum, rather than thinking of mind and body as separate departments. Nevertheless, massive asymmetry remains, and seems non-remediable. The modern system does have a large component of 'mental and psychological' reported trials and scientific tools and reported experience, though the modern mental health workers may be less directive than the traditional. In terms of pills and potions, the occasional maverick senior psychiatrist may admit that modern psychiatry has little more than a handful of mood changers, pep pills and tranquilisers. The counselling profession may become quite good at listening, and gently nudging people toward doing what they know they should do - while yet displaying the post-modern shyness about actually telling people what to do. What they cannot be expected to do is radically to change human societies in an increasing number of nations which tend, over several decades, to drive N%\* of their people mad by gradually becoming each year a little less 'human and humane', a little more impersonal, mechanised, and substituting colourful gadgets in place of live, human attention, (and so on - the thousand ills of modern urban 'civilisation').

--- \*[That N% may broadly be admitted to be something like 10% -- an appalling estimate. Not all of it can be blamed on social pressures; or on civil wars, water shortages, air pollution and micro-nutrient deficiencies; or on spending 9 hours per day on Facebook or Instagram; or whatever the most recent media-induced panic-of-the-week suggests. Yet it is also widely recognised that the resources of trained therapists, counsellors and purveyors of calming wisdom, whether modern or traditional, fall short of meeting even the surface of current needs in the 'modern' world.]

--- Compilation of the present bibliography took place with **no aim of underlining the**

**asymmetries, nor assuming the superiority of the new as against the old (or vice versa).** Much can be learnt from the study of the several current systems. Yet one may also try to figure the size of some obstacles, which can be checked by a brief google on the data above. The modern system also has its quota of mistakes and false or deliberately tampered data (e.g. the clinical trials that fail to show positive results and are quietly suppressed by pharmaceutical companies - which deny that they do so). There are systems of review in place to prevent or deter people from making mistakes or deliberate deceptions -- but such systems are far from foolproof, as discussed in the next section and Appendix 4.

**'Within living memory'** - this period stretches back plausibly perhaps 170 years, since your grandmother in her 90s may tell you what she heard at the age of 12 in her great grandmother's stories from life in the 1850s (in UK), and if you are now in your teens or older you can check out some details online, and get a sense of what may be true. Some elderly people can remember that length of time, or more, when 'village remedies', herbs or potions using animal fat or common chemicals, were known to be effective for many hurts, scratches, bumps, stings (or at least had sufficient 'placebo effects' to be worth trying). --- In every decade since 1850, qualified medical doctors and surgeons have been prescribing treatments which were, at the time, 'the best Western scientific medicine' [see, e.g. HUME, Appendix 1, below] -- though they had no antibiotics until the 1940s, and no clear basis for antiseptic precautions before the 1880s. [Looking back from 2018, most of us (even with some scepticism toward 21st century medical approaches) might prefer not to depend on the methods of the 19th century!] Many 'scientific treatments' from just 30 years ago are now tested and found quite useless, even harmful, in well-controlled, large-scale, randomised double-blind trials. In the past 50 years, there has been increasing focus on 'evidence-based medicine', where evidence may be acquired by selecting three or four 'statistically balanced comparable groups' who undergo five or six different regimes (e.g. 1. placebo only; 2. normal treatment; 3. normal treatment plus placebo; 4. new treatment X; 5. new treatment X plus placebo; 6. neither standard treatment nor X nor chemical placebo, but nurses spend extra time chatting with this group, as a psychological placebo), in 'double-blind' trials (neither patients nor doctors know, during the trial, who is in which group - that is controlled by the researchers (though nurses may figure out who is having what; and trials may be broken, when 'X' clearly causes harm, or brings amazing benefit - so would be unethical to continue X; or unethical to fail to switch everyone to X). Complicated trials are seldom easy to control and standardise. They are often expensive, may take several years to come to credible conclusions, and by the time they are published there will be new competing treatments Y, and Z, making even bolder claims for wider groups. The modern 'evidence-based' researcher normally lives and works amidst a continuous whirlpool of rumour, guesswork, hunches, contradictory evidence, new theories undermining 'well established facts', and unexpected snags, in addition to the fact that most patients cannot afford new 'wonder-drugs', or their insurance company may dictate the limits of their entitlement; or their national health service sets up a committee to evaluate evidence and counter-claims, and decide what the nation will or will not provide. Yet without the rigorous, sceptical and often lengthy testing and cross-testing

sketched above, guesswork is likely to be dominant.

--- It is not surprising, then, that 'traditional healers' remain in business, almost in a parallel universe, giving (at best) due attention to each individual's whole personhood, their family, mind-body, history, and so forth, getting close to the suffering people, invoking a spiritual world, brewing up some herbs, and injecting doses with clean needle {if you are well dressed}, or much-used needle {if you look poor}. There is probably a great deal to be learnt from all the major treatment approaches. It is not obligatory that they should cut one another's throats; but economic competition tends to sharpen mistrust and animosity.

### **3. Annotation, Truth and post-truth**

The annotations [still only partial in this **April 2018 version**] intend to focus mainly on matters of disability, deafness, abnormality, mental debility, and healing, appearing in or with a religious, moral or ethical context within Africa, broadly understood. In some cases the major contents and thrust of listed work may be given a few words only, or are understood to be sufficiently indicated by the title, while the small part pertinent to disability is given more description. No disrespect is intended toward the omitted contents, which are often of great value but are not the immediate present concern. Of course, all mention of disability or deafness should be seen within its context; and in much African history, the social context and the religious context probably have a large overlap. Within the annotations, square brackets [ ] around a comment usually indicate some kind of alert, i.e. that the enclosed remark is an explanation or interpolation by the annotator, where this might not otherwise be obvious; or [ ] sometimes means the compiler could not obtain or read the work listed, but has copied information on it from other sources.

#### **Truth, reviews and post-truths {?}**

In some cases, material that could not be obtained and read in time has been included on the basis of its title alone; or because a review in an academic journal indicates its pertinence. In other cases where the compiler lacked the diligence or intelligence to read a book or published paper three times so as to fathom the author's meaning, he has cited some academic review(s) to assist his understanding. (The number of readers who are going to read difficult material even once, let alone thrice, might diminish sharply in the generation that runs and rewrites its life continuously on Facebook, MyLife, Me-Pix, Instagram, WhatsApp, Snapchat; or who tries to govern world affairs by Tweet...) Yet even supposedly 'serious' academic reviews in reputable journals -- whether anonymous peer reviews before publication or post-publication reviews by named author -- can be quite misleading. [This section became too long for an Introduction, so material was bundled off to Appendix 4, below, "Academickey-Taking..." The compiler accumulated such knowledge during 35 years of international work and academic reviewing. Students who wish to know more, and those who would prefer not to get trapped into similar games, evasions, mickey-taking or sharp practice, may wish to read that appendix and follow up. Others might find it a distraction from the main field.]

## 4. Disabilities, Disorders and Terminology

The world's major languages have recorded histories of words and names that have been used, sometimes politely, often thoughtlessly, through six or more thousand years, to talk about impairments and disabilities, such as being blind, or deaf, or unable to walk, or behaving in strange ways. The main words in the title of this bibliography, and the lists of 'keywords', have the potential to annoy somebody, some interest group, some sensitive critics, somewhere in the world. The terms are not intended to irritate anyone; but 'annoyance happens' anyway. The use of terms changes at different speeds in different places. Some terms may come to be disliked in one place just when people somewhere else are getting to like them. If an article goes online, within a few hours some people in 120 countries might find it on their screen, and some will certainly find words they don't like. (People do not need to get annoyed. There is a choice whether to 'get angry' or to remain calm when viewing words on a screen!)

**The 'keyword' lists:** these belong to different periods in the past, and different languages and regions. Also, different parts of speech (e.g., nouns and adjectives) are mixed together. This reflects the confusion of everyday usage and terminology, as do the variant spellings of some terms, the omission of accents and diacriticals, and even the different spellings in American and British English. (**The keywords are mainly intended for search engines to digest, not humans.** That is why they appear up front). Many of the terms or phrases are no longer used in polite English, French or German in Western countries, but they may be used in some African countries or elsewhere with no offensive meaning. They were used normally in earlier centuries in Europe, without the intention of insulting anyone. They are used in this bibliography where they seem appropriate. In some ways, this bibliography has been simplified to make it more accessible to people in the majority of countries where English is a second or third language. In other ways it is far from simple, because **the responses that we human beings make toward one other are often complicated, ambivalent and ambiguous.** The religious and philosophical thoughts behind the responses are not easy to discuss in simple language.

Every day, tens of thousands more people, who live in countries with restricted access to public libraries or bookshops, are getting a web connection, going online, beginning to surf around millions or billions of websites. Some may wish to search, for example, < Africa, handicap, mental > Even if the term "mental handicap" has hardly been used in Britain or the US since the 1990s, it may be the phrase that some new surfers want to use. If they find something interesting, and continue reading and searching, they will soon come to see that there are many new and old terms they could use in their search. The big computers operating the search mechanisms simply handle strings of numbers in 'machine codes'. Computers don't get annoyed about words which may sound 'wrong' in one place, while still being good in other places. (Social networking sites will increasingly identify and block 'hate-language' that sometimes occurs in 'cyber-bullying'. Some governments already try to exclude discussion of current and historical events that are flashpoints in local community relations or between opposing national political groups; but these are human interventions

- the computers don't yet get emotional as they follow the commands to process instructions).

**'Disabled' or 'People with'.** Phrases such as **'disabled people'** and **'people with disabilities'** have **both** been used in this bibliography. Millions of sensitive, intelligent and well-informed people strongly prefer one of these terms, and further millions prefer the other. (Several billion are indifferent to both, because they don't use English at all, and live quite satisfactory lives without it). One peace-seeking response might be to use neither term; yet that would merely lead to new terms being invented, to be argued over by further millions. Another response is to use both terms, and ask everyone to be calm, breathe deeply, exercise patience, enjoy the terms they like, tolerate the terms they don't like. The English language, let loose across the electronic world, has many varieties and is beyond recapture or control. This bibliography is a **small tool in a corner of the Internet**. Skilful readers are warmly invited to make better tools, in any language of their choice. (Differences of English-language terminology are probably not a source of suffering for the majority of Africans, who do not habitually think in English and are fully occupied with their own affairs).

**The title.** Does 'disability' not cover things like 'deafness' or 'hearing impairment'? Why do 'mental debility' and 'deafness' get in the title, but not 'blindness'? Originally a series of bibliographies, with which the main compiler engaged since 1993, was titled "Social responses to disability..." in various regions of Asia, the Middle East and Africa, and 'disability' was used as a general term to cover 'everything'. Yet some 'deaf' or 'Deaf' people do not consider themselves to have a 'disability' - their claim is that they simply use a different kind of language, i.e. Sign Language. (The use of capital 'D', i.e. 'Deaf', may indicate that they were born deaf to two deaf parents, so they grew up using sign language as their first language; or maybe they are deaf in some other way, and use a capital D for their own reasons). They may find that the campaigns run by organisations of 'Disabled People' (often having a high proportion of people who are blind or physically disabled) do not match what the deaf/Deaf people think or want. The situation of people with various kinds of 'Mental Disorders' or 'Mental Debility' is also complicated. It might be divided more clearly and described in several other ways and levels, e.g. mental illness, intellectual disabilities, cognitive impairment, brain damage, neurological diversity, psychological difference, autism spectrum, challenging behaviour, or whatever. People having such conditions may perceive their situation differently from the ways in which people who are blind or have a physical disability think about their own situation, or are responded to by the general public.

**Mental debility?** After using 'Disabled or Deaf' in the title of several bibliographies, the compiler finally decided to add 'Mental Debility' to the present one. (It's not a term that I like. More often I've used "mental disabilities or disorders" in other work, but in the present title that would be confusing, so I use 'Mental Debility', and will let intelligent readers work it out). Several decades ago, 'mental illness' was not usually grouped together with 'disability'; but that has been changing. People with mental illness or disorders are now more likely to be included within the 'disability' field, in many parts of the world.

Among the various major religions or philosophies of the world, exercises of the mind and the mental, cognitive or psychological processes may have some preventative value. Some techniques of meditation, originating in Asian Buddhism or Hinduism through two or three thousand years, have recently been used in western therapeutic and psychiatric practice (often without reference to any 'religious' content or origins). For one reason and another, I decided to put some specific words in the title, and it came out as 'mental disorders' and now 'mental debility'. (In general, 'blind' and 'blindness' are strongly associated with 'disability', so they hardly need to be mentioned separately).

## 5. Not 'Suffering'; ... maybe Affliction

Disability is often represented as a form of 'suffering'; and such a word (however represented in many languages) is assumed to be widely understood across the world, in a broad way. Yet some modern people having a disability wish to emphasize that they do not see themselves as 'suffering' from the impairment of sight or hearing, the crooked leg or backbone, slower speed of thought and speech, or whatever people imagine is their 'disability'. If they are 'suffering', it may be from the bias and stupidity of people making false assumptions about them, excluding them from everyday social life, offering help they do not need while failing to recognise the many abilities they have; and also designing clothes, houses, shops, streets, toilets, and public services that assume everyone exists in a narrow range of shapes and sizes and can easily walk, see, hear, climb steps while carrying bags, operate self-service machines standing upright in a noisy environment, etc.

--- Such a reconceptualisation of 'disability', allocating much of the 'fault' and 'blame' to the local community, environment or larger society, may play an increasing part in how impairments and disabilities are understood in religions and philosophies of transcendence. The experience of 'suffering' continues, but the focus changes. For example, the old instruction not to place an obstacle in the path of blind people (for the perverted pleasure of seeing them trip over it?) might now be understood more deeply and seriously as the need to avoid environmental designs or social arrangements that are likely to cause trouble, annoyance and injury to many people.

A few more general items are included on how 'suffering or affliction' has been understood in the religions and moral teachings of Africa; yet it should be kept in mind that very many disabled people prefer to be seen as simply 'living with' their impairment or disability, rather than being in a 'suffering, afflicted or oppressed' state. A few studies are listed on Abortion in religious law or ethics, where variations exist from country to country, and one of the legal grounds for abortion may be some 'deformity' in the foetus. This is an unhappy branch of law in any country or religious context. Yet because it is often a strongly contested area, it elicits conflicting views about the prevailing social attitudes and responses to impairment in infants, and the prospects for living a life with disability, and of the modern and ancient religious teaching that may be summoned or reconstructed to address these issues.

**Abuse.** Further, a few earlier studies are listed in Appendix 3, involving 'child abuse' (e.g. BWIBO 1971, 'battered child'); and on 'physical abuse of disabled people' and 'child sexual

abuse' in African countries (e.g. DICKMAN+ 2005; KVAM+ 2008; SHINKANGA 1996; PHILPOTT+ 2001), without getting into lengthy discussion about whether or not sexual activities are 'always' abusive when engaged in by children aged under x, y, or z years of age, or in what circumstances such experiences may result in mental disorder or debility, or whether the entire cultural response of most of the world towards children and adults with disabilities constitutes serious psychological abuse. It has become apparent during the past 20 years that activities occur in every country, which would be regarded by more than 90% of the population as 'child sexual abuse'; and which some adults later report as having had long-lasting harmful effects or life-changing depression. A quick google will reveal recent studies of 'child sexual abuse', and specialised literature reviews on the topic (e.g. LALOR, 2004), as is also the case with 'female genital cutting' (see Appendix 3). [Many professionals in the field think that 'child sexual abuse' was discovered in the 1960s; but there are detailed published accounts in India and in France from a century earlier, see TARDIEU, Appendix 1, below.]

## **6. Male and Female, Disabled or Deaf contributors**

In the bibliography and appendices below, a 'rough count' indicates that, where the gender was obvious or was known to the compiler, and taking the first author's name only, there were ca. **360** contributions having female first authors, and ca. **780** by males (the others were institutions, or of unknown gender). Further detail will not be attempted. There were many items with second, third or fourth authors who were female -- the methodology of the 'rough count' is obviously fallible. It can at least be claimed that a significant number and proportion of the listed items have female first authors.\* [Checking the gender balance, when several hundred entries had been made, the ratio of F to M was about 1 to 10. The compiler decided to look more closely, and see if women first authors were hiding, or were being hidden or downgraded, or really were not there. Doing so brought the ratio nearer to 1 female first author to 2 males. I do not know whether the increased representation of women increases the number of useful viewpoints, or of data accessible only to women, or characteristically female wisdom, or whatever - it seems quite likely, but the present exercise is not designed to elucidate such issues.

--- \*[In some fields, and some levels of research, the first-listed author on an article may be the Masters or Doctoral candidate, followed by supervisors or colleagues. The Big Man is at the end of the list - he runs the department, raises the funds, gives the orders, gets his name on everything, and ultimately gives authority to whatever research the department produces. In some countries and other fields of study, that list order may be reversed; or it may be a Big Mama who runs the show and gets her name at the front, back, or middle of everything. Some journals require authors to state more clearly the quantity and nature of input from each listed author, to reduce the tendency of academics to 'game' the dubious metrics of journal publication by which university administrators attempt to measure 'research output'. {It's like weighing hogs in rural Tennessee: you set a sharp stone upright in the ground, balance a strong plank half way across it, then tie the hog at one end of the plank. Now find a rock which, when placed at the other end of the plank, will just balance the weight of your hog. Clever, huh? Now you guess the weight of that rock.}]

## Own Voices

A deliberate effort has been made to include the **'voices' of named and identified disabled or deaf people**, writing or recounting or expressing their own thoughts. The count of those **first authors who are disabled or deaf or having mental disorders** (as shown, or as known to the compiler) and who communicated from Africa concerning our field, is smaller: ca. 141 people, of whom 39 are female. Very likely there are more listed, who chose not to make their disability known, or were co-authors; or whose gender did not get onto the compiler's radar screen, or were ephemeral journalists, or wrote material which was credited to someone else. The honorable roll of disabled or 'deaf' voices at present is: Awlachev ADMASU; Patrick ATUONAH; Esraa EL BABLY; Ludwig Ahwere BAFO; Farida BEDWEI; Diongo BOKOKULA; Bokuluta BOYUNGA; Cyril AXELROD; Frederick BANKS; Benyam FIKRU;# Godfrey CALLAWAY; Winthrop C. CHAPMAN; {patient}\* DAVID; Teklehaimanot DERSO; Radcliffe Bhokinkosi DHLADHLA (see Blaxall 1948); Joseph EBSTEIN; Jonah ELEWEKE; Victor FINKELSTEIN; Enid FOSTER; Hanan al HANI; Alexis HAVYARIMANA; Thando HOPA; Taha HUSAYN; Gindi IBRAHIM; Godwin IROKABA; {patient}\* ISAAC; {patient}\* JOSIAH; {patient}\* JULIUS; Samuel KABUE; KAU DWA;£ KAMANTE GATURA; Micheline KAMBA; Anne Mary KANYANGE;# Saran Keita;& Mohand-Amokrane KHEFFACHE; Joseph KISANJI; Mamadou KOULIBALI;& Mokubi-keve LOFUNGA; Annelies KUSTERS; Philip MARTIN; Joy Sebenzile MATSEBULA; Mackenzie MBEWE; Tatjana METZGER; S. MKHAYMIR; Gift MOOKETSI; Lawrence MRAWA; Shirley Anne MURRAY; Quincy MWIYA;# Francisca N.; Matyola NDULO; Billy NG'ANG'A; Michelle NELL; Murrough de Burgh NESBITT; Yetnebersh NIGUSSIE; Seth Tetteh OCLoo; Frances OTENG; Fatima El OUAHABI; Mustapha OUERTANI; Esther OWUOR; Alexander PHIRI; Ralphine RAZAKA; Oscar RIBAS; {patient}\* RICHARD; William ROWLAND; Moussa Ly SANGARÉ; Juliana SARKODEE; Nkhasi SEFUTHI; Lebogang SEHAKO; Rajab Abeid SIMBA;# Fousseyni SOW;& Michael SUTTON; Hugh STAYT; Tchicaya U TAM'SI; Kibra TAYE; Samuel TOROREI; Victor VODOUNOU; WA NA;£ Brian WATERMEYER; Marjorie Tennant WATSON; John WILSON; Mary WOOLMAN; Mme. YASMA; William ZULU. The geographical spread is across Algeria, Angola, Burundi, DR Congo, Egypt, Ethiopia, Ghana, Kenya, Lesotho, Madagascar, Mali, Morocco, Nigeria, Senegal, South Africa, Tanzania, Uganda, Zaire, {Zanzibar}, Zimbabwe.

--- \*[five patients are listed by first name only, to protect their privacy; see SADOWSKY, below.]

--- # [remarks from four; under ILO & Irish Aid 2010, below.]

--- £ [Recounted by KATZ 1982, below.]

--- & [Recounted by SILLA 1998, below.]

To these **83** people noted above, and mostly listed below under their surnames, may reasonably be added **58** more in six groups....

--- {a} a group of 15 disabled men from Nyankunde, in North-East Zaire, (see HARKNETT, 1993, 1994) who met together to discuss their situation, and whose personal views are recorded: Androzo BEDI; Roger Ngwera SEZABO; Zacharie NDJANGU; Lokana NGANDRU; Paul ADIRODU; Mr PALUKU; Linga SAMWELE; Kagaba ZABA; Bozo Willy SOKE; Mr BAMARAKI; Butso ANIFA; Angwezi ATOLO; Perpetue {"Pepe"} LIRPA; Njeba ISAAC; (and



Mr MAYANI, named but views not recorded).

--- {b} Five older children at King George VI School for Disabled, Bulawayo, Zimbabwe, are named and given space to explain their experiences in poetry and prose, by MUGANIWA (see below): Elisha GUMBO; Thandazani KHOSA; Michelle MABALEKA; Vimbai MUCHERIWA; Gary VUNDHLA;

--- {c} 19 Deaf men and women of South Africa 'told their stories' at some length in Sign Language, which were transcribed, translated, edited and appeared as individual chapters, compiled by Ruth MORGAN (see below) - but they appear under pseudonyms, "to protect their identity": Adeline; Amelia; Amos; Elsabe; Esther; James; John; Marie; Nadine; Najhiba; Nomfundo; Norman; Petrus; Riaz; Rose; Rosina; Simon; Thobile; William.]

--- {d} Four disabled adults, whose views are reported verbatim in Tonga, with some detail, with English translation by Edson MUNSAKA, their names coded as FN2, MN3, MN8, MN9, in a village of Zimbabwe.

--- {e} Seven named adult deaf people, Roger Shakinungo; Frank Mulundu; Dorothy Chipembwe; Patrick Nduluma; Mubita Batuke; Blackson Mwale; and Mackenzie MBEWE, who gave their stories as 'Silent Citizens' of Zambia, under the editorship of MBEWE & Serpell, 1981, below.

--- {f} Eight community residents of l'Arche, Bouaké, Côte d'Ivoire, in a process of communal healing and recovery: Seydou, N'Goran, Amouin, Bakari, Gilbert, N'Dabla, Mamadou, Binta, as recorded by Dawn FOLLETT, below.

## 7. Art, space, music, film, video - an apology

Beyond doubt, various forms of visual or tactile art, and of music, song and dance, 'therapeutic space' and 'deaf space', can and do play a significant part in the healing and uplift of people with impairments of mind, body, hearing, communication and relationship - whether by surrounding the disabled person with attractive sounds, shapes, tactile experiences, and viewing film, or by facilitating the disabled person to produce music, art or film, or by communicating therapeutic skills via these media, or making available such 'spatial dimensions' as will facilitate the flourishing of people who have different perceptions of the world. Such materials are mentioned in passing in some items listed below,\* but **they should have played a greater part**. To do so for the pictorial or graphic media is not easy for the present compiler, who has been fixated on printed text for much of his life and does not usually 'see' pictures (and never had a television in his house as an adult - he watched TV for a year as a teenager, then let it go. TV moved slowly compared with the 'hot' media of radio and text. Now, watching it occasionally during dialysis, I see that modern TV often moves in a cascade of images, which is too fast to follow or understand, but one can merely 'experience', or be confused by it, while multitasking). However, these vast areas of visual, audible or imaginative media, and their potential impact in healing, and spiritual experience should be taken up by others better equipped in these fields, which may have greater appeal to the generation born with an electronic gadget in its hand. {I'm particularly impressed by material sometimes found online which combines strong academic text with attractive graphics, by talented people. French writers and publishers have long been adept at mixing text and pictures, as for example with the

old '*Petit Larousse Illustré*' and other publications for the 'general educated public' - when British publishers perhaps assumed there was no such target market; or if there were, it would be 'good for them' to read unadorned text -- as well as taking cold baths, and drinking warm beer.}

--- \*[Many of such references are to blind musicians, e.g. MANNICHE; and RAGHEB. The splendid bibliography by John GRAY (1989) usefully lists 10 books or articles (No.s 381-390) under "African Religious Iconography", and also made an early effort to include "media material" (i.e. visual media, films, 'moving pictures' {!}), a happy gesture toward the 'post-reading' generation yet to start being born. Zoe STROTHER's work on Pende and other masks from the Congo includes the remarkable Mbangu masks depicting sickness and deformity. Web searches on these terms show up some discussion of healing and therapy. The informative autobiographical work by William ZULU is greatly enhanced by the impact of his own graphic illustrations throughout the book. Work by deaf artists also contributes strongly to the items by Frances OTENG. A doctoral thesis by Berko ACHEAMPONG, at Kumasi, usefully describes the lives and works of some physically disabled Ghanaian artists.]

**The iconographical approach** of Véronique DASEN's published D.Phil. thesis engages, by its nature, the reader's visual imagination. A further example would be the entry by TRAN TAM TINH on the dwarf deity Bes, in the *Lexicon Iconographicum Mythologiae Classicae*. The multi-talented Deaf anthropologist Annelise KUSTERS has taken further the ideas of 'deaf sociality' and 'deaf space' with reference to the 'spatial trialectics' of Lefebvre involving three dimensions, the 'perceived', 'conceived', and 'lived' {perçu, conçu, vécu}, which may have some resonance with the 'therapeutic space' of Wilbert GESLER. See also discussion of sensitive photography in China, under WU HUNG (Appendix 1); and architect Michael SUTTON's autobiography, having pictures of much of his architectural design and building.]

--- This compiler offers a sincere apology for failing to do more than shrug and point a finger in these directions!

## **8. Deaf People - different world, different agendas?**

Deaf people (with or without capital D) live to some extent in different worlds from both 'normal', able-bodied, mentally-able and 'disabled people'. Deaf people may join with those who are blind or physically impaired for some campaign purposes; but many d/Deaf people have significantly different agendas, whether for their home upbringing, education, employment opportunities, main language, adaptations, sports or whatever. A campaigning form of Deaf proposal would be: "There's nothing wrong with us. We can do anything anyone else can do! Don't need ramps, braille, elevators, special toilets, all that expensive stuff. Only, we use our own languages. Come and learn Sign -- it's not difficult. Look: children pick it up very quickly!"

--- There are other more moderate deaf positions, taking account of a huge range between the people with mild hearing loss late in life, through people deafened in infancy, or in their teens, deaf people now using cochlear implants, children with substantial hearing

impairments who have learnt to speak and lip-read with reasonable success and who don't use Sign language, and many more variations of experience. One point of vigorous divergence may be the ideological 'inclusion' of deaf children in ordinary classrooms, rather than having special provision for them in groups of deaf children taught by specialists who have some facility in signing. The blind or physically disabled child may benefit from classroom inclusion - if they can hear the lesson in a language they know, they can make efforts to take it in. But deaf children may hear nothing, or if they have serious hearing impairment they may hear only one word in three, and guess a few more. In the typically overcrowded infant and junior schools across Africa, the child who hears little or nothing is likely to remain unnoticed, and may learn nothing more than the derision or amusement of the other children. Where several deaf children are in a classroom together, they may work out a signing system between them, and then be punished for using it, as still too often happens. (It is perhaps the management and the teachers who, in future years, may be charged with serious abuse, for cutting off deaf children's reasonable efforts to communicate. Their defence will be that it was 'standard practice' at the time.)

Writing on 'disability', and bibliographies on the same, often under-represents deaf experiences and lives, especially in Africa. The present compiler was fortunate to be able to start off with many months' immersion in study of "Deaf People Living and Communicating in African Histories" [www.independentliving.org/docs7/miles2005a.html](http://www.independentliving.org/docs7/miles2005a.html), as well as pursuing d/Deaf research across Hittite archaeology, the Ottoman Empire and South Asia. It is intended therefore to give more representation to such lives and communications and contributions than may be found in other bibliographies. (Did any d/Deaf people ask for this? No! But the non-deaf world has something to gain by learning more about Deaf worlds).

## **9. Faith, Belief, Religion, Spirituality, Scepticism and Atheism**

"We have in England a particular bashfulness in everything that regards religion." Joseph Addison (1672-1719) in *The Spectator*, 458.

Addison (above) wrote after many years of vicious warfare in Britain between parties representing different kinds of Christianity. Maybe the British learnt that discussing the weather was less risky than opening religious issues. However, a diffidence continued in the first half of the 20th century. People who consider themselves intelligent and well educated, imagined that faith and belief in religion was inevitably 'withering away', and would soon be relegated to history, museums and little old ladies. Such a notion was also adopted as a national ideology by powerful Socialist governments ruling up to half the world. Yet the 'death of God' or gods is taking much longer than expected; while the death of Friedrich Nietzsche in 1900 is undisputed. Many kinds of institutionalised religion declined, yet belief has diversified, and in many places became more rigid, assertive and wealthy (cf. GEERTZ, Appendix 1). Millions of people have discovered that they have or feel some kind of 'spirituality', without wishing for creeds or dogmas.

**Adult Vocabulary.** What is still not generally available among the English (and perhaps the Scots, Welsh and Irish?) is a widely recognised, adult vocabulary and common discourse for

discussing various kinds of spirituality, spiritual life, inspiration, that expresses the higher feelings, thoughts and beliefs which millions of people actually have -- people who would assure any researcher that they do not believe in god, religion, or 'all that terrible old rubbish'. The lack of familiarity with such a vocabulary is liable to hinder anyone studying Africa in the hope of understanding something about African ways of living and being. "When E.E. Evans-Pritchard demolished the theorists of 'Primitive Religion', on whom most of our university-trained parents were reared, one of his many telling criticisms was that they -- Tylor, Frazer, Durkheim, Marett, Malinowski, *et al* -- knowing practically nothing of religion in their respective experiences -- presumed to explain religions of which they knew absolutely nothing, and failed disastrously. Today we appreciate more fully the need to understand the religions of the 'third world' peoples -- for theory's sake as well as our own and theirs." (SCHUYLER, below)

**Annoying assumption of exclusion.** One source of annoyance, perhaps giving legitimate reason for complaint by the annoyed people, is the tendency of many within 'religious worlds' to speak and write as though disbelievers, non-believers, unbelievers, 'kafirs' (in the Arabic sense), agnostics, atheists, uncertain, -- amounting to perhaps a third of the population of the world (or more, in the private recesses of the heart and mind where each of us may continue to wonder who we are, why, and what kind of universe we inhabit) -- somehow lack any valid claim to morality, ethics, humane behaviour, goodness, or any kind of 'spirituality', awareness of 'higher things', participation in any kind of 'healing', etc. At worst, the more overt doubters may wrongly be assumed, by their own claim to 'non-believer' status, to be openly choosing the 'bad', demonic, sinful, wicked, scandalous behaviour of every sort, and so should be excluded, locked up and severely punished without need of further enquiry! Sadly, extreme reactions of that kind are still suggested in global media every week. Some of the items listed below, speaking from what may be largely 'religious worlds' {though parts are in a state of complicated transition that is hard to define}, mostly of African Christianity or Islam, often mixed with local varieties of animism or ancestor veneration, may seem to exclude a large category of well-behaved atheists, exemplary agnostics, generous people having no belief in 'God' as defined in a particular way. Or they may seem to exclude people who believe they have found flaws and contradictions in particular interpretations of translations of ancient religious texts and have therefore dismissed the entire bundle of 'religion, faith etc' as nonsense, while continuing to have some ideological reason, such as socialism, liberalism, 'white guilt' or whatever, for working to relieve the oppression of the poor; or who do so out of simple human kindness.

--- There is not the space here to go into detailed arguments about belief and disbelief -- but it must be stated that it is **not the compilers' intention to exclude 'non-believers' of whatever kind**. On the contrary, they should (if they wish) feel 'included' and valued in the world of humanity and humane behaviour, and the global efforts to promote kindness and compassion among the stronger and weaker, the disabled and the able-bodied, the able-minded and those with mental debility, and the people of all races and ethnic origins. Many 'moderate' atheists and agnostics are also to be appreciated for discovering and pointing

out flaws and contradictions in the logic and language that is too often carelessly used within 'religious worlds' communications.

**Flickers.** Having stated this 'broad' recognition and inclusiveness, it must be admitted that some of the annotations below might seem to indicate greater sympathy with 'believers' as against the non-believers; while others may leave the thoughtful reader puzzled: whose 'side' is the compiler on? Maybe the believers in something 'positive', however incomprehensible, have an advantage over those who would assert, e.g. that **(i)** our minds and bodies are merely transient and insignificant flickers of energy, lost amidst the 13 or 14 billion years of a vast and ultimately meaningless universe. Or, on a very different path, that **(ii)** our deity or cosmology is made more glorious when the greatest number of humans are tormented endlessly for failing to be 'good', or failing to make the necessary oblations, or to recite and believe the precisely correct dogma.

--- In **case (i)**, if 'true', it seems hard to discuss anything, as words and meanings bleed away in a flicker of time. The entire total of human thoughts over the past 10,000 years of recorded history or 100,000 years of partly-evidenced archaeology, are alleged to be fleeting sparks in the vast coldness and indifference of the multi-billion-year cosmos. Our thoughts, our values, our supposed 'personality', likes and dislikes, vanish to nothing even as we think them. In **case (ii)**, if 'true', human life might have more potential; but all human solidarity seems to be lost. Schools of thought within most major formal religions have taught notions something like case (ii), at some period in their history. Yet the more flourishing branches of religion have also developed a more optimistic twig or wing, which might be called **case (iii)** in which there is a possibility for 'ordinary people', with some effort, to achieve enlightenment without aeons of torture; and this may extend their capacity to collaborate with people of 'other faiths or none' in humane efforts for the damaged or oppressed. [The fact that case (iii) may sound more *attractive* does not make it either true, nor obviously wishful thinking. Nor is case (i) necessarily untrue, simply because it is hard to contemplate. That might be merely a result of the weakness of our minds and vocabulary.]

**Smile and turn.** It is hard to find any ultimately convincing 'proof' of any of these too-baldly outlined cases -- for what looks like 'proof' to one person may merely cause a million others to smile and turn away. The 'positions in between' introduce compromises and more 'positive' or 'hopeful' positions, some of which are more attractive, but equally difficult to convince the sceptic with. (Indeed, thorough sceptics have difficulty proving their own existence - can one momentary flicker meet another transient flash? The believer who admits difficulty using language with God, can at least turn the tables: "How can the human 'believe in God', who is too vast for the human mind to imagine. More to the point, God thinks of us -- that establishes our being. God thinks, therefore we are!" {Move over, Descartes!}) Retreating from those old and endless philosophical debates, **each person may find moral choices in everyday life, whether to try to live harmlessly and try to put the pressing needs of others before one's own immediate wishes; or to avoid all such hard choices; or to seek power to impose one's own idea of 'goodness' on other people; or...**

...{Hereafter, it's hard to continue, in an Introduction that is already too long. The compiler's ramblings should not take up so much space! Yet the careful reader or researcher has perhaps some entitlement to know how the compiler's thoughts run, so as to decide how far they affect the annotations, or may bias the selections. More can be found in Appendix 7.}

## 10. {Non-}Supply of Documents

With regrets, the **compiler cannot supply documents listed in the bibliography**. In many cases he does not own a copy, but saw the document in a library and made a written extract; or received a printed copy after promising not to copy it to anyone else. In some cases he has listed a document found in the reference list of a scholarly source, without seeing the document. Some such documents may be quite rare, and difficult to obtain. Readers are expected to use Google (or other search engine) to identify any such items. They are advised to request the help of **Librarians** to locate copies or gain access. Those are tasks for which librarians are trained and experienced. [Very occasionally, e.g. when a particular institution concerned with disability lacks documentation about its own beginnings, and no copy is available within that country, so it is a question of supplying a missing part of the national historical-cultural heritage, the compiler has allowed such a need to override other considerations.]

## 11. Weakness ~ ~ ~ ~ {no flowers, by request}

The main compiler survives unexpectedly into his ninth year since diagnosis in November 2009 of myeloma, a cancer of blood plasma and bone marrow, incurable with present knowledge. In 2016 his kidneys failed, so he is kept alive by {the grace of God, expressed through} nurses using dialysis machines two or three times weekly. Not expecting to live, he has struggled to get this bibliography to a presentable level\* with less than 10% of normal energy. He asks bibliography users to understand this situation and pardon the lack of comprehensive annotation, inadequate cross-referencing, and other irritations and rambling!

--- \*{Clearly, a 'complete' bibliography of work reasonably falling within the present title might be more like 20,000 items, and a life-time's work. To add the new visual media might double the number of items pertinent to the title. With only a small fraction of all that, I intend the present bibliog to make more widely accessible a broader range than has been offered earlier, sampling across the length and breadth of Africa, across language groups, across many types of literature and evidence, across time periods, across religion, spirituality, belief, doubt and disbelief, and having free, full-text online access. I wish I had the knowledge, skills, time and understanding to make it all much clearer, better, more accessible. But it is what it is}.

---- The second-named compiler is Christine Miles, who has kept our IT updated, starting in 1985 with the early Amstrad 526, which we ran using a lorry battery during load-shedding in Pakistan, to the present assortment on Sony, Samsung, Fujitsu, Microsoft and whatnot, second-hand laptops, old software. Christine's teaching and advisory work funded the

Miles household and library for forty years, beside her useful hobby of learning to speak or read eleven languages beyond her native Welsh and English. Originally a mathematician, her continuing university studies and research in child learning, bilingualism, theology, philosophy, and therapeutic play during 25 years also gave access to many useful electronic resources. Christine may be able to respond to sensibly-titled email enquiries for some time if she survives her husband, {and if the 'electronic world' continues to function in ways that support open, low-cost discussion and exchange of information by harmless individuals for peaceful purposes}.

## 12. Gone Down the River?

Has this kind of textually-bound, static, non-singing, non-dancing, non-pictorial bibliography already been outdated by the colourful, fast-moving world of electronic sources and databases, in which **Google, Wikipedia, Amazon and social networking sites aim to provide automated answers within seconds, or informed discussion within minutes, to all the questions anyone ever asked** -- at least, in English, Chinese, Spanish, or Arabic? Yes! Outdated! But then, the entire history of the world is outdated. It's history! It has gone down the river! Yet it is hard to exist or to think about the present or future without some knowledge and understanding of the past. The words and images we use have meanings deeply rooted in the past (apart from new technical terms, which are often short-lived). Our thinking, feelings, beliefs, disbeliefs, common sense, our spirituality, and the nuances of change within them, are all rooted in past experiences.

--- Records exist of how human beings in Africa responded to disability and disabled people through several thousand years. Those responses have been informed, and often confused, by systems of belief or unsystematic faith. Among them, as part of the greater human heritage, are efforts to discover compassion, empathy, and to practise kindness, to recognise the inter-dependence of all humans and to take part in humane actions as a community. Such efforts might be summed up in the word-group around *muntu* and *ubuntu* (or expanded phrases such as *umuntu ngumuntu ngabantu*, or *umuntu umuntu ngabantu*) or *botho* which are said to be widely understood across Southern Africa (and more likely to be practised in rural villages than crowded cities). African knowledge around *ubuntu* / *botho* may be a feature or characteristic from which the rest of the {urban} world still has much to learn, or should study further and rediscover within its own histories of community mutual respect and assistance. Maybe it cannot so easily be summarised in a few paragraphs on Wikipedia, and put into practice by an invitation on Facebook!

--- Perhaps too, these expressions of spiritual longing for an earlier, idyllic, mutually-caring rural community have passed their sell-by date. Or they have become too politicised for modern, urban Africa, along with other keywords employed by wealthy politicians as 'higher baloney'. See sketches of a debate in Appendix 5, e.g. by CHIMAKONAM; DIVALA; DOLAMO; GADE, LOUW & MADU; GYEKYE; METZ & GAIE; MATOLINO & KWINDINGWI; PADWICK; and also discussion by BRANDEL-SYRIER; CALLAWAY 1923; EDWARDS 2011; LESHOTA; ROSS; and others (main bibliography).

## 13. Inconclusive conclusion

A bibliography does not need a conclusion... But after taking a quarter of a million words, does anything stand out, from the spiritual or transcendental sides of disability in Africa? It appears that a major part of the vast problems facing humankind can be traced, directly or indirectly, to the desire for stability amidst rapid changes; desire for money and possessions, to bolster stability; fear of people having different appearance, language, beliefs and customs; obsession with having power over others; arrogance and pride within one's 'own group'; desire to put one's own wishes before everything else; fear of unseen powers or spirits; and development of machines and strategies that enable a few thousand people to control and manipulate hundreds of millions of others as though they had no human value at all. These childish or foolish (but often understandable) behaviours seem to be deeply rooted within human hearts -- our hearts. Yet they are in contest with other, more admirable feelings that would lead to greater sharing of resources, caring for others, social responsibility, and prioritising the needs of the weaker, more vulnerable people, and perhaps even of animals.

This **contest in the human heart** has been recognised through several millennia. The major systems of religion and philosophy have condemned the ill-fitting behaviours, and offered some suggestions for improvement. The outstanding achievement of the 21st century, so far, has been to build worldwide machines by which, at modest cost, hundreds of millions of individuals can spend hours every day openly or secretly creating and perfecting images of themselves to display, and competing for the admiration of millions of other people, with monetary gains for the most attractive 'selves' on offer. For the unattractive, less-liked and unliked millions, sadness and bitterness may result; but they are consoled by offers of short cuts to cheap pleasure, e.g. making money by gambling, 'feeling good' with various toxic substances, expending their lusts on anonymous child flesh, and engaging in fictive warfare as supporters of ball games, while greatly enriching the people offering the deceptive and addictive pleasures. (Some earlier global machines have been devoted to building colossal, open, illustrated encyclopedias of useful human knowledge; but that phase seems to be ceding ground to the 'social networking' machines, which started with apparently innocent promotion of friendship, but have developed toward more devious and destructive ends, for private profit.)

**The measure and balance** of the motives in the human heart, whether inside or outside the psycho-neurological laboratory, are very hard to know. In some circumstances, we humans can be influenced to practice more open, generous, peace-building behaviour, and refusing to treat others badly. In much of Africa, the belief is still current that children, from the earliest years, can and should be prepared and trained in non-selfish behaviour, communally useful duties, and the exercise of social responsibility. People with disabilities, whether child or adult, can and sometimes do play a part in encouraging others to put aside their fears, look beyond the 'difference', to take the risk of sharing their goods, refusing to treat others like sacks of potatoes or like machines to be worked until they fall to pieces.

The present compiler / annotator did not set out with the expectation of reaching any 'conclusion'. He thought it likely that the present work would **increase the complexity of knowledge within a large field**; and now thinks that it offers the chance for individuals to



**embrace the complexity**, and not be daunted by it. It is probably beyond the power of one person to assimilate and synthesise any worthwhile conclusions; yet it is open to individuals and teams within Africa or beyond, to go further and trace patterns within the complexity, and to produce something of greater benefit to the wider world; and, of course, to challenge any conclusions such as those above.

## 14. Acknowledgements

Much gratitude to people who worked and wrote earlier, as listed in the bibliography below, and others already acknowledged in our earlier bibliographies. Some friends and colleagues still sent further advice. Because of declining health, I decided to get on and put the materials online, without tucking in all the edges or cross-references, or reconfirming every footnote. In any case, the annotations are not the most important part, but the materials listed:

**The annotations shown here must not be regarded as a substitute for reading the actual works listed! The views of textual commentators cannot substitute for the original texts on which they are commenting! All translations should be regarded with caution!**

Once again, we are most grateful to our old friend, independent thinker and pioneer campaigner **Adolf Ratzka, along with the new co-Director Jamie Bolling and their colleagues** at the Independent Living Institute, whose website finds space in its Library for much of my work through 15 years, amidst hundreds of other articles on disability concerns; and sometime webmaster **Miles Goldstick** who exercised his IT wizardry, and great patience and humane concern, to make my earlier monstrous texts accessible online, and the present ILI webmaster Philip Day for his kind contribution. I must also thank our friendly Asian IT advisor '**Em Raj**' in Birmingham, who supplied a succession of hardware at very low rates over 20 years, and rolled my entire output from ancient floppies in laptops and PCs to ever-more-powerful platforms, understanding how we work, calmly sorting out the periodic crises, and gently nudging us toward decent size screens and better antivirus protection. Thanks also to Martin Smith, for advice on a French text; and to Victoria Nyst for generously sharing academic texts; and many others who listened patiently while I talked about this work -- while telling, I often got new ideas. --- Staff of many libraries have been helpful, in particular those of the University of Birmingham cluster of libraries; the Bodleian Library and associated libraries; the Open University resources where C. Miles pursued many years of studies; the civic library services of Birmingham, Dudley and Sandwell where some items were found in stock and others obtained by Inter-Library Loan; and UNICEF office libraries in several East African cities.

## TECHNICAL NOTES

**Accents, Diacritical Marks, Fancy Alphabets**

To make the bibliography compatible with more screen drivers and printers, without downloading additional fonts, **many non-standard diacriticals have been omitted**. This entails some loss of guidance on pronunciation, and indications of the historical evolution of words. It may irritate purists (who know where the diacriticals should go anyway, and are welcome to re-insert them mentally). The modern scholarly works cited below do print the accents and diacritical marks, while earlier work may use a variety of different spellings, or italics, to represent different consonants or vowels. Yet it's a field in continual evolution. Some countries have simplified their national language and dropped diacriticals, to make it easier for everyone to learn - and easier to find with Google, which ignores diacriticals. Many people change their own names towards simplicity, after realising that a name which looks odd and requires more effort to pronounce or type on a keyboard, or looks like something rude,\* is unlikely to be used, or cited, in a fast-moving world where people make split-second decisions between thousands of choices. {If you prefer to be crossed off the list, choose a long, double-barrelled name with plenty of letters having little squiggles over the 'c', and slashes through the 'o', and dots under the 'h', or difficult combinations like ..nchkzshw.. or ..kzwkz.., or an 'e' printed backwards}.

--- \*[See BLIXEN's story, p. 234 (below) of learning that there was no number 9 (or 19, 29, etc) in Swahili. This came from a young Swedish man, teaching her to count in Swahili. Blixen was delighted to contemplate the originality and courage of a people who could defy the standard "pedantry of the numeral series". Later, friends enlightened her: the Swahili word for 9 had an indelicate sound in Swedish. The shy young Swede had been embarrassed to pronounce the word to a lady, so he denied that there was any such thing. This occurred in the childhood of the human race, that wonderful era, pre-Facebook, pre-Wikipedia, before everything could be googled within seconds and fairy-stories exploded with brutal 'facts'.]

## Warning quotation marks and brackets

The use of single apostrophes '...' sometimes called '**warning quotes**' or '**scare quotes**' usually indicates some kind of emphasis or alertness to nuance, irony, humour, idiomatic flavour, raised eyebrow, nudge or wink. [In many languages this kind of punctuation does not occur at all, but other means are used for 'giving emphasis'. But in the era of 'Politically Correct', it's a necessary defensive part of English.] Single apostrophes, in the material below, may sometimes indicate a direct quotation that occurs within another quotation. Words within square brackets [ ] usually indicate supplementary material which might appear in footnotes in an old-fashioned book - but footnotes might be confusing in an online bibliography. [Too often, I succumbed to temptation and made a quasi-footnote using a \* star or # hash, partly because real footnotes seldom transfer well between different wordprocessing software.] Sometimes squiggly parentheses { } are used, when, for example, a whole paragraph is already in square brackets, and I'm already in ordinary parentheses ( ), and need to use a third kind of enclosure! At other times, squiggly brackets appear because they just felt more appropriate, humorous, ironic, or whatever.

## Material 'Found open online'

Much of the listed materials can in fact be found 'open online', and this is sometimes stated, yet the **URLs are mostly not shown** in this bibliography. URLs are often unstable over five or ten years, as the internet evolves and earlier formats become unsustainable, or a particular website goes down but the contents are moved elsewhere, or simply disappear. Readers wishing to view full text legitimately (but without paying large dollar fees) may find it useful to **search the web carefully**. There may be an open full-text copy posted at a university or other site, sometimes being the author's 'original manuscript' (or at some other stage). Such copies are not always identical with the 'published' article, but give a good idea of what the author wrote. Many articles can be requested from the 'corresponding author' by email, free of charge. (Use a sensible 'subject line' in your email request; and be very specific about the title and date of the item you need!) Many authors repeat their main points in successive papers and articles, deliberately or unconsciously, so it is worth checking whether some are openly available. In such searches, 'Google Scholar' is useful, filtering out junk sites and making it easier to search by year or period, and across languages. [By the time this bibliography appears online, Google may have new tricks, making some things accessible on hand-held gadgets for the youngsters, and withdrawing other facilities that oldsters have long used.]

**Names preceded by Al-** or **El-** are indexed by the proper name following. Those prefixed with **Abu-**, **Ibn**, **Van**, **Von etc**, are mostly indexed as such, under A, I, V,

**All dates** are 'CE', or 'BC', and refer to the Common Era or Christian calendar, with apologies to those who would have preferred other calendars to be shown.

**First authors.** The first author is shown with SURNAME in capitals, and co-authors' surname in lower case. No disrespect to co-authors -- the capitalised first surname helps the compiler, who is juggling hundreds of names on different screens and softwares using different pairs of glasses to see with, and trying not to make mistakes with African names that are not familiar to an elderly Brit.

**First personal name.** Where an author's first name could be ascertained, it has been given in full in the first of any list of that author's works, whether or not it actually appeared as such in the original publication. In further items, the initial(s) only will be used. (In some countries, the convention is to offer names in a different order, so "Jane Smith" would introduce herself - and her article - as Smith Jane - which some might then index as JANE, S. This is perhaps uncommon in Africa; but there are other African habits, such as having different personal names for different purposes, some of which may 'tell a story' to people who know the language, while others are short and snappy). **My apologies for any that appear wrongly.** Some authors in earlier decades tried not to 'personalise' their work by disclosing their first names; or more recently, because they have had nicknames bestowed on them at various times, which no longer fit in a world where most things start by filling an application form online, causing endless bother.\*

--- \*[The latter is the case with "M. Miles". Nobody now uses the first name on my birth certificate. Very few now use a confusing nickname I was given in my 20s, which stuck for 30 years. At different times I have been confused with Margaret Miles (eminent scholar of

'the body' in religion and antiquity); Michael Miles, professor of tropical medicine, expert in leishmaniensis; Malcolm Miles, who wrote about therapeutic art in mental hospitals, and later on city design; Mathew B. Miles who wrote on research methodology; and a few others. I am not (and never have been) any of those scholars. Nor am I married to Susie Miles, who worked for some years in South Africa, and has written articles on disability in Africa, and is a long-time friend and 'fictive sister', but not a blood relative. In Britain it is still (just about) possible to choose and use a name by which one wishes to be known, provided it is not indecent, not intended to evade a court of law, and no fraud or impersonation is involved.]

**Journal Names.** These were mostly found in abbreviated forms, but below appear almost in full, with 'J.' as the sole abbreviation (standing for: Journal, Journal of, Journal of the, Journal on). Some disability-related journals have changed their names during the past 20 years, e.g. 'Disability, Handicap & Society' became 'Disability & Society'; the 'J. Religion, Disability & Health' became 'J. Disability & Religion'; the 'Asia-Pacific Disability Rehabilitation J.' became DCID: 'Disability, CBR & Inclusive Development'.

**Declaration of Interest.** No grant, salary or other payment or material benefit was received in connection with the preparation or dissemination of this Bibliography. Through my life, I usually worked on 'volunteer' terms, and was seldom paid for whatever work I did. There is no special merit in this - it simply became a habit. As a teacher, my wife earned enough for us both to live on. When one works without earning a salary there is freedom to study and write whatever one finds worthwhile, including (if necessary) some criticism of national and international organisations. Mostly I have benefitted personally from the intellectual pleasure and stimulation of finding and wrestling with the materials in this bibliography. That has been a powerful tonic and reward; also, in recent years, a pleasant distraction from cancer, decay and disablement.

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## **\*\* HEALTH HAZARDS WARNING! \*\***

Some activities or drugs or herbal roots mentioned or described in items annotated below may have serious and possibly irreversible adverse consequences for people's health. They probably should not be done or ingested at all -- such as any form of self-harm, burning or cutting or making a hole in parts of the head or body, or ingesting 'traditional medicines' prepared in unhygienic conditions or by practitioners with insufficient experience. (This caution applies also to modern 'western' medicine, psychiatry and surgery, where some risks are always present, and are often discussed openly with patients, and may be listed on open websites). Other activities may be harmful to people who have existing physical or mental vulnerability or fragility, so they should not be tried without suitable guidance and preparation, including consultation with an experienced guide and practitioner (e.g. in the case of 'going into a trance', or other 'spiritual experience'). The advice of a qualified medical practitioner should be taken before embarking on any special dietary restriction, or ascetic practices such as living in isolation, going without sleep for several days, or other attempts to push the normal boundaries.

--- **This hazard warning is not intended to prevent people from trying to advance their spiritual life.** Historically, it was well understood that the first step toward making progress was always to find an experienced guide, teacher, guru or 'holy person', whatever the local term, and learn under the supervision of that person. There was no such thing as 'surfing the web', reading about some exotic practice, and thinking that it sounds a cool thing to try out in one's bedroom, or in the woods, or up a mountain. **SERIOUSLY** -- check out any unusual practices, pills or herbs or substances which might cause harm. Also check what is known about the teachers, guides or gurus, whether online or in the considered opinion of senior members of your local community.

**YOU MAY SAVE YOUR LIFE by stopping to think, talking it over with a friend, mailing a friend saying where you are going, and taking basic precautions!**

## **Abbreviations**

A.D. [In the Christian calendar. Mostly given as 'CE'.]

BC [before the birth of Christ]

- CBR Community Based Rehabilitation
- CE Christian Era (sometimes 'Common Era') [same as A.D.]
- c., ca. 'circa', around, approximately
- cf. compare
- ch. chapter
- ed., eds editor(s), edited by
- e.g. 'for example'
- et al. 'and others'
- etc. 'et cetera', 'and others', 'and so on'
- i.e. 'that is', 'in other words'
- J. Journal of, (occasionally 'Journal on')
- p., pp. page, pages
- transl. translation, translated [by]
- v., vv. verse, verses
- vol, vols volume(s)
- [ ] Square brackets in notes: mostly compiler remarks.

[date] Square brackets round date: date not quite certain

{ } with other brackets; or mild alert,  
or mood...

NAME Author name in capitals = item listed in bibliog.}

+ {as in 'KVAM+' indicates KVAM plus other authors}

/ or // often signals paragraph change in original

## **BIBLIOGRAPHY**

### **Authors ABBATE-PACHA ... BOURQUIA**

ABBATE-PACHA, O. (1882) Nouvelles observations physiologiques de subjectivité chez certains aveugles. *Bulletin de l'Institut d'Égypte* (2nd ser.) 3: 22-30.

From Cairo. Mentions that "Ici, au Caire, nous avons aussi depuis peu d'années une école d'aveugles, sous l'habile direction de mon ami Onsy-Bey. C'est une établissement où on apprend quelques métiers, un peu à lire et écrire, ainsi que quelques notions de géographie." (p. 23) [A brief history of Arabic braille, mainly in Egypt, starting with Dr Onsy opening a blind school at Cairo in the 1870s and producing Arabic braille known as Onsy's Point, appears in: Fattah, El Sayed A. (1954) Beirut Conference on Perso-Arabic Braille. In: *Proceedings of the World Assembly of the World Council for the Welfare of the Blind, UNESCO House, Paris, August 5-13, 1954*, pp. 75-78. Boston.]

ABBAY, Futsum T. (2013) An assessment of the legal securities and uncertainties of persons with disabilities in Eritrea. *East African J. Peace and Human Rights* 19 (1) 50-73.

ABDALLAH, Ismail H. (1992) Diffusion of Islamic Medicine into Hausaland. In: Steven Feierman & John M. Janzen (eds) *The Social Basis of Health and Healing in Africa*, 177-194. Berkeley: University of California Press.

From the Introduction: "The history of Islamic medicine in Africa compasses the interaction of multiple streams of therapeutic tradition: Graeco-Islamic medicine based on the theory of the four humours, the medicine of the Prophet Muhammad based on religious precedent and inspiration, and the local African medical traditions with which these interacted in each particular locality. This essay will sketch the character of medicine in the Islamic heartland and then go on to discuss the process by which it diffused into Hausaland in what is now northern Nigeria. It will examine how and when Islamic medicine interacted with local therapeutic practices, and explain the historic significance of these important

developments." (177)

--- [For more extended work by Dr Abdallah, see next item. Some further coverage of the 'diffusion' and impacts of Islamic medicine in North Africa, appears below, see e.g. ANTONIOTTO; BOURQUIA; DIOP+; DOLS; DOUKI; ELGAID; GHALY; GOLBERRY; HAAFKENS; ILIFFE; AL-ISSA; KIRBY; MEJDA+; RASMUSSEN 1989; RENOUF-STEFANIK; WESTERMARCK.]

ABDALLAH, I.H. (1997) *Islam, Medicine and Practitioners in Northern Nigeria*. Lewiston, NY: Edward Mellen. 188 pp.

`ABD ALLAH, Layla `Abd Allah Muhammad (1997) *Ahkam al-akhras fi al-fiqh al-Islami*. (MA thesis, Jamiat al-Azhar, 1996) Cairo: Maktabat al-Zahra. 447 pp.

[Comparative study of people who are 'mute' or 'dumb', in Islamic law and religion.]

ABD EL-KHALEK, Amira (2004) The cultural construction of women with disability in Egypt: an ethnographic approach. *MIT Electronic J. Middle East Studies*, 4: 91-106.  
<http://web.mit.edu/cis/www/mitejmes/>

Women and Disability. If one were to survey opinion across the Arab world, asking about who does the practical, everyday work of caring for disabled children, or for elderly people with infirmities of age, there can be little doubt that the participation of women would be very prominent. The mothers, sisters, wives, daughters, aunts, female cousins and in-laws can be found at home, tackling these duties of practical caring, cooking, feeding, washing, providing clean clothes and house, making comfortable. Yet Amira Abd el-Khalek found that, among the current disability literature of Egypt, men and children were given some attention, but women were invisible. {Perhaps as many as half of all disabled adults and children are also female, and thus 'doubly invisible'.}

--- The daily lives are described of four physically disabled women, across the socio-economic spectrum in Egypt, living in widely different communities. The author looked at a number of variables in the ways in which these women's lives and disabilities were socially constructed, such as "class, age, education, religion, power relations, time and space"; yet she found that these were all "intertwined and interchangeable. They are all related to one another, and in this case, they were all overridden by the fact that these women are disabled" (p. 94). The apparent context of their lives is a Muslim country, patriarchal power structures, and 'third world' medical services'; yet Islam (as a structured set of doctrines and documented revelation and collected traditions) is almost invisible in the constructions studied here. Religion is barely mentioned, except in the case of the one woman belonging to a rural Coptic Christian community. [cf GODRON, below]

ABDERRAHMAN Ibn Abdelkhaleq (2005) *Le statut de l'Handicapé en Islam. Al Andalous*. 62 pp.

[Not seen. On the web, the author states (in French) that he has summarised the instructions from Allah concerning disabled people, and hopes that this will enlighten them and their families and carers, about the teachings of Islam in their case.]



AL-ABDUL-JABBAR, Jawahir & Al-Issa, Ihsan (2002) Psychotherapy in Islamic society. In: I. Al-Issa (ed) *Al-Junun: mental illness in the Islamic world*, 277-293. Madison, CT: International Universities Press, Inc.

This chapter aims to address issues concerning some different principles and techniques of psychotherapy as practised in Arab-Muslim nations and cultures. Some examples of difference are: the strongly patriarchal nature of such societies; some client resistance toward insight-oriented therapy; the opportunities of integrating specifically Islamic spiritual support and reassurance; the reality that the "basic psychosocial unit is not the individual but the family, the group and the whole community". Case histories illustrate the difficulty of finding solutions to some relationship problems generated by rapid modernisation of some, but not other, aspects of Arab Muslim societies.

ABEGUNDE, Soeur Toyin (2015) Inclusion des personnes handicapées dans les programmes de développement: expérience du Diocèse de Nouna, Burkina Faso. [Found open online, in powerpoint format, part of 'Light for the World, Christoffel Development Cooperation', conference participation. [See AFRICAN Network, below.]

ABIMBOLA, Wándé (1994) Ifá: a West African cosmological system. In: T.D. Blakely; W.E.A. van Beek & D.L. Thomson (eds) *Religion in Africa: experience and expression*, 101-116, (bibliography 443-483). Portsmouth, NH: Heinemann.

Bodily suffering and impairments appear in various ways in this account of Ifá, "a prestigious and popular system of divination among the Yoruba", with extensive translation. The deity Orisanla (Obatala) is responsible for making people's physical bodies, as "Blacksmith of heaven. / Husband of hunchback. / Husband of lame. / Husband of dwarf with a big fat head." (p. 111) The "inner or spiritual head" (Ori) is provided by Ajala, a subsidiary servant to the deities, and this head, with or without defects, is selected by people before they are born. One powerful deity is Esu, of whom it is said that, "Death, Disease, Loss, Paralysis, Big Trouble, / Curse, Imprisonment, Affliction / They are all the errand boys of Esu." (106)

ABUBAKAR, Amina; Ssewanyana, Derrick & Newton, Charles R. (2016) A systematic review of research on autism spectrum disorders in sub-Saharan Africa. *Behavioural Neurology* [Article ID 3501910, 14 pages. Full text open online.]

Abubakar et al. systematically searched four major databases, and found 47 relevant studies, details of which they tabulate. [The reviewers seem disappointed that 74% of the identified studies were in only two countries, South Africa and Nigeria (though this would be predictable on grounds of population size and level of socio-economic development. Within those two countries, teams were at work in different regions). Some studies of autism were listed from Ethiopia (1); Kenya (3); Tanzania (3); Uganda (2), and Zimbabwe (2); as well as studies in Tunisia, two countries of 'North Africa', and of Somali children living in Sweden, which did not fall within "sub-Saharan" Africa. If the reviewers had thought to pull in some literature on African children displaying a variety of peculiar behaviours, as found below, e.g. GÖRÖG et al; and OKRI, both below, they could at least have speculated that there might be a greater wealth of indigenous knowledge having pertinence to addressing autism spectrum disorders, spread across the continent.]

ACHAC\* (1975) *Compte-rendu du Colloque sur les problèmes des handicapés, Goma, Nord-Kivu (Zaire) du 26 au 28 juin 1974. Bulletin de l'ACHAC no. 1. 64 pp.* \*[Association des Centres pour Handicapés de l'Afrique Centrale.]

ACHAC (1992) *Liste des Centres pour Handicapés de l'Afrique Centrale: Zaire, Rwanda, Burundi. 8 pp.*

ACHEAMPONG, Berko (2009) *The Disabled and Art: lives and works of selected Ghanaian physically disabled artists. Dissertation toward PhD, Kwame Nkrumah University of Science and Technology, Kumasi, Ghana. 209 pp., with illustrations.* [Found open online, Jan. 2014.]

Acheampong interviewed 14 physically disabled artists "using traditional face-to-face method. Besides, analysis of selected works of art by these artists was done." The study tended to confirm that "art could help one acquire a job irrespective of one's age at a certain level with minimal training." It also suggested that disabled artists "produce artworks to solve problems of the society" (p. iii). These findings might partly run counter to a review in local literature, which found considerable negative attitudinal barriers, and a few positive views. [Probably artists who take a portfolio of their art-work to a job interview may be well placed to challenge negative views by showing attractive examples of their skills and imagination.]

ACHEBE, Chinua (1971 / 1977) *The Madman. In: Girls at War and other stories, 1-10.* London: Heinemann.

This curiously related Southern Nigerian tale tells of two men, one a nameless simpleton of village Afo who is attracted by big bazaars in towns; and the other being a respectable farmer, Nwibe, of good standing at Ogbu town, pursuing his business and hoping to make his mark in society. Nwibe is pictured dispensing male wisdom to calm the eternal quarrel between his two wives. On the journey between Afo and the Eke market at Ogbu, the unclothed simpleton, rambling in his mind, leaves the road to drink from the stream. Nwibe is also going to Eke, and stops for a bath. But Nwibe's personal cloth is stolen by the simpleton, who has been watching and laughing (and also, it seems, identifying in Nwibe all the bullies and stone-throwing boys who normally make life a misery for rural half-wits). This man wraps himself in Nwibe's cloth and runs toward the market town, chased by Nwibe like a roaring bull. The clothed man disappears in the crowds walking to market. The pursuer is highly conspicuous, thundering along, raging and naked. Two people from Nwibe's village notice him, give chase and manage to subdue Nwibe, return home with him and ask local healers to treat his 'crazy behaviour'. Nwibe calms down. A healer gets great credit for his 'cure'. Nwibe is accepted again in the community but withdraws from any boisterous activities. His chances of rising to join the leaders of Ogbu are finished. --- A subtlety of the tale (which may have evolved between its 1971 version and that of 1977) is that the viewpoints of the two men are not clearly demarcated, but switch from one to the other - so who is the madman, and who the sane?

--- [Literary critics may expend much ink on this; or may politicise the issue of who stole whose clothes, or whose territory, or whose oil, or whose traditional way of life, or whose

entitlement to respect as a human regardless of poverty, during the civil war in Nigeria. See also notes to CHRAIBI, below]

ADEDEJI, Adebisi G.M. & Eegunlusi, Tayo R.M. (2016) Theology of mental health and healing ministry. *African Christian Studies*\* 32 (1) 37-46. [\* Catholic University of Eastern Africa, Nairobi.]

Rev. Dr. Adedeji and colleague, writing from the Federal University of Technology, Futa, Akure, Nigeria, pronounce a high view of holistic healing that is entirely dependent on divine intervention: "No human person can bring holistic healing and cure to any patient, but only God can with the cooperation of the patient. Neither a medical doctor nor herbalist nor a miracle healer can do so." (p. 37) Yet they seem broadminded toward group ministry in healing group therapy: "The healing minister (pastor, medical practitioner, traditional healer, social worker, miracle healer or any other person) is a leader by facilitating and enabling." They are, however, rather frank in their generalised description of adverse public attitudes in the Nigerian context: "In Nigeria, victims of mental illness are treated as less than human, as irresponsible, valueless and worthless people. Rehabilitation for them is, more often than not, difficult if not almost impossible. They are rejected by the society without any compassion and mercy. Even in some situations their families abandon them, disown them and are unwilling to identify them. Many times, they are pegged or tied to a stake like some sacrificial animal." (p. 40) Such views are contrasted with a description from a hospital in the USA, where a "theology of compassion" is practised, and kindness extended to deeply troubled people.

--- [This does not sound like an entirely fair comparison, as there are certainly people in the US who have adverse attitudes towards those with mental illnesses; and also families who cast off their sick member. However, the description of negative behaviour in Nigeria, published in 2016 by educated observers who are involved in therapy, may not lightly be dismissed. It may perhaps be balanced by other Nigerian verdicts, where adverse attitudes are noticed, but some more positive behaviours are also present. See below, e.g. AINA; AYOADE; BRAITO+; ELEWEKE; ILIFFE; ISHOLA-ESAN; LAST; MADU 2015; MAKANJUOLA; OMIGBODUN; UGWU; and others.]

ADELOYE, A. (1989) *Neurosurgery in Africa*. Ibadan University Press. xii + 368 pp. In his major survey of African neurosurgery, the senior surgeon Professor Adeloje considers issues of survival of infants with hydrocephalus / spina bifida. Sometimes he takes the pragmatic view that where the child with spina bifida was brought late to hospital, already with limb paralysis, it was reasonable in African conditions to delay surgery a little further: "After some months, the fittest survive and operative closure can be considered" -- on several grounds, parental wishes being among them. (p. 155) Some of the dubious sides of traditional practice are readily found in the neurology field: for another congenital abnormality with cranial problems and multiple symptoms, Adeloje showed a patient whose "feet had been burnt to stimulate the child to walk (pp. 105-107; though he did also, pp. 360-361, mention African use of cautery as a legitimate pain-control procedure, citing another of Egypt's pioneer neurosurgeons.

ADEMUWAGUN, Zacchaeus A.; Ayoade, John A.A.; Harrison, Ira H. & Warren, Dennis M. (eds) (1979) *African Therapeutic Systems*. Crossroads Press. Waltham, Mass.: Africa Studies Association. viii + 273 pp., quarto. Some graphics, diagrams.

The editors introduce this useful collection of 43 items, as "a textbook dealing with indigenous African medicine and its relation to healing systems introduced to Africa from the West." (p. vii) (Many items have had previous publication, and here are reprinted in different format, minus photographs, and stripped of phonetic diacriticals, for ease of handling and lower production costs. Some were translated from French originals; two remain in French).

--- Material is presented in three sections: I. African Concepts of Disease. II. African Treatments of Disease. III. The Interaction Between African and Western Medicine. Most of the items have some references, and a few have many (e.g. CONCO, with 117). Ira Harrison gives 47 textual items as "Sources for further study" (pp. 257-258), and visual materials are annotated under "From tradition to science in African health care: a filmography" by Steven Ohrn & Rebecca Riley (259-261). A detailed Index (263-273) is notable for listing 394 italicised terms found in the material, from the following African languages or tribal groups: Abbron, Amhara, Ashanti, Baganda, 'Bantu', Bono, Bororo, Kongo, Kpelle, Hehe, Hlonpiha, Mano, N'jaye, Shona, Songha, Sutho, Tiv, Tswana, Yoruba, Zulu. [With the passage of 38 years, some of these terms are no longer in use, as e.g. 'tribal' and 'Bantu' are now considered 'incorrect', in some disciplines. The editors did not attempt to harmonise different styles, across the wide variety of the contributors.] See AYOADE; BRAITO; CONCO; DIOP+; EDGERTON; MACLEAN; MENSAH-DAPAA (all below).

ADEPOJU, Gabriel A. (1999) *Trends in the development of education of the Deaf in Nigeria between 1950 and 1985: an interview and historical study*. Unpublished doctoral dissertation, Gallaudet University.

One among a long list of talented deaf Africans whose further studies the African American Rev. Andrew Foster arranged and encouraged, was this Dr Gabriel Adepoju, who no doubt drew upon his own experience during his study. [In a previous article I stated wrongly that Dr Adepoju had his phd from Maryland. I don't know how this mistake occurred.]

ADERINTO, Adeyinka Abideen (1997) Breaking through barriers: a survey of disabled entrepreneurs in Ibadan city. *African Notes*, 21 (1 & 2) 86-94.

A survey is reported from Nigeria, of 71 disabled people who had chosen not to join other disabled adults in begging alms for their support. These were mostly people with a physical disability, or deaf or blind. Lacking job opportunities, they had taken up self-employment and ran their own small businesses, as shoe-makers, tailors, traders, hairdressers, carvers or weavers. Only 10% of these businesses were registered, so the others lacked access to banking facilities and capital. Most of the businesses were in an unsatisfactory state.

Various steps by the government could assist such people to better success.

--- [This survey is a useful reminder that disabled people in Africa have not always sat inertly waiting for 'responses' from the kind-hearted public, or from the traditional healer bearing a pot of herbs, the priest or mullah with their exhortations, or the small boys

throwing stones. Some, in every country, have found the means to start up their own small business, against considerable difficulties.]

ADLER, Alfred & Zempléni, Andras (1972) *Le Bâton de l'Aveugle. Divination, Maladie et Pouvoir chez les Moundang*. Paris: Hermann. 223 pp., map, illustrations.

Studying the Moundang people in south-western Chad, anthropologists Adler and Zempléni learnt that the term used for divination (*kindani*) was the same term as "canne de marche, canne par laquelle l'enfant guide l'aveugle", a sufficiently common sight to serve as a metaphor for the highly complex and important task of learning (from patterns of pebbles) what might be the reasons behind this or that event, illness, or course of action. [See scholarly reviews: L.-V. Thomas (1973) *Archives de science sociales des religions* 35, pp. 169-171. A. Retel-Laurentin (1975) *J. de la Société des Africanistes* 45 (1-2) 217-218. G.R. Horner (1975) *American Anthropologist* 77 (2) 387.]

ADMASU, Awlacheu & Derso, Teklehaimanot (1991) Deaf people communicating with professionals. In: *Partnership between Deaf People and Professionals. Proceedings of a Conference, Rabat, Malta, 97-103*. Valletta: Ministry of Social Policy, Malta.

Views from officers of the National Association of the Deaf, Ethiopia. (The chairman apologised for the conference not taking place in Ethiopia, due to the war going on there; and thanked the Maltese colleagues for hosting it at short notice). Mr Admasu and Mr Derso reported that "the attitude towards the deaf by the general public is one bordering on superstition. Deaf people are regarded to be possessed by evil spirits and the evil [eye?] and are subjected to all sorts of traditional healing practices bordering on black magic and faith healing. Thus, one can still find some professionals who have not yet freed their minds from such outdated attitudes towards the deaf. It is under such a situation that we have to see the need of the deaf to communicate with professionals." However, the deaf officers continued by admitting that "Many deaf people even in Ethiopia, where the language of signs has been in use for about thirty years, still think that the language of the hearing is better. This is because we have not yet developed to a stage where the deaf have an identity of their own. It is of the utmost importance that the deaf should be proud of their language so that they might develop it to a very high standard."

*African Disability Rights Yearbook* (2013 - ). Centre for Human Rights, Faculty of Law, University of Pretoria. [Open online.]

[The annual Yearbook series typically carries 6 to 10 specialist articles and a similar number of country or regional reports, edited to a good academic standard. The gulf that exists between the declarations of Disability Rights signed up to by most African nations, and the street-level realities of inaccessible environments and thoughtless rejection and exclusion of disabled children, adults and elderly people, means that some of the reports are of a formulaic nature. They point to the long-lasting gulf, but cannot bridge across it. However, they do keep a light shining on the laws and the neglected undertakings. In every country, a time comes when some disabled individual has her day in court, and the magistrates and judges must consider what evidence exists that this or that legal right exists, and whether anything is known about it. The Yearbook series constitutes an independent, published witness statement, readily accessible online.]

AFRICAN Network for Community Based Rehabilitation {AfriCAN} (2015) The Fifth CBR Africa Conference: Kenya 2015. (Nairobi). Theme: A Bridge to Inclusive Society beyond the 2015 Development Framework. [Found open online.]

The programme of Conference presentations is shown, with 46 titles listed, in English or French, including work from Burkina Faso, Burundi, Cameroon, East Africa, Egypt, Ethiopia, Kenya, Madagascar, Mozambique, South Africa, South Sudan, Uganda. Topics addressed included training needs, empowering parents and caregivers, cerebral palsy, inclusive education, refugee contexts, monitoring and evaluation, "ending poverty through Ubuntu"; sexual abuse, human rights, strengthening organisations of disabled persons, wheelchair service provision, local government responses, etc. Some items are available in title only, some with outline, or full text. [See above, ABEGUNDE; below, AHIDJO; KASSA; MAINA; RAKOTOZAKA.]

AGBODAN, A. (1982) Choix entre médecines traditionnelles et modernes au Togo. *Soins - Pathologie Tropicale* 35: 25-31.

AGEGNEHU, Etenesh (2000) Inclusion of Children With Disabilities (CWD): Situational Analysis of Ethiopia. *Including the Excluded. Proceedings of the 5th International Special Education Congress, University of Manchester.*

Describes the situation of children with disabilities in Ethiopia, emphasizing negative community attitudes. Suggests that the few children in special schools are segregated and frustrated, while those children with disabilities enrolled in special classes, or in ordinary schools, may also have difficulties. In ordinary classes there may be more than a hundred children, and the teacher has usually had no special training, so will be unable to give individual attention for special needs. More training and greater availability of resources would be required.

AGHUKWA, Chikaodiri Nkereuwem (2012) Care seeking and beliefs about the cause of mental illness among Nigerian psychiatric patients and their families. *Psychiatric Services* 63 (6) 616-618.

AHIDJO, Pascal (2015) A CBR strategy to support persons with disabilities to access fair justice: a case study of Northern Cameroon. Conference presentation, at the Fifth CBR Africa Conference: Kenya 2015. (Nairobi). Theme: A Bridge to Inclusive Society beyond the 2015 Development Framework. [Found open online.]

AHMED, Abdullahi M. (1988) Somali traditional healers: role and status. In: Annarita Puglielli (ed) *Proceedings of the Third International Conference of Somali Studies*, 240-247. Rome: Il Pensiero Scientifico Editore.

AHMED MOHAMED, Haidar Abu (1985) Leprosy -- the Moslem attitude. *Leprosy Review* 56: 17-21.

Brief article differentiating some views and practices commonly found in Muslim-majority countries, actually based on indigenous traditional beliefs, from the orthodox Islamic teaching based on a few verses in the Qur'an and sayings of the prophet Muhammad.

AHYI, Gualbert R. (1997) Traditional models of mental health and illness in Benin. In: P.J. Hountondji (ed.) *Endogenous Knowledge: Research Trails*, 217-246. [Oxford]: CODESRIA (Council for the Development of Social Science Research in Africa). {Translated from French by Ayi Kwesi Armah}

Dr Ahyi, a psychiatrist who studied in Dakar under Henri COLLOMB (see below) and was writing from a senior position at the National University of Benin, recognised that his position and practice was predominantly that of modern, Western, bio-medical science; yet being African and working with Africans afforded some opportunity to "adopt less overbearing attitudes, and to dissociate ourselves from the position of the Western expert as teacher of ignorant Africans, a position that was such a central part of our colonial history." (p. 218) Ahyi usefully and credibly points out some of the obstacles in the path of the Western practitioner determined to come to grips with traditional healing practices, to get on top of it, decode it, analyse what it has and how it works.

--- An unstated source has noted that 'the esoteric, sacred and religious aspect of therapy constitutes a block in the path of foreign psychiatrists' (and also of Western-trained African psychiatrists). Ahyi connects this with three factors: "a) reluctance to rush into an area of mental illness in which therapists are confronted with evil forces, with neither preparation nor protection; b) the dangerous aura of a sacralized environment; c) the inhibition associated with queries on the fundamental beliefs and myths of individuals and their social organizations. // Western-trained psychiatrists avoid such confrontations for fear of getting shaken, or having to face challenges to ideational systems painstakingly adopted and internalized." A further problem in 'hearing' anything else arises from the unbending conviction of the correctness of Western models: "we run a high risk of distorting and misunderstanding the information we process." (pp. 218-219)

--- Having delivered these cautions and (self-) admonitions, Ahyi goes ahead and considers African models, generalised over a wider area than Benin and Senegal, and the difficulty experienced by some of his Western colleagues with contemplating "parapsychological phenomena". He goes further with a series of examples that come up in his own practice as a western-trained psychiatrist who tries to respect the skills of his traditional counterparts, and to hear the actual discourse of patients and families thinking in the local idiom, to discover which approaches produce more desirable effects and healing outcomes, in the varied circumstances.

--- Discussion of cases went even further, as the chapter concluded with a "transcript of a discussion which took place" after presentation of the chapter at the National University of Benin seminar. Answering questions, Prof. Ahyi summarised, e.g. "the Western and African models do not really complement one another." (232) "The basic difference between traditional healers and us, modern doctors, is that they heal relationships, we heal bodies." (237) Still more frankly, Ahyi disclosed what he now thought about the research group that Collomb set up in Senegal: "For a very long time in Dakar, a group of us psychiatrists believed we could cooperate with traditional healers. In time, and after terrible soul-searching, I came to understand that we had achieved nothing. All we had done was to conduct research into superficial details the traditional healers did not explain to us. This failure of open cooperation, which happens throughout Africa, is the real obstacle in the

way of the complementarity of the two models." (241-242) He goes on to say that "if people really want to commit themselves to a complementary approach, it should be feasible." However, the obstacles were by no means all on the 'modern' side. Ahyi had asked some traditional healers if they could work together, and they agreed, but made conditions: "The traditional healers would first of all have to submit each member of my research team to a loyalty test, based on divination, specifically designed to find out if they were likely to be traitors. Secondly, we had to limit our numbers to five."

AINA, Olatunji F. (2006) 'Psychotherapy by environmental manipulation' and the observed symbolic rites on prayer mountains in Nigeria. *Mental Health, Religion & Culture* 9 (1) 1-13. Writing from a formal Department of Psychiatry at the University of Lagos, Dr Aina observes that "Western forms of psychotherapy are of little relevance" to clients seen at their clinic, whereas "traditional practitioners, which include 'Babalowas,' 'Dibias,' and religious healers offer services "of psychotherapeutic values that are more culturally accepted by the people." Various activities of the indigenous Aladura Church Movement "on selected prayer mountains in southwest Nigeria were explored" in the present study. Many such activities were recognised as being "of psychotherapeutic importance through the manipulation of the clients' cultural environment and the 'prescription' of such 'symbolic rites' as the use of 'Holy water,' 'Anointing oil,' 'mantles,' etc." Activities were studied on four different prayer mountains in Yoruba-speaking areas of Nigeria, in 2003-2004. The author's status as participant/observer may partly be indicated by the note that "It was on this prayer mountain that the researcher was co-opted to serve as an interpreter from Yoruba to English language for the non-Yoruba speaking worshippers in a night-vigil service in March 2004." (p.5)

AKPATI, Elizabeth T.I. (1986) Services delivery systems and communication disorders in developing African countries. In: K. Marfo; S. Walker & B. Charles (eds) *Childhood Disability in Developing Countries. Issues in habilitation and special education*, 89-99. New York: Praeger. xi + 274 pp.

Professor Akpati notes the poor situation in some West African countries, and the fact that the "professions of speech pathology and audiology exist in only a few institutions of higher learning in Nigeria and Ghana..." (p. 93). Further, "Individuals with communication disorders do not enjoy the same consideration as those with visible handicaps such as the blind or the orthopedically-impaired. The amputee, the quadriplegic, or the blind person with a cane get immediate attention and sympathy because his/her handicap is conspicuous and so his/her needs are in some measure, appreciated. But those who are deaf or lacking in communication ability appear outwardly normal until they attempt to speak. They arouse a negative response in the form of patronization and ridicule." (95-96) Akpati then elaborates on the negative reception: "Social degradation attends speech and hearing defects in African countries. The hard-of-hearing are shouted at and there are jokes about them having 'hard-ears.' Stutterers are often ridiculed and a child with a less severe form of mental retardation may be regarded as 'lame-of-mind'. All forms of malocclusions abound, and the resultant articulation problems which can be alleviated through surgical or prosthetic management, attract attention and ridicule." (96) Some actions are recommended to government (97-98).



ALDEEB, Abu-Sahlieh S.A. (1994) *Les Musulmans face aux droits de l'homme*. Bochum: Verlag Dr Dieter Winkler. [Note: Author spells his own name as above in his reference list. The title page has: Abu-Salieh]

Detailed, wide-ranging and well referenced work on historical understandings of human rights in Islam and current interpretations and legal practice across the Arab world. In a chapter on Abortion and Birth Control (pp. 42-52), the classical Jurists are shown to have had different position on abortion, from total prohibition, to permission up to the 40th or the 120th day of pregnancy, or at any time in a special case, e.g. serious risk to the mother. Current Arab laws are mostly prohibitive, but Tunisian law reportedly permits termination in the first trimester. A source states that South Yemen permits abortion when a family with three children has no means to raise further children, or in case of fetal malformation (p. 47). A fatwa of the Academy of Muslim Law, of the World Muslim League, based on legal advice of Muhammad `Ali Al-Bar, issued in 1990, reportedly permits abortion of a deformed fetus in the first 120 days of pregnancy, but no later unless the mother's life is at risk.

ALLOTTE DE LA FUYE, Maurice (translator) (1958) *Actes de Filmona. Scriptores Aethiopici*, tome 36. Louvain: Secretariat du Corpus scriptorum Christianorum Orientalium. 74 pp. (2 vols in one).

{Transl. from Ethiopic}. Abbott Philemon in the second half of the 14th century reportedly cured "un muet" (dumb, probably deaf) who went to the saint's tomb. After he had knocked at Philemon's sepulchre (or on the tomb - "il eut frappé à son sépulture") he found himself able to speak - the question of hearing is not mentioned; nor is there any expulsion of 'evil spirits' in this account or the subsequent healing of a paralysed person (p. 58).

ALLY, Yaseen (2015) 'Burn the witch': the impact of the fear of witchcraft on social cohesion in South Africa. *Psychology in Society* no. 49. 11 pp. [Found open online] Yaseen Ally, a university-base psychologist, states that 29 participants "all from semi-rural communities, South of Johannesburg" provided information, and that "Non-structured conversations were chosen as the data collection tool, as it allowed participants to bring their understanding of the belief in witchcraft. She was also moved when "a video that was anonymously sent ... showed a group of people, chanting and screaming while a fire burnt in broad day light ... foreshadowed by the screams of accused 'witches' burning ... These persons tried fleeing the violence but members from the group kept kicking them and dragging them back into the fire." (unknown source, 2009)

--- The approach in this article is somewhat naive and journalistic; yet an effort has been made to put the evidence into the context of earlier studies (58 references); and to note the local terms used (e.g. *molo*, *moloi*, *abathakat*, *umuthi*, *isigiso*, *tokoloshe*). The messy quality of the evidence credibly reflects the "impact of the fear of witchcraft" alleged in the title, as do the recorded reactions of some informants. They might divulge quite a lot of insights, but then regret having done so, recalling the danger that malign spirits might have overheard, and would fly in that night to terrify them; or might clam up when a thunderstorm took place after an initial conversation. Ally reports asking participants "what should be done to those who were identified as witches", noting responses such as "Kill them because they are not a good people to live with, they ruin your life." ... "Hey but you can't, just say that

you are going to kill people it is a crime." ... "It is very difficult to decide on this because if we leave them {accused} they will harm us again but if you kill them then the police will come for you." ... "What will the police do?" ... "The police they can do nothing because when the community is cross the community is cross." Ally moves on to suggest that the oral evidence "supports the argument that fear of bewitchment begins the process of a breakdown in social cohesiveness", citing evidence from Rwanda; and that there can be an escalation "in most cases towards violent behaviour".

--- [This is a risky kind of 'engaged action research' - a Research Ethics Committee, if consulted, would probably counsel against proceeding! However it may be argued that such an attitude is itself irresponsible, merely drawing the curtains over murder and community fragmentation, which is likely to become worse if ignored or covered up.]

ALLY, Y. & Laher, Sumaya (2008) South African Muslim faith healers' perceptions of mental illness: understanding, aetiology and treatment. *J. Religion & Health* 47: 45-56.  
[See previous item]

ALPERS, Edward A. (1984) 'Ordinary Household Chores': ritual and power in a 19th century Swahili women's spirit possession cult. *International J. African Historical Studies* 17 (4) 677-702.  
[From GRAY's bibliography.]

AMANZE, James N. & Kabue, Samuel (eds) (2016) Disability, Religion and Theology: African Perspectives. *J. Disability & Religion* 20 (1-2) pp. i-ii + 1-118.

Dr. Amanze describes (pp. i-ii) a process of consultation among several Southern and Central African University institutions of theology, together with the Ecumenical Disability Advocates Network (EDAN), starting in 2013, toward the introduction of "disability studies" in those institutions. A considerable number of papers and articles were written during the process, to produce a disability studies resource book and study curriculum. Production of that book is apparently ongoing, but some parts were chosen for publication in the present special issue of the *J. Disability & Religion*.

--- A few articles are listed separately below, under author (e.g. MUGANIWA; SETUME; ISHOLA-ESAN). Given the stated origins and purpose of the compilation, it is unsurprising that most contributions pursue a predictable path of making a quick dip or survey into the supposedly 'bad stuff' in African knowledge, belief and practice, the negative attitudes, disability as a curse, the worst superstitions; then they fall in line, looking at Western anglophone developments such as the 'social model of disability', the UN Charter of Rights, and the need for theologians to embrace these 'assumed-to-be-correct' views, and teach them to their students. It thus has some similarities to the collection edited by KABUE et al (2011), in which a majority of references are to British or American authors, as the source of all wisdom. In the present collection, there is more citation of other African writers - but mostly those following uncritically the anglophone views mentioned above.

--- [It remains to be seen whether any contributors to the larger 'resource book' may have heard of any different ideas, e.g. from Nelson MANDELA (below) or the francophone poet Tchicaya U TAM'SI (below) whose trenchant verses could introduce some dissent or critique, against the blanket adoption of 'western' ideologies.]

AMMAR, Hamed (1954) *Growing Up in an Egyptian Village. Silwa Province of Aswan*. London: Routledge & Kegan Paul. 316 pp.

Carefully drawn pictures of childhood in village Egypt. Chapter 10 (pp. 202-213) reflects on "Indigenous learning and teaching", and describes daily activities in Islamic village schools of Silwa - where three of the six teachers were blind men. The village teacher, "especially if he is blind, relies a great deal on one or two monitors (‘areef)" (p. 208). The curriculum was almost entirely learning the Qur'an, and was under challenge from the compulsory education at government-sponsored schools with a broader and more modern curriculum. Parents often withdrew able-bodied boys to help with agricultural work; however, "Blind boys find in the Kuttab a place where they can absorb themselves in learning the Koran, and it is mostly these blind boys who remain in the Kuttab until they finish memorizing the whole of it" (pp. 212-213). In Appendix XII, on ability testing of village children, a few "mentally deficient" individuals are noted, whom the villagers regard as holy fools.

AMMAR, Sleim (1975) Ethnopsychiatrie et psychiatrie transculturelle: introduction aux problèmes posés par l'impact de l'acculturation sur la santé mentale au Mahgreb. *La Tunisie Médicale* 6: 315-330.

ANDERSON, Elizabeth M. [1967] *The Education of Physically Handicapped, Blind and Deaf Children in East Africa*. Action For the Crippled Child Monograph. London: National Fund for Research into Crippling Diseases. 150 pp. inc. map.

Detailed, factual survey, review and analysis on the situation of both governmental and NGO work in Uganda, Kenya and Tanzania in the mid-1960s. Discussion of polio back to 1912 (pp. 28-30); opening of centres for blind people in 1940s and 1950s (89-99), and for deaf people from 1959 onwards (108). Appendices give much tabulated data, and reproduce questionnaires sent out to schools and institutions with Government approval.

ANTONIOTTO, Alberto (1984) Traditional medicine in Somalia: an anthropological approach to the concepts concerning disease. In: T. Labahn (ed.) *Proceedings of the Second International Conference of Somali Studies*, University of Hamburg, 1983, pp. 155-169. Hamburg: Helmut Buske Verlag.

Describes a complex syncretic traditional belief system of disease concepts and therapy, with both Islamic and pre-Islamic African components, with focus on fieldwork in a particular village in Afgoy district.

APPIAH-KUBI, Kofi (1981) *Man Cures, God Heals. Religion and medical practice among the Akans of Ghana*. New York: Friendship Press. xiv + 173 pp.

ARBEITER, Suzanne & Hartley, Sally (2002) Teachers' and pupils' experiences of integrated education in Uganda. *International J. Disability, Development and Education* 49 (1) 61-78. Describes some efforts in Uganda to increase the number of children with disabilities in ordinary schools, and a qualitative study in three primary schools to investigate the views of teachers, pupils and head teachers with regard to integrated education. Class sizes ranging from 70 to 150 pupils, and a lack of resources and specific training, caused many

problems for the teachers, some of whom nevertheless expressed positive views. Classroom observations suggested that the optimistic reports of coping strategies were seldom reflected in actual classroom responses by teachers to the variety of needs.

ARMELAGOS, George J. (1969) Disease in Ancient Nubia. *Science* 163: 255-259. [see also Appendix 2, below]

Analyses lesions in nearly 800 skeletons from archaeological sites in the very hot, dry Wadi Halfa area of Lower Nubia, Sudan, dated between 7000 BC and 1300 CE. Disabling impairments are suggested by fractured limbs and crania, indications of arthritis, and child's skull indicating hydrocephalus.

ARON, M.L.; Bauman, S. & Whiting, D.M. (1967) Speech therapy in the Republic of South Africa: its development, training and the organization of services. *British J. Disorders of Communication* 2: 78-83.

Informative account of developments since 1936, when P. de V. Pienaar started a diploma course in Logopedics at the University of Witwatersrand.

ARYEE, David T.-K. (1972) The education of hearing impaired children in Ghana. In: *Seminar on Deafness, Accra, Ghana, September 4th-8th, 1972*, 5-7. London: Commonwealth Society for the Deaf.

Some notes on the start of the first deaf school in 1957, and subsequent developments.

ASHIPALA Sackeus P.; Daniel, Profelius; Haikali, Marius N.; Israel, Nangolo; Linus, Festus T.; Niilenge, Henock H.; Haiduwah, Timony F.; Hashiyanh, Rauna N., & Morgan, Ruth (1994) The development of a dictionary of Namibian Sign Language. In: Carol J. Erting; R.C. Johnson; D.L. Smith, & B.D. Snider (eds) *The Deaf Way*, 342-346. Washington DC: Gallaudet University Press.

ASSOCIATION de Personnes Handicapées de Nyankunde (APHN) (1993) Interview sur les problèmes ou difficultés des personnes handicapées à Nyankunde. Unpublished document, APHN. (DR Congo)

ATIJOSAN, Oluwarantmi; Rischewski, Dorothea; Simms, Victoria; Kuper, Hannah; Linganwa, Bonaventure; Nuhi, Assuman; Foster, Allen & Lavy, Chris (2008) A national survey of musculoskeletal impairment in Rwanda: prevalence, causes and service implications. *PLoS ONE* 3 (7): e2851. [Full text open online.]

ATIWIYA, G. (1971) 'Le Zebola': thérapie traditionnelle des maladies mentales dans un cadre urbain. *Psychopathologie Africaine* 7 (3) 389-416.  
[From GRAY's bibliography. See: El-DABH, below.]

ATUONAH, Patrick [1999] A Deaf Soldier Comes in from the War. [Found open online. From Clerc Center, Gallaudet University]

"I remember playing with my friends, and seeing my mother coming. I knew my mother was angry. She had a stick in her hand. I knew I was in trouble." When his mother had given him some blows, he cried out: "I can't hear. I can't hear" He was four years old, living in

Onitsha, eastern Nigeria. He went to elementary school with hearing students, and had to sit at the front. "I hated it. It was embarrassing. In Nigeria, deaf people are often scorned. The word for deaf in Ibo means 'cursed by the devil.'" Yet Patrick persevered. "It is amazing how the body adapts. I did not have ears that worked, but I had eyes and hands. I could still learn." He did well in elementary school and qualified to go to an elite private high school. "The teachers in the high school didn't know I was deaf. I got to sit in the back row!" Later, when the Biafra war broke out, Atuonah was forcibly enlisted by Biafran soldiers. "I had no choice. I told them I was deaf, but they did not care." The fighting became very bitter. "Our orders were to shoot the soldiers who could not retreat. If we did not shoot them, they would be tortured by the enemy." After the war, the situation was very difficult, with homes destroyed and famine in the region. "We would eat big rats and lizards. Sometimes we killed them with a stick. Other times we trapped them. ... We kept ourselves alive." --- Patrick returned to high school, and graduated. He was accepted by the University of Nigeria, but then "They told me that a deaf person could not possibly stay in the university. I was dismissed." He heard about Gallaudet College in America, and arrived in the US in 1977. "Before when I thought of America, I thought of cowboys. But when I arrived here, I saw it wasn't like that at all." At Gallaudet, "It seemed to be all flying hands." Yet Patrick settled in, and graduated, and got a job, married a fellow student, and acquired children. "In some ways, life has been very good to me. I am always happy here, but I feel Nigeria is my home."

AUGUSTINE [ca. 387 CE] *De quantitate animae*, transl. J.J. McMahon (1947) as: *The Magnitude of the Soul*. Washington DC: Catholic University of America Press. See annotation under AUGUSTINE [ca. 389]. (See also TERTULLIAN, below, with other North African 'Fathers of the Christian Church').

AUGUSTINE [ca. 389 CE] *De Magistro*, G. Weigel (ed.) 1961. *Sancti Aureli Augustini Opera*, Sect. VI, Part IV (Vienna, Hoelder-Pichler-Tempsky). [In Latin] See next.

AUGUSTINE [ca. 389 CE] *The Teacher*, transl. R.P. Russell (1968). Washington DC: Catholic University of America Press.

The Christian theologian and bishop Augustine (354-430 CE) was born in 'Roman' North Africa at the small Numidian town of Tagaste (now known as Souk Ahras, in the north-east corner of Algeria). He studied at Carthage and spent some years in Italy before returning to Tagaste in 388, with his son Adeodatus aged 16. There he wrote *De Magistro* (usually translated "The Teacher"), in the form of a dialogue between himself and Adeodatus. Much of the text discusses words used as silent thoughts, as sounds, and as signs of meaning. As an example, Augustine asked: "Have you never noticed how men converse, as it were, [quasi sermocinentur] with deaf people by gestures and how the deaf themselves in turn use gestures to ask and answer questions, to teach and make known either all their wishes or, at least, a good many of them? [indicent aut omnia, quae volunt, aut certe plurima] When this is done, visual qualities are not the only ones indicated without the use of words, but also sound, taste, and other such qualities. And there are actors in theatres who often unfold and act out whole stories by dancing, without the use of words." (Augustine, transl.

Russell 1968, p. 13; Latin phrases inserted from Augustine, ed. Weigel, 1961, ch. 5, p. 9)  
--- This might be the earliest surviving statement from African antiquity that clearly bears witness to the reality and depth of signed communication between deaf people and between hearing and deaf people. There is indeed some caution in the description, i.e. Augustine does not straightforwardly use "sermocinentur" ("converse with"), but "quasi sermocinentur" ("converse, as it were, with"); and the proviso that "indigent aut omnia, quae volunt, aut certe plurima" -- either all that they wish to say, or at any rate much of it. Yet these are no more than the careful provisos of academic discourse. In common experience, hearing people using speech can seldom feel that they really communicate everything they want to say, so why should deaf people be measured with a higher standard? Augustine piles up the active communication verbs - vel quaerant vel respondeant vel doceant vel indigent - to leave no doubt of what deaf people can do with their language. In *De quantitate animae*, written a little earlier at Rome, he had already used an argument about people who "by nods and gesture express the thoughts they have to communicate" (nutibus membrorumque motu cogitationes suas sibimet expromendas signarent), referring to a young deaf man of Milan and to a deaf family of six or more people whom he knew. He also pointed out that if deaf parents had a hearing son, he would communicate with them using the signs he had learnt from them (ut parentes ei dabant, ita gestu signa redditurum) (Augustine, transl. McMahon, 1947, pp. 92-93; Augustine, ed. Hörmann, 1986, XVIII.31., pp. 168-169). [See also CLAES, below.]

--- Curiously, in view of his positive view of signed communication, Augustine has often been held guilty, by writers on deaf history, of setting the Christian church on a path of discrimination against deaf people. He is misquoted as saying that deaf people are incapable of faith, since "faith comes by hearing", a phrase attributed to the Jewish Christian teacher Paul, writing in the New Testament. The charge against Augustine rests on a muddle of words wrenched out of their context in Latin and Greek texts, usually quoted from secondary sources, often in antiquated English. The muddled interpretation has been exposed and corrected by theologians, historians, biblical linguists and teachers of deaf people, as for example by Dietfried Gewalt (1986) *Die 'fides ex auditu' und die Taubstummen. Zur Auslegungsgeschichte von Gal. 3,2 und Röm. 10: 14-17. Linguistica Biblica* 58: 45-64, (also citing much earlier literature).

AXELROD, Cyril (2005) *And the Journey Begins*. Coleford, UK: Douglas McLean. iv + 228 pp. Fr. Cyril Axelrod was born profoundly deaf in 1942 in a strictly Orthodox Jewish family at Johannesburg, South Africa. He tells of his home life, education at a deaf school run by Dominican sisters, and eventual attraction to Catholicism though he had also progressed in studies of Judaism. Axelrod spent two years at Gallaudet University, then entered a seminary, and was ordained priest in 1970. He considered himself a "Catholic rabbi", equally at home saying mass or celebrating a Jewish feast with his widowed mother. His first pastoral work was with 300 deaf children of the Xhosa people, at a boarding school in the Eastern Cape, and then with Black deaf people in Soweto in the 1970s and 1980s, latterly as a member of the Redemptorist order. During the 1980s, while his field of mission among deaf and hearing people was widening and gaining international recognition, Axelrod became aware that his eyesight was slowly diminishing with Usher syndrome.

However, in 1988 he took up a new ministry in South East Asia, where eventually he became blind. His present home is in London. A description of finding a Jewish deaf blind man there, and celebrating the full Passover ceremony and meal with him (pp. 219-221), is a poignant example of a lifetime of bridging across the gulfs between religious and ethnic groups. Physical conditions that are usually considered disabling seem to have *enabled* Fr. Cyril to cross many of the barriers that divide humankind.

AYOADE, John A.A. (1979) The concept of inner essence in Yoruba traditional medicine. In: Z.A. Ademuwagun; J.A.A. Ayoade; I.E. Harrison & D.M. Warren (eds) *African Therapeutic Systems*, 49-55. Waltham, Mass.: Crossroads Press.

[Abstract]: "This paper examines the traditional Yoruba classification of diseases [in Nigeria]. It identifies three categories of diseases according to the mode of causation, symptomatology, and the level of refractoriness to proven medication. As far as the Yorubas are concerned this classification is very important because the treatment is a function of the class of disease; consequently, there is a corresponding triadic classification of medicine. This paper concentrates on second order medicine or metaphysics." In a little more detail, "The Yoruba in particular distinguish ailments as diseases or afflictions depending on whether they have supernatural or non-supernatural causes. Illnesses that are attributed to supernatural aetiological causes are those that explain the origin of an ailment in suprasensible forces, agents, or acts that cannot be directly observed or have no manifest cause. Such supernatural causes include sorcery, witchcraft, and spirit intrusions." (p. 49) Ayoade goes into some detail of Yoruba "secret incantatory language", with translations; and emphasizes that "..words must be uttered in a particular tone to be efficacious more so because of the tonality of the Yoruba language..".

BAASHER, Taha (1963) The new medical graduate and mental health. *Sudan Medical J.* 2 (1) 10-.

Dr Baasher described the need and efforts to inculcate basic notions of mental health treatment and care in initial training of generalist physicians in Sudan in the 1960s.

BAASHER, Taha (1975) The Arab countries. Reprinted from: J.G. Howells (ed.) *World History of Psychiatry*, 547-578. New York: Brunner Mazel.

This distinguished Sudanese psychiatrist sketched the roots of psychiatry and mental health from antiquity, in the region later understood as the 'Arab countries', giving a background of Islam, mental health and the Qur'an, psychological approaches, traditional psychotherapeutics, interpretation of dreams, and religious techniques and therapies.

EL BABLY, Esraa (2017, April 14) Meet the Woman who became Egypt's first Deaf Dentist. *Egyptian Streets Buzz / BBC Stories*. [found open online.]

--- "I went for a hard choice to prove that anything is possible" says Esraa. "I decided to go to dental school to prove that the stereotypes about deaf people were wrong and also because it was a challenge." Her family had had to move to Bahrain to find a regular school that would take her. Then when it came to dental training, there was only one dental school in Egypt that would give her a chance. "We're all different, we all have our own weaknesses. But, weaknesses can be turned to strength. As long as you are strong, and you don't care

what others think, the whole universe will bend in front of you." [uhh, this is radio journalism. But at least the text appears online. Not much journalism is given space in this bibliography, but this one the compiler found irresistible. Like the universe, he bends before the chutzpah of El Bably!]

BADO, Jean-Paul [1996] *Médecine coloniale et grandes endémies en Afrique 1900-1960: lèpre, trypanosomiase et onchocercose*. Paris: Editions Karthala. 432 pp.  
Well referenced, revised doctoral thesis. In particular, chapter 4, "La lèpre, une endémie présente mais négligée" (pp. 131-150), and leprosy management (pp. 251-257).

BADO, J.-P. (2006) *Les conquêtes de la médecine moderne en Afrique*. Paris: Karthala. 176 pp.

BADUEL-MATHON, Céline (1971) Le langage gestuel en Afrique Occidentale: recherches bibliographiques. *Journal de la Société des Africanistes* 41: 203-249.

Extensive classified description of gestural communication in West African countries from documentation of the previous two centuries. Does not describe formal sign language used by deaf people. [The use of gestural communication is one of the 'traditional' fluid resources by which indigenous meanings may be conveyed without resorting to the fixity of the spoken or written word.] See also: SORIN-BARRETEAU (below)

BAFO, Ludwig Ahwere (1994) *Behind the Gate. A fiction on ethics*. Accra: Presbyterian Press. [Not seen] Mr Bafo was one of the earliest deaf Africans known to have studied at Gallaudet University, in 1959. He was a Ghanaian teacher who had made early efforts to identify deaf children needing education. (There seems to have been little subsequent public knowledge of Mr Bafo's life, apart from this brief publication on ethics).

BAGANDANSHWA, Edward T.T. (1993) Community perceptions of disabilities and its effects on the handicapped: case study of the Haya society. Unpublished M.A. (Ed.) dissertation, University of Dar es Salaam. 147 pp.

BAGANDANSHWA, E.T.T. (1997) Co-ordination of educational services for visually impaired and blind people in Tanzania. Unpublished doctoral thesis. University of Manchester, UK.

EL BAKARY, Waguida (1999) The education of the hearing impaired in Egypt. In: H. William Brelje (ed) *Global Perspectives on the Education of the Deaf in Selected Countries*, 69-79. Hillsboro, Oregon: Butte.

Provides a coherent sketch of schools, curriculum, admission process, some difficulties, employment opportunities, teacher training, etc, with tabulated data, and various references in transliterated Arabic (with English translation).

BAKSHI, Parul; Gall, Fiona; Lopez, Dominique; & Trani, Jean-François (2014) *Le handicap dans les politiques publiques marocains face au creusement des inégalités et à l'appauvrissement des familles avec des ayants droit handicapés*. Handicap International, Programme Maghreb. 132 pp.



Study by multi-disciplinary team, covering 3000 households within two regions (Rabat-Salé-Zemmour-Zaër, and Chaouia-Ouardigha), concerned with quantitative evaluation and comparison of the situation of people with and without disabilities, in education, access to health services, social inclusion or inclusions, and employment opportunities. Interviews and focus-groups with disabled and non-disabled examined the group dynamics and individual behaviour and attitudes towards disability. [cf. TRANI++, below, for similar study in Tunisia (also in French).

BAKKER, Lydia [2010 ?] Perceptions of Child's disability in the Moroccan Context: religious perspectives. Masters thesis, University of Leiden. [Supervised by Dr. Mohammed Ghaly.] 74 pp. [Found open online]

Fieldwork in Morocco took place during six weeks, Dec. 2009 to Jan. 2010, in various neighbourhoods of Rabat, and the work was probably written up and presented in 2010, though no date is shown. Eleven families were interviewed, six in their own houses, one in the house of an acquaintance, two families at a 'care house', "one parent I met in a café and one homeless mother just in the street." (p. 8) "During each interview except one I was helped by a translator", mostly translating "the Moroccan language" into French, or to English. (8) The student was sometimes aware of flaws, as "the translator interpreted the opinions of the parents too quickly, or that he more or less consciously corrected the formulations of thought." (63) [The student's views of Islam, the responses of Islam to disability, and the awareness of such responses among the mostly non-literate family participants, seem somewhat naive. However, the brief descriptions in Appendix 3, giving "information about the families" (72-73) are of some interest, together with some observations of government and non-government associations providing welfare services.]

BALOYI, Busisiwe Helen (1997) Black community attitudes towards the disabled -- educational implications. Thesis for Doctorate in Education, University of South Africa (UNISA), Pretoria, Institutional Repository. xxiv + 290 pp.  
[From Abstract:] "The study used systematic observation interviews for data collection ... obtained responses from 70 interviewees from four African cultures namely Venda, Pedi, Tsonga and Ndebele, who were divided into seven groups, ten per group, i.e parents of the disabled, the disabled themselves, siblings of the disabled, parents of non-disabled, youth, old people and professional workers. Findings indicated that disabilities such as cerebral palsy, orthopaedic disabilities, blindness and deafness are undesirable and constitute problems in the life of a disabled, their families in general perspective and the community at large." {Responses to disabilities} "were identified as varying from total rejection to acceptance" ... "Education of the whole black community concerning the issue of disabled people seems to be the only answer to bring about a change of attitude towards the disabled. Therefore a number of recommendations were included to serve as guidance and counselling so that myth and witchcraft ideologies and negative attitudes can be uprooted."

BAMBA SUSO & BANNA KANUTE (1974 / 1999) *Sunjata. Gambian Versions of the Mande Epic*, translated and annotated by Gordon Innes, with Bakari Sidibe. Edited by Lucy Durán and Graham Furniss. London: Penguin. xxxiv + 117 pp + charts , map. [Translations first published as *Sunjata: three Mandinka versions*, School of Oriental and African Studies,

1974.]

Two of the many versions are given, recounted by West African griots about the ancient Malian kingdom, celebrating the 13th century warrior king Sunjata, who had a severe childhood impairment, and his hunchback mother (see e.g. pp. ix, 4, 5, 13, 42, 57, 59, 62, 63, 74-75, 80, 81-84, 97, 99, 110, 112, 113, 115, 116). The stories are played out against a background of beliefs in supernatural beings and magical powers, while including an account of early orthotics, in which the smiths first smelted iron, then made rods and bent them appropriately to support the disabled child. (Sunjata was a 'difficult case', angrily throwing away his crutches... Fortunately he had an older sister who was adept at sorting out problems, finding the missing piece of the jigsaw, etc.)

--- [The early fabrication of iron assistive devices does have historical credibility from other sources in medieval Mali.] (See below, NIANE, 1965, for fuller details of a Sunjata version from Guinea.)

BAMU, Beryl Ndongwa & Van Hove, Geert (2017) Community perceptions of people with disabilities in the North West region of Cameroon: what is the impact on their access to service? *Disability & Society* 32 (1) 56-68.

[from Abstract] "This article discusses the results from interviews, participant observations as well as field notes with 62 participants (people with disabilities, families of people with disabilities, regular school teachers and principals, community-based rehabilitation personnel, non-government organization personnel, traditional leaders, religious leaders and social workers) regarding their perceptions of people with disabilities and the impact on access to services." [Some positive and some negative perceptions were noticed.]

BANKS, Frederick Grant (1896-1905) {73 letters from Uganda}. [archive, listed online. Previously on sale as part of series.]

Frederick Banks (1875-1954) had a varied career as "trader, government official, planter, elephant hunter and game ranger in Uganda". Many letters from Banks between 1896 and 1905 are in a London archive, and provide "a unique record of the life of a junior in a commercial firm in Africa at this time." But elsewhere he appears as "Deaf Banks", one of several renowned elephant hunters. He can hardly have acquired such a nickname without having a considerable hearing loss.

--- Frederick Banks seems to have had something in common with the deaf Uncle Étienne of Albert CAMUS in Algeria, and the deaf architect, Michael SUTTON, below. Étienne was appreciated by his hearing mates as a great man with a gun and a dog, a man to go out hunting with, a good sport, a great comic and a hearty drinker. Banks in Uganda was similarly known as a great hunter. SUTTON, in South Africa and Greece, is known as a convivial, hospitable man at home or on his yacht, or sketching a design for your new house. The deafness is incidental, it comes up only if you think about it.

EL-BANNA, M. (1992) The situation of the disabled in Egypt. *Proceedings of the Conference on the Capabilities and Needs of Disabled Persons in the ESCWA Region: 20-28 November, 1989, Amman, Jordan. United Nations, 1992. E/ESCWA/SD/1992/2, 338-365.* {isbn

9211281237.}

Substantial overview of the regional situation.

BANNINK, Femke; Stroeken, Koen; Idro, R. & van Hove, Geert (2015) Community knowledge, beliefs, attitudes and practices towards children with spina bifida and hydrocephalus in Uganda. *International J. Disability, Development and Education* 62 (2) 182-201.

Dr Bannink and colleagues studied family, community and professional beliefs and responses in central, eastern, northern, and south-western parts of Uganda, using several approaches, between 2011 and 2012, based on children brought to specialised clinics. "The interviews and focus group discussions with parents were held in the local language of the area, and a translator was hired and trained for each area to assist in conducting the interviews and focus group discussions and the observations." Attitudes and responses seemed predominantly negative to start with (e.g. belief that witchcraft, curses, bad luck, wrong behaviour, caused the hydrocephalus and spina bifida; and the mother was at fault, parents had produced a demon, child was useless, or was to be feared, no money should be wasted on it, etc). A smaller number thought it was God's will, so the child should be cared for. The researchers believed that they saw some improvement in parental attitudes over time "from disappointment and worry" toward "more loving and caring attitudes after having received medical and rehabilitative care" and mutual support.

--- [Such observations may have been true, or partly true; yet the studies as reported seem rather naive for work in the 2010s. Some appropriate methodological precautions were taken; yet the researchers do not show the reader how they avoided {if they did avoid} the translators and respondents figuring out what the European visitors were expecting to hear at the start - e.g. 'primitive superstitions' or 'fatalism' from 'illiterate Africans'; rather than discussing the questions in a neutral way or mentioning some 'positive' sides, which might have evoked the ambiguity of feelings and thought that may have been present. That the parents' attitudes and practices appeared to improve over time is hardly surprising: as they became familiar with the team at the clinic or during 'home visits', they would very likely have perceived what was the 'desired response', and given it - rather than breaking out and saying, for example that they thought the boy's survival was 20% due to modern biomedical treatment, and 80% to the traditional healer's amulet which they usually kept around the child's arm; or that they loved their odd-looking daughter, but still often thought it might have been better to have killed her at the start. Such thoughts are common enough in studies among Europeans, when they are in a situation to reveal what they really think. Deeper studies in Africa suggest that there is a continuing wide range of thoughts within African minds; but that range is unlikely to be disclosed to visitors in whom the 'usual Western preoccupations' are readily discernible.]

BARHAM, Lesley (1997) The education of deaf children in Zimbabwe: the changing role of non-governmental organisations, international organisations and government. Unpublished PhD thesis, Open University, Milton Keynes, UK. ix + 330 pp. Historical study from 1940s to 1990s, stronger on more recent events.

BARNES, F.G. (1929) The deaf of the Empire. In: *Proceedings of the Eleventh Conference... Brighton ... 31 July - 2nd August, 1929*, 4-35. National College of Teachers of the Deaf. Includes account of Barnes's South African visit in 1928 to schools for the deaf and adult deaf clubs, with some detail and analysis.

BARDY, Gustave (1910) *Didyme l'Aveugle*. Paris: Gabriel Beauchesne. xii + 279 pp. Detailed study of the teaching of Didymus, the 4th century blind theologian at Alexandria, prefaced by a review of his life (pp. 1-15).

BARRADA, Hassan (1946) *Blindness in Egypt. Historical, Statistical and Recent Campaign, presented to the National Society Conference for the Prevention of Blindness*. Cairo: Government of Egypt, Ministry of Public Health. 21 pp. Includes historical review of Ophthalmia, and a few paragraphs (pp. 7-8) on the condition of blind people.

BARTELS, Lambert (1983, reprint 1990) *Oromo Religion: myths and rites of the Western Oromo of Ethiopia - an attempt to understand*. Academic Verlag GmbH. 411 pp. Amidst much interesting observation, on pp. 340-341, boy and girl get on with procreating the human race, but earn a severe rebuke from the old men, and are told that the baby will be born without arms and legs...

BASTOS, Inga; Janzon, L.; Lundgren, K. & Reimer, A. (1990) Otitis media and hearing loss in children attending an ENT clinic in Luanda, Angola. *International J. Pediatric Otorhinolaryngology* 20: 137-148. [Follows doctoral thesis, 1994, Lunds University, by Inga Bastos, on Otitis Media and hearing loss among children in developing countries (Angola, Brazil, Tanzania, Philippines).]

BATE, Stuart C. (1999) *The Inculturation of the Christian Mission to Heal in the South African Context*. New York: Edwin Mellen. ix + 363 pp. [see next]

BATE, S.C. (2012) A theological model of healing to inform an authentic healing ministry. *J. Theology for Southern Africa* 144 (November) 69-91. [From Abstract] "This article focuses on the development of a contextual theological model which can inform the healing ministry within Southern Africa. The narrative is constructed in terms of seven challenges which must be met to ensure this goal is reached. Three of the challenges respond to issues emerging from a social analysis of the context, including the conflict between those Christians who claim miraculous cures and those who believe primarily in medical procedures. the other four challenges respond to issues emerging from a theological analysis of the context. An assessment is made of the theological merits of diverse healing procedures."

BATTAIN, Tiziana (1991) Musique de transe et mythe du *fambura* dans le rituel du *zâr* en Égypte. *Peuples Méditerranéens* 56-57 (july-dec.) pp. 181-192. [Found open online.]  
[See next item]

BATTAIN, T. (1993) La divination dans le rituel du *zar* égyptien. *Égypte / Monde arabe* no. 14 (1993) 103-112. [Found open online.]

Dr. Battain, whose studies in *zar* would culminate in a doctorate in Paris, gives a clear and detailed account of 'divination', with the uses of various musical instruments to facilitate processes of identification of spiritual forces, and some historical background in Islamic doctrines on jinns, and the lore of dream interpretation (l'oniromancie). She suggests that the *zar* rituel would have been "introduit en Égypte à la fin du siècle dernier par les esclaves d'origine africaine." {Endnotes, no.2} [see other listed items by BATTAIN; also below, further materials on *zar*, by CONSTANTINIDES; ELDAM; GROTBORG; KAHANA; KENNEDY; NATVIG; OKASHA; PADWICK 1924; SARGANT; AL-SHAHI; SOMER+.]

BATTAIN, T. (1997) Le rituel du *zar* en Egypte. De la souffrance à l'accomplissement. Unpublished doctoral dissertation, Paris: EHESS.

BATTAIN, T. [2004] *Zar*. (2) In Egypt. *Encyclopaedia of Islam*, XII: 456-57. Leiden: Brill.

BATUKEZANGA, Zamenga (1979) *Homme Comme Toi*. Kinshasa: Association des Centres pour Handicapés en Afrique Centrale. 110 pp. {KAMBA, 2013, see below, records a version dated 1978, published at Kinshasa by Edition Kikesa.}

[Many contributors give their story briefly, such as Messo Nkondi, trainer, pp. 18-25; Diongo Bokokula, a disabled man who got trained as an orthopedic technician, 25-31; Mokubi-keve Lofunga, an amputee who got training and became an administrator, 31-33; Bokuluta Boyunga, a disabled man who got training as a bookbinder and obtained a job in a printing house, where he was recognised as a model employee (33-36); and others such as Fundani Bwaka Lukaya, Mampuya Kipalayi, Baku Wangana, Dome Kofi, Nkayilu Manta-Nianga, Samu Bwende, (pp. 37-51) who give their accounts of getting training and finding employment, with some critical views. The work of NKAKUDULU Bikuku-Kialosi is also celebrated on many pages.] Batukezanga suggests (pp. 14-16) the traditional and ongoing religious cosmology of his people, and declares that: "Nous osons dire que l'africain traditionnel ne connaît pas la haine des races, il ne reconnaît pas l'individu à partir de la conception philosophique, idéologique et surtout religieuse. N'est-ce pas là l'attitude que recommande l'Évangile? // Si l'on étudie bien et comprend mieux la cosmologie bantoue, la place de l'homme, la cause du malheur, particulièrement l'infirmité, il serait étonnant de faire croire que l'affirmation de l'intégration réelle de l'handicapé dans la société traditionnelle relève d'un a priori et d'une idéalisation exagérée. Ce serait pour un africain méconnaître sa société et pour un étranger l'ignorer; ce qui peut lui être pardonné. Jamais dans la société traditionnelle l'handicapé n'a été l'objet de raillerie fût-ce-t-il par peur d'engendrer un être semblable car selon la conception -- du moins de ma société -- un infirme est un envoyé de Dieu pour mettre la société à l'épreuve afin de constater si réellement on considère un homme comme soi, quel que soit son état." (p. 16)

--- [These straightforward, almost naive claims about the social responses of the 'traditional

Congolese African' might seem to contrast with the rough-cast poetic critique of the lame Congolese writer U Tam'si (see below) writing through a similar period; yet they appear to be no less authentic and credible, indeed admirable. Perhaps Batukezanga and Tchikaya U Tam'si were not so far apart. The former was well aware of the practical obstacles faced by his disabled colleagues, while the latter yearned, sometimes, for a rediscovery of the 'Black Christ' who taught and adhered to the gospel of serving one's fellow-beings while walking humbly in the presence of God.]

BATUKEZANGA, Z. (1981) *Guérir le Malade et la Maladie: l'infirmes et son univers en Afrique noire*. Kinshasa: Kikesa. 111 pp.

BATUKEZANGA, Z. (1981) L'education en faveur des handicapés physiques au Zaire. *Educafrica* (special edn, Dec. 1981): 43-55. Dakar: UNESCO.

BATUKEZANGA, Z. [date not known] *L'Enseignement pour Handicapés au Profit des Valides*. Kinshasa: Kikesa. 77 pp.

BAYAT, Mojdeh (2014) Understanding views of disability in the Côte d'Ivoire. *Disability & Society* 29 (1) 30-43.

BAYOUMI, Ahmed (1979) *The History of Sudan Health Services*. Nairobi: Kenya Literature Bureau. xxii + 351 pp.

History of service development under various regimes in the Sudan from 1820 onward. A brief review of traditional practices (pp. 35-44) includes mention of bone-setters, amputation with cauterisation, Koranic therapies and other methods with mental illness, from the Arab heritage (pp 38-39). In the southern regions, traditional African therapies included massage of various body parts. Among the Azande, the idea that during pregnancy God might be busy fashioning the growing foetus, and if disturbed at his work some deformity might result, led to a thoughtful ban against waking pregnant women from sleep (40-41). Leprosy was ascribed to the deity, rather than to witchcraft.

BEAMISH, Anne & Donovan, Will (1987) *Vocational Workshops Programme for the Civilian War Disabled and Physically Handicapped in Angola*. Toronto: Development Workshop on Building & Planning in the Third World. 169 pp.

BECKEN, Hans-Jürgen (1972) *Theologie der Heilung: Das heilen in den Afrikanischen Unabhängigen Kindren in Süd-Afrika*. Missionshandlung, Hermannsburg. [In German]

BECKEN, H.J. (1988) African Independent Churches as healing communities. In: G.C. Oosthuizen; S.D. Edwards; W.H. Wessels & I. Hexham (eds) *Afro-Christian Religion and Healing in Southern Africa*, pp. 227-239. Lewiston / Queenston / Lampeter: Edward Mellen Press.

[See annotation of OOSTHUIZEN++ below]

BEDWEI, Farida (2010) *Definition of a Miracle*. [Reviews open online]

The Ghanaian software engineer and businesswoman Farida Bedwei wrote this novel to outline and discuss the life of a girl's life growing up with cerebral palsy in Ghana, where there was little or no accommodation for this condition. The author had been born in Nigeria, but lived in the Caribbean and UK while coping with her own cerebral palsy - the story is 'not an autobiography', but Bedwei speaks strongly about the obstacles, professional prejudices and false assumptions, and about a mother who fought back vigorously to give her daughter an opportunity to flourish. Bedwei herself was home-schooled, and her parents saw her facility in computing and arranged for her to study software engineering, in which she gained experience in several posts before using her skills to start her own successful and innovative business.

BEHRENS, Kevin G. & Fellingham, Robyn (2014) Great Expectations: teaching ethics to medical students in South Africa. *Developing World Bioethics* 14 (3) 142-149.  
[from the Abstract] "Many academic philosophers and ethicists are appointed to teach ethics to medical students. We explore what this task entails. In South Africa the Health Professions Council's curriculum for training medical practitioners requires not only that students be taught to apply ethical theory to issues and be made aware of the legal and regulatory requirements of their profession, it also expects moral formation and the inculcation of professional virtue in students. We explore whether such expectations are reasonable. We defend the claim that physicians ought to be persons of virtuous character, on the grounds of the social contract between society and the profession. ..."

BEIER, Ulli (1966, reprint 1972) *The Origin of Life and Death. African creation myths*. London: Heinemann. 75 pp.

pp. 47-50, "The Origin of Cripples", tells the Yoruba cosmology, with the participation of Obatala (or Orisa-nla) in creating humans. However, Obatala took some palm wine, and then "started to make hunchbacks, and cripples, albinos and blind men. From that day onwards hunchbacks and albinos and all deformed persons are sacred to Obatala." [cf. cosmological legends in ABIMBOLA, above; MUTWA; and SELIM, below.]

--- [NB An article by Oyekan Owomoyela (1979) Obotunde Ijimere, the phantom of Nigerian theatre. *African Studies Review* 22 (1) 43-50, discusses other work said to be by Ulli Beier, in which legends of Obatala were to some extent altered by Beier, writing under the name "Obotunde Ijimere", adding elements of European obsessions under the guise of African cultures.]

BEKOMBO, Manga (1997) La difficulté d'être autre, à travers la curieuse aventure d'Éric de Rosny. {Comptes rendus, à propos de: Éric de ROSNY - *La nuit, les yeux ouverts*, Paris, Le Seuil.} *Psychopathologie africaine* 28 (2) 271-275.

See de ROSNY (below). "En 1974, Éric de Rosny signe un petit livre dans lequel il annonce sa découverte de cet univers caché de la réalité que les Dwálá nomment *ndimsi*... Dès lors, se dessine le projet qu'il développera au travers des ouvrages postérieurs que nous allons considérer ici. Un projet ambitieux et difficile à conduire, qui consiste à pénétrer ce monde des ténèbres, à l'explorer, à en comprendre l'organisation et le fonctionnement et, finalement, à s'y inscrire en tant qu'acteur." ... "Éric de Rosny est un Français de France,

noble de père et de mère, chrétien de naissance, prêtre par vocation, jésuite de formation, missionnaire par 'prédestination' et éducateur de métier." "...dès lors, selon la déclaration du Pape Paul VI, le missionariat revient aujourd'hui aux Africains eux-mêmes, les prêtres en exercice d'évangélisation se voient amenés à se découvrir de nouvelles vocations, c'est-à-dire, à justifier autrement leur présence et leur activité en Afrique. De vocation, Éric de Rosny en a découvert une, qui consiste à se consacrer à l'exploration des mentalités et à l'analyse des comportements de ces peuples si différents et, néanmoins, devenus si proches en raison de leur adhésion massive au christianisme."//

--- Bekombo goes on to discuss the tensions and difficulties in crossing the barriers between 'night and day', both for the French priest (who tries to enter the night-hidden experiences of Din, African healer / sorcerer / nganga, while assuring his church superiors that he is not getting into any mischief), and for Din himself, who defies the ban on sharing his secret practices with an outsider and conducting a kind of initiation ceremony on him. The sacrifice of a goat is taken as a symbolic contract and solution, though, in general, "Ce rite a lieu ... à l'occasion d'un mariage incestueux. ... l'instauration d'une relation de fraternité symbolique entre son initiateur et lui-même, avait créé une situation comparables en termes inversés, au mariage d'une 'soeur' et d'un 'frère', d'où le recours aussi saugrenu qu'ingénieux au sacrifice de la chèvre." Din died soon afterwards. To the interested parties, this seemed clearly a consequence of his having wickedly divulged the secrets of his profession. De Rosny went to his village and read the Christian burial service over him. [Bekombo, writing from the Laboratoire d'ethnologie et de sociologie comparative, CNRS / Université Paris X - Nanterre, makes various points that do not appear in other reviews of de ROSNY cited below.]

BELHADJ, Ahlem; Mrad, Ridha & Halayem, Mohamed B. (2006) Étude clinique et paraclinique d'une population d'enfants autistes Tunisiens: à propos de 63 cas. *La Tunisie Médicale* 84 (12) 763-767.

[Résumé.] "L'autisme infantile est un trouble envahissant du développement qui s'installe avant l'âge de trois ans. Le tableau clinique de l'autisme est variable; le degré d'autonomie, la qualité du langage, la déficience mentale associée et surtout l'existence d'une maladie organique changent son expression clinique d'où l'importance d'une bonne connaissance des signes pathognomoniques de l'autisme. Ce travail a pour but de dresser un profil clinique et paraclinique d'une population de 63 enfants autistes ayant consultés entre 1998 et 2003 dans le service de pédopsychiatrie à l'hôpital Razi. Le diagnostic a été établi selon les critères du DSMIV et de 'l'Autism Diagnostic Interview Revised' (ADI R). Résultats: le profil de la population étudiée se dessine comme suit: enfant de sexe masculin dans 3 cas sur 1, âgé de 8 ans {+ or - 3 ans}, dont les parents sont apparentés dans 39.3% des cas et qui ne possède pas le langage expressif dans 51.2% des cas, il a un retard mental dans 60.8% des cas et une épilepsie dans le 1/3 des cas. Ce profil rejoint les données de la littérature (8,6) contre 3% ceci peut être expliqué par une consanguinité du retard mental associé."

BELL, Leland Virgil (1991) *Mental and Social Disorder in Sub-Saharan Africa: the case of Sierra Leone, 1781-1990*. New York: Greenwood Press. xi + 206 pp.

[Not seen. Academic review by K. David Patterson (1993) *American Historical Review* 98



(1) p. 210, states that the book is partly an institutional history, based on the Kissy Asylum / Hospital establish in 1844 by the British, and serving some of Britain's colonial territories in West Africa. In its earlier days it was run on a shoestring, by doctors lacking specialist training, "whose primary concern was to provide good physical care in a humane environment ... Light work, a structured milieu, and a simple discussion were the major therapeutic techniques. Some patients were cured or at least made well enough to be released to their families." More recently, some modern techniques have begun. One innovation has been "cooperation with 'traditional' healers, somewhat along the lines pioneered by Dr. T.A. Lambo at the famous Aro Hospital in Nigeria."]

BEN-AMOS, Paula Girschick (1994) *The Promise of Greatness: women and power in Edo spirit possession cult*. In: T.D. Blakely; W.E.A. van Beek & D.L. Thomson (eds) *Religion in Africa: experience and expression*, 118-134, (bibliography 443-483). Portsmouth, NH: Heinemann.

In field work conducted in 1976, suffering and disability were reported as common marks of those destined to become devotees of the deity Olokun, in Edo, Benin. Afflictions given by Olokun were "the symbolic opposites of the benefits and glories of his kingdom -- lameness from a god who loves dancing, blindness from a god who demands beauty, barrenness from a god who blesses humans with children." (pp. 122) The consequent suffering prepared the devotees, with altered states of consciousness and spirit mediumship. Some reportedly acquired powers of healing disabled people (e.g. women who were barren, a child who was dumb). One informant stated that lameness might reflect the inability of someone, while still in the spirit world, to prostrate himself before Olokun: "When one is born in this way, without paying tribute to Olokun, he will remain on his knees for the rest of his life." (126)

BENBOW, Catherine & Tamiru, Teferra. (2001) *The experience of self-care groups with people affected by leprosy: ALERT, Ethiopia*. *Leprosy Review* 72: 311-321. [Found open online.]

The development of voluntary self-care groups of people with leprosy was initiated in Ethiopia by the non-government organisation ALERT in 1995, with a substantial change of staff roles and philosophy. People in each group actively supported one another in taking practical responsibility for their own ongoing wound healing care, rather than relying on leprosy workers and health clinics. During five years, 96 groups were formed and 72 continued to meet, nine groups amalgamated, and 15 failed to persevere. Mainly positive results were reported, including collateral products such as improved self respect, dignity and social confidence. Of the leprosy workers who received training to facilitate self-care groups, about one third succeeded, while more than half were not able to make the transition of roles.

BENZAHERA, Saloua Ali (2002) *Representations of the disabled in Arab/Islamic culture and literature from North Africa and the Middle East*. [Doctoral dissertation, University of Minnesota.]

BENZAHERA, Salwa Ali (2003) Dis/Abling the narrative: the case of Tombéza. *College Literature* [West Chester University] 30 (1) 124-134.

Literary analysis is directed at the novel *Tombéza* (by Rachid Mimouni, 1984, Paris: Laffont), in which the principal character is deformed in body and further disabled by social rejection, in Algeria of the 1930s and 1940s. While societies in the Maghreb tend to be "more forgiving and accommodating when physical abnormalities are borne by a male", yet this relief is denied to Tombéza. The human sufferings are played out against a background of traditional Islamic societies in a process of involuntary modernisation, under both internal and external pressures.

BERENDS, Willem (1993) African traditional healing practices and the Christian community. *Missiology: an International Review* 21: 275-287. {Found full text, open online.}

Abstract: "The article draws attention to the continuing popularity of African healing practices, and asks whether African churches and modern medical programs can continue simply to denounce or to ignore such practices. The need for a further appraisal becomes apparent when it is shown that the purposes of these healing practices fulfill certain functions not met by modern medicine. When a comparison shows that the healing practices in the Old and New Testaments often have more in common with African traditional practices than with modern medicine, the question whether the African Christian community should re-evaluate the traditional healing practices becomes unavoidable." --- [Professor Berends writes after 16 years of missionary experience in Nigeria and Kenya.] He instances the African separatist churches: "One of the main areas in which these churches differ from the mission churches is in the emphasis they put on spiritual healing practices. Sometimes these practices closely follow the traditional methods", which may involve consulting "spirits in order to diagnose illnesses", which does not look good to more orthodox church people. Berends cites and quotes a good deal from John MBITI (see below).

BERGER, Iris (1976) Rebels or status-seekers? Women as spirit mediums in East Africa. In: N.J. Hafkin & E.G. Bay (eds) *Women in Africa: Studies in Social and Economic Change*, 157-181. Stanford: Stanford University Press.

[From GRAY's bibliography {But Gray mistakenly lists this item as the work of another Africanist, P.T.W. Baxter. The correct author is certainly Iris Berger (much of the chapter may be viewed, open online!)} This is an anthropological study among women of Uganda, Rwanda, Burundi and Tanzania.]

BERINYUU, Abraham Adu (1987) The practice of divination in Christian pastoral care and counselling in Ghana. *African Christian Studies* 3 (3) 49-57.

[see next items]

BERINYUU, A.A. (1988) Dialogue between African traditional religion and the Christian faith via the principle of corporate dialogue. *African Christian Studies* 4 (1) 89-98.

BERINYUU, A.A. (1988) *Pastoral Care to the Sick in Africa: an approach to transcultural pastoral theology*. Frankfurt am Main: Peter Lang. 136 pp.

BERINYUU, A.A. (1995) A Study of the Frafra Healing Rituals of Kaaga\* and their Implication for a Practical Theology# of Healing in Ghana. Dissertation, University of Edinburgh, Dept. of Practical Theology and Christian Ethics.

[This title is shown on LIT Verlag colophon for the Deutsche Nationalbibliothek entry on Dr Berinyuu's doctoral dissertation. \* The 'Kaaga' should certainly be: Kaaba. On Dr Berinyuu's publication list online, under PhD thesis, University of Edinburgh, the title is given as "Study of FraFra Healing Ritual of Kaaba and their implications for a Frafra Christian Ministry# of Healing in Ghana," which suggests some shift of emphasis within the titles; also some inattention to bibliographical details. See below BERINYUU 2007.]

BERINYUU, A.A. (2002) Religion and disability from an African perspective. Presented at the NNDR 6th Annual Research Conference, Iceland 2002.

Describes a project seeking to study disability meanings from the perspective of indigenous African beliefs and symbols, in particular among the Frafra people in North East Ghana.

BERINYUU, A.[A.] (2004) Healing and disability. *International J. Practical Theology*, 8 (2) 202-211.

BERINYUU, A.[A.] (2007) *Healing Rituals as Theological Drama. Insights from Kaaba healing rituals among the Frafra in Ghana*. LIT Verlag. vi + 227 pp.

[The title is as given on the front cover and inner pages; but see notes above, under Berinyuu (1995), about variations on the title. The doctoral study is highly interesting; yet marred by lack of care for accuracy in citation before publication. It might be argued, for Professor Berinyuu, that he jotted down his publication list from memory; the apparent change of emphasis merely reflects the development of his thinking during 20 years; and such insistence on accuracy is mere anglophone colonial / colophonial nitpicking. The earlier work may have been written without benefit of modern software, or been mangled in transfers between computers. Berinyuu has indeed produced a string of publications and conference papers touching various aspects of his studies and ministries, a few of which are listed above, from which one may acquire some idea of the breadth of his thinking. In the present bibliography, nonetheless, a minor task is to note discrepancies and {hopefully} avoid adding too many more. Further examples: the fourth paragraph on p. 1 of the present book requires some rereading and mental reconstruction of numbers and words omitted ('Hypothesis 1'; 'as well as custodian'). Not many readers in the 2020s will toil at making sense of the text. Probably the German publisher was careless in reprinting p. 35 on p. 36; yet the sense at the start of p. 37 continues well enough, so perhaps nothing went missing.]

--- Professor Berinyuu is an uncommon example of an intelligent person who went the rounds of advanced Christian and philosophical studies in Europe and America, practised as a hospital pastor in North America, and returned to West Africa to teach and administer healing for many years and to integrate within his thinking the strands and trends of human thought from different civilisations and religions. "The Frafra people, both Christians and non-Christians, are constantly shopping for one type of medico-religious

healing or another" (p. 13), an appetite sharpened by the "deplorable socio-economic conditions and deteriorating modern health services and facilities", together with challenges from Islamic healers who "combine Islam and traditional healing" and who understand well the eclectic thinking of Northern Ghanaians. Berinyuu declares his position: "As a Frafra, I was raised in the Frafra mythic world. However, my current beliefs on sickness are a composite of the Frafra mythic world, Christianity, Western scientific medicine, and psychology." (p. 1) He realises that any 'Christian' message of love, acceptance, healing and right living, to have the potential to be comprehended by adult Frafra people, must find a base within their mythic world, and build in terms that make sense there.

--- The publishers' suggest {in Germanic English} that their product "seeks to investigate the role of healing in non-western healing utilising interdisciplinary theoretical perspectives. The insights gained from such investigations become the basis of formulating a new and different theory of ritual and healing. This theory is then use to construct a practical theology of ritual in healing. This approach opens a way for a dialectical, contextual hermeneutics of practical theology in non-western culture, from which Christian theology can gain insights into the traditions out of which people become Christian." (cover) This blurb makes Berinyuu sound boring; but mostly his stories are well told and interesting.

BERNHARD, Karolin (1992) Einführung des Community-Based Rehabilitation Programs im Süden Zimbabwe. *Rundbrief Behinderung und Dritte Welt* 2/92: 14-18. [In German]

BIGNANTE, Elisa (2015) Therapeutic landscapes of traditional healing: building spaces of well-being with the traditional healer in St. Louise, Senegal. *Social & Cultural Geography* 16 (6) 698-713.

[Abstract:] "Literature on therapeutic landscapes has not sufficiently explored the relational dynamics that contribute to shaping therapeutic landscapes. In particular, not enough attention has been paid to the patient-healer relationship and its role in producing well-being, especially in non-western settings. This article is a first attempt to address these deficiencies by exploring the role of the patient-healer relationship in shaping therapeutic landscapes especially as regards traditional healing in the city of St. Louis in Northern Senegal. By exploring the understandings of health and well-being of 160 people (including patients, herbalists and traditional healers), this article will show how therapeutic landscapes of traditional healing are built relationally in the patient-healer encounter; it will also underscore the strong link between the herbal component of traditional healing, the cognitive component of dialogue with the healer and the spiritual and sociocultural elements associated with rituals. The findings have relevant policy implications. This article takes a stand in the debate on integration between 'traditional' and 'western medicine' in Africa by stating that integration should give more serious consideration to the ability of traditional healing systems to create well-being, because as the case-study shows, the latter strongly relies on the relational dimension of healing." [Abstracts also shown online in French and Spanish.]

BISSILIAT, J.; Laya, D.; Pierre, E.; & Pidoux, C. (1967) La notion de lakkal dans le culture Djerma-Songhai. *Psychopathologie Africaine* 3: 207-264.

[One of the African concepts of 'intellience' that embody aspects of 'social responsibility' along with speed of thought and articulation. cf. DASEN++ 1985. Cited by SERPELL, and by others.]

BLAXALL, Arthur W. (1952) *Helen Keller Under the Southern Cross*. Cape Town: Juta. viii + 54 pp.

Helen Keller visited South Africa for two months in 1951. (see annotation of next item).

BLAXALL, A.W. (1965) *Suspended Sentence*. London: Hodder & Stoughton. 125 pp.

pp. 33-35 notes work with South African deaf children in 1863; the start of the two National Councils, for the Blind, and for Deaf, in 1929. The Rev. Arthur Blaxall's own experiences with deaf and blind people began in Birmingham, England, in 1921 (pp. 25-26). On that foundation he later worked with disabled people in South Africa, first as head of the Athlone School for Coloured Blind children (32-43). He and his wife later founded Ezenzeleni ('the place where you care for yourself'), for blind adults, and Blaxall seems to have been both a local and national resource for deaf people over many years (26, 56-58). Most of the book concerns the work with disabled people, against the background of political developments which eventually caused Blaxall's conviction and suspended sentence for opposing the government of South Africa. (In its time, it was quite unusual for an Anglican clergyman to be the subject of criminal charges as a subversive).

--- When Helen Keller visited South Africa in 1951, Blaxall was again involved with local arrangements across the country. He described the function at the community hall, Duncan Village, East London, where the Tembu chief's wife presented a gift to the world-famous deaf-blind woman. As was her custom, Keller "found the shoulders of the donor, leaning forward to kiss her on one cheek and then on the other." The white visitors were astonished. The Africans roared their delight. The local paper headlined "Helen Keller Kisses Native Woman". Repeatedly throughout the tour, Blaxall reflected that, like his own deaf-blind adopted son Radcliffe (see next item), this deaf and blind American woman was more at ease with her fellow humans than most of those who could see and hear. (p. 73)

BLAXALL, Florence M. (1948) *Mapupula, the one who touches*. London: Society for Propagation of the Gospel. viii + 52 pp., with illustrations. [In 2016, the first reprinting of this book took place, at modest price, in India.]

The life of the deaf-blind Zulu, Radcliffe Bhekinkosi Dhladhla, to the age of 21. He lost his hearing and sight through a high fever in infancy, which also left him unable to walk. His mother Rhoda took him to Durban from their native village. At the hospital he received treatment which restored his mobility. He was returned to his mother with the advice that his mind was unimpaired, and he should be encouraged to learn to do all the activities that his mother did. Rhoda got work as a servant in Durban, brought her daughter from the village, and the three lived together until Radcliffe was 11, and it was difficult to keep him. Then Rhoda tried to get him into a deaf school or a blind school, but no school was willing

to take the deaf-blind boy. Eventually the Rev and Mrs Blaxall offered to take charge of Radcliffe, around 1937. Florence Blaxall worked on his education, and tells the tale in detail, with many lively drawings by Monica Hope. {The author avoids sentimentality; yet it would take a heart of stone to remain untouched by this story.} They learnt the Tahoma method of teaching, when its originators, Miss Hall, Tad Chapman and Mrs Chapman, visited South Africa. After this, Radcliffe made more progress, and revealed more of his character and individuality. In 1938 the Blaxalls with Radcliffe moved to Ezenzeleni, a new work for adult blind people near Johannesburg. Later two other deaf-blind young men, Franz and Johannes, joined him for their education. [See CHAPMAN; HALL; below]

--- In its day the story of Radcliffe was more widely known, partly because the world had heard of very few examples of deaf-blind children who were given appropriate education and grew up to make an impact on the public mind as 'presentable' adults, with a mind of their own, rather than as some kind of freak. Radcliffe may have been the earliest to become known in this way in Africa. The success of his early education was down to Rhoda, the black African village mother, and her daughter - who followed a hospital doctor's advice {also unusual in its time} that the little boy's brain was fine and they should help him to use it, and to learn how to do 'everything'. The hand-over from Rhoda to Florence was not easy: "It was with some trepidation that I watched the two alight, a tired thin Zulu woman with protruding teeth, clutching a small bundle of blankets, and a swaying boy with his hand placed lightly in the middle of his mother's back." Over several days, Rhoda watched her son "attach himself to these strange white people", watched him laugh and play, and begin to learn new things. She entrusted the boy to them, and left for Durban.

--- [In the political climate of the 2010s, the preferred historical focus is on a 'brutal colonial regime' under which millions of black Africans barely eked out an existence of grinding poverty. It may seem anomalous that, amidst those vast, undeniable miseries, it was still possible for there to be some genuine kindness and mutual trust at an individual level between some black and white men and women. To record that such acts and non-exploitative relationships took place is not to suggest that they 'balance' the massive political wrongs and injustices. They occur at a different level. Sometimes people were *drawn together by the overriding needs of a disabled child, whose vulnerability and innocence served as a bridge; and also gave a rebuke to the customary divisions.* The present bibliography is about disability, healing, and beliefs, in Africa. Some of that 'healing' might extend as far as political beliefs. The example of Nelson MANDELA (below) created an unforgettable impression across the world. After decades of imprisonment and severe restrictions, he hated the injustice and brutality; yet Mandela found in himself spiritual resources with which to avoid hating the individuals. When released, he led his colleagues to political power. Yet Mandela worked not for revenge but for 'truth and reconciliation' as the way forward. That accorded with his African understanding of humanness, humanity and and community.]

BLEEKER, Claas Jouco (1966) Guilt and purification in ancient Egypt. *Numen* 13 (2) 81-87. Problems are found in rightly understanding religious terms, e.g. 'sin', 'guilt', in ancient Egypt. Bleeker gives examples from "the religion of the poor", in "texts from the Theban necropole, dating from the 19th dynasty", displaying an unusual humility and awareness of

sin, apparently arising because deities had caused the humans to suffer "darkness by day", i.e. blindness.

*BLINDNESS in British African and Middle East Territories. Being the report of the Joint Committee appointed by the Colonial Office and the National Institute for the Blind, following the visit of a Delegation to Africa and certain British Middle East Territories between July, 1946, and March, 1947.* (1948). London: HMSO. xii + 99 pp.

A response was noted nearly fifty years ago, in terms neither of government nor NGOs but of the urban African 'almsgiving public': "The intermediate stage between family responsibility and the assumption by the State of responsibility for the welfare of the blind has, in the course of centuries, been reached in many parts of Colonial Africa. Its characteristic is the emergence of a class of blind beggar in the large towns, in centres of detribalisation and in areas where Christianity or Mohammedanism have created an almsgiving public by extolling the virtues of charity." (p. 8) Blind people organised in begging guilds were noted in Muslim regions of West Africa and the Eastern coast, and the report described the Muslim differentiation between 'religious' and 'secular' beggars. Yet while appreciating the 'almsgiving public' as a resource, the official reporters hoped for the day when "the greater advantage of contributing to organised charities" would be perceived (p. 9).

BLIXEN, Karen (1954) *Out of Africa*. London: Penguin. 330 pp.

Karen Blixen (1885-1962; also known as Isak Dinesen, and other pen names) gave a dispassionate account in her chapter "Karomenya" (pp. 264-266) of a "deaf and dumb" boy, nine years old, who lived on her farm near Nairobi in the 1920s. Karomenya was strong, a skilled stone-thrower and an eager fighter with the other children. Blixen gave him opportunities to be useful in kitchen or house, but the boy was hardly adaptable to such tasks, and the Danish lady was willing to let him be himself - though she foresaw that he would have a hard time when he grew to be a young man. "The deepest impression I made on Karomenya was when I gave him a whistle" - and showed him how to call in the dogs with it, a process the deaf child found extremely puzzling. Another problematic child, mentioned briefly was Sirunga, whose vitality was "like nothing quite human: a small flame, a nightbird, a diminutive genie of the farm. But he had epilepsy, and, because of that, the other children were afraid of him, chasing him away from their games and naming him *Sheitani* - the devil - so that I had adopted him into my household." (119-120, 329) A further vulnerable person to whom Blixen gave shelter was Old Knudsen, an elderly blind Danish man, "all broken by the hardships of life, and by disease and drink, bent and crooked" (57), but still driven by some irascible spirit, and good for joking with in Danish (56-61).

--- A still odder case than these, to whom Blixen devoted more of her remarkable powers of observation and description, was the "small Kikuyu boy" Kamante (pp. 29-45; also incidentally pp. 52-56, 76-77, 147-148, 150, 195, 325), whose strangely patterned early behaviour might earn him an 'autism spectrum' label from some psychiatrists; but others would attribute it to physical damage and neglect during early childhood, plus cultural norms of the Kikuyu people. Blixen noticed him herding goats, and spoke to him: "His head was big and his body terribly small and thin, the elbows and knees stood out like knots on a

stick and both legs were covered with deep running sores from the thigh to the heel. ... he did not answer, and hardly appeared to see me. In his flat, angular, harassed and infinitely patient face, the eyes were without glance, dim like the eyes of a dead person. He looked as if he could not have more than a few weeks to live" (29). Blixen tried her "first aid"-level health care on this child, whose utter isolation and resignation to pain and suffering disturbed her. "I could make him answer when I questioned him, but he never volunteered a word and never looked at me."\* (32) Finally she took him to the Scottish Mission hospital, though she disliked the regimented beliefs of the Scots. In three months, they had repaired the sores on Kamante's legs; but hardly those on his mind or soul. "He was never quite right in his head, or at least he was always what, in a white person, you would have called highly eccentric." (37) This queer lad became Blixen's dog manager and interpreter -- "he identified himself with the dogs, and would come and communicate to me what they wished, or missed, or generally thought about things" - and then he turned out to be a handy assistant in her elementary medical practice. (40) Eventually Kamante became her cook, employing great "manual adroitness" and access to unexpected ingredients, though it seems that he found European menus and dishes ridiculous, tasteless and ill-conceived (42-43). Occasionally, Blixen would hear something from Kamante that would illuminate the strange, twelve-year-long relationship between them (33, 39, 44-45). Years later, KAMANTE (see below) would give his own stories of life with Barance {Baroness} Blixen. --- \*[In many parts of Africa and other continents, children are trained not to "look directly at" adults, especially elderly ones, as to do so is rude. A direct look is a challenge. The correct attitude towards the senior is to cast one's eyes down in submission. The child is also not expected to volunteer remarks, but should respond only if questioned.] --- To people of conventional belief, Karen Blixen could hardly be considered a Christian 'in good standing'. She was steeped in Unitarian doctrine, and found dogma such as the 'Trinity' incomprehensible (pp. 213-215). She got divorced from her husband, had love affairs; and blamed her husband for her many years suffering from syphilis. She described the activities of some churchmen and missionaries and scientists as a serious blight on Africa (e.g. 264, 292-293), though others she considered harmless (e.g 52-56). Blixen studied other religions, and saw merit in the beliefs and behaviour of some of their adherents. Yet a reading of 'Out of Africa' makes it abundantly clear that Blixen was a deeply spiritual person, whose soul turned toward the deity at any moment, seeing a reflection of God in a bird, a cloud, a Kikuyu child, a dog, a kindly action, a thoughtful word, a vertical line of grass burning. She gave loving attention to the sick and injured, bound up their wounds, and some of them experienced healing from this practice alone. If they needed skilled medical attention she would take them to hospital. Inspired by reflection on the spirituality of educated and uneducated Africans (e.g. 27), she wrote of God in ways that are uncommon among professional theologians. It is unusual to value 'pride' - but Blixen {probably influenced by Ibsen and Nietzsche}\* wrote "Pride is faith in the idea that God had, when he made us. A proud man is conscious of the idea, and aspires to realize it. He does not strive towards a happiness, or comfort, which may be irrelevant to God's idea of him. His success is the idea of God, successfully carried through..." (224; cf pp. 110, 204). The argument from giraffes, for God's being, is one that Aquinas must have missed in his systematic theology (260-261).



--- She appreciated some of the wisdom of Islam (103-104, 162-163), and tested it in practice: on safari with her Muslim servants, if she shot an animal the servants would rush to cut its throat 'in the name of Allah' before it died, so they could legitimately eat it. If it was already dead, they could not eat -- she would have to shoot another, or the servants would starve. Blixen found a teacher of Islam, young but having some wisdom, and asked if he could pronounce a dispensation. He chewed on the issue and gave judgement: the lady was Christian, and when she fired her rifle she would say in her heart: "*In the name of God*". That would "make her bullet equivalent to the knife of the orthodox Mohammedan. For the length of time of this journey, you can eat the meat of the animals that she shoots." (54)

--- \*[Blixen's thinking has been tracked assiduously by Judith Thurman (1982) *Isak Dinesen, The Life of a Storyteller*, New York: St. Martin's Press, who gives little space, however, to the theological insights of living in Africa. Late in life, Blixen was said to be hot favourite for the Nobel prize for literature, which indeed came to Africa, but to Albert Camus (Thurman, 447).]

BLOSS, J.F.E. (1941) Notes on the health of the Sudan prior to the present Government. *Sudan Notes and Records* 24: 131-42.

The earlier part derives from travellers' reports, starting with James Bruce, who travelled in Abyssinia, the Sudan and Egypt in 1765-1777, then W.G. Browne ca. 1793, Burckhardt ca. 1807, and a few later in the 18th century, producing some useful account of diseases and some disabling conditions. Mention was made of leprosy, epilepsy, ophthalmia, trachoma, measles leading to squint or blindness, and fractures.

BLUMBERG, Chevon (2015) Mental health of mothers of children with autism spectrum disorder. Research report submitted towards MSc in Child Health (Neurodevelopment), University of Witwatersrand, Johannesburg. 90 pp.

BOKO, N.E. & D'Almeida, M. (2000) The impact of hearing impairment in Togo: a study of 55 families of school age children. *Zeitschrift Behinderung und Dritte Welt*, 11 (2) 66-69. [Full text online]

Interview study with parents of 30 boys and 25 girls enrolled at Ephata School for the Deaf, Togo, West Africa. The authors highlight predominantly negative remarks by parents, e.g. about their shock and disappointment on realising that their child was deaf. Some description is given of the modest existing services, and there are suggestions for improvements. (With resumés in German, French and Spanish)

BOLAJI IDOWU, E. (1962) *Olodumare. God in Yoruba belief*. London: Longmans. 222 pp. Offers a Nigerian view of Olodumare, central deity of the Yoruba, and the activities of lesser members of the pantheon. In the creation story, Orisa-nla (also known as Obatala), was responsible to "mould man's physical form from the dust of the earth", and could thus "make at will human figures perfect or defective, and of whatever colours he wants them to be. The hunchback, the cripple, or the albino, are special marks of his prerogative or, more often than not, displeasure" (pp. 21-22; also 71-72). Even the person "with prominent teeth is not to blame", according to a proverb, since Orisa-nla made them that way (p. 72). Obatala's episode of drunkenness is mentioned (p. 22), but is not here connected with the

making of impaired bodies. The deity of smallpox, Sopona, must have been responsible for a lot of blindness (95-101), as well as deaths.

BONNET, Doris (1989) Désordres psychiques, étiologies Moose et changement social. *Psychopathologie africaine* 22 (3) 293-325.

(See next item).

BONNET, D. (1995) Identité et appartenance: interrogations et réponses moose à propos du cas singulier de l'épileptique. *Cahiers des Sciences humaines* 31: 501-522.

Studying the background of African beliefs about sickness and health, Bonnet focused on people with epilepsy at a psychiatry clinic in a general hospital at Ouagadougou, Burkina Faso, and conducted interviews of about 45 minutes with 56 of these about their experiences of life with epilepsy, with appropriate anthropological caution and ethical correctness. One day the psychiatrist, who had to see many patients and was unable to spend much time with each, informed Bonnet that her interviews were having an appreciable therapeutic side-effect on the epilepsy sufferers, in terms of reduced anxiety and improved ability to communicate. This news, while welcome on the humane side, was disconcerting to Bonnet the anthropologist -- despite her efforts to maintain a neutral, non-directive stance, her listening ear had become part of the therapy. (The rest of the paper continues to analyse the social position of people with epilepsy in this area, which basically seems to be inclusion with diminished status).

BOTES, Ella [1951] *Wat dit beteken om blind te wees in heidenlande*. Bloemfontein: NG Sendingpers. [In Afrikaans]

[Ref. from C. LANDMAN (below), who translates the title "Being blind in pagan countries". Landman states that it was commissioned by the Oranje Vroue Sending Bond as "a book on being blind, black and pagan", and it gives an "overview of the work amongst the blind in the eastern part of Northern Rhodesia".]

BOTIE van Magwero [Botes, Ella] (1971) *Van moeras tot palmbos*. Potchefstroom: NG Kerkboekhandel. [In Afrikaans]

Botes's life as a missionary, told through the stories of many Christians with whom she worked. She was widely known as 'Botie'.

BOUCEBCI, Mahfoud (1977) La psychiatrie infanto-juvenile en Algérie. *Acta Psychiatrica Belgica* 77: 587-622.

[see next item]

BOUCEBCI, M. (1981) Special education through neighbourhood centres in Algeria. *Assignment Children* 53/54, pp. 153-163.

An innovative psychiatrist, writer and humanist, Dr Boucebci (1937-1993) pioneered in the 1970s a 'middle way' for people with mental disabilities and learning difficulties, by basing a form of Community Based Rehabilitation in low-cost, locally controlled, 'neighbourhood centres' in urban Algeria. These activities, among his many involvements in psychiatry, were not described in terms of Islam. They are listed here as exemplifying the humane,

tolerant and compassionate sides of Islam shown by a Muslim professional of large vision and practical concern. Mahfoud Boucebci was ever concerned for the interests of families with disabled children, for human rights, for the uplift of women and for thoughtful provisions for children in difficult circumstances. Reportedly, he produced nearly 200 publications during his working life. [Boucebci was murdered in June 1993, apparently by political extremists.]

BOUQUET, Armand (1969) *Féticheurs et médecines traditionnelles du Congo (Brazzaville)*. Paris: Mémoires ORSTOM {Office de la recherche scientifique et technique outre-mer}, Number 36. 282 pp.

BOURQUIA, Amal (2007) Le handicap dans la culture arabo-musulmane. *Archives de pédiatrie* 14 (1) 35-38.

Based in Morocco, Professor Bourquia reviews some Islamic viewpoints on disability, the responses of families having a child with disability, the duties owed to the disabled person by the Muslim community, the religious duties of disabled adults and children, and also some traditional, cultural influences in the Arab Muslim world which may be positive or adverse in the upbringing of children with disabilities. Governments have tended to rely on families and non-government organisations to make their own efforts to find help and information, and to overcome any difficulties or social barriers. Government commitments and legislation have begun to increase in recent years, but the familiar gap still exists between official rhetoric and everyday reality.

## **Authors BRAITO ... CRUICKSHANK**

BRAITO, Rita & Asuni, Tolani (1979) Traditional healers in Abeokuta: recruitment, professional affiliation and types of patient treated. In: Z.A. Ademuwagun; J.A.A. Ayoade; I.E. Harrison & D.M. Warren (eds) *African Therapeutic Systems*, 187-190. Waltham, Mass.: Crossroads Press.

From the Abstract: "Utilizing the model of the professional in choosing which data to seek, an interview schedule with both standardized and open-ended questions was used to obtain data from thirty traditional healers located in Abeokuta, Nigeria. In addition, characteristics of clients [were] ascertained as well as the types of illness they presented. The study is essentially exploratory in nature, and provides insights into other types of information which should be gathered in order to better understand the role of the traditional healer as part of a health delivery system." Dr. Braitto was a sociologist at the University of Denver (PhD from Minnesota, 1970), while Professor Asuni was senior psychiatrist at Abeokuta, with MD from Dublin and psychiatric training in London (1960), also President of the African Psychiatric Association; thus an interesting team to be carrying out such studies.

--- The interviews, which took about an hour, were conducted "in Yoruba or English, depending on the fluency and preference of the traditional healer." All but three of the healers were aged 45 or older, and all were born in Nigeria. The results are highly detailed and factual, and are summarised: "In our sample, traditional healers learned from their fathers, spent many years acquiring knowledge, belong to professional associations, have a

code of ethics, and a referral system generally involving other traditional healers. Most treat illiterate adults, more males than females, see a large number of clients, and treat a variety of illnesses." (p. 190) {In the 'code of ethics', all respondents had undertaken not to procure abortions.}

BRASIO, Antonio (1959) As Misericórdias de Angola. *Studia* (Lisbon) 4: 106-149. [In Portuguese]

Portuguese explorers opened the first small 'hospital' in 1507 in what is now Mozambique, and later in that century a 'Misericordia' in Angola (ILIFFE, 1987, 95-96). The records studied in Portuguese by Antonio Brasio indicate that some people with bodily impairments were probably among the cases treated in Angola during the 16th century. [Specific cases were not found by the compiler, whose knowledge of Portuguese is based merely on being able to read Latin and French.]

BRAATHEN, Stine H. & Ingstad, Benedicte (2006) Albinism in Malawi: knowledge and beliefs from an African setting. *Disability and Society* 21: 599-611.

Based on interviews with 25 people having albinism, and their families, the study refers to some myths and religious accounts of the origin of this condition.

BRITTAN, Harriette G. (1860) *Scenes and Incidents of Every-Day Life in Africa*. Pudney & Russell. Reprinted (1969), New York: Negro Universities Press. [Found full text online.] Detailed description of educational mission work with the Rev. Colden Hoffman (see FOX, 1868, below) in the late 1850s at Cape Palmas, Liberia, including references to children and adults with disabilities or deafness (see pp. 45, 56, 91-92, 115, 119-120, 122, 129, 136, 139, 141-142, 194-195, etc). Comments appear about some observed Liberian behaviour toward disabled people, sometimes quite callous, as the women who laughed at the idea of caring for a deformed small child who had been abandoned (119-120); sometimes neutral or caring, e.g. the man whose wife was running about frantically, screaming and falling to the ground with convulsions, and who stood by to see "that she did herself no injury" (p. 122). This woman was supposedly possessed by a big devil who resided in that place. The writer, a well-educated and kind-hearted black American woman, was appalled at many instances of witchcraft beliefs leading to inhumane actions. More pleasant were her experiences of caring for orphans and disabled adults or children. One child named Wah was deaf, and his deaf brother had been sent to America for education. Wah was inclined to wander, but "Everybody knows him and is kind to him ... He is such an interesting little fellow - so bright and sharp, and so imitative. He has learned the alphabet on his fingers, and one can readily make him understand what one wants." (pp. 45, 91-92). Communication developed between Wah and a hearing boy, Thomas, "talking to one another by signs, occasionally appealing to me to settle their little differences" (115). [See also FOX, and MOON, below]

BRODIN, Jane & Molosiwa, Seresete (2000) Support for families with children with mental retardation in Botswana, Southern Africa. *International J. Rehabilitation Research* 23: 163-167.

Interviews were conducted in English and Tswana with 47 parents having 50 children with

mental retardation attending four urban or semi-urban primary schools of Botswana. Data is presented and discussed on family situations, the children's disabilities, parental reactions and expectations, community attitudes, family support received and desired.

BROTMACHER, Leon (1955) Medical practice among the Somalis. *Bulletin of the History of Medicine* 29: 197-229.

[Based on studies in 1948 while Brotmacher was a medical officer in British Somaliland, data was reported 'as told' by Somali practitioners. Brief notes appear on disability and deformity. While some care was always given to the helpless sick, "chronic and elderly patients are apt to be neglected, and the crippled and deformed are left to manage as best they can, often drifting into the townships as beggars" (p. 202). Mental disease, epilepsy and deformities might be attributed to demonic action; while congenital diseases and abnormalities could result from shocks or influences on the mother during pregnancy (pp. 207-208; 213-14, 223).]

BROWNE, Stanley G. (1980) Leprosy. In: E.E. Sabben-Clare; D.J. Bradley & K. Kirkwood (eds) *Health in Tropical Africa During the Colonial Period*. Oxford: Clarendon.

The renowned leprosy specialist Browne recalled that in the Congo around 1940, "I learned my clinical leprosy sitting between a cannibal chief and a cannibal witchdoctor - and good teachers they were, pointing out scarcely visible differences of skin surface that I should not have noticed unaided." (p.76).

[In the 21st century 'West', elderly physicians may reflect that "nowadays young doctors and medical students (and even the nurses) just want to gaze at screens of data, then plug the patient into a machine, or tap a keyboard to issue some pills. You can hardly persuade them to get up close, give the patient a physical exam, build up experience of using the senses of sight, touch, smell and hearing to learn how the patient's body and mind are working. Those skills are almost lost." Yet in 1940 it was rare for a white male leprosy specialist to find himself learning fine skills of dermatological observation, touch and differentiation, from elderly Congolese men -- because white men did not expect to learn medical skills from black men, especially those whose habits would widely have been considered 'barbaric'. {Their skills might in fact reflect ancient records of similar knowledge about the condition of bodies, in Middle Eastern medical and priestly history}.]

BRUHNS, Barbro-Isabel (1989) *Zur Situation Behinderter in Zimbabwe*. Bremen: Informationszentrum Afrika. [In German]

BRUHNS, B.I. (1989) Traditioneller Umgang mit Behinderung bei den Shona. *Rundbrief Zimbabwe Netzwerk* 18: 5-6. [In German]

BRUN {or Braun}, Samuel [1624 / 1983] Samuel Brun's Voyages of 1611-20, ed. by Adam Jones. In: *German Sources for West African History 1599 - 1669*. Wiesbaden: Franz Steiner.

Brun's first voyage took him to Loanga and the Congo, ca. 1612. He noted that the Portuguese had "set up as count a Black" whom they named "Don Ferdinando, but the natives call him Mann-Songen, i.e. a Regent of the King of Songen. This man was 150 years

old, as I heard from them myself. [ftn 101] He was quite blind, [102] but otherwise strong, big and still about as sprightly as a young man. Two men went in front of him, clicking their thumbs, and he followed their clicking. [103] He had sons who were valiant men, quite comparable to giants in strength and very experienced in using all guns." (pp. 61-62)

--- [Footnote 101 discusses the probability that the actual age was many years younger. 102 gives a further source confirming the blindness; 103, further on finger-clicking.] Brun also described the clothes worn by these men, and that they had learnt to speak Portuguese.]

--- [Cf. DOS SANTOS, below, who was reporting at about the same time on a native of village Inhaguea, near Sofala, on the opposite side of Africa: a man born with no left arm, who had learnt to use his left foot to make up the deficiency, and to do with hand and foot what other men would do with two hands. Of course, all such reports may be scrutinised closely, since travellers might invent freakish things to report -- but they could also report truthfully on oddities, such as a native with a significant disability who had a position of respect, and devised ways of living a more or less normal life. See also Fr. LOBO, 1984 translation, below, from ca. 1620. These various credible eye-witness accounts of disabled people lend support to the several centuries of historical and cultural depth in the African experience.]

BURCK, Deliane Jannette (1989) *Kuoma Rupandi (The Parts are Dry). Ideas and practices concerning disability and rehabilitation in a Shona ward*. Research Report 36/1989. Leiden: African Studies Centre. vii + 220 pp.

The psychologist Dee Burck worked in Zimbabwe as an advisor on vocational rehabilitation, and out of interest began reading the available studies and writing a doctoral thesis on the different perceptions of illness, disability, healing and rehabilitation among mostly rural natives of Zimbabwe, and the traditional healers in their localities. In pp. 39-46 more detail appears on the historical development of medical and legal rehabilitation resources in Zimbabwe. From pp. 47 to 67 (and endnotes, 181-184), Burck describes the "traditional component" in the cultural conceptualisation given by disabled people, family members and traditional practitioners, with details and differentiation of the relevant Shona linguistic terms, assisted by local translators (who soon became assistant researchers as they understood the purpose of the enquiries, and realised what further questions to add so that the interviewees would see in their own terms what they could contribute). Burck is unusually honest in admitting the amount of time it took for her to set aside the European 'medical science' framework of thinking about disability, so as to be able to hear the traditional cultural and religious ways in which her interviewees naturally framed disability.

BURCK, D.J.; Cornielje, H.; Finkenflügel, H. & Vreede, A. (eds) (1997) *Gehandicaptenzorg in Ontwikkelingslanden: Cultureel-antropologische Aspecten van de Fysio-en Ergotherapeutische Praktijk*. Amsterdam: Koninklijk Instituut voor de Tropen (KIT). [In Dutch]

BURGMAN, Imelda & King, Abigail (2005) The presence of child spirituality: surviving in a marginalizing world. In: F. Kronenberg, S.A. Algado & N. Pollard (eds) *Occupational Therapy*

*without borders. Learning from the spirit of survivors*, 152-165. Elsevier, Churchill Livingstone.

This book chapter is not specifically situated within Africa, yet its themes are 'without borders', and can usefully be read in conjunction with two 'African' chapters in Kronenberg et al., and many of the other items in the Bibliography where therapists take up the challenge of recognising and respecting the spirituality of disabled children and adults in the proposed therapeutic activities.

--- Brief sample: "In Western and non-Western cultures, interactions with people, art, music, stories, and nature, and the motivation for achieving goals and dreams, all manifest children's spirituality in daily life... (p. 158) "Healing spaces: Play. Play as a vehicle for expression and connection to the spirit and to the world also provide a space away from the world. Children engaging in pretend war play in Bosnia are dealing with the meaning of ethnic cleansing in their lives and their emotional reactions to its impact, helping themselves to heal. Children making toy boats from scraps and floating them in a drain are removing themselves for a time from the harsh realities of their Manila shanty town and reconnecting with their imaginative and joyful spirits." [see also notes to FRANSEN; KRONENBERG+; and RAMUGONDO.]

BURNS, Jonathan K. & Tomita, Andrew (2015) Traditional and religious healers in the pathway to care for people with mental disorders in Africa: a systematic review and meta-analysis. *Social Psychiatry and Psychiatric Epidemiology* 50 (6) 867-877.

This "systematic review" searched from 1990 to 2014, and found 14 papers meeting its criteria; but the total reference list cites 52 items having relevance, and these are listed open online (unlike the main body of the actual article). Those listed are entirely anglophone; only four of them appeared before the year 2000; and there is very little overlap with the 1200-odd items listed in the present bibliography. [A few items have been copied over, as being likely to have relevance.] Burns & Tomita note that among individuals seeking care for mental disorders, "Reports from Africa suggest that early involvement of {traditional and religious} healers may result in delays in the care pathway; a potential barrier to early identification and intervention." However, facing realities (such as accessibility and affordability), they recommend that "Strategies to improve pathways to mental health care in Africa must include innovative programmes aimed at fostering collaboration between biomedical mental health services and these key community-based providers."

[Fine idea. But how? With difficulty, according to some who have tried...]

BUSCHKENS, Willem F.L. (1990) *Community Health in the Developing World: the case of Somalia*. Assen, NL: Van Gorcum. xv + 117 pp.

High levels of eye disease were noted by 19th century travellers, and also leprosy (pp. 33-34). In the 1950s, otitis and arthritis/rheumatism were further disabling conditions. Later (1980s), the author suggests that many visitors to Somalia notice "the large number of severely disabled, with blindness caused by various eye diseases and local brawls; also polio, leprosy, traffic accidents and war, leading to physical disabilities (pp. 36-37). Mental health problems were rising, but very poorly catered for. The traditional health care system is described in some detail (pp. 51-61), responding to some of the culturally perceived

ailments of the mind, e.g. oppression by spirits (54-55, 57). Bonesetters continued to be useful practitioners with fractured limbs (59).

BUXTON, Jean {C.} (1973) *Religion and Healing in Mandari*. Oxford University Press. xiv + 443 pp, plates, figures, maps.

Detailed study among the Mandari people of Southern Sudan, by a social anthropologist who was 'first and foremost a fine field-worker' and 'a sensitive interpreter of the information she acquired in such abundance', much influenced by E.E. Evans-Pritchard (pp. vii, 5, 8, and 40 index entries). This was Dr. Buxton's final work, as she died unexpectedly in 1971 while the book was moving towards publication, having been completed in 1968 based on fieldwork 1950-1953 and 1958 (p. vii). [It is unusually readable, for a book of social anthropology!] The Mandari numbered around 15,000 people, made up of different groups, which had "allowed and provided the diversity of religious belief and ritual." (p.1) Buxton estimated that in the 1950s "98 per cent of the population living in Mandari country continues to accept the ideological background of traditional belief and to practice the indigenous rituals: and that among the remaining 2 per cent there is partial acceptance, together with acceptance of new ideas which may conflict with traditional ones." (p. 11) Chapter 2 is titled "Spirit-of-the-Above and the pathology of the upper part of the body" (pp. 32-63), in which "nervous disorders and mental sickness" or madness, insanity play some part (34-40). Chapter 3 treats of "Birth variants and birth anomalies" (pp. 36, 244-50).

--- There are five chapters on "Medico-Religious Practice" (275-327); Buxton was impressed by the flexibility of Mandari thinking, and willingness to examine new evidence - "more capable of modifying accepted dogmas than has been the case formerly with some Western theory and practice" (back home in UK) (327). It is difficult to give a sensible annotation of a book so densely packed with information highly relevant to the present bibliography. Buxton was clearly intrigued by the capacities of this small and remote group, to work things out for themselves. Also by her observation that "Mental patients of whatever order are generally well cared for by their families. Mandari made no distinction in terms of social attitude between the mentally and the physically ill. They are solicitous towards *all* patients and expend much time and emotional effort on them." (39) Was the anthropologist's professional opinion overbalanced by her evident liking for the Mandari, to the extent of not seeing a darker side of their conduct? The possibility is there; yet Buxton seems to have been quite a cool character. Regretably the work may suffer neglect simply by the passage of time and period. (Yet it continues to be cited: Google scholar shows 117 cites, with about 28 in the 21st century). See also index, e.g. bone-setter; convulsion or possession (*molja*); evil eye (sorcery, witchcraft); exorcism; ghost sickness; healing; illness; *jok*; leprosy (*rīma*); madness (*kapur*); medicine.

--- [See also reviews by P.Spencer (1974) *Bull. SOAS* 37 (3) 737-39; M.Last (1974) *Afric. Affairs* 73 (no. 293) 497-98; H.C.Fleming (1975) *Amer. Anthropol.* (1975) 77 (6) 950-51; W.James (1975) *Africa: J.Intl Afric.Inst.* 45 (1) 99-100. All are appreciative of Buxton's efforts, while raising further points, according their own special interests, which they feel Buxton should have pursued further. Fleming notes that Buxton's two volumes "are the only decent ethnographies on the numerous tribes between the Nuer and the Uganda



border"; and laments that shortly after her final field visit, "the Sudanese iron curtain fell on the Mandari and other southern 'pagan' tribes. We do not even know if the 15,000 Mandari are still alive." Murray Last was reminded of her "characteristic frankness and detail. If she had been too tired to see an all-night possession session in its entirety, she says so. With similar honesty she refrains from elaborating theories." Paul Spencer is more critical of some omissions. Wendy James is more perceptive of "the originality of her analysis. She has given us a sensitive consideration of one of the most elusive questions in the study of belief and the intellect in society. Too often, we face descriptions of traditional belief which appear unintelligible to us and therefore founded on simple-minded credulity; or at the other extreme, they appear so rational and well-worked out that they no longer convince, for there is a limit to the logic-chopping proclivities of most ordinary people." (As South Sudan has finally been recognised as an independent country, though in the throes of civil strife, there may be some chance of fresh social anthropology to take up where Jean Buxton left off).]

CAIN, Allen (1986) *Vocational Workshops Programme for the War Disabled and Physically Handicapped in Angola*. Luanda: Development Workshop.

CALAME-GRIAULE, Geneviève (1962) Le rôle spirituel et social de la femme dans la société Soudanaise traditionnelle. *Diogenes* 37 (janv.-mars) 81-92.

CALAME-GRIAULE, G. (1987) *Ethnologie et langage. La parole chez les Dogon*. 2nd edition. Paris: Institut d'Ethnologie. 590 pp + plates, figures.

Among the extensive and detailed studies by Dr. Calame-Griaule and colleagues, on the languages, thoughts and customs of the Dogon, some reference is made to "Anomalies et Déviations de la Parole" (pp. 395 ff.), including those who do not speak, as a result of deafness. "Le muet n'est pas méprisé mais plaint; on sait qu'il souffre de ne pouvoir communiquer et on le traite généralement avec gentillesse. Il est comparé à l'enfant qui ne sait pas encore parler, aux ancêtres avant la révélation du verbe. ... S'il est intelligent, il peut parler par gestes, et souvent il est plus appliqué au travail qu'un individu normal, voulant ainsi prouver sa bonne volonté." (395-396) // "le bègue est à peu près dans la même situation, mais il a cependant sur le muet, qui est souvent sourd, l'avantage d'entendre. Il est pire, aux yeux des Dogon, de ne pas entendre que de ne pas parler." (396) Various stories are told, as for example that of the deaf-mute daughter born to the pregnant woman, and the patience of the husband who marries a deaf-mute wife (452, 459, 468). "L'homme revêtu du masque et du costume de danse devient muet; il n'a plus le droit de parler comme les hommes vivants, car il est entré dans le domaine de la mort." (523) Some proverbs involve disability, e.g. "Deux aveugles ont chargé un mort [sur les épaules]"; "La guerre des lépreux, c'est le malheur du monde, (quand les lépreux se battent, c'est qu'on n'a plus de soldats et que la situation est désespérée)." (456)

CALDWELL, John C. (1966) The erosion of the family: a study of the fate of the family in Ghana. *Population Studies* 20: 5-26.

A survey took place in Ghana during 1963-1964 of 800 rural over-60s, enquiring about the prospects of receiving assistance in old age from children in families of different size. "Only

families who had between one and four children presented their parents with any considerable risk of receiving no help from their children" - as a result of mortality and other factors. [In much of sub-Saharan Africa during the 1960s - and later - the life expectancy at birth was ca. 44 years.] There were conflicts of strategy between maximising assistance by having as many children as possible and by educating as many as possible."

CALLAWAY, Godfrey [1924 / 1926] *The Fellowship of the Veld. Sketches of Native Life in South Africa*. London: Society for Promoting Christian Knowledge. ix + 114, with illustrations.

In the Spring 1924, the Rev. Callaway wrote his preface, saying that the collected materials "have been written from time to time during the last fifteen years" (presumably from ca. 1908-1923) and had already been published in the *Cowley Evangelist* or other missionary magazines (p. v). The Bishop of Zululand, in a highly appreciative Preface, remarked on Callaway representing "the true Missionary spirit: not the ability merely to maintain discipline, valuable as that is: nor sentimental affection for the black people; but such a tender and wise attitude as the priest and pastor, and others too, should have for those whom they know and among whom their life is spent: not showing them as anthropologically interesting or successful subjects of evangelistic experiment, but as fellow-members of the Christian family, sharers in the Sacrament of Holy Fellowship, inheritors of the same Kingdom, fellow-labourers in the same cause..." (p. iii). Callaway used items of his own work that underlined a cluster of real-life experience around several kinds of 'human fellowship' which he experienced and knew in a deeper way after living for years with the Xhosa-speaking people in the Transkei.

--- Chapter II is on "Wealth" (*Indyabo*). He remarks that "In our part of South Africa there are few marks of private ownership of land. There is a happy sense of [*Greek:*] *koinonia* (commonwealth). There are no fences or walls or hedges." (16) Chapter III is on "Humanity (*Ubuntu*)" -- offering a range of illustrations. Callaway quotes "our excellent Xosa dictionary" [may have been J.W. Colenso, 1905, *Zulu-English Dictionary* (?)] which for *Ubuntu* gives 'human nature or quality, humanity, kindness, manliness, manhood.' "Then comes a stroke of genius ... as if the compilers had been struggling to express a further and fuller shade of meaning and they go on to tell us what *ubuntu* is by describing the man who has lost it. Such a man is said to be "a common creature, worthless, contemptible; one who has thrown away the dignity of human nature." (22) Callaway then writes about respect for others, and perceiving *ubuntu* in others: "A man is a person (*umntu*) and ought to be encouraged to realise the dignity of human nature. A man cannot despise another without harming himself, without doing despite to the human nature possessed in common with all other men. The complaint of the Native is just this, that the attitude of the white man towards himself denies his own *ubuntu*. The white man - so thinks the Native - does not respect *ubuntu*, human nature itself shared by all ... the white man's attitude implies contempt for the *ubuntu* of a whole people, and by that attitude he is condemning himself." (23) After discussing the misfit between the disrespect of many whites for Natives, and the recorded teaching of Jesus, Callaway reaches a profound conclusion: "*Ubuntu* is really nothing else than the image of God stamped upon man, and by failing to respect that image we fail to respect God." (25) He then expands, to *ubuntu* as 'kindness', which Callaway

"would be inclined to call *neighbourliness*. To the Native the qualities which go to make up *ubuntu* ... are largely social. One would expect to find this in a people so corporate in outlook. The one essential law, the fulfilment and the crown of all the other laws governing Native life is that a man should be a neighbour." (215) Some pages of examples are given. (The author acknowledges that both the native and European races often fall short in 'loving their neighbour as themselves' (29-30). The gospel vision of Father Callaway is that "a new *ubuntu*" is now offered to men and women, by the spirit of God working in the hearts of all, regardless of race, education or culture; and in the Church none should think themselves better than others, because "we, being many, are one body in Christ, and every one members one of another." (31)

--- The corporateness of outlook reappears in other chapters and illustrations. The 'extended family', for which the plural noun *amaziko* is used, indicates 'those who are near the hearth', and this goes back into humankind's early memories of ancestors cooking and eating around one hearth (37-40). One outcome is that there are no orphans needing care in an orphanage - the extended family would offer shelter and food to any such (59). Callaway was also well aware that visitors sometimes idealise "the life of the primitive African" and wonder why it should be "disturbed by the intruding voice of the missionary"! (60) - he had his response to this, partly in a sober chapter on the witch-doctor and the sorcerer (53-56). He provides stories of individual lives, noble actions, illnesses and grief, and how they fit within local patterns of "koinonia - fellowship - brotherhood." (73)

--- Some disabled people are there, such as "the blind preacher, Bango", whose performance of Morning Worship (with six hymns for the congregation, plus the entire Litany sung by Bango from memory) was very much livelier, lengthier and participative than the priest expected (98-101). Bango reappears to request leave "to go and reap my land." This sounds odd: "reaping requires sight"; but Bango intends to sit "where the cobs which are plucked are thrown into a heap", to strip off the leaves (111). Ciliwe, the child from a standard native home, educated in mission school, baptised and confirmed, clearly had a future as a teacher or nurse. Then she fell ill and eventually was found to have leprosy, and was now "cut off from home, from school, from close companionship with friends, from marriage" (102-105). Another woman, disabled by chronic illness, was Ellen Mhlahlela. Being a patient, she made herself useful as a voluntary interpreter at St Lucy's Hospital, in early days when the foreign staff knew little of local language. "Ellen was not merely an interpreter, she was a friend - a friend of the nurses and a friend of the patients. She did not merely translate language - English into Xosa, and Xosa into English; she interpreted *friendship*, and became a very real link between the nurses and the patients." (106-109)

CALLAWAY, G. (1945) *Godfrey Callaway: missionary in Kaffraria 1892-1942. His life and writings*. Edited by E.D. Sedding. London: Society for Promoting Christian Knowledge. 332 pp. [NB This area in the Eastern Cape of S. Africa, is no more called Kaffraria, a name now having an unpleasant sound.]

[See previous item.] Father Callaway, a celibate Anglican priest at St Cuthbert's mission, Tsolo, Kaffraria from 1892 to 1940s, left copious writing on the everyday lives of Africans, and some illuminating events of ordinary and extraordinary life. One Easter Eve, "I left

Gqaqala at sunrise this morning. ... It is now quite late and at last I am alone in my hut. My last visitor was a girl who must have walked twenty miles to get her Easter Communion. Indeed, she said she did not walk -- she ran, otherwise she could not have got here. She is working at a trader's house and by dint of much entreaty she got leave to come." [The priest would appreciate the physical effort. A reviewer of a different collection, I.G. Farlam, noted that Callaway "despite the fact that his life was marred from his boyhood onwards by ill-health, worked and travelled incessantly in an area of over five thousand square kilometers, often having to spend the night in vermin infested huts after swimming across rivers or leading his horse over steep mountainous tracks. Despite all the privations he endured, he succeeded in building churches and founding schools all over his area."] With his own wheezy chest, weakness and deafness, Callaway's appreciation of disabled people's qualities shines through the 1927 paper "The Cracked Bell" (pp. 195-199). From his sick bed, he observes the "lame master cobbler Michael and his hunchback apprentice Johnson" being joined by "blind Bango" for a gossip. "As a boy the future did not look very smiling for Michael. A tuberculous hip-joint with a useless leg, compensated only by a very elementary schooling, seemed to block all ordinary paths of activity. But the impossible happened, Michael was trained as a cobbler, and today he is a master in his trade and has little hunch-backed Johnson for his apprentice." (197-198)

--- Callaway's hearing impairment periodically worsened. In February 1937 he wrote: "I just look on, and am a great nuisance. My deafness cuts me off almost entirely from social life, and I have no longer strength for Mass or preaching" (p. 323), though he appreciated the efforts made by his servants to communicate by mime. In October 1941, "For a week or two the slight degree of hearing retained by one of my ears quite vanished, and the poor Brethren had to write their remarks on slips of paper. My African attendants began to display remarkable gifts of dramatic action. David ... is determined that deafness shall be no hindrance to mutual understanding, and he acts his words splendidly. No one of the Brethren could attempt to equal him." (294-295) [See also CALLAWAY on *Ubuntu* (Appendix 5).]

CAMUS, Albert (1994) *Le Premier Homme*. Paris: Gallimard. 330 pp.

The close relationship of Albert Camus (1913-1960) with l'oncle Étienne was revealed in the posthumous publication of his incomplete draft autobiographical novel, *Le Premier Homme*. Étienne Sintès, "tout à fait sourd, lui", lived with his widowed sister Mme Camus, worked locally as a cooper, and to some extent was a surrogate father for the orphaned young Albert, a role he shared with successive schoolmasters who initiated Albert into the world of literacy, masculinity and power. In the main body of Camus literature and literary criticism, the uncle has hardly figured at all; and the partly deaf mother is a silent presence. But in *Le Premier Homme*, Uncle Étienne (appearing first as Émil, or Ernest) has a full chapter (pp. 95-128), full characterisation, described through the clear eyes of the boy, the fond recollections of the man, and the sharp pen of a literary craftsman recognised in the Nobel award. As a portrait from the 1920s of an active, rumbustious deaf man, popular among his hearing mates in Algiers, expert when hunting with gun and dog in the mountains, and given to comical mimicry of the Catholic rites, it is unique. It may be the best-drawn portrait of any deaf person in historical Africa, at least before 1960. [cf. BANKS,

above; SUTTON, below]

--- So far as religion is concerned, of course Camus was known for his portrayal not of surdit  but absurdit , the futility of ordinary life in which a semblance of religious reasoning and morality may be kept up by 'decent people' while the stronger continue comfortably to prey upon the weaker, while the weaker pray upon their knees; the colonising (and nominally Catholic) French continue to exercise power over their silent, colonised (mostly Arab or Berber Muslim) subjects, the priests continue to bless the guns that sustain the oppressors and drown the voices of the widows who cry to a deaf or absent god. Some of his work makes frequent reference to the monotheistic religious terms and events, suggesting that the deity, whose stories men have constructed, is no cleverer than men when it comes to finding ways of living that are both rational and responsible, even-handed and kind to the vulnerable, amidst the complexities of everyday life. No doubt the silences, miscommunications and loneliness with which young Albert grew up are reflected in his various novels where characters struggle to make sense, cope with their moral failings, adjust to living with their guilt, find a viable humanist ethical stance, and similar contortions as they are carried on the implacable tide toward {what they expect to be} the silence and solitude of the grave. \* Nor was the potential ludicrousness of religious ceremony more faithfully portrayed than by the writer's uncle: "Utilisant ses dons comiques, il ne manquait pas une occasion de mimer les c r monies de la messe, les ornants d'onomatop es [fil es] qui figuraient le latin, et pour finir jouant   la fois les fid les qui baissaient la t te au son de la cloche et le pr tre qui, profitant de cette attitude, buvait subrepticement le vin de messe." (p. 154)

--- \*[For examples, see *Le silence dans l'oeuvre d'Albert Camus* by Hiroshi Mino, published 1987 (Librairie Jos  Corti) citing other authors over 40 years. More specific appearance of deafness or substantially impaired hearing, "Le Malentendu", where "le vieux domestique" hears little, says less and guesses whatever (Camus, *Oeuvres compl te* I: 358-59, 374-375), though in Camus many communications in speech and silence are failed exercises. In *L'Exil et le royaume*, Gallimard 1957, 79-102, "Les Muets", most of the men at the local cooperage works are neither deaf nor mute, yet they hear selectively and opt for an angry silence when faced by the vicissitudes of working life -- the detailed portrayal makes this clearly the cask factory which Camus visited often as a boy, where his deaf uncle worked.]

CAPE OF GOOD HOPE (1855) *Report from the Select Committee ... on the arrangements for providing for lunatics, lepers, and chronic sick throughout the Colony.* Cape Town. Cape Archives No. 9/1855.

In the mid-1850s, some members of the Cape government were thinking about what provisions might be made for {white} people with significantly disabling conditions. [See also KRUGER, below, for an earlier record, in 1711, of government provisions for the 'detention' of people with serious mental health problems. Cf. McCABE 1889, in Appendix 1, for Royal Commission on Blind, Deaf etc, in UK.]

CAPE OF GOOD HOPE (1905) *Results of a Census of the Colony of the Cape of Good Hope, as on the night of Sunday the 17th April 1904.* Cape Town. Presented to both Houses of Parliament, by command of His Excellency the Governor.

Many pages and tables (i.e. pp. cxlvii - clxxiii; and Part VIII of Annexures, tables I to XX, pp.

425-457) appear of people who were disabled in various categories, also analysed by gender and under various supposed racial groups (as perceived by the census takers at the time), and also compared with the results of earlier censuses (1875, 1891). [See remarks under WILSON 1953, below, for actions possibly arising out of such surveys.] Among 15,077 persons "afflicted by one of the scheduled infirmities", there were "5,233 maimed, lamed and deformed; 3,019 idiotic and insane; 2,802 blind; 1,230 leprous; 1,198 paralytic; 1,016 deaf and dumb; and 579 epileptic." (cxlvii) [If these terms seem distasteful to modern palates, it's an ongoing problem: see SCHNEIDER 2009, below]

CAPE OF GOOD HOPE (1932 and following years) *Report of the Superintendent-General of Education for the Year ended 31st December, 1931*. Pretoria: Department of Public Education.

pp. 68-70: medical inspectors of schools note an unpublished 'Report of Inter-Departmental Commission on Mentally Defective Children', with some discussion. In the Report of the Superintendent-General on 1936, (pp. 19-20), 38 schools are listed where classes for mentally retarded children have begun. Teachers were specially trained at Stellenbosch University. Provision had begun for children with hearing and speech impairments (p. 20). There is discussion of outcomes, in the Reports on 1937 (pp. 22-8) and 1938 (pp. 52-56).

CAPPS, Edward, Jr. (1927) An ivory pyxis in the Museo Cristiano and a plaque from the Sancta Sanctorum. *The Art Bulletin* 9 (4, June) 330-340.

These items from antiquity depict scenes from the life of Christ, with healing of people having severe disabilities. Capps locates them in the iconographic context of Coptic and Alexandrian schools of art, and dates them to the early sixth century CE.

CARITAS [1990]. *Arabic*: [Report of Conference on the Future of Services for the Disabled in Egypt: particularly the Mentally Disabled. Cairo 28/2 - 1/3/1990.] Cairo: [CARITAS. Seti Centre] 374 pp.

CAROD-ARTAL, Francisco Javier & Vázquez-Cabrera, Carolina (1998) Pensamiento mágico y epilepsia en la medicina tradicional indígena. *Revista de neurologia* 26 (154) 1064-1068. [In Spanish]

Transcultural analysis was carried out on beliefs about epilepsy, among the Bassá, Fufulve and Bambiliké people (Log-bikoy, Cameroon), the Wangoni (Songea, Tanzania), and locations in Central and South America.

CEDERBLAD, Marianne (1968) A child psychiatric study on Sudanese Arab Children. *Acta Psychiatrica Scandinavica*, Supplement 200, pp. 1-230.

Book length social psychiatric survey of 1716 children aged three to fifteen years (899 boys, 817 girls) in three villages near Khartoum, Sudan. A more intensive study was done on a sample of 197 (113 boys, 84 girls). Coverage was given to socio-anthropological background, somatic health situation, survey of mental conditions and psychosomatic symptoms, various kinds of behavioural disturbance, mental retardation (pp. 182-87), and

psychological testing, with discussion. Five case histories appear of children judged to be "probably imbecile" or "probably idiot" (pp. 183-84). (See following entries)

CEDERBLAD, M. & RAHIM, Sheikh Idris A. (1986) Effects of rapid urbanization on child behaviour and health in a part of Khartoum, Sudan -- I. Socio-economic changes 1965-1980. *Social Science & Medicine* 22: 713-721.

CEDERBLAD, M. & RAHIM, S.I. (1989) A longitudinal study of mental health problems in a suburban population in Sudan. *Acta Psychiatrica Scandinavica* 79: 537-543.

[Although religion was not overtly among the issues in Cederblad's studies through 20 years (see above), the great majority of the children in her extensive rural survey were Muslims, as also in the later urban work with a Muslim colleague. It is interesting that such a study of rural child mental health was undertaken in the 1960s - it has hardly been a common survey topic in Africa in any period. The fact that it could go ahead in village locations suggests a degree of openness among the rural Muslim elders to the fact of childhood mental illness and behavioural disturbance, as phenomena that could be the subject of social-scientific investigation, and perhaps remedy, rather than being dismissed as the adverse action of djinns, or being denied altogether (as has long been the case in many other countries).]

CHAKER, Adel (2001) Tunisia. (Culture-specific findings from the CAR study). In: T.B. Üstün; S. Chatterji; J.E. Bickenbach; R.T. Trotter; R. Room; J. Rehm & S. Saxena (eds) *Disability and Culture. Universalism and Diversity*, 215-221. Göttingen: Hogrefe & Huber. xi + 328 pp.

Brief data is given from Tunisia, concerning disability statistics, definition of disability in Tunisian law, and in some Arabic disability terms (transliterated as "iaka" and "ajz"). The methods and results are described of studies conducted in 1997 to elicit public perceptions and attitudes towards people with various different kinds of disabilities or disabling chronic illnesses, through focus group discussion, key informant interviews and linguistic analyses. One 'highlight' was that in Tunisia, "disability associated with mental and alcohol- or drug-related disorders is discriminated against much more than disability due to physical disorders."

CHAPMAN, David S. (1963) Spina bifida: its early management. *South African J. Surgery* 1: 85-101.

Dr Chapman studied African and Indian babies of the Natal seaboard, including all those with neural axis anomalies born in King Edward VIII Hospital, Durban, apparently between 1955 and 1962. His article is unusual in its concern for parental feelings about their child, in a situation where it was highly likely to die or have a life with visible deformity, with adverse social consequences. Chapman thought that "whatever our pessimism, we have a moral obligation to see that as many as possible survive the first critical year, for many will benefit by rehabilitation. The baby is a source of exceptional anxiety for the parents. How are they to manage the sac, ulcerated, weeping cerebrospinal fluid, and likely to rupture? They are constantly reminded of their guilt. The burden is heavy. One parent may reject the

child while the other shows special love. The outcome of treatment involves the clinician in complex moral and ethical tangles."

CHAPMAN, Winthrop C. (1939) My visit to the diamond mine. *Volta Review* 41: 395, 420. A photo of Radcliffe Dhladhla (see BLAXALL, Florence) sitting with the deaf-blind American "Tad" (Winthrop Clark) Chapman, appeared with this article by Chapman, following a report by Inis HALL (1939) of their South Africa trip arranged by the Rev. Arthur BLAXALL.

CHAREMA, John (2007) From special schools to Inclusive Education: the way forward for developing countries south of the Sahara. *J. International Association of Special Education* 8 (1) 88-97.

[From Abstract.] "This paper is concerned with the challenges that developing countries face in implementing Inclusive Education. These challenges include, lack of relevant research information, inadequate support services, lack of appropriate facilities and materials, inadequate training programs and ineffective policies and legislation. Considering financial constraints and political instability experienced in most developing countries, 'practical' suggestions are given. These include, establishment of village or rural resource centers, mobile units and community-based support systems." [Dr Charema, principal of Mophato Private School, Francistown, Botswana, has spent time and energy studying the field, and presumably is well aware that 'western' European ideologies cannot simply be grafted onto the real lives of rural or urban Africans.]

CHATAIKA, Tsitsi (2013) Cultural and religious explanations of disability and promoting inclusive communities in Southern Africa. In: Julie Claassens; Leslie Swartz & Len Hansen (eds) (2013) *Searching For Dignity. Conversations on human dignity, theology and disability*, pp. 117-128. SUN MeDIA Stellenbosch.

CHAUQUE, J. & CHARNLEY, H. (1994) A Reintegração do deficiente Militar em Mocambique. Estudo de caso do Centro IV Congresso. Maputo: Secretaria de Estado de Acção Social, Departamento de Estudos e Documentação, Nucleo de Estudos. [in Portuguese]

CHAVUNDUKA, Gordon Lloyd (1972) Interaction of folk and scientific beliefs in Shona medical practices. Unpublished Ph.D. thesis, University of London.  
[See following entries.]

CHAVUNDUKA, G.L. (1978) *Traditional Healers and the Shona Patient*. Gwelo: Mambo.

CHAVUNDUKA, G.L. (1984) *The Zimbabwe National Traditional Healers Association*. Harare.

CHAVUNDUKA, G.L. (1994) *Traditional Medicine in Modern Zimbabwe*. Harare: UNZI Publications. ix + 155 pp.

Professor Gordon Chavunduka acquired a rare breadth of knowledge and understanding in the academic world and in the world of traditional healers. He was Vice Chancellor of the University of Zimbabwe, while also being Professor of Sociology, and President of the Zimbabwe National Traditional Healers Association (ZINATHA). His interest in traditional medicine dated from studies in 1968-1972 (which formed the basis for his University of



London PhD), during which he slowly developed a respect for the wide knowledge of plants and diseases displayed by these practitioners (v-vi). When the time came for a national body to be formed in 1980, they elected Chavunduka, as a man of great experience, whom they trusted to represent and advocate for them (vii). {He was very reluctant to accept the position, as he wished to continue to conduct research as an impartial observer; but finally saw that there was nobody else who could provide the different groups of traditional practitioners with leadership that would enable them to work together (11-12).}

--- Chavunduka describes the long-lasting battles waged by missionaries and civil administrators against what they variously regarded as superstition, witchcraft and devil-worship, embodied in traditional practitioners of healing, as well as rain-making, control of pestilence, and advice on personal problems (1-10). He became the target for much public abuse, from people who were outraged that a university professor should be mixed up in what they believed to be anti-Christian hocus-pocus, and practices that were the antithesis of 'modern scientific medicine' (11-16, 107). However, there were other voices and writers, including some senior Catholic clergymen, who had a broader view, and could distinguish between the healing skills of the experienced herbalist, and some dubious and illegal practices of witchcraft and sorcery. Professor Chavunduka was in a unique position to describe, as a researcher and observer with established facts and figures, how traditional medicine was organised (23-41); how traditional healers (in Zimbabwe rather more women than men) practised their craft (43-68); what were the medicines and methods employed (69-86); and some perspectives on what is going on when people engage in 'witchcraft and sorcery' (87-105).

CHHABRA, Simmi; Srivastava, Rama & Srivastava, Ishaan (2010) Inclusive education in Botswana: the perceptions of school teachers. *J. Disability Policy Studies* 20 (4) 219-228.

CHIKOMBA, Chisengo (1992) Traditional beliefs on mentally retarded people. Research study, Lusaka College for Teachers of the Handicapped. 33 pp.

CHIMEDZA, Robert (1998) The cultural politics of integrating deaf students in regular schools in Zimbabwe. *Disability & Society* 13: 493-502.

CHIN, Jerome H. (2012) Epilepsy treatment in sub-Saharan Africa: closing the gap. *African Health Sciences* 12 (2) 186-192.

"In sub-Saharan Africa, shortages of trained health workers, limited diagnostic equipment, inadequate anti-epileptic drug supplies, cultural beliefs, and social stigma contribute to the large treatment gap for epilepsy. The number of people with epilepsy, particularly children, will continue to rise as a result of projected epidemiologic and demographic changes." The 'treatment gap' is defined thus: "The difference between the number of people with active epilepsy and the number whose seizures are being appropriately treated in a given population at a given point of time, expressed as percentage. This definition includes diagnostic and therapeutic deficits." In Togo, for example, the treatment gap in six primary care centers, determined by treatment interruption, ranged from 94% to 98% in 2008 (see GUINHOUYA++, below). The 'social stigma, misinformation, and traditional beliefs' across Africa are considered to be major contributors to the treatment gap. Many people with

epilepsy "believe that their seizures are due to supernatural causes" and spend heavily on travelling to seek remedies from traditional healers (p. 187). The actual cost of the drugs was not high, but might still be beyond the poorest, as well as there being growing risks of "substandard and counterfeit medications" in addition to travel and lost wages (188). Dr Chin points out that "Epilepsy is frequently viewed, incorrectly, as a non-fatal and non-disabling condition. People with epilepsy have a mortality rate 2-3 times higher than the general population." Further, "Educational achievement, employment rates, and quality of life are all substantially lower for people with epilepsy." (188)

CHISWANDA, Maria V. (1997) *Hearing Mothers and their Deaf Children in Zimbabwe: mediated learning experiences*. Unpublished PhD thesis, University of Oslo.

CHIZUNGU, Rudahindwa [1985] *La langue d'instruction et ses incidences sur les performances scolaires et attitudes des écoliers zairois*. iv + 65 pp. Rapport de recherche de l'Institut internationale de planification de l'éducation (IIPE), et le Centre de recherches interdisciplinaires pour le développement de l'éducation, Université nationale de Zaire.

CHRAIBI, Driss (1962 / 1962) *Heirs to the Past*, transl. Len Ortzen. London: Heinemann. (Original in French, *Succession Ouverte*, Paris: Denoël). 107 pp.

Rather bitter novel by a Moroccan emigré, returning to his country after many years, and finding the remains of a deeply damaged civilisation. One of the more bizarre characters is a "giant caveman", Nagib, a vast, half-mad, idiot-savant monster, handy with motors and machines, brutal in habits, "snorting like a bull in the ring" (31-39; 51-64, etc).

--- [cf. a different but equally unpleasant, half-mad, half-witted character drawn by EL-SAADAWI in Egypt, below. A more familiar type of 'holy fool', having compassion for others and generating some genuine affection, appears in 'The Wedding of Zain', by SALIH, below, in the Sudan; while the Igbo simpleton / madman depicted by ACHEBE, above, belongs to a genre in which the wheel turns, the disreputable one has his day on top, and the respectable is made to look foolish. See also DOLS, on 'majnun'.]

CHTATOU, Mohammed (1995) *Disability in the religious context*. In: F.L. El-Ouahabi; K. Sabil; C. McIvor & J. Carey (eds) *In Our Own Words. Disability and integration in Morocco*, pp. 107-110. London: Save the Children.

Brief account by Dr. Chtatou, of positive teaching given in Islam about disability and disabled people. The chapter 6, pp. 99-113, "In our own words" also contains "short essays by and interviews with disabled people in Morocco" (here given in English translation, but also available in Arabic). [See also Al-HANI; SABIL; EL-OUAHABI; and YASMA, below.]

CHUBERRE, Marie (1996) *La représentation du Handicap chez les familles et communauté des enfants handicapés du programme de Malhangalene, Maputo-Mozambique*. Université de Rennes 1, Dept. Santé Publique. 47 pp.

CLAASSENS, Julie; Swartz, Leslie; & Hansen, Len (eds) (2013) *Searching For Dignity. Conversations on human dignity, theology and disability*. SUN MeDIA Stellenbosch. 166 pp. This 'conference proceedings' arose from a meeting on 'Theology, Disability and Human

Dignity' "hosted by Stellenbosch University's Faculty of Theology in conjunction with the Centre for Rehabilitation Studies in the Faculty of Health Sciences in May 2011 ... [and] formed part of the Stellenbosch University's Hope project." (p. 7) Contributors to the book are mostly professionals from theology, ministry, rehabilitation and welfare, with some Christian affiliation. Yet, with some difficulty, people with disabilities were accommodated in the conference, and some of their voices are heard in the book, and there are expressions of dissatisfaction with the 'activities of God' as represented by the beliefs and attitudes displayed by (or attributed to) the Christian church and its revered scriptures. It is apparent that different kinds of 'professional' language, and differences between 'professional' and 'activist' languages, caused discomfort during the conference, as could have been predicted from European and North American meetings of this kind during the past 40 years.

--- There is much citing of literature from these mostly prosperous, 'developed' and 'Christian' or post-Judaean-Christian or post-modern continents, [as though such experience should be normative for Southern Africa.] However, some alternative voices are included, as seen under separate entries of the African researcher CHATAIKA (above); the open-minded 'Jewish atheist' psychology professor and facilitator SWARTZ (below); of the devout speech therapist GEIGER (below) who works with children whose communication seems severely limited until the patient listener may 'tune in'; and of the disabled students METZGER, and NELL (below).

CLAES, Martin & Dupont, Anthony (2016) Augustine's sermons and disability. In: Christian Laes (ed.) *Disability in Antiquity*, 328-341. Abingdon, Oxon: Routledge.

The authors note that bishop Augustine's position and teaching, both oral and written, made a "variety of intellectual and spiritual resources to speak to the contemporary life of late classical North Africa" (p. 328). They quote in translation (and in Latin endnotes) a passage in which people with a variety of serious impairments and disabling ailments are linked with others who exhibit mental conditions such as anger, lust, insensitivity toward others, and many other pains of ordinary life. All this "catalogue of human suffering" is perceived by the bishop to be a consequence of "original sin", i.e. the rebellion of humankind against the creator (p. 329-330). However, there is a duty on all to participate in caring for one another, and taking part in healing, whether as medical professionals (using the mostly Galenic medical system of his day) or in a neighbourly way. The authors suggest that Augustine did not initially credit the "miraculous healings" associated with "very popular martyr saints in North Africa"; but as an older man, after 415 CE, he changed his mind after witnessing some 'miraculous' healing (331), provided that it should be attributed to the mercy of God, and the power of Christ as a physician. All humankind could be perceived (metaphysically) as one broken and disabled body, mind and spirit, in need of salvation: "to heal this gigantic invalid there came down the all-powerful doctor" (i.e. Jesus Christ) (335). The healing work of Christ was additionally to be carried out by the neighbourly care and kindness of the followers of Christ, and by fasting and prayers (pp. 336-337), and also by right teaching and exhortation: "Augustine considers his own sermons as a primary therapy for the healing of the soul." (338) (See AUGUSTINE, above)

--- [In the same volume edited by Professor Laes, an essay by M.A. Gaumer asks "What

difference did Islam make? Disease and disability in early medieval North Africa" (pp. 403-420), which takes off from the invasion of the Roman provinces in Africa in 429 CE by the Vandals just before the death of Augustine, and the fall of Carthage in 439. Gaumer sketches in dramatic terms the theory that factors such as increased density of human population and well-established trade and military communication routes across Roman Africa facilitated the rapid transit of massive epidemics of serious and disabling diseases from the 3rd century CE onward (e.g. the plague of 251-270, described by Bishop Cyprian (who lived ca. 200-258). Large-scale 'natural' events in the 6th century further weakened the population, so that the Umayyad invasion in the 640s would eventually make Islam the dominant religion of North Africa. It is then suggested that during the transition to Umayyad rule there were effects on conceptualisation of disease and disability and the medical resources available to deal with them. These very large sweeps of ideas, power and disease across several centuries really need demonstration by detailed research in a larger space than is afforded by a chapter (as the polymath and serving military officer Gaumer admits) and with less reliance on brief anglophone Encyclopedia articles as sources. The field is better seen in studies by Mohammed GHALY, below, based in Arabic primary sources, and work such as MEJDA++ below, based within the Maghreb.]

CLAPPERTON, Hugh (1824) Captain Clapperton's narrative. In: *Missions to the Niger*, Vol. IV, *The Bornu Mission*, Part III, edited by E.W. Bovill, reprint 1975, Nendeln/Liechtenstein: Kraus Reprint.

The explorer Hugh Clapperton (1788-1827) spent several weeks at Kano in 1824 and remarked on the high prevalence of smallpox and of blindness. He left a sketch map of the "separate district or village for people afflicted with this infirmity" [i.e. blindness] "who have certain allowances from the governor, but who also beg in the streets and market place. Their little town is extremely neat, and the coozees well built" (Clapperton, 1824, pp. 655, 661, 671). He also learnt that lame people had a similar place or sector, but he did not see it (p. 661).

CLEAR, S.K.A. (1977) Hartley, Maud Frederica (Fredericka, Frida). In: *Dictionary of South African Biography*, III: 377-378. Cape Town, Tafelberg-Uitgewers.

Frida Hartley (1878-1943) lost her hearing through illness in her youth in England. She was a practical and resourceful social worker in London, working with very poor people and women in prison. In 1920 she moved to Johannesburg, SA, opened a small refuge for women, and became a prison visitor. The Frida Hartley Shelter for Women was inaugurated at another address. "Free of charge, it housed and fed women until they were able to resume a normal life or find suitable accommodation."

--- [Forty years later, web search in 2018 shows that the Frida Hartley Shelter is still running, still offering a free safe haven, and still equipping women, through kindness, information, encouragement and skills training, to regain their dignity and support themselves and their children independently.] By chance another disabled historical Hartley preceded Frida in the Biographical Dictionary, and insists on being listed below: see STRYDOM, below.]

CLÈRE, Jacques Jean (1995) *Les Chauves d'Hathor*. *Orientalia Lovaniensia Analecta*, 63. Leuven: Peeters. xvii + 257 pp.

Baldness is seldom seen in ancient Egyptian graphic representations, both because it would tend to be hidden by wigs worn by people of some social standing, and because in formal representation "on a affaire à des figurations idéalisées des personnages où il ne convenait pas de montrer leurs imperfections physiques, pas plus leur calvitie qu'une mutilation ou une malformation corporelle." (p. 5) Nevertheless, some exceptions exist. The phenomenon of baldness and its linguistic and iconographic representation are here studied in scholarly depth. In particular, a number of examples are examined, in which persons are represented in a religious context, asserting that they are "the bald of [this or that] deity" or the "bald of [a named temple]", having favoured status with that deity, and claiming to purvey the deity's favours to supplicants. (The work was assembled and published posthumously, with minimal editorial intervention; so while it is highly detailed and tackles interpretative complexities, it is not in the final state the author might have wished).

CLIFF, J. et al [see MOZAMBIQUE, Ministry of Health, below.]

CLIFFORD, W. & Mwewa, Parkinson B. (1960) *Physical Handicap amongst Africans in Broken Hill*. Social Welfare Research Monograph No.2. Northern Rhodesia, Ministry of Local Government & Social Welfare. 21 pp.

COHEN, Mark R. (2005) *Poverty and Charity in the Jewish Community of Medieval Egypt*. Princeton University Press. xiii + 288 pp.

Cohen has collected years of work into a densely detailed study based in 890 documents from the Cairo Geniza, on the Jewish community in Egypt mostly from the Fatimid and Ayyubid periods, 969-1250 CE, with many comparative references to studies of poverty and its relief in other Middle Eastern and European situations. Disabilities, incapacities, infirmities and afflictions, described with many Arabic terms (shown and commented on), are well represented among reasons for poverty, and have major foci at pp. 58, 152-54, 169-72, 239-42, while also having some dispersed index entries (blind, deaf, paralysed, al-mubtala, beggars and beggary, alms, charity, illness, and 'named individuals' e.g. Abu Said, blind man, Bu Ali, blind man, David the porter (amputee), Moses the lame, Umm al-mafluj, mother of semi-paralyzed child, etc). [See GOITEIN, below.]

COLE, Rev. Henry (1902) Notes on the Wagogo of German East Africa. *J. Anthropological Institute of Great Britain and Ireland* 32: 305-338.

The Wagogo tell of some men who went up to heaven to try to obtain fire. All of them were sent home empty-handed by God, because they had laughed at disabled people whom they met on the journey, and also behaved unwisely when they met God. Finally a woman went up to get fire. She behaved sensitively with the disabled people she met, and also made a correctly modest choice when she appeared on God's game show. The reward was a pot of fire, which she took down to the people, who celebrated with great joy. The men all agreed that women were better at that kind of thing (pp. 315-316).

--- [Henry Cole, 1850-1945, born in County Tipperary, Ireland, reported this modern-sounding story, and other 'facts' about the Gogo people, in a rather deadpan way

apparently dictated by the 'box-filling' survey form sent out by the Anthropological Institute to its members. By the time he did so, Cole had already spent more than 20 years in East Africa, as a lay missionary and agriculturalist, and later as an Anglican priest, and had written much about the African peoples. "His language work included translations of some of the Madras Christian Vernacular Education Society publications into Swahili and a Kigogo hymn book." {CMS Archives catalogue, University of Birmingham.} Perhaps his origins in Tipperary gave him a good ear for rural comedy. While folk stories of 'stealing fire from heaven' are many, there are few that involve disabled people and a woman outshining the men.]

COLE, Juan R.I. (2003) Al-Tahtawi on poverty and welfare. In: M. Bonner, M. Ener & A. Singer (eds) *Poverty and Charity in Middle Eastern Contexts*, 223-238. Albany NY: State University of New York Press.

Born in modest circumstances at a small town of Upper Egypt, Rifa`ah Rafi` al-Tahtawi (1801-1873) became a great landlord and "a pillar of the establishment in Ottoman Egypt under the khedives" (p. 223); yet he remained "remarkably sympathetic to the poor" and to the blind, disabled and elderly among them. Cole examines al-Tahtawi's writings, which argued for both state measures, philanthropic associations, and private charitable establishments for the care of "children who are picked up off the streets, for orphans, for the elderly who are advanced in age, for the blind, for idiots, for the insane, and for the handicapped who are disabled" (228).

COLLIGNON, René (2000) Vingt ans de travaux en psychiatrie et santé mentale au Sénégal (1979-1999): essai de bibliographie annotée. *Psychopathologie africaine* 30 (numero 1-2) 3-184.

The bibliography contains nearly 600 items within the stated period, including theses and some 'grey literature'. Collignon had published other annotated bibliographies in *Psychopathologie africaine*, one of which (in vol.14 (2-3) pp. 133-342) covered the activities at the psychiatric clinic at Fann-Dakar during two decades leading up to 1978.

COLLIGNON, R. (2000) Santé mentale entre psychiatrie contemporaine et pratique traditionnelle: (le cas du Sénégal). *Psychopathologie africaine* 30 (3) 283-298.

COLLIGNON, R. & GUEYE, Momar (eds) *Psychiatrie, psychanalyse, culture: premier Congrès panafricain de santé mentale, Dakar, 18-20 mars 2002*. Dakar: SPHMD. 452 pp.  
[Contributions are in French and English, with summaries in English and French.]

COLLOMB, Henri (1965) Les Bouffées délirantes en psychiatrie. *Psychopathologie africaine* 1 (2) 167-239.

After several years of psychiatric experience at Dakar, Professor Collomb and colleagues had identified a condition which might be translated as "acute transient psychosis" among their patients, which they described at some length {in the quarterly journal newly co-founded by Collomb and M. Diop}, and which differed in significant ways from the ways in which it would be classified in the Anglo-American lexicon.

--- [Henri Collomb, 1913-1979, was a doctor and psychiatrist in the French army in North-

East Africa and IndoChina, before taking up a new chair of neuropsychiatry in the Medical School at Dakar, Senegal, in 1958. Reportedly, he broke away from the 'normal' colonial imposition of European psychiatry, developing a centre in which French and African professionals concerned with mental health, from various backgrounds including local healers, worked and researched together, to the mutual enrichment of their competencies.]

COLLOMB, H. (1972) Psychothérapies non verbales traditionnelles en Afrique. *Actualités psychiatrique* 3: 27-34.

COLLOMB, H. (1975) Psychiatrie modern et thérapeutiques traditionnelles. *Ethiopiennes* 2: 41-45.

[From WESTLEY's bibliography (below)] "Traditional psychiatry encounters the psychological, the sociological, the mythic and the religious. The author predicts that even when modern therapy takes over there will be a place for the wisdom and knowledge of traditional healers."

COLLOMB, H. (1975) Histoire de la Psychiatrie en Afrique. *African J Psychiatry* 2: 87-115.

[From WESTLEY's bibliography (below)] Covers francophone Africa.

COLLOMB, H. (1979) De l'ethnopsychiatrie à la psychiatrie sociale. *Canadian J. Psychiatry* 24: 459-470.

[From WESTLEY's bibliography (below)] "Western medical models do not work well in Africa. In traditional societies mental illness is incorporated into the social and cosmic order."

COMAROFF, Jean (1981) Healing and cultural transformation: the Tswana of Southern Africa. *Social Science & Medicine*. 15B: 368-378.

From the Abstract: "This essay calls into doubt the quest for 'theoretical closure' in the study of African systems of healing. The notion of 'theoretical closure' may be understood in two ways, one empirically derived and the other epistemological. The first is based on ethnocentric analytical criteria. The second sees such medical systems as parts of ahistorical and closed social systems. Both serve to render medical anthropology parochial in relation to the mainstream discipline and unable to seize the potential offered by the study of healing to illuminate important general problems, such as the articulation of thought and action, of individual experience and cultural form, and of structural order and historical process." [The Abstract continues in similar terms... As noted in the Introduction to this bibliography, while it raises some valid questions to which the bibliog has no sufficient answers, this Abstract is almost a parody of theoretical nitty-pickiness, appropriate to a Western lecture-room in 1981, but less informative about the Tswana 'themselves'.]

CONCO, W.Z. (1972 / 1979) The African Bantu traditional practice of medicine: some preliminary observations. In: Z.A. Ademuwagun; J.A.A. Ayoade; I.E. Harrison & D.M. Warren (eds) *African Therapeutic Systems*, 58-80. Waltham, Mass.: Crossroads Press. Reprinted from *Social Science and Medicine* 6 (3) 283-322.

Dr Conco practised general medicine in rural South Africa from 1949 to 1968, before leaving for further studies in UK and Canada. His article is highly detailed, and perhaps one of the most persuasive systematic descriptions of what he had observed in practice among rural Africans, in the given period. Abstract: "This paper is a record of experiences in a simple general practice among rural Africans (mainly Zulus) in South Africa, where medical communication was in the African language of disease. To achieve meaningful and effective understanding it became necessary to investigate and explore certain relevant communication patterns used by patients. This dialogue about disease, illness or sickness revealed an interpretive point of view from which a theory underlying the practice of a system of traditional medicine was structured. The problems of communication between traditional and modern medicine essentially concern{s} the very divergence of subjective truths accepted by African believers and regarded by them as objective truths. Thus the truths of faith and the truths of science resemble one another in social consequences, though they differ in the methods of demonstration, proof and verification. It must be admitted, however, that every proposition, scientific or unscientific, which is a relevant explanation for an observable fact like sickness, has some evidence in its favour: namely the fact to which it is relevant. These propositions of traditional medicine can and must be criticized by scientific medicine; not by apodictic argumentation, but by its involvement in the practical solution of problems of health and disease. Internal criticism of African medicine is weak or lacking; and the more the group or society is isolated by lack of effective communication in space and time and lack of health manpower and material resources, the more the group or society is isolated and insulated, the more such beliefs become canonized as truth. Understanding of these beliefs must begin with a systematic and true account of what some Africans do, think, entertain, and fear in problematic situations like sickness, disease, and dis-ease; and this can only be achieved by a systematic study of various traditional medical systems." (117 references) [cf MOKHOBLO, below]

CONRAD, D.C. (1995) Blind man meets prophet. Oral tradition, Islam, and Funé identity. In: D.C. Conrad & B.E. Frank (eds) *Status and Identity in West Africa*, 86-132. Bloomington: Indiana University Press.

Discusses some incidents with blind men in hadiths of the Prophet Muhammad, or from legends that were relocated back to the time of the Prophet by blind West African bards.

CONSTANTINIDES, Pamela (1985) Women heal women: spirit possession and sexual segregation in a Muslim society. *Social Science & Medicine* 21 (6) 685-692.  
(Zar ceremony in Northern Sudan)

CONWELL, Roy (1956) *Love to the Loveless*. Sudan Interior Mission.

On the Nyakma Leprosy Settlement, Sudan. [The odd-sounding title presumably derives from a line in a well-known Christian hymn, "My song is love unknown", written by Samuel Crossman, ca. 1664.]

CORNETT, David J. & Kana-Karho, Mudey (1990) *Communiquons avec les sourds: dictionnaire bilingue élémentaire: langues des signes / français*. Centre d'Études Ethnologiques, Bandundu, Zaire. 243 pp.



CORNIELJE, Huib; Jelsma, Jennifer & Moyo, Alice (eds) (1999) *Proceedings of the Workshop on Research Informed Rehabilitation Planning in Southern Africa, Harare, Zimbabwe, 29 June to 3 July, 1998*. Leiden: Leidse Hogeschool; Harare: University of Zimbabwe.

125 pp.

[May be available from editors: info@enablement.nl ]

This Workshop was funded by the European Community, Directorate General XII, as part of its promotion of useful exchange of research and knowledge between universities in different countries. The outcomes suggest that, at the close of the 20th century, research capacities concerned with disability and rehabilitation among the Southern African countries were limited; dissemination of research findings was weak, and had modest impact on national policy and practice in the region, and offered distressingly little benefit to the majority of disabled persons. Nevertheless, there was merit in meeting together, and among various proposals the highest consensus was for the setting up of a Southern African disability research network. {Almost all the workshop speakers had professional qualifications at Masters or Phd level; but Mr Miles was labelled as having an MSc (which he never had) and also an incorrect first name; and Mr Phiri had a Civil Engineering diploma.} [See contributions by FINKENFLUGEL; MILES; and PHIRI, below. See also Appendix 8, 'March of the Angry Women', which appeared in a different guise in this Proceedings.]

CORNIELJE, H. & Ferrinho, Paulo (1999) The sociopolitical context of CBR developments in South Africa. In: Ronnie L. Leavitt (ed.) *Cross-cultural rehabilitation. An international perspective*, 217-226. London: W.B. Saunders.

Cornielje & Ferrinho point out that the health care delivery and rehabilitation services in South Africa have been strongly rooted in the needs of the 'white' minority, since the era of apartheid. Those roots tend to persist, with professionals being trained in a medically-oriented paradigm and institution-based therapeutic intervention, and as "so many newly qualified therapists open private practices serving the privileged élite" (p. 219), with the result that disabled people among the black majority population have little or no access to modern rehabilitation services. Even when some contact is made, the 'institution-based' therapists were "out of touch with the reality of daily life as it is experienced by individuals as soon as the hospitalization ends and clients go back to their shacks in the townships or their huts in the mountains or semi-deserts of South Africa." (220) However, various models of Community Based Rehabilitation were beginning to be developed, in both rural and urban areas, staffed by people with varied backgrounds, but having a strong belief that the barriers must be overcome, the rights of disabled people should be given effect in real life, disabled people should be empowered to take charge of their lives and also to serve one another, and to participate in a revolution of healing and humane practices, appropriate to African concepts and cultures. Examples are given, with some report of successes and difficulties.

COURTEJOIE, J. [Jacques?] et al. [1985] *Les handicapés: comment mieux vivre avec son handicap?* Kangu-Mayombe (Bas Zaire): Bureau d'études et de recherches pour la promotion de la santé. 156 pp.

[Democratic Republic of Congo]

COURTRIGHT, P; Chirambo, M; Lewallen, S; Chana, H, & Kanjaloti, S. (2000) *Collaboration with African Traditional Healers for the Prevention of Blindness*. Singapore: World Scientific. x + 52 pp.

Provides information about African traditional healers, reasons for working collaboratively with them in the prevention of blindness, and a detailed curriculum for teaching traditional healers about cataract, trichiasis, assessment of vision, red eye, neonatal and childhood eye disease, general health, hygiene and nutrition, and further relevant matters.

COXON, Ann (1962) The Kisii art of trephining. *Guy's Hospital Gazette* 76 (no. 1928, June) pp. 263-266.

Trephining among the Kisii (or Gisii, Gusii), and in many other parts of Africa, has a growing academic literature (see e.g. MARGETTS, below), and popular web presence, among which the present item is of modest significance. However, Coxon might be one of very few women medical students who has recorded her impressions of trephining, and in particular the "curious concept of anaesthesia" among the practitioners, all elderly farmers who reportedly bored skulls as a hobby, and had no particular status among their fellow tribesmen. "The patient is held down during the six hour operation by all available relatives. His ears are then packed with stinging nettles. The agony caused by this makes the craniotomy seem trifling."

--- [A particular patient (nicknamed 'Hat on, hat off' by Margetts and other authorities), is reported by Coxon to have had 35 operations for trephining, and there is a photograph of what remains of his cranium. Elsewhere, the number of operations claimed by this man is said to have varied between 5 and 30 -- so such details cannot be relied upon. {Could this 'distraction method' of post-operative anaesthesia, on someone after he had his skull bored, have been explained to Miss Coxon as part of a package of imaginative nonsense, to avoid the tellers themselves getting bored? Some 'alternative medicine' websites suggest that stinging nettles contain vitamins, and may have beneficial effect in some circumstances. HEALTH WARNING: readers are strongly advised not to attempt comparative pain-relief using nettles unless in a controlled trial under registered medical practitioners; and even then, insist on being part of the 'control group', which has its ears packed with spinach, rather than nettles!}]

CRAPANZO, Victor (1973) *The Hamadsha: a Study in Moroccan Ethnopsychiatry*. Berkeley, California.

CRECELIUS, Daniel (1991) The waqf of Muhammad Bey Abu al-Dhahab in historical perspective. *International J. Middle East Studies* 23: 57-81.

Detailed description of a large mosque and educational centre and the waqf foundation funding it, of which the construction began in 1774, opposite the site of Al-Azhar, Cairo. Public recitation of the Qur'an continued from early morning to nightfall. Daily and annual disbursements are listed to "5 blind men as muezzins and muballighun". Among the provisions for utilising any surplus from the wakf, after the original donor and his dependents had died, "two thirds of the surplus from the waqf was to go to the blind residents of al-Azhar and the zaawiya of the blind next to it."

CRONJÉ, Reverend J.M. (1982) *Born to Witness*. Pretoria: N.G. Kerkboekhandel Transvaal. 228 pp.

Notes on Dutch Reformed Church Mission work with disabled children in Nyasaland, Northern and Southern Rhodesia, pp. 98, 124-26, 144-45.

CRONJÉ, Marthie (1955) *Botie van Magwero*. Pretoria: Kaapstad. 161 pp. [In Afrikaans.]

Life of Ella Botes, pioneer missionary and teacher of blind and deaf children at Magwero, Northern Rhodesia. {Zambia}. [see BOTES, BOTIE, above]

CRUICKSHANK, A. (1962) *The Kindling Fire. Medical Adventures in the Southern Sudan*. London: Heinemann.

Cruickshank was a classic medical pioneer, working not as a missionary but in the civil medical service of Sudan for many years. He described with wry, self-deprecating humour his slow acclimatisation to southern Sudanese cultures as he founded and built up a general hospital and huge leprosy colonies among the Azande in the 1920s with support of the local chiefs and later some Syrian medical officers, as well as running a sleeping sickness control project and acting as a magistrate in a vast area (pp. 31-53, 69-81). Colony conditions were sufficiently much better than in ordinary villages, that healthy people used many tricks to get admitted as leprosy patients; {cf. JEANSELME, below, p. 117, who documents similar games in Europe 500 years earlier, where leprosaria were sufficiently well endowed that people could see them as ideal 'retirement homes' where "l'on y menait une existence oisive et confortable"!}. Yet cured patients were discharged to their villages, with a little persuasion). Later Cruickshank did research on blindness resulting from *Oncocerciasis* (as it was later called) (pp. 106-12), and engaged with many other disabling conditions and emergencies. His chapter "Round the Bend" (pp. 168-76) is a comical-tragical account of isolated European physicians and officers who crossed the line from eccentricity to madness.

--- [See Appendix 3, below, Cruickshank on circumcision.]

## **Authors CUSSON ... EBSTEIN**

CUSSON, Sr. Cecile (1977) A rehabilitation experience with Cameroon Animists. In: *The Disabled in Developing Countries. Proceedings of a Symposium on Appropriate Technology and Delivery of Health and Welfare Services for the Disabled in Developing Countries held at Oriel College, Oxford, September 26-30, 1976*, 29-35. London: Commonwealth Foundation.

Sister Cecile, an American working in the Catholic Mission at Kaélé in rural Cameroon, learnt the importance of listening to the thoughts and expressions of families bringing a disabled member from the interior, where deeply traditional beliefs and ways of life prevailed, before she would offer a basic level of orthopaedic rehabilitation. She describes some of the 'animist' beliefs, in which 'spirits' inhabit various locations, such as mountains, rivers, trees, ponds. In some cases, the "pond is the abode of these spirits manifested in crippled children and monsters who are exposed near the pool where they will return to their liquid element, the underworld." Families had invariably visited traditional healers,

before approaching the Mission. However, Cecile also noted various ways in which local African knowledge was useful in the construction, adjustment or repair of simple rehabilitation equipment, such as certain kinds of strong wood, herbs, or soft animal skins or organs, which met various needs.

EL-DABH, Halim (1976) Zebola and the crocodile's vengeance. In: *Black People and their Culture: selected writings from the African Diaspora*, 127-129.

[From GRAY's bibliography "On the Zebola women's possession society of Zaire." See ATIWIYA, above; THOME, below (Yebola) ]

DAKA, Patricia (1993) The Handicapped Persons Act of Zambia: how adequate is it in promoting the welfare of the disabled in Zambia? Thesis presented in partial fulfilment of the requirement for the degree of Bachelor of Laws, University of Zambia, Lusaka. xiv + 140 pp.

DALE, J.R. & Ben-Tovim, D.I, (1984) Modern or traditional? A study of treatment preference for neuropsychiatric disorders in Botswana. *British J. Psychiatry* No.145, 187-192.

DALLE-NAZÉBI, Sophie (2010) Les sourds au Congo-Brazzaville: entre sorcellerie locale et pratiques occidentales. In: C. Gardou (ed.) *Le handicap au risque des cultures: variations anthropologiques*, pp. 227-253. Paris: Erès.

DALLINGA, Alice (1999) *Verhalen van stilte. Dove kinderen in Namibia*. Utrecht: Unitwin Network for Southern Africa. 123 pp. [In Dutch] Studying deafness among the Mbukushu people of Namibia, Dallinga noted some flexibility between traditional aetiologies of deafness (i.e. witchcraft, affronted ancestors, etc) and pragmatic modern views about treatment and special education. [cf. studies in an earlier period by ROULON; TUCKER; STANNUS; all below, on some African notions of deafness.]

DANQUAH, Samuel A. (1976) Preliminary survey of beliefs about severely retarded children in Ghana. *Psychopathologie Africaine* 12: 189-196.  
Based on interviews with 306 fathers and mothers attending Accra Psychiatric hospital in the early 1970s with 'severely retarded children', and about 800 other people in towns and villages from which the families had come. Reported 'beliefs' about the cause or origin of the condition were predominantly in the categories of 'divine punishment', attack by evil spirits, witchcraft, sorcery, 'animals in human form', irrespective of the level of the informant's education.

DANQUAH, S.A. (1982) The practice of behaviour therapy in Africa: the case of Ghana. *J. Behavior Therapy and Experimental Psychology* 13: 5-13.

DANQUAH, S.A. (1986) The development and practice of Behavior Therapy in developing countries. In: Kofi Marfo, Sylvia Walker & Bernard Charles (eds) *Childhood Disability in Developing Countries. Issues in habilitation and special education*, 225-236. New York: Praeger.

Professor Danquah takes a swing around various countries of Asia, South America and Africa, noting efforts to recognise the needs and to develop appropriate therapies. He suggests that "clinical psychology using behavior therapy was first introduced to Ghana in 1971 as a unit within the Department of Psychiatry of the University of Ghana Medical School" and that this was the start of "Clinical Behavior Therapy in Africa, south of the Sahara" (excluding South Africa) (p. 227). He further notes that "Behavior therapists in Ghana have also worked successfully with traditional healers who assist in reintegrating the patient into the community. Successful treatment can be explained in terms of traditional and cultural beliefs along with the concurrent use of indigenous therapies" (233).

DASEN, Pierre; Barthelmy, D.; Kan, E.; Kouame, K.; Douada, K.; Adjei, K.; & Assende, N. (1985) N'glouele, l'intelligence chez les Baoule. *Archives de psychologie* 53: 295-324. [An African concept of 'intellience' embracing aspects of 'social responsibility' along with speed of thought and articulation. [cf. BISSILIAT+ 1967 above, and SERPELL, Schooling, below.]

DASEN, Véronique (1988) Dwarfism in Egypt and Classical Antiquity: iconography and medical history. *Medical History* 32: 253-276. Though links from Ancient Egypt to the Levantine Arab world seem distant, Dasen notes (p.273-274) realistic terracotta depictions of pathological defects, from Asia Minor cities with medical schools; those of "people affected by hypothyroidism are relatively numerous. The majority come from Egypt and Asia Minor."

DASEN, V. (1993) *Dwarfs in Ancient Egypt and Greece*. Oxford: Clarendon. xxix + 354 pp. + 80 plates. Revised D.Phil. thesis, heavily referenced and illustrated, based on extensive iconographic research, plus medical and archaeological evidence. Dasen concludes (pp. 246-248) that positive attitudes towards dwarfs in Egypt during ca. 3000 years, and a much shorter period in Classical Greece, were followed by adverse views and behaviour in Hellenistic and Roman periods. Two Egyptian dwarf deities, Bes and Ptah-Pataikos, are granted a chapter each, pp. 55-83, and 84-98. Bes may have been "a native Sudanese deity" (p. 61), and his main function was believed to be protective in the domestic zone, i.e. women and children, and people sleeping.

DASEN, V. & Leroi, A.M. (2005) Homme ou bête? Le dieu caché de l'anencéphale d'Hermopolis. In: R. Bertrand & A. Carol (eds) *Le "Monstre" Humain imaginaire et société*, pp. 21-44. Aix en Provence: Publications for l'Université de Provence. The remains of an anencephalic neonate with spina bifida were found in the Touna el-Gebel graveyard, near Hermopolis, and dated perhaps between 300 and 600 BC. Professors Dasen & Leroi describe in some detail the curious 'animal' interpretations placed on this neonate, and how a 19th century theory of foetal development arose from its spina bifida. They suggest, however, that the ancient Egyptians probably found in the abnormal remains a more elevated significance in the religious cosmology.

DASTUGUE, Jean (1962) Pathologie des Hommes de Taforalt. In: D. Ferembach, avec la collaboration de J. Dastugue & M.-J. Poitrat-Targowla, *La nécropole épipaléolithique de Taforalt (Maroc oriental): étude des squelettes humains*, pp. 133-158. Rabat: Centre National de la Recherche Scientifique.

Skeletal evidence on the survival of adults or children with severe impairments in small African communities, dated up to 12,000 years ago, suggests periods of years during which people provided food for disabled group members who very probably were, or became, 'useless' in terms of individual or group survival. Their motivations are impossible to know, but some kinds of religious belief may have been involved.

[See further notes, in Appendix 2, below]

DAVID, J.B. (1972) Deafness in Ghana - a personal record. In: *Seminar on Deafness, Accra, Ghana, September 4th-8th, 1972*, 61-65. London: Commonwealth Society for the Deaf.

J.B. David was a Consultant Ear, Nose & Throat (ENT) Surgeon at Accra, who described with comical anecdotes some interventions by British and American military and civilian doctors and development agents, including General Drummond, who in 1961 'discovered' the 'deaf village' of Adamarobe {or Adamorobe}. David and colleagues traced the inheritance of deafness in Adamarobe family trees: "in one or two we could see how a normal family became affected by one disastrous, old great-grandmother". David noted that, "The deaf adults had a remarkable way of communicating by clicks and mouthing and hand signs which would be well worth filming." He also remarked that "I have a deafness myself and have missed several aspects of the conversations on this matter of what may happen next..." (p. 65)

[See KUSTERS, several items 2011-2015, below, for recent detailed work on the deaf people of Adamorobe.]

DAVID, Rosalie (2008) The art of medicine. The art of healing in ancient Egypt: a scientific reappraisal. *The Lancet* vol. 372 (Nov. 22, 2008), pp. 1802-03.

DAVID, R. (2016) Egyptian medicine and disabilities: from pharaonic to Greco-Roman Egypt. In: C. Laes (ed.) *Disability in Antiquity*, 75-89. Abingdon, Oxon: Routledge. Drawing on a lifetime of Egyptological studies and publications, Professor David presents not only biomedical analysis of bones, but discusses other evidence and the complexity of meanings that can be derived, and the probable ambivalence of attitudes toward deformity, over a vast time span. "A unique concept of the world, underpinned by distinctive religious beliefs, may help to explain why the Egyptians' perception and treatment of deformity and disability differed so much from attitudes seen in some contemporary societies. Many aspects of Egyptian civilization demonstrate that they had an inclusive, multi-faceted view of life, in which different, sometimes apparently conflicting ideas and concepts, were retained and pursued simultaneously. For example, their medical treatments embraced complementary systems of care and healing; lawcourts used oracular pronouncements alongside conventional methods of obtaining evidence; and some gods worshipped by foreign residents were incorporated into the Egyptian pantheon. / Religion accommodated a multiplicity of gods and mythologies ... This encompassing, complex approach greatly

facilitated the Egyptians' general acceptance of 'otherness'." (p. 85) She further suggests that, while "some societies found religious reasons to reject the deformed and disabled" and this might be by associating impairments with "divine retribution for personal sin", the Egyptians seldom did so. "They had no religious context for stigmatizing those with physical anomalies" and could even go so far as to worship "a physically damaged god who nevertheless attained eternal perfection" and might thus offer "the hope of an idealized afterlife" to all (85-86).

DAVIS, Raymond J. (1966) *Fire on the Mountains. The story of a Miracle - the Church in Ethiopia*. Oliphants. [Grand Rapids, Mich.: Zondervan.] 253 pp.

On pp. 168-175, stories appear of disabled individuals who experienced healing, in the local Ethiopian church communities initiated by evangelical Protestant missionaries in the 1930s.

DAVIS-ROBERTS, Christopher (1985) Consciousness in extremity: discourse on madness among the Tabwa of Zaire. *International J. Psychology* 20: 569-587. [Found open online]

DAWSON, Warren R. (1927) Pygmies, dwarfs and hunchbacks in Ancient Egypt. *Annals of Medical History* 9 (4) 315-326.

Differentiates members of normally short-statured ethnic groups from people with exceptionally short stature and/or physical abnormalities. Discusses mainly the physiology and roles of the latter, with 52 figures.

DAWSON, W.[R.] (1938) Pygmies and dwarfs in Ancient Egypt. *Journal of Egyptian Archaeology* 24: 185-189.

DE ANDRADE, V. & Ross, E. (2005) Beliefs and practices of Black South African traditional healers regarding hearing impairment. *International J. Audiology* 44: 489-499.

DECALO, S. (1989) *Psychoses of Power. African personal dictatorships*. London: Westview.

Among a number of African rulers who seem to have become significantly unbalanced, Decalo mentions Francisco Macias Nguema (1924-1979). During his bloody dictatorship of Equatorial Guinea 1968-1979, Nguema progressively became deaf, and also seriously unbalanced (pp. 53-55, 75).

DECEUNINCK, Dominiek & Vanneste, Geert (1986) *De problematiek in het algemeen en de opvoedingsproblematiek in het bijzonder van de visueel gehandicapten in Rwanda*. Leuven. 179 pp. [In Flemish]

DECEUNINCK, D. & Vanneste, G. (1989) *Curriculum Mobilité pour la première année école primaire pour enfants aveugles*. [Rwanda]. 28 pp.

DE CLERCK, Goedele (2010) Deaf epistemologies as a critique and alternative to the practice of science: an anthropological perspective. *American Annals of the Deaf* 154 (5)

435-446.

[see next entry]

DE CLERCK, Goedele Am (2011) Fostering deaf people's empowerment: the Cameroonian deaf community and epistemological equity. *Third World Quarterly* 32 (8) 1419-1435. [Abstract.] "From its beginnings deaf studies has acknowledged that deaf people have their own ways of learning, knowing and viewing the world. A recently emergent culturally sensitive line aims to document indigenous sign languages and deaf cultural patterns in non-Western contexts. Employing the concept of deaf (indigenous) epistemologies as an analytical tool enhances insight into the diverse lives and experiences of deaf people both as individuals and as members of a community. This concept is explored through its application to a case study of emancipation processes in the deaf community in Cameroon. The challenges of an ongoing research process, a participatory and community-based approach, and the valuing of deaf indigenous knowledge in research are presented. These challenges also included negotiation of research findings and exposure of the Cameroonian deaf community to deaf indigenous knowledge on a broader scale in a way that fostered the community's empowerment and ownership of the present study."

DE MARET, Pierre (1994) Archaeological & other prehistoric evidence of traditional African religious expression. In: T.D. Blakely; W.E.A. van Beek & D.L. Thomson (eds) *Religion in Africa: experience and expression*, 182-195. Portsmouth, NH: Heinemann. Invited to contribute to the conference from which this book arose, Dr. De Maret at first declined, thinking he had little or nothing relevant to offer. "Somewhere in the archaeologist's subconscious, the religious dimension is associated with failure. Indeed when the archaeologist has in front of him or her an artifact or an archaeological structure, the tendency of certain functionalist and neopositivist methods is to seek ecological or economic explanations. The archaeologist resorts to spiritual interpretation only when all else fails." (p.183) Such caution and distaste for 'religious' stuff was not irrational, since many "farfetched speculations have been made about prehistoric religions", while the slow movement in archaeology {and many other fields} toward adopting a "rigorous scientific approach" has quite reasonably favoured the painstaking measurement of material evidence, rather than wild guesses based on gut feelings.

--- Fortunately, Professor de Maret reports a renewal of interest in the many kinds of symbolic representations that can 'flesh out' the dry bones and rediscover 'human' sides of his field, with Africa being a particularly promising region, as ethnographers have documented some groups of population retaining customs that may shed light on the thinking and activities of very early humankind (184-185). He offers evidence from rock art, sculpture, burial rituals, and monuments. Little of the evidence touches on 'disability' [since this human phenomenon too has entered the archaeologists' radar screen mainly in the past 20 years]; but some rock art has been associated with trance-like states, and connects from there to possible mental debility (186-187).

--- [Appendix 2 of this bibliography, below, gives further scope, with details of physical impairment in skeletons at Taforalt Cave in Morocco, apparently up to 10,000 years old.]



DE SINCAÏ, Soeur B. (1975) Attitudes envers la lèpre et son traitement dans une communauté éthiopienne. (Attitudes towards leprosy and its treatment in an Ethiopian community.) *Annales de la Société belge de Médecine tropicale* 55: 313-320. [Full text found online.]

DEMBÉLÉ, André (2003) Les droits des personnes handicapées au Burkina Faso. *Revue burkinabé de droit* 43-44, pp. 9-35.

DENNETT, R.E. (1904) King Maluango's court. *J. Royal African Society* 3: 154-158. Impairment and feebleness in a ruler could sometimes be regarded as a useful feature. Dennett noted an instance where princes in Luango country, north of the Congo mouth, elected as ruler "an old man, rather deaf, given to drinking, and otherwise harmless", whom they considered least likely to be able to control them. (p. 157)

De ROSNY, Éric (1974) *Ndimsi. Ceux qui soignent dans la nuit*. Yaoundé, Cameroun: Éditions CLÉ. 328 pp. [Not seen. See notes on further items, next.]

De ROSNY, E. (1981) *Les yeux de ma chèvre. Sur les pas des maîtres de la nuit en pays douala (Cameroun)*. Paris: Plon. 328 pp.

[See reviews in French by Michèle Dacher, and by Fotso Djemo (1982) *Cahiers d'Études Africaines* 22, Cahier 85/86, Études épidémiologiques et approches géographiques des maladies en Afrique tropicale. Mélanges pour un dialogue, pp. 201-205. Available on JSTOR.]

--- While appreciating the honesty of De Rosny's efforts, and an interesting level of detail, each reviewer finds some drawbacks. Dacher notes that the Jesuit priest had some qualms before going ahead with his 'initiation' into the world of the night healer / nganga / sorcerer. {He went to see a woman with healing power, la *khamsi*, with whom he felt a greater affinity, and "le sentiment de reconcontrer une égale en spiritualité, quelqu'un qui se situe dans le domaine religieux et non dans la magie." This encounter allowed De Rosny to go forward with the initiation ceremony, though the results were somewhat equivocal. "Par ailleurs, ce fut le moment choisi par ses supérieurs hiérarchiques pour le déplacer en Côte d'Ivoire, ce qui eut pour effet de précipiter ce moment clé d'apprentissage." The second reviewer, Fotso Djemo, is more critical, noting the methodological difficulties of trying both to be an impartial observer and to take part in the dance, and then congratulating oneself on having sat on the fence, giving nothing away. Djemo suggests that, to express healing care, there could be a different choice, one which had been made by another priest of Cameroon: "de dénoncer le silence sinon la complicité des Églises devant l'exploitation, la misère, la répression des masses ... [et prendre] très nettement position en faveur des masses affamées, analphabètes, exploitées, contre leurs dominateurs nationaux et extranationaux."

De ROSNY, E. (1992) *L'Afrique des guérisons*. Paris: Karthala. 223 pp. [Full text available online. It appears that de Rosny's main works have all been made available online, as at Sept. 2017.]

The present work is a collection of materials and discourse, in French, as per annotations on de Rosny, above and below. It is in two parts, "I. Le Versant de la Tradition" (chapters 1-4, "Combien de médecines pour l'Afrique?"; "Les nouveaux nganga"; "Corps à corps à Douala"; and "La sorcellerie et ses parades"); and "II. Le Versant Chrétien" (ch. 5-8, "Les églises indépendantes africaines"; "la chose de Dieu"; "Renouveau charismatique et transe en Afrique"; and "Le bureau Lumière"). Also two annexes, 1. "La chose de Dieu (débat); and 2. "Transe à Éboje".

De ROSNY, E. (1996) *La nuit, les yeux ouverts*. Paris: Éditions du Seuil. 286 pp.

{See items above, and review by BEKOMBO, above.} [Extract from Jean Benoist, 2012, "Eric de Rosny, le jésuite aux yeux ouverts (1930-2012)." *Bulletin Amades* no. 85. {Anthropologie Médicale Appliquée au Développement et à la Santé}.]: "Car ses livres et sa vie quotidienne reprendront surtout ce que lui a enseigné son parcours initiatique de Douala. Il use de ces leçons pour les appliquer, en conjonction avec ce que lui inspire sa position de prêtre, à ceux qui viennent lui demander secours. Son ouvrage le plus éloquent à cet égard est "*La nuit, les yeux ouverts*", où il trace la façon dont sa connaissance de la pensée et du discours des *nganga* qu'il a fréquentés fonde son dialogue avec des individus qui lui confient leurs problèmes et lui demandent de les soulager." {Benoist, who knew de Rosny both in France and in Cameroon, goes on to compare him with the greatest of Jesuit missionaries, such as "le père de Nobili en Inde ou le père Ricci en Chine." Some other reviewers remain uneasy about the activities and interpretations given by de Rosny, e.g. M. Dacher and Fotso Djemo (see annotation above, *Les yeux de ma chèvre*.)

[DESERT FATHERS.] *The Sayings of the Desert Fathers, The Alphabetical Collection*, translated {from Greek} by Sr. Benedicta Ward, with Foreword by Metropolitan Anthony of Sourozh (1975), London: Mowbrays. xvii + 228 pp.

The materials "grew up in the fourth century among the monks in the deserts of Egypt, Syria and Palestine, first in oral form, then in written memorials of the tradition, in Coptic, Syriac and Greek, and later in Latin." (p. xiii) The present text appeared in Greek in the massive compilation by J.P. Migne, *Patrologia Cursus Completus, Series Graeca*, Paris, vol. 65, cols 71-440, dated 1868. Some of the holy men were identified with the frank impairment labels of the era, e.g. John the Dwarf, John the Eunuch, Paul the Simple, {see also 'James the Lame', 'Didymus the Blind', in PALLADIUS, below} though these identifiers seldom seem to play any part in the recorded 'wise sayings'.

--- The interesting features, for the present bibliography, are that these men {and a few wise holy women are recorded in the Desert literature, e.g. Amma Theodora. pp. 71-72; Amma Sarah and Amma Syncletica, pp. 192-197} from the fourth century CE onward, followed strongly in the traditions of Jesus as transmitted in the Christian gospels. They took rather literally and absolutely the teaching such as the Beatitudes (Blessed are the meek, the humble, the poor in spirit etc...)\* and the command or suggestion to give away possessions, take up the cross, and follow Christ, trusting in God to supply all their needs, depriving themselves of all comfort, rest or sleep, eating the poorest of food, seeking isolation from distracting companions. The desert seekers firmly believed in devils, demons or evil spirits, and also in angels (representatives of God) who would protect them. They were strongly represented in the deserts of Egypt, with a concentration around Scetis,

in the north west of the Nile delta, now known as Wadi el Natrun. Some of their wise tales and deeds of healing probably percolated southward, both to Christian kingdoms such as Ethiopia, and to other African seekers who desired relief from their burdens and illness, and protection against evil spirits, at whatever cost. (see the 19th century LEFEBVRE, below, travelling in Abyssinia, who unwisely enquired at a monastery if any medical texts were available. He learnt that if any were found, they would be burnt. What need of such rubbish? They had faith in God, and the example of St. Tecla Haimanot!) [see also *Vitae Patrum*, below]

--- \*[The movement started by Jean Vanier (see FOLLETT below; and VANIER in Appendix 1) adopted the Beatitudes of Jesus as a kind of 'working charter' of L'Arche, when the movement began to grow, and some written guidelines were thought desirable. A recent carefully formulated version of the "Identity and Mission Statements" appears in VANIER 2013, as well as on l'Arche websites.]

DETTWYLER, Katherine A. (1994) *Dancing Skeletons. Life and death in West Africa*. Prospect Heights, Ill.: Waveland.

Painfully frank account of ordinary life, disease and death in rural Mali, with disability casually interleaved. The author leaves her 4-year-old son (who has Down's syndrome) back home in the US, but takes her 9-year-old daughter on anthropology- cum-health field-work ("Miranda was along mainly because I needed the company", p.3), measuring children's growth, or more likely their wasting and stunting from malnutrition. Dettwyler describes children and adults with significant impairments, not always obvious (to the foreigner) in the normal daily background of severe poverty and social deprivation. Some features were shockingly obvious, such as a huge untreated hydrocephalic head; others, such as large goitres, seemed to pass unnoticed by local health workers (pp. 31-35, 82-89, 93-98, 103, 108-110, 117, 136, 160).

--- Notions of American Motherhood collide sharply with local realities of what can be offered to children with extremely poor quality-of-life prospects ("I gave her one last hug and a balloon and sent her out the door after her siblings" p. 98). The benefits of civilisation ("Women in the United States might have the freedom to choose not to give birth to children with handicaps...") are balanced against a different kind of society in which "women in Mali had freedom from worrying" over such ethical problems, but worried instead about evil spirits striking their child (p.99).

--- [Dettwyler is known in the archaeo-anthropological field for her sceptical article (1991) doubting the suggested discovery of 'compassion' in the bones of Shanidar: "Can paleopathology provide evidence of 'compassion'?" *American J. Physical Anthropology* 84: 375-384. More recently, there has been a rise in speculative publications in academic journals, as for example SPIKINS+, Appendix 1, seeking to reintroduce and attribute 'feelings' to the remnants of bones.]

DEVITTIE, Thomas D. (1976) *The Underdevelopment of Social Welfare Services for Urban Africans in Rhodesia, 1923-1953, with special reference to Social Security*. Harare: University of Rhodesia. 23 p. [Found open online]

This extended conference paper reflects critically on changing circumstances in Africa from pre-colonial, through colonial, to {some kind of} independence, and goes into some detail

on the conditions of life for the poor in Rhodesia, using material in the National Archives. A slow and hesitant extension of consciousness took place among urban 'whites', that the government ought to make a less inequitable distribution of social security benefits to urban 'black' people for whom it had earlier been argued that they 'could always go back' to their native kraals and the extended family system would take responsibility, whereas urban whites who fell into poverty might have no such option. The growth of industry, with demands for unencumbered 'labour', tended to alter rural power structures and weaken the informal mutual support systems. Successive laws made some provisions for short-term 'loss of capacity', or longer-term conditions called 'disablement', 'sick and incapable', or 'total incapacitation', with the payments to whites being considerably greater than to blacks. Each hesitant step forward was limited by repetition of earlier arguments, which could be seen as little more than the determination of a wealthy urban class to preserve its privilege and minimise assistance to the needs of those living on the fringes of the poorer class.

DEVLIEGER, Patrick J. (1989) De sociaal-culturele betekenis van fysieke afwijking in Oost-Kasai (Zaire). *Medische Anthropologie* 1 (1) 49-61. [In Flemish]

DEVLIEGER, P. (1994) Culture-based concepts and social life of disabled persons in sub-Saharan Africa: the case of the deaf. In: C.J Erting; R.C. Johnson; D.L. Smith & B.D. Snider (eds) *The Deaf Way*, 85-93. Washington DC: Gallaudet University Press.

DEVLIEGER, P. (1995) From self-help to charity in disability service: the Jairos Jiri Association in Zimbabwe. *Disability & Society* 10: 39-48.

An African man of Bulawayo, Jairos Jiri, thought that disabled people could make something of their lives, if given the chance. Being poorly educated and living by menial labour, Jairos began sharing his living space and slender means with disabled beggars picked up from the street in Bulawayo. These very modest origins have been overshadowed by the massive development of 'Jairos Jiri Homes', later associated with an 'institutional charity' ethos, the reverse of what the founder began with and had probably hoped to continue. [see FARQUHAR below.]

DEVLIEGER, P.J. (1995) Why disability? The cultural understanding of physical disability in an African society. In: B. Ingstad & S.R. Whyte (eds) *Disability and Culture*, pp. 94-106. Berkeley: University of California Press.

DEVLIEGER, P.J. (1998) Physical 'disability' in Bantu languages: understanding the relativity of classification and meaning. *International J. Rehabilitation Research* 21: 51-62. Includes some terms having meanings that relate disability with sorcery or reincarnation.

DEVLIEGER, P.J. (1999) Frames of reference in African proverbs on disability. *International J. Disability, Development & Education* 46: 439-451.

From ethnographic fieldwork and literature survey the author collected 55 proverbs relating to disability, from Malawi, Senegal, Tanzania, Zaire, Zambia, and Zimbabwe, and these are presented in an appendix, with translations. Some of the social context and life-

situations implied in the proverbs are examined as part of a movement toward a better understanding of the cultural meanings of disability in various parts of Africa.

DEVLIEGER, P.J. (1999) Developing local concepts of disability: cultural theory and research prospects. In: Brigitte Holzer; Arthur Vreede & Gaby Weigt (eds) *Disability in Different Cultures. Reflections on local concepts*, 297-302. Bielefeld: transcript verlag. In a wide-ranging but carefully-worded review, Devlieger offers his definition of disability as "a universal interstitial social status, i.e., a status that places itself between recognized categories and statuses and that is neither marginal nor elevated. This interstitial social status is neither good nor bad but always a challenge to a pre-organized world and mutually challenging for both the disabled individual and her social and cultural environment." (p. 297) {He also differentiates the 'interstitial' status - existing in the spaces between the lines of a net - from the 'liminal' status, i.e. that of being 'on the threshold' (299).}

--- Devlieger notes one of the weaknesses of Western research, in a paragraph on "Ritual, Religious, Spiritual, and Cosmological Ideas and Practices". He suggests that "Ritual transitions, religious sanctions and boundaries, taboos, sorcery, cosmogonies can reveal some of the deep meanings of disability that have developed as part of a cultural history. These ideas are among the most powerful and resilient. They portray disability in the context of community in the largest sense of the word, including people, spiritual world, and all living beings. In addition, disabled people's access or lack of access to these ideas and practices define the cultural poverty or richness of their lives and the potential for transformation. Research in this area has been remarkably absent partly because of the Western cultural traditions in which disciplines that are concerned with disability have emerged. These disciplines have favored scientific models as the norm for knowledge production. However, the current research climate in the West, including the empowerment of disabled people, the emergence of their voice, and the response of interdisciplinary developments at the academy are promising developments." (301)

DEVLIEGER, P.J. (2000) The logic of killing disabled children: infanticide, Songye cosmology, and the colonizer. In: J. Hubert (ed.) *Madness, Disability and Social Exclusion. The archaeology and anthropology of 'difference'*, 159-167. London: Routledge. Based on ethnographic studies in the 1980s in the Kasai region of the Democratic Republic of Congo, Devlieger explores meanings of infant disability, infanticide, and conflicts with the former colonial state. Within the "cyclical vision of life" among the Songye, it was believed that "although the body is dead, the spirit of the child never dies." When the spirit arrived with a 'wrong' body, one that was not whole, the Songye practised "a systematic examination at various levels: their environment, the ancestors, other (living) people, and ultimately God", with the aim of discovering why the body was not whole. There were various ways for the 'wrong' body to be 'returned' to God, or to some spiritual force. The infant body might be allowed to fall into the river, or be buried in a termite hill, where it would die and be disposed of. Some propitiatory acts would take place to amend the wrong that had resulted in the non-whole body being born. It was expected that the spirit would return in a whole body. These beliefs, logic and practices conflicted with the expectations of European colonisers, who perceived the activities as murder, rather than justified killing.

DEVLIEGER, P.J. (2010) At the interstices of classification: notes on the category of disability in sub-Saharan Africa. In: B. Altman & S. Barnartt (eds) *Disability as a Fluid State*, 69-101. Emerald Group.

Extract: "People in all cultures of the world classify other people in easily identifiable categories. [e.g.] race, gender, economic, and physical difference. These categories make the world intelligible because they assign roles and functions attached to the individuals that fill the category. Racial, gender and other categories that reflect difference may change over time as to the meaning and assigned roles and functions, but the very fact of them being a criterion for classification remains rather unchallenged. Yet the very fact of classification may question whether individuals with disabilities belong to the most essential of all categories, the human category. With classification, a statement of exclusion or inclusion in the human category is imminent." Thus again, a 'modern, western' system imported from Europe or America and applied indiscriminately in Africa threatens to dismantle one of the important 'human values' of which Africa could remind the world.

DICKMAN, Beverley & Roux, Amanda (2005) Complainants with learning disabilities in sexual assault cases: a ten-year review of a psycho-legal project in South Africa. *British J. Learning Disabilities* 33: 138-144.

[See annotation of next, and Appendix 3.]

DICKMAN, B.; Roux, A.; Manson, Susan; Douglas, Gillian & Shabalala, Nokuthula (2006) 'How could she possibly manage in court?' An intervention programme assisting complainants with intellectual disabilities in sexual assault cases in the Western Cape. In: Brian Watermeyer; Leslie Swartz; Theresa Lorenzo; Marguerite Schneider & Mark Priestley (eds) *disability and social change. a south african agenda ...\** pp. 116-133. Cape Town: HSRC {Human Sciences Research Council} Press.

--- \*[see note, under MJI 2006, on the book's title.]

--- [See annotation in DICKMAN+ in Appendix 3.]

DIETERLEN, Germaine (1951) *Essai sur La Religion Bambara*. Paris: Presses Universitaires de France.

pp. 88, 94-97, suggests that albinos could be treated as scapegoats in West Africa.

DIETERLEN, Rev. H. (1930) *La Médecine et les Médecins au Lessouto*. Paris: Société des Missions Évangéliques. 73 pp.

[Not seen. From J. GRAY: "Account of Sotho traditional healers and their methods." Lesotho.]

DILLON-MALONE, Clive (1988) *Mutumwa Nchimi* healers and wizardry beliefs in Zambia. *Social Science & Medicine* 26: 1159-1172.

[Abstract:] "*Mutumwa Nchimi* practitioners in Zambia today# are neotraditional healers who specialize in the diagnosis and curing of illness and misfortunes allegedly caused by wizardry (*buloshi*). *Nchimi* means 'witch-diviner' and *Mutumwa* means 'sent (by God)'. Their witch-divining practices are thus placed within the new biblical religious framework. *Mutumwa Nchimi* healers are contemporary African psychiatrists and psychotherapists

who fully accept and work within the framework of the wizardry paradigm as the explanatory mechanism for a whole range of problems and illnesses experienced by a large number of Zambia's urban dwellers. Their success in attracting patients bears witness to the extent to which wizardry still persists as a paradigm of evil. The research data used is comprised of 143 complete tape-recorded cases of *Mutumwa Nchimi* diagnoses in addition to 1233 summaries of book-recorded cases. *Buloshi* is mentioned as the cause of illness and misfortune in 58% of the tape-recorded cases, and in 55.9% of the book-recorded cases. Wizardry is perceived by *Mutumwa Nchimi* healers to relate to two dimensions which refer to the activity of witchcraft and sorcery respectively. The former relates to witch spirits and *fibanda* ghosts; the latter relates to the use of *bwanga* magical charms. In addition to the need for prayer and reconciliation, psychotherapy requires the cleansing of one's body and of one's house from *buloshi* attack. The two dimensions of witchcraft and of sorcery, though distinct, are seen to be essentially related to one another. The dreams of patients, in which unconscious pressures come to the surface, are perceived to confirm the existence and reality of wizardry assault. Wizardry beliefs are placed firmly within the context of social relationships and social change in Zambia and psychosocial analysis is at the centre of the diagnostic process. Wizardry beliefs are seen by *Mutumwa Nchimi* healers to reflect the problems faced by urban dwellers in particular who, on the one hand, find themselves afflicted by feelings of shame or guilt with respect to failure to observe traditional morality and, on the other hand, by an awareness of suspected rival forces in the competitive urban environment."

--- #[this 'today' is actually based on fieldwork in 1982, and written records from 1973 to 1982, (p. 1162).]

DIOP, Moussa; Martino, Paul & Zempleni, Andras (1979) Les techniques thérapeutique traditionnelles des maladies mentales au Sénégal. In: Z.A. Ademuwagun; J.A.A. Ayoade; I.E. Harrison & D.M. Warren (eds) *African Therapeutic Systems* 85-86. Waltham, Mass.: Crossroads. Reprinted with permission from *Médecine d'Afrique Noire* (1966) no. 4, 115-116.

Four "major categories of mental illness in Senegal" are outlined, which are "based on cultural perceptions of the causal factors". These include illness thought to be caused by Djinn (in Islam); spirits of ancestors: "the religious therapy practised by Marabouts (traditional healers, with an Islamic base); witchcraft (sorcellerie). These categories of mental illness are mostly addressed by a) ordinary herbalists, mainly in areas without Islamic influence; b) religious specialists in ancestral spirits; c) the marabouts, who may supply charms consisting of Islamic texts written on paper; d) witch-finders (Chasseur Sorcier). The outcomes of the various traditional treatments have not been adequately researched, but the 'modern' psychiatrist is well advised to keep an open mind on some traditional methods.

DISLER, Peter (with E. Jacka, J.S. Putterill, M. Hoffman, R. Sayed & G.S. Watermeyer) (1984) *Poverty and Disability. Carnegie Conference Paper No. 186.* (Second Carnegie Enquiry into Poverty and Development in Southern Africa). Cape Town: University of Cape Town, School of Economics. 120 pp.

To investigate "the problem of chronic disability in the context of poverty", a questionnaire

and interview survey was made of available formal disability-related urban resources and services in the Cape Peninsular and of the situation and views of 104 physically disabled people (as service consumers, some months after discharge from Groote Schuur Hospital). The disabled people (in the categories of the time: 58 Coloured, 29 Black, 17 White) were mainly "from a low socio-economic strata". People (mostly women) caring for 41 disabled close relatives were also interviewed. Results are analysed, with a discussion of future strategies having realistically modest expenditure.

--- Disler et al found that "in our Nuclear family system in which the subsistence provided by each person is vital to survival, the extra burden of a non-contributing member, especially one who has abnormal needs, is all that may be needed to disturb the delicate balance of the budget" (p. 83). Services were poorly coordinated and very scantily available, whether for richer or poorer families needing them; but the poorer were much more likely to be prevented by distance and transport costs from gaining access (p. 82). Consequently "the responsibility devolved on a family member" (p. 91; see also p. 102); yet these carers received little or no preparation or support in the caring role. Some disabled people did receive a small pension, so that their carers did not have an additional financial burden. Disler et al suggested that the modest available service budget could be used more widely and effectively by switching from curative to preventative measures; greater involvement of traditional healers in the community; and paying much closer attention to the articulation by disabled people of what they thought and the kinds of service provision they would prefer.

DODGE, Bayard (1974) *Al-Azhar. A Millennium of Muslim Learning*. Memorial edition, Washington DC: Middle East Institute. x + 239 pp. and illustrations.

Mention is made of blind youths studying the Qur'an at Al-Azhar, Cairo, Egypt, from possibly the 12th to the 20th century CE, on pp. 44, 86-87, 101, 165, 206, apparently the world's earliest and longest-lasting documented and methodical teaching of blind people. A special hostel was built for them by Osman Katkhuda in the early 1730s. The sheikh in charge was customarily a blind man.

DOLS, Michael W. (1979) Leprosy in Medieval Arabic medicine. *J. History of Medicine and Allied Sciences* 36: 314-333.

Extensively referenced work, showing the sources and progress of knowledge, and problems with differential diagnosis and nomenclature of 'leprosy'. (See next item).

DOLS, M. (1983) The leper in Medieval Islamic society. *Speculum* 58: 891-916.

Detailed scholarly discussion of social aspects of leprosy and other disabilities in the history of Islam. Dols found that although Muslims had ambivalent views and beliefs about leprosy, the Qur'an had nothing comparable to the Levitical 'separation' laws which [whether rightly or wrongly understood -- see HULSE; and OSTRER, below] profoundly affected both Jewish and Christian attitudes towards people with leprosy {or other serious skin diseases.} Specific mention of leprosy in Africa is made, with possible spread through the slave trade (p. 898). An important governor of Egypt, `Abd al-`Aziz (d. 704 CE) was reported to be "stricken by the disease known as 'lion-sickness'", which was a common euphemism for leprosy (*judham*) and can be traced back to the description of leprosy by



Arataeus of Cappadocia.." (903). There is mention of 'healing springs' or lakes in some North African locations, where leprosy sufferers would congregate and bathe regularly to obtain some relief from their sores (908).

DOLS, M.W. (1992) *Majnun: The madman in Medieval Islamic society* (edited by D.E. Immisch). Oxford: Clarendon. xvi + 543 pp., with illustrations.

Wide-reaching, scholarly work, extensively referenced and discussed. {Michael Dols, 1942-1989, was trying to complete this work when he died. His long-time research assistant Diana Immisch did what was necessary to finalise the work, Foreword, pp. vii-viii.} Dols reviews madness, folly and stupidity (with many categories and meanings, and with some relevant Arabic words indexed, e.g. `afarit, `ataha, balada, buhali, ghafla, hadhayan, hawas, haydra, humq, hayman, ikhtilat, `ishq, jinn, junun, ka, ka`aba, kalab, majdhub, majnun, ma`tuh, marabout, maniya, sabari, sadar, sar`, su`ur, takhayyulat, takhlit, ta`sim, zar, and more), from medical, magical/ religious, therapeutic, social and legal viewpoints, across the early Islamic world. For African reference, there are multiple index entries, e.g. Abbasiya; Abu Kaf; Africa, North, and Africa, sub-Saharan; Ahmad (holy fool); Alexandria; Berbers; Cairo; Coptic; Egypt; Ethiopia; Fez; al-Fustat; Hamadsha possession cult; Mansuri hospital; Morocco; Nubia; nun; Somaliland; Sudan; Tangier; Zar; (and more); accounting for a significant proportion of the book.

--- For example "The prime candidate for madness in medieval Islamic history is the caliph al-Hakim Bi-Amr Allah, the Fatimid caliph of Egypt from AD 996 to 1021, but his madness is as difficult to assess as that of some of the early Roman emperors"; Dols gives eight pages to al-Hakim, quoting some references at length, and weighing different points of view (pp. 145-152). Chapters 7-10 are devoted to religious or magical healing: The Judaeo-Christian Background (174-210). Religious Healing in Islam (211-260, in sections, a. Muhammad and the Demons;\* b. Holy Healing; c. Prophetic Healing). The Theory of Magic in Healing (261-273). The Practice of Magic in Healing (274-310). Some overlap of course exists between the latter four sections. Thus for example, detailed work by Victor CRAPANZO (see above) on Moroccan ethnopsychiatry is described first by Dols in 'Religious Healing' pp. 234-235, and further (pp. 292-295, while discussing 'Hamadsha) under 'Practice of Magic'. As there is no Author Index (possibly because of the difficult circumstances in which the book was finally produced, the reader needs to study the given footnotes, Bibliography (486-516), and Index (pp. 517-543) more diligently to see how the work of particular authors is situated in African locations.#

--- \* [The first of these sections notes that the prophet Muhammad, like many of the earlier prophets recognised by Islam, such as Jesus and Moses, was denounced by adversaries as a madman, or possessed by spirits (jnun), or a sorcerer, and these descriptions were rebutted in the Qur'an. This section, written amidst scholarship in the 1980s, might be have been somewhat rephrased for the sensitivities of the 2010s, if Dols had been able to continue his work and bring out a second edition.]

--- # [It is interesting to compare the depiction of real-life and fictional madmen, simpletons or half-wits, by other listed authors, e.g. ACHEBE; CHRAIBI; CRAPANZO; EL EZABI; HALLPIKE; HETHERWICK; IBN KHALDUN; EL-SAADAWI; SAFI AL DIN; SALIH; WHYTE; and in App. 1: McCABE; METCALF; and others]

DORNAN, Samuel S. (1919) The killing of the divine king in South Africa. Report of the Sixteenth Annual Meeting of the South African Association for the Advancement of Science, Johannesburg, 1918, July 8-13, 394-399. Cape Town.

Comments on some observations by DOS SANTOS (below) in the late 16th century, and others, on the tribal tradition that the ruler's body must be maintained in perfect condition, and he was killed when his powers began to fail, his hair became grey and he began to lose his teeth.

DOS SANTOS, João. Eastern Ethiopia. In: George McC. Theal (ed.) (1901) *Records of South-Eastern Africa, collected in various libraries and archive departments in Europe*. Government of Cape Colony.

This account by Friar Dos Santos was first published in 1609 in Portuguese. (His titled region 'Eastern Ethiopia' covered a huge area of Eastern and Southern Africa in the 1590s). The Portuguese text, from p. 69, begins "Livro Secundo - Capitulo I, Dos cafes, e cousas notaveis, que ha nas terras que correm Sofala até o rio de Luabo". This is translated in vol. VII, from p. 251 of Theal's edition, "Book II. Chapter I. Of the Kaffirs, and notable matters in the lands lying between Sofala and the river Luabo." Dos Santos described various diseases, and a notable African who led an independent life though his left arm was missing from birth:

--- "The greater number of [the natives] have decayed and broken teeth. They say that this comes from the land in which they live being very humid and marshy, and also from eating hot roasted yams, which is their usual food, because of the quantity of this vegetable to be had in these lands. Most of these [natives] suffer from hernia, and some of them are so maimed by this disease that they are unable to walk. On this journey we saw a [native] who lived in a village called Inhaguea, who was a cripple, born without a left arm, but nature, that had denied him this most necessary member, endowed him with such dexterity that from a child he was accustomed to work with the right hand and the left foot in such a manner that with these two members, so dissimilar, he could do anything that other persons could do with two hands, as he made wooden bowls and platters and weaved straw mats, by which he earned a livelihood." In this text [ ] means the phrase in brackets is an *alternative translation*.

--- On p. 320, Dos Santos described night blindness in Mozambique; See also albino children (pp. 214-215). Rulers had sometimes killed themselves if they acquired any physical deformity, but one ruler defied this custom. He had lost a front tooth, and he notified his people of this, but informed them that he could still rule them perfectly well, the old custom was stupid and he would not follow it (pp. 193-195). (See above, DORNAN, on the 'divine king'; also below, LOBO, who was shipwrecked on the coast not so far from Sofala, and gave a description in the 1620s ).

DOUKI, Saïda (1987) Nosologie et culture en psychiatrie. In: S. Douki, Driss Moussaoui et Farid Kacha (eds) *Manuel de psychiatrie du praticien Maghrébin*, 98-100. Paris: Masson. [The handbook was compiled by three senior African psychiatrists, led by Douki from Tunisia, Moussaoui from Morocco, and Kacha from Algeria.]

DOUKI, S. [Dirigeante de thèse] S. Chichti (1987) *Musicothérapie en médecine: application à la dépression*. Faculté de médecine, Tunis.

[Looking back from the 2010s, Professor Samir Chichti would be referred to as one of the pioneers of music therapy in Tunisia during the 1980s.]

DOUKI, S. [Dirigeante de thèse] F. Touzri (1989) *Psychiatrie et religion à propos du délire mystique*. Faculté de médecine, Tunis.

[Fethi Touzri would later become a leading political figure in Tunisia, and continues publishing on the participation of young people in shaping their future, through 2016.]

DOUKI, S., Taktak, J., et Ben Zineb, S. (1998) *La santé mentale des femmes*. [From bibliography by M. ELGAID, below.]

DRAISMA, F. & Richman, Naomi (1992) *School Based Programme for Children in Difficult Circumstances. Final Report 1988-1992*. Maputo, Mozambique: Ministry of Education.

DRAPER, Mary (1964) *Social Pensions in South Africa: covering old age pensions, blind pensions, war veterans pensions and disability grants -- all races*. Johannesburg: South Africa Institute of Race Relations. 73 pp.

DREWAL, Henry J. & Drewal, Margaret T. (1983) *Gelede: Art and Female Power among the Yoruba*. Bloomington: Indiana University Press. 306 pp.

[From J. Gray's bibliography]

DUFF, Clarence W. (1980) *Cords of Love*. Phillipsburg, NJ: Presbyterian & Reformed Publishing Company. 391 pp.

Duff was a missionary in rural Ethiopia, and later in Addis Ababa. His letters home from 1928 to 1938 underpin this book. People with severe disabilities sometimes appear incidentally (e.g. pp. 21, 135, 212, 258, 347). More specific were the 20 or 30 "lepers and cripples" attending a regular service of worship at Garbitchu, Sidamo in 1929 (pp. 84, 105); also Duff's elderly neighbour at Lambuda, who had leprosy, and her son Lirei (pp. 210, 220, 278-79). Some details appear of the leprosarium started near Addis Ababa in 1934 (pp. 286, 345, 361); also a small school for blind people, run by Leona Kibby (pp. 286, 313). A man named Bayena, from Marako, who had been deafened as a youth, found his historical niche in May 1937 when the usually hard-bitten missionary noted in his diary the deep impression made by the religious testimony of Bayena, whose entire possessions consisted of a cloth belonging to his recently killed brother, and whose earthly prospects seemed extremely poor. (p.360)

[DYKE, Hamilton] (1933) The Health of Bechuanaland. *South African Medical J.* 7: 744-745. Editorial quoting extensively from the annual report by Dr H. Dyke, on aspects of the poor health of natives, and difficulty of making services available (in territory which later became Botswana). Dyke visited a tribal school where some 80 children aged 10-14 were seen as "listless and apathetic". He found that 60 of them had eaten nothing since the previous afternoon, as they received only one meal per day, on their return home from school. [cf. KARK & Le Riche, below.]

EBIGBO, Peter O. & Ihezue, U.H. (1981) Der Glaube an Reinkarnation (das Ogba-Nje Phanomen) und Seine Bedeutung für Psychotherapie in Nigeria. *Zeitschrift für Psychosomatische Medizin und Psychoanalyse* 27: 84-91. [In German]  
[WESTLEY, from abstract: "The belief in reincarnation: the Ogba-Nje phenomenon and its meaning for psychotherapy in Nigeria."]  
{Peter Ebigbo also published prolifically in English, in refereed journals and with other scholarly authors, in the present field.}

EBSTEIN, Joseph (floreast, first half of 20th century) [Monumental statues in France and Algeria]

Ebstein was a deaf Algerian artist and sculptor, born in Batna (Constantine) in May 1881. His 'voice' is not much heard; but his large bronze public statues won open awards (e.g. Grand Prix de Rome, 1910) and are still seen, and are recorded in "Le Panthéon d'Algérie Française". It is considered reasonable that they be counted as 'equivalent to his voice or writings', for the purposes of this bibliography. [Various directories of notable people list Ebstein without mention of deafness. (In some cases, he has been listed as Epstein). What he did, with his eyes and his hands, spoke for him.]

## **Authors EDGAR ... FRIEG**

EDGAR, John (1990) Masalit stories. *African Languages and Cultures* 3 (2) 127-148. These folk stories of the Masalit people, from "western Sudan, and the adjacent cantons of Wadai, Chad" (map is shown) are retold in English, via mother-tongue informants, with suitable cautions about the context and transmission (which would normally have been "at night by grandparents to grandchildren, sitting round a fire", with vocal interjections). Several pick up impairment, disability, stupid or peculiar behaviour and local responses, which may indicate beliefs about social status, right and wrong actions, how disabled people may manage their disability, and methods of healing. The text shows a phonetic transliteration, a literal word-by-word English equivalent, a paraphrase giving a clearer English meaning, and some explanatory footnotes. In a hunting story (pp. 138-140) a man mistakes a lion for a deer, gets in a fight and a fright, and ends up careering along aboard the lion, babbling "it's a deer, a deer" [!] The villagers treat him by writing Qur'anic verses on slate, washing the slate, then giving him the wash to drink - "a common healing practice throughout the Muslim world" (footnote).

--- [An explanation under "3.2 The coward who went mad" (p. 140) may be misplaced: it seems to refer to the hunting story, where the man thought he spotted a deer, greedily wanted to keep all the meat for himself, made excuse of fixing his shoes so the other hunters went ahead without him, then he found the lion. After the fracas, the lion raced off with the terrified man on its back, passing the other hunters, so his game was exposed. In the next story, "the coward who went mad", a man goes to cut poles, sees a lion, throws his spear and runs away, reaches the village, and "frightened out of his wits" speaks in garbled fashion (140-141). Perhaps this was an 'epicycle' on the hunting story.]

--- There are two stories about blindness, one with cunning, the other with worthy behaviour. Boy climbs a tree, bird pecks out his eye. Boy sneaks up behind girl chopping

wood, pretends a splinter from her chopping has blinded his eye. In compensation, he gets the girl in marriage. (It would be hard for a one-eyed lad to get a wife). Later his ploy is discovered - he is punished (141-142). The second story is a classic, told with variations in many lands: 'the blind man and the cripple'. The two men wish to visit the Sultan. They pool resources: the blind man carries the cripple, the cripple sees where they should go. The Sultan gives the cripple a horse, the blind man a bull. They go home. The cripple's fellow-crips are impressed; but the blind man's colleagues think he's a fool, telling fairytales.

[These are a handful among thousands of African folk-stories in which disability, local beliefs, healing, mockery, folk medicine and other responses are sketched, often indirectly or with ambivalent 'meanings'. John Edgar had previously produced *A Masalit Grammar* (1989), published by Dietrich Reimer at Berlin, and his notes are much better informed than are some other sources of folklore.]

EDGERTON, Robert (1979) A traditional African psychiatrist. In: Z.A. Ademuwagun; J.A.A. Ayoade; I.E. Harrison & D.M. Warren (eds) *African Therapeutic Systems*, 87-94. Waltham, Mass.: Crossroads. Reprinted from: *Southwestern J. Anthropology* (1971) 27 (3) 259-278. During a four week period (p. 91) in the later 1960s (to judge by the reference list and date of first publication), Edgerton followed closely the activities of a Hehe "traditional psychiatrist", whom he calls Abedi, practising in rural Tanzania. He describes in considerable detail the context of the lives of Hehe people, the availability of other traditional healers who treat some mental illness, the background of Abedi's training by both his father (a renowned traditional healer) and his mother ("who gave him intensive instruction in botany", p. 88), and in the physical setting in which Abedi practised and compounded the medicines he would prescribe, what he actually said and did in a variety of treatments, and much more. Edgerton discusses what he thinks can be learnt from these observations, which carry some weight in view of his own expertise in both anthropology and psychiatry. The possibility of both 'placebo effects' and 'suggestion' are there (as also in western medicine); yet Edgerton was impressed by several practical features of Abedi's psychiatry and therapy. "Despite the fact that his epistemology of mental illness is developed within a belief system that emphasizes witchcraft and moral magic, he is primarily a pragmatic psycho-pharmacologist. His devotion to empiricism in botany and pharmacology, while unusual among his people, may nevertheless have historical antecedents among the Hehe, and may be more common throughout African ethnopsychiatry than has yet been recognized." (87) Treatments by Abedi were accompanied by invocation of the Deity, "praying to Nguluvi to give him the power to see the cause of the sickness and to understand what ought to be done ... he chants in a low liturgical voice" (89), and using his 'magical' objects to select for him "the medicine favored by God." (89)

EDGERTON, R. (1980) Traditional treatment for mental illness in Africa: a review. *Culture, Medicine and Psychiatry* 4: 167-189.

EDOO, B.B. & HADDOCK, D.R.W. (1970) Social disabilities of epileptics in Accra. *Epilepsia* 11: 217-222.

"The most serious troubles of epileptics may be social and psychological rather than physical. Epileptics have varying difficulties in leading a reasonably normal life in their community. As epilepsy is a common chronic disease, we considered it important to ascertain the social impact of the disease on our patients in Accra." [This kind of calm assertion in 1970 by doctors from the Ghana Medical School, Accra, suggest that the fears of some disabled people's organisations {i.e. that physicians are so immersed in the 'Medical Model' as to be incapable of thinking beyond their box} may be exaggerated.] EDWARDS, Stephen David (2011) A psychology of indigenous healing in Southern Africa, *J. Psychology in Africa* 21 (3) 335-348.

Professor (now Emeritus) 'Steve' Edwards, who is quoted in the Introduction (above), and has been a leading thinker, contributor and co-author in this field through 30 years, as well as supervisor and external examiner of a wide range of research theses, here sums up "some perennial psychological features of Southern African indigenous healing", and aims to "answer some pertinent questions about the cultural authenticity of indigenous healing." He introduces many Zulu terms (among which, he defines *ubuntu* at some length, p.343) and their range of meaning by way of holistic health, wholeness, holiness, the range, depth and probable antiquity of indigenous knowledge, with ancestral communication, dreams, music, song, rhythm, dance, enhanced breathing, and other important features. He regrets that this great range of indigenous knowledge and useful practice has not gained adequate recognition among practitioners of European-originated biomedical science and psychology, and the 'official' health plans based in the latter set of knowledge.

--- Edwards is perhaps unusual among psychologists in pursuing his studies among the African Indigenous Churches, and committing himself to statements about the impressive authenticity of Christian healing and 'spiritual energy' to be found in this movement having maybe 11 million members across South Africa: "The communal spiritual healing function of the Holy Spirit becomes readily and dramatically apparent to anyone who has participated in, experienced, or even simply observed a public African Indigenous Church meeting in South Africa, whose Christian faith embraces ancestral spiritual energy (*umoya*), and Holy Spirit (*Umoya Ongcwele*). Any petty, doctrinaire, theological conflicts are usually not apparent. Christ is typically regarded as the ancestral, divine, Son of God [.] The peace, truth, power, love and wisdom in inspirational African healing is experienced at one and the same time and place in the body and breath of any particular individual in communal ancestral spirituality as graced and mediated by God, Christ and Holy Spirit. Christ's two great commandments of loving God and neighbor become immediately and publicly demonstrated" {various references cited}.

--- [Clearly, some professional colleagues of an agnostic or atheist tendency might dissent from such assertions, though the 'humane humanists' among them may be happy that a phenomenon which they may regard as 'crowd healing power' can produce beneficial effects in some people's lives. Edwards notices and takes part personally in important realities in the lives of such clients; though his nuanced description allows that some participants might use highly unorthodox terminology if they were asked to describe what was taking place.]

EDWARDS, S.D. (2016) HeartMath and Ubuntu integral healing approaches for social coherence and physical activity. *African J. Physical Activity and Health Sciences* 22 (1:1) 49-64.

[Abstract] "This research was motivated by many social health problems confronting the planet earth, Its aim is to introduce HeartMath and *Ubuntu* as complimentary, integral healing approaches for promoting social consciousness, coherence and various forms of physical activity. Integral healing themes discussed include holism, consciousness, energy, interconnected relationships, social coherence, behavior and harmony in physical activity."

EDWARDS, S.D. (2017) Heuristic phenomenological investigation into the relationships between Heart Prayer and HeartMath Praxis. *Theologia Viatorum. J. Theology and Religion in Africa* 41 (2) 1-24.

[In his recent, 'post-retirement', phase of research, Prof. Edwards has produced a large number of published articles, individually and collaboratively with colleagues, further enlarging the field to take in and study a variety of spiritual and healing practices within Africa and from other continents. Most of these seem fairly pertinent to the aims and purposes of the present bibliography, as can be seen in the few examples shown; but the present compiler is not competent to keep up with or to evaluate the wide range of interests and applications, and must refer the interested reader to Google Scholar for the many further titles and abstracts!]

EDWARDS, S.D. (2017) Radiating love: reflections on the role of the heart in indigenous and global healing. *Indilinga African J. Indigenous Knowledge Systems* 61 (1) 31-43.

EDWARDS, S.D.; Makunga, Nohmalubi V.; Thwala, Jabulani D.; & Mbele, P.B. (2009) The role of the ancestors in healing. *Indilinga. African J. Indigenous Knowledge Systems* 8 (1) 1-11.

EDWARDS, S.D.; Makunga, N.V.; Thwala, J.D. & Nzima, Dumisani R. (2006) African breathing and spiritual healing. *Indilinga: African J. Indigenous Knowledge Systems* 5 (2) 135-144.

EDWARDS, F.S. (1988) Amafufunyana spirit possessions: treatment and interpretation. In: G.C. Oosthuizen; S.D. Edwards; W.H. Wessels & I. Hexham (eds) *Afro-Christian Religion and Healing in Southern Africa*, pp. 207-225. Lewiston / Queenston / Lampeter: Edward Mellen Press.

EFRAH, Edda (1982) Psychiatrie in Somalia. *Psychiatrie, Neurologie und Medizinische Psychologie* 34 (6) 321-329. [In German]  
[WESTLEY, see below.]

EGYPT. Ministry of Education (1989) [In Arabic]: *Muzakkira fi sha'n al-mutattalibat al-tarbawiya li madaris al-tarbiya al-sama'ia*. [Memo on educational specifications for schools for the deaf.] Cairo.

EGYPT. Ministry of Education (1990) [In Arabic]: *Qarar wizari raqam 37 bi tarikh 28/1/1990 fi sha'n al-la'iha al-tan fiziya li madaris wa fusul al-tarbiya al khasa*. [Ministerial

Decree No. 37 of 28 Jan. 1990, concerning regulations for Special Education Schools and Classes.] Cairo.

EGYPT. Ministry of Social Affairs (1970) [In Arabic]: [Guide to Nursery Schools and Orphanages for Socially Vulnerable Children.] Cairo.

EGYPT. Ministry of Social Affairs (1987) [In Arabic]: [Social Rehabilitation: a development message for the Disabled.] Cairo.

EGYPTIAN FEDERATION for the Handicapped Welfare Agencies (1982) *Directory of Agencies for the Care and Rehabilitation of the Handicapped in the Arab Republic of Egypt*. Cairo. [In Arabic.]

EJIZU, C.I. (1992) Cosmological perspectives on exorcism and prayer-healing in contemporary Nigeria. In: C. Manus; L.N. Mbefo & E.E. Uzukwu (eds) *Healing and Exorcism: the Nigerian experience*, 11-23. Enugu.

EJUU, Godfrey (2016) Moving in circles along a straight path: the elusiveness of inclusive education in early childhood development in Uganda. *J. Childhood & Developmental Disorders* 2, no. 1.1, pp. 1-9. [Found open online]  
[Abstract] "Despite the declaration on Education for All by member states, ratification of different supportive instruments, money received for implementation of activities that are aimed at ensuring education for all and staff put in place, many children, especially those with special needs in the early years are still waiting for an opportunity to benefit from education services. This article provides insight into the nature of 'inclusive education' being provided for children in early childhood development in Uganda and offer{s} strategies that can be used to ensure all children in the early years benefit from the education for all." [The article is a fairly recent and realistic assessment of the problems encountered in aiming towards the revolution in schooling that might usher in the ideal of Inclusive Education for All, in an economically battered country like Uganda -- yet since that ideal has hardly been reached in any European country, deploying vastly greater depth of resources, it seems unlikely in Uganda. To judge by the elliptical title, the author may be aware of this.] 65 refs.

EKOLELE & TWAGIRAYESU, I. (1985) La rééducation des sourds-muet. In: *ACHAC. Rapport 6<sup>ème</sup> Assemblée générale*. Bujumbura.

ELBEHERI, Gad (2004) Dyslexia in Egypt. In: Ian SMYTHE; John Everatt, & Robin Salter (eds) (2004) *International Book of Dyslexia*, Part II (see below), pp. 79-85.  
Although Arabic is the language of schooling in Egypt, and is also the mother tongue of most schoolchildren, there are substantial differences between the official language of Modern Standard Arabic and the Arabic that most children hear spoken in their homes. Further, there are features of Arabic orthography which combine to cause considerable problems for children with dyslexia (p. 82), both within Egypt, and across the Arabic-using world. (See Salim Abu-Rabia, in SMYTHE et al, Part I. "Dyslexia in Arabic", pp. 31-38).



ELDAM, Afaf Gadh (2003) Tendency of patients towards medical treatment and traditional healing in Sudan. PhD thesis, University of Oldenburg, Germany. 295 pp. [Found open online]

[Abstract]: "The sustainability and effectiveness of medical treatment in Sudan may be threatened due to the existence of only one health-care system. Along with the general goals of psychiatric medicine it has been developed to provide health and a good life for all health seekers. But its adoption is not widespread enough in Sudan. Many patients have abandoned this health-care sector and turn to the traditional healing system. This study aims to investigate the patients' treatment dilemma and reasons that lead patients to switching between the two health care systems (medical treatment and traditional healing). Moreover it aims to highlight the attitude of both practitioners towards the collaboration with their partners in the mental health field. The author of this study conducted (1) an instructed\* interview with a sample of 50 patients who were exposed to the two health-care systems. (2) an instructed\* interview with a sample of each 16 practitioners, psychiatric doctors and traditional healers, and she produced a videotape about the four healing methods in Sudan (Quran, Sufi, Zikir and Zar). The study reveals that to improve the patients' health situation first, advancement on medical health-care system should be made concerning the socio-economic environment, the qualification of physicians and last not least the technological development. Second traditional should be integrated with the medical health care sector as well as with the general health academic science."

--- \*[possibly meaning 'structured' interview.]

ELEWEKE, C. Jonah (1997) Analysis of service provision for deaf people in Nigeria: implications for future development. Unpublished PhD thesis, University of Manchester, UK. 521 pp.

[Dr. Eleweke, a deaf Nigerian, became a prolific writer on service provisions for deaf people, partly based on his own experiences.]

ELEWEKE, C.J.; Agboola, Isaac O. & Guteng, Simon I. (2015) Reviewing the pioneering roles of Gallaudet University alumni in advancing deaf education and services in developing countries. *American Annals of the Deaf* 160 (2) 75-83.

ELEWEKE, C.J. & Ebenso, Jannine (2016) Barriers to accessing services by people with disabilities in Nigeria: insights from a qualitative study. *J. Educational and Social Research* 6 (2) 113-123.

[See previous item. For 20 years, since completing his PhD, Dr Eleweke has written a series of articles and papers, urging the government of Nigeria to give real substance to the laws intended to protect and advance the lives of disabled persons.] [Abstract.] "This article examines the experiences of people with disabilities in Nigeria and specifically the barriers they encounter in accessing various services in the country based on the framework of the social model of disability. Qualitative methods were utilized in the data collection and interpretation. The results indicated that people with disabilities in the country encounter a plethora of barriers in accessing various important services. These obstacles to accessing essential services deprive people with disabilities [of] the opportunity to acquire services

that would enhance the development of their potential and leading productive and contributing lives. These barriers to accessing services and the implications of strategies that could ameliorate these adverse conditions are discussed."

ELGAID, Mariem (2003) Discours psychiatrique chez Saïda Douki. *Ibla* (Tunis) 1/2003, No. 191, pp. 53-68. {on p. 61, the author's name appears as Mariam El Gaid.}

This article sketches the many-sided interests and writings of the Tunisian psychiatrist and researcher Saïda Douki and some of her collaborative authors, including a bibliography of her 14 published articles, 67 communications, 17 theses by students under her direction, etc. Douki's own thesis was "Le diagnostic en psychiatrie, limites et perspectives", directed by P. Pichot, Université de Paris, 1979. Elgaid writes: "Notre hypothèse est que le discours psychiatrique de Saida Douki est au croisement des approches bio-psycho-sociales, en prolongement avec la médecine arabe de la période classique du VIII<sup>e</sup> au XIII<sup>e</sup> siècle et ne s'inscrit pas en filiation avec les discours critiques de Franz Fanon, des réformistes et des féministes." Nevertheless, despite the apparent links back to a long Arab tradition, "S. Douki rejette par ailleurs et sans détours, la médecine traditionnelle." This may be explained by the fact that there had been a long decline, and in the 19<sup>th</sup> century one could see a "retour en force de la géomancie, de la talismatique, de l'astrologie et des sciences occultes", (quoted from a Douki communication in 1986). The mental health and well-being of women and of children were ongoing preoccupations of this redoubtable psychiatrist and humanist. (See DOUKI, above; HALAYEM+ below)

ENDRESEN, Anne Marie (2008) Rebaleng le rona\* Context and culture in the education of children with intellectual impairments in Botswana. \* Count us in! Dissertation for Master's degree in Multicultural and international education, Oslo University College, Norway. [134 pp.]

Based on experience of working in Botswana (1991-1994), and of research fieldwork in 2006, the study aims to explore how far local culture affects the formal education of children with intellectual impairments in Botswana, and the background of beliefs and attitudes toward such children. Qualitative interviews were carried out with 36 stakeholders in the special education field, with an emphasis on parents. A survey was also made of the views of 70 students undergoing special education. Some negative attitudes persist, but there is an underpinning of positive humane and compassionate behaviour (*botho*).

--- Mia Endresen had worked as manager of a school and stimulation centre for disabled children in the village of Molepolole, in the south eastern region, and worked in Norway as a special education teacher. She is appropriately cautious about the extent to which the Norwegian experiences are pertinent to the fairly different cultural context of rural Botswana. She is also highly conscious of the complexity, ambivalence and ambiguities of language around impairment and disability, and verbally expressed 'attitudes', and the ever-changing balance between 'traditional', 'modernising', or 'individually-conceived' responses to disability in children; and the balance between officially-expressed hopes and ambitions for Botswana's educational policy, and the ground reality which inevitably falls some way short of the hopes. Endresen notes a Presidential Task Group statement which seems to contrast the national ethic of *botho* (equivalent to *ubuntu*, see Appendix 5) with

the UN 'Rights of the Child' (based on the idea that middle-class western notions are universally correct).

--- There are, nevertheless, some educational principles derived outside Africa, that Endresen sees as having pertinence. "Citing Vygotsky in the theory chapter, I have shown how children with intellectual impairments learn best if one starts with what is already known and how building on the familiar and the proximal zone of development leads to functional, useful knowledge rather than reciting facts they do not understand. Because it takes longer for these children to learn, I contend that an education that does not teach them what they can make use of later in life, in a form that is accessible to them, is a waste of time that these children can not afford."

--- When asking adults about their beliefs about disability causation, it is not so clear that one should 'start with the familiar'. One mother explained frankly that "Traditionally we think *mopakwane* is a stupid child who is born to parents who were unfaithful to each other during pregnancy or the first three months after the child's birth." Yet none of the mothers believed that *mopakwane* was the cause of their own child's impaired capacity - though some had thought so before they learnt otherwise from a campaigning group of Botswana for children with Down's syndrome. When Endresen used the word *mopakwane* in conversation with a Tswana colleague, she became aware that such things are 'not spoken of' in polite discourse. There were various other 'taboo infringements' that were believed to be causes, as well as *boloi* (witchcraft) - but the mothers who had picked up a 'modern' view, with which they were naturally more comfortable, were prepared to engage in advocacy for their child, and induce others to change their mind. [cf. Shridevi RAO, appendix 1 below.] Sometimes the attractive behaviour of the child, when shown a loving welcome, can be the best advocacy. There were also some traditional customs, e.g. in kitchen gardening and cookery, in which children with disabilities could readily be included, once the idea was introduced - no need for expensive equipment from abroad. Only a little 'lateral thinking' was needed.

ENGELBRECHT, G.K. (1961) *Die Dowe: die maatskaplike en ekonomiese posisie van die dowe in Sud-Afrika, met besondere verwysing na hulle rehabilitasie*. [in Afrikaans] {The Deaf: social and economic situation of the deaf in South Africa, with special reference to their rehabilitation.} Kaapstad, H.A.U.M. Originally a thesis at the University of South Africa, 1956.

ENGELBRECHT, Petra; Oswald, Marietjie; Swart, Estelle & Eloff, Irma (2003) Including learners with intellectual disabilities: stressful for teachers? *International J. Disability, Development and Education* 50 (3) 293-308.

Major structural and organisational changes, amidst political and economic turbulence and chronic school overcrowding and underfunding, have increased stresses on teachers in South Africa. Among the changes is the development of inclusive education, making ideological demands without supplying appropriate resources. The reported study combines a structured questionnaire survey, with further individual interviews of some respondent teachers, in Gauteng and Western Cape provinces, to discover the nature and extent of difficulties they face in trying to include children whose learning behaviour and classroom functioning suggest either organic deficits or severely adverse environmental

factors, or both. Five particularly stressful areas were related to administrative issues, support, children's behaviour, teacher's self-perceived competence, and lack of interaction with families. The success of inclusive strategies may depend on these concerns being addressed early in the process.

ERITREA. (2004) *Interim Poverty Reduction Strategy Paper*. Asmara. 75 pp. [Found open online in 2006]

Inspirational material concerned with disabled people is not easy to find, from Eritrea. Amidst detail of the weakened state of the post-war national economy, and the straitened circumstances in which much of the population lives, paragraph 4.50 on "Disabled." (p. 45), outlines some services for "vulnerable and disadvantaged persons, including disabled war veterans, and the very poor." Special education is being provided for some deaf or blind people, and "skill-training facilities for all disabled aimed at job creation".

ERNY, Pierre (1968) *L'enfant dans la pensée traditionnelle de l'Afrique noire*. Paris: Le Livre Africain. 200 pp.

[This and subsequent work by Erny reflect traditional child-rearing practices drawing on literature across much of sub-Saharan Africa, with a research base in the Congo. It has long been known in the paediatric disability field that to understand the disabled child one should begin with the 'normal' child.]

ERNY, P. (1972) *L'enfant et son milieu en Afrique noire. Essais sur l'éducation traditionnelle*. Paris: Payot. 310 pp.

ERNY, P. (1981) *The Child and his Environment in Black Africa. An essay on traditional education*. Translated, abridged & adapted by G.J. Wanjohi. Nairobi: Oxford UP. xxii + 230 pp.

ESHETE, M. (2005) The prevention of traditional bone setter gangrene. *J. Bone & Joint Surgery (British vol.)* 87 (1) 102-103. {Comment and reply in 87 (9) 1306-1307.}

[Based on Abstract.] In a two-year survey in southern Ethiopia, it was found that 49 amputations had been performed, 25 of which were for gangrene following tight splintage applied by traditional bone setters. Ten one-day instructional courses were offered, and 112 traditional healers attended. Two-day courses were given to local health assistants, with written details on safe care of fractures. After two years, the number of amputations required fell to 25, of which 7 were needed for gangrene. "We found that it is possible to educate traditional healers so that fewer gangrenous limbs require to be amputated."

ETIEYIBO, Edwin & Omiegbe, Odirin (2016) Religion, culture, and discrimination against persons with disabilities in Nigeria. *African J. Disability* 5 (1) [6 pp.] [Found open online]

EVANS, Judith L. (1970) *Children in Africa: a review of psychological research*. New York: Columbia University, Teachers College Press. 115 pp.

EVANS, Timothy (1989) The impact of permanent disability on rural households: river blindness in Guinea. *Institute of Development Studies Bulletin* 20 (2) 41-48.

Based on a large, cross-sectional survey in Guinea, a hypothetical household of husband, wife, one son, two daughters, was constructed to view the typical household effects, over 15 years, of blindness through onchocerciasis and its consequences. Briefly, in Phase 1: all five have good eyesight, man and wife both do agricultural work. Phase 2: man now visually impaired, but still working (also baby boy born, and wife again pregnant). Phase 3: man has severe visual impairment, can work only a little (wife now has tuberculosis, is heavily burdened, one infant dead of measles, all but older daughter have worsening health and nutritional status). Phase 4: man now blind, unable to work (wife's health deteriorating; older son doing some work; older daughter marries and leaves, younger daughter now visually impaired). Phase 5: man is blind, wife dead, one daughter blind and pregnant, older son permanently migrates out, only younger son has some earning capacity, all in poor health, the family is now destitute. The typical stages and variations are explained in detail, without apparent exaggeration. Some preventative and rehabilitative programmes used elsewhere in West Africa show the possibility of avoiding the destruction of this typical household, and avoiding its descent to dependence on public charity.

--- [For any reader to whom the above notes sound appealing and logical, it may be useful to consider that a widespread African response might be to regard the entire description of the family deterioration as a jumble of pointless statements, typical of official 'white-man' misunderstanding. What has been omitted at every stage is an account of the *hidden meanings*: e.g. which ancestors were offended, which tribal customs had been violated, which traditional healer had been unable to help because he was not given appropriate honours, which propitiatory gifts had ignorantly been distributed in the wrong order to the wrong persons, evoking more curse than benefit?]

FARQUHAR, June (1987) *Jairos Jiri - the man and his work, 1921-1982*. Gweru: Mambo. 92 pp.

[See notes on Jairos Jiri, under DEVLIEGER, 1995 (above)]

FAVAZZA, Armando & Faheen, Ahmed D. (1982) *Themes in Cultural Psychiatry, an annotated bibliography 1975-1980*. Columbia: University of Missouri Press. 194 pp. Contains some African material.

FAVAZZA, A.R. & Oman, Mary (1977) *Anthropological and Cross-cultural themes in mental health. An annotated bibliography, 1925-1974*. Columbia: University. Missouri Press. Introduction and 3634 numbered entries with brief annotation, arranged by years starting with 1925. Indexes of authors and subjects.

FAYORSEY-MANTEY, C. (1988) The Ghanaian woman's perception of disease and sickness and cultural practices that affect maternal/infant child morbidity and mortality. Dept. Sociology, University of Ghana.

FEIERMAN, Steven (1979) History of pluralistic medical systems, change in African therapeutic systems. *Social Science and Medicine* 13B: 277-284.

[See next items.]

FEIERMAN, S. (1986) Popular control over the institutions of health: a historical study, in: M. Last & G.L. Chavunduka (eds) *The Professionalisation of African Medicine*. Manchester: Manchester University Press.

In the mid-1980s before AIDS took a serious grip, Feierman (1986, 210) in Tanzania noted that "Healing and nurturing have been mostly the job of the old", and "People beyond their productive years heal the sick, provide nursing, and oversee childbirth" while the middle generation produce food and earn cash. Yet the capacities of the 'middle generation' are now seriously being cut back in all the countries reviewed here, because 20% to 40% of this age group are HIV positive or have full AIDS. The supply of trained medical, social and educational workers, and local communities' margins for coping with additional problems, are being reduced and the prospects for developing stronger and more appropriate disability services are weaker. One of the few recent positive trends has been the wider recognition that most disabled adults and young people have considerable potential for self-help, whether as individuals or in associations; and that hundreds of thousands of them have quietly been getting on with their lives with no greater dependency on other people than is normal in the adult population.

--- Feierman also described from Tanzania the valuable type of village healer who "stood at the juncture between two worlds: the world of concerned lay people - the patient's relatives and neighbours - and the world of specialised practitioners. Relatives and neighbours lacked specialised knowledge; practitioners lacked intimate understanding of the patient's household. Hamisi combined the two. He therefore served as a gatekeeper. He often sent patients and their relatives to the hospital or to specialised healers." The need for such bridges became apparent in the same researcher's detailed field study of medical beliefs and theories in rural Tanzania, underlining the complexities, with narratives "filled with uncertainty at every level: uncertainty about the status of expert knowledge, about how the body works, and about the likelihood of isolating one possible disease-cause from amongst many." (Feierman 2000).

FEIERMAN, S. (1998) Reciprocity and assistance in precolonial Africa. In: Warren F. Ilchman; Stanley N. Katz & Edward L. Queen (eds) *Philanthropy in the World's Traditions*, 3-24. Bloomington: Indiana University Press.

Feierman's initial chapter to the useful collection by Ilchman, Katz & Queen is something of a tour de force, or a powerful tour d'images, full of paradox and shifting perspectives, larger views and specific instances, intentional actions and unexpected consequences, referenced in an array of illuminating endnotes.

FEIERMAN, S. (2000) Explanation and uncertainty in the medical world of Ghaambo. *Bulletin of the History of Medicine* 74: 317-344.

Over 30 years Professor Feierman made efforts by various means to enter the thoughts of people in Ghaambo, a village in North-East Tanzania, about health, illness and healing; to

compare them with what earlier anthropologists and colonial physicians reported; to perceive the strengths and weaknesses of the villagers' thinking, in the evolving situation of their lives; and not to let go of the complexities.

FERNANDEZ, James W. (1982) *BWITI. An Ethnography of the Religious Imagination in Africa*. Princeton University Press. xxiv + 732 pp. + illustrations.

This formidable work is based in "small and often isolated villages in the Equatorial Forest of West Africa" (p. xix), more specifically in the Republic of Gabon where the author and his wife (Renate Lellep Fernandez, who provided all the drawings, and many of the photographs) lived in an obscure and artificially enlarged village of Fang families, between 1958 and 1960 (p. 14). Yet from this micro- or nano-scale sample of rural Africa, Fernandez arguably justifies his ambitious claim of an "ethnography of the religious imagination"; and the practical details include considerable reference to physical disability and mental disorders. The earlier major outcome was a doctoral thesis (1963) at Northwestern University. In the bibliography to "Bwiti", he lists 22 subsequent journal articles and chapters in edited books, leading up to the present work which embodies 20 years of maturing ethnographic reflection and judgement. The detailed index (pp. 675-731) also reflects the development of computers in social science publishing during that period, which facilitates discovery of disability-related material. Yet academic indexers in 1982 were very seldom aware of the nascent worldwide 'disability movement' and its demands for detailed attention to impairment and disability as an indexable part of everyday life. --- See items pp. 57-58, body, blindness, craniums, dance-one-legged, mind, monsters (p.245), night fool Antoine (187-196, 229-230), dwarfs (323-4, 637), albino musicians, Date of fieldwork (14), diseases- elephantiasis, leprosy; incest; Emotional life/ mental disorder (697); pp. 162, 163; locomotor ataxia 170; cripple hip 173; monstrous abortions / miscarriages (174, 198, 445); 220 (cf. Fr. / Engl transl); 239 Unbalance; 232-3, + 636 elephantiasis, blind; ayang 630, 636; German work - Tessman, 244-253 + notes.

FERUZI, M. & Koyabeya, M.-T. (1987) *Infirmité physique et retard scolaire dans les écoles primaires à Kisangani. Études* (Institute supérieur pédagogique de Buta) Nr.16-17: 269-281. (D.R. Congo)

FICHTNER, Dorothea (1979) *How to raise a blind child, 0-7*. Bensheim, Germany: Christoffel Blinden Mission. 60 pp.

Profusely illustrated guide, with many pictures from Africa, by a gifted teacher whose work over many years helped families to give their blind infant a good start in life.

FIELD, Margaret Joyce (1937, reprint 1961) *Religion and Medicine of the Ga People*. London: Oxford University Press. vi + 214 pp.

Field found that "the idiot" was revered among the Ga in West Africa, "particularly if he is so feeble-minded as to be incapable of speech, or if he is of grotesque appearance." Such people were believed to be incarnations of divine beings: "They are always treated with the greatest kindness, gentleness and patience, are kept very clean and well-dressed, and are given daily good food at a low table with a white calico cloth while the rest of the family squat on the ground round a common dish. ... Not only do his family care for him but all the

neighbours help to keep an eye on him. If he shambles into any compound he will probably be given food, and if he eats it messily his face will be cleaned for him before he is sent home" (p.183). [cf. note on MARFATIA, in Appendix on Ubuntu]

FIELD, M.J. (1960) *Search for Security. An ethno-psychiatric study in Rural Ghana*. London: Faber & Faber. 478 pp.

FINKELSTEIN, Victor (2001) A personal journey into disability politics.

[www.independentliving.org/docs3/finkelstein01a.pdf](http://www.independentliving.org/docs3/finkelstein01a.pdf) or .html

Much of the writing by Vic Finkelstein (1938-2011) appeared during his years in Britain, and was of a polemical nature, e.g. campaigning for the adoption of the 'Social Model of Disability' as a mass movement (rather than an elite group lobbying parliament for a bigger hand-out from the State), and for the serious implementation of human rights of all oppressed and disenfranchised people. His thinking was strongly rooted in the politics of his native South Africa, where he was jailed for anti-apartheid activities, and then placed under a banning order. [Vic used a wheelchair, and the compiler learnt that he broke his spine in an athletics accident. Very few places in South Africa were accessible. Later he suffered increasing hearing loss.] Arriving in UK in 1968, he became perhaps the most serious thinker among the British disabled activists of the 1970s-1990s. His African experiences contributed to a larger vision: the disabling and brutalising tendencies within society damage everyone - both the victims and the perpetrators. None of us will be free as long as some are being brutalised. The launch of the Social Model in the 1970s, with Mike Oliver, Colin Barnes and others, and its enthusiastic adoption by many of a generation of younger disabled people, aroused some hopes of substantial changes in society -- but the apparent gains were later whittled down, the Social Model was subtly softened and accommodated, so that it could appear as though not much really needed to be changed, it could all be adopted as a slogan and a politician's promise, while being dismissed with a regretful smile in the inner circles where budgets were fought over and slimmed down to a 'token' level.

--- [British society was not ready for a radical reconstruction of its cherished values -- some redesign of the public environment has certainly taken place, there are better opportunities for disabled people to progress through education and enter the work force, and large employers are aware of their legal duty to engage and accommodate disabled people -- but to secure these changes was a colossal and exhausting struggle against entrenched opposition or indifference. It is hard to know whether underlying attitudes have changed at all. Throughout his life, Finkelstein continued to fight against all weakenings and accommodations, while earning his living as a university lecturer, particularly at the Open University.]

FINKELSTEIN, Vic & Zinkin, Pam (1991) Considerations for the Development of a National Disability Policy. Consultancy Report. Maputo, Secretariat of State for Social Action (SEAS). [For Mozambique]

FINKENFLÜGEL, Harry J.M. (1990) Gemeenschaps gerichte revalidatie in Zimbabwe. *Nederlands Tijdschrift voor Fysiotherapie* 100: 170-77.



FINKENFLÜGEL H.J.M. (1991) Community-based rehabilitation; A better future for people with disabilities in Zimbabwe? *Disability Studies Quarterly* Fall/1991, 14-15.

FINKENFLÜGEL H.J.M. (ed.) (1993) *The Handicapped Community. The relation between primary health care and community based rehabilitation*. VU University Press. xi + 152 pp. With a Preface by the CBR pioneer David Werner, this book has chapters by Huib Cornielje (pp. 17-21); J. Hanekom-Jelsma & D. Cortes-Meldrum (23-28); Gerry van der Hulst (41-48); Dabie Nabuzoka (73-87); also Marian Loveday (95-98, provocatively titled "Is CBR a second rate service?"); which are concerned with various aspects of CBR efforts in South Africa, Zimbabwe and Zambia, as well as some contributions from South Asia and Guyana. --- [Possible bias: the present compiler edited the English of this book, as well as writing a chapter, "Service development by information, not ideology", pp. 107-124.]

FINKENFLUGEL, H. (1999) Rehabilitation research in Southern Africa. pp. 41-60. In: H. Cornielje, J. Jelsma & A. Moyo (eds) *Proceedings of the Workshop on Research Informed Rehabilitation Planning in Southern Africa, Harare, Zimbabwe, 29 June to 3 July 1998*, pp. 41-60. [See CORNIELJE++ above]

Review of a broad range of rehabilitation literature from Southern Africa revealed the scarcity and fragmented nature of research. Disability prevalence studies were common, but were seldom comparable for lack of standardised methodologies, and seldom useful to policy makers or service developers. Studies are sketched from the viewpoints of various stakeholders, i.e. clients, families, community, community-based rehabilitation personnel, professionals. Special focus is given to fifteen published intervention studies between 1985 and 1997, mostly in Zimbabwe. Recommendations are given for generating more research of better quality. (66 references).

FINKENFLUGEL, H.J.M. (2004) Empowered to Differ. Stakeholders' Influences in Community-Based Rehabilitation. PhD thesis, Free University of Amsterdam. xvi + 201 pp. This thesis draws together a variety of work in which Harry Finkenflügel has been involved since 1988, when, as an experienced Dutch physiotherapist, he went to Zimbabwe to work for the Ministry of Health on a three year contract, involving the training of Rehabilitation Technicians and the setting up of eight pilot projects in Community Based Rehabilitation. The extensive and detailed literature review in his thesis was almost certainly the earliest such coverage for CBR in any African country, reaching back into the 1970s, when the earliest CBR trials and experiments were beginning. Some of what was learnt was already published in FINKENFLÜGEL 1993, above.

--- [This compiler admits a possible bias: the Vrije Universiteit invited me as external examiner of Finkenflügel's doctoral thesis, among a 'beoordelingscommissie', of learned professors and phd-holders: D. Burck, C. Vlaskamp, W. van Mechelen, and A. Vermeer. I was impressed by the public discussion of Harry's thesis, which was advertised and took place during one full hour. The candidate was given a good 'grilling' (mainly in Dutch) by his peers, and he defended well.]

FINSTAD, Ingebjörg (1972) Les problèmes spéciaux qui se posent à un adulte sourd à Madagascar. 68-69 In: D. Mermod (ed.) *Entendre avec les yeux: extraits des actes du premier*

*séminaire oecuménique de formation pour responsables chrétiens travaillant parmi les sourds*, pp. 68-69. Genève: Edition Labor et Fides.

FIRAH (Foundation Internationale de la Recherche Appliquée) [2014-2015] *Applied Research on Disability in Africa. Mapping East Africa {separately: West Africa; Maghreb}*. Found online.

Several useful bibliographies are shown, totalling several hundred items, with brief annotation, but also in many cases abstracts available, or more detailed accounts of research, with some evaluative remarks. The work for East Africa is credited to Mary Ann WADDELL, with support by Rob Aley and Cécile Vallée; and the enterprise is shared with 'Advantage Africa' (which has its own separate site and logo), and with the 'Centre Ressources Recherche Appliquée et Handicap' which appears to be part of FIRAH. [see e.g. BAKHSHI++, above; TRANI++; and MAYER, below; among the 'mapping' for the Maghreb or West Africa.]

--- [The logic of presentation on the FIRAH++ website is Gallic. The ways in which it is connected and offered probably make good sense to people who have undergone a francophone education. There is certainly a lot of useful material made available - and much of it offers an English translation; but some peculiarities appear, when compared with most anglophone sites. (The present compiler admits that, for many people, the present bibliography, arranged merely by alphabetical order of first author, presents radically different kinds of information almost randomly, and leaves readers to search for terms as best they can!)]

FISCHER, H.G. (1987) The ancient Egyptian attitude towards the monstrous. In: A.E. Farkas; P.O. Harper & E.B. Harrison (eds) *Monsters and Demons in the Ancient and Medieval Worlds. Papers presented in honor of Edith Porada*, 13-26 + plates. Mainz am Rhein: Verlag Philipp von Zabern.

In pp. 13-21 the author differentiates hieroglyphic (non-monstrous) depictions of creatures from those truly monstrous and frightening, and traces some development over long periods of time, with illustrations. Pp. 22-26 discuss human deformity and anomalies, including dwarfs, hunchbacks and grossly obese women.

FISCHER-ELFERT, Hans-Werner (1996) "'Lache nicht über einen Blinden und verspötte nicht einen Zwerg!' Über den Umgang mit Behinderung im Alten Ägypten". In: Max Liedtke (ed.) *Behinderung als pädagogische und politische Herausforderung. Historische und systematische Aspekte*, pp. 13-14, 93-116, with illustrations. Bad Heilbrunn: Verlag Julius Klinkhardt. [In German]

The widespread African and Middle-Eastern proverb, "Do not mock a blind man, nor ridicule a dwarf", quoted by Dr. Fischer-Elfert in his title, quite likely took its rise in ancient Egypt, where a longer version included mention also of a caution against deriding one who was lame, or "in the hand of God", probably having incurable disease or mental disorder (see LICHTHEIM, "Instruction of Amenemope", below, dating around 1100 BC). Such a proverb, with supplementary warning to the effect that 'you may yourself be blind or lame one day', gives a strong hint that such mocking was the natural practice of street boys and uncouth adults, but civilised adults should train children to be more prudent. Fischer-Elfert

takes a good swing through the considerable literature on ancient Egypt and disability, with useful graphic illustrations, and due respect for the wide range between the treatment of the elite dwarfs and blind singers at royal court, and the ridicule that disabled people might encounter in the ordinary population. (See also DASEN, 1993, above)

--- [This book edited by Professor Liedtke (b. 1931), of which the title translates "Disability as a Pedagogical and Political Challenge - historical and systematic aspects", is somewhat unusual in ranging from disability in animal and prehistoric human groups, through antiquity and medieval responses, to modern development of services, with innumerable obstacles and the memory still present in Germany of the Nazis' organised large-scale murders of disabled people.]

FISH, James W. [1924] *Robben Island: an account of thirty-four years' gospel work amongst lepers of South Africa*. Kilmarnock: J Ritchie. 210 pp. + plates.

FLINT, Karen (2001) Competition, race and professionalization: African healers and White medical practitioners in Natal, South Africa in the early Twentieth Century, *Social History of Medicine* 14 (2) 199-221.

[Summary.] "The licensing of African healers in the province of Natal, South Africa, combined with urbanization, medical commodification, and an overcrowded biomedical market led to ideological and commercial competition between White biomedical practitioners and African healers in the early twentieth century in southeastern Africa. This article examines the historical antecedents of this competition and focuses on the role that competition, race, and gender played in the construction of local biomedical and African ideas of medical authority. Adopting the idea that medicine is an important site of power, contestation, and cultural exchange, I aim not only to document these historical changes in African therapeutics, but to problematize current ideas of biomedicine's colonial hegemony."

--- [The article takes a swing through a lot of literature and some archival material, juggling various trends in scholarship from anthropologists, political economists, medical specialists, and people who believe that the pronouncements of the philosopher, comedian or charlatan Michel Foucault can illuminate distant societies which Foucault had never studied; and so on. See also HUME, below, App.1.]

FLOWER, J. & Wirz, S. (2000) Rhetoric or reality? The participation of disabled people in NGO planning. *Health Policy and Planning* 15 (2) 177-185.

Data was collected from 18 Europe-based international non-government organisations (INGOs) and 25 other informants, concerning the involvement of disabled individuals and organisations in planning of services, to learn whether the trend towards encouraging participation was having discernible effects in practice, both in Northern and Southern countries. Reported involvement consisted of: 1. providing information; 2. consultation; 3. including disabled people's organisation in decision-making; 4. supporting actions initiated by them; in descending order of frequency. INGOs with a disability service focus were more likely to involve disabled people in meaningful ways than INGOs with a more general development orientation. The study suggests that there is still considerable 'rhetoric of participation', but a growing reality may be discerned.

FOLLETT, Dawn (1982) A meeting of cultures. In: *The Challenge of L'Arche, with Introduction & Conclusion by Jean Vanier*, 109-127. London: Darton, Longman & Todd.

Dawn Follett spent some time with Jean Vanier at the original L'Arche community, Trosly, France, in 1971. She travelled in several African countries, and eventually "decided to found a community in the Ivory Coast in conjunction with the Ministry of Health and Social Affairs in Abidjan. L'Arche, Bouaké was founded in 1974, and has grown into a community of thirty people" {by 1982}. // "Dawn also helped in the foundation of a small community in Ouagadougou, Upper Volta" [now Burkina Faso], "in 1977. She co-ordinates both of these homes, representing them on the International Council of l'Arche." (109) Follett describes the successive arrival and welcoming of three people having substantial mental and physical impairments and deep injuries of soul and spirit, each having been lost or abandoned from their original family or community. Responding to the needs of these people, learning from them how to practice loving care and acceptance, welcoming African and overseas assistants who would take part in learning to love and to take part in the simple routines of community living, was a long, slow process, stretching minds and imagination as to fundamental issues of being and humanity, across barriers of race, religious belief, role and gender stereotypes. The voices and thinking of the original residents Seydou, N'Goran, and little Amouin are heard, as are those of Bakari, Gilbert, N'Dabla, Mamadou, Binta, each contributing to and receiving from the others.

--- In his introduction, Jean Vanier recalls how "when l'Arche began in 1964, I just wanted to live with a few handicapped people in a Christian spirit." As the movement began to grow, "I have learned about l'Arche in developing countries and how much we must respect and love other cultures and how easily we judge and impose our ways. ... Above all, I have discovered how handicapped people can be a source of peace and unity in our terribly divided world, provided we are willing to listen to them, to follow them and to share our lives with them." (p. 9)

--- [In 2015, the president of "Les Amis de l'Arche en Afrique", Philippe Boquien, gave his final report on the supportive activities of "Les Amis", (found open online, in French") with a map showing l'Arche communities in Côte d'Ivoire, Burkina Faso, Egypt, Uganda, Kenya and Zimbabwe. With continuously changing situations, "le maintien d'une structure à part n'est plus utile. // Il appartient maintenant à l'Arche en France de reprendre le flambeau, de proposer les voies et moyens pour que chaque communauté développe les trois axes de la solidarité, et que le plus grand nombre se sente concerné. ... Que votre amitié soit comme la bruine: elle tombe fine, mais elle peut faire déborder les rivières. Proverbe malgache." Subsequent pages give further notes on the work in African countries. Some web links were found inactive in Jan. 2018.]

FOSTER, Enid [1959] *It Can't Happen To Me*. Cape Town: Timmins. 175 pp.

[Not seen.] Experiences of women with physical disabilities in Rhodesia (Zimbabwe). The front cover depicts a woman zooming across in a wheelchair surrounded with children and dogs clinging on. Apparently Enid Foster was a widow bringing up 4 small children. She was struck by polio paralysis, went through lengthy rehabilitation, and wrote the book as an inspiration for others. Enid Foster is cited and quoted in a MA dissertation by Mary M. Ward (2006) *Straws in the Wind: early epidemics in Johannesburg, 1918-1945*. MA

dissertation, University of South Africa, (pp. 9, 214, 219, 230) found open online. On p. 230, Ward referring to Foster's experience, and quotes her: "Polio, I was to discover, is full of minor triumphs ... the joy of being able to make the smallest movement, after a period of immobility, is indescribable." (Foster, p. 27)

FOX, George T. (1868) *A memoir of the Rev. C. Colden Hoffman: missionary to Cape Palmas, West Africa*. London: Seeley, Jackson and Halliday. xxiii + 365 pp.

The Rev. Cadwallader Colden Hoffman, an American Episcopalian minister (born 15 Dec. 1819, died at Cape Palmas, Liberia, 25 Nov 1865) worked in Liberia from 1849 until his death. Some deaf boys attended schools that he founded, and he began teaching blind people to read, using Moon's embossed script. Having met many disabled Liberians living pitiful lives, Hoffman opened a small centre on the coast, where blind and otherwise disabled people could live while learn handicrafts and reading, and planned a centre for deaf people. Hoffman's aims and work with blind and deaf people are described on pp. 274, 331-334, 348, 361. It was some of the earliest formal educational and vocational work of this kind in sub-Saharan Africa. [see BRITTAN, above; MOON below]

FRANSEN, Hetty (2005) Challenges for occupational therapy in community-based rehabilitation. Occupation in a community approach to handicap in development. In: F. Kronenberg; S.A. Algado & N. Pollard (eds) *Occupational Therapy without borders. Learning from the spirit of survivors*, 166-182. Elsevier, Churchill Livingstone.

Fransen, who lectured in Occupational Therapy in the University of Tunis, begins her chapter with a question: "An encounter with other cultures can lead to openness only if you can suspend the assumptions of superiority, not seeing new worlds to conquer, but new worlds to respect." (M.C. Bateman, 1989, *Composing a Life*. Grove). Her chapter "attempts to look at the present situation with regard to CBR, and the practice of the art of occupational therapy in CBR, in terms of the creative opportunities they present. The aim is to elaborate critically on the possible roles for occupational therapists..." (p. 166). [With 73 references.]

FRIEG, A. & Hendry, J.A. (2001) Disability profile of grant recipients in a semi-rural area in South Africa. *South African J. Physiotherapy* 57 (2) 23-27.

Interviews were conducted with 29 people collecting a permanent disability grant in June 1999 at Kleinmond, a semi-rural area in the Western Cape, South Africa, to build up an elementary profile of demographic characteristics, the nature of the disabilities, and their practical effects on individuals' lives and activities, using the WHO ICDH classification. Almost one third had been disabled since birth. The majority (86%) reported having problems with activities in more than one category, and 93% were unemployed. (18 references)

## **Authors GADOUR ... GUTHRIE**

GADOUR, Abdelbasit (2003) An investigation into perspectives on children experiencing emotional and behavioural difficulties with special reference to the Libyan context. Unpublished doctoral thesis, University of Sheffield.

GADOUR, A. (2006) Libyan children's views on the importance of school factors which contributed to their emotional and behavioural difficulties. *School Psychology International* 27 (2) 171-191. [Found full text open online]

GADOUR, A. (2007) The rhetoric of inclusive education in Libya: are children's rights in crisis? In: *Policy, Experience and Change: cross-cultural reflections on inclusive education*, pp. 73-89. [vol. 4 of book series.]

[See previous items]

[Abstract]: "For me, the area of special educational needs, particularly in developing countries, has been a subject of concern for a number of years, not only because of the lack of research by which to inform policies and practices within those countries in general, but also because of educational, social, political and economic constraints. These concerns are also integral to identifying the educational needs of children and therefore providing relevant provision within the mainstream system."

GALE, G.W. (1934) Native medical ideas and practices in relation to native medical services. *South African Medical J.* 8: 748-753.

[See striking quotation from 80 years ago, in the Introduction, above, at the head of section 2, "Asymmetry of knowledge..."]

GANN, L.H. (1985) Lord Malvern (Sir Godfrey Huggins): a reappraisal. *J. Modern African Studies* 23: 723-28.

[See next item.]

GANN, L.H. & GELFAND, M. (1964) *Huggins of Rhodesia*. London: Allen & Unwin.

Huggins was a man who had "laboured throughout his life under a severe disability: poor hearing" (Gann, 1985) arising from severe otitis media in childhood. His early ear problems and prolonged hospitalisation damaged his education and almost prevented him qualifying to become a surgeon. However he later became an astute politician and rose to be Prime Minister of Southern Rhodesia and then of the two Rhodesias and Nyasaland, from 1933 to 1956.

GARGETT, Eric Stanley (1971) *Welfare Services in an African Urban Area*. Unpublished PhD thesis, University of London. 297 pp.

Based on Bulawayo, Zimbabwe. Historical survey.

GAWAD, M.S.A. (1985) Study of the educational guidance of the mentally handicapped among primary school children in Shebeen El-Koom Province. MD thesis, Cairo University.

GBODOSSOU, Erick V.A. (1999) Defining the role of religion and spirituality in the lives of persons with disability in the Fatick region, Senegal, and the Mono region, Benin. In: B. Holzer; A. Vreede & G. Weigt (eds) *Disability in Different Cultures. Reflections on local concepts*, 58-77. Bielefeld: transcript verlag.

Dr. Gbodossou, MD, qualified as a physician in the Western biomedical model, at the University of Dakar, Senegal; and is also an experienced practitioner of traditional healing.

He writes of PRO.ME.TRA (Association for Promotion of Traditional Medicine), which has been active in Senegal "since 1971, pulling all the local healers together into a pyramid-like association [which] now has 500 members and is officially recognized by the Senegalese authorities." (p. 59) [cf. reports of such activities by AHYI, 1997 (above); COLLOMB, 1965-1979 (above); and KERHARO, 1979 (below), which seem to display some differing points of view. However, after 45 years PROMETRA continues to flourish under the guidance of Dr Gbodossou and to have branches across Africa and some other countries, according to its open online site [www.prometra.org](http://www.prometra.org) in October 2016.]

--- From his unusual position bridging across the gulf between 'Western' and 'African traditional' models, Gbodossou suggests that "We can only have a grasp of nature through images, symbols, rhythms, and sound. Therefore, we are not the ones who command the way in which nature should offer to be understood. We can only guess how nature may unveil itself for us to read its signs. In studying the anthroposophical dimension of spirituality, one can notice that our usual ways of thinking, along the lines of the materialistic mode, which may be valid in the study of the dense, physical plane, are of no avail when we deal with the spiritual levels. We need to build on this first observation and take it into account urgently in order to get closer to our understanding of *Man* as a global and vivid *Whole*. The physical body can merely be understood from the physical world; whereas the subtle body, the body of formative forces or spiritual body, must be understood from the ethereal, spiritual, and cosmological world whose laws are quite different from those of the physical world." [It is evident that Gbodossou's chapter originated in French, and has been translated to English, presumably by the editors (see p. 22)]

--- Dr. Gbodossou's chapter continues with a detailed description of African religion and philosophy, which is already compressed into note form (and so is hard to reduce any further in an annotation.) It concerns the nature of life, transcendence, communication, participation, relationships with air, fire, water, earth, trees, animals, and spirits (pp. 60-63). Five different levels of Spirits are described (64-67), drawing upon the author's rich experience across West and Central Africa, as well as his capacity for critical analysis. Ways in which traditional healers manage persons living with disabilities are then described, from questionnaire survey with 877 male and female healers in Benin and Senegal; and interviews with 550 healers and managers. A smaller number of disabled persons were interviewed, because some were not capable to give responses. Nearly 80% of healers from Senegal were Muslims, with some Christians and a few Animists, while over 90% from Benin were classified as Animists (pp. 68-70). Respondents were asked to report their experience of the sources and transmission of "wisdom" (70-73). Finally there is some analysis of the aetiology of disability, as reported, which falls into four categories: a) "the protective spirits *Rabs*, who, by nature, have special ties with the individuals, families, or lineages..."; b) "the evil or dangerous spirits..."; c) "the evil spell provoked by human actions when someone resorts to mystical or occult means to hurt an individual, their family or descendants..."; d) "God {#} is also considered to participate directly or indirectly in the advent of disability." Various cases and their features are discussed, under these categories. --- # [probably 'Allah' in the original French.]

GEBREKIDAN, Fikru Negash (2012) Disability rights activism in Kenya, 1959-1964: history from below. *African Studies Review* 55 (3) 103-122.

[see notes under MWENDWA, below.]

GEBRE MARIAM, S. (1973) A survey of socio-economic problems of leprosy patients in a spontaneous leprosy settlement in Ethiopia and the problems of rehabilitation. Doctoral thesis, University of Swansea, UK.

GEBREMEDHIN, Tigabu (1997) *Rehabilitation of Persons with Disabilities. CBR: Challenging Beliefs and Resources* (An assessment of caregivers of persons with disabilities, individuals with disabilities, neighbours of persons with disabilities, living in Weredas 8 and 25 of Addis Ababa, individuals who are involved in disability issues). Addis Ababa. (Sponsored by Radda Barnen). [c. 70 pp.]

--- [The compiler admits some editorial input here. Tigabu spent a month's salary photocopying a draft, and sending it to CBR 'names' asking for comments, without any reply. Geert Vanneste told Tigabu that Mr Miles was coming to the Managers Training Course in Tanzania, and would provide critical remarks. I received the work at a weekend, wrote many pencil comments in the margins, and gave it to Tigabu on Monday. On Wednesday evening he came to my room. He had numbered each of my comments (there were 170), and asked to discuss them. I agreed. By midnight, we had covered about 50, and I requested time to sleep. Some were simply matters of English. Some involved Marxist doctrine, as found in Ethiopia of the time, which may have been true there but did not necessarily hold elsewhere. In some cases it took much discussion to work out what the author actually wanted to say. He came the next evening, and we resumed. By Friday night, we completed the work. It was fascinating (if exhausting) to talk with this intelligent author, member of an ancient race and culture, full of practical experience, politeness and subtlety, determined to get his arguments straight in comprehensible English. At the end, he thanked me gravely, and returned to Addis to type it all out in good order.]

GEBREMEDHIN KASSA, Tigabu (2015) Africa's home grown solutions for disability inclusion. Conference presentation, at the Fifth CBR Africa Conference: Kenya 2015. (Nairobi). Theme: A Bridge to Inclusive Society beyond the 2015 Development Framework. [Found open online.]

GEDENKLOOP Piketberg tot Worcester 130 km. Nasionale Instituut vir Dowes (NID). *Die Piketberger* Jaargang 18 Nr. 10, November 2011, page 10. [in Afrikaans] [Found open online]

[approximate transl.] "It's winter 1877 and two Dutch Reformed churchmen, Rev. Murray and Rev. Rabie, one of Worcester and the other of Piketberg, are on a journey on the way from Worcester to 'Piquetberg', a distance of 130 km. The two spiritual leaders discuss the situations of two young men in their congregations, the deaf son of Theunis Smit of the Place Klipfontein in the Piketberg district, and Piet de la Bat of Rawsonville. The need of a father, the dream and determination of a boy to serve the Lord, and the vision of two churchmen led to the foundation of the 'Deaf and Dumb' Institute' in 1881. On June 15, 1881, the first student, Lenie du Toit, was brought before her Teacher, Jan de la Bat, the



older brother of that same Piet de la Bat. Since then, the National Institute for the Deaf (NID) grew rapidly. It currently includes the care for multi-disabled deaf people, two homes for the elderly, a college for vocational education in the Biedsmark, a theological school for the deaf training of pastors and a deaf ecclesiastical community, in the two De la Bat locations in Worcester and Belville. NID has provided a comprehensive service for deaf people and those with hearing loss across South Africa for 130 years." (Since the NID has to raise 90% of its budget by its own fundraising, the event in 2011 was a sponsored "Anniversary Run" by 10 teams each taking a 13 km run, to celebrate 130 years by running 130 km.)

GEIGER, Martha (2005) Die Nutzung kultureller Ressourcen als Grundlage für Unterstützte Kommunikation; Anwendungen aus Afrika. In: J. Boenisch & K. Otto (eds) *Unterstützte Kommunikation über die gesamte Lebensspanne*, pp. 506-517. Karlsruhe: Von Loepert Literatureverlag. [In German]  
[see following items]

GEIGER, M. (2010) Using cultural resources to build an inclusive environment for children with severe communication disabilities: a case study from Botswana. *Children's Geographies* 8 (1) 51-63.

GEIGER, M. (2012) Through the eyes of children: theological lessons with and from children with severe communication disabilities. *J. Religion, Disability & Health* 16 (1) 102-113. [Reprinted in J. Claassens; L. Swartz & L. Hansen (eds) (2013) *Searching For Dignity. Conversations on human dignity, theology and disability*, pp. 91-102. SUN MeDIA Stellenbosch.]

From the Abstract [not shown in the republished version]: "As a speech therapist working with children with severe communication disabilities, the author has had glimpses of some of the theological realities of such children. Several case examples are discussed against their social and cultural backgrounds, including attitudes to disability in general and communication disabilities in particular. The discussion then ventures to some examples of children and theology and some of the children's expressions of their awareness of their relationship with God. There is a need for a hermeneutical competence for health, rehabilitation, and pastoral workers in engaging with children with severe disabilities directly and interpreting their awareness of their relationship with God to others, to embrace them not only as recipients but also as contributors in faith communities and in society at large."

--- One bolt of enlightenment came in a children's Bible class in Botswana where a young boy, who could speak though with much difficulty, announced that "'bana ba ba sa bueng, ga ba na mowa' (= the children who cannot speak do not have a spirit). This caused an outcry of anger and distress from those who could not speak -- there were screams of protest and extremely panicked physical, facial and other responses. Needless to say the rest of the session was spent comforting and reassuring the children that this is not so - and also comforting the young boy who had made the statement as he was merely passing on a very commonly held perception, a kind of theology which is sadly prevalent in traditional contexts in Africa and elsewhere. This prompted a journey of enquiry into making the

children's Bible class more relevant to this particular group of children." (reprint pp. 96-97)

--- [A difficulty in annotating this kind of research is that outcomes seldom arrive quickly, and the differences between children, whether in their needs or their contributions, can be so great as to be impossible to summarise. Yet Martha Geiger clearly desires that their voices and souls should be heard, and the visitors and caring staff should be given clues and aids to listen more attentively, and tune in to those communications.]

From the conclusion: "The dual purpose of this paper was to add to the discussions about the spiritual and theological realities of children with severe disabilities, and to encourage a positive expectancy of the relational, spiritual and theological contributions that these children can make." (p.99)

GEIGER, M. (2015) Building communication interventions for children with severe disabilities on cultural resources; an action research enquiry. PhD thesis, School of Health and Rehabilitation Sciences, University of Cape Town, South Africa. 246 pp. [Found full text, open online, at UCT thesis repository.]

From previous items and annotations (above), the scope of Dr. Geiger's work in Botswana and South Africa over 11 years appears. That is secured and reported with much greater professional detail and both formal and informal evidence in this doctoral thesis, which underlines the important contributions of the participants, "44 mothers and/or primary carers of children with severe cerebral palsy from an under-resourced peri-urban isiXhosa speaking context in the Western Cape", together with the communications of the children themselves (when someone took the time to listen and observe and reflect and facilitate). "All data was qualitative. Data analysis included a process of in-group collaborative analysis and verification followed by reflective dialogues with the group facilitators and interpretive thematic content analysis." [quotes from the Abstract]. The mothers themselves, mostly living in difficult circumstances, with the stigma of having produced a severely disabled child (monster, unwanted, or other ugly words), were seldom people who would be considered likely to contribute to any serious, methodologically rigorous research. Yet they knew more about their child than anyone else, and were vital resources in those lives. When listened to in a friendly, supportive and respectful way, they had much to offer toward building useful research outcomes.

GELFAND, Michael (1967) Psychiatric disorders as recognised by the Shona. *Central African J. Medicine* 13: 39-46.

GELFAND, M. (1974) The African's concept of the causes and treatment of epilepsy and convulsions. *South African Medical J.* 48: 879-881.

Abstract: "Epilepsy is believed to be due to the upset of an ancestral spirit or to the evil influence of a witch. Other popular hypotheses are that the disorder is related to the moon cycle, to the consumption of the wrong food by the fetus *in utero*, or is brought on by the performance of an unusual act. *Nganga* recognise the characteristics of a fit, have noticed that it may be hereditary, and distinguish between convulsions in childhood and epilepsy. Treatment consists mostly of purgatives or enemata."

GELFAND, M. (1976) *A Service to the Sick: a history of the health services for Africans in Southern Rhodesia (1890-1953)*. Gwelo: Mambo.

GELFAND, M. (1977) *The Spiritual Beliefs of the Shona. A study based on field work among the East-Central Shona*. Gwelo: Mambo.

GELFAND, M. (1988) *Godly Medicine in Zimbabwe*. Gweru: Mambo.

GELFAND, M., Mavi, S., Drummond, R.B. & Ndemera, B. (1985) *The Traditional Medical Practitioner in Zimbabwe*, reprinted 1993. Gweru: Mambo. x + 360 pp + 50 plates  
This work is a formidable compilation of different aspects and facets of traditional medico-religious\* practice, accumulated with careful observation and cross-reference among specialists. (While many of the 'conditions' addressed are clearly 'diseases', there are plenty which become fixed impairments or otherwise have disabling effects e.g. persistent barrenness, cataracts, delirium, epilepsy, leprosy, madness, mental disturbance, ophthalmia, paralysis). The first part is a "general survey of the practice of the n'anga" (pp. 1-72, of which pp. 54-69 comprises tabulated data on treatment of 250 urban patients). The second part gives a "survey of the plants used in the remedies of n'anga" (pp. 73-336); this is shown first under "conditions treated and plants prescribed" (77-240); and "comparison of plants used in Zimbabwe and other African countries"# (pp. 240-293); "poisonous plants" (294-307); "animals, birds and insects as medicine" (307-311); and lists of plants or other ingredients by family and genus, by 'common' English names, local African names, and by Latin names (312-337). Then there is a glossary of "Shona terms employed by n'yanga" (339-344); a short bibliography (345-346). The index is in three parts: General; Common names of plants and animals used for medicinal purposes; Botanical names of plants mentioned in the book (pp. 347-359). The 50 plates show the n'anga (both male and female) at different stages of their healing session; some implements used; and some medicinal plants.

--- \* [A large part of the book comprises detailed lists of plants etc, 'used as medicines' -- and this might give a somewhat misleading picture, by appearing to be comparable with the medicines of 'western medical science', which is now practised (to a great extent) without reference to religious belief or spirituality. Yet Gelfand and colleagues underline from the start that, "It is difficult to separate religion from medicine in the faith of the Shona, for they are closely linked to each other. The *n'anga* is not only a minister of religion but also a diagnostician and healer. He achieves this skill, it is claimed, by being spiritually endowed. He is able to contact the spiritual world and so learn which of the ancestral spirits in a family is responsible for the illness or death or, if it should be an evil person, who caused it and what measures should be taken to remove this influence..." (p.3)]

--- # [The 'other African countries' shown among the lists and tables are quite wide-ranging. Some are lumped by region, i.e. East Africa, West Africa; others are listed separately (from works listed in the 2-page bibliography), e.g. Angola, Botswana, Burundi, Cameroon, Chad, Eritrea, French Guinea, Gambia, Ghana, Guinea, Ivory Coast, Kenya, Lesotho, Liberia, Malawi, Mauritius, Mozambique, Namibia, Nigeria, Senegal, Sierra Leone, Somaliland, South Africa, Sudan, Tanzania, Togo, Zaire, Zambia.]

GESLER, Wilbert M. (1992) Therapeutic landscapes: medical issues in light of the new cultural geography. *Social Science & Medicine* 34 (7) 735-746.  
[see next item]

GESLER, Wilbert (1999) The construction of therapeutic spaces. In: Paul T. Zeleza & Ezekiel Kalipeni (eds) *Sacred Spaces and Public Quarrels: African Cultural and Economic Landscapes*, 111-126. Asmara: Eritrea: Africa World Press.

"Medical geography, influenced by social theory, has been shifting its focus ... One particular emphasis within this shift is towards a renewed concern with place. ... This paper extends that concern to Africa by employing a theoretical framework previously used in the investigation of 'therapeutic landscapes' (Gesler 1992; Gesler 1993). Research for this paper consisted of reading or re-reading material on disease and health in Africa, written by scholars from different disciplines, in light of that framework. I am beginning to tie together ideas about illness and healing through the concept of place." (Introduction to the chapter, seen online.) [See BIGNANTE 2015, above; and GILES-VERNICK 2016, below, for recent use of 'therapeutic space'. Also KUSTERS 2011, 2014, [2015], for 'Deaf space' and deaf sociality.]

GEURTS, Kathryn L. (2009) When you cannot headload - Balance, mobility, and the dis/abling of sensibilities in Metropolitan Accra. In: R. Schönhammer (ed.) *Körper, Dinge and Bewegung: Der Gleichgewichtssinn in materieller Kultur und Ästhetik*, 97-106.

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[See next item.]

GEURTS, K.L. & Komabu-Pomeyie, Sefakor G.M.A. (2016) From 'sensing disability' to *seselelame*: non-dualistic activist orientations in twenty-first-century Accra. In: Shaun Grech & Karen Soldatic (eds) *Disability in the Global South*, 85-98. Cham, Switzerland: Springer.

[Abstract] "*Seselelame* can be described as 'feeling in the body' and is often used to capture the way West Africans foreground bodily feeling as a vital source of information about environment, self-making and moral knowing. As a local iteration of a broad African foundational schema, *seselelame* spawns a fusion rather than atomization of the senses, an integration rather than splitting of mind-body communication. Disability activists in Accra, Ghana, exhibit the influence of *seselelame* in their reflections on navigating and confronting ableist cultural practices. These accounts, gathered through interviews and observant participation in 2010, resonate strongly with Mairian Corker's (2001)\* ideas about 'sensing disability'. In this chapter we seek to provide a critical exploration and navigation of a specific instance of global South disability through the senses and sensory experience, thereby opening up new avenues to explore processes of disability subjectivity and embodiment beyond a northern canon. Adopting a strong anthropological lens, the chapter explores how sensory experience is framed culturally, and how a concept of disability sensibilities helps us dialogue across differences."

--- \*[Corker, Mairian (2001) Sensing disability. *Hypatia* 16 (4) 34-52.]

GHALY, Mohammed M. (2008) Physical and spiritual treatment of disability in Islam: perspectives of early and modern jurists. *J. Religion, Disability & Health* 12 (2) 105-143. {From the Abstract} "Two main methods of treating disabilities have been traced. The first method, termed in Islamic sources as *physical medicine*, is based on using medicines and drugs as known within the realms of the science of medicine. The second method, called *spiritual medicine*, makes use of specific deeds or formulae, including, for instance, texts from the Quran and words ascribed to the Prophet of Islam." This is a detailed, scholarly study, reviewing literature in Arabic (and other languages - mostly English) from the early days of Islam to the present, with focus on how Muslim theologians and philosophers have debated and developed their thinking about disability and disabled people, and the medical, rehabilitative and preventive provisions for disabled people within Islam in theory and practice, and the position of the disabled among the wider group of people living in circumstances of suffering and adversity. Dr. Ghaly takes a moderate stance, noting strengths and weaknesses in the arguments of earlier authors. He appreciates some advances in thinking and efforts to include disabled people in a positive way, while noting that social realities tend to lag behind the theoretical provisions. Discussion took place in Egypt and other parts of North Africa, while these views were being formulated. --- [This article was in preparation at the same time as Dr. Ghaly's doctoral thesis was being completed at Leiden University. The article contributed largely to Chapter 7 (pp. 114-135, endnotes 205-212; titled "Medical treatment for people with disabilities") in Ghaly's book: *Islam and Disability. Perspectives in theology and jurisprudence* (2010), derived from the thesis. See GHALY in Appendix 1. The end-notes to the book form pp. 165-218, and the bibliography occupies pp. 219-246.]

GHALIOUNGUI, Paul (1963) *Magic and Medical Science in Ancient Egypt*. London: Hodder & Stoughton. 189 pp. + illustrations. Professor Ghalioungi (one of several transliterations) was a prolific author during the latter part of his long life (1908-1987), producing scholarly work in Arabic and several European languages, and covering medicine both modern and ancient. (His labours included an edition and English translation of the Ebers Papyrus, published in 1987).

GHALIOUNGUI, P. & AL-DAWAKHILI, Zainab (1965) *Al-Hadarat al-taiyibah fi Misr al-Kadimah. Health & Healing in Ancient Egypt*. {Mostly in English} Cairo: Dar al-Ma`arif.

GIEL, Robert (1968) Faith-healing and spirit possession in Ghion, Ethiopia. *Social Science and Medicine* 2: 63-79.

GIEL, R.; Kitaw, Yayehyirad; Workneh, Fikre; & Mesfin, Rahel (1967) Ticket to heaven: psychiatric illness in a religious community in Ethiopia. *Social Science & Medicine* 8 (11-12) 549-556.

[Abstract] "In the churchyards of the Coptic churches of Ethiopia religious communities consisting of monks, nuns, students, disabled people and others who flee from society, are a common phenomenon. They are symbolic of the Ticket to Heaven to which many Ethiopians aspire. Because of its tolerance for marginal people the expectation was that psychotics, who are generally expelled from society, might find a place in such a

community. A sample survey of 48 members of a religious community in Addis Ababa revealed the presence of 29 disabled people of whom six had a psychiatric illness. Two of these were psychotics. // It is suggested that life in the community to some extent prevents the development of the secondary handicap of a chronic psychotic which is generally termed institutionalism."

GIEL, R.; Gezahegn, Yoseph; & Van Luijk, J.N. (1968) Faith-healing and spirit-possession in Ghion, Ethiopia. *Social Science & Medicine* 2 (1) 63-79.

[Abstract] "It is the official teaching of the Orthodox Church that certain illnesses, mainly mental illnesses, are caused by evil spirits. In practice, numerous people share this belief and go to a priest for treatment. Memhir Wolde Tinsaye Gezaw alone 'cured' more than one million people in 14 years, by exorcising their devils. A study of his records reveals..." {a number of features.} [The "Résumé" in French is a great deal longer and highlights different points, as compared with the English Abstract.]

GILES-VERNICK, Tamara; Bainilago, Louis; Fotana, Moussa; Bata, Patulla; & Vray, Muriel (2016) Home care of children with diarrhea in Bangui's therapeutic landscape. *Qualitative Health Research* 26 (2) 164-175.

This work, having little direct connection with disability or belief, is included as an example of the growing literature on 'therapeutic space' in Africa, and its influence on healing. It is also one of very few items based in the Central African Republic. [Much of the 'public health' literature on Primary Health Care from the 1950s to the 1970s, in rural African homes and villages, records experiences and lessons learnt which would have been highly instructive for planning Community Based Rehabilitation from the late 1970s onward. Yet most such lessons were not learnt, apparently because the {Western} professionals involved in launching CBR were from other disciplines, and did not wish to think outside their familiar boxes.]

GOBLET-VANORMELINGEN, Veronique (1993) La maison du mbombo: rite thérapeutique pour les enfants à hauts risques dans le Zaïre rural. *Social Science & Medicine* 37: 241-252.

GOBRIAL, Claire Fahim (1979) Psychiatric clinics for Egyptian school children, focus: the Garden City Psychiatric Clinic of Cairo. In: N.V. Ciaccio (ed) *Child Development in Egypt*. Cairo: American University of Cairo.

GODRON, Gérard (1991) Healings in Coptic literature. In: A.S. Atiya (ed.) *The Coptic Encyclopedia*, pp. 1212-1214. New York: MacMillan.

Based on a listing (not shown) of "some 120 miraculous cures from Coptic texts", Godron takes a mildly sceptical view, noting that many of the ailments are of a nebulous, possible psychosomatic nature. (See also MEINARDUS).

GOODMAN, A.H. & ARMELAGOS G.J. (1989) Infant and childhood morbidity and mortality risks in archaeological populations. *World Archaeology* 21: 225-243.

Archaeology at Wadi Halfa, in Sudanese Nubia, concerned the 'X-group' population, dating

between 350 and 550 CE. In a study showing links between nutritional deficiencies and morbidity risks facing mothers and children in earlier ages, skeletal evidence is offered "for care of a hydrocephalic child. This child X-group lived until the age of around 10 although a quadrapelegic [*sic*]. It is clear s/he was cared for in a meticulous way and that this care had an effect on the distribution of resources and labor in the group. What this example so clearly reminds us of is that disease is not an isolated event, but is one that affects families and larger social groupings." (pp. 238-239).

--- [As in the study by DASTUGUE, above and in Appendix 2 below, the motivations for care cannot now be known, but may involve elements of morality and religion.]

GOITEIN, Shelomo Dov (1967-1993) *A Mediterranean society: the Jewish communities of the Arab world as portrayed in the documents of the Cairo Geniza*. Berkeley, Cal.: University of California Press. Six vols. (Vol. VI, *Cumulative Indices*, 1993, by S.D. Goitein and Paula Sanders).

Goitein's massive compilation, analysis and synthesis, based on the vast hoard of Judaeo-Arabic documents discovered at Cairo in the 1890s, provides a detailed picture not only of the immediate medieval Jewish community at Fustat, but of life in the much wider Jewish and Arab communities of the Eastern Mediterranean. Disability and some disabled individuals are reflected in texts, notes and commentaries, more particularly in vol. II (*The Community*), and in discussion of formal and informal care, charitable arrangements, old age infirmities etc. (The *Cumulative Indices*, vol. VI, cover both the main texts and the extensive endnotes, and thus indicate much more than the individual volume indices, which are limited to the main text).

--- Blind people are more prominent, being mentioned e.g. in II: 92, 133, 134, 161-162, 199, 454, 458, 459, 501, 553, 559, 574, while other disabling conditions are also mentioned on some of those pages. Numerous indexed references to oculists (*kahhal*) indicate the notorious frequency of ophthalmic disease in Egypt. Infirmities of old age are discussed in V: 119-120. Some impairments appear incidentally, e.g. in II: 93, 438, 497; III: 11, 169, 472, mostly unindexed. For example, III: 169 is indexed under 'impotence', quoting a wife's declaration that "Whenever she is alone with [her husband], he falls down and shakes convulsively and remains in this state until the fit is over ... this husband of hers to whom she was married did not have sexual intercourse with her... This illness is chronic since he was taken by it, but she had neither observed nor known of it before." [Goitein was reluctant to encroach on medical ground, but it is not unreasonable to think that the husband may have had epilepsy.] Where disabilities appear the context is often one of care or charitable support, either requested, recommended, or granted. In II: 199, the education of blind youths to memorise the Mishnah or the Talmud accurately, and to recite from these texts in the traditional singing manner, gave some blind men employment as *tanna'im* (repeaters) in the yeshiva, supplying those centres of scholarship, law and education with 'living encyclopedias' of oral tradition. [This education of blind youths preceded by many centuries the 'blind schools' opened in Western Europe from the 1790s onward, as did its counterparts in the Coptic and Islamic traditions of Egypt. Cf. BARDY; DODGE; MAKDISI; MANNICHE; RAGHEB MOFTAH.]

GOLBÉRY, Sylvain-Meinrad-Xavier de (1802) *Fragmens d'un voyage en Afrique: Fait pendant les années 1785, 1786 et 1787, dans les Contrées occidentales de ce Continent, comprises entre le cap Blanc de Barberie, par 20 degrés, 47 minutes, et le cap de Palmes, par 4 degrés, 30 minutes, latitude boréale. Avec une Carte générale d'Afrique, rédigée d'après les observations les plus authentiques et des plans et des dessins gravés en taille douce.* A Paris, chez Treuttel et Würtz, et à Strasbourg. An X de la République. [See gallica.bnf.fr]  
[Note: at the Gallica site, the explorer's name appears as de Golbéry, while on the title page it is Golberry. The "An X" date must be Year 10 of the Republic, according to the new calendar adopted after the revolution in 1792. That calendar lasted for a few years until events took a different turn. Yet it was still possible for the German publisher to print the date 1802 in ordinary numerals. [See next item, transl. to English, with annotation.]

GOLBERRY, S.M.X. (1802) *Travels in Africa, performed during the years 1785, 1786, and 1787, in the western countries of that continent, etc.* Translated from French by F. Blagdon. London.

In many parts of West Africa blind people seem to have joined together for their survival, over centuries. This was noticed by Sylvain Golberry, who in 1785-1787 travelled between Cape Blanco in Barbary (now at the coastal border between Western Sahara and Mauritania) and Cape Palmas on the coast of Liberia near the border with Ivory Coast. [See previous item for map coordinates.] Golberry appreciated many aspects of African culture, and admired some parts of the African character. He was impressed by the absence of poor beggars throughout his travels: "In Africa, the only men who demand charity are the blind, who join in troops of eight or ten, each of them holding a very great stick in his hand, and properly habited in white cloth. They proceed to the doors of the huts, and sing passages from the Koran, or some other canticle; the praises of the proprietors are not spared, and the misfortune of the singer is described in very affecting language." // "The instant these blind people begin to sing they are invited into the house, and made to sit down, when victuals are given them; but these donations are offered with earnestness, and as a homage due to humanity, and to the pity inspired by the misfortune of the blind, rather than as a sort of alms. They then take great pleasure in hearing the canticles of the blind, who never want for any thing, because, whatever is necessary and agreeable is always lavished upon them." (Golberry, 1802, vol. II: 353-354)

--- [Golberry's view may have been more positive than what blind people themselves might have reported. It contrasts with the notes he made on the miserable condition of two Africans suffering from albinism (II: 384). Other reports also suggest that albinos could be treated very badly in West Africa (DIETERLEN 1951, 88, 94-97). Nevertheless, Golberry's remarks above accord with the best traditions of Islamic inclusion of blind people, as well as the Muslim obligation to provide individual and community support to those in need, in a non-stigmatising way. The impetus for including blind people may have derived from well-known incidents with blind men in hadiths of the Prophet Muhammad, or from legends that were dated back to the time of the Prophet by blind West African bards. Formal teaching of the Qur'an to blind boys dates back many centuries, and its recitation was a well-respected occupation on public and private occasions, so the diligent blind youth had a skill that should last throughout his life.]



GONA, Joseph K.; Newton, Charles R.; Rimba K.; Mapenzi, R; Kihara, M; Van de Vijver, Fons, et al. (2015) Parents' and professionals' perceptions on causes and treatment options for autism spectrum disorders (ASD) in a multicultural context on the Kenyan coast. *PLoS ONE* 10 (8) e0132729.

[See next item]

GONA, J.K; Newton, C.R; Rimba K.K.; Mapenzi, R; Kihara, M; {Van de} Vijver, Fons; & Abubakar, Amina (2016) Challenges and coping strategies of parents of children with autism on the Kenya coast. *International J. Rural and Remote Health Research* 16: 3517. [Found full text open online, Oct. 2016]

In this and the previous item, study was made of the views of a sample 103 participants, "from different cultural backgrounds and religious beliefs, including Christians, Muslims and traditionalists", from both rural and urban counties, and some special teachers, clinical officers and social workers. Reports were "recorded, transcribed, and translated into English from Swahili", before analysis. [Studies were designed by researchers and authorised by national-level institutions, yet all the listed 'guiding questions' seem to assume stigma and 'difficulty', i.e. "What challenges do you encounter... How do you cope... What kind of assistance or support...?", rather than starting more neutrally, or with encouragement, e.g. How do you get along with... What happens then... What things does he/she enjoy... Who else takes part?] Responses, as might be expected, focussed strongly on the difficulties, stigma, isolation, messiness, confusion, resort to (costly) traditional healers, thoughts of witchcraft, blame, shame, stress, strain, unacceptable behaviour, local community intolerance, negative comments, financial burden. Under the categories of "Belief in supernatural powers", "Spiritual healing" and "Prayers", some participants found support, solace or the possibility to escape. "Spiritual coping, by belief or seeking prayer, is a salient approach for dealing with autism in this population." "I went for prayers and the man of God told me that this child has no problem, it is God who has blessed you with him just like that; we will pray for him and God will perform a miracle" (interview, parent, urban county).

--- [This kind of re-framing leaves open whether the 'miracle' will be that the child gets 'cured', or that family and local community get 'healed' of negative assumptions, or balances negatives with some positives; "the child's condition was part of a predestined plan by God"; it might be an honour to be thus chosen, "It is our faith that is being tested"; "I thank God because I go for prayers, so I don't have to think about what other people say." The researchers show some awareness that across the world, through 60 years, there has been a slow evolution of responses and public awareness of how to identify, address or manage the 'differences' of people with ASD in the community; the 'likenesses' of the many human perceptions and responses; and the availability of some personal choice in how one may think and behave.]

GORDIMER Nadine (1956 / 1988) Charmed lives. In: T.S. Dorsch (ed.) *Charmed Lives, Classic English Short Stories*, 144-156. Oxford University Press.

"There were two men in the town, a deaf man and a drunkard. / The one was a watchmaker and the other a doctor...", so begins Gordimer's tale of cruelty and revulsion in a South

African town, and its effects on the mind of a growing girl, Kate Shand. Her father employs Simon the deaf watchmaker in a corner of his jeweller's shop, and treats him with extreme rudeness: "a wall of thick, inarticulate hostility, far more impenetrable than that of deafness, came to exist between the two men." Once, deaf Simon lost control of himself and smashed some goods in front of 9-year-old Kate, who ran away in fear. Kate's mother, Mrs Shand, however, champions Simon. Still more does Mrs Shand prize Dr Connor: drunk or sober, he treated half the town with what he recalled of his medical training. Periodically Connor "drove out into the veld with his African garden boy and a case of raw South African brandy". Kate at 13 had to visit Dr Connor's house for injections, and found herself overcome with revulsion "toward the mild-voiced, broken man bending over her." Later, when Kate had been away to university, graduated, and Mrs Shand arranged a teaching post for her, the young woman refused: she could no longer live in the town. The shattered image of those two "harmless and handicapped people, who, as her mother often said, had never done a scrap of harm" barred her from returning.

--- [This is a novel - the characters were created in Gordimer's brain. However, as a portrait of harmful behaviour between ordinary members of the South African White Tribe, and of the way deep prejudices about disabled people may arise in a child, it has some credibility, and merits inclusion.]

GÖRÖG, Veronika; Platiel, Suzanne; Rey-Hulman, Diana, & Seydou, Christiane (1980) *Histoires d'enfants terribles (Afrique noire)*. Paris: Mame. 301 pp. Many West African legends tell of strange children with extraordinary behaviour, and exemplify the kinds of beliefs attached with them. (Cf. Ben OKRI, *Famished Road*, below). [An open online review by Michèle Dacher (1980) *Cahiers d'études africaines* 20 (no. 80) pp. 521-522, provides some interpretation. Dacher also notes that some light is cast on the work by the foreword and conclusion provided by G. Calame-Griaule (who has worked extensively on story-telling practices in Mali).

GOSLING, Beryl J. (1965) *Rehabilitation of the Physically Handicapped in South Africa 1950-1960. A Bibliography*. Cape Town: University of Cape Town, School of Librarianship. xiii + 68 + xii.

Lists 281 items in 12 categories, with author index. Lists 42 journals along with other sorts of materials examined in 4 libraries of Cape Town. Some articles include historical matters.

GOTLOP, Miracle (1992) Preliminary survey of professionals on attitudes towards people with disabilities and their provision in Botswana. Unpublished dissertation, BSc. Speech Sciences, University of London.

GRAY, John (1989) *Àshe. Traditional Religion and Healing in Sub-Saharan Africa and the Diaspora: a classified international bibliography*. New York: Greenwood. xx + 520 pp. Gray lists 5,953 entries, ranging from 1760 to 1989, mainly in English and French, with some German, Portuguese and Spanish and a few items in Yoruba. [On p. xix, entries in "more than seven different languages" are claimed... Kiswahili? Hausa? Arabic? Amharic?] Part I on "African Traditional Religion" comprises items numbered 1 to 3249, (pp. 1-240); these are listed in further sections on Mythology; Witchcraft, Magic, Sorcery, and

Divination; Philosophy; Traditional Medicine and Healing {12 items}; Religious Iconography; Other Religious Traditions in Africa. Part II (items 3250-5644) (pp. 241-418) is on "African Traditions in the Diaspora" (i.e. in the Americas and the Caribbean). Appendix I gives "Reference Works" (items 5646-5854, pp. 419-435). App. II lists relevant "Archives and Research Centres" (5855-5953, pp. 436-455). The remaining pages are indexes to "Ethnic Group", "Subject" (pp. 454-461) and "Author" (462-518). The compiler of this magnificent collection allows 30 words of self-description on p. 519. A few further hints may be gleaned from the Foreword, Acknowledgments and Introduction, pp. xii-xx. The idea of including "media material" (i.e. visual media, films, 'moving pictures' {!}) was a happy gesture toward the 'post-reading' generation that was yet to begin to be born. --- [Gray obtained a computer in 1985, which "really accelerated the collection process" (p. xiv); however, word-processing software was primitive in those days, so there are some quirks, and inconsistencies of spelling, which Gray would likely have ironed out with 21st century info-tech. Francophone materials are listed without the accents, i.e. acute, grave, circumflex, cedilla, normally employed in French, and there are similar omissions from German, Portuguese and indigenous African languages, probably through limitations of the typewriter keyboard with which Gray began work, and the variation in transcription of some African languages. There is also now 25 years' more material available, with the power (and the quirks) of google to pursue it worldwide. Gray did not focus on disability, and he excluded northern parts of Africa. Nevertheless, his work remains highly valuable, both for historical purposes, and for the links with the African 'diaspora', and for quantities of grey or unpublished literature that he hunted down and listed. The 'subject' index is a little limited; but about 30 entries are listed under "Women". ]

GRECO, R. & Antoniotto, A. (1988) Medical and anthropological observations on traditional therapy of hydrocephalus in Somalia. In: Annarita Puglielli (ed.) *Proceedings of the Third International Conference of Somali Studies*, 231-235. Rome: Il Pensiero Scientifico Editore. Eleven cases of hydrocephalus in young children were treated in hospital at Mogadishu by modern medical methods. Interviews were conducted with relatives, and also some traditional doctors. It was learnt that children showing signs of hydrocephalus (*madaxwein* = big head) were first taken to a religious practitioner for traditional therapy using Qur'anic verses worn as amulets, or where the ink has been dissolved in water; secondly, a traditional Somali doctor used red-hot wooden sticks to produce small burns on the scalp. The aim of both procedures was to drive away the evil spirit believed to be causing the head swelling. (For the modern medical approach, these cauterisations, with some subsequent local infections or complications, presented a serious hazard).

GREENWOOD, Bernard (1981 / 1992) Cold or spirits? Ambiguity and syncretism in Moroccan therapeutics. In: S. Feierman & J.M. Janzen (eds) *The Social Basis of Health and Healing in Africa*, 285-314. Berkeley: University of California Press. [Earlier version in *Social Science and Medicine* (1981) 15B (3) 219-236.]

GRIGORENKO, Elena; Naples, Adam; Chang, Joseph; Romano, Christina; Ngorosho, Damaris; Kungulilo, Selemani; Jukes, Matthew; & Bundy, Donald (2007) Back to Africa: tracing dyslexia genes in East Africa.\* *Reading and Writing* 20 (1) 27-49.

[Abstract]: "A sample of Swahili-speaking probands# with reading difficulties was identified from a large representative sample of 1,500 school children in the rural areas of Tanzania. Families of these probands ( $n = 88$ ) were invited to participate in the study. The proband and his/her siblings received a battery of reading-related tasks and performance on these tasks was recorded and treated as phenotypic data. Molecular-genetic analyses were carried out with 47 highly polymorphic markers spanning three previously identified regions of interest harbouring susceptibility loci for reading difficulties: 2p, 6p, and 15q(DYX1-DYX3). The analyses revealed the involvement of these regions in the development of reading difficulties in Swahili. The linkage signals are especially pronounced for time (compared with error) indicators of reading difficulties. These findings are easily interpretable because in transparent\*\* languages such as Swahili deficits in reading are more related to the rate/speed of reading and reading-related processes than to the number of errors made. In short, the study incrementally advances the field by adding an understudied language and an understudied population to the variety of languages and populations in the field of molecular-genetic studies of reading difficulties."

--- \*[Note 1 (p. 45); "we use the terms developmental dyslexia and specific reading disability interchangeably..."]

--- #[A proband is the first member to be studied, when the genetic study of his or her family is being undertaken.]

--- \*\*[transparency: a quality of languages with fewer variations in their grapheme-to-sound correspondence - as against opaque languages (like English and French) where what is seen may not indicate what the sound should be, e.g. 'rough', 'cough', 'ought', 'drought', 'through', where the 'ough' may sound like 'uff', 'off', 'or', 'ow', and 'oo'.]

--- {The Tanzanians among the authors are Damaris Ngorosho, from the Agency for the Development of Educational Management, Bagamoyo, Tanzania; and Selemani Kungulilo, of Muhimbili University College of Health Sciences, Dar-es-Salaam. Ngorosho had taken part in previous allied research, e.g. Alcock, K.J. & Ngorosho, D., 2003, Learning to spell a regularly spelled language is not a trivial task - Patterns of error in Kiswahili. *Reading and Writing* 16: 635-666; and Grigorenko, E.L.; Ngorosho, D.; Jukes, M. and Bundy, D., 2006, Reading in able and disabled readers from around the world: same or different? An illustration from a study of reading-related processes in a Swahili sample of siblings. *J. Reading Research* 29: 104-123; both cited in the present article.}

--- [Studies on reading difficulties have taken place for many years in African countries, and 'dyslexia' has entered the picture during the past 20 or so years, with considerable differences of opinion about the meaning(s) of this term, and on the variety of factors which may contribute to African children experiencing difficulties in learning to read. Development of genetic science has also made a contribution, discovering specific genetic factors which may enhance the risk of children growing up more likely to have particular kinds of impairment in some of the complex processes that are involved in acquiring language, and learning to read and write. {It would be interesting to know whether the scientists ever inform the ordinary participants, that the genetic peculiarities are given to them by their ancestors - the interpreters might have some 'explaining' to do!} Ideally, if such risks are known, and such children can be given more attention early in life, their

teachers may be able to use materials that will help them to overcome their specific impairment, and have more success in school, and later in life. Some remediable factors in learning have long been known, e.g. that children learn better if they start the school day with a nutritious meal, rather than coming to school hungry and not eating until they return home. They learn better if they have been given protection against endemic diseases and micro-nutrient deficiencies. They learn better if their eyesight, hearing and general health are monitored regularly, and infections are cleared up, and necessary lenses prescribed. They learn better if they are not bullied or abused by teachers or other pupils, or by family members. They learn better if they are able to attend a nearby school, rather than travelling a long way each day; and if they can attend regularly, rather than being taken away to mind the goats or babies. They learn better when their mother tongue is recognised and regularly used through several years of primary schooling. They learn better in schools where efforts are made to inculcate a sense of mutual respect, kindness and humane consideration between all parties. They are likely to learn better with teachers or monitors who have some training, and who enjoy a regular salary, adequate equipment, supportive management, and some positive recognition in the local community. None of these factors is easy to achieve or maintain in the rural areas of many African countries. But some are easier than others; and some have been achieved for a majority of the child population, according to government data monitored and published by UNICEF. Some of the more esoteric propositions of modern genetic science may make a worthy contribution, but that does not necessarily make them a high priority. Grigorenko et al underline the limitations of their study: "it is a small sample with a variety of phenotypes. Both considerations instill an element of uncertainty / skepticism about results" (p. 42) Grigorenko et al did not claim any big breakthrough that would enhance the literacy achievement of thousands of African children. What they were pleased about was that they did their study with Swahili, and so far as they know, "this is the first molecular-genetic study of reading-related processes outside of the developed world in a language that has not previously been studied for this purpose." (p.41)]

GRISCHOW, Jeff D. (2011) Kwame Nkrumah, disability, and rehabilitation in Ghana, 1957-66. *J. African History* 52 (2) 179-199.

Grischow's interests seem to be mainly in economics and the variety of blunders made in the development of Ghana's economy by the British in the 1940s leading up to Independence and the subsequent blunders of Ghanaians such as Mr Nkrumah in a hurry to industrialise and reach the chimera of 'catch-up' with the western countries. However, Grischow does offer some detail of personalities and programs for disabled people. The blind international activist John WILSON (see below) gained Nkrumah's confidence, conducted a survey (1960) and proposed a larger scale of training for blind Ghanaian men, to become active citizens contributing to the development of their country. [Such goals seem to be in line with the thinking of the pioneer St Dunstan's training institution as indicated under Hugh STAYT, and the activities of the 'independent living' pioneer Murrogh de Burgh NESBITT, (both below).]

--- An unusual feature of development under Mr Nkrumah was that the potential contribution of disabled Ghanaian women, in particular those were blind, was partly

recognised and enlisted. Encouragement was given to the Home Training 'White Bonnets' scheme, already developing in Ghana under Grace Ingham of the Royal Commonwealth Society for the Blind. This balanced the natural interest of blind women to gain skills for running a household, with a larger ambition that those wishing to do so should have the opportunity to get training in productive work. (see WORLD COUNCIL, below)

GROL, C.E.J. (2000) The education of pupils with special educational needs in Africa, looked at within the African context. *Proceedings of the International Special Education Congress 2000*. [www.isec2000.org.uk/abstracts/papers\\_g/grol\\_1.htm](http://www.isec2000.org.uk/abstracts/papers_g/grol_1.htm) [No longer found online. Might be available on CD of Proceedings.]

Based on work in Botswana and visits to special educational needs (SEN) projects in Kenya, Nigeria and Zimbabwe, the author suggests that African cultures, concepts and practices have largely been ignored in debates about SEN service development in Africa. Expatriate funds and skills are the predominant resources, and the African heritage has little part in what takes place. It is recommended that this imbalance should be corrected.

GROTBERG, Edith (1990) Mental health aspects of Zar for women in Sudan. In: E.D. Rothblum & E. Cole (eds) *Women's Mental Health in Africa*, 15-24. New York: Haworth.

GRUCA, Marta; Andel, Tinde R. van; & Balslev, Henrik (2014) Ritual uses of palms in traditional medicine in sub-Saharan Africa: a review. *J. Ethnobiology & Ethnomedicine* 10: 60. [Full text open online via BioMed Central.]

[from the Abstract:] "Palms (Arecaceae) are prominent elements in African traditional medicines. It is, however, a challenge to find detailed information on the ritual use of palms, which are an inextricable part of African medicinal and spiritual systems. ... We studied over 200 publications on uses of African palms and found information about ritual uses in 26 of them. At least 12 palm species in sub-Saharan Africa are involved in various ritual practices...\* In some rituals, palms play a central role as sacred objects, for example the seeds accompany oracles and palm leaves are used in offerings. In other cases, palms are added as a support to other powerful ingredients, for example palm oil used as a medium to blend and make coherent the healing mixture."

--- \*["and they were used for 81 different purposes", also used in rituals reported from "13 different countries and 19 different ethnic groups" (main text).]

--- This is a highly informative article, listing 76 references. African countries from which work is cited: Benin, Burkina Faso, Cameroon, Gabon, Ghana, Ivory Coast, Kenya, Liberia, Madagascar, Mali, {Mauritius}, Morocco, Namibia, Nigeria, Republic of Congo, South Africa, Sudan, Togo, Uganda, Zambia. The specifically 'disability' references are perhaps limited, e.g. to epilepsy, cleft palate, and various mental disorder or spiritual oppression. Yet the authors perceive the overriding importance of studying botanical species, 'ritual' and 'healing' within the thoughts and flow of the everyday lives of ordinary people in their broad cultural background and systems. (The work is based in PhD studies by M. Gruca, supervised by H. Balslev, with assistance from T.R van Andel).

[see SOBIECKI, below; and OSSEO-ASARE in Appendix 1.]

GUEYE, M. (ed.) (2001) *Approches interculturelles en santé mentale, l'Afrique, l'Europe, le Québec...* (Premier congrès de Pédopsychiatrie). University of Namur Press. [373 pp.] [What seems to be the full contents of this conference proceedings appear online at <http://psychopathologieafricaine.refer.sn> (seen Oct. 2016). It lists ca. 40 items, such as: D. Ndiaye, "Témoignage d'un tradithérapeute" (pp. 83-85); F. MARTENS, "La part de Dieu" (see below); H. Dia, "Vingt ans de psychiatrie en Mauritanie" (192-200); L. MSHIMIRIMANA, "'Guterekera' une thérapie traditionnelle des troubles de l'enfance au Burundi" (see below); N. Huart, P. Lambert, B. Seck et al., "La psychomotricité comme alternative au langage verbal dans le rencontre du jeune enfant et sa famille dans un contexte multilingue et multiculturel" (255-269); Ph. Ahyi, "Le métier de psychologue scolaire en Afrique noire face aux souffrances psychiques des enfants et de leurs familles. Les leçons de 15 ans d'exercice au Bénin" (317-331).]

GUINHOUYA, K.M.; Aboki, A.; Kombaté, D.; Kumako, V.; Apétsé, K.; Belo, M. et al. (2010) Déficiences de traitement et épilepsie dans six unités de soins périphérique du Togo. [The epilepsy treatment gap in six primary centres in Togo.] *Cahiers Santé* 20: 93-99. (See annotation to CHIN 2012, above. In the Résumé of the original French paper, among the 816 people with epilepsy studied from May 2007 to July 2009, the mortality rate was reported as 9 per thousand; whereas in the much longer English abstract it appears as mortality of 9%. The résumé is correct, according to the main text: "Nous avons notifié huit décès")

GUTHRIE, Duncan (1963) *Rehabilitation in Tropical Africa, a Report on Existing Services*. London: National Fund for Research into Polio & Other Crippling Diseases.

## **Authors HAAFKENS ... JACOBSON-WIDDING**

HAAFKENS, J. (1983) *Chants Musulmans en Peul. Textes de l'héritage religieux de la Communauté musulmane de Maroua, Cameroun, publiés avec introduction et traduction*. Leiden: Brill. xiii + 423 pp.

Blind singers at Maroua in the period 1970-1976 demonstrated Islamic songs in the Peul language to Haafkens (pp. 5-9, 29, 32, 42-43, 47-49). Some of these informants were itinerant mendicants, a long tradition in the region. [See also review by H.J. Fisher, 1984, *J. African History* 25: 213-219.]

HAGRASS, Heba (2006) Definitions of disability and disability policy in Egypt. In: C. Barnes & G. Mercer (eds) *The Social Model of Disability: Europe and the Majority World*, 148-162. Leeds: Disability Press.

Mainly descriptive of current concepts and features of impairment and disability in Egypt. Dr Hagrass points out (pp. 154-155) that the "charitable response to disability", while it may be questioned by campaigning groups in western countries, is perceived as quite appropriate in Islamic countries where religious belief is a major factor in the social context, the practice of Islam prompts individuals to give regularly on a charitable basis, and for many needy people there is no organised alternative source of welfare provision.

HALAYEM, M. et Douki, S. (1987) Troubles psychiques de l'enfant. In: S. Douki, D. Moussaoui et F. Kacha (eds) *Manuel de psychiatrie du praticien maghrébin*, 216-223. Paris: Masson.

HALIM, Ahmed Abdel (1939) Native medicine and ways of treatment in the Northern Sudan. *Sudan Notes and Records* 22: 27-48.

[Description based on personal experience, also with reference to three papers on similar topics, by Hassan Effendi Zaki & R. von Slatin Pasha; L. Bousfield; and R.G. Anderson; "in the third report (1908) of the Wellcome Research Laboratories" (in Sudan). Use was made of herbal treatments, cupping, cauterization, massage and manipulation, surgery, and religious treatments, i.e. fumigation with small papers carrying Qur'anic verses. Various disabling conditions are included, e.g. fits and convulsions, cerebro-spinal meningitis, severe headaches, facial paralysis, hemiplegia, paraplegia, madness, rheumatism, bone-setting, plastering and splints for fractures, severe burns, cataracts and other eye diseases.]

HALL, Inis B. (1939) A trip to South Africa. *Volta Review* 41: 392-394.

Inis Hall was the teacher who developed the TADOMA method of teaching people who were blind and deaf. She and her student Tad (Winthrop CLARK) met the deaf-blind Radcliffe Dhladhla during this visit to South Africa (see BLAXALL, Arthur; BLAXALL, Florence; and CHAPMAN, above).

HALLPIKE, Christopher R. (1972) *The Konso of Ethiopia. A Study of the Values of a Cushitic People*. Oxford University Press. xvi + 342 pp.

During the 1960s the author did 16 months fieldwork among the Konso in the far south-west of Ethiopia. Comments appear on "lunatics, imbeciles" and others with "deviant behaviour" (p. 138), also concepts of mind involving stupidity and intelligence (p. 283). Mad people, if harmless, were tolerated and often given some means to provide for themselves. Imbeciles could be tolerated if they were jolly and amused people with antics, but otherwise had a hard time. "There was an imbecile girl in Búso ... repellently ugly, incontinent, and perpetually crying, because of the teasing of the boys, who would run behind her and flip her skirts up, or pelt her with dung. Her parents, reasonably enough, regarded her as a tiresome liability, and barely gave her enough food to support life. She died shortly after I left Búso." (p. 138) However, in a section on disease and the supernatural (pp. 308-311), insanity was "supposed to be the work of evil spirits, in many cases, as opposed to idiocy, which is God's doing" (310). A creation legend showed the first man having a body with everything present, yet he was inert or paralysed. God's wife {!} suggested that speech medicine be given. God had none, but brought breath, and "then the man began to speak and move about" (p. 226). [See also reviews by H.S. Lewis, 1973, *African Studies Review* 16: 305-307; D. Turton, 1972, *Man* 7: 662-663.]

HAMBLY, Wilfrid D. & Martin, Paul S. (1934) *Source Book for African Anthropology*. Chicago: Field Museum of Natural History. Reprint 1968, New York: Kraus. 953 pp.

Notes on deformations, albinism etc, pp. 255-266, and on childhood education, socialisation, pp. 429-468. Extensive bibliography and index, pp. 728-953.



HAMDY, Sherine F. (2005) Blinding ignorance: medical science, diseased eyes, and religious practice in Egypt. *Arab Studies J.* 12 (2) - 13 (1), pp. 26-45.

Discusses literary and biographical evidence on the efforts of reformers in the Islamic world to move from traditional toward scientific approaches to public health and biomedicine in the 19th and 20th centuries, using the example of eye disease and treatment in Egypt.

HANA, A. (1949) *Arabic*: [The value of play in diagnosis of children's psychological diseases.] *Egyptian J. Psychology* 5 (2) 191-.

(Annotated in bibliography by John RACY, see below)

HANDICAP INTERNATIONAL, Ministère de la Réhabilitation et l'Intégration Sociale, Ministère du Travail et des Affaires Sociales (1995) Enquête Nationale sur l'Ampleur du Handicap au Rwanda: Résultats et recommandations pour l'élaboration d'un plan. Kigali: Handicap International.

Al-HANI, Hanan (1995) [From an interview in *Arabic* In: F.L. El-Ouahabi; K. Sabil; C. McIvor & J. Carey (eds) *In Our Own Words. Disability and integration in Morocco*, pp. 64-65. London: Save the Children.

An extract from translated verses of Hanan Al Hani, a disabled girl living "in a poor district of Casablanca" with five brothers and sisters, two of whom were also disabled. "Who am I? // I am a wingless bird / I can't move from place to place / I am a child with broken legs / Forced to sit as the years pass by. // Who am I? / I am a wanderer in a forest of wolves / Victim of every tongue uttering mockery and reproach / Doors close in my face / And all that is left of me is shame and sorrow. // Who am I? / I am one of God's servants / God, the almighty, the great and the generous. / I rely on the creator of the universe and the skies / Who bestowed on me patience and courage. // ... / Who am I? / I am a flower in a garden of jasmine. / I am a person like any other." [See also YASMA, below.]

HARKNETT, S.G. {"Mr. Steve"}; Faida, Tolonza; et al. (1993) Interview sur les problèmes ou difficultés des personnes handicapées à Nyankunde réalisé par Monsieur Steve en date du 18 Avril 1993 à l'orthopédie du C.M.E.\* Nairobi: Association des Personnes Handicapées à Nyankunde. 8 pp. (duplicated sheets) \*[Centre Médicale Evangelique]

These few stapled cyclostyled sheets give opportunity to a number of named disabled people, in an obscure corner of Zaire, to 'tell their story', mainly of poverty, neglect, ill treatment, exploitation, in their own words. (See next item, for context).

HARKNETT, Steven G. (1994) *Disabled People in the Community. A study of a small town in North-East Zaire*. Kampala: Uganda National Institute of Special Education. 80 pp.

Chapter 7 briefly reviews "religious attitudes towards disabled people (pp. 65-68), noting some effects of the proximity of modern medical services.

HARMS, Sheila & Kobusingye, Olive (2003) Factors that influence the use of rehabilitation services in an urban Ugandan hospital. *International J. Rehabilitation Research* 26 (1) 73-77. This hospital study reports from key informant interviews with 13 Ugandans attending an

outpatient physiotherapy clinic following significant injuries, and nine rehabilitation therapists, at Mulago Hospital, Kampala. The factors identified as influencing the use of urban hospital rehabilitation services included direct costs, opportunity costs, availability of transport, and various fears and misconceptions. Awareness of modern physiotherapy practice was limited, and some conflicts were experienced between traditional and modern perceptions of health and treatment. The various factors cause greater barriers for women to access services than for men.

HARRIS, William Cornwallis (1844) *The Highlands of Aethiopia*. London. 3 vols.

During an embassy to Sahala Selassie, King of Shawa in Southern Abyssinia {Ethiopia} in 1841, Cornwallis Harris witnessed a special distribution of royal alms to a vast throng of diseased and disabled people, including "the old, the halt and the lame, the deaf, the noseless, and the dumb, the living dead in every shape and form". As they poured into the palace environs from near and far, there were officials keeping "an annual muster-roll" of beneficiaries: "all who were ascertained to have been participants in the distribution of the preceding year were unceremoniously ejected...", so as to reduce the toll on the royal treasury. Harris noted that the mendicants who got past this check "were next classed in squads according to their diseases", and so received their dole (vol. II: 241, 246-247). --- It is not a very attractive scene -- yet in terms of locating and naming deaf people and variously disabled and debilitated people, this may have been one of the earliest African occasions when substantial numbers were present, and probably had their name and village recorded. Some kind of verification was presumably required, otherwise some able-bodied and hearing people would certainly have disguised themselves as poor disabled or deaf, an age-old custom in the region, and across the world. Grouping of the mendicants by ailment may have had the aim that they should be self-policing. For example, the genuinely deaf people, even if gathered from a wide region and not all knowing one another, might have detected any fraud while using Sign Language amongst themselves - unless the fraud had learnt to sign very competently.

HARTLEY, Sally Diane (1997) Development of a communication disability model and its application to service delivery to less developed countries. Unpublished PhD thesis, University of London. 389 pp.

[see following items]

HARTLEY, S. (1998) Service development to meet the needs of 'people with communication disabilities' in developing countries. *Disability and Rehabilitation* 20 (8) 277-284.

{Based on PhD} Extended literature review and analysis concerned with people identified as having communication disabilities, mainly in African and Asian countries. This category of disability is widely under-enumerated and has disproportionately low priority in service provision. Formal skills and services have been slow to develop. Where speech and language therapy skills and techniques have been imported and personnel training has been arranged, there has often been insufficient adaptation for local cultures and values, and inadequate liaison with existing education, medical and social services. (68 references).

HARTLEY, S.D. (1998) Children with verbal communication difficulties in Eastern Uganda: a social survey. *African J. Special Needs Education* 3 (1) 11-19.

HARTLEY, S.D. & Wirz, Sheila (2002) Development of a 'communication disability model' and its implication on service delivery in low-income countries. *Social Science and Medicine* 54: 1543-1557.

HARTLEY, S.D.; Yousafzai, A.K.; Kaahwa, M.G.; Finkenflügel, H.; Wade, A.; Bazirake, G.; Drachler, M.L.; Seeley, J.; Alavi, Y.; Mataze, W.; & Mucuriguza, E. (2017) Community Action Research in Disability (CARD): an inclusive research programme in Uganda. *Disability, CBR and Inclusive Development* 28 (1) 5-92.

[from Abstract]: The CARD programme in Uganda embraced and modified the Emancipatory Disability Research approach, recognising the need for including people with disability in the research process from concept to outcome, and nurturing participation and collaboration between all the stakeholders in achieving action-based research." [Among the objectives:] "...to incorporate new knowledge generated from the studies into the ongoing local community-based rehabilitation and special education courses;..."

HARUN, Elias Mohammed (2006) (transl. E. Habtetsion) Making them productive part of the society. <http://www.shaebia.org> (Website of the People's Front for Democracy and Justice). Gives some disability data, policy and implementation from the Government of Eritrea, Department of Social Welfare, Ministry of Labour and Human Welfare.

National census in 2004 identified 150,000 persons with disability. Community Based Rehabilitation programs were active in half the country, reportedly providing local skills training for many disabled people. Some war disabled veterans were receiving a monthly benefit and free medical services. (Title of this item gives some indication of the policy attitude).

El-HASSAN L.A.; Khalil, E.A.G. & El-Hassan, A.M. (2002) Socio-cultural aspects of leprosy among the Masalit and Hawsa tribes in the Sudan. *Leprosy Review* 73: 20-28. [Open online]

The study aimed to improve health education by increasing knowledge of socio-cultural factors that influence community attitudes and practices concerning leprosy, by interviews with 190 patients at leprosy clinics and with a representative sample of villagers from one Masalit and one Hawsa [Hausa] village. Clinical manifestations of leprosy were familiar to respondents, as leprosy is endemic in East Sudan, and the disease was known to be infectious. Beliefs about causation, however, contradicted modern medical evidence. Patients underwent some seclusion, but stigma was not strong and after multi drug therapy the ex-leprosy patient could be re-integrated.

HASSAN, Nazira M. (1958) An educational program for mentally retarded children in Egypt. Master's dissertation, University of Maryland. 99 pp.

HATEM, M.M. (2000) La santé pour tous en République de Djibouti. *Eastern Mediterranean Health J.* 6: 813-815.

HATTINGH, Catherine (2004) Dyslexia in South Africa. In: Ian SMYTHE; John Everatt, & Robin Salter (eds) (2004) *International Book of Dyslexia*, Part II (see below), pp. 208-214. The author notes that the Government of National Unity "granted equal status to 11 languages, i.e. Afrikaans, English, Pedi, Xhosa, Zulu, Sotho, Tsonga, Venda, Tswana, Ndebele, and Swazi", replacing the situation where only Afrikaans and English had official status. However, the present school system for black schoolchildren required them to move to English medium "from the commencement of the fifth year of schooling." For many, this meant that "they transfer from mother tongue instruction to English before they have gained adequate grounding in their mother tongue and before they have sufficient vocabulary in English ... many children suffer the negative effects of semi-lingualism." (p. 208) Efforts have been made to remedy the massive problems and disadvantages, in a nation where all arguments about language are highly politicised, and generate suspicion of hidden motives. A little-understood fresh label such as 'dyslexia' has therefore run into difficulties, "because of the huge number of reading disabilities found in learners because of other factors that are not of neurological or psychological origin." (211) However, see NDOMBO+, and WAJUIHIAN+, below, for more recent material.

HAVYARIMANA, Alexis (2015) In: Des handicapés à l'école du planning familial. *Iwacu Les voix du Burundi* 26 Sept. 2015 (Report by journalist Rénovat Ndabashinze). Open online. "Nous apprécions beaucoup cette initiative parce qu'il s'agit d'une première du genre à l'endroit de cette catégorie du Burundais" a confié Alexis Havyarimana, président de la confédération nationale des personnes avec handicaps. ... Il espère que c'est un programme qui va continuer. Car, a-t-il motivé, il ya beaucoup à faire pour que ces gens se sentent impliqués. / Ici, il a évoqué le faible taux d'alphabétisation chez les personnes avec handicaps: globalement, seule 3% savent lire et écrire dont 1% chez les filles et femmes." [Details of M. Havyarimana on GDW (Global Disability Watch) site, open online, state that "at age 3, he became disabled due to polio." He passed through school, qualified as a lawyer, gained experience at the Bar, and became "Chairman and Legal Representative of... le Réseau des Associations de Personnes Handicapées du Burundi", and is also assistant professor in Law at Hope Africa University.]

HEALEY, Joseph & Sybertz, Donald (1996) *Towards an African Narrative Theology*. Nairobi: Paulines Publications Africa. 400 pp.

Traditional customs and proverbs of East Africa provide the matrices for an extended exploration of theology as actually lived and practised in communities, and communicated in many illustrative stories, including examples of welcoming disabled or frail elderly people (pp. 170-173; notes p. 200), and the healing and restoration of the broken (298-336). [See review by E.K. Bongmba, 2000, *African Studies Review*, 43: 117-125.]

--- Typically African is the 'historical description' of the Sukuma chief's compound: "A lot of very old people with no place to go stayed with the chief as well, adding to the confusion. They spent their days sitting in the shade and gossiping. Mentally ill people, not cared for at home, would run about the area, screaming like children. The chief had to receive them, for they were his people. The physically sick and the poor and hungry were always on hand too, in significant numbers. And lepers! Chief Max's home was the one place from which they could not be chased. Through this mixed-up confusion, the children drifted in and out,

playing in and adding to, the bedlam." [p. 170, quoted from Thomas Keefe, 1995, *World Parish*, 36 (387, 4.)

--- [Some earlier confirmatory evidence, found in a doctoral dissertation by HINKKANEN (below), pp. 35-38, is apparently based in reports by the Pères Blancs in 1902, and the memories of an old *nghohogoho* who "narrated the history of the chiefdom as far back as he could remember from what he himself had seen or heard." In the installation ceremonies for a new chief, he was charged "to take care of his children," [i.e. his subjects] "to take care of the blind and not to discriminate."]

HELANDER, Bernhard (1990) Mercy or rehabilitation? Culture and the prospects for disabled in Southern Somalia. In: F.J. Bruun & B. Ingstad (eds) *Disability in a Cross-Cultural Perspective*. Department of Social Anthropology, University Oslo.

[The book in which this appeared may have been more in the nature of an internal departmental publication - with a small print run and little circulation.]

HELANDER, B. (1995) Disability as incurable illness: health, process, and personhood in Southern Somalia. In: B. Ingstad & S.R. Whyte (eds) *Disability and Culture*, 73-93. Berkeley: University of California Press.

Helander made field studies of various aspects of medicine, health, individuality and mysticism, disability and rehabilitation, mainly among the Hubeer clan of Southern Somalia, who are Sunni Muslims. He discusses differences between typical Somali conceptualisations of impairment, disability, illness, disease, and personhood, and those current in European discourse. Activities and beliefs around these conditions, and social responses to them, are given in some detail. [See notes on 'shadow of bird' in Introduction, mentioned by the Somalis as a cause of hydrocephalus; and below under KAMAT (Tanzania) and LOW (Koisian, in S. Africa), and KATZ.]

HELSEY, Albert D. [1940] *The Glory of the Impossible. Demonstrations of divine power in the Sudan*. Toronto: Evangelical publishers. 144 pp.

[Leprosy-related work.]

HELSEY, A.D. [1946] *The Hand of God in the Sudan*. New York: Revell. 144 pp.

[Leprosy-related work]

HENGARI, J.U. (1995) Reading difficulties expressed by Grade 1 learners in a primary school in Namibia: a contextual study. Unpublished MPhil thesis presented to the Institute of Education, University of Oslo.

[Cited by VEII, below.]

HERAUD, Marion (2005-2006) Malédiction et handicap: des croyances aux comportements. *Psychopathologie africaine* 33 (2) 165-182.

The article concerns beliefs and behaviour toward disabled people in Burkina Faso. A collaborative action-research study took place with applied anthropology in a situation of development set up by the non-government organisation Handicap International, to learn whether traditional beliefs, associating 'disability' with a 'curse' placed on the disabled

person, had the ill effects anticipated. Qualitative interviews suggested that traditional beliefs had little effect in behaviour excluding disabled people, but might reinforce feelings of shame, guilt and resentment in disabled people or their families in Burkina Faso.

HERSKOVITS, Melville J. (1938) *Dahomey. An ancient West African kingdom*. New York: Augustin. 2 vols, xxi + 809 pp. Many plates and figures.

In a chapter on birth and puberty, it appears that many children born with abnormalities were classified as belonging to river spirits, "in which case the child is taken to the river bank and after certain ceremonies is left there. Some children whom Fate orders to be returned to the river refuse to accept this verdict, and cry out, or speak their protest [such children are believed capable of speaking from birth] until they are taken home." (Vol. I: 262). One such child, described as "with a large head" (p. 262), and "This macrocephalic boy..." (caption Pl.43, between pp. 288, 289), probably had hydrocephalus. [The account suggests the ambivalence families may have felt, between the voice telling them the child belonged to the crocodiles, and the other voice saying the child was their own. Some African communities apparently evolved this kind of quasi-legal loophole, by which they could decide that the voice of Fate had been overturned by the protest of the child. Such a child had rightly earned its reprieve, and the crocs would accept this and the ancestors would not give them a lot of grief.]

--- After a page of various names indicating birth conditions, one "further name may be noted, which is given to a child known as *abiku*. The *abiku* are children born to a woman, all of whom die shortly after birth." [Cf. the *abiku* prominent in OKRI, below, and MacCLEAN].

HERTSLET, Mary [1975] *From Pain to Purpose: the story of Joyce Le Brun as told to Mary Hertslet*. Plumstead, S. Africa. 61 pp.

HETHERWICK, Alexander (1902) Some animistic beliefs among the Yaos of British Central Africa. *J. Anthropological Institute* 32: 89-95.

Tribespeople to the east of Lake Nyasa gave an account of madness, idiocy, delirium and epilepsy in terms of being seized by spirits. "Such people are usually regarded with awe, as living in close contact with the unseen ... Idiots and the insane are allowed to wander at will..." (p. 90)

HEYWORTH-DUNNE, J. (1968) *An Introduction to the History of Education in Modern Egypt*. London: Frank Cass.

Extensively referenced work, with brief mention of blind students at a mosque in Dasuk (pp. 20-21) and Al-Azhar, Cairo (25-27), and other blind or deaf schools (372, 390, 441) in the 19th century.

HICHENS, W. (1930) Native magic and leprosy in Africa. *Discovery* IX, no. 103 (July) 229-232.

[From GRAY's bibliography, "concerned with traditional medical and magical practices of British East African societies."]

HILL, Kathryn E. (1993) Rev David Forbes - the "forgotten father" of Nigerian Special Education. *The Exceptional Child* (Jos, Nigeria) 1 (1) 1-6.  
Education for blind children and young people at the "Freed Slaves' Home", Rumasha, Nigeria, by the Rev and Mrs David Forbes using Brailled materials from 1916 onward, was well documented from reports and news items (1916 - 1939) in the missionary magazine *The Lightbearer* in the archives of the Sudan United Mission (now known as 'Action Partners').

HILL, K.E. & Yaksat, Bulus L. (eds) (1996) *"A Cup of Cold Water..." (The story of God's love shown in practical ways to handicapped Nigerians over 80 years, 1916-1996)*. Jos, Nigeria: Dekka Publications. v + 34 pp.

Ch. 1 (pp. 1-5) is based on the item listed above by K.E. Hill. Subsequent chapters describe further service development mainly for blind children and adults, mostly post-1950.

HINKKANEN, Reea (2009) 'Someone To Welcome You Home'. Infertility, medicines and the Sukuma-Nyamwezi. Doctoral dissertation, Faculty of Social Sciences, University of Helsinki. 261 pp. [Found open online]  
[see HEALEY+, above]

HJERMANN, Reidar K. (1995) *Child Soldiers: Psychological reaction and possibilities for rehabilitation*. Abo, Finland: Abo Akademi University.  
[In Mozambique.]

HOLZINGER, F.F. (Goltsinger, Friedrich Friedrichovitch (1897) *Dushevniya bolezni v Abissinia*. [Mental disorders in Abyssinia] *Obosrenie Psichiatrie, Nevrologie i Eksperimentalnoe Psychologie* iii: 161-170. [In Russian]

With some background details on the geography, culture and health status of the Abyssinian population, Holzinger reported on psychiatric and neurological disorders encountered during the Russian medical mission's work at Harar and Addis Ababa in 1896. Among 121 cases treated, the major conditions were Epilepsy (27), Hemiplegia (9), "Peripheral paralysis" (18), Neuritis (13), and "Paraparesis spastica (Guoja)" (15), the latter being footnoted "Latirism". [Cf. tabulation shown in Pankhurst, R. (1990) *An Introduction to the Medical History of Ethiopia*. Trenton N.J.: Red Sea Press.]

HOLZINGER, Friedrich (1898) Ueber den Lathyrismus in Abessinien. *Centralblatt fuer Nervenheilkunde und Psychiatrie* (Coblenz & Leipzig) ix, 12. [Middle of page 12]. [In German] Brief note of an evening lecture in St Petersburg: "Holzinger berichtet ueber den Lathyrismus in Abessinien Nach Genuss von Lathyrus sativus coeruleus, das sehr oft waehrend Mangels an sonstigen Lebensmitteln in Abessinien verzehrt wird, treten Krankheitserscheinungen auf, die klinisch vollkommen das Bild spastischer Spinalparalyse zeigen. Dauer der Krankheit 2-10 Jahre." [See next 1899]

HOLZINGER [Goltsinger], F. (1899) O latirizmie (On lathyrism). *Nevrologicheskyy Vestnik* 7 (2) 1-38. [In Russian]

(The kind assistance of M. Akimenko and I. Kaestner, in obtaining the Holzinger articles, is greatly appreciated.)

Substantial article, one third of which directly concerns lathyrism in Abyssinia in the 1890s. At present this is the earliest significant account of lathyrism in the North-East Africa region. In pages 1-29, Holzinger gave a lengthy sketch of the lathyrus species and lathyrism literature of several European countries and Algeria, following Huber (1886) and Schuchardt (1885-1887). He began with the ancient and medieval writers who mentioned lathyrism, and referred to 19th century Indian and Algerian work, with attention also to articles by Schabalin, Semidalov, and Kojewnikoff on the Russian lathyrism epidemic of 1891-1892. Widespread geographical distribution of Lathyrus species was noted, with Abyssinia mentioned (p. 4) in Alefeld (1886) [originally 1866], and various regions of Russia, also Spain and North Africa. Some local lathyrus names were given in various languages (pp. 6-7), and Italian, Algerian and Abyssinian names compared (the latter being "guoja bascheta") for the disease-producing plant (p. 8). Holzinger then devoted 20 pages to the medical and neurological ill effects attributed to lathyrus consumption in a wide range of medical reports, comparing the symptoms of some other illnesses, mentioning Abyssinia on pp. 24-25, and noting on p. 29 his own separately published paper on nervous diseases in Abyssinia. In pp. 30-38, Holzinger presented twelve case histories of Galla [now called Oromo] and Abyssinian people aged between 18 and 35 having lathyrism, examined during the Russian Red Cross medical mission to Harar and Addis Ababa in 1896, some with much more detail than others. Ten of the lathyrism histories give the number of years that the patient reported being disabled: 2 years (1 patient); 3 yrs (2); 4 yrs (4); 6 yrs (1); 8 yrs (1); 10 yrs (1). Though these periods might not be accurate, they mostly place the origins of lathyrism within the period (1888-1892) of the great Ethiopian famine, or its aftermath.

HONWANA, Alcinda (1993) *Instituições Religiosas Tradicionais e a Reintegração Social dos Grupos Vulneráveis*. Consultancy report for the Suisse Cooperation for Development in Mozambique. [in Portuguese]

HONWANA, A. (1996) *Spiritual Agency and Self Renewal in Southern Mozambique*. PhD thesis in Social Anthropology, School of Oriental and African Studies, University of London. [see next items]

HONWANA, A. (1997) Healing for peace. Traditional healers and post-war reconstruction in Southern Mozambique. *Peace and Conflict: Journal of Peace Psychology* 3 (3) 293-305.

HONWANA, Alcinda Manuel (1999) Appeasing the spirits: healing strategies in postwar Southern Mozambique. In: J.R. Hinnells & R. Porter (eds) *Religion, Health and Suffering*, 237-255. London: Kegan Paul International.

[see also previous items] Dr. Honwana gives the outcome of studies near Maputo and in rural districts between 1992 and 1995, presented at a conference in London in 1996. (A few of the cited references are in Portuguese). Interviews were conducted with "traditional healers, diviners, spirit mediums; traditional chiefs and *régulos*; war-affected people -- refugees, displaced people, kidnapped children, ex-soldiers; as well as many other



civilians." The present chapter "examines the role played by cultural beliefs and practices in people's health-seeking decisions and healing strategies to overcome distress and illness. Spiritual agencies such as the ancestral spirits, the malevolent spirits and the spirits of those killed during the war are believed to be central in the process of causation and healing of ill-health. Thus, 'appeasing the spirits' becomes a mechanism of social healing and reconciliation, of redressing the wrongs of the past and of rebuilding life after war." The author wishes to underline the importance of using "local healing and conflict resolution mechanisms ... In rural communities, at times of personal and wider societal crisis these 'institutions' are the essential means through which healing and order can be re-established." (pp. 237-238) However, this was not the view of either the colonial or the post-colonial governments, both of which, according to Honwana, repressed traditional beliefs and practices. For the Portuguese, "tradition was an hindrance to Christian conversion and to 'civilisation'", while for the post-colonial regime "it was regarded as mere superstitions which were locking people in the past and impairing change and development." (p.255) [See also items by VESPERMANN, below.]

HOPA, Thando with Barbara McMahon (2017) The Model fighting prejudice. How Thando Hopa is changing the catwalk. *The Times* (London), 23 November, 'Times2 Section', pp. 1, 4, 5, with illustrations. {Inside headline "One man kept saying that I was white. I made him feel my hair texture."}

Full-size front cover picture and inner pages article on South African model Thando Hopa, who grew up with albinism, overcame eyesight problems at school, qualified as a lawyer, and appears in the latest Pirelli calendar "featuring an all-black cast. She stars alongside Whoopi Goldberg, Naomi Campbell" and others. On first going to school, she found the other children whispering nasty words and refusing to sit by her. "For some reason my mother put me in a polka-dot dress, the other children were in school uniform .. I came home and said 'You must buy me one' because I thought that not having the uniform was the culprit. I got the uniform, but things didn't get better, they got worse. I was called names that meant manky, cursed, pig." There were practical difficulties: I couldn't see what was on the board, but I acted like I could .. I would see the other kids looking and writing things down, so I would just scribble on my page. / My parents were summoned and there was talk of sending me to special school, but my mother said 'I know my child, she is quite capable'. From then on my parents began taking an active part in my schooling. I sat at the front of the class and they saved up money to buy me magnifying glasses." Later, when Thando Hopa was working as a prosecuting lawyer in Johannesburg, she got an offer of work as a fashion model. "When I got home I told my sister and said it was a ridiculous idea, but she suggested that I could make an impact as a model. I hadn't thought of it that way, so I called the designer and said, 'If I do this I want albinism to be portrayed in a positive light, in a way that is empowering. .. There is a lot of prejudice and superstition about albinism, but I'm hopeful that things can change."

HOVE, Chenjerai (1996) *Ancestors*. London: Picador. vi + 195 pp.

In a Zimbabwean setting, Hove's novel tells of Africa's troubles and women's oppression. The action moves between an imagined and sorrowful life in the 1850s when Miriro was

born 'deaf and dumb' in a village, and scenes from the 1950s to 1980s when her (silent) voice spoke to a later generation about their disregard for tradition.

HOWARD, J. (1993-94) La théologie chrétienne du handicap. *Revue Zaïroise de Théologie Protestante* 7/8: 87-102.

HUCKSTEP, Ronald L. (2000) Millennium challenge mini-symposium. (iv) The challenge of the Third World. *Current Orthopaedics* 14: 26-33.

Broad overview of the requirements for prevention and low-cost rehabilitative treatment for people crippled by polio, leprosy, cerebral palsy, accident injuries and other causes in developing countries, based on the author's experiences as an orthopaedic surgeon and service developer in East Africa and elsewhere from the 1960s to the present.

HUGO, A.J. (2012) The response of higher education institutions in Namibia to the needs of students with disabilities. *Africa Education Review* 9 (2) 308-326.

HUSAYN, Taha (1971-1973) [in Arabic] *al-Ayyâm*. 3 vols. Cairo: Dâr al-Ma`ârif. Vol. 1 transl. E.H. Paxton (1981) *An Egyptian Childhood*. Washington: Three Continents Press. Vol. 2 transl. H. Wayment (1948) *The Stream of Days*. London: Longmans. Vol. 3 transl. K. Cragg (1976) *A Passage to France*. Leiden: Brill.

Famous autobiography of the earlier years of a blind Arab Muslim who became one of Egypt's outstanding 20th century literary figures and modernisers. Taha Husayn (1898-1973) was born in an Egyptian village and lost his sight early in life. He learnt to memorise and recite the Qur'an in the traditional way, and later studied at Al-Azhar, and then at the secular university of Cairo, writing a dissertation on the blind poet al-Ma`arri. Husayn studied in France 1915-1919, gaining a doctorate and a French wife. Back in Egypt, he taught literature at Cairo, and his understanding of Islam also underwent some modernisation. His first book, using source criticism on pre-Islamic poetry, was controversial; but successive volumes of *al-Ayyam* (The Days) were well received. A prolific writer, critic, and campaigner for modernisation, he became Egypt's Minister of Education (1950-1952). (See MALTI-DOUGLAS, 1988, below; also ZEGHAL, below).

HUSSELMAN, Elinor M.; Boak, Arthur E.R.; & Edgerton, William F. (1944) *Michigan Papyri, Volume V, Papyri from Tebtunis, Part II*. Ann Arbor: University of Michigan Press.

Amidst many papyri transcriptions (with translations from Greek) at Tebtunis, Egypt, detailing land deals, tax payments, division of property, etc, a few incidental details show people with disability or deafness. Document 293, the sale of a house and courtyard, some time in the 1st century CE (pp. 202-204), located the property precisely: "The neighbours are on the south, the house of Apynchis, son of Apynchis, on the north the house and court of Apynchis, the so-called deaf mute [(Gk) *borra 'Apunchis kophEs legomenEs oikia kai aule,*] "on the west the house of Leontiskos, on the east the royal road." Footnote 4: "*Apunchis kophEs legomenEs*": '*Apunchis* does not occur elsewhere as a woman's name, but *Punchis* is found as a feminine form in P.Tebt.I, 164, 7." The householder on the north seems to have been a deaf woman, one of extremely few recorded in antiquity, with a name, place and

approximate date. Documents 323-325 (pp. 280-283) record a division of property (four slaves, inherited from their father) among three brothers. The youngest son, Haruotes Arabarches, received two slaves, Thermoutharion, and Heraklous who was lame [(Gk "*Erakloun chOIEn*").

--- In further documents for the sale of slaves (No. 264-265, pp. 160-163; No. 278-279, pp. 187-188; and No. 281, pp. 190-191), a common clause is included, that the slave, of whom a description is given, shall not be rejected except on particular grounds. For example, on p. 163, "the young female slave that belongs to me, whose name is Tasouchas, who is seventeen years old, with somewhat inflamed eyelids and a scar on the right side of her forehead, such as she is, not to be rejected except for external claims and epilepsy [*kai `eiairas nosou*]" (Description of visible bodily or facial marks was commonplace in contracts, along with the names of close relatives, to identify the parties to the contract, as well as to describe slaves being transferred).

HUTTEN, I.M.H. (1994) *Ensimbo, the falling disease: a study of knowledge, attitudes and practice towards epilepsy in Kaisho Murongo Division, Tanzania*. Doctoral thesis. Third World Centre / Development Studies, Occasional Paper no.41. Catholic University of Nijmegen.

IBN BATTUTA. *The Travels of Ibn Battuta A.D. 1325-1354*, translated with revisions and notes by H.A.R. Gibb, (1958) from the Arabic text edited by C. Defrèmercy & B.R. Sanguinetti. 4 Volumes, Cambridge University Press for Hakluyt Society.

Ibn Battuta tells of visiting the Malian kingdom in the early 1350s, where he was impressed by the local remedy for educational delay or intransigence. People were keen for their children to memorise the Holy Qur'an. "If their children appear to be backward in learning it they put shackles on them and do not remove them till they learn it." (vol. IV: 966). The visitor met a handsome, well-dressed young man heavily shackled on one foot, and asked his companion "What has he done? Has he killed someone?" This caused much laughter, and Ibn Battuta learnt that the shackle would stay until the revered texts were duly learnt. {This is an interesting 'traveller's tale'. There may have been some such custom; but it need not be assumed to be factually true that Ibn Battuta met the well-dressed but shackled young man.} [See further, Ibn Battuta (spelled so), in Appendix 1.]

IBN AL-DJAZZAR AK-QAYRAWANI. *Siyasat al-Sibyan wa-Tadbiruhum* (ed. Muhammad al-Habib al-Hila, 1968). Tunis. [In Arabic]

10th century compilation on pediatric care. Giladi (1989 p.129) notes: "One is impressed by the attitude towards infants as creatures deserving special understanding and treatment." [Avner Giladi (1989) Concepts of childhood and attitudes toward children in Medieval Islam. *J. Economic & Social History of the Orient* 32: 121-152.]

IBN KHALDUN. *The Muqaddimah. An introduction to history*, translated from Arabic by Franz Rosenthal (1958), 3 volumes. London: Routledge & Kegan Paul.

A few points about disability occur in this famous work by the Tunisian historian, statesman and philosopher. Ibn Khaldun (1332-1406) listed four necessary conditions for the Caliph. One stated that "Freedom of the senses and limbs from defects or

incapacitations such as insanity, blindness, muteness, or deafness, and from any loss of limbs affecting (the imam's) ability to act, such as missing hands, feet, or testicles, is a condition of the imamate, because all such defects affect the (imam's) full ability to act and to fulfil his duties. Even in the case of a defect that merely disfigures the appearance, as, for instance, loss of one limb, the condition of freedom from defects (remains in force as a condition in the sense that it) aims at perfection (in the imam)." (I: 395-396). He noted ironically that people very well acquainted with the charitable requirements of Islam often failed to make any connection with their own personal conduct (III: 39-40). Among his comments on education, he saw the problems of starting children on an inappropriately advanced and restricted curriculum (III: 303-304). Clearly some experiential knowledge of learning abilities, stages and difficulties was in written circulation. (See next item).

IBN KHALDUN. *The Muqaddimah. An Introduction to History*, transl. F. Rosenthal, abridged and edited by N.J. Dawood, with new introduction by B.B. Lawrence (2005). Princeton University Press.

See annotation of previous item. In this abridged edition, the quotation on the fourth necessary condition for the Caliph appears on pp. 158-159. See also p. 86, for a great 14th century Muslim scholar's appraisal of the spiritual capacity of imbeciles: "Among the adepts of mysticism are fools and imbeciles who are more like insane persons than like rational beings. None the less, they deservedly attain stations of sainthood and the mystic states of the righteous. The persons with mystical experience who learn about them know that such is their condition, although they are not legally responsible. The information they give about the supernatural is remarkable. They are not bound by anything. They speak absolutely freely about it and tell remarkable things. When jurists see they are not legally responsible, they frequently deny that they have attained any mystical station, since sainthood can be obtained only through divine worship. This is an error. The attainment of sainthood is not restricted to the correct performance of divine worship, or anything else. When the human soul is firmly established as existent, God may single it out for whatever gifts of His He wants to give it. The rational souls of such people are not non-existent, nor are they corrupt, as is the case with the insane. They merely lack the intellect that is the basis of legal responsibility."

--- Lawrence's new 'Introduction' provides some detail of Ibn Khaldun's activities in cities on the coast of North Africa, and in Egypt. [For names of peoples and places in the Index (460-465), it is useful to look under entries such as Berber, Egyptian, Ifriqiyah, Mahgrib, Negroes, not all of which would necessarily occur to the reader.]

IBRAHIM, Gindi Effendi (1932) Work among the blind in Egypt. *Moslem World* 22: 276-282. The blind author, who worked initially as a teacher at the Zeitoun blind school, gave some historical background mentioning blind schools begun at Alexandria in 1896 and at Zeitoun in 1901. It was customary for blind Muslims to earn a living by "reading the Koran in private houses, in shops and in the streets" [by 'reading', presumably Ibrahim means 'reciting from memory']. Also the blind Copts "have been used to chant in the churches, as chanting is a very old custom in the orthodox churches, especially in Egypt. Very few of these blind Copts, except in the large cities, earned enough in this way to secure a comfortable living." In 1921, Ibrahim learnt to weave carpets, and then began teaching

other blind men to read and write, and some handicraft skills. In 1925, he came in contact with "one of the blind sheikhs at El Azhar University", and discovered that this man had no knowledge of Braille. Ibrahim then began teaching twelve blind people at the Azhar, and the numbers grew to 90 in 1927. He was now teaching blind Muslims at one place and blind Christians elsewhere. Some suspicions arose when Ibrahim, himself a Christian, used some Bible material while teaching the sheikhs. However he persevered with work in several blind schools and a training workshop at Cairo, for both Muslims and Copts.

IDEMUDIA, Erhabor S. (2004) Mental health and psychotherapy 'through' the eyes of culture: lessons for African psychotherapy. *Internet-Zeitschrift für Kulturwissenschaften* 15 Nr., April.

This is a diffuse paper from the highly experienced Professor Idemudia, with large generalisations, a wide range of citations (not always clear whether he is citing or directly quoting), and some useful observations. Writing as "an African and a clinical psychologist", he suggests that "Contemporary psychology and many contemporary psychotherapeutic approaches express the perception of human beings as cut off and isolated, not only from nature and from other individuals, but also more significantly from activities of cosmic purpose. Copernican, Newtonian and Freudian conceptual revolutions have led to the notion of human beings as purposeless, determined organisms, acted upon by physical and biological laws. Even in humanistic approaches, meaning is usually seen as a subjective and arbitrary creation." Apparently on the basis of some work in Nigeria, Idemudia concludes frankly that "the current practice of Western psychotherapy in Africa must be revised. Psychotherapy without cultural justice can be better termed placebo-therapy. It is without substance and is void of healing power."

IGBALAJOBI, M. and Idajili, Godiya (2000) Rehabilitation package for the disabled, destitutes and homeless in Borno and Yobe States. *Annals of Borno* 17-18, pp. 30-38.

ILIFFE, John (1987) *The African Poor. A history*. Cambridge University Press. ix + 387 pp. Examining evidence of historical African poverty, and the large representation of disabled people among the poor, Professor Iliffe started with some 700 years of 'Christian Ethiopia' material (pp. 9-29), from its own textual heritage (court and religious records, including alms and healings for disabled beggars) and travellers' accounts in which crowds of blind, crippled and leprous people were prominent from the early 16th century onward. The following chapter treats 'The Islamic Tradition' (pp. 30-47), with approaches to poverty and charity in the predominantly Muslim countries, or those with a Muslim sector such as Northern Nigeria. ("In 1824 Kano city had distinct villages for the blind and for the lame ... 'The leper's quarter of Kano is very near our house', Imam Imoru reported. '..The blind have their separate quarter ... That section is like a small town. There is even a 'ruler of the blind', *sarkin makafi*.'" p. 40.) Disability is indexed by region under blindness, cripples, deafness, dumbness, epilepsy, insanity, etc from the 16th century onward. There is a full chapter on leprosy, pp. 214-229 + notes 337-341.

--- This prize-winning book is both useful and enlightening, with extensive documentation. The broad historical sweep tends to suggest that the reasons (or rationalisations) underlying disability-related poverty in Africa may often have had a different basis and

structure compared with poverty in Europe, and local remedies have also been different. Solutions based on religious belief and charitable motive have also been variably interpreted within Islam and within Christianity in Africa. The resilience of some severely disabled Africans, making shift to contribute the little labour that lay within their capacity, in return for just enough food to stay alive, is quite striking. Changes are taking place in African country disability profiles, as in every other aspect of life; and Iliffe's material was collected more than 30 years ago. Yet there is much to be learnt from studying this history.

ILO (International Labour Office) (1967) Report to the government of Ethiopia on the vocational rehabilitation of the disabled. ILO/OTA/Ethiopia/R.7. Geneva: ILO. 43 pp.

ILO / SIDA (1978) *ILO/SIDA African Regional Seminar on the Organization of Cooperatives for Handicapped Persons*. Gebena: ILO.  
[Includes country paper from Ghana]

ILO (International Labour Office) (1993) *No Application Form: Poems and Stories by Women with Disabilities from Southern Africa; A Glimpse of the Lives of Women with Disabilities: Report on a Study of 150 Women with Disabilities in Gokwe and Harare*. Harare: ILO.

ILO (2003) Developing entrepreneurship among women with disabilities in Ethiopia. Exploratory surveys in Addis Ababa and Tigray Region.

ILO & Irish Aid (2010) *People with Intellectual Disabilities -- Opening Pathways to Training and Employment in the African Region. Lusaka, Zambia 9-11 March 2010*. Geneva: International Labour Office.

This report is unusual in that it includes not only the 'official' worthy and pious platitudes and policies of ILO and Zambian Government staff, but it also records the voices of some named people with intellectual disabilities, saying 'what it means for me'. {The extent of assistance from mentors in expressing their views is not clear, but some polishing can be assumed}. Prominent among them was Mr Quincy Mwiya, aged 34, self-advocate and office bearer in ZACALD (Zambia Association of Children and Adults with Learning Difficulties), and also elected to the boards of Inclusion Africa, and Inclusion International... --- **[Extract** from his statement on pp. 15-16]: "I am 34 years old. I live in Livingstone ... with my parents. ... During my childhood, my parents came to notice that I was not keeping up with my fellow childhood friends. When I got enrolled in grade one, it became obvious to both my parents and the teachers that I was a person with an intellectual disability. Since my parents wanted me to be in school, it was recommended that I be taken to a special school. I spent several years in a special unit. Later in my life, I was lucky to have attended a skills training at Livingstone Trades where I graduated with a certificate in catering. // I have worked for Sun Hotel in Livingstone and ZAEPD Restaurant as a Manager. I am currently not in any gainful employment, but actively involved in voluntary self-advocacy work internationally. ... // What does work mean to me? Work means everything to me and my fellow persons with intellectual disabilities. Without work, we are marginalized; we remain perpetual beggars for almost everything we need. The community look on us as: // persons who do not need to be respected .. who have no right to make a choice .. who have no rights

for participation in community activities .. who do not have rights to be independent. // As persons with intellectual disabilities, we also need to go to school, acquire skills training that will enable us to get paying jobs, like anyone else. We do not need to continue staying at home doing nothing, bothering our parents for life. We can do many productive things in our lives, in the community..." (p. 15)

--- [**Extract** from statement by an Ethiopian, Mr Benyam Fikru, assisted by Ms Tsige Amberbir, who had some health problems in his early years]: "...one day the nurse told my mom that I have an intellectual disability. My mom didn't want to accept this. // When I was four, mom sent me to kindergarten like any other child but it wasn't long till the school director found out I had some problem. She called my mom and told her that the school is not appropriate for me. From that day, I stopped going to school for three or four years. After those years, my mother heard there is a school for kids like me which is called Mekane Eyesus (M.E.) I started going to this school at the age of 7. I learned many things at school like identifying the English and Amharic alphabetical letters and making simple handicrafts. My mom was very happy because of my constant improvement. I started to read magazines and newspapers at home. I always read in my spare time. // I am known in the compound for dancing and music and also I have good interaction with my family, relatives and neighbours. I am known in my neighbourhood as a respectful, loving and friendly person. ... I help my mom by cleaning the house, washing the dishes and also take care of my personal hygiene. ... // What does work mean to me? I graduated in weaving at the ENAID Vocational Centre. At this time I worked and produced cultural cloth. Work made me independent like other people. I feel so confident myself that I would be able to work and live my life like any other man. ... I hope I can get a job one day." (pp. 18-19)

--- [**Extract** from statement of Anne Mary Kanyange of Uganda, read by her mentor Jackie Ikoro]: "...born on 11 September 1983 into a large family of brothers and sisters .. the youngest in her immediate family, and now has many nieces and nephews. Work .. in the UPACLED office involves greeting her colleague, then cleaning, sweeping, serving tea / water / refreshments to staff members and visitors. Anne Mary can photocopy, count and arrange papers, newsletters and magazines as well as shop for the provisions for the office with her work mentor Jackie. Anne Mary expressed happiness and dedication concerning her work as it gave her a purpose throughout the week and an opportunity to wear nice clothes. She relies on supports from her family and the community to get to work and home again, and never misses a day due to sickness. // Her ambition is to continue working in the UPACLED office and to participate in more dance and drama activities to fulfil her passion of entertaining." (p. 24)

--- [**Extract** from statement by Rajab Abeid Simba, read by Ahmaad Kassim Haji. {Rajab was born in 1971 in Zanzibar, Tanzania, 11th of 12 children. Father died in 1974, mother died 2001}]: "... he has since been living with his brothers and sisters. Rajab suffered a fever at the age of three that resulted in his left leg, left foot and brain being affected. At the age of seven, he attended Kiembesamaki Primary School but after three months in school he was asked to leave because of his disability. He did not continue with any formal education after this. // In 2004, Rajab became a member of the Zanzibar Association for the People with Developmental Disabilities (ZAPDD). He says that it has helped him to develop life skills and have a better appreciation of his human rights. He believes if there had been an

Inclusive Education policy when he was growing up it would have enhanced his opportunities for a better standard of living. // Currently, Rajab works within ZAPDD office and is supported by Madam Ayezi who is the Office Caretaker. his tasks include cleaning the office and the outside yard, photocopying and filing, although he does have other casual jobs, such as gardening and cleaning, outside ZAPDD employment." (p. 28)

INGSTAD, Benedicte (1995) Mpho ya Modimo - a gift of God: perspectives on "attitudes" toward disabled persons. In: B. Ingstad & S.R. Whyte (eds) *Disability and Culture*, pp. 246-263. Berkeley: University of California Press.

INGSTAD, B. (1997) *Community-based rehabilitation in Botswana, the myth of the hidden disabled*. Lewiston, NY: Mellen. 395 pp.

Ethnographic work concerned with disabled people in 96 families of Kweneng district, Botswana, and interviews with healing practitioners and others, are reported by Professor Ingstad in a context of CBR experiments in the mid-1980s. Her book reflects on disability in the lives, beliefs and behaviour of individuals, families and communities. Questions are raised about the WHO's approach to CBR, and the lack of serious engagement with the existing knowledge, beliefs and practices in the everyday lives of families having a disabled member. Among the Tswana, "the model of life is based on experience of hardship, of families losing children in infancy or in later life, and of continuous struggle for survival in the face of sicknesses, failing crops, and unemployment." (Being herself the mother of a seriously disabled son, and losing a young daughter while returning from Botswana, Ingstad had an enhanced interest in how Tswana families coped with disability and adversity). Discussion of beliefs appears particularly in chapter 3, "The cultural construction of disability", examining the "concept of misfortune" among the Bakwena (Tswana), different types of witchcraft, ancestors' sorrow or anger, breaking of taboos, and "God's will" or 'natural occurrence', as reasons for disability, with some variation for different impairment categories (pp. 83-107; notes pp 341-42). Accommodating and caring for the disabled person in the family is reported in detail in chapter 5, with mention of some feelings of stigma, guilt or shame (pp. 205-211; notes pp. 346-47) linked to local beliefs.

INGSTAD, B. (1999) Problems with community mobilization and participation in CBR: a case from Botswana. In: R.L. Leavitt (Ed.) *Cross-cultural rehabilitation. An international perspective*, 207-216. London: W.B. Saunders.

[See previous items.] Reports and discusses social and anthropological research on the development and eventual decline of two separate CBR programmes in Botswana during the 1980s. The author found that very little use was made of the WHO CBR manual; there were problems with referrals to special services; follow-up of families was insufficient; 49 per cent of disabled people who had experienced CBR and were interviewed by the author reported no benefit or a worsening of their situation; 39 per cent reported some improvement and 12 per cent much improvement; there was practically no participation in CBR by local communities; families were making reasonable efforts to care for their disabled member as far as they were able. Much of the plan and practice of CBR conflicted with aspects of the majority local Tswana culture.



INGSTAD, B. (2001) Disability in the developing world. In: G. Albrecht, K.D. Seelman & M. Bury (eds) *Handbook of Disability Studies*, 772-792. Thousand Oaks, Cal.: Sage.

The heavy tome edited by Albrecht et al at the start of the 2000s, with a list of distinguished international contributors, has a few fleeting glimpses of Africa, perhaps to suggest that the continent's existence is 'known' in the world of 'Disability Studies' -- plus one essay in which Africa might be considered in a little more depth, together with other slightly-known lumps of the world like India and China (the three great civilisations together comprising, at the time, about half the human population of the world, as well as most of the pandas and elephants and history of humankind). Fortunately, the editors chose anthropology professor Benedicte Ingstad to write the overview of the mysterious 'developing world' about which so little is known (the inhabitants themselves *obviously knowing nothing - or nothing worth knowing!*?). Ingstad chose Botswana, Zimbabwe, Palestine and Eritrea (pp. 783-788) to illustrate a number of points worth making, about countries in different stages of post-colonial liberation, confusion, mis-development and so forth. Comparing the development of service resources in Botswana and neighbouring Zimbabwe, Ingstad found it "tempting (but probably controversial) to speculate whether a government based on socialistic principles is more likely to show willingness to promote equal opportunities for disadvantaged groups than one leaning more on ideologies of 'private enterprise' and the 'spirit of charity'." It was unusual to find a professional gaze at 'political' issues in the position of disabled persons in Eritrea (pp. 787-788), which continues 17 years later to be a country with little reported research on disability. (The source used on Eritrea is unclear; it might be reports from the Norwegian Association of the Disabled).

INGSTAD, B. (2007) Seeing disability and human rights in the local context: *Botswana revisited*. In: B. Ingstad & S.R. Whyte (eds) *Disability in Local and Global Worlds*, 237-258. Berkeley, Ca.: University of California Press.

[see previous items.] The author, Benedicte Ingstad has had many roles, e.g. as a dissident member of Europe's wealthiest country, as a medical anthropologist in Africa, as a Nordic university professor and teacher, the mother of a disabled child, a collector and editor of disability writings that merit publication. All these roles have something marginal to them - they address issues that command limited attention from the mainstream of anglophone, francophone or germanic 'western society'. In terms of impact, Ingstad compounds the marginality by **persistently seeking complexity**, being dissatisfied with easy campaigning slogans or the latest bandwagon. Thus, as a researcher, her work is highly valuable; though difficult for political power groups to enlist.

--- In this chapter, Ingstad returns to her old stamping ground, and revisits some of the disabled people whom she first met years earlier in towns and villages of Botswana -- if they are still alive. She notes the international campaigns for human rights for people with disabilities, funded and led by 'western' campaigners, and sees that 'rights' are meaningful and effective only in local contexts; and that even the close study of 'disabled lives' in Botswana over twenty years throws up a complexity of evidence, which could be used to support quite different theories.

INGSTAD, B.; Bruun, Frank J.; Sandberg, Edwin A. & Tlou, Sheila (1992) Care for the Elderly, care by the Elderly: the role of Elderly Women in a changing Tswana society. *J. Cross-*

*Cultural Gerontology* 7 (40) 379-398.

(see previous items) [Abstract]: "With increasing urbanization and migration in Botswana and an increasing number of children born to unwed mothers, the grandmother (especially maternal) has become a key figure in many households. She is often the main care provider for children of absent daughters: a phenomenon observed elsewhere in Africa. But what happens when the grandmother herself is in need of care? There are indications that the elderly, especially old women, may have less access to modern health care facilities than the rest of the population, This article focuses on the family and resources available for care of the elderly, and presents preliminary results from an ongoing multidisciplinary project."

--- [Since the fieldwork for this study, the spread of AIDS has both changed and increased the demands on grandmothers, across Africa, while eroding the capacities of the 'middle generation' to provide care for elderly people.]

INGSTAD, B. & Grut, Lisbet (2007) *See Me and Do Not Forget Me: people with disabilities in Kenya*. Oslo: SINTEF Health Research. 68 pp. [Found full text online]

[Curiously, this report has no resumé or executive summary. It reports on interview surveys with disabled people in Kenya, factors in their lives, and the lives of those who care for them or curse them.]

*INSTITUTION for the Blind, Secoures aux Aveugles, Zeitoun, Cairo (Egypt)* (1903). Cairo. 9 pp. Pamphlet introducing the Institution and giving details of its foundation in 1901, the people concerned, and work of educating young blind boys. Some Arabic Braille books were being produced.

INTERNATIONAL SOCIETY for Rehabilitation of the Disabled [1963] *Disability Prevention - Rehabilitation. Proceedings of the Ninth World Congress of the International Society for Rehabilitation of the Disabled. Copenhagen, Denmark*. New York: ISRD.

This was one of the earliest international meetings to review progress in Africa (pp. 394-407). [cf. Nora Groce, 1992, *The U.S. Role in International Disability Activities: a history and a look towards the future*, New York, Rehabilitation International: "Africa is strikingly absent from rehabilitation literature and exchange networks before 1960" (p. 57). See also GUTHRIE 1963, above.]

IROKABA, Godwin (2017) *Facilitating Academic Achievements in Deaf and Hard of Hearing Learners in Inclusive Education Programmes Using Bilingual Educational Methodologies: a case study of Inclusive Special Schools in Akwa Ibom State - Nigeria*. Doctoral thesis, Faculty of Education, Masaryk University, Czech Republic. 183 pp. [Found full text online.] Within the academic text, the candidate sticks to his topic fairly impersonally; but in his 'Acknowledgement', Dr Irokaba thanks his supervisor Professor Marie Vitkova for all her kindness: "Though I was not able to hear your voice or speak your language, you proved by words and deeds that language, speech and hearing were no barrier in academic partnership and cooperation. ... My thanks also goes to my interpreting team members..." Earlier, an earlier article in *The Washington Post*, 18 Feb. 2007, is titled "Making himself heard as a deaf man in Nigeria, Godwin Irokaba was an object of pity. A fellowship at

Gallaudet University is transforming him into an agent of change." In that article, Irokoba spoke of waking up in a hospital bed, after severe fever, and finding that his hearing had gone. "I saw my family around me ... I saw they all seemed to be quite sad, and I was wondering what was going on. Later, my mother explained that I was now deaf. I didn't even understand what that meant. I was 9 years old, just a boy. I didn't feel any different ... I didn't feel that I was lacking anything."

--- [He was, however, soon aware of a much diminished social status - and after a few years he changed from being a 'lazy student' to being a boy whose anger drove him to read voraciously and eventually to earn a Ford Foundation fellowship. He reached Gallaudet at a time of vast student protests, resulting in the removal of a candidate college president who was hearing impaired but not a fluent signer, in favour of a deaf person who signed as a first language. As part of the Ford deal, Irokoba returned to Nigeria as a qualified teacher, to benefit other deaf children.] Back home, Irokoba comments, "deaf children continue to fail repeatedly, at every level", for lack of elementary equipment, design and imagination. "Even the seating arrangements are wrong. They still line deaf students up in rows, so all they see is the backs of each other's heads. How can they communicate?" Following other deaf teachers who have gone back to Nigeria to struggle with ever-growing numbers of children born deaf or deafened by meningitis, and government regulations that obstruct every innovation, Irokoba has battled on, to teach children, to advise the government, and to continue to update and extend his own skills and understanding, finally undertaking doctoral studies in the Czech Republic.

ISHOLA-ESAN, Helen Olumo (2016) Impact of the remnants of African worldviews on perceptions of pastors towards ministering to persons with disabilities in Nigeria. In: J.N. Amanze & S. Kabue (eds) (2016) *Disability, Religion and Theology: African Perspectives. J. Disability & Religion* 20 (1-2) 103-118.

[See also annotation of source book, AMANZE+, above] This study by the Rev. Dr. Mrs. Ishola-Esan includes a list of statements about supposed "Causes of disability" in a questionnaire given to 120 postgraduate students of the Nigerian Baptist Theological Seminary, Ogbomosho. Among 19 supposed 'causes', the first 12 are African 'bad stuff', or "remnants of African worldviews"; no.13 is "result of God's will or design"; the remaining six are 'medical', e.g. accident, disease infection, defect of womb or perinatal factors, etc. Practically nothing of a positive nature is offered as a possible 'cause', e.g. that the disabled child may be regarded as a gift of God, that such 'gifts' are given to families with a greater capacity for loving, that God permits such babies to arrive as a test of the parents' faith, or of the community's sense of responsibility, etc - any of which may be believed by *some* Africans, and some people anywhere, as a reason why some people are disabled, and a reason to respond positively. Findings of the study suggest the following attitudes in Nigerian church and society: "pity, lukewarmness, negligence, rejection, hatred, hostility, standing aloof / avoidance, stigmatization, sympathy, # discrimination, alienation/ isolation, nonchalance and passivity, castigation, unloving behaviour, a disturbance and a nuisance, as second-class citizens, as outcasts, as well as looked upon as being inferior."

--- # [yes, it does get a mention!]

--- It is not surprising that these dismal attitudes are reported, as they can be found

anywhere in the world. Yet the design of the questionnaire seems biased toward eliciting the 'bad stuff' (and blaming it on African tradition). In fact, influences of Christianity and Islam have some strength in Nigeria; and skilful preachers of both faiths teach compassion and kindness toward those who are in trouble, and this is reported by other researchers. Whether from those influences, or from positive African traditions, or from common decency, there are millions\* of Nigerians who do act with kindness toward some people having impairments and disabilities, at least some of the time. It seems a pity not to recognise this and to underline their good example. \*[Among 190 million population, even if only 5% act in a kindly way, that's 9.5 million Nigerians.]

--- [In fact, a previous article in the same issue does emphasize some positive attitudes and values in the traditions of an African country: Edwin Zulu, 2016, "Watipa Leza": a critical re-engagement of Nsenga (African) religious values and disability, *J. Disability & Religion*, 20 (1-2) pp. 84-92.]

AL-ISSA, Ihsan (1990) Culture and mental illness in Algeria. *International J. Social Psychiatry* 36 (3) 230-240.

[see next]

AL-ISSA, I. (ed.) (2000) *Al-Junun: mental illness in the Islamic world*. Madison, CT: International Universities Press, Inc. xv + 382 pp.

Substantial collection of well-referenced modern chapters on a variety of mental disorders. Opens with chapters on religion and historical topics (Al-Issa, pp. 3-70). The book explores issues of "how to integrate the Qur'anic teaching and the Prophet['s] model of tradition and behavior, which represent Islamic ideals, with the present rapid cultural change and Westernization", and does so without dogmatic assertion. See chapter on Algeria (Al-Issa, 101-119); and various types of illness and their treatments in Arab and Muslim cultures. Indexes, pp. 355-382. Dr Al-Issa, who has held teaching posts in a variety of countries, and been an officer of several international organisations of psychiatrists and psychologists, displays an unusual ability to discuss the history of Islamic and of Western psychiatry in a balanced way, not seeking artificially to boost or to denigrate the trends in development of knowledge and practice, but trying to understand what was done, and how and why, in all its diversity.

JACKSON, Helen (1980) Approaches to rehabilitation of people with disabilities: a review. *J. Social Development in Africa* 3 (1) 39-53.

The article reviews institutional and community-based strategies for rehabilitation, and argues for a community orientation, while recognising that it is not an easy strategy to implement effectively in economically weaker countries.

JACKSON, H. & Mupedziswa, R. (1988) Disability and rehabilitation: beliefs and attitudes among rural disabled people in a community based rehabilitation scheme in Zimbabwe. *J. Social Development in Africa* 3 (1) 21-30.

JACKSON, H. (1993) *Challenging Disability. A guide for frontline social workers in Africa*. Harare: School of Social Work, & Geneva: ILO. (Ten separate modules, totalling 319 pp.)

JACOBSEN, C. (2001) Giving all children a choice - A study of personhood, childhood and educational integration for children with mental disabilities in Uganda. Unpublished thesis, Institute of Anthropology, University of Copenhagen.

JACOBSEN, Frode F. (1998) *Theories of Sickness and Misfortune among the Hadanowa Beja of the Sudan. Narratives as points of entry into Beja cultural knowledge*. London: Kegan Paul International. xiv + 366 pp. Illustrations.

Amidst Jacobsen's lengthy and detailed medical anthropological study, some Beja cultural ideas of disability and therapies are embedded, e.g. pp. 59-73, 128-129, concerned with conditions that might appear [to biomedically trained observers] as epilepsy, various mental or psychological afflictions; bone-setting and other healing.

JACOBSON-WIDDING, Anita & Westerlund, David (eds) (1989) *Culture, Experience and Pluralism: African ideas of illness and healing*. Uppsala Studies in Cultural Anthropology 13. Stockholm: Almqvist & Wiksell International. pp. 308.

## **Authors JADIN ... LAMONT**

JADIN, Olivier (2001) *La stratégie de Réadaptation à Base Communautaire au Bénin et au Ghana*. Louvain-la-Neuve: Université Catholique de Louvain, Faculté de Médecine, Institut d'Education Physique et de Réadaptation. Thèse présentée en vue de l'obtention du grade de docteur en kinésithérapie et réadaptation. v + 289 pp, with maps, diagrams.

Jadin noted in the early 1990s that hardly any CBR program on the "WHO model" had been described and analysed with full statistical data on outcomes and costs. He surveyed and reported activities and outcomes in two groups of disabled people, totalling over 500 participants aged from birth to early 30s in CBR programs in Benin and in Ghana. Much comparative data is tabulated and discussed, with statistical analysis. Jadin describes how CBR was developed in Benin and Ghana, and identifies factors contributing to the success or failure of the CBR work. The Ghana program had major problems, but was later reorganised, apparently on a more successful basis. The Benin program was reportedly successful, and extensions are being made. Jadin covers aspects such as the measurable benefit to the individual and the cost to the service-providing organisation. [The present compiler was invited as external examiner for this thesis.]

JAHODA, Gustav (1961) Traditional healers and other institutions concerned with mental illness in Ghana. *International J. Social Psychiatry* 7: 245-268.

JAHODA, G. (2016) Seventy years of social psychology: a cultural and personal critique. *J. Social and Political Psychology* 4 (1) 364-389.

[Abstract.] "This paper traces some salient aspects of my research career, focussing largely on work in West Africa. From this lessons are drawn about the shortcomings of social psychology, especially in its laboratory version. It tends to tacitly ignore the effects of cultural influences, assuming that its findings are universally valid. Studies are mainly conducted with adults, generally college students, who were unrepresentative even of the general population of the United States where the bulk of social psychological studies are

concentrated. This is justified in terms [of] an alleged 'psychic unity'. Social psychology pays little attention to the processes whereby children become socialized into particular cultures, which then governs their social behaviour. Methods are usually formal, and observational ones are eschewed, so that research takes place in artificial setting. This brings me to the almost complete absence of links with cognate disciplines, notably anthropology, which could greatly enrich social psychology. Suggestions are made for more wide-ranging approaches which would overcome the aridity of a great deal of current experimental social psychological research." [cf GEERTZ, 2005, above]

--- Prof. Jahoda died aged 96 after publishing research and reviews through the 'seventy years' of his title. He lists some of his own work from the 1950s onward {e.g. 1954, "A note on Ashanti names and their relationship to personality". *British J. Psychology*, 45: 192-195; this investigated the 'day' names that boys acquired by birth, e.g. Monday child (Kwadwo), Wednesday (Kwaku), Sunday (Kwasi), and the well-known 'Kwame' (Saturday) of Dr Nkrumah.\* He found statistical evidence connecting the distribution of day-names in local court records of juvenile delinquents, in which 'Kwaku'-named boys were over-represented, and 'Kwadwo' underrepresented, mirroring a traditional belief that Kwadwo boys are quiet and peaceable, while Kwakus are troublesome. "Some of my Ashanti friends saw this result as confirmation of their beliefs" (367), while Jahoda thought it more plausible that the boys 'lived up to' or down to, adult expectations. At Kumasi in the Gold Coast {Ghana}, he gained experience of the practical intelligence of young Ashanti people and realised that the 'official' colonial view, i.e. that 'the African' was lacking in abstract reasoning, was rubbish. There were black/white differences of performance on some tests, which were "largely due to total unfamiliarity with the materials" derived from a European context; and the differences were reduced on retests, as familiarity increased. Later, in a practical test, setting up a mini 'shop' in which children 'bought or sold' small items of interest to them and 'ordered more stock' as needed, Jahoda comparing the understanding of small business 'profit' in Scottish children with that of Zimbabwean children (many of whose mothers were petty traders in local markets, and involved their children in such activities). Predictably, the performance of the Scottish children lagged well behind that of the African children. Jahoda's article sweeps quite tersely through a vast range of work, pointing out serious holes, but noting that not everyone fell into them.

--- \*[OTENG, 'Deaf Adwoa' {below}, in a short pasted-in glossary, completes the week with 'Kwabena' (Tuesday-born boy), 'Kofi' (Friday), and 'Yaw' (Thursday), with a few alternatives, and a different set of day-names for girls.]

JAIROS JIRI ASSOCIATION.

[Unpublished reports and correspondence files on JJA institutions are listed in C.J. ZVOBGO (1990), q.v., pp. 162-64]

JAIROS JIRI ASSOCIATION (1993) *The Work of the Jairos Jiri Association*. Bulawayo.

JANSSENS, Paul G. (1991) La lèpre au Zaïre: une prise de conscience hésitante. *Annales belge de l'histoire de la médecine* 4 (2) 72-85.

JANZEN, John M. [1978] *The Quest for Therapy: medical pluralism in Lower Zaire*. {with collaboration of William Arkininstall} Berkeley: University of California Press. xxii + 266 pp. + illustrations.

JANZEN, J.M. (1992) *Ngoma: Discourses of Healing in Central and Southern Africa*. Berkeley: University of California Press. xv + 241 pp.

JANZEN, J.M. (1994) Drums of Affliction: real phenomenon or scholarly chimaera? In: T.D. Blakely; W.E.A. van Beek & D.L. Thomson (eds) *Religion in Africa: experience and expression*, 160-181. Portsmouth, NH: Heinemann.

Janzen reviews a quarter century of his own and other scholars' concern with affliction and misfortune in the lives and beliefs of economically poor people in Central, East and Southern Africa, suggesting some of the movement of ideas and fresh approaches. (His title refers to Victor Turner's book, "The Drums of Affliction", 1968, on the Ndembu of Zambia). Processes of seeking remediation for chronic sickness have most often been followed within the sufferer's kin relations; but in cults of affliction, the supporting cast may be based not in kinship but in personal experience of suffering. This also occurs where kin support has diminished through social change or disruption, and formal services hardly exist to supply the need. Thus perhaps "rituals of affliction have provided a format for calling positive attention to people who are marginalized or afflicted, such as women, or the handicapped, or people who are struck with misfortune in economy-related tasks such as hunting, women's reproductive capacity, or commerce." (p. 173). In some mid-continental countries, "rituals to deal with women's disorders, reproductive problems, physical deformities, work-related disorders of various kinds" (etc) have been differentiated, unlike those in some more southerly countries (174).

JAZDOWSKA, Niki (1990) *Report on a Survey of Attitudes, Community Involvement and Economic Status of a Sample of Women with Disabilities*. [Harare: ILO] 19 pp.

JEFFREYS, David & Tait, John (2000) Disability, madness, and social exclusion in Dynastic Egypt. In: J. Hubert (ed.) *Madness, Disability and Social Exclusion. The archaeology and anthropology of 'difference'*, 87-95. London: Routledge.

Brief and suitably cautious review of evidence on social responses to disability and disabled persons in the social and religious context of Egyptian antiquity, for which archaeological sources are "plentiful but often ambivalent".

JELSMA, Jennifer; Maart, Soraya; Eide, Arne; Toni, Mzolisi; & Loeb, Mitch (2008) Who gets the disability grant in South Africa? An analysis of the characteristics of recipients in urban and rural areas. *Disability & Rehabilitation* 30 (15) 1139-1145.

[from Abstract:] "The sample consisted of 244 rural and 61 urban respondents, demonstrating a preponderance of physical disabilities. ... A significantly higher proportion of rural dwellers accessed the grant. ... Those who did not receive grants reported more barriers with regard to the attitudes of health workers but not with regard to any other aspect of social support." (An isiXhosa version of the International Classification of Functioning was part of the instrumentation of the study.)

JELSMA, J.; Mkokka, Siviwe; & Amosun, Seyi Ladele (2008) Health-related quality of life (HRQoL) domains most valued by IsiXhosa-speaking people. *Quality of Life Research* 17 (2) 347-355.

JELSMA, J. & Zhanje, M. (1999) Impact of the Harare parents' groups for children with a disability and their parents: are caregivers satisfied with the service? In: R.L. Leavitt (ed) *Cross-cultural rehabilitation. An international perspective*, 329-337. London: W.B. Saunders. 329-337.

JILEK-AALL, Louise (1999) Morbus sacer in Africa: some religious aspects of epilepsy in traditional cultures. *Epilepsia* 40: 382-386.  
[From the Abstract.] "...in Tanzania where I organized the Mahenge Clinic for Epilepsy in 1960, and in other parts of Africa I found that epilepsy is conceived of as an 'African' affliction, a manifestation of supernatural forces that makes it difficult to reach epilepsy sufferers with modern medical treatment. Epilepsy is traditionally looked on as caused by ancestral spirits or attributed to possession by evil spirits. It is also thought to be due to witchcraft, and 'poisoning,' and often taken to be contagious. Epilepsy may, under Christian missionary teaching, have come to be considered as due to demoniac possession or divine punishment for sins, in accordance with biblical examples. In many parts of Africa, syncretic amalgamation of indigenous traditions with Judeo-Christian doctrines influenced popular attitudes towards epilepsy. We demonstrated that persistent efforts at health education in the context of organized treatment of epilepsy can result in a change of popular notions about epilepsy and consequently lead to significant improvement in the quality of life of epilepsy sufferers."

JILEK-AALL, L.M. & JILEK, W.G. (1989) Epilepsy and its psychosocial implications for Africa. In: K. Peltzer & P.O. Ebigbo (eds) *Clinical Psychology in Africa*, 353-364. Enugu: University of Nigeria.

JILEK-AALL, L.; Jilek, Martica; Kaaya, John; Mkombachepa, Lilian & Hillary, Kalister (1997) Psychosocial study of epilepsy in Africa. *Social Science & Medicine* 45: 783-95.

JOHNS, A. (1983) Agriculture for the blind in Ghana. In: O. Shirley (ed) *A Cry for Health: poverty and disability in the Third World*. Frome: Third World Group for Disabled People.

JONGH, Danielle de (1998) *A Gift from God: persons with a mental disability in Ovambo*. University of Utrecht. Department of Cultural Anthropology. x + 70 pp.  
[Study in Namibia.]

KABUE, Sam (2014) *From the Village to the World - Memoirs of Sam Kabue*. Nairobi, Kenya: EDAN {Ecumenical Disability Advocates Network}. 504 pp.  
[see open online review by Wairimu Ngugi, which describes the main features of this autobiographical work.]

KABUE, S.; Mombo, Esther; Galgalo, Joseph; & Peter, C.B. (eds) (2011) *Disability, Society, and Theology: Voices from Africa*, Limuru, Kenya: Zapf Chancery. xiv + 464 pp.



Sam Kabue, who has been blind since the age of 16, provided the Introduction to this collection of 23 chapters, some others of which were also written by people with impairments and disabilities. [See review by Amos Yong, 2013, *J. Religion, Disability & Health*, 17 (2) 222-223.] Cf. further conference proceedings edited by AMANZE & Kabue (above, with annotation). Also RAZAKA, and MATSEBULA (both below); and MUIGAI (Appendix 3).

KABZEMS, V. & Chimedza, R. (2002) Development assistance: disability and education in Southern Africa. *Disability & Society* 17 (2) 147-157.

--- Discusses changes in external policies on aid to Southern African disability and education development, with examples particularly from Zimbabwe and Lesotho. Aid has tended to follow European ideologies that may be inappropriate to African local practices and attitudes. Aid agencies have become more intrusive, designing and enforcing policies on economic reorganisation, accounting and social practice. A more participatory approach is recommended.

KAHANA, Yael (1985) The Zar spirits: a category of magic in the system of mental health care in Ethiopia. *International J. Social Psychiatry* 31: 125-143.

KALLAWAY, Peter (2005) Welfare and education in British colonial Africa and South Africa during the 1930s and 1940s. *Paedagogica Historica* 41 (3) 337-356.

[Abstract.] "Contemporary educational policy discourse in South Africa that seeks to serve the poor and address equity issues needs to engage with the roots of twentieth-century social reform debates if it is {to} meet its goals. One of the weaknesses of the templates for reform at the present time is that they often fail to engage with progressive traditions which have a long history. Present-day reforms look to agency recommendations or comparative examples of 'successful' emergent economies, but often fail to recognize the value and significance of previous initiatives which sought to address these issues. The long debate over the need for social welfare and educational reform in British colonial Africa has some significance in this regard. The period between 1930 and 1950 marked a key turning point in such policy in colonial Africa, and significant reform initiatives in South Africa from the early years of the Second World War provide the benchmarks for such investigations. The social welfare policies and the educational policy initiatives of the United Party government during the 1940s provide important signposts for such policies. This article attempts to investigate that legacy."

--- [An interesting, evidence-based article. Kallaway presumably knew that it might be unpopular among 'modern, progressive' westerners, and among the more militant nationalists in South Africa and further afield. It offers documentary evidence that the colonial and dominion governments were not entirely composed of brutal, evil men whose sole aim was to destroy 'native culture' and squeeze the maximum of cheap labour and raw materials out of the hapless 'colonies' and to entrench such systems of brutal exploitation in perpetuity while making a private fortune on which they could retire to Britain and live happily ever after. Probably there were some, perhaps many, British administrators who did think in largely exploitative ways. Yet the records of debates in the British parliament from the 19th century onward (on India), and more recently for British colonial rule in

Africa, as well as documents of local government activities in Africa, indicate that there were calls and moves to provide in the colonised cities as much 'relief', 'welfare' and 'appropriate education' as was available to the poorer classes in Britain; and though this was at first aimed at the 'poorer whites' resident in the colonies, it was argued that it should be extended to all races or classes, as a matter both of equity and of practicality; and moves were made to effect such provisions, in various ways and at different speeds, and with some engagement by senior African officials and intellectuals. Politicians and activists who refuse to learn anything from earlier progressive movements may condemn themselves to repeating avoidable errors, rather than benefitting from earlier debates and experiences. Such neglect of history is commonplace in European nations. Will Africans planners act more wisely?]

KALUGULA, C., Mbise, K., Kisanji, J.A.N., Senkoro, F.E.M.K., Tungaraza, F., Msengi, Z.M. & Kisanji, V. (eds) (1984) *The Development of Special Education in Tanzania*. Dar-es-Salaam: Institute of Education. 81 pp.

KALUYU, Veronicah & Ooko, Pamela (2016) The relationship between reading dyslexia and academic performance of upper primary school pupils in public schools in Changanwe sub-country, Kenya. *International J. Social Science Studies* 4 (5) 21-30.

The authors cast their net wide, starting gallantly a century back with O. Berkhan (1917) *Über die Wortblindheit, einstimmelnimsprechen und schreiben, einfehlige Lesn. Neurobiologisches Centralblatt* 36: 914-927; and citing several Kenyan studies on academic performance and difficulties with reading. The present study involved "160 learners and 43 teachers from six different schools", and conceded that numbers of pupils with dyslexia could hardly be known, for "lack of awareness and a clear definition", with estimates varying between 1% and 10%. The study came to the unstartling conclusion that there was a significant correlation between academic performance and reading proficiency. Recommendations are made for educational policies concerned with "screening, teaching, learning, assessment and examination of dyslexic pupils in public primary schools in Kenya"; also that teacher training should better equip teachers to manage children with a variety of reading and learning difficulties. [see also NDOMBO+, below]

KAMANTE GATURA with Karen Blixen, Thomas Dinesen and others, collected by Peter H. Beard (1975) *Longing for Darkness. Kamante's tales from Out of Africa*. New York: Harcourt Brace Jovanovich. [No pagination shown. Counted 264 pp.] + many illustrations. [In this curious book, "collected by Peter Beard", with many short, printed extracts from BLIXEN (above), it takes some time and close reading to establish who said or hand-wrote what in Swahili or in English, and who drew which drawings. {Perhaps the collaborators in the production would think it irrelevant anyway... but now, more than 50 years later, when most participants are very old or dead, there is some merit in trying to identify 'ownership' and authenticity.} The main 16 chapters of the book appear as fairly neat handwriting (with Kenyan English and some odd spelling, in a foolscap-size, lined notebook, with hand drawings added, and small photos pasted in. Some of the many drawings have 'KG' or 'Kamante' written nearby. There are many full page "original photographs (January 1914 - July 1931) by Blixen, some with handwritten labels, others with printed words. (Such

photos provide some relief from the widely used late mini portrait used in wikipedia). Beard states in his printed introduction that Kamante gave stories to him, over a period of 12 years. "Abdullahi ... and I sat down with Kamante and three of his sons to make hundreds of hours of tape recordings in Swahili, translations, transcriptions, and editings. ... the final version was copied out by hand in ten days in the main tent of Wart Hog Ranch, the camp outside Nairobi where we had all come to live." Very near the close, in a page of acknowledgements, Abdullahi is thanked for "writing translations and staying." Blixen (above, p. 76) wrote that "Kamante cannot write, and he does not know English. When he, or my other people, take it into their heads to send me their tidings, they go to one of the professional Indian or Native letter-writers who are sitting with their writing paper, pen and ink, outside the post offices... The professional writers do not know much English either..." So it seems very likely that Abdullahi wrote down the hand-written chapters and stories. But the letter replying to Jacqueline Kennedy, very late in the book, must have been written by a different professional scribe, since the handwriting is quite different (but still with oddities, e.g line 15, 'Kenya imagenice' presumably intends Kenya imagencie, or 'emergency'); yet Kamante has added "Dear Jacqelie Kennedy" at the top, and signed off "yours Kamande Gatoro", in his own thick print, with mixture of upper and lower case letters. That much he had learnt to write or draw. Kennedy {then Onassis} in the final page of the book, notes her great pleasure in the "drawings of Isak Dinesen's beloved Kamante", shown to her by Peter Beard. "To hold his drawings was like touching a talisman that took you back to a world you thought had disappeared forever." (Blixen, above, p. 209, confirmed that there were sheets of paper in the kitchen or on its walls, covered with drawings. She also realised that, whereas she had come to perceive many skills, even genius, in Kamante, "nobody sees anything but a little bandy-legged Kikuyu, a dwarf with a flat, still face." p. 77)] For literary critics, the Kamante collection would be an unusual addition to the large Dinesen / Blixen corpus of books and correspondence (not to speak of film).

KAMAT, Vinay R. [2008] Dying under the bird's shadow. Narrative representations of *degedege* and child survival among the Zaramo of Tanzania. *Medical Anthropology Quarterly* 22 (1) 67-93.

The article is principally on *degedege*, "the indigenous name for a life-threatening folk illness that from a biomedical perspective is often equated in very general terms with cerebral malaria marked by febrile convulsions." Children can die very quickly from this condition, which has little to do with disability. However, the link is made once again with a "bird's shadow", as found also among some Somalis [HELANDER, above], and some Khoisan in S. Africa [LOW, below, and KATZ].

KAMAU, Kiruri (2001) Community Based Rehabilitation of Deafblind People in East Africa. [www.deafblindinternational.org/review/kamau.htm](http://www.deafblindinternational.org/review/kamau.htm)

Reports on the development of work with deaf-blind people in East Africa during the past 20 years, with focus on the Kabarnet School in Kenya and the more recent decision to move towards community based rehabilitation. The stories of two deaf-blind people, John and Ruth, illustrate some of the needs for education and rehabilitation that will maintain

people's contact with their own communities of origin. [See also BLAXALL, 1948 (above) for earlier work with deaf-blind people in South Africa.]

KAMBA, Micheline K. (1996) *Integration sociale des personnes avec handicap: une approche psycho-pastorale*. Memoire de Licence, Université Protestante au Congo. {Unpublished}

KAMBA, M.K. (2013) *Developing a Holistic Educational Programme through Contextual Bible Study with People with Disabilities in Kinshasa, Democratic Republic of Congo: IMAN'ENDA\* as case study*. PhD thesis, School of Religion, Philosophy and Classics, University of KwaZulu-Natal, Pietermaritzburg.

--- \*{See footnote to next item annotation, for this name, which presumably signifies "Lève-toi et marche", or "Get up and walk" in a Congolese language.}

KAMBA, M.K. (2013) Part Two. *Towards a theological programme of disability studies in Africa in the context of DRC - a case study on EDAN and the Université Protestante au Congo*. (pp. 735-743) [Second part of: S. Kabue & M. Kamba, EDAN's journey in introducing disability studies in African Theological Education institutions.] In: I.A. Phiri & D. Werner (eds) *Handbook of Theological Education in Africa*, pp. 731-743.] Oxford: Regnum Books International. [Found open online]

Rev. Dr Kamba opens her article with a personal testimony: "My experience as a young lady with a disability influenced most of my spiritual life and my calling into the Ministry. It was so difficult to be accepted as God's creation. During my teenage years, I was wondering about my physical state. I attempted many times to commit suicide. One day my sister knew that and came to me and said, 'My dear sister, what you want to do is not a solution to your problems. Pray and ask your God what life means to you as a young lady with disability. And ask God why He wants you to remain like this.' ... I prayed, cried, implored God to teach me the meaning of my life. My sister and I devoted three days to fasting and praying to God to help me. That time was really a healing time. Since that time I have never prayed God to heal me physically, because I know, as Paul recognized, that 'God's grace is sufficient for you, His strength is made perfect in weakness'. ... From that time I accepted myself as a woman with a disability and I knew that God had a good plan for me. That was in 1984. // Today I understand my vocation as that of encouraging people with disabilities to 'rise up and walk' spiritually (IMAN' ENDA)\* so that they can be independent in their quest for transformation of their situation, both in Church and in Society." \*[See New Testament, Acts of the Apostles, ch. 3, verse 6; the name of my organization comes from this verse.]

KAMGA, Serges Alain Djoyou\* (2011) *The rights of women with disabilities in Africa: does the protocol on the rights of women in Africa offer any hope?* 12 pp. Centre for Women Policy Studies. [Found open online] {surname elsewhere appears as DJOYOU-KAMGA. The first names suggest that this is a man writing a paper about women's rights...}

This paper "presents the situation of women with disabilities in Africa, discusses the implications of having a stand-alone provision on the rights of women with disabilities in Africa, and makes use of the guidelines for States' reporting under the African Women's

Protocol with special attention to reporting on 'Special Protection of Women with Disabilities' (article 23) to demonstrate the added value of having many and more explicit provisions on the rights of women with disabilities."

*The Kano Chronicle*, transl. H.R. Palmer (1928) in: *Sudanese Memoirs*, 3 volumes, reprinted (1967) as one volume, London: Cass. (Other editions exist with different number of volumes, pagination).

Notes on the origins of the blind community and its chief at Kano, and of two other historical rulers with disabilities. The legendary origin of the blind community is given in the 'Kano Chronicle', probably composed in the 18th or 19th century from early records. When Muslim missionaries entered Kano in the reign of Yaji (1349-1385) many people embraced Islam, but there was some opposition. A mosque was built, but a group of people came regularly to dump filth there. However, the prayers of the faithful were heard and the defilers suddenly lost their eyesight. Their leader was told "Be thou Sarki [ruler] among the blind" (III: 104-105). There may have been some link or reaction to the story of Kano's earlier Sarki Gagua, who ruled from 1247 to 1290. For the second half of this long period he was blind, apparently after tangling with a local deity (pp. 101-102). Gagua was luckier than Sarki Dakauta in 1452, who reportedly was "dumb". People thought that, "If he becomes Sarki he will be able to speak." When he had been made Sarki, and after one night did not speak, they turned him out again." (p. 110)

KARANGWA, Evariste (2003) Challenging the exclusion of blind students in Rwanda. *Enabling Education* 7, 4.

KARANGWA, E. (2006) Grassroots community-based inclusive education. Exploring educational prospects for young people with disabilities in the post-conflict Rwandan communities. Thesis for Doctorate in Educational Sciences, Katholieke Universiteit Leuven, Faculteit Psychologie en Pedagogische Wetenschappen, Belgium. 292 pp.

[Dr Karangwa worked as a head teacher and educationist for years in Rwanda, and facilitated the inclusion of blind or visually impaired school students in an ordinary, poorly resourced and overcrowded secondary school in 1997. He takes a detailed, critical view of the international buzz-words such as 'inclusion' and 'community' in the context of a country which passed through traumatic experiences in 1994: when the signal was given, one major population group produced machetes and butchered a smaller but powerful ruling group, while United Nations forces stood by, trying to see nothing, hear nothing, and do nothing. Later attempts to draw the country together and educate the children with bridge-building and peace-building and working together across ethnic boundaries, including war-damaged or disabled children and adults, were of course pursued, with international funds and shiploads of western ideological exports.]

KARANGWA, E.; Ghesquière, Pol & Devlieger, Patrick (2007) The grassroots community in the vanguard of inclusion. *International J. Inclusive Education* 11: 607-626.

KARANGWA, E.; Miles, Susie, & Lewis, Ingrid (2010) Community-level responses to disability and education in Rwanda. *International J. Disability, Development and Education* 57 (3) 267-278.

The authors note that their ethnographic study took place in a national context where educational policy is "driven by international rhetoric about human rights, inclusion and the arguably unachievable Education for All targets." (p. 267) At the level of Rwandan local communities, the vocabulary of disability was less accommodating, using terms with prefixes indicating an object rather than a person. Thus, "*Ikimuga* means 'a person with a disability' and at the same time a defunct object"; *Karagi* implies 'a speechless small thing'." (272) Similarly demeaning terms are found in nearby countries, e.g. *Kipofu*, *Kasilu*, *Ekifera*, *Ekituna*, denoting defunct, half-witted, half-dead, useless dummy, etc. (273). Dismissive terms might be used in an affectionate manner, indicating some ambivalence of feeling. The authors note that some disabled children in more affluent homes might experience more isolation within their family, being in effect hidden with maids paid to care for them; whereas in poorer households that was not an option, and such children have more participation within home and neighbourhood. Cultural resources of "traditional forms of social assistance, community solidarity, known in Rwanda as '*ubumwe*', are still strong features of everyday life" (268), and these have been drawn upon in efforts of reconciliation and rebuilding, and can provide ways of changing behaviour toward people with disabilities.

KARIMOVA, Gulnara Z.; Sauers, Daniel A. & Firdaousse, Dakka (2015) The portrayal of people with disabilities in Moroccan proverbs and jokes. *J. Arab & Muslim Media Research* 8 (3) 239-254.

KARK, Sidney L. & Le Riche, H. (1944) A health study of South African Bantu school-children. *South African Medical J.* 18: 100-103.

During 1938-39, over 7,000 Bantu boys and girls were given a detailed examination in three urban and six rural areas across South Africa. Results included 'postural deformities' in 83 (1.16 %) children, apparently from injuries, tuberculosis, congenital deformity, rickets, birth trauma, infantile paralysis and syphilis. At least eight percent had noticeable eye and ear disease. Many signs of specific nutritional deficiencies were present. The "thin, round-shouldered, flat-chested, pot-bellied child with spindly legs" was so common as to suggest that "many were on the borders of starvation", so no specific food remedy seemed to be indicated, but an all-round increase in nutrition. [This article does not directly tell anything about religion or spirituality. It suggests that, during this difficult period, some South African health professionals invested time in studies of this kind, and thought good to publish the results.]

KARLSON, Lena (1993) *Guia Para a Iniciação de Projectos Productivos nos Programas de Reabilitação Profissional: Material de trabalho destinado às pessoas reabilitadas através do sistema nacional de reabilitação profissional na República de Angola*. Geneva: ILO. [In Portuguese]

KASACK, S. (2002) Life is more than an artificial leg, the Luena/Angola experience. *Zeitschrift Behinderung und Dritte Welt* 13 (3) 109-113. [Available open online.]

Describes some learning experiences in the organisation Medico International working in Angola with people disabled by mine explosions. The organisation became aware of a need for better integration of services, closer attention to what service users are saying, more awareness of cultural norms, attention to less visible victims, and progress beyond 'the artificial leg' to psycho-social care of the whole person within the wider community. (With summaries in German, French and Spanish). [See TIETZE; and WERNER+, both below.]

KASONDE-NG'ANDU, Sophie M. (1988) Aspects of the upbringing and education of children with special educational needs in a rural Zambian Bemba culture. Unpublished M.Phil. thesis, University of London. 276 pp. + 57 pp. appendices.

KASONDE-NG'ANDU, S. (1989) Early childhood environments of children with severe mental handicap in rural areas of Zambia: challenges for outreach services. In: R. Serpell; D. Nabuzoka & F.E.A. Lesi (eds) (1989) *Early Intervention, Developmental Disability, Mental Handicap in Africa. Proceedings of Sub-Regional Workshop held in Lusaka, June 1987 at the University of Zambia*, 74-80. Lusaka: Psychology Department, University of Zambia.

KASONDE-NG'ANDU, S. (1999) Bio-medical versus indigenous approaches to disability. In: B. Holzer, A. Vreede & G. Weigt (eds) *Disability in Different Cultures. Reflections on local concepts*, 114-121. Bielefeld: transcript verlag.

KASSAH, A.K. (1998) Community-Based Rehabilitation and stigma management by physically disabled people in Ghana. *Disability and Rehabilitation* 20: 66-73. Reviews some literature on community based rehabilitation in Africa and elsewhere, and considers the relevance of CBR approaches to the cultural situation of Ghana. Efforts to implement CBR in Ghana are outlined, and the author describes the conditions in which disabled people live, and the stigmatising attitudes toward them. It is suggested that many disabled people prefer to drift to urban areas and subsist on begging, rather than to participate in CBR activities. The former activity at least brings some measure of independence and freedom from stigma, whereas in CBR activities disabled people remain closely controlled by their families and there is a focus on their disability. Some difference is noticed between Muslim and Christian views and practices.

KATHARD, H.; Naude, E., Pillay, M. & Ross, E. (2007) Improving the Relevance of Speech-Language Pathology & Audiology Research and Practice. {i} How do the professions of Speech-Language Pathology and Audiology practice? How do they produce their knowledge? *South African J. Communication Disorders / Die Suid-Afrikaanse Tydskrif vir Kommunikasieafwykings* 54: 5-7. [plus respondents, pp. 8-19.]

{ii} Response: Sally Hartley, "An interactionist way forward for improving the relevance of Speech-Language Therapy and Audiology research and practice." pp. 8-9.

{iii} Response: D. Swanepoel, "Research-driven: a scientific profession accountable within contextual realities." pp. 10-11.

{iv} Response: Erna Alant, "About being relevant: a comment on Kathard, Naude, Pillay & Ross (2007)." pp. 11-13.

{v} Response: Claire Penn, "'Don't give me the theory, just tell me what to do in therapy!':

the slippery slope challenge for the South African professions of Speech-Language Pathology and Audiology." pp. 13-17.

{vi} Response: Shajila Singh, "A place for mixed methodologies? Response to: The relevance of Speech-Language Pathology and Audiology Research and Practice -- Challenge for the Professions." pp. 17-19.

KATSUI, Hisayo; Lehtomaki, Elina; Malle, Abebe Yehualawork; Chalklen, Shuaib (2016) Questioning human rights: the case of education for children and youth with disabilities in Ethiopia.

In: Shaun Grech & Karen Soldatic (eds) *Disability in the Global South*, 187-198. Cham, Switzerland: Springer.

[From the Abstract] "We analyze the challenges and opportunities implied in realizing the Convention on the Rights of Persons with Disabilities and operationalizing the human rights based approach to disability (HRBAD) with a case study on the inclusion of children and youth with disabilities in the regular education system of Ethiopia. The existing situation is highlighted with lived experiences of persons with disabilities and comments by organisations of persons with disabilities, education professionals, and government officials who were interviewed between August and October 2013 in Ethiopia."

EL KATTAN, Mahmoud Azmy (1931) The blind in Egypt. In: H. Lende; E.C. McKay & S.C. Swift (eds) *Proceedings of the World Conference on Work for the Blind, New York, U.S.A., April, 1931*, 470-72.

Notes on formal schools, workshops, Braille, and the activities of some blind adults; also on prevention.

KATWISHI, Salome C.M. (1995) Viability of developing early identification and intervention services for young children with impairments in Zambia. Unpublished PhD thesis. Faculty of Education, University of Birmingham.

[Dr Katwishi's thesis includes much careful observation of young children with impairments, and how Zambian mothers handle them.]

KATZ, Richard (1982) *Boiling Energy. Community healing among the Kalahari Kung*. Cambridge, Mass.: Harvard University Press. xix + 329 pp., map and photos.

This intriguing, detailed account by Richard Katz of shamanic community healing among the Kalahari Kung, some of whose healers had serious impairments and disabilities,\* # conveys a sense of millennia during which humans lived 'between earth and sky', with minimal material possessions and an enhanced awareness of the threats and possibilities of spiritual existence. Healers, supported by community singing and dancing, would apparently enter a state of 'altered consciousness' and become imbued with power to wrestle with spirits and transfer healing power to those who were sick in mind, body or spirit. No aspect of the process seemed to run smoothly or mechanically -- the healers were not always willing to put themselves through the stress, pain and exhaustion; those needing healing did not always respond to it; the gods or spirits might not consent; the gathered community might not be sufficiently supportive; yet the practice and practitioners were highly valued for the relief they struggled to bring. Katz also struggled to



produce an account of his time in the desert with the Kung, that would adequately reflect what he saw and learnt, both about their lives and about the relevance of the ancient practices to the stress and alienation of 'modern' living.

--- \*[One of the most powerful healers was KAU DWA, "who is totally blind, but he can see in kia" [an enhanced state of consciousness] (p. 212) When questioned about his loss of sight, KAU DWA explained: "God, I was working hard at healing people, but people didn't pay me. I was working hard at putting things into their gibesi" [middle part of body] "but people didn't pay me or give me things. So god collected my eyes and took them away. God keeps my eyeballs in a little cloth bag. When he first collected them, he got a little cloth bag and plucked my eyeballs out and put them into the bag, and then he tied the eyeballs to his belt and went up to heaven. And now when I dance, on the nights that I dance and when the singing rises up, god comes down from heaven swinging the bag with the eyeballs above my head, and he lowers the eyeballs to my eye level, and as the singing gets strong, he puts the eyeballs into my sockets and they stay there and I heal." [i.e. he exerts healing power over other people]. "And when the women stop singing and separate out, he removes the eyeballs, puts them back in the cloth bag, and takes them up to heaven." {Katz questions further, and learns that during the day, the healer does not see people. But in the night, with dance and rhythm, and with altered consciousness, he sees people, and also notices hidden things, like a snake crawling through the bush, or hyenas, lions, distant things.} (pp. 216-217) As this is one of the most powerful statements in this bibliography, by a disabled person, no attempt will be made to explain or justify or argue about it. {Read the book. Or don't read the book.}

--- #[Another blind healer was WA NA, an ancient woman who spoke at some length about healing and dancing and spiritual forces (pp. 222-228). She also mentions "curing a Tswana child who was suffering from the spell cast by the shadow of a bird." [see HELANDER, LOW and other references on bird shadow]

KELBESSA, Tadesse (with ALERT/AHRI) (1984) Bibliography on leprosy in Ethiopia: preliminary compilation. *Ethiopian J. Health Development* 1 (2) 75-87.  
List ca. 170 items. Also available online.

KENNEDY, John G. (1977) Nubian Zar ceremonies as psychotherapy. in: D. Landy (ed) *Culture, Disease, and Healing*, pp. 375-387. New York: MacMillan. xv + 559 pp. + illustrations.

KERHARO, Joseph (1979) La Médecine traditionnelle en Afrique noire. In: J. Poulet; J-C. Sournia & M. Martiny (eds) *Histoire de la Médecine, de la Pharmacie, de l'Art Dentaire et de l'Art Veterinaire*, volume VI, pp. 358-390. Albin Michel / Laffont / Tchou. {Profusely illustrated}

Dr Kerharo traces credible origins of traditional medicine in 'black Africa' back at least to the 12th century CE, with documented reference to practices in the empires of Mali, of Ghana, and of Benin. In the 15th century there was mention of an oil to be applied in the treatment of leprosy. Notes by the explorer G. Schweinfurth (1868-1871) suggest a kind of shock treatment for people with serious mental illness, in which the sufferer was choked and plunged into a river, where competent swimmers would further the immersion, while

also being able to rescue sufferers if the treatment did not bring them to their senses. By this period, there was substantially greater evidence of herbal treatments for a variety of ailments, and for the activities of practitioners of sorcery and use of fetishes. Here, the European reports ran into a problem of understanding, since the Africans did not seem to differentiate clearly between the 'natural and the supernatural' (p. 370) "Nous nous trouvons là en présence d'une médecine totale qui considère l'homme, corps et âme, comme un tout relié au monde visible et invisible par un ensemble de participations englobant sans distinctions le mental, le somatique, le traitement et le diagnostic. De ce fait, médecine et pharmacopée sont non seulement étroitement confondues, comme cela s'est toujours passé au début de l'histoire médicale de tous les pays, mais de plus incarnées toutes deux en la seule personne du féticheur-guérisseur, intercesseur auprès des puissances divines et infernales, dépositaire des connaissances ancestrales, à la fois homme du diagnostic, prescripteur et récolteur des drogues végétales de son environnement, préparateur et dispensateur des remèdes." (371)

--- Behind the somewhat dubious 'fetish' side, Dr Kerharo urged the recognition that the traditional healers possessed "de grandes qualités de finesse et d'observation, une profonde perception des mentalités et du psychisme de leurs semblables, de même qu'une grande connaissance des propriétés des plantes, ce qui les conduit à exercer une médecine psychosomatique et une phytothérapie souvent efficaces." (376) He also reports positively on the traditional "psychopathologie", citing the findings of Henri COLLOMB (see above), and summarising: Le malade mental n'est pas rejeté, diminué dans sa personne par le regard méprisant, de l'autre. Il garde sa place entière, voire même une place plus grande, car il signifie un rapport avec des forces occultes bénéfiques ou maléfiques qui, à travers lui, s'adressent au groupe entier pour le dissocier ou le renforcer. (380) {See further comment under MAKANG MA MBOG, below.}

KERHARO, J. & Bouquet, A. (1950) *Sorciers, féticheurs et guérisseurs de la Côte-d'Ivoire - Haute-Volta*. Paris: Vigot. 160 pp.

KERHARO, J. & Bouquet, A. (1950) La notion de lèpre et de la conception indigène du traitement en Côte d'Ivoire, Haute Volta. *Bulletin de la Société de pathologie exotique* 43: 56-65.

KERN, Jenny (1999) Meeting women's needs. Women and girls with disabilities in the practice of rehabilitation projects. In: B. Holzer; A. Vreede & G. Weigt (eds) *Disability in Different Cultures. Reflections on local concepts*, 251-267. Bielefeld: transcript verlag. Amidst general remarks, the author describes efforts to provide disabled women with tools and skills to make and repair 'Whirlwind' wheelchairs, designed for local environments in Uganda and East Africa, against considerable weight of tradition that allocated technical work to men only, plus all the usual negative beliefs and obstacles faced by women with disabilities.

EL KHAYAT, Ghita (1994) *Une psychiatrie moderne pour le Maghreb*. Paris: L'Harmattan. 205 pp.

[Not seen. Review (in French) is given by by L. Portis, 1994, *L'homme et la société* 114 (no.

4) pp. 143-144. {open online}. Portis notes the training and more than 20 years' experience of the psychiatrist Ghita El Khayat, between her native country of Morocco, and the lecture halls of Paris. The first part of the book discusses the religious and scientific traditions of Morocco and the Maghreb, with magic and Islamic medicine combining to provide a mixture of good sense and superstition. The second part describes modern western psychiatry, which has its merits, but is often poorly applied in developing countries such as Morocco.

EL KHAMLI, A. (1996) *La neurochirurgie africaine. Première partie: aperçu historique. Neurochirurgie* 42: 321-326.

Apart from historical development of neurosurgery, Khamli usefully reviews some literature (mainly North African), and provides extracts in French, Arabic and English from the highly influential physicians Abu'l Qasim Khalaf ibn Abbas al-Zahrawi ["Albucasis"] and Muhammad ibn Zakariya Al-Razi ["Rhazes"].

KHEFFACHE, Mohand-Amokrane (2007) *Mémoires d'une adolescence volée - Algérie 1962-1963*. L'Harmattan. 154 pp.

"Ce livre de M-A Kheffache est le troisième tome d'une autobiographie relatant l'histoire mouvementée de l'enfance puis de l'adolescence d'un jeune kabyle. // 1962, au coeur d'Alger dévasté par la guerre, il échappe miraculeusement au bombardement de l'OAS de l'hôpital Mustapha dans lequel il était immobilisé. 1963, il est confronté à la réalité de son handicap physique au sein d'une Algérie nouvellement indépendant."

KHOSRAU [KHUSRAW], Nasir [Nassiri]. *Sefer Nameh. Relation du Voyage de Nassiri Khosrau, célèbre poète et philosophe Persan, ca. 1003-1088 A.D., en Syrie, en Palestine, en Égypte, en Arabie et en Perse, pendant les années de l'Hégire 437-44 (A.D. 1045-1052), texte Persan, publié d'après trois manuscrits...* translated and introduced by Charles Schefer (1881, Paris), reprinted 1970, Amsterdam: Philo. [see Gallica.]

The Persian religious teacher and traveller Khosrau visited Egypt from 1046 to 1049 CE, and his account is largely confirmed by other sources. One detail concerned the annual rise of the Nile and the nationally important ceremony of opening a major water canal (pp. 136-142). The Caliph of Islam gave the first symbolic blow to the embankment sealing the river; then the crowd piled in with picks and shovels, until the water poured through, and it was possible to launch boats. A vast population then took part in the celebrations. The honour of opening the boating was reserved for deaf-mute people, who were believed to bring good luck: "La première barque, lancée dans le canal, est remplie de sourds-muets appelés en persan Koung ou Lal. On leur attribue une heureuse influence et le sultan leur fait distribuer des aumônes." (p. 142). This seems to be one of the earliest reports in Africa or the Middle East in which a group of deaf people gathered and performed an important symbolic role in a major ceremonial occasion. [There was also clearly some risk involved in the situation. The huge power of the river breaking through the barrier, as it was dismantled, was far from predictable, and the first boats to be launched might be thrown about vigorously. The deaf men had the honour to lead the way, but also took the risk, on behalf of the larger community of sailors.]

KIANI, S. (2009) Women with disabilities in the North West Province of Cameroon: resilient and deserving of greater attention. *Disability and Society* 24 (4) 517-531.

KIERNAN, James P. (1990) *The production and management of therapeutic power in Zionist churches*. Lewiston: Edwin Mellen. vi + 277 pp.

KILONZO, G.P. & Simmons, N. (1998) Development of mental health services in Tanzania: a reappraisal for the future. *Social Science & Medicine* 47: 419-428.

In pp. 420-422 the development of services for people with mental illness / disability is traced from the mid 19th century, as 'traditional' systems of healing slowly began to give ground to European hospital-based health care.

KILSON, Marion (1976) Women in African Traditional Religions. *J. Religion in Africa* 8 (2) 133-143.

KING, Michael & King, Elspeth [1992] *The Story of Medicine and Disease in Malawi. The 130 years since Livingstone*. Blantyre: Montford Press. viii + 183 pp.

Gift of Braille books in 1905 enabled Dr Robert Howard (Universities Mission to Central Africa) to start a school for blind students at Nkhota Kota, p.62; see also pp.48-49. (On pp. 56 & 176, the blind school starting date appears as 1904). See also leprosy work, pp. 80-84; polio, pp. 160-62.

KINGOMBE, M.K. (1975) *Approche du problème de l'intégration des handicapés physiques et recherche d'une perspective au Zaïre*. T.F.E., Institut supérieur des sciences humaines appliquées.

KIRK, L. (1977) Stuttering and quasi-stuttering in Ga. *J. Communication Disorders* 10: 109-126.

KIVITS, Maurice (1956) *La lutte contre la lèpre au Congo Belge en 1955*. Brussels: Academie Royale des Sciences Coloniales.

EL-KOUSSY, Abdel Aziz (1962) *Arabic: [Foundations of Mental Health.]* 6th edition. Cairo: Maktabat Al Nahda Al-Misriyyah.

[Annotated in RACY's bibliog, which notes that the book is partly based on El-Koussy's experiences of working with emotionally troubled, delinquent or backward children at Cairo.]

KIRBY, J.P. (1993) The Islamic dialogue with African traditional religion: divination and health care. *Social Science & Medicine* 36: 237-247.

KISANJI, Joseph (1995) Attitudes and beliefs about disability in Tanzania. In: B. O'Toole & R. McConkey (eds) *Innovations in Developing Countries for People with Disabilities*, 51-70. Choirley, Lancs.: Lisieux Hall Publications.

[Joe Kisanji was a lecturer having substantial visual impairment, who conducted research studies in both UK and his native Tanzania, and returned to his own country later in life to

make his knowledge, experience and services available where there was a greater need for them. See notes on next items.]

KISANJI, J. (1995) Growing up disabled. In: P. Zinkin & H. McConachie (eds) *Disabled Children & Developing Countries*, 183-202. London: McKeith Press.

In this article Kisanji ranges over various aspects of 'growing up disabled', and services that may or may not be available or appropriate in African settings. He gives eleven case histories (pp. 189-192), and also makes a detailed statement on his own experiences of childhood with substantial visual impairments (in ca. 800 words, of which an abbreviated version follows):

--- "I contracted measles when I was about 2 years old, while living with my grandmother, and this resulted in corneal scars, hence opacities, in both eyes. The scar in the right eye covers only a small part of the pupil, while that in the left lies squarely on the pupil. ... // I lived with my grandmother until I was 8, in the small village of Isonganya near Mwambani ... in Chunya District in Tanzania. She was very fond of me. She never wanted me to go out to play with other children, lest they took advantage of my poor eyesight and hurt me. After a long time she came to trust a neighbour's son [Daudi] ... I became so close to Daudi that I felt lonely when he had to go to school. My unhappiness made my grandmother allow me to follow Daudi to school, eight miles away. ... We ran most of the way, both ways, even when there was heavy dew on the tall savanna grass which overhung the footpath. Daudi usually held my hand according to instructions given him by my grandmother. // An important aspect of my life in my grandmother's house was the application of some very tiny seeds from a wild sweet smelling plant locally known as ivumbasya, in my eyes. I had to close my eyes for long hours. It was believed that these seeds would remove the scars; unfortunately they did not. // I felt independent when I left my grandmother to live with a paternal uncle. He did not want me to go to school. Instead, he made me look after cattle. I could now play boisterous games. I gradually began to understand why my grandmother had protected me from joining other children. Boys would make fun of my eyes, imitate my head tilt and the way I walked. It was very painful at first. ... at times I withdrew from the group and cried... As time went by, I learned to accept my impairment. But what was important to me was the fact that I was an accepted member of the group and had friends. When I was gored by an angry cow, they visited me almost every day after taking the cattle home. // I began formal schooling when I was 9, after my father returned from training as a Rural Medical Aid." [Joe wore spectacles from the age of 12. He had friends at school, and did well at his studies.] "I had gained through play, schooling and household responsibilities (as a first born, looking after my young brothers and sisters when my parents were away) a high tolerance for frustration." (pp. 185-186) [Joe qualified as a teacher, a job he enjoyed. Eventually he went to Manchester University, and worked as a lecturer in the special education field.] Kisanji also discusses religious factors as a major influence in how African people understand disability and respond to disabled persons (194-195).

KISANJI, J. (1999) Folklore based analysis for a culture-specific concept of inclusive education. In: B. Holzer; A. Vreede & G. Weigt (eds) *Disability in Different Cultures. Reflections on local concepts*, 78-87. Bielefeld: transcript verlag.

[See also previous items.] "Five major findings can be discerned from the folklore data.

These were 1. absence of the general category referred to as disability; 2. accuracy of the description of people with specific impairments; 3. belief that impairments were a social reality in everyday life and one source of differentness and diversity in society; 4. unfavourable attitudes towards persons with impairments existed, but were found in only a very small number of proverbs (3%); and 5. that the human person was valued even when the usefulness of the person with impairment was minimal." (pp. 83-84) [In earlier work, Kisanji provided more detail of his research and of specific proverbs in Kiswahili, with English translation, that were pertinent to attitudes and beliefs about disability in Tanzania.]

KLAUSSEN, Susanne (1997) 'For the sake of race': eugenic discourses of feeble-mindedness and motherhood in the 'South African Medical Record', 1903-1926. *J. Southern African Studies* 23: 27-50.

KLEINTJES, Sharon; Lund, Crick & Swartz, Leslie (2013) Barriers to the participation of people with psychosocial disability in mental health policy development in South Africa: a qualitative study of perspectives of policy makers, professionals, religious leaders and academics. *BMC International Health and Human Rights* 13: 17. [Found open online]  
"This paper provides qualitative insights into environmental barriers to the participation of people living with psychological disability in mental health-related policy development in South Africa. These barriers were identified by a range of stakeholders who were able to provide unique insights through their experience in the field. Barriers in the South African context are consistent with those from many other low and middle income countries,\* where people living with psychosocial disability are widely stigmatised and mental health is often given low policy priority. This low priority contributes to people with psychosocial disability seldom being included in regulatory provisions for socio-economic upliftment. It also leads to inadequate access to effective supports, which can prolong episodes of mental and emotional distress, and can interfere with participation by users in the social, economic and political life of their communities."  
--- \*[The description is easily recognisable in UK, which is still a 'high income country'. *The Times* (London) of Friday, 18th November, 2016, has a leading article (pp. 1-2, 30) "Nine health secretaries attack government for failing mentally ill", starting "Every health secretary for the past 20 years has condemned the 'enduring injustice' faced by patients with mental illnesses and accused the government of failing to honour pledges to help them." {Chris Smyth, health editor}. A letter from those senior politicians, plus 6 further health ministers and other worthies, leads the "Letters to the Editor" on p.30, and complains of the continuously broken promises, as well as the "massive economic cost and the distress suffered by countless families across the country." Mental or psychosocial illness is simply not perceived as a problem to be treated on a level with physical illness. It has had low priority on successive British government agendas, in a country that certainly has sufficient wealth to train and deploy more staff, or attract them from overseas, and to invest in more and better facilities, but clearly lacks the interest or concern or determination to do so.]

KLOOS, Helmut & ZEIN, Zein Ahmed (compilers) (1991) *Health, Disease, Medicine, and Famine in Ethiopia. A bibliography*. New York: Greenwood. xvi + 404 pp.

KNAPPERT, Jan (1971) *Myths and Legends of the Congo*. Nairobi: Heinemann. xiv + 218 pp. [pp. 261-218, 'The First Man'. Story of creation and man's failure to achieve immortality. Ends with one young man, a cripple, entering Heaven, and asking to be made normal.

KNIEL, Adrian (1995) Animistisches Weltbild und Verständnis der geistigen Behinderung: Die Ewe in Süd-Togo. *Rundbrief Behinderung und Dritte Welt* 2/95: 48-60. [In German]

KOKKALA, Heikki (ed.) *Providing Special Education For Those Who Need It In Developing Countries*. Helsinki: Ministry of Foreign Affairs. Includes material on Ethiopia and Eritrea.

KOLUCKI, Barbara (1995) *Para uma mudança de atitude: Manual de comunicação sobre a deficiência na infância*. Maputo: UNICEF. [In Portuguese]

KOMORZYNSKI, Egon (1951) Blinde als Musiker in alten Aegypten. Vienna. *Weg Ohne Licht. Organ des Österreichischen Blindenverbandes (Vienna)* 6 (5) 3-5. [In German] (See MANNICHE, below).

KOUMARÉ, Baba; Coudray, Jean-Pierre; & Miquel-Garcia, Evelyne (1992) L'assistance psychiatrique au Mali: à propos de patients psychiatriques chroniques auprès des tradipraticiens. *Psychopathologie africaine* 24 (2) 135-148. [The whole issue was devoted to "Santé mental au Mali", under the editorship of Baba Koumaré, with an annotated bibliography, pp. 243-287, by René Collignon and Koumaré.]

KPOBI, Lily & Swartz, Leslie (2018) Implications of healing power and positioning for collaboration between formal mental health services and traditional / alternative medicines; the case of Ghana. *Global Health Action* 11 (1) [7 pages] [Found open online] [Quite unusually for the 'global health literature', the title of this article tells fairly clearly what it is about.] The study reported here (which is part of a doctoral dissertation, and has other publication in process) involved interviews with 36 practitioners, being "8 herbalists, 10 Islamic healers, 10 Pentecostal / charismatic Christian faith healers and 8 traditional shrine priests / medicine-men". Among them, 5 were female. The extent to which claims of healing were made, and the attribution of causality and efficacy (e.g., power of the healer / practitioner; power of prayers; powers of the deity; humble instrumentality of the healer; efficacy of the herbs; etc) seemed to have differences of some significance, though the numbers are small, the country is Ghana alone. {Also the manner in which questions were posed might have tended to elicit a more modest, or a less modest, claim in some cases.} These points might be further elucidated in forthcoming publications.

KREBS, Uwe (1996) Behinderungsgrad als Kontext-Funktion. Das Beispiel der Pflanzkultur der Gogo in Tanzania. In: Max Liedtke (ed.) *Behinderung als pädagogische und politische Herausforderung. Historische und systematische Aspekte*, pp. 12, 61-73. Bad Heilbrunn: Verlag Julius Klinkhardt. [In German]

[Trying to annotate German work on Africa with inadequate grasp of German language and academic conceptualisation, is unwise! However, an English-language section is included, showing Contents and brief chapter summaries (pp. 9-17). On p. 5, Krebs's chapter title appears as "Komplexitätsgrad der Kultur als Mass-stab der Behinderungsintensität. Biespiel: Gogo / Tansania. On p. 9, the title appears as: "The degree complexity of the culture as a scale of the intensity of disability. Example Gogo (Tanzania)" (This lacks clarity as a translation). On p. 61, the title of Krebs's chapter is: "Behinderungsgrad als Kontext-Funktion. Das Beispiel der Pflanzerkultur der Gogo in Tanzania." The English summary has no mention of 'Pflanzerkultur' of the Gogo. However, the chapter is clearly about blind people among the Gogo in Tanzania, and makes some connection between the complexity (perhaps here indicating the level of development, from hunter-gatherers to agriculturalists, and onward to settled urban dwellers) of the Gogo folk, and the level of severity at which 'disability' is perceived as such. Reference is made to an academic study by Richard Ohrner (1986) *Blindheit und Umfeld. Zur Kontextabhängigkeit der Integration Blinder. Einer rehabilitationspsychologische Studie beim Bantu-Stamm der Gogo, Tansania* for a diploma in psychology at the University of Regensburg. Krebs details two interviews with blind Gogo students aged 20 and 17 (pp. 68-71), about their blindness, studies, social life and plans for the future. The WaGogo live mostly near Dodoma, in central Tanzania. They were originally hunters and cattle herders when Germany first became a power in the region (1880s to 1910s), but some moved toward agriculture and settlement. The area suffered frequent drought, making cultivation difficult. (See COLE, 1902, above, for a remarkable tribute to the intelligence of Gogo women).]

KRISTENSEN, Kirsten; Omagor-Loican, Martin & Onen, Negris (2003) The inclusion of learners with barriers to learning and development into ordinary school settings: a challenge for Uganda. *British J. Special Education* 30: 194-201.

In the 1990s, the Ugandan government began a decentralised program for meeting special needs, eventually extending beyond disability to include children with many socio-economic problems, abuse and disadvantage. Special Needs Education Coordinators were trained briefly and appointed to visit clusters of 15 to 20 of Uganda's 12,280 primary schools (with an average of 121 children per classroom) and promote inclusive practices among the 6.9 million pupils. Interviews and group discussions were conducted with education officers, teachers and pupils at different levels, to investigate their perceptions of the developments. The vast majority of teachers found that they lacked practical knowledge and material resources for teaching very large classes with wide diversity of ability. Suggestions are offered for additional support and resources. [See EJOO, above, for a recent survey on Inclusive Education in Uganda.]

KRONENBERG, Frank; Algado, Salvador S., & Pollard, Nick (eds) (2005) *Occupational Therapy without borders. Learning from the spirit of survivors*. Elsevier, Churchill Livingstone. xix + 461 pp.

[This book by Kronenberg et al presents experiences of working as Occupational Therapists among disabled and damaged children and adults in difficult situations, on city streets and slums, in rural areas of great deprivation, and in war-torn and impoverished countries, and who are now training a younger generation of OTs. They challenge the over-



medicalised and over-professionalised habits of their seniors, and call upon their colleagues to respect the personhood, voice and spirituality of children and adults living with disabilities or with HIV/AIDs, or as refugees in desperate conditions, or oppressed and marginalised in many ways. The book is not a religious tract, but many of the contributing authors have been prepared to recognise the broader term of 'spirituality', extending beyond the bounds of specific religions or dogmas, and providing a major foundation or indigenous resource base on which therapists may build.] For particular chapters based in Africa, see BURGMAN+; FRANSEN (above) in Tunisia; and RAMUGONDO (below) in South Africa; also IWAMA, in Appendix 1.

KRUGER, A. (1980) *Mental Health Law in South Africa*. Durban: Butterworth.

In pp. 8-25, there is a useful annotated account of legislation and responses to mental illness, from the first provision for 'detention' in 1711 through to provisions for out-patient treatment, in an Act of 1961.

KUSTERS, Annelies M.J. (2011) "Since time immemorial until the end of days"; an ethnographic study of the production of deaf space in Adamorobe, Ghana. PhD thesis, University of Bristol. [From British Library EThOS, e-theses online service.]

Abstract: "The typical life experiences for most sign-using deaf people in the world is one of problematic communication with the surrounding society. However, a number of 'shared signing communities' exist where, due to the historical presence of a 'deaf gene', both deaf and hearing people use a locally-emerged sign language with each other. A number of western writers have tended to perceive these as utopian communities. This ethnographic study of one such community in Adamorobe, Ghana, problematises this assumption in its analysis of the community's deaf-hearing and deaf-deaf social relationships. To frame everyday life in Adamorobe, this study employs Lefebvre's 'spatial trialectics' which consist of three dimensions, Perçu, Conçu, and Vécu. Firstly, it demonstrates how the deaf people are inherently part of the space produced by Adamorobe "since time immemorial until the end of days", by interacting naturally with hearing people through sign language, but also by producing 'deaf spaces' (Perçu). Secondly it explains how they conceive of these spaces by exploring the deaf inhabitants' sharing of certain ontological experiences and characteristics, summarised in the expression that the "deaf are the same" (Conçu). Thirdly it examines tensions and difficulties they experience in relation to their own ideas of what an ideal or utopian world would be like (Vécu). The study also identifies the recent profound effects of external practices and discourses on deaf-hearing relationships, which affect the way the space of Adamorobe is produced, and the way the deaf people produce deaf spaces. It is believed that the conceptual framework used in this dissertation has the potential both to advance the investigation of other similar communities, and the discipline of Deaf Studies in general."

[Cf. GESLER, above, on 'spaces'; and further KUSTERS items below]

KUSTERS, A. (2012) Being a Deaf, white anthropologist in Adamorobe: some ethical and methodological issues. In: U. Zeshan & C. De Vos (eds) *Sign Languages in Village Communities: anthropological and linguistic insights*, pp. 27-52. Berlin: Mouton de Gruyter.

KUSTERS, A. (2014) Deaf sociality and the Deaf Lutheran church in Adamorobe. *Sign Language Studies* 14 (4) 466-487.

Dr. Kusters, being (as in previous title) "a Deaf, white anthropologist" brought up in Belgium, conducted ethnographic field work among the deaf people of Adamorobe, and the hearing people amidst whom they lived and with whom they communicated in Sign Language (see title of PhD thesis, 2011, above). In several publications, and with experience in further countries, Kusters has developed concepts of "deaf sociality" and "deaf space", while further investigating the everyday realities, for deaf people, of living and being socialised into several overlapping 'worlds'. Various efforts to provide 'deaf-only' activities, whether in the form of Lutheran church services, or the 'Corn Mill' project on land designated for 'the deaf' (which could provide deaf people with jobs and an independent income) ran into the problem that, while d/Deaf people did meet to enjoy one another's company, they seldom wished for a 'separate identity', or for the responsibility of such a group. "Deaf sociality in Adamorobe is temporal, spontaneous, and unbounded, and deaf spaces usually contain no more than ten deaf people at a time. They do not express a need for other spaces in which to learn about the Bible and moral values or to have access to sign language or to deaf people." (p. 485)

KUSTERS, A. (2015) Peasants, warriors, and the streams: language games and etiologies of deafness in Adamorobe, Ghana. *Medical Anthropology Quarterly* 29 (3) 418-436.

KUSTERS, A. (2015) *Deaf Space in Adamorobe: an ethnographic study of a village in Ghana*. Washington DC: Gallaudet University Press. xiii + 247 pp. and illustrations.  
[see annotations of previous items, above]

LABABIDI, Lesley & El-Arabi, Nadia (2002) *Silent No More. Special needs people in Egypt*. Cairo: American University in Cairo Press. xx + 195 pp + 16 colour plates.  
pp. 3-10, notes p. 172, give a very brief historical background of medical and charitable care in Egypt from antiquity to the 1950s. On pp. 8-9, mention is made of "Muhammad Anas", starting a blind school and developing an Arabic form of Braille, in the 1890s. Presumably this is the man referred to as "Onsy-Bey" by Abbate-Pacha, 1882, and by Fattah, 1954 as "Dr Onsy", who opened his school in the 1870s.

LAES, Christian (ed.) [2017] *Disability in Antiquity*. Abingdon, Oxon: Routledge. xvi + 490 pp.

This substantial volume offers 32 chapters ranging across the "Ancient (Near) East"; "The Greek world"; "The Roman world"; "The late ancient world"; and two chapters on "The endurance of tradition", linking ancient and modern practices. Professor Laes has assembled specialised scholars of disability histories from different career stages (fresh PhD, to retired professor emerita), 15 women to 20 men, with wide-ranging linguistic skills, Jewish, Christian, Islamic and secular backgrounds, and declared interests ranging across ancient medicine, archaeology, artificial intelligence applications, cats and monsters, classics, comic poetry, epidemiology, hagiography, intertextuality, law, marginalized groups, martial arts, musicology, philosophy, sexuality, theology, perhaps justifying the claim that in historical studies, "If disability can be searched for and found, everything else

will be there too -- because people with disabilities live complete human lives, as everyone else does. They merely do some things differently." (p. 102) The index (pp. 480-490) does not show 'Africa'; yet Africa does appear under Alexandria, ancient Egypt, Augustine, Caelius Aurelianus, Coptic and Ethiopic traditions, Egyptian medicine, Islam in North Africa, Nile, North Africa, and more. (Chapters based in Africa, with pertinence to the present Bibliography see: DAVID (above); CLAES (above). See also Carol Downer on 'The Coptic and Ethiopic Traditions' (pp. 357-375); and Matthew Gaumer (403-420) (some comments under CLAES, above). [The present compiler admits an interest: I have a chapter on ancient India in this tome, but it has marginal significance for Africa.]

LALEYE, Issiaka-P.L. (2007-2008) Les moments religieux de l'approche de la maladie dans la pensée africaine: nouvelles interrogations négroafricaine de la personne et de la personnalité. *Psychopathologie africaine* 34 (2) 179-190.

Originating in a conference, "Dje ka fo. Parlons ensemble, Arts, Cultures et Santé mentale: colloque de Lyon", the paper is authored by a member of the Department of Epistemology and Anthropology, Université Gaston Berger, Saint-Louis, Senegal. He suggests that the conceptual and methodological rearrangements arising with the introduction of the idea of Therapy Group Management in medical anthropology call for closer examination. Fresh questions arise about black Africans' concept of the person and personality. According to Laleye, one must stop taking apart the sick person, the disease, the therapist, the therapy, the cure, and recreate for each of these boundaries of knowledge the original continuum, from which we are instinctively liable to analyse into separate parts, isolated and individualised, to which we then attach words such as illness, treatment, healing or death. {transl. from abstract}

LAMONT, Alastair McEwan (1948) A study of racial and socio-economic influences on mental disease in a South African mental hospital. M.D. thesis, University of Glasgow.

## **Authors LANDMAN ... MATSEBULA**

LANDMAN, Christina (1993) The sacred story of Ella Botes - exploring religious women's history. *Studia Historiae Ecclesiasticae* 19 (2) 57-77.

Short, well-referenced view of the life of Ella Botes (1885-1971), who pioneered services for blind and deaf children in Northern Rhodesia (now Zambia). Based on interviews with Botes's former colleagues and pupils, as well as texts, it gives a rather more critical view of the circumstances and assumptions of the missionary society in which Botes worked from 1912 to 1965. Work with blind people began in 1905, the first formal blind school being opened at Magwero in 1923 by Ella Botes; the second at Lwela in 1930s, the third at Johnston Falls, 1940. A school for 'deaf and dumb' was opened at Magwero in 1955, by Ella Botes, assisted by Shenard Chitsala. [See: Peter D. Snelson (1974) *Educational Development in Northern Rhodesia 1883-1945*. Lusaka: National Educational Company of Zambia, pp. 72, 79-80. Also Marthie CRONJÉ, above]

LANE, Edward William (1890) *An Account of the Manners and Customs of the Modern Egyptians. Written in Egypt during the years 1833-1835*. Reprinted from 3rd edition, 1842.

London: Ward, Lock. xxiv + 552.

First published 1836. Describes in considerable detail the beliefs and practices of Muslims in Egypt, as observed by Lane and discussed with his local teachers and advisors. One of Lane's Arabic teachers and key informants was nearly blind (pp. xii-xiii); eye disease and blindness were common (pp. 2, 3, 23, 47, 139, 236-237). There are numerous mentions of active blind men, e.g. pp. 107, 165, 417-418, 476; including description of a college of some 300 blind students and teachers, one of whom became the Sheikh of al-Azhar (pp. 192-193), blind beggars (299, 394, 431); lunatics, idiots and holy fools, who are regarded as being those "whose mind is in heaven, while his grosser part mingles among ordinary mortals" (pp. 208-210, 398, 410) and other men with disabilities (pp. 111, 177, 361, 415), also charms and healing (pp. 233-238). Massage and joint manipulation took place in the bathhouse (311-314). In effect, these urban disabled men seem to have been casually integrated in street life and public religious ceremony, their poverty and disadvantage shared with many non-disabled people, with a few specific religious roles for some blind men. (Disabled women are hardly mentioned - presumably they stayed {or were confined} mostly within family dwellings).

LARREY, Baron de (1830) Bronchocele. *Lancet* (i) (No. 341) p. 832.

Extract from Baron de Larrey's "Clinique Chirurgicale", notes that real bronchocele, or guttural hernia, or tumours in the upper trachea, larynx or mouth, may occur as a kind of 'occupational disease'. "In Egypt we frequently observed this kind of bronchocele in the blind, who are very numerous there and who are employed by the priests [i.e. the Muslim religious leaders] to chant at the top of the minarets. It generally happens, that after two or three years, such persons become totally unfit for this office, on account of the occurrence and subsequent increase of these tumours." The other instance given was in European junior officers who had been working as military instructors. (See also CRECELIUS; LANE, 1890) [The risk to the throats of blind chanters may have diminished since the advent of electric amplifiers in Muslim lands - though the deployment of amplifiers is not always popular with people in the vicinity.]

LASCARATOS, John & Marketos, Spyros (1994) Didymus the blind: an unknown precursor of Louis Braille and Helen Keller. *Documenta Ophthalmologica* 86: 203-208.

In 4th century Alexandria, Didymus lost his sight when 4 years old. Later he reportedly "learned the first letters of the alphabet through his sense of touch upon their shapes which were engraved in depth on planks of wood", becoming a renowned theologian, teacher and writer. [It is not quite correct to call Didymus "unknown" in the title: his theological works are still studied and he is listed in many encyclopedias. He might still be 'known' when, for example, the Beatles are long forgotten.]

LAST, Murray (2000) Social exclusion in northern Nigeria. In: J. Hubert (ed.) *Madness, Disability and Social Exclusion. The archaeology and anthropology of 'difference'*, 217-239. London: Routledge.

Describes several aspects of 'social exclusion' as applied to people with disabilities or other forms of difference or low status in northern Nigeria, from pre-colonial times through to

the present. The highly experienced Professor Last emphasises the complexities of such studies.

LAURENTIN, Anne (1960) Femmes nzakara. In: Denise Paulme (ed.) *Femmes d'Afrique Noire*, 121-172. Paris: Mouton.  
(Central African Republic). [GRAY's bibliog, above, lists the English version, 1963, transl. by Hope M. Wright, titled *Women of Tropical Africa*, Berkeley: University of California.]

LEAGUE OF ARAB STATES (1980) *Seminar on the Social and Vocational Integration of the Disabled*. Tunis.

LECHAPTOIS, Adolphe [1890] *Mponda Mission diary, 1889-1891. Part III: a Portuguese mission in British Central Africa*, transl. I. Linden (1974) *International J. African Historical Studies* 7 (4) 688-728.

Fr. Adolphe Lechaptois (transl. 1974, p. 696) at a village of Nyasaland (Malawi) in 1890, observed a deaf man at work: "There was another craftsman close by, a deaf mute, who was making a magnificent fishing net ... The mesh was beautifully even and neatly tied." Words were needed less than visual imagination: "As he was working fast it was difficult to see how the knot was tied, but it looked deceptively simple."

LEES, Janet (1997) *Interpreting the Bible with People with Communication Difficulties*. Unpublished M.Th. thesis, Department of Theology, University of Natal, South Africa.  
[Not seen.] Ten years later, Lees, who was initially a speech and language therapist, and later went into church ministry, would write (in a UK-based chapter, in G.O. WEST, ed., 2007, "Reading Otherwise", pp. 73-85, in Appendix 1, below), "A period of study at the Institute for the Study of the Bible in South Africa introduced me to work by biblical scholars involved in reading the Bible with local communities" However, in the context of her work as a therapist, Lees knew many people for whom it would be hard to communicate biblical concepts, whether scholarly or 'ordinary'. "These were people with communication difficulties including reading and writing difficulties, like dyslexia, hearing impairments, learning difficulties and speech difficulties, like cerebral palsy." Janet Lees was able to find sufficient ways to communicate with these, initially improbable, bible readers (in WEST, pp. 74-75). [cf items by GEIGER 2005-2015, above]

LEESON, Joyce & Frankenberg, Ronald (1977) The patients of traditional doctors in Lusaka. *African Social Research* 23: 217-234.

[Abstract] "Why does traditional medicine persist all over the world, often alongside 'modern' medicine? Characteristics of 1,919 patients attending one modern (private) doctor and 1,123 patients attending traditional doctors (*ng'angas*) in one area are compared [at Lusaka, Zambia.] Young children were common at the modern doctor's, rare at the traditional. Both types saw a variety of problem, but mental disorders were confined to the *ng'angas*, and genito-urinary diseases, especially infertility, were much commoner in their case loads. Two thirds of their patients had gone first to a modern medical agency, and many of them had been ill for a long time. The reasons given for attending a *ng'anga* were of four types. About one third gave failure elsewhere, one third preferred the *ng'anga*,

one fifth wanted to know the cause, and one fifth found it more convenient. // It is suggested that although patients seek primarily to be cured -- and most patients with most diseases are 'cured', whatever treatment they have -- other considerations may enter into their decisions, and the desire for an explanation, particularly if cure is delayed."

LEFEBVRE, Théophile; Petit, A. & Quartin-Dillon, R. (1845-1851) *Voyage en Abyssinie*. Paris. (various editions exist. See Gallica site)

Vol. 2, chapter 36, pp. 274-275. In May 1843, Lefebvre's party, which had scientific interests, was travelling toward Debra Libanos (also known as Tecla Haymanot), through crowds of curious onlookers, among whom were many suffering from leprosy. Visiting a church to inspect its library of five hundred books, they caused some offence by asking if there were any medical books. They were told that, if any could be found, such books would be burnt! What need of such remedies, when the miracles of Saint Tecla Haymanot were available!? Later, calling at a monastery, Lefebvre found the monks rejoicing. An hour earlier (so he was told) the speech of two mute people had been restored by the saint's power.

LEON, Gérard [1989] *Situation of the Disabled Children and Women Victims of Armed Conflicts in Angola and Mozambique*. Luanda: Rehabilitation International & UNICEF.

LEONHARDT, Annette (2001) Die Alpha School for the Deaf in Addis Abeba. *Hörgeschädigtenpädagogik* 55 (3) 141-148. [in German]

LESHOTA, Paul Lekholokoe (2011) A deconstruction of disability discourse amongst Christians in Lesotho. Thesis submitted for Doctor of Theology, in Practical Theology with specialisation in pastoral therapy, University of South Africa. [Found full text online in UNISA Institutional Repository, [uir.unisa.ac.za/](http://uir.unisa.ac.za/) ]

As a middle-aged minister and well-qualified lecturer, Rev. Leshota felt confident that he could teach authoritatively, and answer any questions his students might have. An encounter with some disabled or deaf people caused him to think again, and to engage with some disabled people in critical research of the church's response to disability, in history and to the present, using postmodern tools to deconstruct the 'normative paradigm', by which "people with disabilities are still constructed as 'sinners', 'monsters', 'add-ons', and pathological burdens who cannot survive the challenges of the contemporary world." (p. v) --- After a personal journey away from the comfortable certitudes, Leshota moved toward a "participatory model of disability", leading to an idea of "the church as communion founded on and nurtured by theologies of embrace, interdependence, healing and *botho*." (p. v) Such a model linked well with "the traditional African notion of *ubuntu*, with belonging, solidarity, mutual responsibility as its defining features." (p. 189)

LESSING, Doris (1964/1968, reprinted 1972. *Nine African Stories*. London: Longman. vi + 266. (Selected from Lessing, 1964, *African Stories*. Michael Joseph.)

One story, 'The Nuisance' (pp. 73-80) tells of the elderly first wife of an African driver who has two younger wives and works for a white farmer. [The story is narrated in Lessing's familiar, rather complacent style, by the farmer's young daughter, reporting the regular

visits of the driver to complain to her father as he holds court and dispenses white man's wisdom to his servants at sunset each day. Lessing notes (pp. 1, 8) that the story, written in the 1950s, was "based on an incident on our farm", recalled presumably from the 1930s in Southern Rhodesia where she spent her childhood.] The driver's eldest wife, not dignified by a name of her own but called by Lessing "the cross-eyed one", was clumsy, and also "her body was hideous" (p.74), though in what way remains unspecified. "Because of her eyes her body lumbered" (74)\*, she was "the ugly, sour-faced old woman... the drudge of his household and the scourge of his life" (78). Trouble between the wives was reported, and the driver complained of nagging and bad food from his first wife. Yet the two young wives benefitted from the old woman, who was handy with the children, hoed the garden, fetched wild relishes for cooking, and "provided endless amusement with her ungainliness. She was the eternal butt, the fool, marked by fate for the entertainment of the whole-limbed and the comely." (77) Eventually the "cross-eyed one" was reported to have gone away, maybe back to her home in Nyasaland. Later, groups of women came to complain of the foulness of water in one of the wells. Finally, when the farmer's family needed to use that well, it got a clean-up. Then they learnt that the old woman's body had been in the well, polluting the water. Accident, suicide, or murder?

--- \*[This is typical, simplistic Lessing - the 'Nuisance' woman is cross-eyed, which 'explains' why she lumbers. Such an explanation is weak: when people are cross-eyed (and have no modern corrective lens or surgery) normally one eye 'dominates' the other, and the person can move in a straight line - unless they have some other impairment of body or balance. Of course, the story-teller can impose her own notions on her characters. This tells more of the author's educational poverty and unwillingness to check facts, than it tells about the characters.]

--- [Reported attitudes of the Africans towards the ungainly 'Nuisance' have some parallels in the responses of whites towards their black servants. This is not necessarily intended by Lessing, whose characterisations are often simplistic. Her father lost a leg during World War I, so she had some early awareness of disability.]

LESTRADE, Arthur (1955) *La médecine indigène au Ruanda et lexique des termes médicaux français-urundayarwanda. Mémoires in Octavo, Académie royale des Sciences coloniales, Classe des Sciences morales et politiques, nouvelle série, tome VIII, fascicule 1.* Bruxelles. 277 pp.

[It appears that Lestrade reached Ruanda in 1921 as a member of an evangelical mission society and worked in various rural areas of the country. He spent 30 years studying rural practical medical or nursing treatment and building up a formidable handbook of comparable terms in the major local language and in French. Peter Schumacher reviewed Lestrade's book in German, in *Anthropos* (1956) 51: 792-794.]

--- [The book is also cited in an article by Miklós Vetö, in French, "Unité et dualité de la conception du mal chez les Bantou orientaux. *Cahiers d'Études Africaines* (1962) Vol. 2, cahier 8, pp. 551-569. But here, curiously, the final word of Lestrade's title appears as *kinyarwanda*. It seems that Vetö was over-correcting a little. According to G.Booij, C.Lehmann, J. Mugdan (2000) *Morphologie: Ein Internationales Handbuch Zur Flexion und*

*Wortbildung*, vol. 2, p. 1527, Berlin: de Gruyter, there is a term "Kinyarwanda, which is called ikinyarwanda by its native speakers, and urunyarwanda by Rwandans in Uganda".]

LEVERS, Lisa Lopez (2002) Examining northern Namibian teachers' impressions of the effects of violence, gender, disability, and poverty on young children's development: school-based countermeasures. *J. Children and Poverty* 8: 101-140.

Detailed qualitative studies were made on teachers' awareness of psychosocial and economic factors affecting children's classroom performance in the northern district of Namibia, where longstanding political conflicts have added some traumatic experiences to the existing severe poverty of everyday life. While the adverse effects of such an environment are apparent, the resilience of some children was also noticed, and some positive effects of school countermeasures through social support, persistent teacher attention, and counselling provision. (119 references)

LEVERS, L.L. (2006) Traditional healing as indigenous knowledge: its relevance to HIV/AIDS in southern Africa and the implications for counselors. *J. Psychology in Africa* 16: 87-100.

LEVERS, L.L.; Kamanzi, D.; Mukamana, D.; Pells, K. & Bhusumane, D-B. (2006) Addressing urgent community mental health needs in Rwanda: culturally sensitive training interventions. *J. Psychology in Africa* 16: 261-272.

LEVERS, L.L. & Maki, D.R. (1995) African indigenous healing, cosmology, and existential implications: towards a philosophy of ethnorehabilitation. *Rehabilitation Education* 9: 127-145.

LEVIN, Karen S. (2013) *The Communicative Participation of Adults with Cerebral Palsy*. Doctoral dissertation, Faculty of Arts and Social Sciences, Stellenbosch University. 365 pp. [Found open online.]

[extract from Abstract] "Nine adults with cerebral palsy, who lived with significant communication impairments, participated in the study. They were between 32 and 49 years of age, and had lived [in] South Africa all their lives. They were observed in social interactions in their daily lives on multiple occasions and took part in serial interviews over a six-month period. Using a pragmatist grounded theory approach, the data were analysed from an interpretive basis." [The adults, predictably, had difficulty being recognised as people with something worthwhile to say, and limited social opportunities.]

LEVITT, Sophie (1963) Rehabilitation aspects with reference to cerebral palsy in African countries. In: *Disability Prevention - Rehabilitation. Proceedings of the Ninth World Congress of the International Society for Rehabilitation of the Disabled, Copenhagen, June, 1963*, pp. 405-406. New York.

Based on experiences in rural Southern Rhodesia [Zimbabwe] in the early '60s. The innovative physiotherapist Sophie Levitt would later be celebrated for her publications on handling the child with cerebral palsy, and her inspiring staff training. She noted the need to "search for what is African and synthesise this with the contributions of developed



countries." African parents began to appear as partners, learning "how to handle their children in the home as well as our treating the children at the clinic". (406) [More than 50 years later, the idea of African parents as 'partners' with professional therapists is still slowly making progress.]

LEWIS, I.M. (1969) Spirit possession in Northern Somaliland. In: John Beattie & John Middleton (eds) *Spirit Mediumship and Society in Africa*, 188-219. London.

LICHTENSTEIN, Martin Hinrich Carl (1811) *Reisen im südlichen Afrika in den Jahren 1803, 1804, 1805 und 1806*. Berlin: Salfeld.

[Translated from German by Anne Plumtre, 1812, *Travels in Southern Africa in the years 1803, 1804, 1805, and 1806*. Two vols. London: Henry Colburn. [Author given as Henry Lichtenstein]

Travelling from Cape Town to the interior, Lichtenstein (b. 1780) met two widows who had children with deafness or disability. In November 1803, at the farm of widow Janssens, "Our hostess had the misfortune to have a son and a daughter deaf and dumb, both near thirty years of age; the son was very active in husbandry, and the daughter equally so in every thing within the female department in the house: both were exceedingly ready in the use of signs, and by the assistance of them made themselves perfectly understood by their relations, and all who were accustomed to them." (I: 163) The widow Lieuwenberg had "three daughters idiots: the young women were grown up, and not ill-formed, but according to the information of neighbours, the imbecility was a family disease..." (I: 78) --- Later, after describing the Long-Kloof, Lichtenstein gave a detailed account of a remarkable deaf man named Gildenhuis, (I: 262-263), who was "uncommonly clever in handicraft employments, and was exceedingly useful to the inhabitants of the country, in making gun-locks, tools for all kinds of work, and in general in all the finer kinds of smith's work." Gildenhuis was also proficient in carving and engraving with fine taste and originality, and displayed his humorous talents in devising signs to express his meaning to hearing people.

LICHTHEIM, Miriam (1945) The songs of the harpers. *J. Near Eastern Studies* 4 (3) 178-212. Includes some discussion of the depiction of harpers at various dates in Egypt, and the practice of representing them as blind people, pp. 187-88.

LICHTHEIM, M. (transl.) (1976) *The Instruction of Amenemope*. (BM Papyrus 10474, English transl). in: *Ancient Egyptian Literature. A Book of Readings. Vol. II: The New Kingdom*, 146-163. Berkeley: University of California Press.

Originating ca. 1100 BC. Ch. 2: 1 "Beware of robbing a wretch, of attacking a cripple". Ch. 25: 8-12 "Do not laugh at a blind man, nor tease a dwarf, Nor cause hardship for the lame. Don't tease a man who is in the hand of the god [i.e. ill or insane]..." [cf. FISCHER-ELFERT, above]

LICHTHEIM, M. (transl.) (1980) *The Instruction of Papyrus Insinger*. (English transl). In: *Ancient Egyptian Literature. A Book of Readings. Vol. III: The Late Period*, 184-217. Berkeley: University of California Press.

In this papyrus "the handwriting dates from the first century A.D., while the composition itself may go back to the latter part of the Ptolemaic period" (323-30 BC). Ch.11: 24, "The blind one whom the god blesses, his way is open." Ch.12: 1, "The lame one whose heart is on the way of the god, his way is smooth." (p. 194).

LIEDER, Rev. John R.T. (1827) Visit of the Rev. J.R.T. Lieder to the Faioum. *The Missionary Register for M DCCC XXVII*, 336-344.

Lieder's diary records his journey through Egypt, from Cairo to Benisouef and Medineh, ca. 1827, with a Coptic priest as his guide. "The Christians have two schools in Medineh, which contain about eighty children. The schoolmaster of the first is a blind man, as is generally the custom in Egypt: his children, therefore, learn only some prayers and passages of the Bible by heart, and only a few learn to read by the help of a Shammass (deacon)." (p. 340). (The second schoolmaster was nearly blind). "The Areefs [holders of a clerical post of modest status] are, in general, those blind Schoolmasters who teach the children to learn by heart some prayers and passages of the Scriptures, and whose duty it is to instruct them in religion" (p. 341).

LIVINGSTON, Julie (2001) Physical fitness and economic opportunity in the Bechuanaland Protectorate in the 1930s and 1940s. *J. Southern African Studies* 27 (4) 793-811.

LIVINGSTON, J. (2005) *Debility and the Moral Imagination in Botswana*. Bloomington: Indiana University Press. xiv + 310 pp.

This interesting book is based on Livingston's doctoral dissertation at Emory University. The fieldwork base seems to have been three and a half months in 1997 and 12 months between 1998 and 1999 (p. 250, note 2). The author (born 1966) was learning Setswana during those periods. While she made good progress (pp. 29-30), Livingston was quite dependent on a local translator and cultural interpreter, to try to comprehend the Tswana families whom she studied, or whose case notes, made during a Community Based Rehabilitation project, she looked through (ix, 29). Livingston frankly admits that in her "first timid moments of field-work" (p. ix), African concepts of bodies and persons were new to her when she began her research (p. 4). She had "set out for Botswana with research questions about political and economic forces that generated bodily impairments", which turned out to be of very little interest to the Tswana people with whom she then worked (22; cf. 178). She continues to have difficulty with some of the 'oral history' collected from elderly people, who regret the passing of the 'good old days', and annoyingly lack a 'correct understanding' of the wicked brutality of the racist 'colonial regime' (222f.). Livingston dismisses such views as a "rhetorical device", and gives reasons why she knows better (as a young American feminist and progressive thinker, not actually living in Botswana during the times {mis-}remembered by the elderly Africans!) --- Livingston switches between frank admissions of the difficulties of understanding modern Tswana lives and ailments (which she could see, hear, smell and enquire about in person), and confident, sweeping descriptions of Tswana situations, lives and ailments from the 1900s to 1950s, long before she was born. She admits that the history must somehow be 'pictured', though evidence is hard to find: "Early-twentieth-century experiences of debility are very difficult to glean from the historical record"; "It is

impossible to provide even rough statistics..."; "the historian faces a number of difficulties"; "we can use anecdotal evidence"; "the available source material...allows us only to infer or glimpse"; "Though we are unable to quantify" (pp. 98, 101, 154, 155, 169; 170; 172; 187), and odd snapshots make it "an artificial task" since everything was in movement (pp. 64-65).

--- [Earlier anthropological work in Botswana presented an "idealised Tswana life course", still remembered by some elderly or ancient informants as "the normative model of the life cycle they witnessed during their childhood and young adulthood (the 1910s - 1960s)". This included a remarkable strategy for removing specially 'difficult' youngsters from the life of the community: during the initiation ceremonies, lasting three months in secluded areas (away from the interference of the 'brutal colonial' authorities), the young men were reportedly beaten every day, to toughen them up. Those who had already been "troublesome youths, who had broken many rules" or had been "particularly insolent, or disobedient towards older people, or made a girl pregnant" found themselves under particularly harsh discipline, sometimes being "beaten so severely that they died from their wounds." (pp. 92-93, including quotation from I. Schapera, and p. 258). This idyllic {!?!} picture is being challenged by some younger anthropologists.

--- One of Livingston's more perceptive comments, pertinent to the present bibliography, appears on p. 228 and is (at least in part) attributed to her interviews with Pelonome Kebafetse, Gabotlhaeshwe Morwane and Pulane Tshwene (264, notes 78 and 79):

--- "In Tswana therapeutics, the actual organic substances doctors used for medicines were empowered for healing through processes that both physically and spiritually transformed medicines through communication with *Modimo* [the deity] and the ancestors. In the colonial period, people carried these fundamental understandings of medicine with them to encounters with medical missionaries, where they were transformed somewhat by the new semantics of missionary medicine but nonetheless made sense in terms of basic Tswana medical ontology. Missionary doctors and nurses regularly prayed with their patients, 'communicated with *Modimo*' during treatment. Patients with whom I spoke perceived this as an equally (if not more) significant aspect of the treatment they received from missionaries than the actual medicines and surgical techniques doctors employed." (But Livingston notes that after independence in 1966, the 'Christian' practices diminished under various pressures, and the caring ethos and 'personal' relations between staff and patients gave way to something less attractive).

---[Several scholars of Africa have published reviews, i.e Janzen, Keller, Landau, Crozier, and Ingstad.\* Writing from US universities, the first three (male) reviewers praise the book lavishly, as is the 'native custom' of American academics reviewing one another's work. More critical are two non-American, non-male academics. For Anna Crozier in Scotland, Livingston's book is innovative and has "important insight into the African experience and conceptualisation of bodily healthiness", yet the notions of 'moral imagination' and of 'debility' are too vague and flexible to make much contribution - though Livingston "acknowledges the difficulties of her subject matter". Benedicte Ingstad, who lived and worked in Botswana at greater length and depth than Livingston and is highly familiar with the available literature, is more severe. She notes that Livingston "relies extensively on existing historical sources, especially the writings of Isaac Schapera",\*\* and that Livingston

could more usefully have focused on "the historical development of labour migration by men to the mines in South Africa, and its impact on health and bodily experiences", rather than trying to cover both the distant past and the immediate muddle of families with disabilities now.

--- \*[J. Janzen (2009) *Amer.Ethnologist* 36 (2) 428-9; R. Keller (2008) *Amer. Histl. Rev.* 113 (4) 1277-8; P. Landau (2007) *S.Afric. Histl. J.* 57: {269-71}; A. Crozier (2007) *Social History Med.* 20 (1) 164-5; B. Ingstad (2007) *Bull. History Med.* 81 (3) 684-5.]

--- \*\* [Schapera was a meticulous observer of Southern African 'native lives'. His most influential book, *A Handbook of Tswana Law and Custom* (1938), produced for the Bechuanaland Protectorate administration, became the standard guide. A drawback was that it could be (and was) quoted as fixed and immutable law of the land, though Schapera well knew that the practices of the Tswana chiefs were in continual movement under many pressures.]

--- Ingstad's own findings on some aspects of Tswana ethnography in 1984 to 1986 contradicted Livingston's conclusions based on more limited fieldwork. Even if changes had occurred, there is "no convincing evidence for her claim that this change started in the forties." [#] "It is at best a hypothesis. It is a serious weakness of the book that she tends to draw some of her conclusions on the basis of one or a few informant interviews (according to her own footnotes" [= endnotes], "ignoring some of the existing literature that argues for different views." Nevertheless, Ingstad finds some merit in the book's original and engaging style. Livingston later carried out more detailed study in Botswana, and has acquired a prestigious fellowship for further studies; so there is opportunity for a greater depth of understanding to emerge, from the rather tentative beginning.

--- # [See Livingston 173, 174; and 186 where, after citing Ingstad's work, she proposes some difficult reversals between earlier and later practices.]

--- [The academic reviews above are cited because the present compiler had mixed feelings. Initially I was put off by wild generalisations and vagueness about historical sources, and by prose sounding more like a popular historical novel (e.g. pp. 64-65). Recently I read the book again, as it usefully picks up a wider concern for 'debility'. {I came to this term via the French 'débile', but there have also been studies during 20 years or so on DALYs, "Disability Adjusted Life Years" and similar acronyms, trying to measure or quantify the longer-term effects of often poor quality of life (measured by QALYs) with which many 'disabled families' contend.}

LOBO, Jerome. *A Voyage to Abyssinia*, transl. from French by Samuel Johnson (1735). London. [Based on a translation from Portuguese to French by the Abbé Joachim Le Grand (1728) *Voyage historique d'Abissinie, du R.P. Jerome Lobo, de la Compagnie de Jesus*, Paris; see next item, p. xxv.]

Father Lobo's journey took place in the 1620s. He noted (in Chapter 5) that some years earlier Abyssinia had been largely conquered by Arab and Turkish troops under a Moor "called Mahomet Gagne, or the Lame." [This Muslim warrior is elsewhere known as Ahmed Gagn, the Left-Handed.\*] At the end of Ch. 8, Lobo recounted an improbable tale about the devil, which he had heard from "a religious, who passed, though he was blind, for the most learned person in all that country. He had the whole Scriptures in his memory, but

seemed to have been at more pains to retain them than to understand them". \*[See next entry for further data on "Ahmed Gagne".]

LOBO, Jerónimo. "The *Itinerário* of Jerónimo Lobo, translated by Donald M. Lockhart {1984} from the Portuguese text established and edited by M.G. da Costa, with introduction and notes by C.F. Bellingham." London: Hakluyt Society. xxxvi + 417. With illustrations and maps.

[Compared with the previous item, this edition and translation of Lobo's work is considerably more detailed, and presumably a great deal more accurate, following the discovery of a Portuguese manuscript in 1947 by Padre Manuel Gonçalves da Costa, and establishment of its credibility as an early draft or even original of Lobo's *Itinerário*.]

Seeking to travel to the royal court of Ethiopia [in 1624?], through hostile territory occupied by the Muslim Galla people, the adventurous young Jesuit priest [b. 1595, d. 1678] fell seriously ill, and felt obliged to seek aid from a local practitioner of blood-letting. That villager arrived with "a half of a brick in his hand, a rusty knife half-eaten away with large gaps in the edge of the blade, and three points of horns, each one half a palm in length. The Muslim was old, crippled, poor and in tatters, apparently blind in one eye". {Poor Lobo failed to realise that this dismal spectre was the doctor, come to treat him!} The half brick was not in fact used to stun his patient, but to try to sharpen the knife. The detailed account (pp. 67-69) should not be read by anyone before taking their breakfast; nor by any timid person planning a trip to rural parts of the pre-modern world. However, that local practitioner succeeded in cupping Lobo's back, repeatedly stabbing, ripping, then sucking out quantities of blood, and roughly staunching the wounds. Afterwards, Father Lobo gave thanks for having escaped alive. (See also a mention of male and female circumcision {clitoridectomy and infibulation}, pp. xxii, 59, 180; also p. 222 {of a devil - "the more intelligent among them ridicule these fables, but the idiots consider them sacrosanct", cf. Lobo's own response to saintly miracles, pp. 400-401}; and further native remedies, e.g. p. 187; a man crippled while killing a lion, p. 164).

--- "Ahmed Gagne" found in previous item: here, the Muslim warrior appears variously as Mahameth Granhe "whose name meant Mafamede the Left-handed, *granhe* meaning 'left-handed' [ftn. Amharic, *gran*, left-handed, p. 201]; Ahmad Gran (pp. 50, 160); Granhi (206-207, 209-211). Further travelling in Ethiopia, ca. 1627, Lobo met a monk of the Ethiopian church, who was "blind but a great talker and was considered a man of learning; and he truly could have a greater reputation among them for his babbling than for any fund of knowledge he might have had, although he was fairly conversant and knowledgeable in the Scriptures, with which knowledge he caused himself to be respected. Although he was physically blind, he could also be king of those who were blind in their souls and in knowledge of divine matters." (p. 221) [cf. briefer version in previous LOBO item.]

LOMOFSKY, L. & Lazarus, S. (2001) South Africa: first steps in the development of an inclusive education system. *Cambridge J. Education*, 31 (3) 303-317.

The authors outline educational policy developments in South Africa since 1994, and trends for integration across the previous race / colour divisions and for serving children of varying abilities. Legislation in 1996 gave all children the right to nine years of education. Subsequent government thinking has inclined toward the rhetoric of inclusion,

yet resources have not been found for any substantial implementation. Most rural schools lack the most elementary resources, facilities and trained staff. Some level of casual integration or 'mainstreaming by default' is observable, as it does in many countries; but purposeful inclusion of children with disabilities, with accessibility and appropriate assistance is hard to provide. The authors offer recommendations towards this goal. (37 references)

*LONDON SOCIETY for Teaching the Blind to Read. Annual Reports.* London. {archives, 1840s - 1850s}

"...several ladies, about to leave England for Greece, India, and the Cape, received gratuitous instruction ... so as to be enabled to confer the blessing of teaching such Blind persons to read" (4th Report, 1842, p.11). "Lucas' system of teaching the Blind to read has been extended ... to Egypt also, where blindness so much prevails" (20th Report, presented 13 April 1858, p.8). These seem to be the first records of the use of an embossed script system for teaching blind people to read in Africa (Egypt and the Cape). The texts in Lucas script were mostly Christian literature, and the people trained to use the embossed material with blind people were mainly missionaries. [Seen in archival material at the British Library. Archives of Cape Town lives in the mid-1800s might yet show up some use of this method, which was used with enthusiasm in various parts of the world, though the availability of Lucas texts was limited.]

LORENZO, Theresa (2001) Collective action for social change: disabled women in the Western Cape. *Agenda: Empowering Women for Gender Equity* No. 47, pp. 89-94.

LÖSCH, Sandra; Panzer, Stefanie; & Nerlich, Andreas G. (2012) Cerebral paralysis in an ancient Egyptian female mummy from a 13th dynasty tomb - palaeopathological and radiological investigations. In: R. Breitwieser (ed.) *Behinderungen und Beeinträchtigungen / Disability and Impairment in Antiquity*, 37-49. BAR International Series 2359. Oxford: Archeopress.

This skeleton of an Egyptian female, named *Geheset* (transl. 'gazelle') excavated at Thebes-West, is dated ca. 1950-1750 BC, and she probably lived more than 50 years. Evidence is offered (with photographs) indicating a severe neuromuscular disorder. Her "very well crafted sarcophagus and a burial in the royal necropolis next to the Pharaoh's tombs" (p. 40) suggest high status, and perhaps a good level of care and attention during childhood. [The authors believe they can "speculate that the clinical features of *Geheset* made her a somewhat 'divine' person" (40).]

LOW, Chris H. (2004) Khoisan Healing: understandings, ideas and practices. D.Phil. thesis, University of Oxford.

(see next items)

LOW, C.H. (2007) Finding and foregrounding massage in Khoisan ethnography. *J. Southern African Studies* 33 (4) 783-799.

See also previous item. [From Abstract:] "...massage is a commonplace and important healing strategy amongst 'Khoisan'. ... anthropological focus on the San healing dance has

overshadowed recent research into healing strategies and perpetuated an uneven representation of Khoisan medicine. The article then describes richly how massage and the dance relate to one another in a wider healing context." [Low usefully begins with historical accounts of indigenous healing methods, e.g. from Willem Ten Rhyne (ca. 1686); P. Kolben (1731); Robert Jacob Gordon (travels 1777-1786); and a 17th century geographer, Morden (1680) who noted that the indigenous people "have a great knowledge of simples" {herbal remedies} and succeeded in curing some Dutch people of ulcers, when the surgeons of the Dutch had failed. The article also cites and quotes heavily from later historical literature and research in English, Dutch and German on traditional medicine in Southwest Africa / Namibia, though Low considers that too much of it was misunderstood by European observers. {cf KENNEDY, appendix 1.}]

--- At the close of this article, Low mentions that "other Africans share some Khoisan ideas of illness such as spirits or bird shadows causing sickness", which suggests a "subcontinental cognitive set founded in interaction and similarities of lifestyle." [See note on bird shadows in Somalia, under HELANDER, above; and KAMAT in Tanzania. Hunters in various terrains have learnt to study and 'read' birds and their movements, to get a good idea of what may be happening 'beyond human sight' at some distance; or have trained birds to hunt for them. The notion of bird 'shadow' causing disease might seem curious - but in a world where science recognises 'avian flu', and sees infection passing to vulnerable humans through dust, feathers and bird droppings, one can see a possible link - though Chris Low warns against too facile a connection between what might be Khoisan knowledge and what 'we' think 'we' know now.]

LOW, C.H. (2008) *Khoisan Medicine in History and Practice*. Köln: R. Köppe. 338 pp. [Not seen. Presumably this formulates Low's accumulated studies.]

LUIS, A. (1991) Deficientes, que passos para a sua integração na sociedade? *Tempo* 1070 (14 April) 9-11. [In Portuguese] (Mozambique)

LUTALO-KIINGI, Sam, & De Clerk, Goedele A.M. (2017) Perspectives on the Sign Language factor in Sub-Saharan Africa: challenges of sustainability. *American Annals of the Deaf* 162 (1) 47-56.

LY, Oumou Diodo (1997) Souffrance psychique, imaginaire et intervention dans la tradition: la valeur d'une interaction. *Psychopathologie africaine* 28 (3) 339-356. In the cultural representations of the Peul-Pulaar people of West Africa, mental or psychological suffering appertains to the level most difficult, and sometimes impossible, to heal. It engages the full energy resources of the social group, and is perceived as having an indelible effect or stigma. With a view to prevention, caring and rituals constitute the means of protection.

MacDONALD, Andrew B. (1948) Rehabilitation, the industrial and social work of a leper colony. *Leprosy Review* 19: 45-53.

Itu leprosy settlement, inland from Calabar, Nigeria, was apparently a large, thriving

community, growing its own food, constructing its own buildings, and with some degree of self-government by the leprosy patients.

MACHLEIDT, Weiland & Peltzer, Karl (1991) The Chilopa ceremony: a sacrificial ritual for mentally (spiritually) ill patients in a traditional healing centre in Malawi. *Psychiatria Danubina* 3: 205-227.

[Not seen]

MACKENZIE, Sir Clutha (1960) Pilot project for the rural blind in Uganda. *International Social Services Review* 7 (Oct.), pp. 45-53.

Report by a highly experienced blind farmer and consultant, on developing appropriate rural training in Uganda, starting in 1956; with wider relevance and applications.

MACLEAN, Catherine M. Una (1969 / 1979) Traditional healers and their female clients: an aspect of Nigerian sickness behavior. In: Z.A. Ademuwagun; J.A.A. Ayoade; I.E. Harrison & D.M. Warren (eds) *African Therapeutic Systems*, 225-234. Waltham, Mass.: Crossroads Press. Reprinted from *J. Health and Social Behavior* 10 (3) 172-186.

Dr. Maclean, having both a doctorate in medicine and a PhD, "spent seven years among the Yoruba of Nigeria studying their ethnomedicine and their utilization of Western hospitals." Abstract: "The behavior and attitudes of Yoruba women in relation to pregnancy and childrearing are described and attention is drawn to their continued patronage of traditional practitioners in their search for magico-medical means of ensuring conception. Sick infants are increasingly being taken to hospital, most mothers having become convinced of the value of modern medicine for acute illness. Educated women are tending to discard local treatments entirely. In most cases, however, traditional precautions are concurrently observed. The practice of one hundred\* healers is reviewed and reasons suggested for the persistence of therapeutic methods which are culturally approved and personally reassuring."

--- \*{These were in fact 99 healers at Ibadan. A further 108 interviews of women were carried out in a rural location, the village of Idere; but the interviewers were secondary school girls, who could be made to understand the purposes and pitfalls of the study, but might have been at some disadvantage in discussing child-related issues.}

--- "There was widespread belief in *Abiku* children, 'children born to die' as they were called. The mothers believe that a series of infant deaths are the manifestation of a child with a restless spirit who joins the parents only briefly before returning to his spirit companions. (p. 228) "...the Yoruba mother's belief in *Abiku* children, which provides her with a satisfying explanation for the familiar repetition of infant deaths." (p. 232) [See also the novel by OKRI, 1991, below, the main character of which is an *Abiku*, who somehow resists the repeated calls to return to the spirit world. Also HERSKOVITS, above, I: 266.]

MacMICHAEL, H.A. (1934) Arab dumb show. *Sudan Notes and Records* 17: 129.

More than 20 years earlier, in Northern Kordofan, MacMichael noted a "deaf and dumb man" who communicated a short history to him by a series of eloquent signs and gestures, which are here described.



MADU, Sylvester N. (2015) Psychotherapeutic values for modern Africa. *World Journal "Psychotherapy"* 1 (8) 8-15.

After some 30 years of practice and writing about psychotherapy within African and European models, Dr Madu discusses some ways in which "the western, the traditional African, and the religious psychotherapeutic values blend, respect and constantly enrich each other, for the benefit of modern African clients." He lists some of the "psychotherapy-related values" used by traditional healers during treatment, such as "use of idioms and proverbs while communicating with their clients"; "total withdrawal - especially in the case of drug addiction or abuse. The client may be constrained to a room or the compound until the withdrawal syndrome is over;" "other kinds of psychosocial methods, like, singing, dancing, beating drums ... part and parcel of the daily life and customs of the people"; "much emphasis on attention and obedience on the part of the client"; "Incantations ... emotional monotonous songs .. which contain very deep culturally convincing and suggestive words"; "Dream interpretation ... they get messages from their ancestors to be used for the treatment of a particular case". From his base in Nigeria, Dr Madu also sees that "Christian religious faith healing" has also become a powerful force, with therapeutic values that include: "Employment and stimulation of all sensory organs during the healing process", which may include dancing and entering "extra-ordinary states of consciousness"; "Singing and clapping of hands"; "Praying: the emotional prayers of healers at times suggest dramatic scenes and visions..."; "Exorcism: i.e. casting of evil spirits out of a client"; "Group rituals"; "Laying of hands (during prayers or rituals) on the head of the client"; "inducement of courage, self-assurance and conviction on their clients"; "Open confession and open testimony are often used to 'empty the hearts' of the clients"; "schizophrenics and drug addicts" who fail to comply with instructions may be compelled "through flogging and or handcuff" [!]; "Fasting ... the internal and external defence mechanisms are reduced ... they are more receptive to suggestions ... some get into extra-ordinary states of consciousness". (p. 10)

--- Western approaches to psychotherapy, such as Insight Therapy, and Behaviour Therapy, have had more difficulty in getting established in Africa, as compared with modern medical treatments. Madu details three forms of psychotherapy which have taken on board "some aspects of the African cultures, values, and belief systems", citing published studies. These are: Ubuntu therapy, Meseron therapy, and Harmony Restoration therapy. The third of these is sufficiently explained by its name. "Meseron" in Nigeria is derived from Urhobo, "I refuse", and is based on "the rejection of anything unwholesome". "Ubuntu therapy" is based on the deeply felt Southern African understanding of "communality, oneness, cooperation and sharing (at intra-psychic, interpersonal, and psycho-theological levels)". [see Appendix 5] Dr. Madu believes that the activities of traditional and religious faith healers have been insufficiently studied - and where there has been research, it may "end up as monographs in individual bookshelves" [!] Nevertheless, he believes that there is a better future to be found in blending and adapting the methods of the various different practitioners, and offers his recommendations to governments and educational institutions.

MADU, Ntomchukwu S. & Govender, Saraswathie (eds) (2005) *Mental Health and Psychotherapy in Africa*. Sovenda, South Africa: University of Limpopo Press.

MADU, S.N., Baguma, P.K., & Pritz, Alfred (eds) (1997) *In Quest for Psychotherapy for Africa*. Sovenga, South Africa: University of the North.

MADU, S.N., Baguma, P.K., & Pritz, A. (eds) (1997) *African Traditional Healing (Psychotherapeutic Investigation)*. Vienna: Austria Facultaetsverlag.

[None of these three items by MADU et al has been seen by the compiler. Possibly the second two are linked somehow.]

MAGEL, Emil A. (1980) Theme and imagery in Tchicaya U Tam'si's *A Triche Coeur*. *Studies in 20th Century Literature* 4 (2) article 8. (Found full text open online, Aug. 2016)

Magel studied the third book of verses *A triche-coeur* (using the 1958 edition, Paris: Caractères) by Tchicaya U Tam'si, and quotes with parallel English translation / interpretation in columns. He notes the poet's anguished use of a 'leprosy' metaphor in one of the possible effects of the disease, [biologically known as Hansen's disease, or *Mycobacterium leprae*.] "This ulcerous skin condition has the distinct effect of turning the skin of the afflicted Africans white." In Tchicaya's verse: "un batelier noir / qui disait tout savoir des étoiles / dit qu'il guérirait / avec la boue de ses yeux / tristes / les lépreux de leur lèpre / si un amour tonique / lui déliait les bras" (1958, p.11) Apparently Tchicaya alludes to a disturbing process by which Africans {assumed to have darker skin pigment} during or after a period of colonisation by 'the white man', may mentally adopt the pejorative views of many whites towards everything 'black', and yearn to imitate 'white' ways as better, newer, more desirable, while despising their own 'black' heritage, or being persuaded that there is no such thing.

--- Magel points out how Tchicaya picks up *en passant* a reference to Jesus curing a blind man by applying his own spittle; and that such glancing allusions to Christian accounts of the life of Jesus, and of Roman Catholic ritual in the Mass, continue through the verses, with some curious displacements. Tchicaya obliquely recounts the anguish he feels in himself, a man who had swallowed a false, white-man's account of christianity and the cultural blankness of Africa. {'blank' as absence, nullness, rather than 'blanc' as whiteness}. He extends this to 'mother Africa' liberating herself from being hag-ridden by a weight of myths and delusions: "par une nuit d'équinoxe / retrouvant désolée / trois siècles de sa vie / sur le champ de son corps / en jachère où grouillait / une herbe galopante / chevauchée par des djinns /..." Magel also importantly suggests that Tchicaya U Tam'si went beyond a simplistic rejection, as made by some 'Negritude' campaign writers, and avoids a naive romantic / escapist position. Tchicaya moved beyond merely detesting the 'white man' whose bread he consumed so long at Paris, and whose language he employed with such *éclat*. He came to see that he (and Africa) would not be free until both black and white could live together in Africa in harmony and mutual respect. (cf. WHYTE 1998, below, where a different kind of 'imbecile' engaged in the imaginative 'construction' of just such a harmonious 'city of the future' in eastern Uganda).

[It may correctly be noted that there are various different ways of interpreting Tchicaya's wildly shifting metaphors; yet the broad thrust as described above will likely play a fair

part - and indeed something similar has been described in the aftermath of British dominion in South Asia, where the departing 'white sahibs' were often replaced by 'brown sahibs' who appeared more arrogantly 'British' than many British officials had ever been. In his article, Magel makes no mention of Tchicaya's club foot, or the mockery he endured during his childhood and youth (see U TAM'SI, below). Nor does he allude to the situation found by the teenage Tchicaya when he first visited France in 1945, and spent several years in school at Orleans and Paris. The lad must have witnessed some of the shambles following the 1939-1945 war, a country bitterly divided against itself and heavily trampled by other supposedly 'christian' nations'.]

MAHANIAH, Kimpianga Mahatah (1977) La psychothérapie dans le système médical traditionnel et le prophétisme chez les Kongo du Zaïre. *Psychopathologie Africaine* 13 (2) 149-195.

Detailed report, based on doctoral studies in African history (at Temple University, Philadelphia, Pennsylvania). The author investigated traditional religious and medico-magical healing practices of the Kongo people of Lower Zaïre, against the background of colonial and missionary interventions and indigenous millennial movements, tracing the development of "des conceptions et des pratiques religieuses médico-psychothérapeutiques très complexes et sophistiquées."

MAHANIAH, K. (1980) Le munkukusa comme structure de guérison chez les Kongo. *Psychopathologie Africaine* 16 (1) 39-68.

MAHANIAH, K. (1982) *La maladie et la guérison en milieu Kongo, essai sur Kimfumi, Kinganga, Kingunza et Kitobe*. Kinshasa: EDICVA. 211 pp.

EL-MAHI, Tigani (1960) Religion and Social Conformity. Paper for the Mental Health Group Meeting, Alexandria, UAR, EM/MH. Go./110, November 15. [WHO Eastern Mediterranean Region]

[annotation based on remarks by John Racy] The distinguished Sudanese psychiatrist and WHO regional advisor, Dr El-Mahi, wrote many papers (often in Arabic, see RACY, 1970, pp. 133-138) illustrative of the inner life, personal relations and mental stresses of people in the North African and Middle Eastern countries. He was not afraid to make observations about the practice of Islam and its teachings in the rapidly changing region. In this paper, El-Mahi shows social aspects of Islam evolving to meet changed situations. [In another paper, El-Mahi, making a point about addiction, personality and perception, used an old tale that also applies well to some aspects of religious belief: An alcoholic, an opium eater and a hashish user reached Isfahan one evening to find the gate already closed. The alcoholic proposed that they batter the gate down, and so gain admittance. The opium eater thought it better to sleep where they were until morning, when the gate would be opened. The hashish user suggested that they should all enter through the key hole.]

MAINA, Andrew W. (2015) CBR Guidelines. A bridge to inclusive South Sudan society in Mundri community. At: <http://afri-can.org/THURSDAY%20SEM%20PRESENTATION.Beyene.pdf>

Well-designed power-point style presentation of 10 years' work by Sudan Evangelical Mission, responding to severe poverty and suffering among adults and children in South Sudan. Core programs concern HIV/AIDS; Adult literacy integrated with peace building; and persons with disability capacity building.

MAJOU, H. (2005) Histoire de la psychiatrie tunisienne de 1881 à 1956. Thèse de doctorat en médecine. Faculté de Médecine de Tunis.  
[cited in MEJDA et al, below.]

MAKANG MA MBOG, Mathias (1969) Essai de compréhension de la dynamique des psychothérapies africaines traditionnelles. *Revue Psychopathologie africaine* 5 (3: 303-354. [Not seen.] The following quotation from Makang Ma Mbog appears in KERHARO (above, pp. 380-381) concerned with indigenous psychotherapy. "Makang Ma Mbog, dans une analyse poussée de la psychothérapie camerounaise, la considère comme une 'tranche de vie sociale où s'opère une rééquilibration des relations interpersonnelles entre quatre groupes d'êtres: le malade et sa famille, le guérisseur et ses aides, les esprits ancestraux, l'assemblée thérapeutique.'"

MAKANJUOLA, A. Bamiso (1997) *Prospects and problems of traditional mental health practice in Ilorin Emirate Council area*. Dissertation for Fellowship of West African Postgraduate Medical College.  
[see next]

MAKANJUOLA, A.B. (2003-2004) Witchcraft and psychiatry in Nigeria today. *Psychopathologie africaine* 32 (2) 189-200.  
[Found full text open online, Oct. 2016.]

Dr Makanjuola thinks that belief in witchcraft developed during the 'early stages' of humankind's existence, and may have helped in coping with the fears and imponderables of the pre-scientific life, giving a kind of explanation which might serve to soothe the stress, though it could also act to prevent people from more careful observation and development of more productive ways of doing things. He displays some irritation with the discovery that not only are such 'traditional' beliefs strongly promoted in mass media of Nigeria, but he seems to detect an upswing in the number of doctors trained in modern biomedical medicine who nevertheless take part in {what he sees as} counter-productive actions, such as praying with patients (either by way of 'humouring' the patient, or because the doctor actually has some of those outdated beliefs in God, spirits, devils, and what-not!) "Such religious beliefs", writes Makanjuola, "must not be allowed to interfere with medical practice and ethics. The anecdotal cases cited above show how religious beliefs, if not properly handled, can obscure one's clinical judgement and actions." He enquires whether the patient's relatives, seeing a doctor praying, might not "erroneously interpret the resident doctor's prayer as an indication that patient's case could not be helped medically and should therefore be committed to God" ... with the result that they remove the patient and seek "a traditional or religious healer's home with its attendants {sic} problems (Makanjuola 1997) or take patient home to await death."

--- [It is interesting that Dr Makanjuola continues to assert this position with full vigour,

apparently unaware that social studies now suggest that belief in 'God' and 'spirituality', however vague and ticklish, has made something of a come-back in 'Western countries' during the later 20th century among people with a university education, including some in the more scientific spheres (as may be ascertained from the indexes of the peer reviewed journal *Zygon*). In aid of balance, it is good that *Psychopathologie africaine* would publish Makanjuola's views, even though in the earlier decades of the journal there was a strong emphasis on 'taking seriously' the traditional practices, and accepting that the traditional healer often had the ability (and could devote the time) to bring about a desirable 'healing of relationships' which was not in the power of the hospital-based psychiatrist, while the latter should persist with well-tested biomedical approaches that were beyond the former.]

MAKATI-NDALA, Lorraine Tebogo (1998) *Report: Disability and Human Rights Workshop, Gabarone, Botswana, 21-25 July 1998*. Bulawayo: SAFOD. 47 pp.

Includes material on Angola, Botswana, Malawi, Mozambique, Namibia, Zambia, Zimbabwe, etc.

MAKHULU, Lydia Phindile (1978) *The Traditional Healer*. Kwalusemi, Swaziland: University of Botswana and Swaziland. 86 pp.

[From GRAY's bibliography]

MALTA Protestant College, Committee (1854) *Journal of a Deputation sent to the East by the Committee of the Malta Protestant College in 1849*. J. Nisbet & Co.

Part I, pp. 62-63, on El-Azhar, Cairo, notes that, "There are about three hundred [blind] in one of the colleges founded by pious Moslems for the instruction of the blind, whose numbers are considerably greater in Egypt and generally throughout the East, than in Europe, in consequence of the great prevalence of ophthalmia, and other diseases of the eyes. (Footnote: Several gentlemen who have visited the East have been strongly impressed with the importance of measures being taken to introduce into those countries the methods of teaching the blind to read by the use of embossed letters. [Probably the Lucas method; or perhaps Moon]. It is proposed to print in this way portions of the Psalms and Proverbs, and some elementary school-books, on grammar, geography, &c., translated into Arabic, for the use of the native schools;")

MALTI-DOUGLAS, Fedwa (1988) *Blindness and Autobiography. Al-Ayyam of Taha Husayn*. Princeton University Press. xi + 202 pp.

In a critical examination of Taha Husayn's autobiography, Malti-Douglas reviews various aspects of blindness in the current and historical Arab world. Husayn's education initially aimed toward the traditional blind male skills of memorising the Qur'an and teaching it with an orthodox approach and exegesis. He studied further at Al-Azhar, where there had long been a school for blind students of Islam, then moved to the new, modernising University of Cairo where he wrote his thesis on the blind poet and freethinker Abu 'l-'Ala al-Ma'arri. Advanced studies and travel in Europe brought further challenges and secularisation of Husayn's thoughts. His first book was controversial, using source criticism on pre-Islamic poetry and seeming to suggest a possibly heretical view of the Qur'an. In

this, and at other points in his life, Husayn may have been influenced by his literary predecessor al-Ma`arri.

MALTI-DOUGLAS, F. (1989) *Mentalités and marginality: blindness and Mamluk Civilisation*. In: C.E. Bosworth; C. Issawi; R. Savory & A.L. Udovitch (eds) *The Islamic World from Classical to Modern Times. Essays in honour of Bernard Lewis*, 211-237. Princeton NJ: Darwin Press.

With some discussion of historiographical approaches, Malti-Douglas attempts "the identification of the principal roles of blindness and the blind in Mamluk mentalities", based on as-Safadi's biographical dictionary of some 310 distinguished blind Arabs. The identified roles are compared favourably with some of the roles of blind people in modern 'western' countries. [The Mamluks ruled Egypt independently from 1250 to ca. 1517, and continued under the Ottomans until 1811.]

MANDELA, Nelson R. (1994) *Long Walk to Freedom. The autobiography of Nelson Mandela*. London: Little, Brown. ix + 630 pp. + 24 plates

Nelson Mandela spent much of his life under a series of **legal disabilities**, having severely restricted rights as compared with white or Asian fellow-South Africans. He was born in a small Xhosa village in Umtata, Transkei in July 1918, and underwent the traditional ritual circumcision in 1934, aged 16 (pp. 24-27). The chief who addressed the lads after the ritual told them that although they were now counted as men, in reality they were slaves in their own country (28). Years later, defending himself in court in 1962, Mandela would describe "The structure and organisation of early African societies" in which the land "belonged to the whole tribe and there was no individual ownership whatsoever. There were no classes, no rich or poor and no exploitation of man by man. All men were free and equal and this was the foundation of government. ... The council was so completely democratic that all members of the tribe could participate in its deliberations. Chief and subject, warrior and medicine man, all took part and endeavoured to influence its decisions. It was so weighty and influential a body that no step of any importance could ever be taken by the tribe without reference to it. //

--- There was much in such a society that was primitive and insecure and it certainly could never measure up to the demands of the present epoch. But in such a society are contained the seeds of revolutionary democracy in which none will be held in slavery or servitude, and in which poverty, want and insecurity shall be no more. This is the history which, even today, inspires me and my colleagues in our political struggle." (316-317)

--- As to his relations with his oppressors and tormentors, Mandela had a recurrent experience of discovering, unexpectedly, that even the most brutal had within him a human heart. One example was Colonel Piet Badenhorst, with whom Mandela battled, negotiated, and eventually caused to be transferred. "'*Jou ma se moer*' was his favourite expression" - a very ugly thing to say in Afrikaans (445). Badenhorst "had perhaps been the most callous and barbaric commanding officer we had had on Robben Island. But that day in the office, he had revealed that there was another side to his nature, a side that had been obscured but that still existed. It was a useful reminder that all men, even the most cold-blooded, have a core of decency, and that if their hearts are touched, they are capable of changing. Ultimately, Badenhorst was not evil; his inhumanity had been foisted upon him by an

inhuman system. He behaved like a brute because he was rewarded for brutish behaviour." (448)

--- In the prevailing discourse of his book, it might appear that Nelson Mandela was well informed about the basic tenets and stories of Christianity, while adhering to a somewhat agnostic or humanist-socialist orientation, in practice, toward the imponderable questions of life and its meaning(s). He does make some ironic comments about religion, which is not surprising, since "the Afrikaner takes his religion seriously" (437), his jailers were at least nominally 'Dutch Reformed Church' Christians (156) and the inventors of *apartheid* managed for years to justify their political doctrine with highly selective references to Jewish and Christian scriptures. Mandela records an occasion when "a prisoner named Hennie Ferris, who was an eloquent speaker, volunteered to lead a prayer ... and, at one point, asked the congregation to close its eyes and pray." Everyone, including the preacher, complied. One of Mandela's henchmen, Eddie Daniels, tiptoed out, opened the preacher's briefcase, and "removed the *Sunday Times* of that day" (439), as newspapers were highly treasured in the closed world of Robben Island!\* Yet Mandela is quite clear that he 'signed up' for Christianity as a boy (12-13). A conservative Methodism, "seasoned with a bit of African animism" was deeply ingrained within him (18-19, 36-37, 438). He was happy to declare his beliefs to American journalists who considered him a communist and terrorist, and therefore could not be a Christian. "I told them that I was a Christian and had always been a Christian. Even Christ, I said, when he was left with no alternative, used force to expel the moneylenders from the temple. He was not a man of violence, but had no choice but to use force against evil." (508-509) [The incident is omitted from the Index.] Mandela's adult interest in religion was more than superficial. He was aware of strong arguments against religious faith, as well as the fallibility of particular doctrines of different churches. He preferred ministers who were a bit unorthodox. One such was Reverend André Scheffer, who "took a scientific approach to religion. I found this very appealing. Many people use science to debunk religion, but he enlisted science to bolster his beliefs. I recall one sermon in which he talked about the Three Wise Men from the East who followed a star until it led them to Bethlehem." Scheffer then cited evidence from astronomers, suggesting that a comet had appeared at that time -- it was "not just a superstition or a myth". (439)

--- \*[cf. the description by CAMUS, above, of his deaf uncle's comic portrayal of the priest, conducting Mass, surreptitiously taking a swig of the wine while the congregation's eyes were cast penitentially downward.]

--- At the close of the book, Mandela states why he never lost hope, through the long years of imprisonment and struggle. "I always knew that deep down in every human heart, there was mercy and generosity. No one is born hating another person because of the colour of his skin, or his background, or his religion. People must learn to hate, and if they can learn to hate, they can be taught to love, for love comes more naturally to the human heart than its opposite. Even in the grimmest times in prison, when my comrades and I were pushed to our limits, I would see a glimmer of humanity in one of the guards, perhaps just for a second, but it was enough to reassure me and keep me going. Man's goodness is a flame that can be hidden but never extinguished." (615)# [Cf UNDERWOOD, appendix 1, below]

--- #[Mandela's report of his experience, and his formulation of a belief in the underlying goodness of the human heart, is magnificent, given the circumstances in which it was

formulated. It is a belief that has been long debated and denied by many Christian theologians since the early centuries of the Church. The Calvinist Reformed tradition emphasizes the utter sinfulness of all human hearts since the first act of rebellion, portrayed mythologically as 'Adam and Eve' in the Garden of Eden, choosing to do what God had forbidden. Humankind-as-a-whole thereby rendered itself incapable of goodness; and so was utterly dependent on the grace of God to move some hearts in response to the spirit of God, and to leave other hearts unmoved and predestined to damnation. At the other end of the spectrum, adopted by the Lutheran tradition and now commonplace in the liberal Protestant wing of the Church, the spirit of God blows across all human hearts, regardless of creeds, labels and doctrinal formulations, and will ultimately triumph over all evil. (From the reported sayings of Jesus, some support may be 'read back' for either extreme of this spectrum, and all intermediate positions.)

MANDELA, N. (2010 / 2011) *Conversations with Myself*. London: MacMillan. xxi + 454 pp. + illustrations

As indicated in "A Long Walk" (item above), there has been some debate about Mandela's beliefs, and whether the healing of divisions and of hatred in the human heart could be effected by building an African socialist/materialist state, or would need the help of some exterior, transcendental force. Obviously, during his time in jail, when abbreviated scraps of letters were smuggled out by various means, they bore no remarks such as "Praise God, and complain to the Jail Governor!", which could only have gritted the teeth of some atheist comrades. Before imprisonment, and then after he was released and had some liberty of speech, Mandela is nowhere recorded exclaiming "Hallelujah, brothers, we'll collect the bombs and blast some more cinema-goers!" Yet records, correspondence, interviews and essays in this book do give further indication of his beliefs -- especially to readers who avoid the trap of doing a quick Index check and thinking they need not read any further. --- In the Index, under "Mandela, Personal characteristics, religious beliefs, 12, 53, 64, 66, 81-82, 234, 235-36" and "Political views, church, 12, 13, 64, 236", there are indeed some useful comments (see also 'compassion', 'forgiveness', 'moral integrity', etc). Being South Africa, the debate is on belief or disbelief in Christian doctrine or practice, with practically no mention of other great religious traditions. It occurred to Mandela that "all the progress my people had made - the schools that I attended, the teachers who taught me, the clerks and interpreters in government offices, the agricultural demonstrators and policemen -- were all the products of missionary schools." (12) Talking with Ahmed Kathrada, 'Kathy' quoted from a draft of "A Long Walk", about "some pangs at abandoning his Christian beliefs which had fortified his childhood", like Peter denying Christ. (Mandela replied "it's absolutely untrue. I never abandoned my Christian beliefs.") (53) With Richard Stengel, a reference to Christ using violence, driving out the moneychangers (81-82). A letter to Winnie, from jail: "At Fort Hare I even became a Sunday School teacher. Even here I attend all church services and have enjoyed some of the sermons ... I have my own beliefs as to the existence or non-existence of a Supreme Being and it is possible that one could easily explain why mankind has from time immemorial believed in the existence of a god. ... it's far better, darling, to keep religious beliefs to yourself. You may unconsciously offend a lot of people by trying to sell them ideas they regard as unscientific and pure fiction." (235)



--- No index entry appears for Handel's *Messiah*, with which Mandela was apparently familiar. (191) The bare index entry "Langenhoven CJ 223-27" gives no indication that Mandela enjoys this author's books (in Afrikaans) which also provide a long and moving description of the trial of Jesus before the Roman governor Pilate (223-227). The entry "Molete, Zachariah, 37" gives no clue that "A chap called Zachariah Molete ... was chief steward of the Wesleyan Church and he looked after me, because I was struggling, made sure I got some groceries", as well as warning Mandela about a gang working in the vicinity. "Wesleyan Church" appears nowhere in the Index. "Methodist Church" appears twice (11, 255), the first being a photo of his church card, 1930; the second having no reference whatever on that page or adjacent pages. An index entry for "Heyns, Johan, 352-53" gives no hint that, after some failed attempts to get politicians' help to set up a meeting with the notorious Eugene Terre'Blanche, "I then approached the progressive Afrikaner theologian [footnote: of the Dutch Reformed Church], Professor Johan Heyns, to bring together the general, Hartzenberg, Terre'Blanche and myself." [Yes, the Dutch Reformed Church had some "progressive Afrikaner theologians" in the late 1980s. No, Terre'Blanche refused to meet "a communist" such as Mandela!] There are many further instances of the Mandela *leitmotif*, noticing the underlying goodness of people (262-263), for example, the senior magistrate whose decision was adverse, but Mandela assured his daughter that he was not a cruel man (189); prison warders who remained thoughtful and polite (214-215; 253); the example of Chief Albert Luthuli, who "believed in non-violence as a Christian and as a principle" (52-53); the parable of the sun and the wind (237-238). If Mandela sometimes followed the image of a "gentle Jesus, meek and mild", he could also follow the Jesus who is recorded as denouncing a ruler's folly or evil action. "Communities large and small, who had occupied areas from time immemorial, where their ancestors and beloved ones were buried, were mercilessly uprooted and thrown into the open veld, [left] to fend for themselves. And this was done by a white community led by an educated but infamous clergy[man] and his successors who used their skills and religion to commit various atrocities against the black community which God forbade. Yet they hypocritically claimed that their evil schemes were inspired by God." (395) An isolated incident of Mandela helping a blind person nearly got him lynched, for this was an active and attractive blind white friend, a woman whose husband had asked Mandela to fetch her from her office in the car. "... she put her hand here, on the arm. And then I went out with her. The whites nearly killed me. ...to see a black man holding a white lady like that." (50)

--- Amidst the 1100+ pages of these two lengthy works by Nelson Mandela, amounting to maybe 400,000 words, the word 'Ubuntu' is not indexed, and is hard to find. Did he avoid using it, because it might have 'communitarian' (read 'Communist') undertones which could annoy some colleagues and some of his adversaries? Or was the word (or the proverb often used to explain it), simply not a part of his everyday discourse during the first 50 or 60 years of his life? If, as seems likely, *ubuntu* was a fundamental assumption and principle, was it, like the Christian beliefs, something that Mandela preferred to act upon, rather than wave in the air? [See GADE (below, App. 5) who made some studies of the uses of 'ubuntu' before and after the 1950s.]

MANNICHE, Lise (1978) Symbolic blindness. *Chronique d'Égypte* 53 (105) 13-21.

MANNICHE, L. (1991) *Music and Musicians in Ancient Egypt*. London: British Museum Press. 142 pp.

Detailed and informative work in popularising style, on a growing field of knowledge. Refers to blind musicians and some wearing a blindfold, pp. 89-90, 94-95; chapter on "The blind harpist and his songs, 97-107. Music was often performed in religious ritual. Some performers undoubtedly were physically blind, others were so represented in situations where they performed in the presence of deities, who were not to be gazed at by humans.

MANSFELD, Arfred (1912) Das Lepraheim in Ossidinge, Kamerun. *Koloniale Rundschau* 12: 733-738. [In German]

MANSOUR, Mary (2007) Man with the golden voice. Golden jubilee memorial of Mikhail al-Batanouni (1873-1957). At: <http://www.coptsunited.com>

Born in 1873 at Batanoun, Mikhail lost his sight when five years old. He attended the local school, then the Coptic patriarchal college, learning Coptic, memorising psalms and showing early musical talents. In 1891 he had a post as a cantor, and was soon teaching music. At the Zaitoun blind school he taught Coptic and Arabic languages. [In the 1920s, when Ragheb Mofteh needed a skilled cantor from whose performance Newlandsmith would write down in musical notation the traditional Coptic hymns, Muallim Mikhail Al-Batanouni was chosen.] Collaboration with Ragheb Mofteh continued until Mikhail's death in 1957, and his musical skills and teaching abilities were widely appreciated. Arguably, this blind man's skills and beliefs brought a kind of religious healing to thousands of other people. [see also: RAGHEB, below]

MARFO, Kofi (2015) "The courage to admit to the limits of our knowledge". A conversation with Kofi Marfo. *Early Childhood Matters* No. 124, (June 2015), 91-93. Bernard van Leer Foundation.

[After many years' experience of research, publication and teaching in West Africa and in North America, with a strong, practical interest in disability and developmental delay, Dr Marfo is Founding Director of the Institute for Human Development (IHD) at the Aga Khan University (South Central Asia, East Africa, and UK), with the IHD having a physical base in Nairobi, Kenya. Here he makes perceptive remarks about the kind of research that is realistic and needful in the economically weaker countries.] "My concept of research is a basic one -- research is problem solving, and problems are context-bound, in the sense that circumstances dictate what is perceived as a problem. [*..sometimes it is..*] problematic to take knowledge and practices created in one setting - which are often in response to the circumstances and resources of that setting - and apply them with minimal adaptation in another context with potentially different understandings, needs or resources. ... we know much less about the eco-cultural conditions and dynamics of early human development in the Majority World. Indeed, with much of the foundational developmental research in the Euro-American context grounded in the socio-cultural norms of dominant classes, it is fair to question the applicability of that research to other sub-populations even within that geographic context. It is a stretch therefore to expect the body of knowledge emerging from that research to be inherently applicable in other eco-cultural contexts globally."

-- [*Should we reinvent the wheel for Africa?*] "It is neither a call to reinvent the wheel nor a

charge to wait till we have the 'right' kinds of evidence or programme models to guide necessary inventions. It is simply a call for the courage to admit to the limits of our knowledge and to interrogate our conceptions of the essential goodness of practices emanating from our own backgrounds and experiences." ... "Decades past the official end to the era of colonisation, schooling in the African context continues to be overtly preoccupied with abstract, didactic learning and the ostensible preparation of children for future possibilities in worlds away from home, while neglecting to build qualities and competencies that position children to do well and contribute to communal quality of life in the local context." ... "In addition to wanting to see our children become cognitively astute, linguistically proficient, and academically competent in such areas as reading, mathematics and science, we should also want to see them become passionate, caring, sensitive humans who are aware of the significance of the 'social good' and realise their own role in the enactment of that good." [*phrases have been italicised by compiler*]

MARGETTS, Edward L. (1967) Trepanation of the skull by medicine-men of primitive cultures, with particular reference to present-day Native East African practice. In: D. Brothwell & A. Sandison (eds) *Diseases in Antiquity. A survey of the diseases, injuries and surgery of early populations*, 673-701. Springfield, Ill.: Thomas.

Most of this article is devoted to a description of trepanation in Africa (pp. 678-691), both from archaeological remains (including some from the Canary Islands) and from East Africa in the 20th century, with some startling photographs of the outcomes. The motives for trepanation seemed to vary, e.g. between relief of a headache after a blow, and letting out an evil spirit. (692-693). [see also COXON, above]

MAROC. Royaume du Maroc: Secrétariat d'État chargé de la Famille, de l'Enfance et des Personnes Handicapées, avec le soutien de l'Union européenne (2004) *Enquête nationale sur le handicap 2004*. [Published by author.]

MAROC. Royaume du Maroc: Ministère du Développement Social de la Famille et de la Solidarité. Stratégie: *Personnes en situation de handicap*. [Published by author.] [Found open online in 2010]

MARRATO, Josefa G. (1992) Condições de enquadramento familiar da criança deficiente mental. Dissertação, Instituto Superior Pedagógico, Faculdade de Ciências Pedagógicas, Maputo. [In Portuguese]

MARKKU, Sassi (1997) Special Teacher Diploma Course for the Teachers of the Deaf in Ethiopia and Eritrea. In: H. Kokkala (ed) *Providing Special Education For Those Who Need It In Developing Countries*. Helsinki: Ministry for Foreign Affairs.

The difference that can be made, in professional training, when disabled or deaf people are given a 'voice of their own' is well described from Eritrea. Sassi Markku tells how the deaf community at Keren, Eritrea, helped some trainee teachers: "Because all the trainees were hearing people, it was difficult for them to imagine what the world is like for the deaf. Hence, it was very beneficial that they had a chance to have discussions with deaf people and ask them questions: the trainees learned a lot of new ideas and saw how the things are

from the point of view of the deaf, when the deaf directly told them about their culture, their lives, experiences, aspirations, and needs." (p. 143)

MARTENS, F. (1999) "Le part de Dieu". *Le psychoanalyse en regard des thérapeutiques traditionnelles. Coq Heron*, no. 156, pp. 65-71. [An article of the same title and presumably similar material appears in the conference proceedings, pp. 161-174, listed above under GUEYE. Parts of that version may be viewed online via Google. ]

MARTIN, Louis (1990) Réadaptation communautaire et participation diverse: familiale, sociale, communautaire, chrétienne, ONG, Etat. In: *ACHAC. Actes de la 8<sup>ème</sup> Assemblée générale*, 40-43.

MATHIANG, Margaret M. (2004) Post war strategies for enabling the effective participation of war-disabled person[s] in the development of Southern Sudan. Presented at Disability Studies Conference, Lancaster, July 2004.

MATSEBULA, Joy Sebenzile P. (2011) Persons with disability in South Africa. In: S. Kabue, E. Mombo, J. Galgalo & C.B. Peter (eds) (2011) *Disability, Society, and Theology: Voices from Africa*, 403-426. Limuru, Kenya: Zapf Chancery.

"In this Chapter, I approach the subject of PWDs in South Africa using my life journey as a point of reference. I have done so because my life experience covers all aspects of disability I consider important. Having lived for 50 years as an African black woman with disability, I find it pleasurable to engage with a seminal topic that has evaded even the church for many years." [Sebenzile worked for a number of years in a senior position in government, representing issues of disability in the Office of the {then} Deputy President Thabo Mbeki. She outlines some of the laws and human rights provisions made by the government, and efforts to put them into practice at grass roots.]

## **Authors MAYER ... PAHOR**

MAYER, E. Etongué (2007) *Étude sur les droits des personnes handicapées au Cameroun*. L'Union Africaine des Aveugles (UAFA) et l'Association Nationale des Aveugles du Cameroun (ANAC). 159 pp. [Found at FIRAH site, above]

[Abstract] "Les données de cette étude proviennent des expériences des personnes handicapées. Le travail de terrain a porté sur des entretiens avec des personnes handicapées qui ont eu lieu dans leur milieu de vie habituel. A ce titre, cent (100) entretiens ont été conduit dans trois (3) sites, et 96 ont été exploités pour les analyses. Sur la base des éléments d'analyse suivants, les données de cette étude ont été analysées. Il s'agit de: barrières expérimentées, abus et violence, attitudes discriminatoires, accessibilité limitée, expériences de vie positives, accès aux principes des droits humains, respect de la différence, réponses aux abus et à la discrimination et causes systémiques de la discrimination. [Recommendations are made, to improve the situation.]

MAYNERI, Andrea Ceriana (2009-2010) Soigner, guérir, convertir. Les étudiants en médecine de Bangui (République centrafricaine) et leur rapport à la médecine

traditionnelle; une analyse du discours. *Psychopathologie africaine* xxxv (3) 277-308.  
[Central African Republic]

MAY-TEERINK, T. (1999) A survey of rehabilitative services and people coping with physical disabilities in Uganda, East Africa. *International J. Rehabilitation Research* 22: 311-316.

An interview survey was conducted with 49 people, mainly adult, with impaired mobility in urban areas of Uganda. Information was gathered on their personal situation and activity levels, mobility and personal perceptions of attitudes towards them. The majority had moderate to severe disabilities, mostly originating in polio. Women had less access to assistance than men. Twice as many considered that they were seen in a positive light, as compared with those reporting negative views.

MBEWE, Mackenzie S. & Serpell, Robert (1981) *Silent Citizens. Success stories of Deaf Zambians*. (Lusaka, Lutheran Press).

This pamphlet, produced for the International Year of Disabled Persons in Zambia, has a few paragraphs of introduction, then photographs and stories of seven deaf Zambians who lost their hearing in childhood or youth, and who were making a success of their lives. At the time, Roger Shacinungo was a property valuation clerk in the Prime Minister's office; Frank Mulundu was a carpenter in the Public Works department; Dorothy Chipembwe was practising her skills as a typist; Patrick Nduluma was extending his small farm; Mubita Mukenani Batuke had a clerical job in the Ministry of Education; Blackson Mwale was working as a buyer in a Lusaka delicatessen; and Mackenzie Mbeve was teaching history and geography to deaf secondary school children, using SL and English, as well as campaigning for the welfare of deaf people.

MBITI, John (1973) African traditional medicine and its relevance for Christian work. In: von Otto Waack et al (eds) *So sende ich euch*, 310-316. Stuttgart: Evangelische Missionsverlag.

McGLASHAN, N.D. & MULENGA, James (1964) A note on traditional attitudes towards blindness in Chief Mununga's area, Kawambwa. *Northern Rhodesia J.* 5 (6) 583-587. Beliefs and attitudes were collected by interview, with efforts "to obtain the views current forty of so years ago" before the impact of European notions. Notes are recorded on causation, traditional treatments, family care and the social position of the blind child or adult.

McPHERSON, B. & Swart, S.M. (1997) Childhood hearing loss in sub-Saharan Africa: a review and recommendations. *International J. Pediatric Otorhinolaryngology* 40 (1) 1-18. Extensive review of published studies on epidemiology and aetiology of childhood hearing loss in anglophone sub-Saharan Africa between 1971 and 1996, with recommendations for prevention and further research. From several countries evidence is outlined of significant levels of hearing loss among children at school, and their consequent learning difficulties.

An understanding of local beliefs is noted as being important for community participation in prevention programs. (88 references)

MEDI, Elena (1993) Proposta de Curso de Capacitação para organizadores provinciais de programas de Atendimento Baseado na Comunidade (ABC). Maputo, Secretariat of State for Social Action (SEAS). [In Portuguese]

MEEUWS, Brother Hortensius (1989) *The Development of Education for the Deaf in Malawi*. Montford Press.

Malawi's first formal services for deaf children began in 1968 with a small class at Montfort Teacher Training College taught by a Dutch speech therapist and audiologist, and an African teacher newly returned from a specialist course in Manchester.

MEJDA, Cheour; Feten, Ellouse; Anis, Zouari; Afef, Louati; & Hedi, Aboub (2007) Histoire de la stigmatisation des malades mentaux en Tunisie. *L'Information psychiatrique* 83 (8) 689-694. [Full text found open online. Includes abstracts in French, English, Spanish.]

The article commences with the work of "Sleim Ammar, premier psychiatre tunisien et historien", citing six of Ammar's historical studies published between 1955 and 1998; and 20 further references including six doctoral theses (among which, Gomma 1905; Bouquet 1909; Vadon 1935; MAJOUJ 2005). Taking the long view, "En Tunisie le sort des malades a suivi l'histoire, le développement et le déclin des civilisations. Les malades mentaux ont ainsi été tantôt protégés, intégrés dans la communauté, voir élevés au rang de saints, tantôt exclus et enfermés. A toutes les discriminations dont ils ont fait l'objet se sont même ajoutées les ségrégations raciales." The heights of civilisation were reached from the 9th century onward under Arab Islamic influence, when humane and holistic practices in the treatment of people with mental illnesses made much progress, building on the heritage from Galen, Dioscurides and Hippocrates. Various writings with a base in Islamic revered text are described. As the Arab influence began its slow decline, psychiatric treatment also reverted: "Les principes religieux et les préceptes coraniques sont déformés sous l'influence du maraboutisme. Le fait psychiatrique est reconquis par le surnaturel, l'irrationnel et les superstitions..." Popular notions attributing madness to the action of jinns opened the door once again to traditional practices including pilgrimage to saints' shrines, sacrifices, the use of talismans, and cathartic dancing. The 'mad' person might also be treated as holy, and capable of mystical insight.

--- [Curiously, the 'fall of the Islamic empire' is placed in the 11th century in the three-language Abstracts, whereas in the main text it is clearly placed "à partir du XVe siècle" ! Either century saw major set-backs and changes of political power in North Africa; but the 'high' Islamic influence probably continued across centuries, slowly declining into popular superstition, in Tunisia.] In later centuries severely overcrowded 'hospitals' came up, caring for a range of ailments and impairments, with some 'mad'. Finally, when the French colonialists arrived, more formal 'modern psychiatry' was undertaken - but for Europeans only, and with some psychiatric directors having extreme views and strong racial and political prejudices.

MEINARDUS, Otto F.A. (1999) *Two Thousand Years of Coptic Christianity*. Cairo: American University of Cairo Press.

The continuation is noted, from antiquity to the present, of a healing ministry within the Coptic Church, wherein people with various physical and mental impairments are healed by the prayers and actions of holy persons; or by their faith in the efficacy of the saint's relics to evoke the power of God; or via some other theological construction (pp. 97-110). One example of a healing shrine is titled "The Lourdes in the Desert: Saint Menas" (pp. 151-54), situated about 50 miles southwest of Alexandria. (See also GODRON, above).

MENARD, G; Dorol, J., & Maillet, J.M. (1994) [Vascular wound by traditional therapeutic burn in Republic of Djibouti.] *Médecine et Armées* 22 (2/3) 111.

MÉNARD, René (1954) Une étape de l'art musical égyptien: la musique copte. Recherches actuelles. *Revue de musicologie* 36: 21-38.

On pp. 35-36, Ménard noted the procedure called "Centonisation", in which a piece of revered text is to be sung to a specified musical formula, adapted as required, by the blind Coptic cantor. "C'est ainsi, également, que l'on observe souvent le fait d'un chantre aveugle écoutant, incise par incise, un texte qui lui est lu, et le répétant aussitôt, mais cette fois 'habillé' d'une mélodie qui n'est, en somme, que l'application de telle ou telle formule mélodique utilisable pour bien des circonstances."

MENSAH-DAPAA, W.S. (1979) Observations on traditional healing methods in Ghana. In: Z.A. Ademuwagun; J.A.A. Ayoade; I.E. Harrison & D.M. Warren (eds) *African Therapeutic Systems*, 110-113. Waltham, Mass.: Crossroads. Reprinted from *Ghana J. Science* (1961) (1/2) 11-16.

"Advocating a thorough understanding of indigenous Akan healing system as a necessary initial step towards medical science and indigenous healing methods developing hand in hand in Ghana, the author describes the Akan healing system in terms of procedures observed at Nana Akonnedi's Shrine at Larteh, Ghana." Mensah-Dapaa seems to have pursued a conventional career in 'modern science', as a teacher, headmaster, university lecturer in parasitology, and researcher. However, in the late 1950s, while researching schistosomiasis in Ghana, he writes "I was unexpectedly brought face to face with a phenomenon which shook the foundations of all I had been brought up with. For the first time in my life I realised what a perfect stranger I had been all the time in my own Africa." Apparently Mensah-Dapaa made some studies of witchcraft, juju and spiritual healing, with results sufficient to shake his faith in modern science (or perhaps his belief that modern science could 'explain' all real experience?) He reached a different understanding by getting acquainted with the healing activities at Nana Akonnedi's Shrine in December 1959, and then becoming more involved in the work of the Chief Priestess there, Nana Okomfohene Oparebea, who is believed to 'channel', or act as the transfiguration of, Nana Akonnedi (who is now living in the "Spiritual World"), or some other 'spirits' involved in healing. These activities are described in detail, with case histories. There is both a male and a female section at Nana Akonnedi's House at Larte, but healing was confined to the female section, the material means being mainly herbs, roots and tree barks, usually preceded by "spiritual or ceremonial cleansing". Payment was two bottles of Schnapps (a

European alcoholic beverage), and a specified amount of money. The author concludes by hoping that medical science and traditional healing should cease to be rivals, and learn to work together to find the best results for all kinds of illness.

--- [Whatever the modern reader may make of Mr Mensah-Dapaa's surprising discoveries, the article is interesting for its meticulous account of women's part as priestesses, healers, and as patients in need of healing in Ghana of that time.]

MÉRAB, Dr. Étienne (1912) *Médecins et médecine en Ethiopie; généralités - pathologie médicale, pathologie chirurgicale et accouchements medicis étrangers en Éthiopie*. Paris: Vigot frères. iv + 218 pp {open full text at Gallica.}

[In this book, and a subsequent autobiographical work in several volumes, 1921--, the author's first name is given as Étienne, by scholarly sources such as the Bodleian catalogue; and he is "Mérab, E. Dr." in Gallica. For the same young doctor, physician to Menelik II, a popular website states the name as "Paul Merab (real name Petre Merabishvili...", and Paul Merab is also given by R. Pankhurst, a medical historian. It is not clear where 'Paul' derives from. Dr Mérab might have adopted the name Étienne when enlisting with the French army during 1914-1918.]

-- Dr Mérab worked for some years in Ethiopia as physician to Menelik II, and gave considerable detail of diseases and public health problems. Notes appear on moxa and cauterisation of wounds, with even a hunchback getting the heat treatment (pp. 19-21); congenital deformities such as club foot (rare) but many other anomalies of foot and hand, hare lip (frequent), a few hunchbacks, one case of spina bifida (52-53); leprosy (130-132). Mérab noted that local medical practitioners were perfectly familiar with lathyrism, and ascribed the "paraplégie spasmodique" to various kinds of pea called goia, which he identified as "Lathyrus-Cicer sativus ou gesses" (p. 139). He saw a few cases of epilepsy, but little mental illness; however, people supposedly oppressed or possessed by evil spirits were frequent (143-145). While generally not very complimentary about indigenous medicine, Mérab thought well of the reductions of fracture by local bonesetters. Goitre was frequent in the mountainous areas. A description appears of infibulation and excision practised on women (186-189), as well as male circumcision and castration. [See notes below, in Appendix 3]

MERWE, Willem J. van der [1953] *The Day Star Arises in Mashonaland*. Lovedale Press. xiii + 63 pp.

pp. 29-36 describe education for blind and deaf children at Chibi Mission and Morgenster (Day Star) Mission, Southern Rhodesia (now Zimbabwe).

METZGER, Tatjana (2013) Cerebral palsy and a South African university: a life between smiles, tears and dilemmas of faith. In: J. Claassens; L. Swartz & L. Hansen (eds) (2013) *Searching For Dignity. Conversations on human dignity, theology and disability*, pp. 157-160. SUN MeDIA Stellenbosch.

After mainstream schooling in Namibia and South Africa, much of it at boarding school far from family, the author was confident she could manage her cerebral palsy independently, and undertake an Education degree at Stellenbosch. She corresponded in advance and made clear what adaptations she would need, which were not very great. Yet on arrival,



nothing was ready except a very full and energy-draining timetable designed for fit, active young people, and a further exhausting series of access obstacles and official unawareness. "I struggled with inaccessible faculties and lecture halls. I was overwhelmed by the vastness of campus and its human traffic jams ... what I needed most was more time in my day - time to eat, sleep and relax." With the Student Counselling service, "it was decided that if I was to keep my sanity, I had to do fewer modules a year." (p. 158) The next hazard was "the course co-ordinator's implicitly stated suggestions to leave the course", and to give up the idea of becoming a teacher. "I was hurt, I was angry, I was sad and then I became very, very calm. I decided to stay. How many people had left before me? And if I was to leave as well, this faculty would never learn ... Somehow I knew that this was about so much more than just me and my little degree. Words of principle like 'right and wrong', 'fairness and discrimination', rang hard in my ears."

--- Looking back from five years later, Tatjana Metzger could see her own academic success and an increase of disability awareness, though "not to say that I do not head butt with Stellenbosch campus on a daily basis, but campus has shown me its beautiful side as well." (159) One less beautiful side was having hassles with campus evangelists accosting her at lunch and wishing to have Jesus heal her body. From an atheist background, with later exposure to varieties of Christianity, the author was prepared to exercise self-control, decline politely, and get on with her lunch. Now, in the context of a partly theological conference, the author suggests that she lived nearly 26 years with her cerebral palsy, "There is no telling where Tatjana ends and Cerebral Palsy begins ... if you were to heal me, I would no longer know who I am." That condition "has given me direction and a unique perspective and I have employed it as my asset, to do good for others, many, many times. ... On most days I have absolutely no desire to be healed by any higher power, as I feel valuable just the way I am. ... The way I see it, religion has to fully accept me, before I accept religion. Until such time, even though having God in my life would probably be a relief, and an enrichment considering my circumstances, I cannot let Him in." [see NELL, below]

MEZUE, W.C. & EZE, C.B. (1992) Social circumstances affecting the initial management of children with myelomeningocele in Nigeria. *Developmental Medicine & Child Neurology* 34: 338-341.

Concerning issues of survival and appearance, in children with hydrocephalus and spina bifida, Mezue & Eze at Enugu, Nigeria, gave reasons for accommodating parental wishes: "a visible deformity is culturally and religiously unacceptable ... The belief that people may reincarnate with the same abnormality necessitates removal of any abnormal swelling, even when the chance of survival is poor. In this context a well-formed limb that is not functional is not regarded as an abnormality, whereas hydrocephalus is definitely abnormal and the family insists on having it corrected."

MILES, M. (1998) Disability in Civil Society and NGOs; historical responses and current developments in Anglophone Eastern and Southern Africa. In: Farhad Hossain & Susan Myllylä (eds) *NGOs under Challenge. Dynamics and drawbacks in development*, 126-141. Helsinki: Ministry for Foreign Affairs of Finland.

Briefly reviews 'African indigenous practices' in managing disability (128-129), then 'Missions, doctors, census, law (1860s-1950s)'; 'Schools and non-institutional development

(1960s-1990s); 'Disability NGOs from the 1960s onward'; some 'Strengths and Weaknesses' of the region's Disability NGOs; 'Problems with Foreign Aid; and some 'Tools and Trends'.

MILES, M. (1999) Models of rehabilitation and evidence of their effectiveness: production and movements of disability knowledge, skill and design within the cultures and concepts of Southern Africa. In: H. Cornielje; J. Jelsma & A. Moyo (eds) *Proceedings of the Workshop on Research Informed Rehabilitation Planning in Southern Africa, Harare, Zimbabwe, 29 June to 3 July 1998*, pp. 18-32. [Revised, open online: [www.independentliving.org/docs2/milesm200104.html](http://www.independentliving.org/docs2/milesm200104.html) [Article also appears, full text, open online, at ERIC { google: ED421819 }, with appended 932-item bibliography on disability in Southern Africa]

This keynote address outlines various models of service provision and issues concerning evidence for their effectiveness, including family self-help, traditional healers and ordinary teachers, modern centres, and activities titled as Community Based Rehabilitation. The models emphasise that disabled individuals' and families' local knowledge should be aggregated and developed into accredited public knowledge to make national policies more relevant to everyday life. It advocates that the cultural and conceptual bases of professional training, originating in Europe, be assimilated selectively into African local cultures and concepts rooted in regional experiences and disability histories. The documented worldwide 'casual integration' of disabled children in ordinary schools has been ignored in policy formulation, which suggests that research evidence does not necessarily affect national policy if it contradicts popular beliefs. An appeal is made for 'culturally African' contributions to research.

MILES, M. (2004) Locating deaf people, gesture and sign in African histories, 1450s-1950s. *Disability & Society* 19 (5) 531-545. See: much extended open online version (2005), covering a longer period: "Deaf People Living and Communicating in African Histories, 960s - 1960s." <https://www.independentliving.org/docs7/miles2005a.html>

Glimpses of the lives and communication of deaf and hearing impaired people, in a millennium of African documentation. Textual evidence of 100 named historical deaf adults and children, of hundreds more in groups, and of gestural communication and formal Sign Language, appears from 42 African nations, sourced in travellers' accounts, legal and genealogical records, government reports, institutional and missionary archives, academic theses, linguistic studies, folklore, ethnography, novels, religious narrative, mime and dance. The data may assist in construction of valued identities and evidence-based cultural histories. Uses and interpretations remain for deaf people and researchers to discuss and choose according to their own varied interests and objectives. {177 references}

MILES, M. (2006a) Children with Spina Bifida and Hydrocephalus in Africa: can medical, family and community resources improve the life chances? [www.independentliving.org/docs7/miles200609.html](http://www.independentliving.org/docs7/miles200609.html)

Provides some current and historical background of traditional, medical, family and social care for children with severe disabilities in various parts of Africa, then discusses family care and community-based rehabilitation (CBR) for children with hydrocephalus and or

spina bifida in East African countries, with some excerpts from field visits, and 73 references. [This open online Africa-wide article contains some material first published in: M. Miles (2002) Children with hydrocephalus and spina bifida in East Africa. *Disability & Society* 17: 643-658, but the title and contents of the online paper are different from those in the earlier publication.]

MILES, M. (2006b) Disability & Deafness in North East Africa: Egypt, Sudan, Djibouti, Ethiopia, Eritrea, Somalia. Introduction and bibliography, mainly non-medical, with historical material and some annotation. at:

<http://cirrie.buffalo.edu/bibliography/neafrica/index.html>

Lightly annotated bibliography of about 500 items from this predominantly Islamic region of Africa.

MILES, Susie (1996) Engaging with the disability rights movement: the experience of community-based rehabilitation in southern Africa. *Disability & Society* 11: 501-517. (Including Zimbabwe, Mozambique)

MILES, S. & Medi, Elena (1994) Disabled children in post-war Mozambique: developing community based support. *Disasters. J. Disaster Studies and Management* 18 (3) 284-291.

MILES, S., Wapling, L. & Beart, J. (2011) Including deaf children in primary schools in Bushenyi, Uganda: a community-based initiative. *Third World Quarterly* 32 (8) 1515-1525.

MILINGO, Archbishop [see TER HAAR, 1992, below]

MINA, Fayez Mourad (1983) [*Arabic*]: Birnamij i'dad mu'allimi al'atfal al'mu'awwaquin fi misr. [Teacher training programme for teachers of children with disabilities in Egypt.] In: *Majmu'at buhuth wa magalat fil tarbiya*. Cairo: Dar al-thaqafa lil tiba'a wal nashr.

MINDE, M. (1975) History of Mental Health Services in South Africa. Part IX. The protection and care of the feeble-minded. *South African Medical J.* 49: 1716-1720.

Minde dates the first mention, in formal literature, of 'mental deficiency' in South Africa to the period 1803-1806 when Henry LICHTENSTEIN (see above) visited the Cape and there met the widow Liewenberg, "having three daughters, idiots." He notes the start in June 1913 of a Society at Cape Town dedicated to the care, protection and training of feeble-minded persons, and the subsequent passing of Act No.38 in 1916 providing "for certification, care and supervision of mental defectives and mentally disordered", promoted by Dr J.T. Dunston. Intelligence testing was in vogue from the 1920s, with surveys conducted by Doctors M.L. Fick, C.L. Leipoldt, J.M. Moll, K. Gillis, L. van Schalkwyk, and others. The paper ends with publication in 1967 of the Report of the Committee of Inquiry into the Care of Mentally Deficient Persons, chaired by Dr A.J. van Wyk, with the assistance of Dr C.H. de C. Murray of the Education Department.

MJI, Gubela (2001) The impact of physical movement disability amongst adult homeless people living in a specific shelter in Cape Town. Unpublished Masters thesis, University of Cape Town.

MJI, G. (2006) Disability and homelessness: a personal journey from the margins to the centre and back. In: b. watermeyer; l. swartz; t. lorenzo; m. schneider & m. priestley (eds) *disability and social change. a south african agenda ...*\* pp. 350-360. Cape Town: HSRC {Human Sciences Research Council} Press.

--- \* [The editors chose, or were constrained, or exercised their right, for their names and book title to be shown in lower case on the front cover and title page (but not within the main text of the book). A possible reason might be that the 'real' title is given in tactile bumps on the front and back cover, probably using the braille system. Or it might be a gesture toward 'diversity' (p. 6) When this work appears elsewhere in this bibliography, I have added some capitals - it's confusing enough trying to work in six or more languages and orthographic conventions, without gratuitous complication. However, the contents of the lengthy book (xii + 417 pp) are serious and mostly interesting.]

Gubela Mji, physical therapist and senior lecturer [now professor] in rehabilitation at Stellenbosch University, reflects on her journey, starting from a rural village where disabled children were "called *umntwana karulumente*, a child that belongs to the government, because it was seen as the government's responsibility to care for disabled children." (p. 350) Trained as a professional with a 'detached, clinical' view of pathology and treatment, Mji was enlisted by students to help them study disability in homeless people. She discovered intimate links between disability, homelessness, and the intense stigma under which such people might rapidly fall, being considered "dirty, dumb, wanting in skills, drugged, irresponsible and prone to violence", as well as being (in Cape Town) "associated with stolen supermarket trolleys that are overloaded with mouldy possessions." (352) Living for a week in a homeless people's 'shelter' in December 2000, Mji listened to their stories and found her own ideas and disposition changing, to the point where she was shocked by the shelter manager's indifference, an attitude apparently shared by management of other shelters whom Mji subsequently interviewed (356-357). Under the pressures of the big city, the humane duties of families and communities were at risk of extinction. People who had once earned their own living, but became disabled, lost their job, lost their accommodation, lost their self-respect, became doubly or triply marginalised, perceived as an ugly nuisance and problem to society and government. Their sole comfort might be the 'fellowship of the oppressed', and for some, "the spiritual resources of religion" (355).

MJI, G.; Gcaza, Siphokazi; Swartz, Leslie; MacLachlan, M. & Hutton, Barbara (2011) An African way of networking around disability. *Disability & Society* 26 (3) 365-368.

[From Abstract] The authors "report on the successes and challenges of AfriNEAD (the African Network on Evidence to Action on Disability), a recently formed network that brings together researchers, activists and other role-players in attempting to develop and support disability-related research in Africa. We introduce the concept of *ubuntu* (humanness) as an organizing principle to guide respectful engagement amongst people with widely differing skills and experiences with the overall project of collaborating in research and development to make a positive difference to disabled people's lives."

MKHAYMIR, S. (1949) *Arabic*: [Among the blind and the sighted.] *Egyptian J. Psychology* 4 (3) 443-.

Reflections from an educated man who lost his sight when 21 years old. The problems of adjusting to his new situation were greatly exacerbated by typical responses of sighted people towards 'the blind'.

MOCKE, Herbert A. (1971) *Die geskiedenis van die onderwys vir Bantoedowes in Suid-Afrika*. (The history of education for deaf Blacks in South Africa). Unpublished D.Phil. thesis, University of Pretoria. [In Afrikaans]

MOÇAMBIQUE, República de (2015) *Relatório Anual da DPS, Componente lepra, Nampula, 2014*. 12 pp. [In Portuguese]

[Found open online at AIFO site, [english.aifo.it/proj/reports/](http://english.aifo.it/proj/reports/) {etc}, archives of reports on leprosy work and other conditions, in Portuguese, English or French.]

MOERSCH, Emma (1984) Psychiatrie in Africa zwischen Tradition und Moderne. *Psyche: Zeitschrift für Psychoanalyse und ihre Anwendungen* 38 (8) 673-695. [In German]  
[from WESTLEY, see below.]

MOGENSEN, Hanne O. (2002) The resilience of *juok*: confronting suffering in Eastern Uganda. *Africa* 72 (3) 420-436.

The study is based on anthropological fieldwork among the Jop'Adhola in eastern Uganda in 1995-1996 and subsequent visits. While 'modern' biomedicine, and Christian churches of various kinds, flourished in the area, and "pharmaceuticals are found in every house and sold in every market", *Juok* "is also part of everyday life: of conversations about sickness, of concern about obstacles encountered, and of ritual practices carried out to alleviate suffering." (421) The word *Juok* (or *Jok*) had an interesting career signifying some kind of spirit, god, devil, power (423-424). It could also be applied to an abnormal birth, or "to other abnormalities like having one ear, no nose, a very big head or only one thumb, or of 'people who do funny things, like someone who laughs instead of crying when you beat him'." It could also be applied to exceptional skill or success. Efforts to fit *juok* into a well-structured system of meaning may be a mistake: Ugandan Africans don't use it like that. At a small feast attended by Mogensen, a plate of food was put out for the *juogi*. "Will they eat it?", she asked Mama Oloka. "Of course they will". To check "whether Mama Oloka was making fun of me", Mogensen separately asked Mama Ruti the same question. "No, they won't. They are like the air, not really here, they don't eat food. It's just that this is the way we found what we should do, so we do it, but it's the rats who eat the food." [Yet that was not the end of the incident...]

MOHAMED, A. AG; Soumaoro, S.; Timbo, S.K.; & Konipo-Togola (1996) Surdit  de l'enfant en Afrique noire: cas de l' cole des jeunes sourds de Bamako (Mali). *M decine d'Afrique Noire* 43 (11) 570-573.

MOHAMED, Haidar Abu Ahmed (1985) Leprosy -- the Moslem attitude. *Leprosy Review* 56: 17-21.

MOKHOB0, K.P. (1971) Medical history taking among the Bantu tribes of South Africa. *South African Medical J.* 45: 111-114.

Written by a physician at Mbabane Government Hospital, Swaziland, the article suggests that "It is essential to adapt medical history-taking to Bantu culture." Much time and effort will be saved and "both practitioner and patient will derive satisfaction out of such a scheme. A medical vocabulary does exist for the indigenous peoples", and doctors practising among the Bantu should learn their culture and language. "For a large number of diseases and symptoms which lack tribal equivalents, a brief but clear-cut description will be necessary. The specific tribal terminology offers the advantages of understanding, simplicity and facility of quick communication." (p. 114) [cf CONCO, above]

MONGU, L. (1991) La traitement physiotherapique du Zoma. *Homme comme toi* 4/1991: 2-5.

MOOKETSI, Gift (2016) Witchcraft is a huge pothole for us. In: Undine Rauter, with Huib Cornielje, Niala Maharaj & Marije Cornielje. *Reakgona. We Make It! We Are Able! We Manage! Working with severely disabled children. Lessons and history of the Parent Guidance Centres, South Africa*, p. 119. Alphen aan den Rijn, Netherlands: Enablement Publishers. [info@enablement.nl](mailto:info@enablement.nl)

Gift Mooketsi is presumably the sportsman riding a locally-adapted wheelchair in a small photo at the centre of page 110 (see also pp. 40-41. Mooketsi is introduced also on p.19, as having congenital paraplegia, and becoming a nationally recognised athlete, long known to the authors of this book based in rural South Africa).\* As a man shown simultaneously bouncing basket balls on each side of his chair, one may understand that Mooketsi has a good sense of balance. He notes and rebuts the traditional attribution of witchcraft as a reason for his disability. "Many of us have to undergo cultural, even spiritual rituals, from cleansing to exorcism to 'free' us from alleged evil spirits or to 'heal' us. But we are not demon-possessed or sick. Yes, it's true that we are often more vulnerable to illness, but that has nothing to do with witchcraft. It has to do with the body and the general conditions of living, especially in rural areas where health care might not be easily accessible. We cannot be fixed." Mooketsi further speaks of the pain inflicted by people who "claim their prayers can make a paraplegic stand up", and who then 'blame the victim' for lack of faith when the miracle fails to appear. "I believe that we people with disability are also created in the image of God ... The image of God is beautiful and has many different faces. People with disability are one of those beautiful faces."

--- Yet Mooketsi cautions against using disability and the 'witchcraft' theory as an excuse for idleness, or as a screen for hiding unwise behaviour such as drug or alcohol abuse, which may be the root cause of a family's problems. He recommends offering realistic goals to people with severe impairments - not hoping to leap from their chair, 'cured' in a flash, but finding in each person some talent or strong point, and building on that. "Developing this strong area and receiving guidance, where needed, will bring surprising results and teach everybody important skills in life." [Testimony of the main author, Undine Rauter, was that Gift Mooketsi was talented and inspirational in doing what he recommended: "ready to share, having a soul that can be touched, and feelings of compassion reaching out for the soul of his fellow", p. 125.]

--- \*{Mooketsi's personal journey appeared at greater length in an earlier compilation: H. Cornielje & Evert Veldman (2011) *The Dream of Inclusion for All. Powerful CBR training materials*, 101-105. Alphen: Enablement; which tells that apart from his physical impairment, Mooketsi battled with severe dyslexia, which held him back from climbing the education ladder. In that book his story was told 'on his behalf'. In this new book he gets to 'speak for himself'.}

MOON, William (1877) *Light for the Blind*. London: Longmans.

In pp. 58-64 are letters from Rev. C. Colden Hoffman, on work with blind and other disabled people in Liberia, 1863-1865. Hoffman had visited Brighton, where he acquired some of Moon's books in embossed type for blind readers. Hofmann gave details of some blind or nearly blind Africans with whom he planned to use the reading material; and also mentioned some other disabled Liberians whom he was working with. [See FOX, above, on Hoffman, also BRITTAN.]

MORGAN, Ruth (editor / compiler) (2008) *"Deaf Me Normal" Deaf South Africans tell their life stories*. Pretoria: University of South Africa Press. xv + 277 pp, with illustrations. This is a useful compilation, which can reasonably claim to be a 'first' published book of its kind in South Africa. {It is not entirely clear how far it is a first for Africa as a whole, or 'Southern Africa' -- there have been deaf Africans who spoke and wrote about their lives and battles; there have been some thoughtful descriptions of deaf African individuals, from hearing people since the 19th century, often involved with their education (see e.g. AXELROD; F. BLAXALL; CAMUS; MBEWE+; MILES 2004/2005; OTENG). Yet the effort to make this collection more realistic and honest, by a team largely composed of Deaf interviewers and processors (pp. xi-xiv), and to work in South African Sign Language to obtain the stories of Adeline; Amelia; Amos; Elsabe; Esther; James; John; Marie; Nadine; Najhiba; Nomfundo; Norman; Petrus; Riaz; Rose; Rosina; Simon; Thobile; William, 'as told by themselves' (pp. 14-167), is well designed and constructed. It is admitted that the sample is not fully representative: "the project team selected a range of the most engaging and interesting narratives from the strongest SASL narrators" (p. 4); and it was further selected to give exposure to youth, middle aged and elderly, to people who had attended schools in different parts of the country (Western Cape, Free State, North West, Gauteng), and different skin pigments {black, white, coloured}. Also to Deaf people of "different sexual orientations (straight and gay)" (see further, under MORGAN in Appendix 3). [There is much in the narratives that comes through as 'black or white', i.e. thoughts that pick between polar opposites, admitting none of the shades of grey that most adults probably have in mind, while perhaps lacking capacity to articulate them satisfactorily. This gives a somewhat childish sound to some of the narratives, though the Deaf people concerned may be adults with much experience, who have made an independent life for themselves.]

--- [It is not easy to give a fair impression of the range of this book. To make it comprehensible to the 95% of literate Africans who know nothing about the d/Deaf world, some of the classic 'battles' are outlined, such as 'Sign versus Oral' methods of education, and hinting at the divisions between Deaf (born deaf to deaf parents who use SL, so that it becomes the deaf infant's first language); people born deaf to hearing parents and treated with neglect or punishment while trying to communicate at home and at school; people

born deaf to hearing parents but having deaf siblings with whom they sign; people losing their hearing in childhood (after gaining some spoken language) or early adulthood, and battling along various educational routes; people who are hard of hearing, and may (or may not) learn to use amplifying devices, at whatever age; and numerous other sub-groups. The 'cochlear implant', usually unmentionable in campaigning Deaf literature, gets in briefly on pp. 184-185, as an example of medical misinformation {!} Some of the various 'agendas' may be stretched a little too far, but that's pretty normal. The variety and kick of most of the narratives make up for some flaws.]

MOZAMBIQUE, Ministry of Health, {prepared by Cliff, J.; Martelli, A.; Molin, A. & Rosling, H.} (1984) Mantakassa: an epidemic of spastic paraparesis associated with chronic cyanide intoxication in a cassava staple area of Mozambique. 1. Epidemiology and clinical and laboratory findings in patients. *Bulletin of the World Health Organization* 62 (3) 464-477. This report appears on the surface to be largely of a biomedical nature; yet it has surprising features. The puzzling outbreak of paralysing disease was reported from a remote health centre in the far north-east of Mozambique, during conditions of extreme drought, among a predominantly Muslim community. "The investigation was hampered by the remoteness of the area, lack of transport and other resources, and the need to give priority to relief operations." Nevertheless it was "helped by the active collaboration of the political and administrative authorities, local community leaders, and the population." Early on, the local people suspected that the bitter variety of cassava had been consumed without necessary precautions, and this was probably correct. "Because there were few health centres in the affected area, mobile brigades of paramedical workers were formed to search actively for cases", reinforced by health workers from elsewhere in Nampula Province. "The brigade members were mostly sanitary agents or nurses, and they travelled by motorcycle or on foot. They covered a wide area, and went well beyond the limits of the area where cases were detected", in close collaboration with community leaders. History-taking was difficult due to lapse of time, and the need to translate local languages to Portuguese. Accurate descriptions of symptoms were hard to achieve. Nevertheless, health centres were "provided with rehabilitative facilities, so that patients at these centres received a diet rich in protein and energy, as well as vitamin supplements, a course of hydroxycobalamin injections and physiotherapy". Blood samples were taken, some being analysed in-country, while others were sent to Scotland, Sweden, and Geneva. More than 1000 cases displayed spastic paraparesis, the onset was acute, and women of childbearing age and children were mostly affected.

--- [There had been no previous report of such an outbreak in Mozambique, and the investigators were fighting a plague of unknown dimensions, in remote countryside, at a time of national shortage and distress. It would have been easy enough to withdraw resources, and just wait in central offices to see if reports would diminish over time, and the local disaster could be shrugged off and hushed up. The people lamed by the disease would have been cared for in their villages, or would have died unknown and uncounted. Apparently the health brigade members on the ground thought otherwise, and the investigators got resources allocated, and the theory of Primary Health Care was put into practice with positive effect. {Cf ongoing study and management of paralysis in remote



areas of Mozambique, by Nicala D.A. & Nsele, L., 2017, Mapping of Konzo and rehabilitation needs in Zambezia Province, Mozambique, *CCDN News* 30: 6-7.}]

MOZAMBIQUE. Ministerio da Educaçao (1990) The training of teachers for psychological rehabilitation of children affected by war: the Mozambique example. Maputo: Ministry of Education & UNICEF.

MOZAMBIQUE. Ministerio da Coordenaçao da Acaçao Social (1995) Relatório da Avaliação de Médio Prazo do Programa de ABC. [Atendimento Baseado na Comunidade]. Maputo.

MPOE, Johannah K. & Swartz, Leslie (2015) 'A thing full of stories': traditional healers' explanations of epilepsy and perspectives on collaboration with biomedical health care in Cape Town. *Transcultural Psychiatry* {Feb. 2015}  
[From Abstract only] Fifteen Xhosa-speaking traditional healers were interviewed in Cape Town, six individually and nine by focus group. They had some experience of caring for patients with epilepsy, but had had no formal training on this condition. They considered that modern biomedical treatment could be effective in treating the visible symptoms of epileptic seizure, but was ineffective in addressing the origins of the condition, which might be supernatural, e.g. amafufunyana (evil spirits). There was a case for collaborative efforts between traditional and bio-medical practitioners.

MPOFU, Elias (2003) Enhancing social acceptance of early adolescents with physical disabilities: effects of role salience, peer interaction, and academic support interventions. *International J. Disability, Development and Education* 50 (4) 435-454.

The article discusses aspects of the social marginalisation and liminality in Zimbabwean adolescent students with disabilities. It describes part of the author's doctoral studies of ways of enhancing the status and acceptance of such children by three sorts of intervention: assigning visible classroom or school roles such as prefect or book monitor; encouraging peer interaction; and giving academic support. The study exercises were designed with entire classroom participation by 8,342 young people, to avoid unbalancing or stigmatising effects. The effects of intervention were monitored during six months, with differentiation of self-perceived and other-perceived social acceptance gains, and comparison with a non-intervention control group. The peer interaction interventions were significantly the most effective in changing peer perceptions. Further factors are presented with detailed statistical analysis.

MPOFU, E. (2006) [Editorial.] Majority world health care traditions intersect indigenous and complementary and alternative medicine. *International J. Disability, Development and Education* 53 (4) 375-379.

Guest editing this special issue on "Indigenous and Complementary and Alternative Healing Practices", the highly experienced Dr Mpofu notes that such healing traditions, "historically and also contemporarily, are the first recourse for treatment and well-being for the majority of the world's population". Yet studies are still needed "that describe the qualities of indigenous healing that make them effective, as well as to document the evidence for their effectiveness." He also remarks that when patients or consumers simultaneously use

both modern and traditional services, they may experience "significant stress from negotiating these sometimes contradictory health care systems. Someone with an infectious disease may be advised by a traditional healer "against taking prescribed medicine known to be effective against that pathogen"; ['known' by statistically credible published controlled trials]. "Another scenario is a patient with a mild adjustment disorder who is prescribed highly toxic anti-psychotic medicine by a psychiatrist where, alternatively, social milieu intervention in the indigenous tradition would be effective and have no side effects." (Attempts at resolving such tensions are described in other articles in the special issue, e.g. MZIMKULU+, see below).

Ma MPOLO, {Jean} Masamba (1981) Kindoki as diagnosis and therapy. *Social Science & Medicine* Part B, 15 (3) 405-413.

[from Abstract] "Kindoki (Kongo 'bewitchment') has often been analyzed as a social phenomenon which provides an outlet for repressed hostility, frustration and anxiety; as an indicator of tense social relationships, as accusations are directed toward outside agents of the relationship; as a medium through which episodes dramatize or reinforce social norms. ... Does kindoki reflect the individual's unconscious means of personality integration? When it is used in describing an existential condition, clinical data suggests that the individual is moving from dependency to self-affirmation and self-integration. I propose the following hypotheses which guide my therapeutic work with the bewitched. Beliefs in kindoki are a representation of unconscious strivings toward ego integrity. Use of kindoki symbolism expresses engagement in the process of individuation, of identity formation, and a means of affirmation in the context of social thought and social relationships. An individual's identity is located in the ego yet also in communal culture; kindoki symbolism established the separate identity of the two - social and individual - identities. It enables the individual to say 'no' to the group which is the dominant part of his personality structure. In the kindoki experience, the individual uses the 'group ego' against which to externalize his feelings and impulses so as to promote personal growth. Kindoki symbolism provides the context in which the individual discovers and actualizes himself. ..."

MRAWA, M. (2001) Lawrence Frank Mrawa, a Tanzanian boy with spina bifida and hydrocephalus. Personal experience. Paper read at the 13th International Conference of the International Federation for Spina Bifida & Hydrocephalus, Dar-es-Salaam, 28 & 29 September, 2001.

Lawrence Frank Mrawa presented his experiences of growing up with hydrocephalus, at the Dar es Salaam conference.

MSHANA, G.; Dotchin, C.L. & Walker, R.W. (2011) "We call it the shaking illness": perceptions and experiences of Parkinson's disease in rural northern Tanzania. *BMC Public Health* 11 (nr. 219). 8 pp.

Notes the disabling effects of Parkinson's disease, and the absence of modern, formal services in East Africa.

MSHANA, Rogate R. (1992) *Insisting upon People's Knowledge to Resist Developmentalism. Peasant communities as producers of knowledge for social transformation in Tanzania.*

Frankfurt: Verlag für Interkulturelle Kommunikation. xvi + 330 + 36 pp.

Section 6.11.1 (pp. 117-120) of this research thesis, is titled "Infanticide, the role of Midwives and Surgeons". It describes in detail the normal processes of midwifery, and also the destruction of some abnormal neonates by the Pare people in pre-colonial and colonial Tanganyika, based on interviews with older people. The author argues that this made sense in terms of community survival. "The causes of infanticide in the Pare community were grouped at two levels. At first level the abnormal child was regarded as spiritually defective and at the second level the parents were considered to have sinned. The unlucky children (Vigego) were determined by the following observations: 1. If the mother menstruates during pregnancy; 2. If the child is born feet first; 3. Any abnormality in the afterbirth; 4. If the afterbirth falls to the ground; 5. If the child has a sixth finger; 6. In the case of female infants, if the breasts are visible; 7. Twins; 8. Eight month children; 9. If the upper teeth are cut before the lower. This was the most common defect. // The parents would consult a deviner to ascertain if the child is lucky or not..." The following section describes "Medicinal Plants and the Skills of Deviners and Healers" (120-122; and appendix 2, "Plants used in traditional medicine in Pare, 7 pages), which Mshana views favourably, though he realises that "What is not known is the microscopic organisms which cannot be seen by a naked eye. This is an area in which modern science could help the existing local one." (121)

--- [When it comes to 'insisting upon people's knowledge', the present compiler recalls a Nordic advisor getting tired of the pretence that his own countrymen knew best how South Asians should run their countries merely because the Nordics had discovered oil, and were now wealthy. "Sixty years ago, in the rural areas of Norway, if a family had a defective baby they put it out in the forest, and the wolves took it", he said. (That country could now afford to pay for such infants to be cared for. It did not necessarily mean that people's attitudes towards severely disabled children were more positive now than they had been earlier).]

MSHIMIRIMANA, L. (2001) "'Guterekera' une thérapie traditionnelle des troubles de l'enfance au Burundi". In M. GUEYE (ed.) (2001) *Approches interculturelles en santé mentale, l'Afrique, l'Europe, le Québec...* University of Namur Press. (234-237)

Googling the term 'Guterekera' brought up many hits, among which a large part of this article could be viewed online, in the source stated. The author got straight into trouble:

"When in 1993 I consulted a traditional therapist in Burundi, she did not ask who I was, nor what job I did, but to give her the curriculum vitae... of my grandfather! That I could not do; so this fine lady enquired, with some irony, how I hoped to have healthy children if I remained ignorant of all my own ancestors! I was made to realise that I knew more about Freud and Lacan than about my own grandfather." (transl. from French)

--- "GUTEREKERA est précisément un rituel traditionnel burundais de réconciliation avec les ancêtres, qui était prescrit entre autres -- lorsque les troubles d'un enfant étaient imputés à l'irresponsabilité d'un père, accusé d'avoir désobéi aux dernières volontés de son père défunt. Quand il se sentait à l'article de la mort, tout homme transmettait en effet à un de ses fils les symboles de son autorité (la lance, l'arc...) en lui demandant de veiller sur tout sa famille, comme il l'avait lui-même fait de son vivant. Il tenait à préciser que si cela

ne se faisait pas ainsi, ils auraient affaire à son 'esprit'! Les troubles de l'enfance étaient souvent considérés comme des signes de la négligence de cette dernière volonté d'un ancêtre. L'enfant malade était le symptôme de la colère d'un esprit ancestral." (p. 234)

MSISKA, Augustine W.C. (1990) *A Guide to Community Resources/Facilities Available for the Rehabilitation of Disabled Persons in Malawi*. Malawi Council for the Handicapped. 273 pp.

MUGANIWA, Josephine (2016) With Jesus in my boat I can smile at the storm: an analysis of poems and short stories by children living with disabilities. In: J.N. Amanze & S. Kabue (eds) *Disability, Religion and Theology: African Perspectives. J. Disability & Religion* 20 (1-2) 18-28.

Abstract: "People with disabilities quickly notice the discrimination around them, but like everyone else, they need to go on in the business of living. The short stories and poems in the collections *Small Friends and Other Stories and Poems* by King George VI School and Centre for Physically Disabled Children reflect the coping mechanisms the disabled employ and what motivates them. Some of the poems appeal directly to God as acts of faith, while some point to nature. A literary analysis of this collection will be able to speak to reason and faith in the struggle to cope with socioeconomic and environmental challenges." Although some of the children have their story told for them, others are allowed to speak for themselves, such as Michelle Mabaleka quoting her own poetry; Thandazani Khosa, Sakhile Ndlovu, and Gary Vundhla, three more girls giving their observations and experiences at some length; similarly some boys such as Elisha Gumbo, and Vimbai Mucheriwa (gender not shown). [Zimbabwe.]

MUIR, Ernest (1937) Leprosy in the Southern Sudan. *Transactions of the Royal Society for Tropical Medicine & Hygiene* 31 (1) 107-110.

MUIR, E. (1939) Report on leprosy in [Anglo-Egyptian] Sudan. *Leprosy Review* 10 (1) 14-21. Reported visits to Khartoum, Omdurman, and the "Leper Settlement" Li Rangu, and some other work, with suggestions for forward planning.

MUIR, E. (1939) Leprosy in British Somaliland. *Leprosy Review* 10: 89-100.

Description of the Berbera "Leper Camp" in August 1938, with considerable detail and suggestions for improved practice.

MULAUDZI, Fhumulani M., Libster, Martha M., & Phiri, Salaminah (2009) Suggestions for creating a welcoming nursing community: ubuntu, cultural diplomacy, and mentoring. *International J. for Human Caring* 13 (2) 46-52.

[Abstract.] "Although there is historical evidence that nursing has been a profession that nurtures and affirms young nurses, some have observed recently that senior nurses 'eat their young' and that there is a lack of student nurse socialization, creating poor role recognition. Some young nurses are leaving the profession. This paper suggests that senior nurses consider the implementation of the African community-building philosophy of ubuntu to guide their interactions with young nurses. Cultural diplomacy and mentoring are discussed as means of implementing ubuntu philosophy in the creation of a welcoming

nursing community."

--- The first author is a professor of research at the School of Nursing Sciences, Northwest University, Potchefstroom, S.Africa. The conclusion of the article (pp. 51-52) notes that "Nurses are living in a fast-paced changing society that often emphasizes individualism. Independence, rather than caring for others may be rewarded, and competition, rather than community-building, often becomes the sociocultural norm. Ubuntu philosophy stresses the advantages of interdependence and community." The authors look forward to guiding and affirming "young nurses' ideas and innovations and welcoming of their enthusiasm, inquisitiveness, culture, and creativity that is needed for the growth of the profession that they will very soon inherit."

MULITSO, Kamate & Mbukani, Kasongo K. (1981) Aspirations and integration of the disabled in the Kivu, Zaire. *Assignment Children* 53/54: 185-195.

MULLINGS, Leith (1984) *Therapy, Ideology, and Social Change: mental healing in urban Ghana*. Berkeley: University of California. xi + 251 pp. + maps, figures etc.

[Not seen. Appreciatively reviewed by Elizabeth Colson (1985) *American Ethnologist* 12 (4) 817-818, who considers that Mullings based her studies appropriately within a range of earlier work, so she was able to trace interesting changes of view between the 1930s and the 1970s, in the way therapy and healing were perceived, with a rise of individualism, and resort to church communities having a healing ministry, in comparison with earlier emphasis on healing carried out through lineage and town rituals.]

MULOLIWA, Artur M; Tauria, Vitorno; & Nicala, Domingos A. (2017) Continuing rehabilitation needs for konzo patients in Nampula Province, Mozambique. *Cassava Cyanide Diseases & Neurolathyrism Network News* No. 20, June 2017, pp. 5-6. [Found open online.] This brief note describes a survey by a mobile team of physiotherapists, in 2015 and 2016, finding that konzo (cassava cyanide damage, causing lifetime irreversible weakness of lower limbs) was "the overwhelming cause of motor disability (difficulty in walking)" in ten communities in Memba and Liupo Districts, accounting for 196 (87%) of 225 patients. Most of them had suffered in epidemics of the early 1980s, and early 1990s. Most of them lack the disability aids that would facilitate a better life. Ongoing programmes are needed for prevention and rehabilitation of konzo, which continues to be a hazard in isolated and very poor communities. [See MOZAMBIQUE 1984, above]

MUNSAKA, Edson (2012) *Including a disability agenda in development: myth or reality? A case study of Binga district in Zimbabwe*. Doctoral thesis, Durham University, UK. 420 pp. [Open online in university E-theses archive]

Some people with disabilities, whom Edson Munsaka interviewed in his own village in Binga District, Zimbabwe, mostly in local dialects, were able have their views recorded in some detail, while Munsaka fits them into the framework of earlier research. In pp. 235-245, these are shown in original transcription and with English translation. Speaking to a researcher from their own people, such views are quite frank. **FN3** said: "I was born all right, without a disability. I became disabled when I was a young girl and I was in school, doing Grade 3. [p.235] My parents say that there was something, a magical object which

was placed on the door steps of the hut in which I slept. On this particular morning, as I was coming out of the hut for a bath, preparing to go to school with other children I stepped onto the magical object. I fell down and after that I could neither stand up on my own, nor walk. My parents took me to different traditional healers, but to no avail, until they gave up. They also took me to various hospitals for treatment. I was never cured."

**MN8** told that "I grew up well. I worked with the community in various capacities. I was a home-based care giver while I was also the village-head until recently when I became disabled. One morning, I wanted to go into [p.236] the nearby bush to fetch some poles for building a fowl-run. As soon as I stepped out of the hut, I felt as if something had struck me here (pointing on the right side of his back) from somewhere above my head. I turned around and looked, but only to see a wasps' nest... My wife asked, What has happened to you? I replied, Nothing, I'm fine. She then said, You are ill. Your mouth seems to have shifted to the side! I denied. But my wife insisted [p.237] I realised that I couldn't walk unaided. Wife and relatives brought a donkey-cart and took me to the local clinic where I was given pain relief tablets. The nurse said that they could not do anything more. Using the same donkey-cart, I went to a prophet's home in the mountains. I stayed there for three weeks, receiving treatment and being prayed for, day and night." Munsaka: "The descriptions of becoming disabled connect well with the phenomenon and practice of witchcraft."

**MN9** said: [239] "When I was born, I was kept in a hut. This is in accordance with our (Tonga) tradition that a new born baby is kept in isolation with her mother until the umbilical cord falls off. Therefore, I was kept in the hut until the cord fell off. But when this cord fell off, my grandmother who told me all this said that the umbilical cord disappeared. No one knew what happened to it. They consulted traditional healers, but still could not find it. Then my eyes became painful. So, when they finally brought me out of the hut for the first time, I became blind. They tried all possible means to cure me. They (village elders) consulted witch-doctors and took me to different traditional healers for treatment, but still could not restore my sight. ... So when I became blind, the village elders consulted each other on what they should do about me. They agreed that, since I was blind, it was best for me to be thrown into a pond and left to die. However, my mother refused [240] and so she kept me." Munsaka suggests that because "MN9's umbilical cord was not buried according to the family tradition, he was not perceived as being spiritually [241] connected to his ancestors and was effectively viewed as an individual who had been deserted by his ancestral spirits."

**MN3** recounted that "I was not blind when I was born. I looked after goats like any other boy. But later, when I was still a young boy, I contracted measles. After having measles, my parents then consulted a witch-doctor and were told that the mizimu (ancestral spirits) were behind my blindness. However, during the consultation period my vision was temporarily restored, but as soon as they were told that they can't get remedy through a traditional ceremony, I lost my sight for ever." Munsaka comments [242] "It is widely believed in some communities in Zimbabwe that mizimu (ancestral spirits) abandon their responsibility for protecting living family members when angered by disregard of their

social norms. This allows visitation of bad spirits, who cause harm to family members. For instance, shavi (alien spirits) cause illness in a potential host, while ngozi, which closely translates to angry spirits in English, that also cause illness are the most feared in Zimbabwe... And being abandoned by mizimu (ancestral spirits) also makes living family members more vulnerable to witchcraft. The cultural belief in witchcraft as a cause of disability was implied directly or indirectly in the life histories of twelve of the twenty disabled people in this study."

MUNYARADZI, Mawere (2011) Ethical quandaries in spiritual healing and herbal medicine: a critical analysis of the morality of traditional medicine advertising in southern African urban societies. *PanAfrican Medical J.* 10:6 [found online]

MUREBYANGANGO, B. (1985) La réhabilitation des malades mentaux, des handicapés mentaux et des handicapés physiques. *ACHAC. 6<sup>ème</sup> Assemblée.* 4 pp. [see ACHAC above]

MURRAY, Shirley Anne (1998) Time changes everything -- or does it? The grief and frustrations of adventitiously visually impaired adults. Thesis for MA in Psychology, University of South Africa. [Found open online at UNISA repository, uir.unisa.ac.za/ ] "This research focuses on the grief and emotional reactions, especially frustration, of adventitiously visually impaired adults following loss of sight. The traditional grief-following-loss theory with the assumption of a time-limited linear grief process, accompanied by diminishing emotions and culminating with acceptance and adjustment has been challenged. Chronic grief assumes a recurrent and continuous grief process, accompanied by increased emotions associated with continual losses related to a chronic loss, such as visual impairment. ... The answer to the question of whether time changes and heals everything is not necessarily the case." (Excerpts from Abstract). In Appendix A, (p. 195), Murray reproduces her letter to William ROWLAND (see below), stating that "As a totally blind person myself, I am interested to see how adventitiously visually impaired persons experience frustrations, incidental to visual impairment, over time." She asked for Rowland's help in interviewing such people, at Optima College.

MUSHORIWA, T. (2001) A study of attitudes of primary school teachers in Harare towards the inclusion of blind children in regular classes. *British J. Special Education* 28 (3) 142-147. Questionnaire survey was conducted among 400 primary school teachers in Harare, Zimbabwe, with follow-up interviews of 100 teachers, designed to elicit views about the inclusion of blind children in classrooms. Questionnaire responses were anonymous, to encourage frankness. The author notes that inclusion policies have been introduced in several African countries with inadequate study of teacher perceptions, and insufficient attention to the heavy workload, large class sizes and lack of support. Responses from Harare teachers were predominantly unfavourable towards inclusive practices, approached from various angles. While this is not necessarily a reflection on the efficacy of inclusion, the author suggests that policy makers consider more carefully the practitioners' and consumers' views, before putting in place "another disabling structure (inclusive school) for these children."

MUTAMBIRWA, Jane (1984) Shona pathology, religio-medical practices, obstetrics, paediatrics and concepts of growth and development in relation to scientific medicine. Unpublished PhD thesis, University of Zimbabwe.

MUTHUKRISHNA, Nithi (2002) Inclusive education in a rural context in South Africa: emerging policy and practices. *International J. Special Education* 17 (1) 1-10.

MUTHUKRISHNA, N. & Schlüter, Heike (2001) Towards socially just, inclusive school cultures. *International Studies in Educational Administration* 39 (1) 19-32.

MUTWA, Vusamazulu Credo (1964, reprint 1998) *Indaba My Children. African tribal history, legends, customs and religious beliefs*. Originally printed in South Africa by Blue Crane Books. Reprinted Edinburgh: Payback Press. xxi + 696 pp. (Many other reprints exist.) This retelling and discussion of legendary and historical material from the Bantu peoples of Southern Africa aims to educate 'the White man' about the hidden springs of African life, and to correct some misapprehensions. Throughout the legends, some beings with deformities and peculiarities appear. The opening "Sacred Story of the Tree of Life" (pp. 5-41) shows the Great Mother, Goddess of Creation, as both immortal and imperfect, passing on physical imperfections to her creation (p. 8). There follows the birth of the first deformed child, the call to destroy this child, and its mother's flight (23-40). Saved from death, the baby grows up to be a monstrous and destructive tyrant. The concluding postscript is that "The main reason why the Africans used to destroy crippled and otherwise deformed children was to prevent this fabled tyrant from ever being reborn..." (p. 41) [Cf. other cosmological legends, mentioned in ABIMBOLA; BEIER, above; SELIM, below.]

--- Among the subsequent characters is Nonikwe, a blind hunchback child whose gift of clairvoyance saved her from the usual fate of being destroyed (pp. 113-117); the ugly hunchback idiot Zozo, who one day paid some people back for their ill treatment (153-154); the impotent and cruel Vamba, and his one-handed, mute mother Luojoyo, who communicated by signs with her one hand (232-239, 261, 313); the deaf-mute Muwende-Lutanana (414-415, 422) and other people who also used sign language (358-359; 574-576); the beautiful albino queen Muxakaza (262-263, 267, 309-313); the blind 'Lost Immortal' Lumukanda (159, 192, 203, 257-258, 342); the idiot tokoloshes, and their origins (308, 606-607); and many more, e.g. pp. 269, 272, 315, 339.

NOTE: The author Credo Mutwa has been associated in recent years with beliefs about extra-terrestrial 'aliens' and their supposed effects on the world. His views and political position have attracted strong criticisms. However, the retelling of Bantu legends with some disabled characters, as annotated above, belongs to an earlier phase in Mr Mutwa's career.

MUTWA, V.C. (2003) *Zulu Shaman. Dreams, prophesies and mysteries*. Rochester, V.T.: Destiny.

MUUYA, J. (2002) The aims of special education schools and units in Kenya: a survey of headteachers. *European J. Special Needs Education* 17 (3) 229-239.



The study sketches the background of provisions for special educational needs in Kenya, and reports responses received from the head teachers at 30 special units and 20 special schools in two provinces, to a mailed questionnaire enquiring about their educational aims and priorities for their own school or unit. Results are tabulated for all responses, and by groups of schools or units serving children with visual or hearing impairment, or with physical or mental disabilities. The aims of 'personal care', 'making children obedient', 'basic skills', and 'overcoming emotional and behavioural disturbance' were all rated highly. The expressed aims and priorities suggest that educational thinking remains traditional. Kenyan national policy has become more progressive, but these ideas were not yet implemented at the turn of the century.

MWENDWA, Eluid Ngala (1964) *Report on the Care and Rehabilitation of the Disabled in Kenya*. Nairobi: Ministry of Labour and Social Services. [ca. 42 pp.]

This Report was claimed by GEBREKIDAN (see above) to have originated when in January 1964 a group of blind and visually impaired Kenyans (from the KUB - Kenya Union of the Blind) marched to Harambee House, the seat of government at Nairobi, against some efforts by police to prevent or divert them. Three of the demonstrators were eventually admitted, and presented a petition to Ngala Mwendwa, Minister of Labour and Social Services. After seven months, "What came to be known as the Mwendwa Committee Report for the Care and Rehabilitation of the Disabled was released on August 17, 1964, In more than a hundred recommendations spread across twenty-eight pages (plus fourteen pages of appendixes and a bibliography), it provided the guidelines for the government's development of a social and rehabilitation policy for the disabled ... as a whole it was a well-crafted document that sought to mainstream Kenyan disability services in line with contemporary practices. ... many of {the ideas were} refinements of KUB's earlier proposals." (Gebrekidan, pp. 115-116)

MWESHI, M.M. & Mpofo, R. (2001) The perceptions of parents and caregivers on the cause of disabilities in children with cerebral palsy: a qualitative investigation. *South African J. Physiotherapy* 57 (2) 28-31.

Semi-structured interviews, with translators, were used to study the perceptions of a small sample of parents and relatives having children with cerebral palsy in Cape Province townships with African and Coloured populations. A considerable range of beliefs and thoughts about disability aetiology was found among these caregivers, from naturalistic explanations to ideas about supernatural intervention and consequences of wrong actions. The modest level of education among respondents was suggested as a reason for weak understanding of disability causation. More effective communication between professionals and families is recommended.

MZIMKULU, Kanyiswa G. & Simbaya, Leickness C. (2006) Perspectives and practices of Xhosa-speaking African traditional healers when managing psychosis. *International J. Disability, Development and Education* 53 (4) 417-431.

Interviews were designed and conducted, with close attention to transcripts and back translation, with four traditional healers who were all practising *amagqirha* (diviners), and who were "co-treating" some patients who were admitted in a western psychiatric hospital

in Cape Town with a diagnosis of schizophrenia. Such co-treatment was officially not permitted -- but it was well known that it did take place, and the authors wished to gather more accurate evidence of what actually took place, and how the practitioners regarded their activities. An appendix (p. 430) provides a useful glossary of the Xhosa terms *amagqirha*, *amafufunyana*, *amaxhwele*, *abathandazeli*, *Ukuthwasa*, *thwasa*, *xhentsa*, *gabhis*, *gabhis*, *ngentloko*, *gwadisa*, *impundulu*, *uthikoloshe*, *hlamba*, *futhisa*.

N. FRANCISCA (2005) Testimony, presented at the Workshop of the International Federation for Spina Bifida & Hydrocephalus, Nairobi, 27-29 October 2005.

"My names are Francisca N..., aged 28 years and 2nd born [in Kenya] in a family of 8 children, 3 girls and 5 boys. None of the other children are disabled. Am a born again Christian having given my life to Christ as a teenager. As a disabled girl child I was confronted with the most devastating circumstances early in life. More challenging than my physical limitation was the segregation that I experienced as a child. I went to various hospitals seeking help but no one seemed to have vast knowledge about my condition or the help I needed hence I got either the wrong advice or no advice at all. I could not play like other children, and making friends was a problem as no one wanted to associate with me. Feelings of rejection and loneliness made me think of taking away my life. I tried poisoning myself but did not succeed. // [A family member also had plans to kill Francisca, to remove the 'curse on the family'.] I attended school to standard seven and dropped out. [Family unwilling to pay further school fees.] I watched my sisters go to good schools with a lot of love and support from my parents. I was left at home when they and other children went to school and this made me feel left out and neglected. Life revolved around long hospital stay and discharge mostly because the wounds on my feet took long to heal. At one time I was in hospital for 7 months! On discharge there was no one to pick me up. I got help from a Catholic priest who paid my bills and took me home. The wounds problem recurred because no one was concerned and I didn't know how to take care of feet that do not feel. I did not have appropriate shoes.

--- After learning about Kijabe hospital my uncle took me there. That is the place my physical and spiritual healing begun. I met Dr Dick Bransford who understood a lot about spina bifida." [Various medical procedures, and eventual amputation and successful use of artificial limb.] "Above all the medical information I got, I was surrounded by love and compassion. About this time Bethany Crippled Children's Hospital was opened and I was offered a job as a facility technician where I have worked to date, witnessing to children about the love of Jesus Christ and giving support to children with disabilities and their families. ... Mine is a story of hope and healing. I understand why my parents treated me that way: They lacked information. I can confidently say disabled people, their families and the society need correct information about disability. Proper medical care and a chance to excel in all aspects of life are important as well. Above all we need love and understanding."

NAAMI, Augustina (2011) Empowering women with disabilities in Northern Ghana. *Review of Disability Studies* 7 (2) 38-47.

NABUSOKA, Dabie & Ronning, J.A. (1997) Social acceptance of children with intellectual disabilities in an integrated school setting in Zambia: a pilot study. *International J.*

*Disability, Development and Education* 44 (2) 105-115.

A questionnaire survey on attitudes was conducted in local languages among 60 boys and girls in Zambian primary schools, 30 of whom had been in brief daily contact during a six month period with children in a unit designated for children with "educational subnormality". The other 30 children did not have direct contact, but knew of the unit and its purpose. Boys in the direct contact group expressed more positive attitudes than boys in the other group, but no such effects were observed in self-reported attitudes among girls. The authors discuss the many complications of measuring and interpreting results in this field.

NACHTIGAL, Gustav. *Sahara and Sudan*, transl. A.G.B. Fisher & H.J. Fisher (1971-1987). 4 vols. London: Hurst. From German original: *Saharâ und Sûdân, Ergebnisse sechsjähriger Reisen im Afrika*, 2 vols, Berlin, 1879-1881.

During more than five years of travels, 1869-1874, in the Sahara and Sudan (then a much broader region than the present Sudan), Gustav Nachtigal, who had been physician to the Bey of Tunis, made extensive notes on the diseases in various regions (see indexes) and also observed many disabled people, in almost entirely Muslim populations. He noticed some deaf individuals, e.g. at Tejerri (Tajarhi, Southern Libya) there was "Gedde, the burgomaster's deaf and dumb son-in-law, who was perpetually drunk", and from whom he hired a camel (II: 40-41) with some difficulty. At Kuka (west of Lake Chad) he remarked that "Deaf and dumb slave girls" were sold for high prices to serve the wives of businessmen in some Islamic countries, and dwarf slaves were also in demand for Muslim rulers (II: 218).

--- Nachtigal acquired a companion, Abd el-Ati, a wandering scholar and teacher, who was "half blind and hard of hearing", but earned a living: "in Kanem, had taught their children, written talismans and therapeutic texts for them, taken care of the little correspondence which they had, accompanied them to Borku for the date harvest", and would take his wages in dates and a camel or two, returning to Kuka to live frugally on the proceeds until the following spring (II: 344-346). Blind beggars in "unbelievable numbers" sat individually or roamed in groups through Kuka (II: 160). Nachtigal visited a derelict "village of the blind" (Beled el-Amian) (II: 369). At Borku he saw people with "harelip", but no other physical deformity (II: 425). Later, at Bornu in 1872, he learnt that the ruler and dignitaries had given gifts including "ordinary slaves, eunuchs, deaf-mutes and dwarfs" to the emissary of the Ottoman Sultan at Istanbul (IV: 4).

--- Travelling to Darfur (western Sudan) in 1874, he noticed a very poorly dressed Arab, with two slaves, a deaf Dinka and a small girl (IV: 243). In historical notes, Nachtigal referred to an early ruler of the Tunjur people, Ahmed el-Maqr (Ahmed the lame) (IV: 274-275). An appendix by the translators, on Wadai (Ouadai, Chad) and Darfur after Nachtigal's visit, notes the long reign (1874-1898) of Sultan Yusuf. "Yusuf sent eunuchs to Constantinople almost yearly; and once, when the Ottoman Sultan Abd el-Hamid asked him particularly for deaf-mutes, he searched his kingdom and sent all whom he could find." Indexes to each volume indicate further material on diseases with disabling effects, among the various countries and peoples. [See NACHTIGAL on making eunuchs, in Appendix 3, below.]

NACK NGUE, Julie Christine (2007) *Critical Conditions: refiguring bodies of illness and disability in Francophone Africa and Caribbean women's writing*. Dissertation for Doctor of Philosophy in French and Francophone Studies. Proquest, Ann Arbor, MI.  
(see next item)

NACK NGUE, Julie (2012) *Critical Conditions. Illness and disability in Francophone African and Caribbean women's writing*. Lexington Books. 208 pp.  
See, for example, Chapter III, "Disability in Globalized Africa. Grotesque bodies, circulation and haunting in Fama Diagne Sène's *Le chant des ténèbres*, and Ken Bugul's *La folie et la mort*, pp. 153-215, which engages with the work of Senegalese authors, in "a postcolonial context that challenge{s} standard paradigms of women's bodily and psychic health established by Western colonial medicine and racial biology such as those that idealize cure, demand normativity, and assign tragedy to the 'unhealthy'."

NAESS, Inger K. (1982) Norsk inspectør for hele Zambias døveundervisning. Formannen i Zambias døveforbund blir elev på Ål! *Døves Tidsskrift* Nr. 19, (15 September), pp. 4-5. [in Norwegian]  
"Jeg håper at de døve i Norge vil motta Mr. Ndulo med vennlighet og hjelpsomhet når han i høst begynner på Ål folkehøyskole, som gjest i landet vårt, -- skriver Inger K. Naess. Hun er nå på fjerde året inspectør for døveundervisningen i Zambia, og Mr. Ndulo er formann i landets døveforening og arbeider for å bygge opp en sterk døveorganisasjon i sitt hjemland. Han er selv sterkt tunghørt, men har fått god utdanning. Inger K. Naess er audiopedagog fra Bergen. Hun er begeistret for Zambia, som hun beskriver som et vakkert land med høflige, vennlige mennesker, men hvor det fremdeles er mye overtro, også i forbindelse med døvhet." (see NDULO+, below, for partial translation) Miss Naess had been in Zambia since 1979, and appreciated "this beautiful country with polite, friendly people"; yet noted that there was "still a lot of superstition, in connection with deafness".

NAGGINDA, HRH Queen Sylvia (2016) Toolkit for African Philanthropists, Foreword. {adapted and published in:} *Newsletter*, December 2016. (Africa Philanthropy Forum. Found online).

Appeal is made to 'Obunto' in Eastern Africa or 'Ubuntu' in Southern Africa, to encourage wealthy Africans to give wisely. "The Africa 2016 Wealth Report indicates that there are 165,000 high-net-worth individuals living in Africa with combined wealth holdings of US 860 billion dollars and personal fortunes in excess of US 1 million dollars." [While the present Bibliography suggests that much of what needs to be done can and must be done by millions of people living with slender financial means, it may be true that people with much vaster financial means can make a useful contribution; cf. the Parsis in India, Appendix 1, HINNELLS.]

NANIWE, Assumpta (1994) The deaf child in Burundi society. In: C.J. Erting; R.C. Johnson; D.L. Smith & B.D. Snider (eds) *The Deaf Way*, pp. 574-581. Washington DC: Gallaudet University Press.

NATAL Indian Blind Society (1961) *Natal Blind - 25 Years of Service*. Durban. 48 pp. History of activities and people involved in the N.I.B.S., with many photos, compiled under President K.M. Pillay (pp. 1-39), with messages from dignitaries (40-46).

NATVIG, Richard Johan (1998) Arabic writings on Zar. *Sudanic Africa* 9: 163-178. Lists 90 items on Zar in Arabic (transliterated) from 1880 onward, and also 24 items in other languages.

NAUDÉ, H. & Pretorius, E. (2003) Proposing an instructional framework for children with HIV / AIDS. *British J. Special Education* 30 (3) 138-143. [Note: authors' names are shown at the article head as Drienie (H) Naudé and Resia (E) Pretorius. Citing their own work, they use Naudé, H. and Pretorius, E.]

Bridging the gap between medical and educational research, the authors explain a series of intellectual deficits and educational difficulties in schoolchildren attributable to their HIV / AIDS status, and the consequent need for curriculum sensitivity and instructional strategies that will build on these students' cognitive strengths, rather than exposing their weaknesses. While written with particular reference to Southern Africa, the information has international relevance.

NDETI, Kivuto. (1976) The relevance of the Traditional African Doctor in modern medical training and practice. In: F.X. Grollig & H.B. Haley (eds) *Medical Anthropology*, 11-26. The Hague: Mouton.

[Dr. Ndeti was chairman of the Department of Sociology, University of Nairobi, at this time. Much of his chapter can be read online.]

NDLOVU, Hebron L. (2016) African beliefs concerning people with disabilities: implications for theological education. In: J.N. Amanze & S. Kabue (eds) (2016) *Disability, Religion and Theology: African Perspectives. J. Disability & Religion* 20 (1-2) 29-39. [Swaziland]

NDOMBO, Daniel Mpia; Ojo, Sunday & Osunmakinde, Isaac O. (2013 / 2015) The evidence of phonological dyslexia and technological intervention: preliminary study in special schools in South Africa. {Proceedings of} 2013 Pan African International on Information Science, Computing and Telecommunications (PACT). Added to IEEE *Xplore* 5 March 2015 (online).

[Abstract:] "Teaching learners with learning disabilities in general and dyslexia in particular has become a complex task in the education sector across the globe; it is even more complex when the language of education is not the first language spoken at home. Learners with learning disabilities, especially those with dyslexia, are facing greater challenge in reading and writing in schools, because they have acquired insufficient phonological awareness. The aim of this study was to investigate and examine the phonological skills in learners with dyslexia in primary special schools in Tshwane municipality in Gauteng province in South Africa. Our study sample group consisted of 24 learners aged between 10 and 19 years, who most of the time speak their mother tongues,

but use English as the language of education. Different literacy skills assessments in the following phonological awareness components: syllable awareness, onset-rime awareness and phoneme awareness. Our findings show that that there is some evidence of dyslexia in our target group and their learning levels were below average for their age. Because of this evidence we therefore propose a new integrated assistive model that is able to improve the phonological skills of dyslexic learners." [see also KALUYU+, above; PIENAAR; and WAJUIHIAN+ /+ 2010, 2014, below.]

NDULO, Matyola P. & Mbewe, Mackenzie S. (1983) Employment of deaf school-leavers in Zambia. In: M.S. Mbewe & R. Serpell (eds) *Basic Education for the Deaf in Zambia. Report of a National Conference, 17-20 August, 1982*, 26-31. Lusaka.

Since 1978, Mr Ndulo was studying for the Bachelor of Laws degree at University of Zambia. The paper outlines many problems with lack of appropriate skill training, and deaf unemployment; yet it closes on a positive note: "Properly employed deaf persons are an asset to the Zambian extended family system which is embodied in the principles of Humanism. Often able-bodied kinsmen turn to the deaf for help in times of want. If the deaf can participate at family level, why should they be denied full participation at national level?" The Norwegian inspector of deaf education, employed to raise standards and use modern equipment in Zambia at the time, adds highly complimentary remarks in 1982 (see NAESS, above, in Norwegian): "I hope that the deaf in Norway will receive Mr Ndulo with kindness and helpfulness when he begins at Ål Folk Highschool this weekend... Mr Ndulo is the chairman of the country's deaf association and works to build a strong deaf organisation in his nation. He is a strongly determined man, with a good education." [In 2017, 35 years later, google on Matyola Ndulo shows him as a senior legal counsel in Lusaka, involved with cases at a national level.]

NELL, Michelle (2013) On her blindness. Reflections on being blind in the world and associated issues of faith. In: J. Claassens; L. Swartz & L. Hansen (eds) (2013) *Searching For Dignity. Conversations on human dignity, theology and disability*, pp. 161-166. SUN MeDIA Stellenbosch.

[The editors admit that the Faculty of Theology at Stellenbosch University was "for a very long time ... the place where white male pastors" - (who would, of course, normally be assumed to be able-bodied) - "were trained for the ministry in the Dutch Reformed Church" (p. 9); and that the organisers of the conference misjudged the physical requirements for access of disabled persons, so an alternative venue had to be found (8); that the presence of *female* lecturers or students had recently been a new and occasional phenomenon (9); and that the present publication "intended for a broad scholarly circle of readers" had subjected every contribution to a rigorous process of double-blind peer review" (11). So there had been several steep learning curves, not necessarily all heading in the same direction. It is admitted that contributions have been included (at the end - where else could they be?) from young female (!) students (!?), both disabled (!!?) one with cerebral palsy, the other with blindness (12). {All that was sufficient shock to the delicate nervous system of the theologians -- it would be rude to enquire about skin pigments!} They overcame these barriers of expectation. It may be easier next time.]

--- Michelle Nell, the music student suffering severe loss of vision with glaucoma (p. 162),

explained that she had attended a special school, "an environment particularly tailored to fit my every need" (163), but left her unprepared for the rude shock of tertiary education that had little appropriate understanding or accommodation for her physical condition, and persisted with a theological understanding that perceived her mostly as 'a deficit originating in sin and a lack of faith', rather than a human being, of equal value to anyone else in the eyes of God, and who did some things differently.

NEPVEUX, Denise M. (2006) Reclaiming agency, ensuring survival: disabled urban Ghanaian women's negotiation of church and family belonging. *Disability Studies Quarterly* 26 (4) [Open online]

NEPVEUX, D.M. (2009) "In the Same Soup:" Marginality, Vulnerability and Belonging in Life Stories of Disabled Ghanaian Women. PhD thesis, University of Illinois at Chicago. xi + 548 pp.

[Summary] "Previous scholarship shows that women with disabilities are excluded from nation and transnational economic development strategies and depicted, if at all, as passive victims and subjects of charity. In Sub-Saharan Africa, disabled women tend to occupy marginal positions in the social and economic milieu of major cities. This feminist narrative ethnography draws upon fifteen months of collaborative, cross-cultural fieldwork in Accra, Ghana. It confronts prior misrepresentations by constructing detailed narrative portraits and 'poetic transcriptions' (Glesne, 1997) derived from life-story interviews with thirteen Ghanaian women with disabilities who reside in Ghana's capital and its suburbs. Through narrative reconstructions of women's stories, it explores how interlocking social and economic structures marginalize girls and women with disabilities. Disabled women's social personhood is undermined, for example, through denial of family roles and entitlements; provision of inferior education and work training in unsustainable trades; and expressions of pity or contempt by passers-by. The portraits highlight the dangers, hardships and diminished personhood to which disabled women are subjected through these marginalizing processes. They foreground disabled women's perspectives and their persistent agency in knitting themselves back into the fabric of their families, neighborhoods, and religious communities. They also explore the roles that disability self-help and advocacy groups play in women's lives by enabling them to form friendships and access material support. Through participating in such groups, women begin to question the inevitability of their exclusion, reconstruct themselves as worthy and respectable persons, and strengthen their claims on family and society."

NESBITT, Murrogh de Burgh (1956) *The Road to Avalon*. Johannesburg: Central News Agency. x + 166 pp. [First published 1944].

This and the next entry concern the struggle for independent living by Nesbitt (1898-1959), a South African who lost his legs in an accident, falling from a train on which he hitched a ride at Jagersfontein, aged 13. He and his wife later taught other physically disabled people to achieve a fairly normal and successful life, by a combination of inspired leadership, sweat, belief, doggedness, communal fellowship and mutual sharing. He depicts 30 years of activity and adventure, overcoming physical obstacles and attitudinal barriers in other people's minds, in this much-reprinted autobiography. He also sketches his dream

of a rural centre for self-help rehabilitation, run by disabled people. The dream was realised in 1946, after publication of this first book. A further book, including many descriptions and first-person accounts of people overcoming disabilities, described how the centre 'Avalon' was built and developed by Nesbitt, his wife Fraan and a few companions, near Tulbagh in the Winterhoek Mountains, with fundraising and control vested in a committee of like-minded people at Johannesburg. However, by 1951, with Avalon in full swing, the original committee had largely been replaced and the Nesbitts were ousted from Avalon. They moved to farming in the Orange Free State, living among the Basuto people. Murrough Nesbitt was years ahead of his time in implementing ideas of self-help, mutual therapy, and the importance of disabled people as leaders and role models.

NESBITT, M. de B. (1949) *Avalon Adventure*. London: Hodder & Stoughton.

[See previous annotation.] A characteristic quotation: "Disabled men do not want to be coddled. They must never be allowed to think that they have lost any of their potential manhood because of their disabilities. // I know that the real battle for the disabled men will begin when they face the world and have to earn their own living. The medical men and the surgeon have their place in the scheme when these men have to be treated for their wounds. The psychiatrist and psychologist have their places, but surely there is also room in rehabilitation schemes for the services of disabled men who have conquered all difficulties and have lived normal lives. // Disabled men have told me that I have changed their mental outlook. They have told me that when they have seen what I can do the urge comes to them to do likewise. They know that I have trekked out of the valley of shadows, that I have climbed mountains. I am not saying these things in a spirit of egoism. These are facts, and facts are worth all your tons of theory." p. 218 (final page of chapter 28).

NEVES, Angelina (1992) *Nos todos somos diferentes (We Are All Different.)* Maputo: Government of Mozambique, Office of Secretary of State for Social Action (SEAS), & UNICEF.

(Series of booklets in Portuguese)

NG'ANG'A, Billy (2005) Testimony, presented at the Workshop of the International Federation for Spina Bifida & Hydrocephalus, Nairobi, 27-29 October 2005.

[Billy Ng'ang'a's education was hindered by recurrent illness and operations. He persevered for 16 years to reach college.]

"Born in 1982 with a spina bifida which was closed on the 3rd day. First born in a family of three all boys. Had about eight operations since then. 1989, had difficulty finding a school. Started school in 1990 in Thika Joy town for the physically handicapped, same year I started walking with the aid of crutches. 1992 went for another operation at Kikuyu hospital. 1993 met doctor Bransford who am very grateful & from there my life took a U-turn." [Various medical details, side-effects, infections, over two years] "1995 class five still going. 1996 class six, 1997 class seven. 1998 went for special circumcision at Kijabe [Kenya]. ... 1998 did my KCPE {Kenya Certificate of Primary Education ?} 1999 had difficulty finding secondary school due to my condition; mid-1999 started secondary education and still some {physical problems}. 2000 form 2, went to Kijabe for another CIC



{patient-controlled Clean Intermittent Catheterisation}. 2001 form 3. 2002 got sick, went to Kijabe for one & half months same year did my form 4 exams, started using catheter which has been very helpful since then. 2005 college studied information & technology."

NGANWA, Alice Baingana (2000) Community Based Rehabilitation - making a difference for all. *Medicine meets Millennium. World Congress on Medicine and Health 21 July - 31 August 2000.*

[www.mh-hannover.de/aktuelles/projekte/mmm/englishversion/e\\_index\\_mmm.html](http://www.mh-hannover.de/aktuelles/projekte/mmm/englishversion/e_index_mmm.html)

The paper gives a broad view of successes and difficulties in implementing Community Based Rehabilitation (CBR) in Uganda and countries with similar levels of socio-economic development. CBR has given promise of spreading rehabilitation to many more disabled people. In practice, CBR has often targeted people with one particular sort of disability, the equalisation of opportunities has been uneven, and professional agendas still dominate. Negative attitudes continue in many communities, hindering the inclusion of disabled people. Disability service development programs struggle to gain attention in communities where basic survival is the preoccupation of many people.

NHANCALE, Paulo (2011) Reform of Legal Protection of Persons with Disabilities in Mozambique. [Dissertation for LLM (Master in Law)] University of Pretoria, Centre for Human Rights. 47 pp.

NIANE, D.T. after Djeli Mamadou Kouyaté (1965, reprinted 1973) *Sundiata, an epic of old Mali*, translated from French by G.D. Pickett. London: Longman. xi + 96 pp. With map. [see also BAMBA SUSO+, above, griots of Gambia, for other versions of the Sunjata epic.] From the Preface to the French Edition: "This book is primarily the work of an obscure griot from the village of Djeliba Koro in the circumscription of Sigui in Guinea. ... Formerly 'griots' were the counsellors of kings, they conserved the constitutions of kingdoms by memory work alone; each princely family had its griot appointed to preserve tradition ... it is he who, for want of archives, records the customs, traditions and governmental principles of kings. ... // Unfortunately the West has taught us to scorn oral sources in matters of history, all that is not written in black and white being considered without foundation." (pp. vii-viii)

--- The mother of Sunjata was an extremely ugly woman, "hideous, she bears on her back a disfiguring hump. Her monstrous eyes seem to have been merely laid on her face" -- but the king of Mali was told that he must marry this woman, when she showed up, so as to bear a son who would "make the name of Mali immortal for ever", surpassing even Alexander the Great. (pp. 6, 90) The hunter bringing this prophesy "was left-handed. The left hand is the hand of evil, but in the divining art it is said that left-handed people are the best" (p. 5) In due course the ill-starred maid Sogolon Kedjou is found, the king marries her, he has the devil of a job to "perform his duty as a husband", but in a dream a *jinn* advises him on a trick, and Sogolon promptly becomes pregnant. (11-12, 89) "Sogolon's son had a slow and difficult childhood. At the age of three he still crawled along on all-fours while children of the same age were already walking. ... He had a head so big that he seemed unable to support it;# he also had large eyes which would open wide, whenever anyone entered his mother's house ... he was very greedy." (15) "Her son's infirmity weighed heavily upon

Sogolon Kedjou; she had resorted to all her talent as a sorceress to give strength to her son's legs, but the rarest herbs had been useless. The king himself lost hope." (16) However, an old blind blacksmith-seer told him to be patient. (17) "Sogolon's son was spoken of with nothing but irony and scorn. People had seen one-eyed kings, one-armed kings, and lame kings, but a stiff-legged king had never been heard tell of. ... the throne could not be given to someone who had no power in his legs; if the jinn loved him, let them begin by giving him the use of his legs." (18)

--- One day, goaded by the ceaseless insults of the king's first wife, Sogolon lost patience with her son, and whacked him with a piece of wood. The boy decided that it was time to move. "Go and tell my father's smiths to make me the heaviest possible iron rod." From the forge, six apprentice smiths managed to pick up "an enormous iron bar" made long ago, for what purpose nobody knew. They hauled it to Sogolon's hut, and flung it down. The boy picked it up with one hand, levered himself upright, "but the great bar of iron was twisted and had taken the form of a bow!" (20-21) Sogolon sang praise to Allah. Her son remembered that mother had complained that he could not even collect baobab leaves for her to flavour the food. Now he strode forth, uprooted the baobab tree and brought it to her hut. From his mother and his griot he soon caught up with his education as a hunter, warrior and smart guy (22-23). The epic is now well launched - the mother, son and griot go on their travels, visiting the king of Ghana, and other rulers, and eventually squaring up against Soumaoro, the sorcerer king of the Sosso, who had invaded the Malian kingdom."The fortified town of Sosso was the bulwark of fetishism against the word of Allah." (41) Eventually, Sunjata would learn how to beat the sorcerer's power, and take back the Kingdom of Mali, rebuild Niani city and rule with justice. "He followed the very word of God. He protected the weak against the strong ... the upright man was rewarded and the wicked punished". (81) [It appears likely that griot Niane translated to French from Mandingo (85). Pickett translated from French to English, with useful end-notes, pp. 85-96.]

--- # [The detail of the huge head, defective legs, and maybe curiously widening eyes, does not appear in the Gambian versions. Could Sunjata have had hydrocephalus and spina bifida, and achieved some kind of 'spontaneous remission'? Or did some earlier griot, knowing of these occasional linked conditions and rare outcome, weave them into the Sunjata legend? A few more early clues would be needed, to support such a hypothesis. Certainly, the condition was known in North-West Africa since deep antiquity, as seen in the Taforalt excavations (Appendix 2, below). Editors of the Gambian 'Sunjata' suggest that "Griots generally do not suggest any reason for Sunjata's lameness" (p. 97). (Maybe they would if they had medical training.) For photo of an African child with enlarged "setting sun" eyes in a hydrocephalic head, see Peter Clifford (1963) *Infantile hydrocephalus. Some clinical and pathological aspects. Part I: clinical aspects. East African Medical J.* 40: 534-544, on p. 535]

NICHOLS, Robert W. with Marfo, Kofi [1993] An examination of some traditional African attitudes toward disability. In: B.L. Mallory; R.W. Nichols; J.I. Charlton & K. Marfo [1993] *Traditional and Changing Views of Disability in Developing Societies*, ed. D. Woods, pp. 25-40, 71-80. Durham NH: IEEIR, University of New Hampshire.

Nicols sketches and "attempts to counter the standard stereotypes" of some traditional beliefs about disability in parts of sub-Saharan Africa, particularly the Iggede, Igbo and Yoruba of Nigeria, and the Ndembu of Zambia. Marfo's commentary, and Nicols's rejoinder, add further critical insights.

NIGUSSIE, Yetnebersh {during earlier interview with 'Light for the World', Vienna; later, with Karen McVeigh; and other online sources} (2017) "I didn't understand until much later that women were of a lower rank in society." [Found open online]

Born in 1982 in a rural village of Ethiopia, Yetnebersh Nigussie recalls that "my early days of childhood were of illiteracy and hard labour. As I lost my eyesight at the age of five, it was not easy for my family to accept the situation as I was automatically considered useless and hopeless. I view this instance both as an opportunity and a challenge. My family took me to a number of traditional healers which was not successful." [Family brought Yetnebersh to Addis Ababa, sadly breaking off existing friendships, but giving access to formal services.] "This was the opportunity which brought me to school and helped me escape from early marriage practice. Girls were married to boys aged 15-16, [the girls being] at the age of 8-10." // "During my early days at school, I had Catholic nuns who served me as role models. Here I got the wisdom of unlocking my potential ... the special school was limited to Grade 6 and we were forced to join mainstream schools without any provision for my needs ... In a classroom containing 76 students, I was the only blind one. The children didn't know how to play with me. ... The situation changed after the first semester as I scored the best grades in the school and became accepted, loved and valued in the school." " ..everyone wanted to be my friend so I could help them. I became popular, and I thought: 'If I can excel, if I can bring about my own change, I can help others. --- [Yetnebersh progressed through university, gaining qualifications in law and of social work, founding organisations of disabled people and taking a prominent part in human rights and development work, anti-AIDS campaigning, and activities to defend women in various stages of life against abusive treatment and pervasive negative discrimination. Her unrelenting work was recognised by the AMANITARE award in 2003, the 'Right Livelihood' award in 2017, and other prizes.] [Cf KORDI, Appendix 1, below]

NITZSCH, K.G.E. (1857) Psychiatrisches aus Aegypten. *Allgemeine Zeitschrift für Psychiatrie* 14: 1-19. [in German]

NKAKUDULU, Bikuku-Kialosi (1981) Conception d'une réadaptation globale des handicapés dans les services communautaires de base au Zaïre et au Rwanda. Thesis, Faculty of Medicine, IEP, Université Catholique de Louvain. 258 pp. [Nkakudulu was a colleague of Z. BATUKEZANGA (see above). He became Professeur in the Faculty of Medicine, University of Kinshasa.]

NSAMENANG, A. Bame (1992) *Human Development in Cultural Context: a Third World Perspective*. Newbury Park, CA: Sage.

NSAMENANG, A.B. (1999) Eurocentric image of childhood in the context of the world's cultures. Essay review of Philip C. Hwang, Michael Lamb & Irving E. Sigal (eds) *Images of*

*Childhood*. Mahwah, NJ: Lawrence Erlbaum. *Human Development* 42: 159-168.

With momentary hesitation, as befits one reviewing "gatekeepers of the discipline", Dr. Nsamenang described the topics of nine chapters, and launched a vigorous attack on the predominantly 'Eurocentric views' at the heart of the book (which does extend to chapters on Japanese, Navaho and Zambian Chewa children, as well as comparing "traditional and modern parents in Southern Spain where contradictions and paradoxes in parental ideas are the norm"). The major problem he asserts is that the underlying 'norm' in the discipline of 'childhood development' "purports universality, but has failed to attend to '95% of the world's children'" {citing G.P. Zukow, 1989}.

--- Essentially, "the discipline has been dominated by European-driven cultures [] that value individualism and cognitive competence. Cultures like the African that place primacy on inter-dependence and value cognition as a means to social development are underrepresented in the literature." (p. 160). "The fiercest theoretical battle is over a modernist view of the human person as a self-contained system about which it is possible to uncover a set of universal psychological mechanisms. The basic assumption is that mentalities, for example, are shaped by universal context-independent mechanisms []. With this kind of mindset, psychologists have posited a set of universal developmental norm with data wrung from studies of the developmental patterns of a narrow stratum of the human population, represented mainly by middle-class White samples. ... Its positivist posture stands in sharp contrast with concepts of the person held in interdependent cultures, the vast majority of human societies [] where the self is seen as coextensive with community, spirituality, and natural phenomena or features of the local environment." (161-162)

NSAMENANG, A.B. (2005) Human ontogenesis. *International J. Psychology* [IJP IP SI 06] pp. 1-5, {electronic version}

[Present article is published in English, but the Abstract quoted below is the French version, in honour of Dr Nsamenang's bilingual country and practice. In English, it is hard work to follow the ideas, because the underlying mode of thought is rather French. In neither language is the meaning simple and straightforward. Nsamenang is handling complex concepts.]

"Les points de vue sur le développement et l'intelligence reflètent l'ethocentrisme euro-américain dominant et sont présentés comme étant applicables à toute la diversité humaine. En contrepartie, une vision du monde africaine se représente les phases de l'ontogenèse humaine cyclique de la socialisation systématique de l'intelligence responsable dans les programmes participatifs qui assignent des tâches appropriées aux stades de développement. Dans ces programmes, la connaissance n'est pas séparée en disciplines distinctes, mais tous ses enchaînements sont entrelacés dans une tapisserie commune. Cette dernière est apprise à des stades de développement différents par les enfants qui participent à la vie culturelle et économique de la famille et de la société. Cette ligne de pensée permet d'intégrer diverses réalités ethnoculturelles et des discours théoriques disparates dans un système conceptuel commun -- l'ontogenèse sociale. Une théorie de l'ontogenèse sociale aborde la façon dont, à travers l'ontogénie, les enfants collaborent à la vie sociale et culturelle. La théorie s'enracine dans la développement

humain comme étant partiellement déterminé par l'écologie sociale dans laquelle il apparaît et dans la façon dont l'être humain apprend et se développe. Son concept séminal fait référence à la sociogenèse, laquelle est définie comme le développement individuel qui est perçu et expliqué en fonction de facteurs sociaux et non biologiques. Mais la pensée ontogénétique sociale n'exclut pas la nature; elle suppose que la biologie sous-tend l'ontogénèse sociale. Les aspects biologiques communs partagés par l'espèce humaine dans le code génétique se manifestent dans une diversité déconcertante de l'individualité spécifique d'une culture à l'autre. Ainsi, les théoriciens contextualistes insistent sur la façon dont les trajectoires ontogénétiques différentes et les intelligences sont situées dans les contextes et les systèmes culturels dans lesquels les enfants sont éduqués. La base empirique de cette théorie est appuyée sur des données impressionnantes du peuple Nso du Cameroun, avec des appuis en provenance des autres parties d'Afrique. L'universalité de l'ontogénèse sociale offre un élan innovateur pour conceptualiser et générer une connaissance du développement qui prend de la puissance. Il s'agit d'un paradigme d'apprentissage qui permet l'étude du développement humain dans le contexte dans lequel les enfants s'engagent à la cognition en tant que participants dans les communautés culturelles. Ceci peut étendre les visions et les bases de données au-delà des grilles restrictives eurocentriques."

--- [Some critique of the Abstract could be made on at least two grounds: (a) it panders to the unlikely notion that there exists a single 'Western middle-class' or 'modern Euro-American' type of childhood and child-raising -- whereas the actual divergences in these human behaviours are significant across individual European countries, between urban and rural, between linguistic and religious minorities, between male and female children, etc; and differs substantially from e.g. Nordic countries and those of the Mediterranean rim. It may be wiser to suggest that the relevant fields of psychological studies have tended to allow certain voices to become dominant (e.g. male, middle- and upper class, educated at private schools and elite universities), while the many alternative experiences have been comparatively mute. While 'essentializing' the 'West', there is also some tendency in Nsamenang to generalise wildly across 'Africa', "an African worldview" etc. However, in the text itself Dr Nsamenang indicates an awareness that diversity and complexity does exist everywhere. (b) The 'dominant voice' is assumed to be white, male, highly educated in certain patterns of thought... and therefore fair game for anyone else to be enraged about its apparently dominant message. Such a critique can also be a form of racism -- the study of psychology was not actually plotted by clever white men in London and built in a day or a week, but has fought internal battles and external wars to make its space and spectrum in the academic curriculum, over 30 or 50 years, somewhere amidst anthropology, biomedicine, philosophy, religion, law and linguistics; and is still fighting for its groundwork and trying to be taken as a serious, scientific discipline, or set of disciplines; and the results of a century of psychological research are always liable to be dismissed, at grass roots, because some young \*medical\* doctor announces something different, which he read in his medical textbook.

--- A few quotable notes on Africa cultures: "In principle, children are rarely instructed or prodded into what they learn, but discover it during participation. This depicts cognitive development as the unfolding of the abilities to generate the knowledge and skills with

which to responsibly and increasingly engage with the world. Accordingly, the onus to understand the social cognition and intelligent behaviour of Africans lies in capturing shared routines and participatory learning, rather than in completing school-based instruments. ... In traditional Africa, the peer group plays a pivotal role in the development of this genre of cognition because, from toddlerhood, the child comes more under the purview of the peer culture than of the adult world." (p.4)] {See also more recent work by Nsamenang together with SERPELL, 2014, below. Also the American researcher DEXTER, in Appendix 1, below, who detailed in the 1950s how "social structures and educational demands in mid-century North America generated failure (in people of lower cognitive ability), then constructed that failure as a social problem for which the person of lesser ability was to blame".}]

NSAMENANG, A. Bame [2017] Doing human development scholarship in Africa within the cross-currents of Euro-Western intellectual cascades. In: Amina Abubakar & Fons J.R. van de Vijver (eds) *Handbook of Applied Developmental Science in sub-Saharan Africa*, pp. 259-278. New York: Springer.

NSAMENANG, A.B. & Lamb, M.E. (1994) Socialization of Nso children in the Bamenda grassfields of northwest Cameroon. In: P.M. Greenfield & R.R. Cocking (eds) *Cross-cultural roots of minority child development*, pp. 133-146. Hillsdale, NJ: Erlbaum.  
[see notes on previous items. The present research was from Dr Nsamenang's own early 'stamping ground' in the north-west of Cameroon.]

NUNN, John F. (1996) *Ancient Egyptian Medicine*. London: British Museum. 240 pp. Profusely illustrated.  
Wide range of sources and readable presentation. Good indexing of impairment / disability. See entries for: achondroplasia, ageing, Bes, club foot, crutch, deafness, deformities, dwarf, ear, elephantiasis, eye, harpist, hump-back, hydrocephalus, industrial, kyphosis, neurological, night, physiotherapists, pituitary, poliomyelitis, pseudo-hypertrophic, rickets, trachoma, trauma, trephining, etc. Apart from the deity Bes, and the use of blind harpists in religious ritual, the perception of disability in ancient Egypt was likely to have been associated with religious beliefs.

NYONI, Joachim & Serpell, Robert (2012) The impact on parents of raising a young child with autism: phenomenological study of parents in Lusaka, Zambia. *International J. Disability, Community & Rehabilitation* 11 (1) [24 pp.] [Full text open online.]  
While conducting in-depth interviews with 17 educated urban Zambian parents of young children with Autism Spectrum Disorders, the authors heard a number of stories involving traditional and stigmatizing beliefs, e.g. that the child had an evil spirit, was the result of witchcraft, mother must have done wrong, etc. "However, parents developed various coping strategies such as empowerment, humor, openness, faith and belief in God's healing." Even when the witchcraft hypothesis was felt to carry some weight, one parent said "we tend to say let's leave everything in the hands of the Lord".

NYST, Victoria A.S. (2007) *A descriptive analysis of Adamorobe sign language (Ghana)*. Utrecht: LOT (Landelijke Onderzoekschool Taalwetenschap, the Netherlands Graduate Research School of Linguistics). 244 pp.

This was Dr. Nyst's doctoral dissertation in Linguistics from the University of Amsterdam, Netherlands, concerning an endangered language among Deaf people at Adamorobe, in the coastal belt of Ghana. As a researcher at Leiden University, Nyst had made earlier observations and reports on features of sign languages in Uganda, Mali and North-East Nigeria.

NYST, V.A.S. (2010) Sign languages in West Africa. In: D. Brentari (ed.) *Sign Languages - a Cambridge language survey*. Cambridge: Cambridge University Press.

NYST, V.A.S. (2012) Deaf signers in the Dogon, a rural area of Mali. In: U. Zeshan & C. De Vos (eds) *Sign Languages in Village Communities: anthropological and linguistic insights*. Berlin: Mouton de Gruyter.

[Victoria Nyst continues to drive forward research projects on endangered African Deaf Sign Languages, and to collect documentation more widely in this field, to generate official interest and support for this vital part of Deaf culture, embodying the personal, family and group medium of communication in a minority that is often marginalised and disempowered. More recent work has been among the rural Dogon deaf of Mali, and other West African signers. See also KUSTERS, above; SCHMALING, below]

NYST, V.A.S. (2015) The sign language situation in Mali. *Sign Language Studies* 15 (2) 126-150.

[from the Abstract] "... a first overview of the sign language situation in Mali and its capital Bamako... Various sign languages have been used in Malian deaf education, but, following the regional trend, the schools for deaf children eventually settled for a variety of ASL adapted to French. The vast majority of Malian signers have not received formal education, however, and have no or only limited command of ASL. They use various forms of the local sign language, Malian Sign Language (Langage de signe malienne, LSM). The best-documented variety of LSM is the one used in Bamako, for which a dictionary and annotated corpus exist."

[OCLOO, Seth Tetteh] (2014, July 25) "Honoring Dr. Seth Ocloo -- a momentous landmark in the history of the Ghanaian Deaf Community" {Website of Ghana National Association of the Deaf, GNAD} [open online]

Dr Ocloo lost his hearing in 1952, through cerebro spinal meningitis at the age of 20. He persevered with his studies, and was the first hearing-impaired Ghanaian to obtain a PhD. He was also the founder of GNAD. In recognition of his personal and community achievements, the government agreed that the State School for the Deaf at Adjei Kojo, near Tema, should be renamed Dr Seth Tetteh Ocloo School for the Deaf. Dr Ocloo had established this school in 1966, but it had then been taken over in 1969 by the government. [This achievement or 'monument' is here counted as the 'voice of Dr Ocloo', in the 'roll of honour' shown in the Introduction.]

ODEBIYI, A.I. & Togonu-Bickersteth, F. (1987) Concepts of management of deafness in the Yoruba medical system: a case study of traditional healers in Ile-Ife, Nigeria. *Social Science & Medicine* 24: 645-649.

Study of 98 randomly selected healers disclosed a range of beliefs about the causes of deafness, including attribution to malevolent supernatural forces.

OFORI-ADDO, L. [1994] The Community-based Rehabilitation Programme in Ghana. In: *Making it happen. Examples of good practice in Special Needs Education & Community-based Programmes*, 17-23. Paris: UNESCO.

ODHIAMBO, Phylmon (2006) The use of puppetry in awareness raising about visual disabilities: a recent case study from Eritrea. Teaching session in Enablement disability and rehabilitation management course, February 2006, Soesterberg, Netherlands.

OJANEN, Emma; Ronimus, Mila; Ahonen, Timo; Chansa-Kabali, Tamara; February, Pamela; Jere-Folotiya, Jacqueline; Kauppinen, Karri-Pekka; Ketonen, Ritva; Ngorosho, Damaris; Pitkänen, Mikko; Puhakka, Suzanne; Sampa, Francis; Walubita, Gabriel; Yakujanda, Christopher; Pugh, Ken; Richardson, Ulla; Serpell, Robert; Lyytinen, Heikki (2015) GraphoGame - a catalyst for multi-level promotion of literacy in diverse contexts. *Frontiers of Psychology* (10 June 2015) [Found open online.]

[Abstract]: "GraphoGame (GG) is originally a technology-based intervention method for supporting children with reading difficulties. It is now known that children who face problems in reading acquisition have difficulties in learning to differentiate and manipulate speech sounds and consequently, in connecting these sounds to corresponding letters. GG was developed to provide intensive training in matching speech sounds and larger units of speech to their written counterparts. GG has been shown to benefit children with reading difficulties and the game is now available for all Finnish school children for literacy support. Presently millions of children in Africa fail to learn to read despite years of primary school education. As many African languages have transparent writing systems similar in structure to Finnish, it was hypothesized that GG-based training of letter-sound correspondences could also be effective in supporting children's learning in African countries. In this article we will describe how GG has been developed from a Finnish dyslexia prevention game to an intervention method that can be used not only to improve children's reading performance but also to raise teachers' and parents' awareness of the development of reading skill and effective reading instruction methods. We will also provide an overview of the GG activities in Zambia, Kenya, Tanzania, and Namibia, and the potential to promote education for all with a combination of scientific research and mobile learning."

OJILE, Emmanuel (1999) Education of the deaf in Nigeria: past, present and future. In: H. William Brelje (ed) *Global Perspectives on the Education of the Deaf in Selected Countries*, 261-272. Hillsboro, Oregon: Butte.



OJO, Rachel Ronke (1996) Information and library needs of the disabled children in Botswana. Dissertation, MLIS. University of Botswana, Dept of Library & Information Studies. ix + 124 pp.

OJOFEITIMI, Ebenezer Ola & Oyefeso, O. Ola. (1980) Beliefs, attitudes and expectations of mothers concerning their handicapped children in Ile-Ife, Nigeria. *J. Royal Society of Health*, 100: 101-103.

OKASHA, A. (1966) A cultural psychiatric study of el-Zar cult in U.A.R. *British J. Psychiatry* 112: 1217-1221.

[The "U.A.R." (United Arab Republic) was an attempt between 1958 and 1961 to proclaim a kind of political and ideological union between Egypt and Syria, from which Syria fairly soon released itself.]

OKECH, J.B. (2000) Teachers and teaching approaches for children with mental retardation under inclusive setting in Uganda. *African J. Special Needs Education* 5 (2) 79-87.

Survey questionnaires concerned with views on teaching and appropriate methods with children with mental retardation in ordinary schools were sent to a sample 100 teachers and headteachers in five districts of Uganda. (Response rate not given; results are expressed as percentages). A wide range of views was expressed about the desirability of mainstreaming children with mental retardation, and what methods to use. The author considers that while teachers tended to claim to be using appropriate methods, there is little practical evidence of it.

OKRI, Ben (1991) *The Famished Road*. London: Jonathan Cape. London: Vintage edition (1992), viii + 500 pp.

The harsh life of a Nigerian shanty town somewhere between city and forest, at the close of the colonial period, is described through the eyes of the 'spirit child' Azaro who has returned for another rebirth amidst human beings "all of whom are born blind, few of whom ever learn to see." (p. 1) Mundanely, the narrator Azaro is a sharp-eyed, stubborn little boy whose father earns a pittance as a casual labourer while his mother hawks small items at market or on the roadside. Survival amongst the wretched of the earth, with thrashings at home and school and aimless adult brutality, is interspersed with dream sequences in a spirit world heavily populated by freakish entities. These are often depicted with gross abnormalities, having multiple heads or as midgets or with smashed features (e.g. pp. 15, 25, 134, 136, 274, 305, 326, 455, 459-460, 473), who are eventually understood by Azaro as not being humans (p. 136). Some characters in the 'ordinary' world are more normally disabled. One is an old blind man of the neighbourhood, who perceives that Azaro is a spirit child (*abiku*)\* and who engages in various mischief and magic (pp. 313-314, 318-322, 349, 361-362, 393-400, 415, 420, 428, 454, 456, 464-465, 470, 472, 474-475). Other disabled characters vividly described through the boy's eyes are incidental to the narration, such as the market lunatic (p. 17), the lame woman "deformed in a way I couldn't define" (p. 38), the blind head-priest who is Azaro's grandfather (p. 70), some six-fingered strangers (p. 77), the madman who smashes up Madame Koto's bar (pp. 83-85; a miniature masterpiece of comic description); the cross-eyed man and "the weird, the drunk, the mad,

the wounded, and the wonderful", not to mention the albinos, in the same bar where Azaro hangs out (pp. 87, 89, 102, 106-108, 133). Somewhere between the mystical and the real are various deformed tramps and beggars (pp. 415-416, 422, 429-430, 442-444, 447, 466). --- \*[see above, MACLEAN, for an account of the *Abiku* in Yoruba women's beliefs.] --- Deformity and freakishness are mostly signals warning of mischief and violence in both the slum and the spirit world as perceived by Azaro; yet most of the 'normal' humans also appear more or less grotesque to his eyes. (The entire novel may also be interpreted in political terms).

OKRI, B. (1993 / 1994) *Songs of Enchantment*. London: Jonathan Cape. London: Vintage (1994). 297 pp.

This book purports to be a continuation from *The Famished Road* (see previous item), with extensive dream-like rambling in a supposed spirit world, amidst drifting clouds of African myths and ominous figures, while the hopeless poverty, drunken rampaging, and brutalities of political thugs proceed at ground level. Some 'disabled' characters continue to appear, such as Azaro's friend Ade, whose epileptic fits are a gateway to the spirits; also the dangerous blind old man, who declares what he sees in the future, leads a kind of cultic dance, and finds a place in Madame Koto's political spinning. [Azaro now knows too much - the sharp-eyed little boy has transmigrated into the body of a celebrated author, who piles on the metaphorical agony, blindnesses and death, waxing philosophical about Africa, from a great distance.]

OKYERE, Alexander D. & ADDO, Mary J. (1994) Deaf culture in Ghana. In: C.J. Erting et al (eds) *The Deaf Way*. Washington DC: Gallaudet University Press.

OKYERE, A.D. & Addo, Mary J. (1999) Historical development of education of the deaf in Ghana. In: H. William Brelje (ed) *Global Perspectives on the Education of the Deaf in Selected Countries*, 141-155. Hillsboro, Oregon: Butte.

Reviews developments since the 1950s, with some focus on the activities of the Rev. Dr. Andrew Jackson Foster, a deaf black American who graduated from Gallaudet University and founded a number of schools in West Africa. He taught and inspired 20 or 30 future deaf leaders, who went on to study abroad (mostly at Gallaudet) and returned to start schools for deaf children in several countries.

OMIGBODUN, O.; Odejide, O. & Morakinyo, J. (2001) Nigeria. (Culture-specific findings from the CAR study). In: T.B. Üstün; S. Chatterji; J.E. Bickenbach; R.T. Trotter; R. Room; J. Rehm & S. Saxena (eds) *Disability and Culture. Universalism and Diversity*, 185-194. Göttingen: Hogrefe & Huber. xi + 328 pp.

Some data on disability services and legislation is given from Nigeria, by staff of the Dept Psychiatry, College of Medicine, University of Ibadan. The methods and results are described of studies conducted in 1997 to elicit public perceptions and attitudes towards people with disabilities, through focus group discussion, key informant interviews and linguistic analyses. Predominantly negative attitudes are reported, while some concepts proposed in the study were not well understood.

OMONZEJELE, Peter F. & Maduka, Chukwugozie (2011) Metaphysical and value underpinnings of traditional medicine in West Africa. *Chinese J. Integrative Medicine* 17 (2) 99-104.

[Abstract.] "This study investigated the extent to which recourse to traditional healers depended on biometrical variables; ways of knowing in good time what ailments were more likely to be better handled by traditional healers; rationale behind traditional healing methodologies. On the whole, four research questions were engaged. The sample for the study included residents in urban (Benin City) and rural (Ehime Mbano) communities in Nigeria. The instruments comprised two questionnaires. The traditional healers were also interviewed in addition. The findings of the research included the following: in both rural and urban areas, women and more elderly persons had more recourse than other groups to traditional medicine; Christians, less-educated persons, self-employed persons and women affirmed most strongly to the efficacy of traditional medicine over Western medicine with respect to certain ailments; ways for averting spiritual illnesses included obeying instructions from ancestors and offering regular sacrifices to the gods; methods used by traditional healers to determine whether an ailment was 'spiritual' or as a result of home problems included diagnosis linked to divination, interpretation of dreams particularly those involving visits by ancestors, interpretation of nightmares and omens such as the appearance of owls; methods for curing patients included use of herbs particularly those believed to have magical powers, offering of sacrifices, use of incantations and wearing of protective medicine."

--- [The outcome of these studies is not particularly new, but it is striking both for its title and because the authors got it published in a Chinese journal - though one with a European publisher, Springer.]

ONWUEJEOGWU, Michael (1969) The cult of the *Bori* spirits among the Hausa. In: M. Douglas & P.M. Kaberry (eds) *Man in Africa*, pp. 279-305. London: Tavistock. Beliefs and practices concerned with the various Bori spirits are described. Various ailments and disabilities are associated with the spirits and are depicted in dances, as tabulated on pp. 293-303 (based on materials recorded by Major TREMEARNE, 1913, see below). The disabilities include limb amputations, leprosy, deformations, blindness, paralysis, madness, dumbness and deafness, lameness.

OOSTHUIZEN, G.C. (1988) Indigenous healing within the context of the African Independent Churches. In: G.C. Oosthuizen; S.D. Edwards; W.H. Wessels & I. Hexham (eds) *Afro-Christian Religion and Healing in Southern Africa*, pp. 71-90. Lewiston / Queenston / Lampeter: Edward Mellen Press.

OOSTHUIZEN, G.C., Edwards, S.D, Wessels, W.H., & Hexham I. (eds) (1988) *Afro-Christian Religion and Healing in Southern Africa*. Lewiston / Queenston / Lampeter: Edward Mellen Press. vi + 433 pp.

The 19 studies included in this book were mostly collected from a symposium and a workshop organised in 1986 and 1987 at Natal Medical School by professors G.C. Oosthuizen and W.H. Wessels. They succeeded in attracting participants from the fields of psychiatry, psychology, anthropology, theology and religious studies, nursing, music,

medical practice, and more, to discuss and exchange information and experience on the provision of healing in the rapidly growing African Independent Churches. The editors found it "clear that the appeal of the vast African Independent Church movement is based on the indigenous African psychiatric and psychological assistance which African Independent Churches offer their members." The present contributions are arranged in four sections, each with a brief introduction: 1. Traditional Afro-Christian holistic healing procedures in Southern Africa. 2. Healing in African Independent Churches. 3. Zionist healing and other Independent Church procedures. 4. African healing and Western Therapy. A 'concluding' chapter is added from an earlier era, which raises questions about what supposedly 'independent, scientific' Western observers bring to their work, and suggests that there may be less independence or enlightenment than such individuals imagine, and some elements of truth in the more communally-organised belief systems through which a majority of the black African population experiences its health and illness. A glossary, pp. 369-372; bibliography, 373-388; and various indexes, 391-433; complete the book. [See separately listed contributions by BECKEN; EDWARDS; OOSTHUIZEN; WESSELS.]

OSOKONDA, Okenge (1975) Les enfants anormaux chez les Atetela. Mémoire de Licence, UNAZA, Campus de Lubumbashi.

OSOKONDA, O. (1979) Du concept d'anormalité: essai de catégorisation des enfants anormaux chez les Atetela du Sankuru. *Problèmes Sociaux Zaïrois* 124-125: 91-107.

OSSEO-ASARE, Abena Dove (2014) *Bitter Roots: The Search for Healing Plants in Africa*. Chicago: University of Chicago Press. 288 pp.

[Not yet seen. Citing reviews.] This prize-winning research, in fields of botany, biomedicine, law and international pharmaceutical politics, might appear somewhat peripheral to the 'disability' field if strictly defined -- the first chapter is titled "Take Madagascar Periwinkle for Leukemia and Pennywort for Leprosy", but the medical conditions most clearly addressed (cancer, wounds, cardiac problems, malaria, obesity, and sexual dysfunction) are on the margins of addressing 'disability, healing and belief'. However the strong basis in painstaking historical research, "using archives as well as extensive interviews with local scientists and herbalists"\* is a model for the future of disability research. A further model, according to reviewers, is that Professor Osseo-Asare refrains from simplistic judgements, such as slapping the label of 'biopiracy' on research that 'extracts value from Africa'. "As she follows the plants through their mutation from herbal recipes in markets in Accra, Johannesburg, and Antananarivo to laboratory experiments across the world, Osseo-Asare uncovers a fundamental paradox: while bioprospecting is motivated by a race for patents and scientific recognition, the historical migration of 'bitter roots' unsettles the conventional notion that 'scientific' authority weighs more than 'traditional' medical expertise."#

--- [Admittedly, it may be more difficult to discover pharmacological materials known to African practitioners that directly address disabling conditions, and can attract funding to dig them out and make them available to the rest of the world. Yet beyond botanical material possibly having patentable value, there may be human value systems and insights

to be discovered and shared from Africa to the world, which cannot be put under a microscope, costed and marketed - but may freely be admired and adopted!] {See above: GRUCA; SOBIECKI.}

--- \* Review by R. Voeks, 2015, *Bulletin of the History of Medicine*, 89 (4) 845-847.

--- # Extract from citation, at the African Studies Association presentation of the Melville J. Herskovits award, December 2015.

OTENG, Florence Serwaa (1988) *Give Them A Name*. Kumasi Catholic Press. xii + 63 pp. With illustrations.

[See also following item.] Florence Serwaa {"Powerful"} Oteng, a talented woman from Kokofu in the Ashanti region of Ghana, was one the earliest deaf pupil-teachers to be trained by the black American minister, Rev. Andrew J. Foster at his Ghana Mission School for the Deaf in 1957. In this novelette, Oteng depicts the strong social stigma of deafness in rural Ghana, and celebrates the Rev. Foster's insistence that deaf people be known by their proper name rather than the traditional derogatory nickname "Mmum" (pp. iv-xi). Most of the booklet tells of a young lad, Sebewie (meaning "Future is unknown" ), the seventh child in a family, who turns up deaf from birth. His parents regard him as useless, and wish him dead. Half-starved and dressed in rags, Sebewie eats scraps from neighbours, and does chores for them, though his own parents are well provided with food by hunting, fishing and selling processed meats. Through the intervention of a late-deafened young woman Afua Sraha (Friday-born girl Ransom), Sebewie is invited to leave home for a deaf school, where Sraha works as matron. The parents celebrate Sebewie's departure, giving thanks and oblations to their local idol, Biribintumi. Later, the tables turn. Sebewie (name now with positive spin, "Only God knows") responds to kindness and good food, catching up with school work and athletics. He is adopted by the white headmaster, who eventually retires overseas taking the lad too. Sebewie becomes a technician and an excellent footballer, and earns wealth. Meanwhile, back in the village, his oldest brother Akwasi Panyin (Sunday-born boy, Elder) has been made high priest of the idol Biribintumi, and has given false prophecies about deaf people being really river spirits. The cult of Biribintumi flourishes and is followed by most of the town, but is challenged by a missionary.

--- The rest of the book tells of spiritual warfare between the missionary and some converts to Christianity, who battle with Biribintumi and its high priest and worshippers. The Christian forces clear some land to live on, and chop down the sacred tree of Biribintumi. Grown-up, well-educated Sebewie returns to his old town in a vast, beautiful vehicle, to astonish and bless his parents, and to take part in the final battle where the clay statue of Biribintumi is hacked to pieces by its followers, who realise they have been deceived. The booklet is profusely illustrated with drawings credited to two deaf men, Charles Darko and Paul Esho. Some of the drawings appear in the second Oteng publication (below), with many further illustrations, probably from the same artists. [These two items are among very few substantial published works by deaf black Africans, who portray their lives, battles, beliefs and spirituality in ways that are thoroughly imbued with the rural cultures in which they grew up and the 'spiritual forces', for good or bad, that permeate the lives of their people.]

OTENG, F.S. (1997) *Deaf Adwoa Benewaa*. Kumasi Catholic Press. vi + 110 pp.

[In previous bibliographies, the present compiler muddled up the pagination of these two items by OTENG. The present booklet seems to have had a few pages pasted in, comprising an outline map of Africa with a hand-signed alphabet, and a glossary of "names and words in Ghanaian language" as an appendix. See also notes on the previous item.] In this largely autobiographical novelette, Florence Oteng tells the lengthy battles of an intelligent Ghanaian woman who, after training to be a burser, is deafened in early adulthood, and thereafter works as a house-mother set amidst the petty politics of boarding schools for deaf children. Her name in this book is in the title, "Adwoa Benewaa" (Monday-born girl, Gifted and intelligent). The English style and vocabulary is somewhat more sophisticated here than in the previous book, reflecting the passage of time and experience, as well as the various people who gave assistance, as per 'Acknowledgement'. As in the earlier work, Benewaa's faith and beliefs are much tried by people who trick and humiliate her for their own selfish ends, taking advantage of her naivete and lack of awareness of the 'unwritten rules' in the hearing world; yet she avoids retaliation. After a long time, during which wickedness seems to triumph, the wrong-doers are finally removed while the humble believers are vindicated.

EL-OUAHABI, Fatima L. (1995) *Arabic*: [The integration of disabled people. In: F.L. El-Ouahabi; Khadija Sabil; Chris Mclvor & Joan Carey (eds) *In Our Own Words. Disability and Integration in Morocco*.] Beirut: Bissan. (Also in English, from Save the Children Fund (UK). Dr. El-Ouahabi is described (in the English version of this book) as a doctor specialising in ophthalmology, who had had polio at an early age resulting in physical disability. "She has been active in several Moroccan disability organisations and has presented papers on disability issues at national conferences", as well as co-editing the present book, in which Moroccans with various impairments and disabilities have the opportunity to 'speak for themselves' and address issues of attitudinal barriers, sometimes linked with religious beliefs, and at other times drawing support and healing from religious teaching. (See CHATOU, above; AL-HANI, below; YASMA, below).

LOUDHEUSDEN, Brother Rudolf van (1982) *History of Education of the Blind in Malawi*. Montford Press.

OUERTANI, Mustapha (1999) Social welfare or socio-political entitlement: disabled people caught between the poles of their Tunisian origin and acculturative pressures. In: B. Holzer; A. Vreede & G. Weigt (eds) *Disability in Different Cultures. Reflections on local concepts*, 146-153. Bielefeld: transcript-verlag.

Dr Ouertani, who lost his sight at the age of six, and left Tunisia for Germany at 17, explores the contrasting situations of native Germans with disabilities, and Muslims with disabilities living in Germany after immigration from North Africa. Typically, the disabled German "develops in a socio-political environment in which individualism and independence" are both the expected norm, and are enforced by legal authority (p. 146). Muslim immigrants can see what the expectation is, and how it works; yet it is alien to the traditional world in which they have learnt to understand themselves, a world in which the family is paramount, and members of the family expect to sustain one another, with the sanction of

their faith: "the Islamic code of social ethics, which is systematically set down in the Qur'an. As stipulated by this code, the rights of orphans, the disadvantaged and the disabled are protected. This means that the Qur'an is concerned with social groups that require the protection and care of the community. On this basis, the inclusion of the disabled is a necessary and self evident attitude in an Islamic society." (p. 147). The recent situation in Germany had changed for economic reasons, reducing the opportunities for disabled people to find employment and to meet social expectations of independent self-support; yet the modern disabled person "has no communal and familial back-up system to rely on any more." (p. 151). The merits of the North African system now become rather clearer.

OWUOR, Esther Odundo (1995) *My Life as a Paraplegic*. Nairobi: East Africa Educational. 207 pp.

The author had a successful career in schools, becoming Head Teacher at Kisumu Girls High School in Kenya. In 1983, married with five children, she suffered spinal injury in a car crash, became paraplegic, and was discharged from hospital apparently with almost no preparation for her subsequent life at home. She describes in detail how she overcame the numerous unpleasant features of her condition, not least among which was the bossiness or indifference of her paid 'assistants', who regarded her as an inferior because of her physical difficulties, and could hardly be bothered to go through the processes of helping her keep clean and dry. Esther Owuor had a strong belief in the Seventh Day Adventist version of Christianity, and gives testimony to her faith and to the help received from God, and some of God's servants. It was a steep learning curve, and she encountered educated people along the way who were prepared to profit from her weakness. However, Esther lived for another 33 years, beating off the ever-present risk of infections, and remaking her life.

PADWICK, Constance Evelyn (1924) Notes on the Jinn and the Ghoul in the Peasant Mind of Lower Egypt. *Bulletin of the School of Oriental Studies* {Cairo} 3 (3) 421-446.

The article is "Illustrated by transcripts of peasant tales taken from the lips of fellahin of the Menufia Province, Lower Egypt", recorded by Padwick using a script of the International Phonetics Association to represent Egyptian Arabic speech, while she was a "Pupil of the School of Oriental Studies, American University, Cairo." [Padwick (1886-1968) described the non-literate peasants as though they were practically half-wits -- which might have been so if they were set literary tasks and compared with European scholars; yet if tested on their powers of survival in conditions of grinding rural poverty, it could have been the scholars that came off the worst. Padwick's tone grates now on the modern ear. Later in life her attitude seemed to change (see below)\*] Padwick notes that, {in the more accustomed source of knowledge about Islam} the jinn and the ghoul "belong to different categories of being; the jinn with a rank and status in the Islamic universe that is never given to the ghoul, who is but a more awful beast among the other beasts." (p. 422) However, the Menufia peasant made "no hard dividing line between the powers and the malicious pranks of what he variously but almost indiscriminately calls {*shaitan*, *djann*, *afrit*, *maridin*} and {*ghul*}. ... In many of his stories all the above terms are freely interchangeable, although generally speaking the word {*shaitan*} is the one chosen for the more individual and personal type of demon and the word {*ghul*} for the more purely

bestial." (pp. 422-423; see also p. 432) A few stories are recorded where contact with jinns brought disablement. A woman found 40 "little boys clothed in white and wearing tarbouches" in a dark room. She was terrified, but they promised no harm, and to fulfil her every wish, provided she told nobody about them. They 'delivered the goods', she became rich, but her husband became suspicious and forced her to divulge the secret. From that day, the jinns "made her a cripple and left her and all her riches vanished" (435). Further, the fear of 'possession' by jinns is associated with adverse responses towards people suffering mental debility. "The mysteriousness of madness and epilepsy have ... lent colour to the fear of possession on which is built the marvellous popularity of the Zar-ritual despite the hostility of the ecclesiastical authorities" ... {which is} today one of the great features of non-official, popular religion, unauthorized by Islam." (443)

--- \*[Constance Padwick continued to develop her knowledge of Arabic and Islamic practices during 40 years working as a missionary with Muslims in several countries. Her best known work seems to have been "*Muslim Devotions: a study of prayer-manuals in common use*", London: SPCK, 1961, which was compiled over many years, and attempted to represent the best aspects of Muslim spirituality; though these she would have apprehended mostly in the homes of educated women, rather than agricultural workers. In an obituary on Padwick, the Middle East specialist Kenneth Cragg# stated that this compendium represented "a gesture of imagination by one faith towards the inner genius of another". It was still her hope that the women she befriended would embrace the Christian message; but she did not expect them to do so before she had opened herself to see, hear, and develop a genuine respect for the best of spiritual practice that these Muslim women could show in their devotion to Allah. This was an unusual approach for a professional missionary; but it may continue to be a model for the collaboration of professional doctors, psychologists, social workers, psychiatrists, across the 'modern, Western' and 'traditional, African' gulf. # K. Cragg, 1969, *Muslim World* 59 (1) 29-39.]

PAHOR, Ahmes L. (1992) Ear, nose and throat in Ancient Egypt. (Parts I, II, and III). *J. Laryngology and Otology* 106: 677-687; 773-779; 863-873.

Detailed and well-referenced paper in three parts, with numerous illustrations, concerned with medico-surgical treatment of ear, nose and throat conditions, according to medical papyri from antiquity.

## **Authors PALAU ... RUFFER**

PALAU MARTI, Montserrat\* (1964) *Le Roi-Dieu au Bénin, Sud Togo, Dahomey, Nigeria occidentale*. Paris: Editions Berger-Levrault. 259 pp. with illustrations. \* [sometimes given thus by GRAY, above; otherwise Monserrat]

Mentions various people with disabilities: albinos, dwarfs, hunchbacks, people with leprosy, etc who were traditionally liable to be used in religious sacrifices (pp. 15, 16, 28, 49, 56, 135, 186-187, 191, 195). The story of Obatala, inebriated, making people with disabilities, appears on pp. 186-87; the suggestion is that sometimes such people were sacrificed to him (pp. 187, 191).



PALLADIUS et al. *The Book of Paradise being the Histories and Sayings of the Monks and Ascetics of the Egyptian Desert by Palladius, Hieronymus and others. The Syriac Texts ...*, transl. E.A. Wallis Budge. Vol. I. London, 1904, lxxviii + 918 pp.

The Preface (p. vii) states that the work here translated was composed by Mar Palladius [365-425], Bishop of Helenopolis, in Bythinia. Several of the monks whose lives are recounted had disabilities, e.g. Didymus the Blind (pp. 136-138); Paul the Simple (183-189); James the Lame (265-273, though nothing is said about his lameness); the sage who allowed other monks to think he was mad, while in fact he was taking care to remove evil from his mind (388-390).

PALLEY, A. & Bruwer, T. (1946) An analysis of the medical and social conditions of native children attending Groote Schuur Hospital Paediatric Out-Patient Department. *South African Medical J.* 20: 339-341.

Results from interviews with mothers of 61 children (30 up to 1 year, 25 from 1 to 5 years inclusive). Housing and economic status was extremely poor, with seriously adverse consequences for children's health. There were {at that time} "no facilities in Cape Town for native children, e.g. nursery schools, crèches, etc." Parental control and interest in the children's health was rated "very good". Fathers' interest was "often seen by the fact that he accompanied the mother and child to hospital, often at the loss of a day's pay."

PANKHURST, Richard (1984) The history of leprosy in Ethiopia to 1935. *Medical History* 28: 57-72.

Draws extensively on foreign travellers' reports from the 16th century onward and resident foreign physicians mainly from the 19th and 20th centuries, to picture a widespread condition resulting in large groups of beggars with severe leprosy damage. Discusses terminology, the usual confusion of leprosy with other skin conditions, and public beliefs and attitudes, based on religious and legal texts, iconography and hagiography. Notes some indigenous herbal treatments, and the start of institutional leprosaria, the first being founded in 1901, the second in 1934.

--- [Pankhurst has a tendency to wild generalisations, such as the notion that "the Ethiopian attitude to leprosy" {was there only one?} which "seems to have been considerably more tolerant than that of the West" {can 'the West', possibly meaning Western Europe, really be a single entity, with a single attitude?} "where 'total ostracism' of lepers in the early medieval period has been followed by their rigid detention in 'houses of Lazarus'." {But see JEANSELME, Appendix 1 below, who documents exhaustively a great variety of legal and practical responses to Medieval leprosy across European countries, and shows how, in practice, many of the legal requirements were openly flouted by ordinary people}.]

PARIN, Paul; Morgenthaler, Fritz; & Parin-Matthey, Goldy (1963) *Die Weissen denken zuviel. Psychoanalytische Untersuchungen bei den Dogon in Westafrika*. Zürich: Atlantis Verlag. pp. 527. With illustrations. [In German]

[See review (in English) by Geneviève Calame-Griaule (1964) *Africa: J. International Africa Institute* 34 (3) 281-282.]

PARKER, Melissa (1996) Social devastation and mental health in Northeast Africa. Some reflections on an absent literature. In: T. Allen (ed) *In Search of Cool ground. War, flight and homecoming in Northeast Africa*, pp. 262-273. London: James Curry.

PARKIN, David (1985/1986) Entitling evil: Muslims and non-Muslims in coastal Kenya. In: D. Parkin (ed.) *The Anthropology of Evil*, 224-243. Oxford: Blackwell.

[The article from Kenya, and the focus of the book globally, may be at the far end of the spectrum of beliefs and healing, from that to which most items in the present Bibliography aspire toward; yet of course the academic literature on evil, and attempts to define and understand the ways in which it is conceptualised across the world, contribute to the perception and judgement of what is 'good'.]

PARKYNS, Mansfield (1854) *Life in Abyssinia: being notes collected during three years' residence and travels in that country*. 2 vols, New York: Appleton. xii + 425 and iv + 432 pp + illustrations.

From rural Ethiopia in the 1840s, a striking picture is preserved of local rural community behaviour toward a mentally retarded man. He was observed by Mansfield Parkyns, who travelled rough around the country, wearing local dress, sleeping on the ground, eating local food. Parkyns {1823-1894, sometimes designated 'Gentleman Savage'} befriended a man named Merratch, who was "usually accompanied by an idiot, named Maghovai, - a poor fellow whom he took about with him as an occasional source of amusement."

Maghovai suffered much harassment from the boys of the neighbourhood, who would goad him until he flew into a rage and engaged in some crazy actions. Parkyns offered to try to cure Maghovai if he could have him for a while, to which Merratch agreed. Parkyns engaged in a textbook program of 'behaviour modification' (a century before it was known as such), rewarding desirable behaviour step by step, while at the same time working a change in public behaviour: "I forbade any one to laugh at him, or speak to him otherwise than to a sensible person. Even when he made any absurd mistakes in the little jobs I set him to do, I punished severely any of the people who might happen to titter." Under this regime, Maghovai "became quite steady and tolerably reasonable". Merratch was then shown how to continue Maghovai's treatment, which he did successfully, according to Parkyns (vol. I: 276-278).

--- Parkyns was interested in gestural forms of communication. He described the ruler Oubi, at a feast. "Oubi seldom speaks, making known his wishes to his 'asalafies' by signs. For example, many of his principal officers (even his own sons) remain standing against the wall; custom and fear, more than a sense of respect for their master, forbidding them to be seated in his presence. Oubi then, by a sign with his finger, directs the 'asalafy' to give bread to such a one, wine to another, &c."

PATEL, Vikram [1998] *Culture and Common Mental Disorders in Sub-Saharan Africa*. Hove: Psychology Press. xv + 128 pp.

[Prof. Patel has a series of much-cited publications in the field.]

PATEL, V., Musara, T., Butau, T., Maramba, P., & Fuyane, S. (1995) Concepts of mental illness and medical pluralism in Harare. *Psychological Medicine* 25 (3) 485-493.

PATON, Alan (1948) *Cry, The Beloved Country*. London: Jonathan Cape. Reprint 1949, London: Reprint Society. 256 pp.

In pp. 82-88 the action of this famous South African novel takes place at Ezenzeleni, the centre founded by Arthur and Florence Blaxall, where blind Africans learn vocational skills, described here as "a wonderful place" (p. 85). The rest of the novel has a background of various political forms of blindness, and some different sorts of rehabilitation.

PAUW, Christoff Martin (1980) *Mission and Church in Malawi. The history of the Nkhoma Synod of the Church of Central Africa, Presbyterian 1889-1962*. Doctoral thesis, University of Stellenbosch.

Based on Minutes of the Nyasaland Christian Council, p. 177 sketches the plan from as early as 1922 to open a school for blind students. Eventually a school was opened in 1952, which became known as the Keppel-Compton School for the Blind. [Robert Keppel-Compton was an active District and Provincial Commissioner, who led various development efforts.] By 1958 there were 24 pupils being taught by four Malawian staff, two of whom were blind. [cf OUDHEUSDEN, 1982, above.]

PELTZER, Karl (1987) *Some Contributions of Traditional Healing Practices Towards Psycho-Social Health Care in Malawi*. Eschborn: Fachbuchhandlung für Psychologie. 341 pp. [From WESTLEY, see below.]

PELTZER, K. (1995) *Psychology and Health in African Cultures: examples of ethno-psychotherapeutic practice*. Berlin: IKO (Verlag für Interkulturelle Kommunikation), iii + 364 pp.

[Not seen. Academic review found open online, by Komilla Thapa, in *Psychology & Developing Societies* 9 (2) 275-278, is critical of Peltzer's overwhelming 'need' to categorise and find the right box into which everything can be classified; yet appreciates some insights, and the good intentions of the very knowledgeable Peltzer, to "advance the cause of ethnopsychology with the aim of overcoming the rampant ethnocentrism in modern, mainly Western, psychology." Thapa notes that, "Based on his vast experience and a sensitive appreciation of African realities, [Peltzer] offers pragmatic advice on the conduct of therapy in the African setting. Among his recommendations are: the therapist needs to adopt a directive stance, he/she should act as a parent and foster dependency, maintain a harmonious working relationship with traditional and faith healers, involve family members as co-therapist and be prepared to deal with 'transferences'."]

PELTZER, K. & Kasonde-Ng'andu, Sophie (1989) The role of traditional healers towards children's mental handicap and developmental disabilities in Lusaka. In: R. Serpell; D. Nabuzoka & F.E.A. Lesi (eds) (1989) *Early Intervention, Developmental Disability, Mental Handicap in Africa. Proceedings of Sub-Regional Workshop held in Lusaka, June 1987 at the University of Zambia*, 116-126. Lusaka: Psychology Department, University of Zambia. Records briefly some concepts of mental handicap and developmental disabilities, with possible causation and examples of treatments, mainly herbal, described by 25 traditional healers at Lusaka, in semi-structured interviews.

PELTZER, K.; Friend-du Preez, Natalie; Ramlagan, Shandir; & Fomundam, Henry (2008) Use of traditional complementary and alternative medicine for HIV patients in Kwa-Zulu Natal, South Africa. *BMC Public Health* 8: 255. [Open access]

PERESUH, Munhuweyi P.N. (1991) Attitudes to integration of children with mild mental handicaps in Zimbabwe. Unpublished PhD thesis, University of Manchester.

PERREIMOND, Victor (1903) *De la protection juridique des incapables en droit musulman: étude de droit comparé. Doctoral thesis, Faculty of Law, University of Paris.* Paris: Imprimerie H. Jouve. 332 pp.

The author, a French lawyer and "Lauréat de l'Ecole de droit d'Alger", noted that Algerians continued to live under Islamic personal law after the French captured Algiers in 1830; but some inconvenience arose in relations between the indigenous population and the colonialists who acted under French law. His thesis examines in detail the legal capacities and disabilities of various groups, such as minors, married women, people with mental disabilities (e.g. those considered 'mad', and the 'prodigals' who did not know how to manage their property), and those deemed to be responsible for others (e.g. as fathers, husbands or appointed guardians) under the Muslim legal traditions, compared with those of France, which in many ways differed from them significantly.

PETER, Abba, transl. E.A. Wallis Budge (1906) *The Life of Takla Hâymânôt. III. The Book of the Miracles of our Father, the Holy Man Takla Hâymânôt, which was compiled by Abba Peter.* London. Privately printed, 2 vols.

Illustrated hagiography of the revered Takla Hâymânôt (ca. 1215 - ca. 1313), the major religious figure of Ethiopian history. Includes many reports of Takla Hâymânôt (T.H.) healing people by expelling demons. Vol. I, pp. 95-101 concerns T.H., possibly in his mid-20s, at the mountain of Wifat. Local people worshipped the devils of the mountain, but T.H. scattered these devils and preached to the people. He told them to bring their sick and diseased, and see the power of God. "...they collected all the sick folk who were with them, and their numbers were thus:- dumb folk, twelve; paralytics, thirteen; epileptics, seven; blind, ten." (p. 99). As they were coming to T.H., "the devils [that?] dwelt in the sick folk saw him while he was afar off", and began crying that he should not torment them. T.H. told the people to "Bring them to me quickly". The devils promptly left the sick ones. "Thus those who had been sick were made whole, and those who had been blind now saw with their eyes." The bystanders were impressed, and a church was founded there.

--- In the section specifically detailing "miracles", Vol. II, [part III], pp. 278-279 concern "Healing of the man with crooked legs". It tells of "a certain man who was unable to walk with his legs, and he could only move about upon his hands." He prayed to T.H., believed he would be healed, and raised himself up. T.H. appeared to him, and said "Depart thou, standing upright on thy feet as thou wast formerly" -- he was healed immediately and departed on his feet.

--- [Much historical material exists in Amharic, in which diseases are described with sufficient detail to encourage diagnostic guesswork. In the present example, the man with crooked legs could have had poliomyelitis, or a spinal injury, or various other conditions. If there were evidence that he lived in an area where *lathyrus sativus* was prominent in the

diet, the description might suggest lathyrism. The scientific mind is usually uncomfortable with "miracle" reports; there is less reason to doubt that some Ethiopians in the 13th century could observe and make accurate descriptions of a variety of medical conditions.]

PHILPOTT, Graham (1993) *Jesus is Tricky and God is Undemocratic: the kin-dom of God in Amawoti*. Pietermaritzburg: Cluster Publications.

[South African theologian engaging in participative study of the Bible with marginalised groups, including people with disabilities.]

PHIRI, Alexander (1999) Disability Policy Development and Research. In: H. Cornielje; J. Jelsma; and A. Moyo (eds) (1999) *Proceedings of the Workshop on Research Informed Rehabilitation Planning in Southern Africa, Harare, Zimbabwe, 29 June to 3 July, 1998*, pp. 81-85. Leiden: Leidse Hogeschool; Harare: University of Zimbabwe.

As one of the few disabled speakers, and Secretary General of the Southern African Federation of the Disabled (SAFOD), Mr Phiri was glad to participate. He pointed out that "In many circles where disability and development are discussed, whether in developed or developing countries, there is a tendency to think or plan for, and not with, disabled people. This is in fact one of the major factors which usually leads to reverse development or 'half-baked' solutions for our sector of the community. They talk about us and not with us, and it is in this way that disabled people have, by and large, remained at the receiving end, largely with very little or no choices at all. Socially and economically they are the poorest of the poor; educationally they are {the} least educated; politically, they are the least empowered." [The power remains in the hands of professionals and able-bodied people], "especially in our region where the problem is compounded by the fact that a majority of disabled people lives in the rural areas where culturally they are regarded to be of less value than the non-disabled people." [And Mr Phiri suggested that something similar still happens in the wealthy countries with advanced services and technology.] He believed that the disabled people's organisation had made essential contributions in helping "society, policy makers, rehabilitation institutions, universities and many others to view disabled people as full human beings who could help to address their own problems after identifying the forces or sources of their own underdevelopment. Disabled people could do this as individuals and as groups." [An important factor] "was a process to present disability as a human rights rather than a charity issue; and a move to shift power from charitable institutions to the disabled-controlled organisations themselves." [Mr. Phiri presented some achievements and drawbacks of UN agency activities in the disability field, and some interesting Southern Africa developments.] He quoted a remark of his colleague Joshua Malinga: "*at the end of each research programme they get more doctorates but the situation and lives of disabled people have not changed.*"

PHOEBE, K. (2000) Self help groups of persons affected by disabilities related to leprosy in Uganda. *Zeitschrift Behinderung und Dritte Welt* 11 (1) 9-12. [Open online]

As part of a reorientation of policies and rehabilitation services in Uganda, people disabled with leprosy (Hansen's disease) have begun to be recognised and accepted by organisations of disabled people who previously had negatives attitudes and fears towards them. They have begun to take self-help action in mutual support groups. Activities

concerned with prevention, health self-care, awareness raising and employment opportunities are described in this article.

PIENAAR, Iwan (2013, 20 Sept.) Addressing the challenges of dyslexia. *The Mail & Guardian* (online).

Includes named persons with dyslexia, and their thoughts on it, in South Africa.

PLATZKY, R. & GIRSON, J. (1993) Indigenous healers and stuttering. *South African J. Communication Disorders* 40: 43-48.

Study of traditional beliefs and therapies.

POLANAH, Luis (1967-1968) Possessao e Exorcismo em Moçambique. *Memorias do Instituto de Investigação Científica de Moçambique* (Lourenco Marques) vol. 9 (C) 3-45. [in Portuguese]

[From GRAY's bibliography (see above). His items 2958-2973 have several similar topics for Mozambique, in Portuguese, French and English.]

POUX, B. (1982) *Psychiatrie en Afrique au sud du Sahara: contribution bibliographique internationale*. Paris: Ecole des hautes études en sciences sociales. 50 pp.

[not seen]

PRINS, Gwyn (1979) Disease at the crossroads: towards a history of therapeutics in Buluzi since 1876. *Social Science & Medicine* 13B: 285-315.

(Focus on Zambia).

PUCKREE, T.; Mkhize, M.; Mgobhozi, Z. & Lin, J. (2002) African traditional healers: what health care professionals need to know. *International J. Rehabilitation Research* 25: 247-251.

Traditional healers play a major part in providing health care in South Africa, and for much of the population 'western medicine' is an additional resource or a last resort. This study gathered data by questionnaires and interviews in the Zulu language, with 30 traditional healers and 300 patients at Durban, Kwa-Zulu Natal, concerned with the healers' roles and some personal details, how many people consulted them, how frequently and for what conditions. The authors make some comparisons with the functions of trained modern physiotherapists practising in the area. It is suggested that a greater integration between traditional and modern practices would be beneficial.

RAAFLAUB, Fritz (ed) (1957) *Manyem, ein Spital für Aussätzige in Urwald Kameruns*. Basel. 30 pp. [In German]

Leprosy hospital work in Cameroon.

RAAFLAUB, F. (ed) (1959) *Aussätzige werden rein. Dienst an Lepra-kranken in Kamerun*. 28 pp. [in German]

see previous item

RACY, John C (1970) *Psychiatry in the Arab East*. Acta Psychiatrica Scandinavica, Supplement No. 211. Copenhagen: Munksgaard. 171 pp.

Racy's very useful work has some coverage in African parts of the Arab world. He describes psychiatric institutions, practice, teaching and research, and contributions from folklore, magical and religious therapies (35-79). There follows an extensive and critically annotated bibliography (81-171), including notes on Arabic items. Racy considered that the indigenous practitioners in the 20th century continued often to provide good advice for everyday problems of a psychological nature, though approaches to serious mental illness were variable. Of a Sufi shrine near Khartoum, with mosque, Koranic school and "facility for the treatment of the insane", he noted that "neurotics are provided a congenial setting for spontaneous recovery, but that psychotics tend to suffer" (pp. 65-66).

RAGHEB Moftah & Roy, M. (1991) Music, Coptic: Cantors, their role and musical training. In: A.S. Atiya (ed.) *The Coptic Encyclopedia* vol. 6: pp. 1736-1738. New York: MacMillan. Account of the training and practice of blind cantors who take a leading role in religious ceremonies of the Coptic Church, a tradition apparently dating from early Christianity, reflecting also the much earlier participation of blind musicians in Egyptian court ceremonies, and continuing to the present in Egyptian Coptic church life. This might well be the world's longest-running formal public role taken by blind people, or indeed any group of disabled people. [see also MANSOUR (above).]

RAKOTOZAKA, Pascale Honoré Patrick (2015) A new approach to Community Based Rehabilitation in Madagascar. [Presentation (in French), at the 5th AfriCAN Conference 1st - 5th June at KICC, Nairobi, Kenya.] Found open online.

Describes the work of "FANILO (Fampanandrosoana ANIvon'ny LOterana ou Développement de L'Eglise Luthérienne Malgache") to improve the lives of disabled persons in Madagascar. Since 2012, a CBR project has been under way in the northern districts of Antsirabe I and II, to remove environmental barriers, changing negative attitudes and economic, social and physical obstacles, with attention to individual lives within families. The project built upon existing organisations working for inclusive rural development, advocacy and blind persons, and collaborated with an existing federation of organisation of disabled persons, "GRAPHAV (Groupement des Associations de Personnes handicapées d'Antsirabe dans Vakinankaratra)". Examples are given of the successful work, and lessons learnt.

RAMDAN, Haimoud (2008) La lutte contre la précarité des enfants en Mauritanie. *Penant: revue de droit des pays d'Afrique* 118 [no. 863] pp. 189-226.

[Not seen. Probably concerns 'children at risk', vulnerable to abuse, lacking effective legal rights.]

RAMUGONDO, Elelwani L. (2005) Unlocking spirituality: play as a health-promoting occupation in the context of HIV/AIDS. In: F. Kronenberg; S.A. Algado & N. Pollard (eds) *Occupational Therapy Without Borders. Learning from the spirit of survivors*, 313-325. Elsevier, Churchill Livingstone.

From a position of lecturing in Occupational Therapy at the University of Cape Town, Ramugondo intends to assist the reader to (i) "begin to understand the psychological issues

linked with mothering a child with HIV/AIDS and how mothering an HIV-positive child brings forth existential questions on the meaning of life and dealing with death and dying, paying particular attention to the role of the context;" (ii) "explore the role of play as part of occupational therapy intervention with children living with HIV/AIDS;" (iii) "begin to appreciate how much involvement with any marginalized community requires true engagement, which often means exploring how much the professional persona can either facilitate or hinder the use of self as a therapeutic tool;" (iv) "appreciate the resilience and spirituality that can be demonstrated by children and mothers living with HIV/AIDS." (p. 313) [The steps of understanding seem to be those that Ramugondo herself went through in working with mothers in the predicament described, mostly in a context of great poverty.] [See BURGMAN+; KRONENBERG above; and IWAMA in Appendix 1.]

RASMUSSEN, Susan J. (1989) Accounting for belief: causation, misfortune and evil in Tuareg systems of thought. *Man* 24: 124-144.

Dr. Rasmussen reports anthropological studies during nearly six years among the Kel Ewey Tuareg of Niger, focusing on their range of beliefs concerned with misfortune, illness and various kinds of physical or mental impairment in everyday life. Local beliefs, related in folk tales, case histories, and casual encounters and conversations, tended to exhibit "complexities, overlappings and contradictions". They involved elements and vocabulary from both Islam and pre-Islamic times. The broad outlines of the deity and of expected human conduct seem to belong to Islam, refracted through local cultural norms. While using some technical vocabulary to describe what she thought she was hearing, Rasmussen was concerned to allow local beliefs and expressions an authentic level of non-systematisation, rather than imposing alien concepts and structures.

--- Rasmussen also describes the beliefs of some Tuareg village people on the occurrence of spina bifida cystica in a baby girl, seen there in 1978. It was explained "in terms of the mother's lack of modesty". Allegedly the mother, while pregnant, had shamelessly allowed a non-related man to see and admire her hair at the back. Her bun of hair now 'reappeared' on the back of the baby, and the feature was referred to not by words signifying a swelling or an ugly lump, but as 'lack of shame'. That she belonged to a noble family made the alleged infringement graver. (However, the ready identification of fault in the mother apparently did not prevent some villagers from asking their visiting anthropologist if she knew anything about the baby's abnormal appearance, "what it was, and whether it could be cured".)

RASMUSSEN, S. (1992) Reflections on Tamazai, a Tuareg idiom of suffering. *Culture, Medicine and Psychiatry* 16: 337-365.

(See notes on previous item). Rasmussen here focuses on a particular manifestation of suffering among the Tuareg of Niger, an "illness of the heart and soul", which could also be a form of communication, or a covert bid to acquire some power, and in any case involves some mental, physical and social disability. Various characterisations as an "altered state of general dysphoria and mutedness", with "possession trance", an "inner illness" experienced by women, with strong depression, irritability, mute withdrawal, disorientation and "taking off of the head", tamazai is placed outside the range of conditions expected to respond to Islamic therapies such as recitation of Qur'anic verses by (male) religious practitioners; but



the Islamic scholars (marabouts) may be involved in diagnosing the spirits. It can respond to exorcism rites, involving drumming, women's singing, dancing, joking, communal interactions, which involve the sufferer to the point of her falling exhausted but cured. Many women involved have close family links with marabouts, and the suffering course is described within a normal background of Muslims' lives. The 'possession' seems to be regarded as a deviation of minor significance; thus "the common reaction to it among such social categories as the Islamic clergy: subtle disapproval but also laughter." [cf. many refs to Zar, in the region]

RASMUSSEN, S.J. (1994) The poetics of childhood and politics of resistance in Tuareg society: some thoughts on studying "The other" and adult-child relationships. *Ethos* 22: 343-372.

At the village and semi-nomadic level in north eastern Niger, the anthropologist Susan Rasmussen (pp. 357-358) described the hard, but not unbearable, life of a deaf youth, with whom villagers had some communication. "Although the father was not abusive, he spoke very sternly to him and gave him a heavy workload. He attended neither Koranic nor secular school. People used sign language\* to communicate, although he also read lips. This boy went on errands and brought garden produce back for different related families. He was not mistreated, but adults were not particularly affectionate toward him." The congenital deafness of this lad, and of his sister, was locally attributed to fate, spirits and sorcery.

--- \*[This was more likely to have been a localised system of iconic gestures, than a full grammatical Sign Language.]

RASMUSSEN, S.J. (1995) *Spirit Possession and Personhood among the Kel Ewey Tuareg*. New York: Cambridge University Press. 178 pp.  
[See annotations of previous three items.]

RASMUSSEN, S.J. (2001) *Healing in Community. Medicine, contested terrains, and cultural encounters among the Tuareg*. Westport, Conn.: Bergin & Garvey. xxxiv + 247 pp. with illustrations.

RASOANAIVO, Philippe (2003, reprint 2006) Traditional medicine programmes in Madagascar. *IK Notes* {Indigenous Knowledge Notes} No. 91.  
[www.worldbank.org/afr/ik/default.htm](http://www.worldbank.org/afr/ik/default.htm) [Reprinted by the World Bank, April 2006.] 4 pp.  
This useful, short, factual description, originally written for an international conference in 2003, begins by citing three 'Thèses de Médecine' in French, one of Lyon, two of Paris', dated 1891, 1901, 1902, the Paris theses being on 'Croyances et pratiques médicales des Malgaches'; the same with application to child birth and infant treatment; the Lyon thesis with a particular plant used in herbal treatment; the author names, Ramisiray, Ranaivo, Rasamimanana, being clearly Malagache [= Madagascan, in English]. The next references are to government actions in the 1990s and 2000s, promoting the study, and application of Traditional Medicine, the regulation of practitioners, the "dialogue and partnership between local communities, traditional healers, researchers, and clinicians" etc. [Certainly

there has been a good deal of study and report during the intervening hundred years, and some applications will have been made to people with disabilities.]

RATTRAY, R.S. (1933) The African child in proverb, folk-lore, and fact. *Africa* 6: 456-471. "We good-intentioned folk would be well advised to find out something more about the system and ideas which African parents themselves practise or hold regarding this subject" [i.e. the African child] "before we rush in to criticize, interfere with, or offer advice to those who in the long run are mainly responsible - namely, the childrens' own parents." (p.456)

RAVIV, Amnon (2014) The healing performance: the medical clown as compared to African !Kung and Azande ritual healers. *Dramatherapy* 36 (1) 18-26.

Raviv, who has worked as an instructor and also as a 'medical clown' in difficult circumstances, at medical centers of Israel, suggests that the "medical clown, the dramatherapist, the traditional healer and the witchdoctor each conduct a dramatic, theatrical performance with the objective of healing the ill in their community. Their healing ability lies in their capacity of being intermediaries between different worlds, between chaos and order, and between factors which caused and accelerated the illness and healing and mental powers." With reference to the medical and anthropological literatures on shamanism and on medical clowning, and practical examples of patients from infants to boyhood and also later years with whom he acted the clown, Raviv points out the similarities and the differences between the activities and the power balance and the beliefs involved, between shamans, local healers, patients, drama therapists, and the clown. The latter may use the power of comedy to elicit the patients' innate powers of self-healing, or at least the power to switch out of 'suffering severe pain' mode into 'laughing and crying', with some relief.

RAYNE, Henry (1921) *Sun, Sand and Somals. Leaves from the note-book of a District Commissioner in British Somaliland*. London: Witherby.

(NB 'Somals' is correctly shown in the title, though some indexes have inadvertently modernised it to 'Somalis'.) Based at the port of Zeila, near Djibouti, Major Rayne recorded activities in the daily administration of justice, finance, shipping, customs etc, introducing his Indian and Arab subordinates and various local characters. He collected the 'Poor Fund' from wealthier citizens, dispensed it to "cripples, some of whom crawl on all fours, frail bent old men and women, deformed children", and tested the stories of some who were blind or pretended to be so (pp. 24-28). An elderly petitioner at court, "not in a sound state of mind", was humoured in his delusion of being the king of kings and quietly put off to another day (41-42). The author, surrounded by servile politeness, was visited by an old desert leader, "a real live savage", who sharply punctured any delusions of grandeur in the District Commissioner (60-62). The story is told of a pearl diver with a wooden leg, and the quarrel between him and his blind neighbour, for which the court tried a temporary solution (145-154).

RAZAKA [MANANTENASOA], Ralphine (2011) Persons with disabilities in Madagascar. In: S. Kabue, E. Mombo, J. Galgalo & C.B. Peter (eds) (2011) *Disability, Society, and Theology: Voices from Africa*, 315-336. Limuru, Kenya: Zapf Chancery.

"I attended a normal school with other children. There were no special measures taken to suit my condition. I had to adapt myself to the system. Apart from usual steps, I did not have much difficulty. Since we lived in town I did not have to walk too far to reach school. The other children were not comfortable having a PWD [Person with Disability] among them. They therefore did not know how to deal with me. They were not particularly aggressive but I was always the one to take the first step to establish friendship. My colleagues seemed to be embarrassed. I had to struggle alone. From an early age, I started to advocate for my own person by explaining what I knew about my disability, how I felt and what my needs were." (p. 334) [At the time of writing, Ralphine Razaka was Chairperson of the Collectif des Organisations des Personnes Handicapées (COPH), having 140 associations as members all over Madagascar, and thus the most important representative organisation in the country. In 2017, Mme Razaka is "Directeur du Service des Personnes en Situation de Handicap et des Personnes Agées", at Madagascar's Ministry of Population, Social Protection, and Women's Advancement.]

--- From Mme Razaka's extensive studies, responsibilities, and personal experience, this chapter gives an informative and balanced account of the history and current situation of disability services and prevailing attitudes in her country. The traditional adverse customs still exist in rural areas: the birth of twins is "still considered abnormal. There are only three options for such children: they have to be killed, be thrown away, or, at best be given to two different persons to nurture them. The Malagasy ancestors also believed in astrology. Any baby could be put to death if the day it was born was considered 'bad'. It largely depended on their whims since there were no laws defining what a 'good' or a 'bad' day was." (316) The modern view of causation, however, is strongly linked to poor maternal nutrition during pregnancy, and absence of basic health care and preventive measures, due to the extreme poverty of many rural families (318-319). Christian missionaries had provided a very few special schools for disabled children, but had also brought ancient scriptures from which people might learn that disabled people were excluded from the presence of God (330-334). Nevertheless in her own case, with family support, Ralphine Razaka had been determined to study, to qualify as a teacher, also to teach Sunday school, to study theology, to compete and to gain a position of leadership in the Lutheran church. (335) It is within the Malagasy cultures that "people are deep believers and practice religion seriously", (330) and that positive changes of practice can take place, though seldom quickly. (336)

REIN, Susan Erica (1979) Religiosity in the poetry of Tchicaya U Tam'si. *J. Religion in Africa* 10 (3) 234-249.

Susan Rein met Tchicaya U Tam'si in Paris in 1977, and had some discussions with him. Her remarks on his poetry, and the appearance of some African themes or motifs, make no reference to his disability - and (not surprisingly) are fairly different from those given in the annotation of U TAM'SI (below), which are interested in the reflections of disability, along with religious themes.

REIS, Ria (1998) Resonating to pain: introspection as a tool in medical anthropology 'at home'. *Anthropology & Medicine* 5 (3) 295-310.

This multi-layered and reflexive paper by a sensitive professor of anthropology addresses

some differences and some gains in the author's experience of anthropological research on epilepsy as an expatriate in Swaziland and similar research 'at home' as a native of the Netherlands. It relates other insider-outsider research experiences, as when the author adopted a professional role while interviewing a mother whose son has epilepsy, the interview resonating with the researcher's own experiences as mother of a child with substantial disabilities. Comparable reflections from psychoanalytical practice are used to illuminate the various ways in which the pain and isolation arising from social reactions to epilepsy may be experienced by different participants and may contribute to more nuanced knowledge.

REIS, R. (2000) Explanatory concepts and stigmatisation: the case of epilepsy in Swaziland. *Zeitschrift Behinderung und Dritte Welt*, 11 (2) 44-48. [Full text online]  
[See previous item] Discusses the mainly positive social perceptions and responses to people with epilepsy in Swaziland found during residence and research fieldwork in the 1980s and 1990s, findings at variance with reports from many parts of Africa. Neither traditional healers nor the general public see epilepsy as a contagious or contaminating disease. Several dimensions of Swazi ideas about epilepsy are analysed. The author doubts that Swazi views are unique. Some genuine difference may exist, but Eurocentric and professional biases may also have influenced other reports. (Abstracts in German, French and Spanish)

REISNER, George A. (1920) Note on the statuette of a blind harper in the Cairo Museum. *J. Egyptian Archaeology* 6: 117-118 + two plates.  
Believed to date from before the Twelfth Dynasty, i.e. more than 4000 years old, this 18 cm. statuette was found in 1913 at a cemetery at Naga ed-Der. "The harper has his eyes closed and is manifestly blind". (One plate shows the statuette at c. 80% of real size; the other shows it much reduced, from four different angles; and the editor provided a fifth photo of another, smaller, statuette of a blind female harper).

RENOUF-STEFANIK, Suzanne (1978) Animisme et Islam chez les Mana (Centrafrique): influence de la religion Musulmane sur les coutumes traditionnelles Manza. Paris: SELAF {Société d'Études Linguistiques et Anthropologiques de France}. 359 pp.  
[From GRAY's bibliography. In Central African Republic.]

RESNIKOFF, S.; Fillard, G.; Dell'Aquila, B. & Abatte, E.A. (1989) Evolution de la situation épidémiologique du trachome á Djibouti. *Revue internationale du trachome et de pathologie oculaire tropicale et subtropicale et de santé publique* 66: 129-142.

RIBAS, Oscar (1952) *Ecos da minha terra. Dramas angolanas*. ["Echoes of my land: Angolan dramas"]. [in Portuguese]  
(see next two items)

RIBAS, O. (1961-1964) *Missosso: literatura tradicional angolana*. 3 vols. [In Portuguese].

RIBAS, O. (1975) *Tudo isto aconteceu. Romance Autobiográfico*. ["This all happened. Autobiographical novel"]. [In Portuguese]

[These Ribas works seem to be out of print, and were not seen by the compiler. Ribas is needed in this bibliography, being one of very few African lusophone disabled people to 'speak for himself', so resort is made to literary reviewers,\* and various web sources.] The blind Portuguese-Angolan writer and folklorist Oscar Ribas (1909 - 2004), born at Luanda, was distinguished for his long career studying, documenting and illuminating the lives, languages and folklore of the local people. "He limited his investigations scrupulously to his native city and its surroundings, becoming an expert on the history, customs and language of the Kimbundu people." (Moser, 41) Ribas's contribution to Angolan literature and culture would later be recognised with national honours and awards. His sight slowly failed from his early 20s, when his literary work had barely begun, though "Oswaldo goes to Portugal on several occasions, including to consult doctors about his blindness" {Oswaldo Relvas = Oscar Ribas, in the autobiographical novel}. (Hamilton, pp. 21, 27, 40) This formidable literary artist has been comparatively neglected since Angolan independence, perhaps because he had not been openly critical of the colonial government, during the armed struggles of the 1970s. Anglophone literary critics in those and later years seem also to have been reluctant to comment on his blindness, and the effects it may have had on his perceptions and writings - it was 'not the done thing' in that era, to refer to a writer's impairments, unless he or she drew attention to them. It seems that the tone of Ribas also tended toward praise of what he saw as 'civilisation', i.e. the best of European culture, in some contrast with the Angolan 'folklore' which he spent his life documenting (to show Europeans that Africans were really good folk, worthy of respect, if a bit backward at the present time...)

--- [With some modern knowledge of blindness and its progression and apparatus, one can make sense of some otherwise conflicting notes about the visual loss of Ribas. He suffered from retinitis pigmentosa, a hereditary condition which caused some impairment of vision from his early 20s, and his eyesight finally deteriorated to blindness when he was 36. As he knew this was coming, he had time to equip himself with a knowledge of Braille, both reading and writing; and later would use audio-books, and the more recent technologies. He and ophthalmologist Santos Lapa founded the Instituto Oscar Ribas, a college for educating blind people, where his efforts as a teacher were much appreciated. As the main oeuvre of Ribas centred on the *orally* transmitted traditions of the Kimbundu, it was less surprising that they could be apprehended by a man with deteriorating eyesight, or none - he could hear and remember, and cross-check what he had heard. Apparently Ribas made much use of his family members in organising his work, and he continued for long to use an ordinary typewriter to transcribe what he knew. Looking back from the age of 90, Ribas admitted that his final blindness had been a heavy blow, bringing some despairing thoughts. "Durante algum tempo só pensava em suicidar-me." How had he managed? With new light from God, he reinvented himself, and made more use of his other faculties. "Reinventei-me. Deus ajudou-me a descobrir uma nova luz no meu caminho de sombras. Deu-me resignação. Fez-me nascer de novo e iluminou os meus outros sentidos. Ensinou-me a usar melhor as outras faculdades para continuar a minha obra e ser útil." (interview with Silva)]

--- \*[R.G. Hamilton, 1978, 'Us-Them confrontations in the literary self-portrait of an Angolan writer: Oscar Ribas' *Tudo Isto Aconteceu*. In *Luso-Brasilian Review* 15 (Supplementary issue) (summer 1978) pp. 19-41. G.M. Moser (1979) Oral traditions in Angolan story writing. *World Literature Today* 53 (1, winter) 40-45. Oscar Ribas - Entrevistado por Maria Augusta Silva (com 90 anos, em outubro de 1999, open online, docplayer.com.br, in Portuguese.)]

RIBIERO, Fernando & Chai-Chai, Marcelina (1999) Country report: Mozambique. In: H. Cornielje, J. Jelsma & A. Moyo (eds) (1999) *Proceedings of the Workshop on Research Informed Rehabilitation Planning in Southern Africa, Harare, Zimbabwe, 29 June to 3 July, 1998*, 98-101. Leiden: Leidse Hogeschool; Harare: University of Zimbabwe.

[National difficulties prevented participants from Mozambique, and from Angola, from reaching the conference; so reports from those countries were added later. The Mozambique report listed a variety of issues arising in health, education, welfare, law and disability, and of organisations taking part in offering assistance. It appeared that research was needed, but the resources were weak. The situation in Angola was somewhat similar (pp. 86-87.)] {See, however, HONWANA 1999, above; and VESPERMANN, below}

RICHARDS M.C. (1927) Medical treatment by Bor witch-doctors. *Sudan Notes and Records* 10: 241-42.

RICHARDSON, Kristina (2012) Drug overdose, disability and male friendship in fifteenth-century Mamluk Cairo. *postmedieval: a journal of medieval cultural studies* 3 (3) 168-181.

RICHARDSON, Kristina L. (2012 / 2014) *Difference and Disability in the Medieval Islamic World. Blighted Bodies*. Edinburgh: Edinburgh University Press. ix + 158 pp, with illustrations

This scholarly work, improved from a phd thesis in 2008, ranges across the Middle East, but has one foot firmly in Africa, and reflects or represents a lot of thinking that still has influence across North Africa. Richardson has examined and reported on a mass of Arabic material that is practically unknown in the anglophone disability studies field, and should now become obligatory reading in courses that claim an international vision. Unusually, in a work treading carefully across a large and difficult field with copious end-notes attached to chapters, Richardson manages to convey some of the pleasure and fascination inherent in her investigations. Chapters are: Introduction (pp. 1-21); 1. *Ahat* in Islamic Thought; 2. Literary Networks in Mamluk Cairo (36-71); 3. Recollecting and Reconfiguring Afflicted Literary Bodies (72-95); 4. Transgressive Bodies. Transgressive Hadith (96-109); 5. Public Insults and Undoing Shame: Censoring the Blighted Body (110-137); plus Bibliography: Primary unpublished, Primary published (138-145); Secondary (145-156); Index (157-158).

[See SCALENGHE, below. Also reviews by Winston Black, August 2013, H-Disability, H-Net Reviews, open online; and by Miri Shefer-Mossensohn, 2014, *Review of Middle East Studies* 48 (1-2) 104-106.]

RIDA, Amin (1964) La paralysie infantile [chez les Anciens Egyptiens] [aux temps des Pharaons]\*. *Cahiers d'Alexandrie*, Série II, Fascicule 4, pp. 69-77. \* The Contents list (Sommaire) of this issue shows the title ending "chez les Anciens Egyptiens"; whereas the article itself bears the title ending "aux temps des Pharaons". [Photocopied at the Sackler Library, Oxford, with much appreciation.]

Professor Rida discusses the earliest discovery of infantile paralysis {paralysie infantile} in Egyptian texts. He awards the palm to Jean Godefroy {Johannes Gothofredus} Salzmann de Strasbourg (1734) *Dissertatio medica sistens plurium pedis musculorum defectus. Argentorati: Johannis Henrici Heitzii*. However the earliest iconographical representation seems to have been one dating from the 19th dynasty, 1580-1350 BC, held by the Glyptothèque Carlsberg of Copenhagen. Enlarged and enhanced versions of this have been displayed by organisations campaigning for the elimination of polio; but when visiting the holding museum, "on se rend compte que cette pierre est trop petit pour la reputation qu'elle a acquise récemment. Elle n'a que 27 cm de hauteur et 18 cm de longueur. Les inscriptions à la partie inférieure sont partiellement effacées de sorte qu'il est très difficile de les déchiffrer." A useful note of caution from Rida, who was an orthopedic surgeon in the Medical Faculty at Alexandria, Egypt.

--- [Most of the literature credits the discovery to Hamburger, Ove (1911) {*Danish*} Et tilfaelde af Børnelamhed i Oldtiden. {An instance of child lameness in olden times.} *Ugeskrift for læger* 73: 1565-1568. Cited as the "original medical interpretation" of poliomyelitis in an Egyptian stele showing a man with a withered leg, with foot in a characteristic dropped position of flaccid paralysis, and a long walking staff. A French version also appeared: Hamburger O. (1911) Un cas de paralysie infantile dans l'antiquité. *Bulletin de la Société française d'histoire de la médecine* 10: 407-412. This makes no reference to the Danish version. The French text occupies pp. 407 and 408, describing the stele from the 18th dynasty, held at the Glyptothèque Carlsberg in Copenhagen, the city where Hamburger worked as a lecturer in anatomy. A photograph of the stele appears on p. 408. The museum catalogue considered the foot of the central character to be poorly represented; but to a medical observer, it was clearly a foot in the equinus position, with the leg shown withered and smaller. From the foot of p. 409 to 412, comments are by M. Marcel Baudoin, who pointed out a number of hazards of interpretation for those who were not very familiar with Egyptian artwork. A further version appeared, translated by E. Hansen (1912-1913) A probable case of infantile paralysis in ancient Egypt. *Hospital Bulletin of the University of Maryland* 8: 912-. (Why this is certified as *infantile* paralysis is not so clear, since children into their teens can suffer polio paralysis, and develop serious limb deformities. Rida provides a photograph of a deformed right leg and foot from the mummy of pharaoh Siptah, from the 19th dynasty, "montrant les séquelles d'une paralysie infantile, dont il fut atteint pendant son enfance".]

RISPLER-CHAIM, Vardit (2007) *Disability in Islamic Law*. Dordrecht: Springer. 184 pp. Extensive and detailed review, based on the works of Muslim Jurists from medieval times to the present, and many years of experience in the modern Middle East. Different perspectives and terminologies of law, religion and medicine are used to describe legal and social responses to disability and people with disabilities, in a variety of situations that

arise in everyday life and the practice of Islam. Chapters are headed (1). People with disabilities and the performance of religious duties; (2). People with disabilities and jihad; (3). People with disabilities and marriage; (4). The *Khuntha* [hermaphrodite]; (5). Disabilities caused by humans: intentional and unintentional injuries. A useful Appendix (pp. 97-134, plus notes and references pp. 150-153) gives English translation of "Contemporary fatwas on people with disabilities", by Islamic scholars mostly in Saudi Arabia, Egypt, Lebanon, Jordan, and a few on the web. The Appendix ends with an excerpt from a book by Dr Musa al-Basit which considers the rights of disabled people in a broader way than the specific fatwas.

ROBINEAU, M. (1933) *La lèpre en Afrique Occidentale Française, étude bibliographique. International J. Leprosy* 1 (4) 459-462.  
[Not seen]

ROLES, N.C. (1967) Tribal surgery in East Africa during the XIXth century. Part 2 - Therapeutic surgery, *East Africa Medical J.* 44: 17-30.  
Relevant to disability are the treatments for fractures and dislocations, trephining, amputations (including superfluous digits in neonates), cauterisation for epilepsy, ophthalmological procedures, and vigorous therapeutic massage.

ROSS, D.H. (1988) *Educating Handicapped Young People in Eastern and Southern Africa.* Paris: UNESCO.

ROSS, Eleanor (2010) Inaugural lecture: African spirituality, ethics and traditional healing - implications for indigenous South African social work education and practice. *South African J. Bioethics and Law* 3 (1) 44-51.  
[Found full text open online, Sept. 2016.] Well-organised and well documented inaugural lecture presented, on 5 May 2010 at the University of Witwatersrand. This sets out to discuss, with the caution proper to an outsider, "the main tenets underpinning African religion, spirituality and ethics predicated on the ethical principle of *ubuntu* (contraction of *umuntu ngumuntu ngabantu*) {a person is a person through other persons}); the differences between Western allopathic health care and African traditional healing; and ethical dilemmas arising from the application of a traditional healing paradigm within a rights-based society." Noting such an ethical dilemma, where disease or disability was traditionally perceived as an outcome of, or penalty for, wrongdoing, Ross faces the question, "whether practitioners should simply encourage people to work through such feelings in counselling, or whether they have an ethical obligation to provide clients with information on the 'scientific' nature and aetiology of the condition [\*] - information which could run counter to their religious and cultural beliefs? ... My stance is that it is possible to provide such information in a way that conveys respect for the client's cultural beliefs and values. At the same time, students and professionals need to debate whether they should respect cultural practices that violate the rights of others, or be advocates of change." Ross concludes with a detailed agenda for moving toward "an Afro-centric model of social work", meeting the need "to recognise... to acknowledge... to reframe... to incorporate..." the parts of indigenous knowledge and experience that have been unwisely overlooked or



despised. "We also need to incorporate African ethics which emphasise the *ubuntu* values of inter-relatedness of people, collective decision-making, mutual aid, respect, compassion, hospitality, generosity and service to humanity."

--- \*[Ross may have been aware, but did not complicate matters by pointing out, that the pace of change in medical research is rapid. If the 'scientific' information offered about the nature and cause of disease or disorder is more than five years old, it is likely to have been challenged by more recent research findings. The average 'modern Western' medical practitioner, facing 'ordinary people' coming to their clinic with pain, disease and sorrow, may be purveying a 'cultural belief system' based on transient and outdated 'science' that is no longer being taught to medical students 15 years younger. (See Introduction, above, section 2.) The profit-boosting strategies of some multinational drug companies also ensure that the pills prescribed by such 'modern' doctors might be no more effective than a placebo, in independent controlled research trials.]

ROUAUD, A. [2004] Zar. (1) In the Horn of Africa and the Arabian peninsula. *Encyclopaedia of Islam*, XII: 455-56. Leiden: Brill.

ROULON, Paulette (1980) La conception gbya du corps humain. *J. des Africanistes* 50 (1) 59-106.

With regard to views of deafness, the idea exists of an active "maître de l'oreille", reportedly living in people's ears, in the conceptions of the Gbaya in the Central African Republic (p. 95). While hardly supported by modern medical science, such a belief (cf. DALLINGA, above; STANNUS; and TUCKER, below) at least does not impute wickedness to the sufferer. Nor does the ear-creature seem to involve worrying ideas of invasion by spirits and the need of a trance ceremony to 'cure' the blockage, as seems to be the case in beliefs of the Ovimbundu about dumbness (TUCKER).

ROWLAND, William Peter (1986) *Being Blind in the World: a phenomenological analysis of blindness and a formulation of new objectives in rehabilitation*. Pretoria: South African Council for the Blind. 195 pp.

[Not seen. During 30 years after the publication date, the South African Dr. William Rowland (b. 1940) has become one of the most prominent and honoured spokespersons for blind and low-vision in Africa and internationally. In *Imfama* 3/3 (2009), it is stated that "41.. William Rowland's doctoral thesis 'Being Blind in the World' was published in 1984." As Rowland was editor of *Imfama* at the time, it seems likely that the date is correct. That this book is his PhD thesis, from the University of Cape Town, where he had previously taken his MA, would also serve to explain how this book with a lively main title is saddled with a 'difficult' subtitle that could be expected to deter many potential readers! Publication date of 1986, found elsewhere online, might be simply the difference between publication in PhD format, and subsequent publication in book form. (See next item).]

ROWLAND, W.P. (ed.) (2009) Special 80th Celebration Edition. *Imfama* 3/3. [Found open online at [www.freelists.org](http://www.freelists.org) ]

*Imfama* is the official magazine of the South African National Council for the Blind (SANCB). Its masthead states that "*Imfama* is the Xhosa word for a blind person." This "80th

Celebration" edition commemorates the activities of the SANCB, with a selection of articles on prominent events and personalities, as well as regular features of the magazine. Profiles are given of three of the oldest member organisations, "The South African Library for the Blind: 1919-2009" by François Hendrikz; "Institute for the Blind, Worcester: 1881-2009", by Cathy Hugo; and "KwaZulu Society for the Blind: 1918-2009", by Merle Browne. Under the title "About 'Firsts' and Other Celebrations", a list is given of 80 brief 'facts'. Examples: "3.. Advocate Bowen piloted the Blind Persons Act through Parliament in 1936." "8.. First blind female lawyer, Lynita Conradi." "12.. In 1937 Ezenzeleni was the first sheltered workshop for blind black people." "23.. Antonie Schwartz established the South African Blind Workers Organisation (SABWO) in 1946." "31.. Volunteers play the major part in SA's Braille development." "42. More recently, Praveena Sukhraj-Ely and Obert Maguvhe obtained their PhDs." "51.. SA's first guide dog team in 1951 comprised Eddie Dix and Pluto." "61.. Among blind people, beekeeping is thriving once more." "70.. The SALB opened its Mary Spurling Cassette Library in 1983.", and so on. "Bennie van Rensburg, first blind diplomat, and Hendrietta Bogopane-Zulu,\* first blind Cabinet Minister, are but two of the personalities whose stories inspire the reader."

--- In this edition, under the curious title "Tarzan, BINGO and Council for the Blind", Rowland also gives a slightly humorous account of how he lost his sight. "I made it to the age of eight and then, my teachers, bless them, picked up that there might be something wrong with my eyes. For once, my teachers were right. The doctors said that there was nothing to be done and that I'd gradually lose my vision. The herbalists, homeopaths and spiritual healers seemed to think. [...?] But for once, they were wrong. // I then spent the next 25 years or so living a bit like a hamster at midday, in the twilight zone called partial-sight, until the curtain came down on my eye and without any encore. I didn't mind though. I was too busy playing the guitar in a traveling music show, fumbling my way through university and fending off the girls."

--- \*[Further details of Bogopane-Zulu and others may be found open online from "Who's Who in Southern Africa", using search terms such as 'blind', 'disabled', 'deaf'. Such a search brings details of people like the South African wheelchair-riding athlete Zanele Situ; and the deaf Nkosinathi Freddy Ndlovu, a counsellor and educationist; and dozens more.]

RUFFER, Marc Armand (1921) *Studies in the Palaeopathology of Egypt*, edited by R.L. Moodie). Chicago: University of Chicago Press. xx + 372 pp + plates.

Many references to disability. See Index, e.g. abnormalities, baldness, clubfoot, deformed persons, dwarfs, hunchbacks, etc. Heavily illustrated.

## **Authors SAADAWI ... SWIFT**

El SAADAWI, Nawal (1985) *God Dies By The Nile*. Transl. Sherif Hetata. (Arabic original published in 1974). London: Zed books. vi + 138 pp.

This is a novel of harsh judgement on an Egyptian government regime which allowed the poor, the wretched, the vulnerable and the crippled to drag out a bare existence, in the presence of a deity who may also have forgotten them. Among the more grotesque characters is "Sheikh Metwalli", a limping and drooling half-wit who ekes out a meagre

existence, chased by the village children, living on scraps of food picked up here and there, and who entertains himself by having physical relations with recently dead bodies dug up in the cemetery (pp. 55-57). "It was said that a woman afflicted with paralysis had touched him and been cured, and that he had helped a blind man to regain his sight."

SABIL, Khadija (1995) Women and disability. In: Fatima L. El-Ouahabi; K. Sabil; Chris McIvor & Joan Carey (eds) *In Our Own Words. Disability and Integration in Morocco*, pp. 33-47. London: Save the Children Fund. (Also in Arabic, from Bissan: Beirut.)  
Discusses women and disability mostly in Morocco. Not very much direct reference to Islam, apart from attribution of disability to fate or Allah.

SABRA, Adam Abdelhamid (2000) *Poverty and Charity in Medieval Islam: Mamluk Egypt, 1250-1517*. Cambridge University Press. xiii + 192 pp.

Useful background study on poverty and charity. Mentions disabled people only incidentally (e.g. blind, lame, crippled, lepers etc, pp. 47-49, 60-61, 74-78, 85), but they were there among 'the poor' for whatever benefits were provided.

SABRY, Sarah (2005) The Social Aid and Assistance programme of the government of Egypt -- a critical review. *Environment and Urbanization* 17 (2) 27-42.

This review is based on the needs revealed in a study of Cairo households living in poverty. The official Social Aid programme aims to provide a minimum monthly income to people such as the elderly, widows, disabled, or divorced women raising children, who have no means of self-support. A series of (globally familiar) hazards is outlined: the resource provision is too small; many eligible people are unaware that they could apply for it; the bureaucratic process is intimidating, slow and unpredictable; etc.

SADOWSKY, Jonathan (1999) *Imperial Bedlam. Institutes of Madness in Colonial Southwest Nigeria*. Berkeley: University of California Press. xi + 169 pp.

The title of Dr Sadowsky's study, in its period, hints at some influence by the grandiose theoretician, philosopher or charlatan Michel Foucault, with some predetermined outcomes in terms of the brutal and brutalising 'colonial state', which inevitably drives to madness the objects of its evil designs (etc). However, the author was able to spend many months reading archival case histories at the small Yaba Lunatic Asylum, founded in 1906, and the later Aro Mental Hospital, which became well-known under Dr T.A. Lambo. This provided some evidence base of written records -- whatever meanings the psychiatrists may have intended by their statements. The principal interest for present purposes is that there is written record of statements by some of the 'mental patients' at the hospital, and these can give (fairly rare) examples to join the voices of other African people having various disabilities and stating their beliefs about their situation. Patient David, at Yaba in 1987, leads off by asserting that "Despite the development of psychiatry as a scientific discipline over the last 100 years, the fundamental question of what mental illness is, still haunts the profession. ... No tests have yet been developed to determine objectively the presence or absence of most mental diseases. ... The criteria for medical diseases are physico-chemical, while the criteria for psychiatric diseases are social and ethical." (p. 1, note p. 119)

--- \* In 1955, patient Julius tried the new medical school at Ibadan, but was referred to Dr Lambo at Aro. Afterwards, Julius expressed his thanks but noted that, "Sometimes my brain stirs and confuses making me to feel like unconscious with the result that I scarcely concentrate upon one thing up to two minutes time. / Suffer a continual acute and crushing headache. At times blood gushes out of my nostrils and as an effect of this torture the right ear is now deaf. / Exceptionally very weak and tired at the depressed heart, while the entire body shakes and quivers me especially along my hands. / Occasional paralysis throughout the whole body and a very painful aching waist. As if, of course I know not the bones, of course I know not are broken." (pp. 61-62, 138) (The symptoms resemble a Yoruba diagnosis of 'hunter's head').

--- \*\* Patient Richard's case in 1959 is described at second hand, but his voice is fairly credibly expressed: "...afraid to go to sleep because he might die. .. son of a drummer for the shrine of his local religion. .. worked as a clerk .. enjoyed himself drinking .. and taking bribes. On becoming a Christian he completely changed his life. .. stopped drinking .. later vowed to preach .. played in religious orchestra .. went to Bible School in Benin City .. riding on a cloud of religious euphoria. .. preached often .. participated in daily religious services. Since admission to the [Baptist Theological Seminary] he has done fairly good work, but... has felt like dead wood. .. not been able to preach because of language difficulties. He has been pressed in his studies until now he tends to lay some of the cause of his trouble to excessive reading. He and his closest friends have talked of leaving the seminary to go back to the experiences that meant so much to them earlier. / .. present illness was precipitated on Sunday two weeks ago .. invited to preach at a small local church .. but he was unable to preach or teach a Sunday School class. He was able to talk about other things, but unable to make his voice preach. He left the church in emotional distress and since then has felt heavy guilt of condemnation. .. vacillated over his willingness to come to Abeokuta for treatment, however .. now willing to do whatever is necessary to expedite his cure." [However Richard was admitted to hospital after a display of 'antisocial behaviour' at his dormitory. And he left hospital stating that he was "leaving Aro hospital of my own free will, and that I have been advised not to do so."

--- \*\*\* Patient Josiah was placed in Yaba hospital after difficulties in his studies in Sierra Leone, and England, and various traditional treatments, and travails over years. He was reported by healers to be "irresponsible in his behaviour and dirty in his habits." In 1943 he wrote several letters, of which Sadowsky gives lengthy extracts (pp. 65-67, notes 138), displaying a strange combination of delusion and possible political irony; to Sadowsky they "read as a troubled prose poem on the partition of Africa" (65). Josiah assumes the identity of the ancient King Solomon, King of Israel, to make wise pronouncements. The final one quoted is addressed to King George III at Buckingham Palace, with loyal fervour: "I am wisdom, the Conqueror of every foe of England. I am Law Student, the 'Palace of Arts' of the University of London, and the Founder of all British Universities and Schools. / I am that I am, Josiah A." (67)

--- \*\*\*\* A chapter is devoted to "The Confinements of Patient Isaac O." (78-96, notes pp. 141-143) Isaac had some mental difficulties periodically since 1932, and was brought before courts for crazy and threatening behaviour, raging and running naked and wild. Yet he also had a record of commendable behaviour at Wesleyan College according to teachers

and old classmates. He offered a detailed self-defence in court, saying "I have never had epileptic fits in my life. I have not been sick and none of my relatives have been sick like this before. .. On Tuesday June 7 I went to the superintendent. I told Mr A. that I am sending my younger brother to him. ..[long description of chasing after his younger brother] .. I entered the town and heard someone singing one of the Christian songs. Then I went to his house. I asked permission to sleep there. He gave me the chance to sleep in his house. I slept, but I was always thinking of my younger brother on my bed that night." [Later, as from prison..] "saw something in the night as being troubled witches. Then I woke up. I prayed and then woke up the owner of the house. [some difficulty getting to sleep] "When the day dawned I left Ara with three boys;" [got into argument with policeman on bicycle; then arguments with others on road. "They came back with neither food nor carriers. Then I said I should take them by force." [began disrobing; further difficulties, refusals by people to do what was asked; chasing and beating them] "After the last stroke he had a mark on his neck. Then he pretended to be as one who has fainted. I took the cutlass and left him there."

--- [Further difficulty to hire anyone for carrying Isaac's baggage, despite his orders and threats] "Many others I called and they ran away. .. Then they began to curse me" [fights with several men in authority. Row about whether he should or should not have been arrested with force] "Then the Corporal Olupa who was coming to put handcuffs on me also stopped, when he heard how I had drubbed the Native Court Clerk & the Alara of Ala." [Court required further explanation.] "I was not myself. I was out of sense. Now I am getting better I can say I have been poisoned by juju at Ifisin where I am working." Court: "But you are a Christian catechist -- surely juju cannot affect you?" Isaac: "When I see witches in the night I just pray. Had I taken medicines all this might not have happened. My prayer might not have been answered, being that I am a sinner." [Yet further intermittent outbreaks took place, of untoward behaviour to members of the public, through to 1947, requiring some official intervention, though it was rarely clear what would be effective, nor why.]

--- [Cf. fairly positive academic reviews of 'Imperial Bedlam', from J. Iliffe (2000) *Med. Hist.* 44 (4) 557; L. Bell (2001) *J. Hist. Behavioral Sci.* 37 (1) 88-90; L. Lindsay (2001) *J. Soc. Hist.* 34: 730-732; and more.]

SAFI AL DIN ibn Abi l-Mansur ibn Zafir. *La 'Risala' de Safi al-Din ibn Abi l-Mansur ibn Zafir: Biographies des maîtres spirituels connus par un cheikh égyptien du VIIe/XIIIe siècle* (transl. Denis Gril, 1986). Cairo. 569 pp.

Some of the 'holy fools' described by Safi d-Din in 13th century Egypt and elsewhere were more holy than foolish; others perhaps the reverse. {Translated from Arabic to French.}

SAGNER, Andreas (2001) 'The abandoned mother': ageing, old age and missionaries in early and mid nineteenth century South-East Africa. *J. African History* 42: 173-198.

SAGNER, A. (2001) Behinderung und Kultur. *Zeitschrift für Ethnologie* 126: 175-207. [In German]

[from Abstract:] "Mainly drawing on recent anthropological and sociological studies on disability the paper describes cultural aspects of disability, hereby concentrating on the

meanings of disability and understandings of bodily impaired people in some non-Western societies, particularly in rural Africa..."

SALIB, E. & Youakim, S. (2001) Spiritual healing in elderly psychiatric patients: a case-control study in an Egyptian psychiatric hospital. *Aging and Mental Health* 5: 366-370. Briefly reviews ways in which religious phenomena may be associated with mental illness in popular belief, and various 'spiritual healing' activities, locations and procedures. Twenty elderly Egyptian patients known to have had some kind of spiritual healing, and who had had schizophrenic relapses, were compared with 20 who had had relapses but were not known to have had spiritual healing. Patients were male and female, aged between 60 and 72, Muslim and Christian. (Attempted healings took place at Mosque or Church. Therapy was sometimes by extended reading of Qur'an or Bible). The authors did not differentiate by religion, but noted that four (10%) reported having no religious beliefs, 73% reported 'moderate' and 23% 'deep' beliefs. Results suggested that a positive association might exist between receiving "some form of spiritual healing and the risk of developing an acute relapse" in these patients; yet the authors are cautious when discussing this result, based on a small sample and with some confusing factors. Simply holding religious beliefs, without spiritual healing, did not seem to raise the risk of relapse.

SALIH, Tayeb (1966 / 1984) *The Wedding of Zein, & other stories*, transl. 1968, Denys Johnson-Davies (from Arabic original, 'Urs az-Zain wa sab' qisas', 1966, Beirut). London: Heinemann Educational, 1969, 1978, reprint 1984. vii + 120 pp with illustrations. The Sudanese author Tayeb Salih (1929-2009) had a varied career in literature and broadcasting, and a fairly modest output of publications. One of his best-known works, which continues to generate appreciative comment and exegesis, is the short novel 'The Wedding of Zein' [or Zayn]. This was "written shortly after Sudan's independence in 1956 and marked by the optimism characteristic for this period" for the larger hope of a successful synthesis of "Western science with Islamic culture", though it was not published until 1962 (Vrabcek, 2012), and took further years to become known in English translation. Zein is the misshapen, comic 'holy fool' of fictional village Wad Hamid, and his antics and weakness of falling dramatically in love with village maidens provide a cover for discussing the harder-headed machinations of various power groups within the village - and also mirror some of the conflict between traditional orthodox beliefs and mystical yearnings, as well as the ordinary greed, lust and exploitation of everyday life. Zein is also depicted as having friendship with the pious wandering sufi Haneen, as well as with various kinds of "persons whom the villagers regarded as abnormal, such as Deaf Ashmana, Mousa the Lamé, and Bekheit" ...who had several deformities (pp. 44-45). (Sharkey, 1992, links these destitute and isolated people with a background of former slaves, who for many decades failed to acquire any social capital or to benefit from the grant of 'freedom'. See further social analysis by Khalel, 2011.) [-- Jozef Vrabcek (2012) Some notes on the mystical elements in al-Tayyib Salh's Wad Hamid cycle. *Zbornik Filozofickej Fakulty Univerzity Komenskeko Rocnik XXXIII-XXXIV Graecolatina et Orientalia*, Bratislava, pp. 195-204. -- Heather J. Sharkey, 'The Sudan's ex-slaves: a study of Tayeb Salih's *The Wedding of Zein*.' In: *Sudan Studies* No. 11 (January 1992: 18-23. -- Mohammad Khalel (2011) Tayyib Saleh's

novel 'Urs al-Zein / The Wedding of Zein: the wedding of compromise between traditionalism and modernism. [majalla / 5] 111-126 [found online.]

SALISBURY, Geoffrey (1964) Open education. In: A. Taylor & F.H. Butcher (eds) *Education of the Blind in Africa. Report of a Conference held under the auspices of the Nigerian National Advisory Council for the Blind, at the University of Ibadan, March 14th-21st 1964*, 4-8. Ibadan: Caxton. [Digitised in 2015. Found open online.]

In a short paper, Salisbury piles in the details of "a carefully conceived plan aimed at absorbing blind children in small groups into the routine of the ordinary day school without upsetting the normal balance of work. Open Education is a deeply thought-provoking system based on the inescapable fact that blind children, apart from their handicap, are exactly the same as children who can see. They display all the healthy traits of childhood: vivid imagination, natural curiosity, and high spirits. Blindness is a secondary factor, a blind child is first of all a child. / ...the aims of Open Education are the same as those of education in its widest sense: fitting children normally and usefully into their environment, contributing to and enriching the life of the community as a whole, in fact leading a full life. Open Education places particular emphasis on preserving the bonds of local life, particularly home life, and demonstrating in the midst of a community that blindness can be overcome given skilled help and understanding neighbours." [See following items; also WILSON 1957, for a description of such a school in practice.]

SALISBURY, G. (1974) *Open Education Handbook for Teachers of the Blind*. Royal Commonwealth Society for the Blind. 58 pp.

SALISBURY, G. (1990) *Yesterday's Safari*. Lewes: Book Guild. 324 pp.

Detailed account of activities in Zambia and several other countries by a pioneer teacher using open (integrated) education and resource development for blind people. [see also WILSON, below]

SAMPSELL, Bonnie M. (2001) Ancient Egyptian dwarfs. *KMT A modern journal of Ancient Egypt* 12 (3) 60-73.

Profusely illustrated paper combining insights from genetics, physiology, art and Egyptology.

SANGARÉ, Moussa Ly (1978) *Sourd-muet: je demande la parole*. Dakar: Nouvelles Editions africaines. 175 pp.

Autobiography of a Senegalese Muslim writer, who reports his experiences of growing up with deafness, starting around 1953 when he was a schoolboy of 12 years. His impoverished family could not afford medical treatment that might have saved some hearing. The depth of Sangaré's hearing loss became apparent rather slowly, as the boy and young man became adept at lip-reading and patching together some meaning from odd words he could half hear (p. 134). Later, a physical ailment affected his mobility, and took his voice away. After much internal struggle, he determined that he would use his creative powers to speak through the printed word.

--- Later he adopted an African name, Dono Ly Sangaré. He told European interviewers in 1986 that he was a practising Muslim, and his adoption of an African name in place of an Arab Muslim name was merely a reaffirmation of African roots, not a rejection of Islam. [see Glinga, W. & Lüsebrink, H.-J. (1986) *Sourd-muet, je demande la parole. Dossier sur Dono Ly Sangaré (Sénégal)*. In: W. Zimmer, W. Glinga, H.-J. Lüsebrink, et al. (eds) *Interviews avec des écrivains africains francophones*, 15-28. Bayreuth: Bayreuth University.

SARGANT, W. (1967) Witch doctoring, Zar and Voodoo: their relation to modern medicine. *Proceedings of the Royal Society of Medicine* 60: 1055-1060.  
Includes material from Ethiopia, Sudan.

SARKODEE, Juliana (1983) Participation of the Deaf and the Hard-of-Hearing in the Community. In: Kofi Marfo, Sylvia Walker and Bernard L. Charles (eds) *Education and Rehabilitation of the Disabled in Africa. Volume 1 Toward Improved Services*, pp. 155-162, 236. Edmonton, University of Alberta, Centre for International Education and Development. [Sarkodee is listed as Social Development Officer in the Central Regional Department of Social Welfare, Cape Coast, Ghana. She mostly writes impersonally about the main types of deafness, and various social problems, activities and opportunities for employment of deaf people. In a single paragraph she gets more personal, including herself among the higher achievers in the education field.] "Educationally, the schools for the deaf in the country give normal education to deaf children and have had considerable success that sometimes surpasses that of their hearing counterparts. For example the Cape Coast School for the deaf had a 100 per cent pass in the Middle School Leaving Certificate Examinations in 1980. There are deaf and hard-of-hearing people pursuing secondary education at Mampong-Akwapim. A few of them have been able to pursue graduate and post-graduate courses. For example, Dr Tetteh Ocloo has obtained a doctoral degree while I have also obtained my first degree at the University of Ghana." (p. 157) [see OCLOO above]

SARRAZIN, Roxanne B. (2015) *Le syncrétisme religieux en Égypte dans l'Antiquité tardive: l'apport des papyrus iatromagique grecs*. Thèse présentée à la Faculté des études supérieures et postdoctorales dans le cadre des exigences du programme de maîtrise en études anciennes. Faculté des Arts, Université d'Ottawa. 127 pp.

[Abstract:] "At a time when multiculturalism has become an important issue for contemporary societies, historians have developed a new interest in relation to the phenomena of intercultural contact and religious syncretism in Antiquity. The Greek magical papyri, produced between the 2nd century BCE and the 6th century CE, represent an ideal source in the study of cultural interactions and religious syncretism in Egypt, particularly in Late Antiquity (4th to 7th century CE). Iatromagical papyri specifically - magical texts aimed to cure or prevent diseases - have a double interest since they not only contain elements from different religions (Egyptian, Greek, Roman, Judaism and Christianity), but also the rich medical knowledge of the various people who met in Egypt. By presenting a detailed review of vocabulary and medical knowledge, as well as case studies of documents containing various religious elements, this thesis demonstrates how the Greek iatromagical papyri reflect the different types of religious syncretism present in Egypt in Late Antiquity."



SAVOLAINEN, Hannu (1997) *Between discrimination and inclusion: persons with disabilities and services for them in Ethiopia today*. In: H. Kokkala (ed.) *Providing Special Education For Those Who Need It In Developing Countries*, 64-78. Helsinki: Ministry of Foreign Affairs.

SCALENGHE, Sara (2014 / 2015) *Disability in the Ottoman Arab World 1500-1800*. Cambridge University Press. xiv + 203 pp.

Dr Scalenghe ranges widely both in geography and kinds of disability, so North Africa is represented in several ways in this recent historical volume covering work in Arabic and Turkish. A useful amount of it has not previously figured in discussion of disability history. (See RICHARDSON 2012/2014 above). The chapter headings give merely four types of impairment, but their sectional elaboration shows that the author has discovered much more of interest in this nascent field. For African locations, see Index under e.g. Bishari; Cairo; Egypt; Jabarti, paranormal, and further. But there is much more of relevance, as practices under Ottoman rule naturally affected much of North Africa. Happily, Dr Scalenghe was not deterred by 'Disability Studies' sensitivities from investigating frankly medical features of impairment and disability, including "Intersex" and the "khuntha" (pp. 124-166). Some Islamic discussion of these phenomena has a frankness and detail that might surprise a modern Western world nervously wondering how to debate 'trans-gender' accommodations.

SCHIER, E.; Yecunnoamlack, T. & Tegegne, T. (1988) *Zur Situation epileptischer Patienten in einem afrikansichen Entwicklungsland: Nordwest Aethiopien*. (The status of epileptic patients in a developing African country: Northwest Ethiopia.) *Psychiatrie, Neurologie und medizinische Psychologie* (Leipzig) 40: 490-499. [in German]

SCHMALING, Constanze (2000) *Maganar Hannu: Language of the hands. A descriptive analysis of Hausa Sign Language*. Hamburg: Signum Verlag. (International Studies on Sign Language and Communication of the Deaf, Volume 35). xx + 295 pp.  
Professor Schmaling reviews the history and cultural background of deaf people in Hausaland and its focal city Kano in Northern Nigeria. She presents and analyses research data on the Hausa Sign Language as used in Kano State, from a database of some 1,900 signs transcribed in the mid-1990s with the Hamburg Notation System and cross-checked with native signers. Much linguistic material is described in a comprehensible way, embodying a range of cultural and conceptual phenomena, based on the author's doctoral thesis. (291 references are given).

SCHMALING, C. (2012) *Dictionaries of African Sign Languages: an overview*. *Sign Language Studies* 12 (2) 236-278.

SCHMIDT, Rudolf [ca. 1913] *Hemel en Aarde, een liefdewerk der Broedergemeente (Moravische Zending) onder de melaatschen in Zuid Afrika*. Genadendal: Drukkerij der Kweekschool. 12 pp. + plates [In Afrikaans]  
[Description of 'Heaven and Earth', a charitable work of the Moravian Brotherhood mission among leprosy sufferers in South Africa.]

SCHNEIDER, Marguerite (2006) Disability and the environment. In: B. Watermeyer; L. Swartz; T. Lorenzo; M. Schneider & M. Priestley (eds) *Disability and social change; a South African agenda* pp. 8-18. Cape Town: HSRC {Human Sciences Research Council} Press.

Working as Chief Research Manager, Child, Youth Family and Social Development, at the Human Science Research Council, Pretoria, the highly experienced Dr Schneider "introduces the reader to the complex difficulties surrounding systems of defining and circumscribing disability" (p. 3), so that it may be studied and better understood and more appropriately responded to, within the personal, biological, situational, social and official realities. --- [Such research, in notoriously 'floppy' fields, and the guidance, commissioning and management of researchers, and interpretation of outcomes, and preparation of further and better-focused research, actually requires immense care, patience, persistence and the overcoming of innumerable obstacles. Otherwise -- as may be noticed in many research reports in the present bibliography -- the results after years of effort and expense actually offer little more than a snatch of 'real life', hardly better than might be guessed by the average politician; or many pages of statistical tables, based on samples too small for significant findings to be teased out. At best, if findings are well founded, but cast doubt on the 'popular wisdom' of the day as propounded by mass media, it is unlikely that the research will have any effect on government policy. The research might be rediscovered after 25 years (by which time the 'real life' situation has changed substantially); and might eventually be tweaked around and used to push through a policy that is far out of date, and counter-productive. If the new policy is so stupid that children die as a result, the original researchers are likely to be blamed, even though their actual recommendations were quite different! (These cautions are not spelled out by Dr Schneider, but are given by the compiler, on the basis of long experience in South Asia, mirrored by observations of British government tendencies in response to 'research'. Will South Africa be any wiser?]

SCHNEIDER, M. (2009) The difference a word makes: responding to questions on 'disability' and 'difficulty' in South Africa. *Disability & Rehabilitation* 31 (1) 42-50.

SCHNEIDER, M.; Sorsdahl, K.; Mayston, R.; Ahrens, J.; Chibanda, D.; Fekadu, A.; Hanlon, C.; Holzer, S.; Musisi, S.; Ofori-Atta, A.; Thornicroft, G.; Prince, M.; Alem, A.; Susser, E.; Lund, C. (2016) Developing mental health research in sub-Saharan Africa: capacity building in the AFFIRM project. *Global Mental Health* 3, e33, pages 1 to 10.

[From extract:] "AFFIRM delivered funded research training opportunities to 25 mental health professionals, 90 researchers and five Ph.D. students across 6 countries over a period of 5 years. A number of challenges were identified and suggestions for improving the capacity-building activities explored. // Conclusions. Having protected time for research is a barrier to carrying out research activities for busy clinicians. [??] Funders could support sustainability of capacity-building initiatives through funds for travel and study leave. Adoption of a training-the-trainer model for specialist skills training and strategies for improving the rigor of evaluation of capacity-building activities should be considered." [AFFIRM = Africa Focus on Intervention Research for Mental Health.] "Mental health research capacity in sub-Saharan Africa is essential to enabling the indigenization of local mental health practice to reflect the diverse realities of Africa's health systems, socio-

economic contexts and cultures, including access to appropriate, effective and sustainable services that can address the complex relationship between poverty and mental health." (p.2)

--- People from South Africa, Ethiopia, Ghana, Uganda, Malawi and Zimbabwe took part. The 'professional background' of the 25 M.Phil. fellows was classified as: "Psychiatrist development worker teaching assistant" (8); "Psychiatric nurse Executive Director of NGO" (4); "Clinical officer (mental health)" (4); "Clinical psychologist" (5); "Social worker/development worker" (2); "Executive Director of NGO" (1); "Teaching assistant" (1).

--- [Direct application to the field of this bibliography are not immediately obvious, since candidates were presumably not questioned about their personal beliefs or non-beliefs, though they would have been expected to demonstrate enthusiasm for mental health work and for research in the field, and probably have referees who would confirm this. However, the outcomes of a great many items in the bibliography are reported subject to the judgement of the reporter, and a considerable number had not had the benefit of training in mental health research skills, the development of a 'research mentality', or perhaps the length of experience that might generate some caution to temper the enthusiasm. It's a fine balance - if 'research training' starts by inculcating a one-sided sceptical attitude, then 'traditional healing practices' may be ruled out without a hearing. If sceptical scrutiny is turned equally on what 'modern biomedical science' has to offer the rural African displaying frankly psychotic symptoms; and students are asked to observe and record what a traditional healer actually says and does with such a person (having made the initial approach with appropriate humility and sincerity, to be allowed to make observations); a more interesting outcome might result.]

SCHODDE, George H. (1885) *The Apostolic Canons*, translated from the Ethiopic. *J. Society of Biblical Literature and Exegesis* 5 (1/2) pp. 61-72.

The so-called "Apostolic Canons" had a somewhat chequered career, being first formulated perhaps in the 2nd century, and varying in number in different regions of the Church. The Ethiopic version has 57 canons, and "like nearly all the Church literature of the Abyssinian Church, is a translation, and in this case from the Coptic." (The Coptic version may have been translated from the Latin in the 5th or 6th century). Schodde remarks of these Canons that "In the Church of Ethiopia they have had, and theoretically still have, canonical authority." Canon 37, after prohibiting junior clergy from reviling their seniors, adds that "if one of the priests ridicules a person that is deaf or lame or blind or deformed at his feet, let him be expelled; and thus also in the case of a layman, if he does this." In Canon 46, a layman who forces a virgin and has cohabited with her, is expelled; "And he shall not marry another, but he shall abide with her whom he has forced, even if she is poor and deformed." In Canon 52, after various rules for bishops, "He who is one-eyed or lame in his foot and is worthy of episcopal honour, shall be ordained. For a defect of the body does not corrupt him, but a defect of the soul [does]. A deaf and a blind man, however, shall not be ordained as a bishop, not as being unclean, but lest [lest?] the property of the church be scattered. He who is possessed of a devil shall not be ordained, and he shall not pray with the believers. And if he is purified, they shall admit him; and if he be worthy, he may be ordained as one

of the clergy."

--- Impairment and disability are a small, incidental part; yet the principle that an impairment of body did not represent a defect of soul, nor rendered one unfit for ordination, was thus enshrined in Ethiopian church law; while even one who was 'possessed' (perhaps suffering a serious mental illness) could recover and might become an ordinand. Even while excluding the deaf or blind man from the possibility of becoming a bishop, the rules give pragmatism as a reason rather than attributing unworthiness.

SCHOLLER, Heinrich (1975) *Rehabilitationsarbeit in Aethiopien mit und fuer Blinde.* (Rehabilitation work in Ethiopia with and for the blind.) *Horus* 2: 20-24, 46-48. [in German] (Prof. Scholler wrote further items in German concerned with blind people in Ethiopia, listed on his website.)

SCHUYLER, Joseph B. (1987) Review: *Healers in the Night*, by Eric De Rosny; *Jesus and the Witchdoctor: An Approach to Healing and Wholeness*, by Aylward Shorter. *Sociological Analysis* 47 (4) 365-368.

[see DE ROSNY, above; SHORTER, below; and remarks by Schuyler quoted in the Introduction, above, section 9, "Faith, Belief, etc"]

SCHWARTZ, Sally (1995) The Black insane in the Cape, 1891-1920. *J. South African Studies* 21 (3) 399-415.

SCHWEITZER, Albert (1948) *On the Edge of the Primeval Forest; and More From the Primeval Forest.* Combined edition, reprinted 1951, London: Adam & Charles Black. viii + 222 pp., with map and plates. Translated by C.T. Champion. [Original titles: *Zwischen Wasser und Urwald* (1922); and *Mitteilungen aus Lambaréné* (1931).

The renowned Alsatian philosopher, theologian and musician Albert Schweitzer (1875-1965) gave up his literary and academic life and in 1905 began training to be a medical doctor, so as to be of practical benefit to the poorest Africans who knew nothing of 'high' European culture and religion but had experience of European colonial greed and power. In 1913 he arrived at Lambaréné, in the interior of Gabon, having raised funds by a series of organ concerts and sales of his book on J.S. Bach. He was inspired by a Christian vocation - while asserting that "humanitarian work to be done in this world should, for its accomplishment, call upon us as men,\* not as members of any particular nation or religious body".

--- \*['men' as a collective word for 'humans' - he acknowledged the great support of his wife, and of a dozen trained female nurses as the work developed.]

--- The two present (un-indexed) works derive from a series of letters and bulletins from Schweitzer, dating from 1913 to 1927, and during these years his understanding of Africans in Gabon, their lives, thoughts and motivations, can be seen developing and broadening (e.g. "For my part I can no longer talk ingenuously of the laziness of the negro after seeing fifteen of them spend some thirty-six hours in almost uninterrupted rowing ... to bring up the river to me a white man who was seriously ill." p. 75; also 215-216). His awareness of how white men were perceived, during and after Europe's 1914-1918 wars, also evolved -- "the whites, who brought them the Gospel of Love, are now murdering each

other" (93). Treating everyone who came to the door, as he slowly achieved the clearing of jungle and construction of a small general hospital on land allocated by a mission society (with approval of the French colonial administration), Schweitzer made notes on local beliefs or superstitions about fetishes, evil spirits, deliberate poisoning (pp. 24, 32-36, 124-125, 128, 135, 171-173, 204-205) mostly as explained by his African assistants; and later admitting also the "luxuriant crop of superstition that flourishes among the whites" as found in European newspapers (213-214). He also noted the activities of traditional African doctors, healers and herbalists, with whom he tried to remain on good terms (33, 134) - treating a severe ulcer on the tongue of an indigenous doctor, "We treated the medicine-man as we should a colleague, because our policy is to keep on good terms with all of them, so that they may send to us of their own accord the sufferers for whom their art can do nothing" (206).

--- Apart from widespread malnutrition and malaria damage, and often fatal tropical dysentery, many patients arrived with chronic ailments having seriously disabling cumulative effects, such as 'sleeping sickness', rampant sores and ulcers, hernias, elephantiasis (52-60, 180-181, 194), and ruinous dependency on alcohol (84). Patients having various stages of leprosy were also treated (60, 130-131, 165), with modest success. Efforts with patients having serious mental disorders, to treat or at least to confine them for safety, were a longstanding problem (31-33, 137, 152, 200, 203-204, 221), for which the available methods were meagre. Schweitzer also noted the difficulties for whites, whether officials, traders or mission workers, to retain a balanced mental state with regard to the merits of some indigenous traditions, and maintain a courteous demeanour to all, while chronically overworked, exhausted and beset by the sullen indifference or opposition of some African workers to European plans supposedly for their 'uplift' (14, 79, 87-91, 100-101, 129, 144, 150-154). He remarked on the "unspoilt sense of justice" in many natives he met, even though it might entail an exhausting expenditure of their energy (51). Discussing 'social problems in the forest' (75-91), Schweitzer noticed "no widows unprovided for and no neglected orphans" (85); and perceived the 'native African's "high moral and rational capacities", though such capacities might lead to different outcomes from those preferred by colonial officials, or westernised, educated Africans, or missionaries, or of Schweitzer himself (103-112; 149-158). The habit of some local people, to dump hopelessly sick and aged people on his hospital "and then making themselves scarce", troubled Schweitzer -- and he noted that "With the medicine-men, my native colleagues, it never happens that a patient dies. They reject hopeless cases at once, acting in this respect like many doctors in European hospitals, who do not want their statistics spoilt (133-134). The hierarchical tendencies in hospitals of Europe were also faithfully reproduced, e.g. by the well-dressed African, "sitting by a patient whom he had come to visit", whom Schweitzer asked to help him covering some untreated timber from sudden rain. "Hullo! friend" - I call out - "won't you lend us a hand?" "I am an intellectual and don't drag wood about" - came the answer. "You're lucky," I reply. "I too wanted to become an intellectual, but I did not." (182)

--- [Schweitzer's thinking, activities and their outcomes, while having much internal coherence, humane demeanour and credibility, are self-reported without independent peer-review, sometimes in a vocabulary that would appear deeply paternalistic and condescending a century later (e.g. 87-89). He recognised that "the interests of civilisation

and colonisation do not coincide, but are largely antagonistic to each other". (79). He also had a large contingent of African canoe men row his tropicalised piano far up the Ogewe river, in what some critics might now deem an act of 'grand cultural colonialism' (photo opp. 161), {though the piano was an upright, not a grand!} He would receive the Nobel Prize for Peace (1952), which might further have infuriated some critical intellectuals (who have not left their desks in Western academia to risk their life and health in tropical forests). However, leaving aside the injured sensitivities of a later generation, Schweitzer commented at first hand on the 'native beliefs', traditional healers, and the possibilities in Gabon for collaborative thinking with western bio-medicine, some 50 or more years before these topics would start to become a field for a bibliography such as the present one.]

SEBEH, Alaa G. (1996) Evaluation of community based rehabilitation for disabled children in urban slums in Egypt. PhD thesis, Institute of Child Health, University of London.

SEELEY, J. (1987) Social welfare in a Kenyan town: policy and practice, 1902-1985. *African Affairs* 86: 541-66.

SEFUTHI, Nkhasi (2016) Breaking down barriers to inclusive education in Lesotho. *UNGEI Blog [United Nations Girls' Education Initiative* 15 December 2016. [Open online] The Executive Director of the Lesotho National Federation of Organisations for the Disabled, lawyer Nkhasi Sefuti discusses very frankly the massive obstacles and difficulties and inequalities experienced by disabled children, especially girls, in accessing schooling, with not only poor building design but human obstruction and prejudicial beliefs. Mr Sefuti has personal experience of obstacles during his own hard-won education, as he remarks in an earlier open web article with **eifl** (electronic information for libraries) following a conference at Marrakesh in June 2013 on removing restrictions on international exchange of materials for visually impaired or print-disabled people. "I studied at the National University of Lesotho Library since 2005 and graduated in 2010 as a lawyer ... With regard to accessing materials, it was a disaster, and I had to rely mainly on my friends to read out for me. Visually impaired students were marginalized because we could not access materials in the same way as sighted students, especially in electronic form." Even when the library staff got better equipped for Braille transcription, "there was never enough material available in accessible formats", and to obtain materials from neighbouring South Africa "could take up to two months, too long to complete an assignment."

SEGAR, Julia (1994) Negotiating illness: disability grants and the treatment of epilepsy. *Medical Anthropology Quarterly* 8 (3) 282-98.

This detailed study, based in urban South Africa in 1990, notes the major part that old age pensions and disability grants often played in family income, particularly among the poorer households, even though disability grants were hard to acquire and when acquired might later be discontinued. Grants for people with epilepsy were particularly volatile. If a good balance of medication was found and taken regularly, epilepsy was controlled and the medical 'disability' ceased; the disability grant might then be withdrawn, leaving an entire household in severe straits. Diagnosis of epilepsy was based on clinical consultations (the technological methods being slow, expensive and not always reliable), so patients had little

incentive to comply fully with the medication regime (of which in any case they might have little understanding). Some physicians were inclined to play detective if they thought patients were playing games to obtain or continue a disability grant. Others found it more sensible that patients who complied with the medication regime should not thereby be penalised by withdrawal of an important part of their household income, in a context of high unemployment and widespread poverty.

SEHAKO, Lebogang (2016) The journey to acceptance. In: Undine Rauter, with Huib Cornielje, Niala Maharaj & Marije Cornielje. *Reakgona. We Make It! We Are Able! We Manage! Working with severely disabled children. Lessons and history of the Parent Guidance Centres, South Africa*, pp. 19, 33, 100. Alphen aan den Rijn, Netherlands: Enablement Publishers. [info@enablement.nl](mailto:info@enablement.nl)

Mr. Sehako is pictured receiving his graduation certificate in 2015, and his work as "an adult disability activist and consultant", co-facilitator, role model, and developer at the Parents' Guidance Centre REAKGONA, {Gelukspan}, South Africa, is sketched (pp. 19, 100). Perhaps the greater achievement is described in his own words (p.33). "I am a young adult with a severe form of cerebral palsy... My father passed away when I was five years old. To raise a child with severe disability is not an easy task. That's why I like to thank my mother from the bottom of my heart... My parents tried their utmost to find healing. They took me to doctors and physiotherapists and even tried religious ways. My sister and cousin took me to church... when I was about 15... there was a pastor who could heal physically challenged people. I was so happy and hopeful."... [His friends] "laughed at me, saying pastors only make money for themselves." ... "As the reality started to sink in - that I stayed as I was, a person with severe physical disability - I became unhappy and full of envy." ... [Finally a friend suggested that Lebogang wanted others to love and accept him] "but it is difficult if you don't accept yourself first." This proved to be a turning point. "I can proudly say that, with my disability, I bring something unique into our family and community. It took me 20 years to start to accept myself as a physically challenged person. I realised that I was not the only one in the world. We are many and there is life even if you are physically challenged. There are different ways to enjoy life. I had to die the death of wanting to be like everyone else in order to rise to the person I really am".

SELIM, Kumur b. (2006) Cosmologies of morality & origin In: G. Albrecht et al (eds) *Encyclopedia of Disability*, vol. I: 319-320. Thousand Oaks: Sage.

[Much of volume I can be found open online, in 'beta' edition. The following is an extract.] --- "A well-constructed cosmology of morality and origin traditionally tells how the world began, what it was made of, who was there, how things went wrong, some laws of correct and incorrect behaviour between humans, deities, spirits and animals, and perhaps a hierarchy of intelligence and moral superiority. A short version should be recitable in under twenty minutes, and should require no higher mathematics. Hundreds of cosmologies have been collected and studied during recent centuries. Some involve disability in various significant ways. ... A modern retelling of Southern African cosmologies\* shows the Great Mother, Goddess of Creation, as both immortal and imperfect. She transmits physical imperfections to her creation, and there follows the birth of the first deformed child, the call to destroy this child, and its mother's flight. Saved from

death, the baby grows into a monstrous and destructive tyrant. An interpretative postscript suggests this as a reason why Africans used to "destroy crippled and otherwise deformed children". A contrasting East African cosmology suggests a deity concerned with inclusive attitudes and practices toward disabled humans. The Wagogo tell of several men who tried to obtain fire from heaven. All were sent home empty-handed because they had laughed at disabled people whom they met on the journey. Finally a woman went to get fire. She behaved sensitively with the disabled people she met, and also got along well with God, so was rewarded with a pot of fire, which she could take to her people.#

--- \* V.C. MUTWA (1998) *Indaba My Children*, revised edition, pp. 5-41. Edinburgh: Payback Press. (The cosmological material was omitted from some earlier editions, perhaps being considered too controversial).

--- # H. COLE (1902) (see above).

SELINGER, Reinhard (2012) Selbstrepräsentation von Behinderung im Alten Ägypten: Körperprothesen an Mumien und Grabstatuen von Minderwüchsigen. In: R. Breitwieser (ed.) *Behinderungen und Beinrchtigungen / Disability and Impairment in Antiquity*, 25-35. BAR International Series 2359. Oxford: Archeopress. [In German]

[Abstract] "Protheses existed in Egypt for living persons and for dead ones: for living persons, prostheses of the big toe were already manufactured in Thebes of the dynastic period. Artificial dentures, however, went back only to the influence of the classical world. For dead persons, hair and eyes were already replaced in the dynastic period in the context of mummifying. In the Greek-Roman period additionally prostheses were created for missing extremities of the body - arm, leg, nose, penis. Loose teeth however were attached to the dead in the form as they were. People with reduced growth\* were not a rare phenomenon in Ancient Egypt. The Egyptians, however, had a more positive approach to this kind of people than peoples in antiquity. There are no signs that people with reduced growth have been in any way disadvantaged in Ancient Egypt."

--- \*[Phrases such as 'short-stature', or 'restricted growth' are more common in English, replacing 'dwarf'.]

SEMELAIGNE, Armand\* (1869) *Études Historiques sur L'aliénation Mentale dans L'antiquité. Première partie*. Paris: Asselin. 288 pp. [Modern reprint, by Nabu, with some blemishes, faint print and odd insertions.] Also found open online via Gallica.

--- \*[The front cover of the reprint oddly shows: *Études Historiques sur L'aliénation Mentale dans L'antiquité. Primary Source Edition*, followed by "Semelaigne, René, 1855-1934", as though this is the author and his dates; whereas the inner page showing the original title page (without 'Primary Source Edition') has the author as "Le Docteur Semelaigne", followed in small print by his title, Medecin Directeur de l'asile d'aliénés de Saint-James (Neuilly), and some honours. René Semelaigne's date of birth is given as 1855, while the present book appeared in 1869. It seems unlikely that at the age of 14, René would be running a mental hospital and publishing a scholarly historical work. The Gallica catalogue plausibly attributes the original book to Semelaigne, Armand (1820-1898). {René Semelaigne did later publish some work in psychiatry, and - as the surname is not very common - he may well be a son or other relative of Armand, inheriting the older man's profession}.]



--- The learned Dr. Semelaigne briefly notes the 'Période Alexandrine' (pp. 80-86) between the two major sections on the Hippocratic (9-79) and the Greco-Roman treatment of mental illness (87-285). For a period, Alexandria became "le rendez-vous de tout les savants, des rhéteurs, des poètes, des philosophes et des médecins. Ptolémée-Soter, à peine maître de son royaume, attire auprès de lui Érasistrate et Hérophile." (80) {Ptolemy I held Egypt from 323-282 BC, with Alexandria as his capital.} Original works of the two scholars Erasistratus (ca. 330-255) and Herophilus (ca. 330-260) have disappeared, but some contributions are described by later medical writers. They dissected animal corpses and possibly also human bodies as source of evidence; and advanced the exploration of brain function, veins and the nervous system. Of the nerves, it appears that Herophilus "assigna, par un clairvoyance singulière de l'esprit, la double faculté de transmettre au cerveau les sensations extérieures et aux muscles les ordres de la volonté."

--- Semelaigne thought Erasistratus went further: "il admit deux espèces de nerfs, les uns pour le mouvement et les autres pour le sentiment" (p. 83)# Semelaigne also illustrated early thinking on the folies d'amour with an anecdote from an earlier writer. A young Egyptian was madly in love with a courtesan who remained beyond his price range. "Il arrive que ce pauvre amoureux songea une nuit qu'il tenoit sa maîtresse entre ses bras, et qu'elle estoit de tout en sa puissance." On waking, the madness of desire had left him and he ceased to solicit her. The courtesan learnt of this and took him to court, demanding that he pay her a fee for curing his madness. The judge required the young man to bring a purse of money and pour it into a basin. The courtesan must be content with only the sight and sound of the money, as the customer had enjoyed her favours merely in his imagination (footnote pp. 81-82). [It is not clear what 'espèce de nerf' the judge possessed, but presumably the money in the basin became his fee for giving judgement. The tale would readily be understood by readers the length and breadth of Africa. (The same principle is recorded in English law ca. 1700, where a fool stood outside a bakery, savouring the smell of hot buns which he could not afford to buy. The baker hailed the fool before a magistrate. The fool produced a bag of tiny coins and shook it: the sound of money is fair pay for the smell of buns. The magistrate agreed, and fined the baker for wasting court time).]

--- #[Semelaigne's account of Erasistratus and Herophilus at Alexandria is broadly confirmed by modern journal articles, open online, e.g. J.M.S. Pearce (2013) The neurology of Erasistratus. *J. Neurological Disorders* 1: 111. Noel S-Yang Bay & Boon-Huat Bay (2010) Greek anatomist Hreophilus: the father of anatomy. *Anatomy & Cell Biology* 43 (4) 280-283.]

SERPELL, Robert (1983) Social and psychological constructs in health records: the need for adaptation to different sociocultural environments. In: M. Lipkin & K. Kupka (eds) *Psychosocial Factors Affecting Health*, 243-274. New York: Garland.

SERPELL, R. (1983) Education of the deaf in other countries, past and present: a selective review with some implication for Zambia. In: M.S. Mbewe & R. Serpell (eds) *Basic Education for the Deaf in Zambia. Report of a National Conference, 17-20 August, 1982*, 13-19. Lusaka.

SERPELL, R. (1988) Childhood disability in socio-cultural context: assessment and information needs for effective services. In: Pierre Dasen; Norman Sartorius; John W. Berry

& Astrid Stuckelberger (eds) *Health and Cross-Cultural Psychology*, 256-280. New York: Sage.

SERPELL, R. (1993) *The Significance of Schooling. Life-Journeys in an African Society*. Cambridge: Cambridge University Press. xv + 345 pp. [Reprinted 2010, by CUP] [Monograph cited by more than 500 other authors; see Google Scholar.] "Schooling in the contemporary world has a multiple agenda: the promotion of economic progress, the transmission of culture from generation to generation, and the cultivation of children's intellectual and moral development. This book explores the difficulties of achieving a synthesis of these objectives, in a case study of a rural African community. The analysis contrasts the indigenous perspective on child development with the formal educational model of cognitive growth. Teachers in the local primary school are shown to face the challenge of bicultural mediation, and the significance of schooling is discussed for each of the diverse individuals in the study in terms of his or her own reflections and interpretations. Two different attempts to activate a local dialogue about the school as a community resource are described, and the implications for approaches to educational planning are explored." (p. i)

--- See pp. 272-277 for disability in particular. The entire book is relevant to the focus of the present bibliography, with culturally appropriate 'education' as the strengthening and 'preventive magic', rather than 'healing' and religious belief. ---- [To try to 'summarise' Professor Serpell's book in brief annotation is difficult. He tackles large topics, and analyses them down to the building bricks; then sets out methodically to address, investigate and revise the range of how each brick or factor is perceived among some 10 million people in the Chewa-speaking region (crossing borders of Zambia, Malawi and northern Mozambique, but focussed mainly in Katete district, Zambia). Had it been written by a shy scholar sheltering in an ever-updating library of books and of reports by his African 'field assistants', it would have been a prodigious work. Yet Serpell is no 'armchair expert': he was out there on the ground and continually 'peeled the onion', finding layer upon layer of subtlety and complexity, paradox and apparent contradiction, as his own acquisition of Chewa language and thought-forms built up {as well as taking a hand in raising five children with his Zambian wife; and later tackling academic politics as Vice Chancellor of the University of Zambia.} Field realities also drove Serpell and his colleagues to experiment with participatory 'street drama', or popular theatre workshop, to elicit a greater depth in local people's capacity for evaluating '*nzelu*' in children and adults, a kind of social intelligence combining cognitive speed with a strong sense of social responsibility. His Introduction does suggest several different ways of reading the book and the Appendix on 'Metaphors for Schooling', leaving serious readers to choose their own path. Serpell's analyses and his suggested ways forward have implications far beyond Zambia, as similar complexities and difficulties, linked with the heritage of inappropriate educational systems, continue to afflict many African and Asian countries, decades after their 'political' independence.]

--- [cf. reviews by F. Ezeala-Harrison (1995) *J. Modern African Studies* 33 (3) 519-521; Oluremi Omole (1994) *Brit. J. Educ. Studies* 42 (1) 102-103; Mwizenge S. Tembo (1996)

*Africa: J. Internatl Afric. Instt.* 66 (2) 315-17; S.E. Buggie (1995) *Afric. Stud. Review* 38 (1) 127-28; and further.]

SERPELL, R. (2011) Social responsibility as a dimension of intelligence, and as an educational goal: insights from programmatic research in an African society. *Child Development Perspectives* 5: 126-133.

SERPELL, R.; Anokhbongo, A.; Haworth, A. & Veno, A. (1979) *A Strategy of Increased Cooperation between Traditional and Government Health Services in Zambia*. Lusaka: University of Zambia.

SERPELL, R. & Boykin, A. Wade (1994) Cultural dimensions of cognition: a multiplex, dynamic system of constraints and possibilities. In: R.J. Sternberg (ed) *Thinking and Problem Solving. Handbook of perception and cognition* (2nd edn.) 369-408. San Diego: Academic Press.

SERPELL, R. & Jere-Folotiya, Jacqueline (2010) Education de base pour les enfants à besoins spéciaux en Zambia: réalisations et défis du passage des politiques à la pratique. In: C. Acedo, A. Akkari & K. Mueller (eds) *L'éducation pour l'inclusion: de la recherche aux réalisations pratiques*, 101-123. Geneva: UNESCO Bureau International d'Education. [Version in English appeared also as: Basic education for children with special needs in Zambia; progress and challenges in the translation of policy into practice. *J. Psychology in Developing Societies* (2011) 23 pp. 211-245. ]

SERPELL, R. & Marfo, Kofi (2014) Some long-standing and emerging research lines in Africa. In: R. Serpell & K. Marfo (eds) *Child Development in Africa: views from inside. New Directions for Child and Adolescent Development* 146: 1-22.

"This volume is dedicated to showcasing research on child development in Africa by African scholars based on the continent." [Abstract]: "Early research on child development in Africa was dominated by expatriates and was primarily addressed to the topics of testing the cross-cultural validity of theories developed 'in the West,' and the search for universals. After a brief review of the outcome of that research, we propose two additional types of motivation that seem important to us as African researchers begin to take the lead in articulating research agendas for the study of child development in Africa: articulating the contextual relevance and practical usefulness of developmental psychology in Africa; and making developmental psychology intelligible to local audiences. We highlight two major challenges for African societies in this era that call for attention by the emerging field of African child development research: linguistic hegemony and its effects on research and schooling; and the process of indigenization. We end with a preview of chapters in the rest of the book."

--- On schooling and the marginalization of indigenous languages, the authors (both of whom have spent many years lecturing both in Africa and in the US) note, in the US, "an attitude toward individual bilingualism as an atypical and somewhat hazardous condition. The marginalization of other languages in the development of assessment instruments thus derived spurious justification from the political judgement that mastery of the dominant

language of the state was an essential pre-condition for developmental success." However, in most contemporary African states, the majority of citizens "do not speak English or French as their mother tongue, nor indeed as their principal medium of everyday communication." ... "the dominance of the former metropolitan languages as media of instruction has served to constrain the publication of texts for adults and for children in the indigenous African languages. This has in turn tended to stunt the literary development of those languages." (pp. 13-14)

SERPELL, R.; Mariga, Lilian & Harvey, Karyn (1993) Mental retardation in African countries: conceptualization, services, and research. *International Review of Research in Mental Retardation* 19: 1-39.

Detailed review across sub-Saharan Africa (excluding South Africa); mentions the history of formal service development in Botswana, Tanzania, Zambia and Zimbabwe (pp. 23-25).

SERPELL, R. & Nsamenang, A. Bame (2014) *Locally Relevant and Quality ECCE Programmes: implications of research on indigenous African child development and socialization*. Early Childhood Care and Education Working Paper Series. Paris: UNESCO. 36 pp. (137 references)

[Abstract] "Most sub-Saharan African societies display linguistic diversity, rapid social change, rural-urban contrasts in life-style and widespread biculturation. Planning and delivery of early childhood care and education (ECCE) services in the region have been constrained by the legacy of Western colonial occupation, low prevalence of literacy and limited institutionalization of systematic research. Some international agencies tend to construe ECCE as a compensatory intervention for children disadvantaged by poverty, primarily to prepare them for formal schooling. They also tend to exaggerate the degree of scientific consensus about the optimal conditions for children's cognitive and socio-emotional development. The validity of much research to date has been constrained by reliance on a narrow database, a narrow range of authorship and a narrow range of culturally Western audiences. Close attention is needed to the unique sociocultural conditions of African societies especially in rural areas, including the strengths and limitations of local child-rearing knowledge, attitudes and practices. Culture-sensitive methods are essential for unbiased assessment of young African children, especially those with limited access to Western cultural materials and practices, and for effective communication with their caregiving families. Distinctive features of indigenous African approaches to child socialization include emphasis on social responsibility and widespread involvement of pre-adolescent youth in the care of younger children. The Child-to-Child approach has been effectively deployed as a way of respecting the rights and competencies of children and mobilizing them to promote health. The design of ECCE services in Africa should focus on local strengths including indigenous games and music, emphasize community-based provision, incorporate participation by pre-adolescent children, use indigenous African languages and local funds of knowledge; and accord priority to inclusion of children with special needs. Strategies are identified to address the challenges confronting application of these recommendations."

--- This paper draws together not only the detailed personal research by Professor Serpell in Zambia and Professor Nsamenang in Cameroon during the past 35 years, but their

lengthy travels in other countries and consultations with psychologists and other professionals in ECCE. They make a formidable team and present well documented evidence for their insistence that the focus should be on local strengths, local knowledge, indigenous approaches, rather than importing models of childhood and socialization from the middle classes of a few far distant western / northern countries, and regarding ECCE as merely "corrective to the disadvantage suffered by children from low-income families" (p.7)

--- For sure, African countries can and do usefully learn from the economically advanced countries, as for example in scientifically tested technology and health care. Yet no African government seriously believes that its people at large are incapable of bringing up small children. It is particularly "during early childhood development in which parents worldwide tend to place greatest confidence in intuitive beliefs. Therefore policy-makers and practitioners should pay special attention to documented knowledge, attitudes and practices that inform public responses to systematically planned ECCE services." (p.10) The present authors point out how foreign 'experts' with good intentions can mislead themselves, when pointing e.g. to the success of a countrywide immunisation campaign, or large-scale intervention against intestinal parasite infection in African children -- and using this as a springboard to the false assumption that "We Know Better" how ordinary families and their neighbours should guide and mould the hearts and minds of their small children. (12-13)

--- The authors give detailed evidence from African groups in which adults begin 'priming' children from the earliest years, toward social responsibilities, sharing, consideration for others, practical 'social intelligence' and such characteristics as are highly valued in much of rural Africa, but which are not immediately measurable by scientific means, and have little or no place in the formal schoolroom. (14-17) (They also consider evidence pointing to other goals of socialisation, being well aware of vast differences across all the countries of Africa) In the schoolroom, the tendency is for children to learn to be obedient and to 'mug up' a curriculum that separates them from everyday life, with emphasis on competitive individualism, and the selection of the cleverest (but not necessarily the kindest or wisest) for promotion to secondary school, and after further narrowing ladders, a handful remain who go on to college or university, remote from their roots. The great majority drop out, and "the individual's return to the community [is] a source of disappointment" (21). [cf. MARFO 2015, above] Some merits of an alternative curriculum, and Child-to-child methods are discussed, and the longer-term effects in character-building, as reported later. (22) A cultural strength of many African societies is that several local languages are in use; but this can be turned into an obstacle, by choosing to educate children at too early an age in one of the 'former colonial' languages before they are well grounded in their home language(s). (24)

--- **"Inclusion of the most vulnerable.** If anyone truly *needs* ECCE services in Africa, it is those disadvantaged children whose families are struggling to cope with their biological impairments [resulting in loss of vision, hearing or mobility, intellectual disability, or other forms of learning disability] or whose access to the normal support afforded to young children has been disrupted (by war, disease, domestic violence, or some other disaster). These are the children for whom a felt need for intervention will most readily be

acknowledged by members of the local community. ECCE are exceptionally well placed to include children with intellectual or emotional needs."

--- These needs and more appropriate pathways will need demonstration and accreditation, with sober research at every stage, and dissemination of results making effective use of modern media. [cf WIREDU 1998, below in Appendix 5, for philosophical support.]

SETUME, Doreen Senzokuhle (2016) Myths and beliefs about disabilities: implications for educators and counselors. In: J.N. Amanze & S. Kabue (eds) (2016) *Disability, Religion and Theology: African Perspectives. Journal of Disability & Religion* 20 (1-2) 62-76.

AL-SHAHI, Ahmed (1986) Spirit possession and healing. The Zar among the Shaygiyya of Northern Sudan. In: A. Al-Shahi (ed.) *Themes from Northern Sudan*, 108-121. London: Ithaca.

SHAKER, Eveleen (1995) *Arabic: [Right of My Son to Live. A True Story.]* Cairo: El Haya'h El Ama.

SHORTER, Aylward (1985) *Jesus and the Witchdoctor. An approach to healing and wholeness.* London: Chapman, x + 258 pp.

Shorter's well-known book is rooted in 20 years' work and reflection as an anthropologist and Catholic missionary in East Africa. The main title is directly challenging; the subtitle suggests more subtlety, and his text continues that mix. "In a certain sense, Jesus was a medicine man". (p. ix) The thought is elaborated: "Jesus of Nazareth certainly conformed to the type of itinerant healer-exorcist of his own day in rural Palestine", as shown by a reading of the ancient Christian records with modern scholarship (pp. 10-11). Shorter thinks broadly: "In the service of final or transcendent wholeness, every available means of healing must be considered - scientific medicine, supplemented on due occasion by so-called alternative medicine, but accompanied by the refusal to yield to irrational magic or social paranoia." He suggests that the various strands must be brought together: "Only with healing seen as a unified process can the Church of today, challenged by the demands of the Third World, continue the mission of Jesus to the sick, the disabled, the deprived and the diminished." (ix) He is also willing to check his assertions with a traditional African past, "even traditional sacrificial figures, such as the deified M'Bona in the Zambezi valley... {end-note: M'Bona was a spiritually powerful ruler who was killed in pre-colonial times. His spirit is still believed to dwell in the Zambezi valley and Christ-like characteristics are now commonly applied to him." (pp. 9; 237).} Shorter records his own experiences, e.g. with dreams and startling consequences (149-161), against a background dialogue with sceptical 20th century psychological studies, quotes from modern 'gurus' such as T.S. Eliot, Anthony Storr, Wole Soyinka, Shiva Naipaul, and a wide range of anthropological reporting. --- [Some of Shorter's terminology now sounds dated; yet overall it's a formidable performance, and perhaps one of the most prominent expositions of thoughtful Christian responses and challenges to the topics of this bibliography. The present compiler glanced at it years ago but was put off by the main title, guessing wrongly that it would be a naive and aggressive triumph of Right over Wrong, or White over Black. {Fortunately, I did not

see BERINYUU's 2007, p. 224, flawed listing of "Shorter's" book as: "Jesus the Witchdoctor"  
!} I was happy to read the book more carefully, while trying to close this bibliography in 2017. (See also review by SCHUYLER, above)]

SIBREE, Rev. James (1884) Notes on relics of the sign and gesture language among the Malagasy, *J. Anthropological Institute of Great Britain and Ireland* 13: 174-183.

Rev. James Sibree, inspired by Garrick Mallery's early studies of American Indian sign and gesture, prepared brief descriptive notes on sign, gesture and symbolic acts among the people of Central Madagascar, and extracted further material from his colleagues, for presentation at the Anthropological Institute at London.

[NB pp. 179-182 comprise a 'Postscript' with contributions from Mssrs. Houlder, Price, Peill, and Thorne; and on pp. 182-183 there are 'Discussion' notes, from Mr. Hyde Clarke.]

SILLA, Eric (1998) *People are not the same: Leprosy and identity in 20th century Mali*.

Portsmouth, NH: Heinemann. xi + 220 pp.

This is a well referenced study based on doctoral research of historical texts and interviews during 1992-93 with nearly 200 former leprosy patients and health workers in Mali. Arabic materials by Ahmad Baba, a 16th century West African scholar, discuss leprosy in some detail (pp. 46-49). Religious beliefs and practitioners are involved throughout the history. Although Silla began with a conventional aim of studying practitioners, he soon resolved to hear the voices of leprosy patients themselves (p. 11), and further distinguished his work by listing 162 of them by name, with age, sex, ethnicity, place of birth, and date of interview / conversation (pp. 207-211). He spoke mostly the regional language Bambara with them, which would in any case need to be translated to French or English for their 'voices to be heard' in the present bibliography. Three in particular are listed in the Roll of Honour (above), who provided great assistance, insight, and friendship to the researcher: Saran Keita, an active elderly woman whose story occupies chapter 1 (pp. 28-41, and indexed on further 14 pages); Fousseyni Sow, secretary of a patient's association at Bamako (11, 182-192); and Mamadou Koulibali, who led the association's campaign and media protest in 1991, for the government to redress the injustices against them (182-193). [cf. review by T. Tsikoane, 1998, *Intl.J. Afric.Hist.Stud.* 31 (1) 120-22.]

SLIM, M.; Lebib, S.; Dziri, C.; Ben Salah, F.Z. & Hammadi, M. (2007) La thérapie par le cheval dans la réadaptation des enfants handicapés. Expérience Tunisienne. *Journal de Réadaptation Médicale* 27 (4) 115-127.

[from the Résumé] "Nous avons initié une étude pour évaluer l'application de l'hippothérapie en Tunisie auprès de trois associations spécialisées dans la prise en charge des personnes handicapées mentales à savoir l'APPAL, l'Avicenne et l'APAHT. Notre travail a pour but d'évaluer cette activité après environ 13 ans de mise en place et de prise en charge d'enfants handicapés mentaux, ainsi que son impact sur la socialisation et l'insertion éducative des enfants. C'est une étude rétrospective sur un échantillon de 41 enfants suivi de Mars 1993 à novembre 2006, avec analyse des modifications de comportements de ces enfants vis-à-vis de l'activité. Résultats: Il en ressort que la population prise en charge est équitablement répartie selon le sexe avec un âge moyen de 12 ans 1/2. Huit enfants sont scolarisés en classe 'ordinaire'. L'étiologie la plus représentée

est l'autisme (19 cas) et les séquelles d'Encéphalopathie (8 cas). Le retentissement de cette activité sur les acquisitions de l'enfant est très favorable vu que 47% des enfants se sont améliorés sur le plan de reconnaissance du cheval, 56% participent à la préparation du cheval, 87% le caressent, 80% se tiennent à la selle, 96% ont une bonne posture. Sur le plan de socialisation, une nette amélioration a été notée, 90% répondent aux consignes du moniteur, 75% essaient de parler et environ 80% sont devenus plus calmes et attentifs. 85% des parents rapportent qu'ils sont satisfaits de cette activité qui a modifié le comportement de leurs enfants avec facilitation de l'expression et assouplissement du caractère. Les professionnels sont unanimes quant à la nécessité d'avoir des cycles de formation spécifiques sur l'hippothérapie et la zoothérapie. Les moyens techniques sont aussi un souci majeur pour les centres qui prennent en charge ces enfants handicapés et leur adaptation aux besoins est impérative."

SMITH, Noel (1966) *The Presbyterian Church of Ghana, 1835-1960. A younger church in a changing society*. Accra: Ghana Universities Press. 304 pp. + plates, maps  
p. 189, half page on the school for the blind at Akropong, arising from "the interest taken in a few neglected blind children by the Scottish missionaries Mr F.D. Harker and Mrs Margaret Benzies in 1943", who obtained Braille primers and had several children under instruction. Footnote: "Since 1948 the school has been ably conducted by Mr. and Mrs. Sakyiama Amoako who were trained in Edinburgh as teachers of the blind..."

SMITH, Robert (1965) The Alafin in exile: a study of the Igboho period in Oyo history. *J. African History* 6 (1) 57-77.  
Includes the curious story of a plot to deter the Alafin from returning to the old capital of Oyo-ile. Each of the noble plotters sent "one of the unfortunates known as enia orisha - 'people of the gods': the Bashorun sent a hunchback, the Alapini an albino, the Asipa a leper, the Samu a man with a projecting jaw, the Laguna a dwarf, and the Akiniku a lame man." When the Alafin's men came to reconnoitre the site, these enia orisha tried to scare them off by "roaming about all night over the near-by Ajaka hill with torches in their hands, hooting and shrieking 'ko si aye, ko si aye' ('no room, no room'). Terrified by these 'apparitions', the Alafin's men reported back their warnings; but one of the Alafin's advisors smelt a rat, and advised sending some tougher representatives, who duly captured the 'ghosts'. The story has been re-enacted regularly, during festivals.

SMYTHE, Ian; Everatt, John & Salter, Robin (eds) (2004) *International Book of Dyslexia. A cross-language comparison and practice guide. Part I: Languages. Part II: Countries*. xiv + 210 and viii + 255 pp. [The two volumes have different isbn numbers, and slightly different subtitles; yet the Contents listed in Part I run through the contents of both books, as though they are vols 1 & 2 of the same book. This may have arisen partly because the second part was available online, at a date when publishers were experimenting with this format.]  
The first volume collects 20 chapters giving expert opinion on dyslexia as found in a variety of languages, i.e. Arabic, Chinese, Danish, Dutch, English, Farsi, Finnish, German, Greek, Hebrew, Hungarian, Italian, Japanese, Polish, Brazilian Portuguese, Russian, Spanish, Swedish, and a chapter on reading disability in second language children. The languages vary widely in the level of regularity or irregularity and difficulty in orthography ("the



writing system, including the written symbols that represent a language") and in phonology ("the basic units of sound in the language", for the learner. These topics are of relevance to African countries, as the leaders hope their children will become proficient readers of one or more national language, and one or more additional European language, without being aware of the different burdens involved. The second volume has country reports, among which are Egypt (by ELBEHERI); Kenya (Ferguson); Namibia (VEII); and South Africa (HATTINGH). There are also chapters on dyslexia in several anglophone countries, several Arabic-using countries, also France, Germany, Netherlands; and Belgium (a small country where vigorous language battles continue to divide the people and regularly cause governmental paralysis). [Apart from the entries under ELBEHERI; HATTINGH; and VEII; see GRIGORENKO+; KALUYU+; NDOMBO+; OJANEN+; PIENAAR; and WAJUIHIAN+. (Separate report from Ferguson is not shown, as it is very brief, and has been overtaken by substantial new developments).

SOBIECKI, Jean-François (2012) Psychoactive *ubalawu* spiritual medicines and healing dynamics in the initiation process of Southern Bantu diviners. *J. Psychoactive Drugs* 44 (3) 216-223.

"The use of psychoactive plants by traditional healers in southern Africa appears to be a neglected area of ethnobotanical research. This article explores the healing dynamics involved in the use of popular psychoactive plant preparations known as *ubulawu* in the initiation rituals of Southern Bantu diviners. Research methods include a review of literature, fieldwork interviews with Southern Bantu diviners, and an analysis of experiential accounts from diverse informants on their use of *ubulawu*. Findings reveal that there is widespread reliance on *ubulawu* as psychoactive spiritual medicines by the indigenous people of southern Africa to communicate with their ancestral spirits -- so as to bring luck, and to treat mental disturbances. In the case of the Southern Bantu diviners, *ubulawu* used in a ritual initiation process acts as a mnemonic aid and medicine to familiarize the initiates with enhanced states of awareness and related psychospiritual phenomena such as enhanced intuition and dreams of the ancestral spirits, who teach the initiates how to find and use medicinal plants. The progression of the latter phenomena indicates the steady success of the initiates' own healing integration. Various factors such as psychological attitude and familiarization, correct plant combinations / synergy and a compatible healer-initiate relationship influence *ubulawu* responsiveness." (Abstract) --- Sobiecki's earlier work included documenting "over 300 species of plants reported as having psychoactive uses in traditional southern African healing practices." He further states that he is "an ethnobotanist with university training in botany and medical anthropology. I have had a life-long calling to healing including the use of medicinal plants, the knowledge of which I gained through self study of nature, books, making and using my own herbal medicines as well as participant observation with local healers throughout my life. I am currently apprenticing with a Northern Sotho healer in Johannesburg to learn southern African healing and traditional medicine." Recent research fieldwork "comprised semi-structured interviews with 19 practising indigenous healers (ten female and nine male) at their *umuthi* (plant medicine) shops or homes."

SODI, T.; Mudhovozi, P.; Mashamba, T.; Radzilani-Makatu, M.; Takalani, J. & Mabunda, Jabulani (2011) Indigenous healing practices in Limpopo Province of South Africa: a qualitative study. *International J. Health Promotion and Education* 49 (3) 101-110. [From the Abstract.] "The aim of the study was to investigate traditional healing practices among the Venda and Tsonga speaking people of Limpopo Province ... Four traditional healers, selected through purposive sampling were asked to participate ... Semi-structured interviews were conducted ... Seven themes emerged ... a) the process of becoming a traditional healer; b) family and community reactions to the chosen career; c) patients treated; d) types of illness treated; e) diagnostic procedures used; f) treatment methods used; g) the notion of ethics by traditional healers. The study puts in perspective the ethical issues of competence, dealing with minor children and confidentiality. Some of the challenges associated with collaboration between traditional healing and the Western health care system are highlighted by the traditional healers."

SOLOMON, Norman (1999) From folk medicine to bioethics in Judaism. In: J.R. Hinnells & R. Porter (eds) *Religion, Health and Suffering*, 166-186. London: Kegan Paul International. [Jewish people have had a foot in Africa for some 4000 years. There used to be a strong community at Alexandria, Egypt, in the early centuries of the Christian era, which continued in larger or small groups through many centuries (see e.g. GOITEIN, above). As part of their religious texts and practice of worship, the story continues to be recited regularly of how their people lived in Egypt under the Pharaohs some 2000 years earlier, had finally been enslaved in Egypt, and under the inspired leadership of Moses had been rescued by God and led through the Sinai desert to settle in the land of Canaan (Palestine). Some Jewish people continue to be dispersed across Africa. However, the present item is listed here for a different reason, concerned rather with issues raised in the bibliography's Introduction, section 7 (above), where it is admitted that various 'non-believers' in religion are often spoken of in a disparaging way by people who are more comfortable in 'religious worlds', as though non-believers could not be expected to participate in humane behaviour toward oppressed and vulnerable people with disabilities. Dr. Solomon, after an authoritative and well-documented swing through the 'medical history' of Judaism, concludes with a sharp question to this 'expression of superiority' by 'believers', as follows.]

--- "A report to the central committee of the World Council of Churches in Moscow in July 1989 affirmed that health was not primarily medical. The causes of disease in the world were social, economic, political and spiritual, as well as bio-medical. Those in loving harmony with God and neighbour not only stay healthier but survive tragedy or suffering best and grow stronger in the process. As persons come to trust in God's unconditional love, they come together in a healing community." // "From a Jewish point of view this statement seems innocuous enough, provided one ignores its hidden agendas and innuendoes. Undoubtedly, traditional Jewish sources recognise that ill health stems from many causes, amongst them social, economic and spiritual as well as 'bio-medical'; one would have thought, indeed, that any adequately trained physician would agree. Living 'in loving harmony with God and neighbour' would likewise be endorsed by traditional Jews, and if translated to 'emotional stability' any good physician would regard it as a factor

predisposing to good health; but I do not know of hard evidence that emotionally stable, socially adjusted Christians or Jews enjoy better health than emotionally stable, socially adjusted agnostics or atheists, nor can I envisage how such a claim could be substantiated."

SOLOYANIS, George & Ransom, Robert, with Akpalo Kouassivi (eds) *Compte Rendu du Colloque Régional sur la Réadaptation Des Personnes Handicapées en Afrique De L'Ouest Francophone, Lomé, Togo, 11-17 Décembre 1978*. Sponsored by Goodwill Industries of America, Inc.; Caritas Togolaise; and other organisations. iv + 141 pp.

This regional conference, reported almost entirely in French, claims {credibly} to be the first such meeting of disability / rehabilitation specialists in the francophone nations of West Africa (p. 25). It includes country reports from Benin (Thomas R. Tchaou, pp. 60-62); Cameroun (Moukoko B. Ekitike, 63-70, & Daniel de Rouffignac, 71-76); Côte d'Ivoire (Miezzan Blaise Agui, 77-80); Haute Volta {Burkina Faso} (Mathias Lallogo & Sr. Huguette Lebe, 81-85); Mali (Youssouf Sangare, 86-91, & Ibrahima N'Diaye, 92-94, & Ba Mahamadou, 95-102); Mauritanie (Mme Sy Fatimetou & Camara Tambo, 103-110); Niger (Adoum Albade, 111-114, & Mallam Tchegam, 115-116); Senegal (Mme Sow, 117-123); and Togo (team report, 124-127). Several of these reports give notes and dates of earlier work in the field, at least since Independence; and some statistical estimates. Observers were also present from Rwanda, and from ACHAC (Zaire). At least one session, on 12 December, "Pourquoi réadapter -- la perspective des personnes handicapés du Togo" was led by "une groupe de personnes handicapés du Togo". An expert from France gave the longest presentation (pp. 29-43), much of which consisted of examples of famous men who had disabilities (no African example was given). Three pages of recommendations were formulated (23-25).

SOMER, Eli & Saadon, Meir (2000) Stambali: dissociative possession and trance in a Tunisian healing dance. *Transcultural psychiatry* 37 (4) 581-602.

[Abstract.] "This study investigated Stambali, a Tunisian trance-dance practiced in Israel as a healing and demon exorcism ritual by Jewish-Tunisian immigrants. The authors observed the ritual and conducted semi-structured interviews with key informants. Content analysis revealed that Stambali is practiced for prophylactic reasons (e.g. repelling the 'evil eye') for the promotion of personal well-being, and as a form of crisis intervention. Crisis was often construed by our informants as the punitive action of demons, and the ritual aimed at appeasing them. Communication with the possessing demons was facilitated through a kinetic trance induction produced by an ascending tempo of rhythmic music and a corresponding increased speed of the participant's movements of head and extremities. The experience was characterized by the emergence of dissociated eroticism and aggression, and terminated in a convulsive loss of consciousness. Stambali is discussed in terms of externalization and disowning of intrapsychic conflicts by oppressed women with few options for protest."

SORIN-BARRETEAU, Liliane (1996) *Le Langage Gestuel des Mofu-Gudur au Cameroun. Thèse présentée en vue de l'obtention du Doctorat*. Université Paris V - René Descartes. 3 vols.

The thesis documents a gesture language commonly used by hearing people, and also by deaf people, in Northern Cameroon. A lengthy section of Vol. 1 (pp. 198-258) specifically

concerns deaf people, with individual brief notes on each of 161 deaf or partially deaf people (26 deaf from birth; 38 aged in their 40s to 70s), collected by local informants. Sorin-Barreteau (I: 198-258), notes both a broad community-wide level of gestural communication between deaf and hearing people, and also the more sophisticated signing among deaf people in their habitual market rendezvous, which goes too fast for hearing people to follow (pp. 42-43).

SOUTH AFRICAN National Council for the Blind (1930) *First Bi-ennial Report and Financial Statement 1929-1930*. Cape Town.

Established in March 1929, the National Council reports continue to the present (published from Pretoria since 1941), constituting a substantial formal record of work for, with, and by blind people in South Africa.

SPARTALIS, Peter J. (1981) *To the Nile and Beyond. [The work of the Sudan United Mission]*. Homebush West, New South Wales: Anzea Publishers. xvi + 216 + illustrations pp. 113-124, on medical and healing aspects of mission, recounts the start of leprosy programmes in the Nuba Mountains of Sudan, in the 1950s, the Nyakma Leprosy Settlement, and itinerant leprosy treatment work (based on R. CONWELL 1956, above). On pp. 23-24 a photo and description appears of the "One-Legged People of Herodotus" (i.e. described by the ancient historian Herodotus), identified by the author as Dinka tribesmen who have "the habit of standing on one foot to rest, while the other foot is placed on the knee of the supporting leg. (In the photo, balance is maintained by each man holding on to a spear). Some post-1960 notes also appear, on people with leprosy, their situation after the mission was forced to leave, and later leprosy control efforts (pp. 178-179, 188-192).

STAEWEN, Christoph & Schönberg, Friderun (1970) *Kulturwandel und Angstentwicklung bei den Yoruba West Afrikas*. (with English summary, p. 417-424). Munich: Weltforum Verlag. 434 pp. [In German]

[from WESTLEY, see below; and S.G. Lee, review in *Africa* (1971) 41 (3) 255-256.] This study, concerned approximately with 'cultural change and the burdens or anxieties of development' during several decades among the Yoruba of Nigeria, especially from the Egba people, was based in studies lasting seven or eight months in the mid-1960s, by two European psychiatrists, whose perceptions and analysis may have been over-burdened by some tenets of Freudian psychoanalysis. Staewen & Schönberg "used as their interpreter a 'chief' who had been educated as a witchdoctor and oracle priest ... {which} may have biased the answers of respondents" {Lee, 1971} The conduct of the studies, lacking control groups and expecting African behaviour to conform to some dubious European patterns, seems to be flawed, though may have been undertaken with diligence and good intentions.

STAHLHUT, K. (1993) Gehörlose Menschen in Ghana. *Das Zeichen* 7 (25) 298-305. [in German]

Notes on deaf people in Ghana.

STANNUS, Hugh S. (1910) Notes on some tribes of British Central Africa. *J. Royal Anthropological Institute* 40: 285-335.

During seven years, the physician and ethnographer Hugh Stannus usefully noted a variety of impairments and disabilities, and beliefs associated with them, in the first decade of the 20th century. On deafness, he noted a neutral or positive belief in Nyasaland (later Malawi). The *mzimu*, which is "a good spirit and does no harm", leaves a dying person's body and goes upward (heavenward, to *Mlungu*). "The only people to visit *Mlungu* and come back are occasionally children who die, for a short time their *mzimu* goes to *Mlungu* and returns; they live again, but are deaf-mutes." (pp. 299-300)\* Another hypothesis recorded by Stannus (p. 306) was that "every one has a small animal inside the ear, the sounds it makes causes the man to hear. If the animal escapes the man becomes deaf." (306) [cf ROULON, above]

--- \* [Christine Miles suggests a possible interpretation in terms of families' experience with children who have a very high fever (e.g. from malaria) and appear to be dying, their spirit seems to be leaving. In some cases the child 'comes back', i.e. recovers and lives; but their hearing has been destroyed by the fever, or in some cases they suffer serious intellectual impairment.]

STAUGARD, Frants (1985) *Traditional Healers: traditional medicine in Botswana*. Gabarone: Ipelegeng. 276 pp.

STAYT, Hugh A. (1931) *The BaVenda; with an introduction by Mrs A.W. Hoernlé*. London: Oxford University Press. xviii + 392 pp., with 48 illustrations, map.

This very detailed study was carried out by a South African who had been blinded at 17, during the 1914-1918 wars. He was given mobility and trade training at St. Dunstons, London, met his future wife Evelyn Dyson, and "has practised physiotherapy successfully and run a considerable poultry farm".# He studied social anthropology at Cambridge, with assistance from Evelyn. The Stayts "travelled in northern Transvaal and Southern Rhodesia, living among the Bavenda tribes", penetrating to very inaccessible places. "They published the results of their researches in a monograph which was hailed as the first worth-while book, not only on the Bavenda but on any of the South African tribes, written during all the years in which the white and black races had been in contact." #(Lord Fraser of Lonsdale, 1961, *My Story of St Dunstan's*, p. 209. London, Harrap).

--- Disability, oddness or ailment among the BaVenda are written up in several sections or chapters, e.g. 'Abnormal births' and twins (pp. 90-91). "Babies born feet first and those born with any deformity are killed by having boiling water poured over them by the midwives." Twins were considered unnatural, and mostly both were killed "by the midwives or mother, by strangulation or scalding." (91) When the circumcision lodge is being set up, the initiates are called "*madzinga* (sing. *lidzinga* - from *u dzinga*, to be deaf)" (128). Late in the lengthy initiation processes, "One of the boys pretends to be mad and rushes about with an axe and a spear" (134) [See STAYT in Appendix 3, below, for more on male and female circumcision.] Chapter 20 (pp. 230-261) gives an account of religious beliefs and rituals. Stayt quoted F. Posselt, 1927, on the Mwari cult, involving a divine call "signified by fits - whether of an epileptic nature or not is uncertain" (234). Among "dissociated spirits", some took a partial human form - a leg, an arm, a headless body - "These dismembered monstrosities..." are very bad news to visitors (238-239). The ancestor cult was of more account than miscellaneous spirits, and the need for continuity of

reproduction led to derision for the dim and infertile. "There is a Tshivenda expression -- '*u lubumbukavha*' - which has the same meaning as the English 'Are you daft?' or 'Are you all there?'. This word, *lubumbukavha* (simpleton), is also used to describe any young man above the age of puberty who dies before he has been given a wife; he is a poor foolish fellow, having left the world ignorant of the all-important subject of sex and parenthood..." To deal with his restless spirit, an old hoe handle with piece of string is set up in a prominent place, representing a wife's waistband and genitals, to confuse and abash the spirit. Occasionally for a girl dying unmarried "called *luphofu*, the blind one, as she has died without any knowledge of sexual life", there is an equivalent symbolic rite (pp. 241-242, + Plate 37).

--- The religious beliefs blend with Ch. 21, 'Medicine and Magic' (262-308), with detail of the *nganga* (pl. *dzinganga*), "the medicine-man proper", and the *mungoma*, "the diviner pure and simple" (263). Various specialists are named, e.g. *maine vha tshipengo*, "the finder of madness, who deals with cases of delirium and insanity", and "other specialists in eyes, dentistry, love-potions, leprosy, &c" (264). Among a list of ailments and remedies there are rheumatism (269), bone disease (270), ear trouble, headache, smallpox, and child convulsions, giddiness, madness (271-272). "Leprosy (*mapele*) is incurable. The leper is generally isolated in a small hut on the side of a mountain and food &c. taken to him." (272) "Fractures are treated skilfully, the bones being roughly set, anointed, and then placed into a splint. The type of splint is ingenious, made from lengths of bamboo, placed parallel to each other, and bound together at three points by strings made of pliant fibre." {ftn. "Bartels, M., 'Schienen - Verbände für Knochenbrüche bei den Bawenda'#, *Verk. Ges. Anthropol. Berlin* # 1896, pp. 365-6."}

--- #[The article title should end 'von Nord-Transvaal'. The journal title seems to have been '*Verhandlungen der berliner anthropologischen gesellschaft*', vol. 9.]

--- While Stayt noted much credulity toward rites and treatments, there were some sceptical tests. When a group of people sets out to visit a diviner, one member "hides something on his person, a thorn in his hair, or a shilling or a bracelet ... as soon as the *mungoma* comes out of his hut to the tree he points out the hidden object ... Strangely enough, he nearly always discovers the object without any hesitation." (281) In one such game, the visitors' eyes must be treated, or they would go blind (291-292).

--- [This was highly informative research, of the era. A few adverse comments have appeared since. Perhaps Stayt made liberal use, without adequate acknowledgement, of the pattern of work of his academic advisor. His book also belongs to a period when white observers often failed to notice the extent to which 'tribal peoples' were in precarious situations as a result of land acquisition by whites having superior weapons rather than better title to use the land. {Yet Stayt himself remarked that the suspicion and concealment by some chiefs could result from "the scandalous exploitation of the BaVenda by some of the early European settlers..." (21)} More questionable is the recent charge, by Andrew Bank\* that, in Stayt's work, "We could scarcely ask for a clearer illustration of the way in which the male-dominated structures of knowledge production in interwar South Africa silenced the anthropological contribution of women fieldworkers and ethnographers. When Stayt embarked on fieldwork in Vendaland in the northern parts of South Africa in the mid-1920s, he had to depend almost entirely on his wife. She then helped him write the

material up into a UCT {University of Cape Town} doctoral thesis. He did dedicate the thesis to her, though without mentioning her by name, but the book was neither dedicated to Evelyn Dyson, nor so much as mentions her role in the field nor in the writing up process.<sup>121</sup> [ftn 121 = "The information above is taken from Patricia Davison, 'Women Anthropologists in South Africa' (Exhibition at the Iziko South African Museum, Cape Town, 2002)."] (Bank, p. 52)

--- In the worthy cause of restoring pioneer women anthropologists, it seems that Bank, following Davison, did not closely check Stayt's published book, which is dedicated at the front "To My Wife", and states in the Preface that most of the photographs "were taken by my wife, who was my companion throughout my wanderings, and to whose enthusiastic help, both in the field-work and in the preparation of the monograph, I am deeply indebted." (p. xi) (Stayt also warmly names and acknowledges his "two successive non-Christian interpreters, fully initiated members of the tribe," knowing the different Venda dialects, as well as Zulu, English and Dutch." Davison and Bank may have been unaware that the St Dunstons training aimed to re-equip blinded men for full independent activity. The outstanding among them were keen to prove they could do as well as, or better than, most sighted men. Stayt's advisor, Mrs Hoernlé, considered that the Africans among whom he worked "received him with all the greater kindness and solicitude because of his handicap. They vied with one another to help him, as he and his wife worked together during all the months they spent in various parts of the Zoutpansberg with different communities of the BaVenda." (p. viii)

--- [This does not, of course, exclude the possibility of some deception by Stayt's informants. But the young researcher was methodical in cross-questioning; and he was not afraid to state that he did not know.] When Hugh Stayt had completed his doctorate and monograph, he took an interest in local affairs; then "Stayt took on a new job when the Second World War broke out. He became Captain Stayt, of the South African Defence Force, a Recruiting Officer for the south coast district of Natal." (Frazer, p. 209) It seems unlikely that he could have been appointed Recruiting Officer, or could credibly have undertaken such a role, if he were being led around like a helpless dummy by his wife.]

--- \* Andrew Bank, 2016 ?, *Pioneers of the Field: South Africa's Women Anthropologists*. Cambridge University Press. xiii + 319 pp.

STEIN, Debra (2000) Views on mental illness in Morocco: Western medicine meets the traditional symbolic. *Canadian Medical Association J.* 163 (11) 1468-1471.

STICHTING MAROKKO Fonds (2008) *Situation des sourds au Maroc: inventaire sur la situation des sourds au Maroc*. Amsterdam: author.

[Not seen]

STRELCYN, Stefan (1980) Un chapitre concernant les maladies, d'un lexique Arabe-Ethiopien du XVIe. siècle. *Journal Asiatique* (Paris) 268: 215-231.

Strelcyn's translation (to French) of this 16th century Arabic-Ethiopian medical lexicon includes a considerable range of terms for physical, mental and sensory impairments and disabilities, among them being: amputé, aveugle (...de naissance), qui balbutie, bègue, boiteux, borgne, borné, bossu, débile, dénué d'esprit, dépourvu d'esprit, déséquilibré,

éléphantiasis, estropié, étroit d'esprit, faible, fou, goutte, hallucinations, idiot, infirme, infirme d'esprit, insensé, instable d'esprit, intelligence limitée, défaut de la langue, lépreux, lèpre corrosive, languissant, qui manque un membre, muet, noué, nyctalope, oeil fermé, paralytique, paraplégique, perclus, possédé par un démon, raccourci de la main (... du doigt, du nez), rhumatisme, sot, sourd, sourd-muet, stupéfait, stupide, troublé d'esprit, vitiligo, vue faible.

--- [Such a list casts little light on spirituality or healing; yet it may serve to suggest that in 16th century North Africa there was no shortage of terms differentiating a wide variety of impairment conditions.]

STROEKEN, Koenraad (2010) *Moral Power. The magic of witchcraft*. New York and Oxford: Berghahn Books. (Softback edition, 2012). xiv + 269 pp.

"Comprehending another epistemology of healing is a never-ending task" writes Koen Stroeken (p. vii). His efforts to do so, and to articulate some of the stages, benefits and hazards encountered en route (including the hazard of writing in English what he had learnt in the Sukuma language, neither being his mother tongue), are already mentioned in the Introduction (above) to the present Bibliography. After undergoing an initiation rite of the Sukuma of Tanzania, he realised how much of what he thought he had already 'understood' was based on informants' light-hearted nonsense intended to mislead him! While Stroeken reports many illuminating observations and anecdotes from his fieldwork, his efforts to stay 'on track' (and to argue with himself more honestly about which and whose track he is on, and why) involve him in questioning much of the way in which medical anthropology is conducted, and many of the epistemological presuppositions of 'modern science' and its assumption of the right to spread its global cloak or paradigm over all other ways of perceiving human realities. This work is central to the vigorous debates running through the present Bibliography -- but that is not to say that it is an easy book to understand or to review. [Cf. academic reviews by K.C. Myhre (2012) *J. Royal Anthropol. Instt.* 18: 723-724; M.B. Sundal (2013) *Medic. Anthropol. Quart.* 27 (2) b23-b25; J. Parish (2014) *Africa* 84 (2) 345-346; and more.]

STRONG, Nicolette (1996) Feminisation of poverty in Riverlea. *Agenda* no. 31, pp. 68-80. A survey of poverty in female-headed households is reported from Riverlea, Johannesburg, a suburb known for massive overcrowding, poverty and severe social problems (unemployment, violence, crime, substance abuse, gangsterism, family instability, etc). [No doubt there were, and are, also people and families whose lives followed a different path, and developed some community spirit and hope.] 'Disability' was not a major focus, but played a prominent casual part as pensions for disability or old age were said to be the main source of income for 40% or more of the poor, and a significant factor in the total income of many households.

STROTHER, Zoe S. (1998) *Inventing Masks: agency and history in the art of the Central Pende*. Chicago University Press. xxvii + 348 pp. and illustrations

Professor Strother, distinguished specialist in African art history, includes consideration of Pende views on physiognomy, and analysis of various readings of the 'Mbangú' masks, from Bandundu province, Zaire (Congo), which depict strongly contrasting light/dark halves of a



face, one normal, one with apparent sickness or contortion. [A number of open websites display mbuya masks, including the mbangu mask, with some discussion of Pende beliefs about the origins of sickness and deformity, with healing and therapies.] See also remarks in the Introduction, section 6. Art, Music (etc)

STRYDOM, C.J.S. (1977) Hartley, Henry. In: *Dictionary of South African Biography*, III: 376-377. Cape Town: Tafelberg-Uitgewers.

Henry Hartley (1815-1876) was a blacksmith who learnt from his father to be an elephant hunter. "A club-foot, or possibly two club feet, made him a cripple all his life and he always hunted on horseback." Nevertheless, Hartley "regularly went on expeditions to the Northern and the North-Eastern Transvaal and by 1854 was well known as a most proficient hunter. ... In 1865 his hunting party was the second group of Whites permitted by Mzilikazi to hunt in Mashonaland. ... he became a special confidant of Mzilikazi and later Lobengula and was known among the Matabele as 'the doctor' because of his home cures; he was even able to treat Mzilikazi for gout and to set Lobengula's arm."

SURURU, Adolphe (1994) Transmitting cultural values within the Burundi deaf community. In: C.J. Erting; R.C. Johnson; D.L. Smith & B.D. Snider (eds) *The Deaf Way*, 94-96. Washington DC: Gallaudet University Press.

From Burundi, Adolphe Sururu (1994) noted the sadly typical situation of a deaf man, Pierre, "who is 58 years old and totally deaf", a man with a wealth of experience, who "could be a virtual library of information for young deaf people", but who has no occasion to meet them, and does not use the sign language which they learn at the training centre.

SUTTON, Michael {Kidd} (2015) *A long life briefly*. Foinikas Publications. Athens: Greece. 276 pp, many illustrations.

South African Michael Sutton was born deaf in 1928. His family moved to England [in 1939] to obtain specialised boarding school education for Michael and for his sister Ann (also deaf). His father served in the Air Force, at several locations, so the family met up during school holidays in many locations: "Kent, Surrey, Newcastle, Scotland, Devonshire. The castles, grand country houses, delightful villages, gothic cathedrals we visited stirred my interest in architecture."

--- After the War, Michael returned to South Africa and "after a struggle at matriculating (because of the required Afrikaans)" he studied at Witwatersrand University, where "the help and kindness of fellow students, lecturers and Professor [John] Fassler made it possible for me to graduate easily." Sutton then slowly built up an architectural business with partners in South Africa, achieving prominence in design of houses in Johannesburg during the 1960s. He was able to travel quite often in South Asia, and lived for some years in Greece. "My architectural philosophy (or whatever you call it) is best stated by Sri Lankan architect, Geoffrey Bawa: 'I have always enjoyed seeing buildings but seldom enjoyed explanations about them - as I feel, with others, that architecture cannot be totally explained but must be experienced'." Sutton also reveals something of his personal philosophy: "In helping to assemble this book which includes most of my work over the past sixty years, I'm left with one overriding emotion - gratitude. For so many things - people (family, friends, clients), so many circumstances (luck, if you will) - that have helped

and guided me through a long and happy life."

--- [WRIGHT (below) another deaf South African who was a classmate of Michael Sutton at school in England, noted (in 1989) that Sutton became "the most famous and sought-after architect in South Africa", and a phenomenal lip-reader". At Witwatersrand U. in 2003, Victoria S. De la Cour (née Ross), a grand-daughter of John Fassler, wrote a dissertation on Sutton's work. She describes his buildings as having "sensitivity to material and to the subtleties of function, space and place making ... On entering a Sutton building one is struck by a sense of quietness, balance and peace. Living in a Sutton building allows one an intimate connection with the richness of his architectural language."]

SUWED, Abdalla (1983) *Abjadiyya ishara alcarabiyya*. [Arabic fingerspelling.] Tripoli, Libya: Aldar Alcarabiyya Lilkitab. 210 pp.

SUWED, A. (1984) *Quamus ishari carabi*. [Arabic sign language dictionary]. 102 p.

SWART, Sandra (2004) 'Bushveld magic' and 'miracle doctors' -- an exploration of Eugène Marais and C. Louis Leipolt's experiences in the Waterberg, South Africa, c. 1906-1917. *J. African History* 45: 237-255.

Abstract: "This article contributes to the critique of a particular historiographical construction of the rural socio-intellectual world of the Afrikaner, which portrays that world as narrowly Calvinistic and culturally circumscribed, with rigidly patrolled racial borders. This challenge is effected through an investigation into the world of the Bushveld Boer through the work of Eugène Marais (1871-1936) and Christiaan Frederick Louis Leipolt (1880-1947). The article seeks to show that the practical workings of agrarian race relations allowed for a certain measure of cultural osmosis, facilitating Afrikaner interest in African and traditional healing practices. Afrikaner interest in the paranormal and psychic, with an emphasis on European trends, is also investigated, to demonstrate that the image of intellectual isolation has been exaggerated. This is a contribution to the ongoing project of historians interested in Afrikaner identity, who probe the image of a monolithic, Calvinist past and stress variety and often secular thinking."

SWARTZ, Leslie (2010) *Able-bodied; scenes from a curious life*. Cape Town, SA: Zebra {Random House Struik}. iv + 221 pp.

This entertaining autobiography was obtained only in Dec.2017, after annotating Swartz's contributions in 2013 and 2015, and earlier. Professor Swartz underlines his title to able-bodiedness, but reads back his life-long interest in disability to growing up with his father's life-long determination to earn a decent living and enjoy playing golf despite having progressively crippled feet and hip; also to his own physical weakness, clumsiness and discoordination in everyday activities; and to his psychological 'apartness' through being Jewish by family (in a country where doctrinally-simplistic kinds of Christianity were hardly friendly toward Judaism -- joining Stellenbosch University, "I began my inaugural lecture, 'What's a nice Jewish boy doing in a place like this?'" pp. 212, 221); while being agnostic or atheist by inclination. Swartz also discloses a professional joke, that "there are only three kinds of psychologist in the world. The options are Painful Personality, Lack of Moral Fibre or Bad Blood" (128). He describes in amusing and perceptive ways the long

and ongoing process of learning how he could usefully work alongside disabled people, Black men and women, poor people and others, putting his professional skills, intelligence and experience at the service of 'the less privileged others', neither bending over backwards to the extent of belittling their real contribution, nor falling on his front by some other misperception. Swartz admits some failures in the process, and tries to learn from them. He avoids portraying himself as a saint, disclosing pet hates and naughty habits, with some disbelieving psychoanalysis to account for them and for the pains of being married to a person with long-term painful hip displacement (110-124). Swartz's special boyhood 'triumph' in sports was the Lichtenberg gala where, unwittingly, he thrashed his way diagonally across the pool, disrupting, clonking and being butted by almost every other swimmer, while their highly competitive Mamas raged and wept at the damage being done to the chances of their own little darlings (97-100). After that, could he have grown up to be anything other than a Clinical Psychologist?

--- One of many useful perceptions mentioned by Swartz is his growing awareness that disabled people, if they have sufficient confidence (maybe derived from family or a teacher who encouraged them), may gain unusual insights from the very condition of being disabled and 'normally' being put to one side or treated oddly: it may generate in them something like the 'research mentality', stepping back, observing what actually happens, sifting evidence, reading between the lines; developing alternative vision so as to see around corners. At a 'participatory research training workshop', there was an exercise in 'community mapping techniques'. It was carefully modified for people having severe visual impairment. Afterwards, one blind man poked fun at the well-meant accommodations: "'In fact, we are the best geographers'. The other blind participants immediately knew what he meant. They pointed out that they all lived in inhospitable environments, where there is poor road upkeep, where traffic is heavy and often very fast, where there are no pedestrian crossings... where people live and trade on pavements ... or they live in rural areas where there are no tarred roads and it can be muddy, with pathways barely accessible. As a result they are acutely aware of the physical environment, of how many steps it takes to go here or there, of road surfaces changing, of where it is (comparatively) safe to cross a road." (p. 193) This depth of knowledge was a revelation to the sighted people in the room.

SWARTZ, L. (2013) Between faith and doubt: training members of disabled people's organisations in Southern Africa in basic research skills. In: Julie Claassens; L. Swartz & Len Hansen (eds) *Searching For Dignity. Conversations on human dignity, theology and disability*, pp. 81-90. SUN MeDIA Stellenbosch.

[see previous item] Leslie Swartz, clinical psychologist and Professor of Psychology at Stellenbosch University, is a man of many parts and many appearances in a supportive and facilitative role in publications in the present bibliography. In this thoughtful chapter, Swartz discusses how he, as a skilled, able-bodied 'white man' and modern secular professional, could attempt to provide facilitation, without domination, to groups of black disabled men, or women; and also to facilitate the functioning of groups having a strong 'Christian' outlook while being himself an atheist of Jewish ethnicity and humane disposition (p. 88). He came to see that much of the training and facilitation he was offering "was operating at the interface between different systems of faith, scepticism and doubt."

(86) The trainees were mostly disabled people who had fought their way through a highly discriminatory educational system and social context, and had learnt to campaign for their human rights in solidarity with one another, and to distrust almost all able-bodied 'experts'. Swartz, having a scientific mentality, approved of the doubt and distrust, and hoped to build on it to make budding researchers of the trainees; yet they should also find room to doubt their own campaign slogans and baloney, and be willing to collect relevant evidence and build on it with logical arguments to make a case (which should not then be the last time they use their brains; but a place where they could pause and reflect, and be prepared to move on to making a better case, as social change swept away the earlier observations and evidence, and new evidence should be collected).

--- Not surprisingly, some trainees found these ideas hard to digest. But Swartz too found himself surprised by aspects of the strong Christian religious beliefs held by many of the disabled people - he had operated mostly in a secular intellectual environment, and had not understood that people holding strong religious beliefs, but who had been seriously discriminated against by the Church supposedly upholding and propagating those beliefs, would not necessarily dismiss their own beliefs - they might continue to hold them, as a source of strength for the daily battle, while rejecting the church officials who had contributed to their social exclusion. "It astonishes me now", writes Swartz, "how silent much development work and scholarship on disability is on issues of faith and religion, apart from the rather easy rejection of religion (along with medicine) as a form of oppression of disabled people." (90) [In his autobiography, see above, Swartz described one of his early schools where subversive teachers discussed highly unorthodox religious topics, and his parents encouraged the children to attend a variety of religious ceremonies, some of which he found intriguing, some ludicrous (73-85).]

SWIFT, Charles R. & ASUNI, Tolani (1975) *Mental Health and Disease in Africa: with special reference to Africa South of the Sahara*. Edinburgh: Churchill Livingstone. xiv + 257  
Child-rearing and problems of childhood and adolescence are discussed on pp. 2, 11-23, 93-114, 181-182, 223-225 (with 43 references). The epilepsies and 'mental subnormality' appear on pp. 165-178. Index pp. 241-257.

## **Authors TALLE ... UNICEF**

TALLE, Aud (1995) A child is a child: disability and equality among the Kenya Maasai. In: B. Ingstad & S.R. Whyte (eds) *Disability and Culture*, pp. 56-72. Berkeley: University of California Press.

Anthropologist Aud Talle collected data during field work between 1979 and 1981, and later visits. She makes a series of assertions about the Maasai, as in the title of her chapter, which would seem to suggest a tolerant, open-minded response to people with various kinds of disability - but the details in between suggest that they have a full complement of traditional beliefs and explanations for impairment, associated with curses, bewitchment, sorcery, and adverse outcomes of breaking taboos, inherited sin within families, etc.

TALLE, A. (2007) From "complete" to "impaired" body. Female circumcision in Somalia and London. In: B. Ingstad & S.R. Whyte (eds) *Disability in Local and Global Worlds*, pp. 56-77.

Berkeley: University of California Press.

Professor Talle thanks the editors Ingstad & Whyte for perceiving "the value of the case of 'female circumcision in exile' to the overall topic of the volume"; and further thanks Benedicte Ingstad for "pushing me to write this chapter" (p. 75), which concerns "Somali refugee women in London. In the contemporary Western setting, circumcised African women constitute a bodily anomaly -- an unthinkable creature in a modern era. Their cut genitals are living examples of an 'evil past' from which Europe has struggled to free itself." (p. 56) However, Talle was doing fieldwork among women in Somalia in the 1980s and met a trained female gynaecologist, Kh, who assisted her to understand some of the Somali cultural background to the 'pharaonic' type of circumcision, and its meanings and perceived value within Somali communities - while not passing over the very considerable pain and subsequent continuing physical damage suffered by many girls and women. Meeting Kh again years later, when Kh was a refugee in London after a traumatic transition, still involved with examining and counselling female Somali refugees on gynaecological issues, though not qualified to practice medicine in UK, Talle took further her field work by interviewing some of those women, and discovered further dimensions and complexities in the issues, as well as the depth of psychological pain inflicted on the women by Western health workers having no understanding of Somali cultures.  
--- See further discussion by TALLE in Appendix 3, on Abuse.

TALOTTA, Giuseppe (1932) La lebbra in Eritrea. *Archivio italiano di scienze mediche coloniali* 13: 193-199. [In Italian]

[To address the problem of leprosy in Eritrea seriously, a census was undertaken. In seven months' studies, 559 cases have been located. This by no means represents all cases, as many nomadic people could not be examined. After careful consideration, the authorities decided not to open a leprosarium but to found a colony where people with leprosy could be housed and given appropriate treatment.]

TARIKU, Gebre (1996) Attitudes of society towards learning capabilities and characteristics of mentally retarded children in Ethiopia. Unpublished MA thesis, University of Joensuu, Finland.

TARZI, Kamel (1978) Vers un épanouissement personnel. Position de l'Islam vis-à-vis de l'insertion des arrières mentaux dans la vie publique. In: *Proceedings of the 7th World Congress of the ILSMH on Mental Handicap, Oct. 1-6, 1978, Vienna, Austria*, Vol. 2: 63-78. Vienna: Lebenshilfe für Behinderte.

Detailed, open-minded paper from Tunisia on Islam and mental handicap. Tarzi quotes from the Qur'an and hadiths of the prophet Muhammad, suggesting that Islam approves the integration of mentally retarded people in education, and gives them the right to an appropriate level of support in conducting their lives and managing their own affairs.

TAYE, Kibra (1993) Life within deafness (a poem from Ethiopia). In: M.D. Garretson (ed.) *Deafness: 1993-2013. A Deaf American monograph*, v. 43, p. 32. Silver Spring, Md: National

Association of the Deaf.  
Verses from a young Ethiopian deaf woman.

TEKLE HAIMANOT, R.; Abebe, Mekonnen; Forsgren, Lars; Gebre-Mariam, Ayele; Heijbel, Jan; Holmgren, Gösta; & Eksted, Jan (1991) Attitudes of rural people in Central Ethiopia toward epilepsy. *Social Science & Medicine* 32 (2) 203-209.

TELLMAN, A. (1972) *La situation des sourds en Afrique, en particulier au Zaïre, entendre avec les yeux*. Geneva: Edition Labor et Spes. Paris: Librairie protestante.

TER HAAR, Gerrie (1992) *Spirit of Africa. The Healing Ministry of Archbishop Milingo of Zambia*. London: Hurst. x + 286 pp.

[Between 1973 and 1982, Archbishop Emmanuel Milingo reportedly engaged in the practice of healing people who believed they were oppressed by evil spirits, a condition known as *Mashawe*. From his election as Archbishop in 1969, Milingo had embarked on some 'Africanisation' of practices in the Zambian Catholic church. In April 1973, he came to believe that the power of God could be applied to liberate a woman who had begged for his help after being treated at a mental hospital without any positive outcome. This was a turning point in Milingo's healing ministry, and in his engagement with the local African perceptions of spirit oppression or possession, by claiming the New Testament model of healing, as recorded when Jesus sent out his disciples to preach, heal, and drive out evil spirits. {The Roman Catholic hierarchy during that period was somewhat perplexed by these activities. Milingo was summoned to Rome, where he was sidelined. Ordinary people of Rome heard of his ministry, and queued up to be healed}. With extensive bibliography. {Some years later, after moves by Bishop Milingo which more directly flouted the teachings of the Catholic Church and personal warnings from the Pope, he was stripped of his ordination, and became a lay person}.]

TER HAAR, G. (2009) *How God became African: African spirituality and Western secular thought*. Philadelphia: University of Philadelphia Press. ix + 120 pp.

TERTULLIAN (ca. 210-213 CE) *Quinti Septimi Florentis Tertulliani De Anima*, edited with introduction and commentary by J.H. Waszink (1933 / 1980) reprinted with further introductory matter in *Supplements to Vigiliae Christianae* (2010), Leiden: Brill xxxi + 654 pp.

Tertullian (born ca. 160 CE, died ca. 220 ?) in Africa Consularis {modern Tunisia approximately} was a prominent orator and writer among the modest number of North African theologians who preceded AUGUSTINE (see above) and has surviving work. He and some others (e.g. Clement of Alexandria, ca. 150-215; and Lactantius ca. 240-320) were among the earliest Africans condemning the custom of killing defective or disfigured or otherwise unwanted neonates. Instead, they emphasized the absolute human value of the babes, having the image of God imprinted in their soul, and eligible to be baptised into the Christian world.

--- Waszink's critical Latin text of Tertullian's *De Anima* occupies pp. 1-80 in the present work, preceded by the Introduction (pp. 1\* to 49\*). The critical notes, translation and

commentary then appear in pp. 81-593. The text of immediate pertinence is ch. 37 (Latin pp. 53-54), with commentary (423-432). Vv. 1-2 has: "The formation of man in the womb is watched over by a power subservient to God's will; for the performance of this, the superstition of the Romans assumed the existence of special Gods, whereas we Christians know of no other servants of God than the angels. The embryo deserves to be called a human being from the very moment of attaining its final form (the proof is furnished by Exodus 21, 22/3.)#

--- #[In that section of the Jewish Torah, concerned with injury and compensation, it is stated that if, during a tussle between men, a pregnant woman were struck, and suffered a miscarriage, but there was no further damage, the striker would be liable to pay a fine in compensation to her husband. (However, 'suffer a miscarriage' might be translated 'give birth prematurely' in which case, if the baby survived, it might do so with visible defect). In later Hebrew texts, such as Psalm 139, the writer marvels that God created his inmost being, and knit together his limbs inside his mother; but the writer eschews further detail or speculation.]

--- Tertullian's remarks earlier, and later, e.g. that "the soul is a seed placed in man and transmitted by him"; and that "the soul is implanted in the womb along with the body"; and that "a child born in the seventh month has a better chance of living than one born in the eighth" [!]; and the arguments and evidence he offers (or omits to offer) with these statements, add considerably to the range of possibilities of what he may have had in mind. [Some of the arguments continue today in legal codes across Africa, as to the status of the foetus 'at conception', or at approximately three months {when some believe it becomes 'ensouled'}, or at a later date (e.g. ca. 24 weeks) when it might survive if born prematurely, but it may legally be aborted under some codes, yet not under others.] Waszink's textual examination and commentary accumulates considerable detail on where Tertullian may have picked up his ideas, and how he progressed over time in clarifying them or resolving positions which are mutually contradictory (or at least, would seem so to 20th/21st century European scholarly thought). As 'modern science' has a very much more detailed account of foetal physical development, but (as yet) no convincing means of determining whether, how or when any distinct or distinguishable 'self', 'soul', or 'spirit' arises or is given to the growing foetus, it is difficult to comment sensibly on the range of Tertullian's views, and his reasons for arguing with the ideas current in his time.

TESSMANN, G. (1913) *Die Pangwe - Völkenskundliche Monographie eines Westafrikanischen Negerstammes*. 2 volumes. Berlin: Ernst Wasmuth. [In German]

[See FERNANDEZ: Bwiti, in particular pp. 244-253 and endnotes: "Perhaps the most instructive example, however, of an overdetermined search for religious ideas was that of Tessmann, the author of the basic Fang ethnography. He set himself the objective of finding the philosophic base behind Fang practice. But more than that, he was interested in confirming his conviction, much in the air in German intellectual circles at the time, that there were a set of primeval ideas ('Elementargedanken' in Wundt's phrase and 'ursprünglichen Ideen' in Tessmann's) that lay behind all primitive religions ('Religion der Naturvölker'). In discussing Fang cults, he emphasized how 'primitive thought' was revealed in them. He was also influenced by the psychoanalytical interpretations of the

period and concentrated his descriptions on the various sexual representations in cult objects and actions: snakes, fruit, etc." (pp. 244-245, 627-628). ... "He treated with impatience explanations that did not meet his needs. Often he was forced to draw his own conclusions, for 'the Fang will not split their heads over such matters.' ... We shall use Tessmann since after all, his accounts are detailed and he was there. But we shall compare his accounts and also those of Père Trilles to what we were told by Fang men and women who had participated in these cults. ... Sexual intercourse between brothers and sisters of the same clan produced 'monsters' (*ebibi*) or 'miscarriages' (*kigile*) and could destroy the good luck (*maa*) experienced by clan villages." (pp. 245, 628)]

THÉODORIDÈS, Aristide (1975) L'enfant dans le droit de l'égypte ancienne. *Recueils de la Société Jean Bodin* 35 (Part I): 81-118.

Reviews in detail the modest quantity of relevant material, from c. 2600 BC onward, on e.g. adoption, majority, inheritance, marriage.

THIBAUD, A. (1992) Les villages Bondeko pour enfants handicapés à Kinshasa. *Zaire-Afrique: économie, culture, vie sociale* 32 (nr. 269): 545-556.

THOMAS, Patricia W. (1956) Impressions of the mission field. *Physiotherapy* 42: 180-182. This brief account by a physiotherapist working at Kampala, Uganda, in the 1950s with some children having polio paralysis, contains one rare and priceless remark on a lesson she learnt about the supposed 'superstitions' of the family members. "For my first few months in the country I was trying hard to dispel the superstition that poliomyelitis was 'caused by an injection'. African, Indian and English parents would patiently relate their children's histories and I in my ignorance would say, with no little arrogance, that the injection [usually quinine into the buttocks, against malaria] had nothing to do with it. I would be wiser now. For it is acknowledged that once the virus has gained entrance to the body there is a relation between inflamed muscle tissue and subsequent residual paralysis."

THOME, Riad (1982) Rituel de Possession 'Yebola': dysharmonie dans le mode de vie social de la femme Nkundo (Zaire). Dissertation 3e cycle, Bourdeaux II.  
[From GRAY's bibliography]

TIBEBU, Bogale (1995) Meaning attached to disability. Attitudes towards disabled people, and attitudes toward [integration]. PhD thesis, Univ. Jyväskylä.

TIETZE, Ulrich (1999) Possibilities for working with cultural knowledge in the rehabilitation of mine victims in Luena, Angola. In: Brigitte Holzer; Arthur Vreede & Gaby Weigt (eds) *Disability in Different Cultures. Reflections on local concepts*, 178-191. Bielefeld: transcript verlag.

The author, a bio-medical engineer, manager and researcher, underlined both the need for making use of local cultural knowledge (heavily influenced by the evolving post-war situation with extremes of poverty, and scarcity of all kinds of resources), and the considerable difficulties of discovering such knowledge (when a majority of informants are



keen to provide the answers they think the researchers want). [See KASACK (above); WERNER+ below.]

TIROLER, Gabor (2003) Nordic projects in the South. Where do people with disabilities come in? *Zeitschrift Behinderung und Dritte Welt* 14 (3) 107-112. [Available open online.] Nordic countries (Denmark, Finland, Norway, Sweden) have included disability projects in their development aid since the 1980s. The author questions how far the lives of people with disabilities in the poorer Southern countries have been improved by such aid, and whether Nordic policy intentions have been fulfilled. Project examples are discussed from Ghana, Nicaragua, Sri Lanka and Zambia, with some examples of success and some failure.

TIRUSSEW, Teferra (1985) Zur Situation der Blinden in Aethiopien. *Wiss. Blat. zu Problem des Blinden und Sehschwachenwesens* (Berlin) 2 (25/26) 32-34. [in German]

TIRUSSEW, T. (1988) Psychoeducational implications of intellectual handicap. *Proceedings of the Workshop on Curriculum Development for Training Teachers of the Mentally Handicapped*, pp. 10-26. Addis Ababa: Ministry of Education.

TIRUSSEW, T. (2005) *Disability in Ethiopia: Issues, Insights and Implications*. Addis Ababa University Printing Press. xii + 267 pp.

Professor Tirussew has been a prolific author concerned with disability and education in Ethiopia. His first chapter "contextualizing disability", with citations up to 2004, seems to disapprove backward 'traditional' Ethiopian attitudes while absorbing uncritically the new, 'correct' beliefs from omniscient foreigners. The portrayal demonstrates "how psychologically damaging and challenging it is to cope with all forms of misconceptions and negative attitudes held by the society." (p. 9) The second chapter (pp. 21-72) perhaps from a different era, has a different tone: "Ethiopia is a country with diverse socio-cultural dimensions and diverse languages, there are many proverbs or sayings used by the people that reflect their understanding and thought about issues related to the importance of early childhood intervention and experiences", with a few positive examples (pp. 21-23). Some sources of religious and secular traditional healing and therapeutic practice are noted (pp. 24-25). Herbal medicine, indigenous psychotherapy and physical therapies are described, the latter by "highly skilled" *Wegehsa* providing "effective physiotherapeutic services ... across all age groups", that are attractive, accessible and affordable (pp. 25-27). These seven pages contain information on positive resources in Ethiopian cultures, not readily accessible elsewhere, though specific research studies on them are not listed.

--- Chapter 3, "Inclusion of Children with Disabilities" (pp. 83-145) reflects the ideas of well-meaning western discussants over some 40 years, but Tirussew inserts some local experience, recognising (p. 92) that there has been more than one view about disability in Ethiopian history. Many children with disabilities are casually integrated in ordinary schools, with or without specific attention or support (pp. 84-91). A further chapter reports on 77 Ethiopians with hearing, visual or motor disabilities, who were considered to be leading successful, independent lives (pp. 210-256), and might be role models of perseverance and 'triumph over adversity'. They had gone to special (40.2%) or regular (57%) schools, where they experienced a mixture of benefits and problems. Diploma,

Bachelor or Master's level degrees were achieved by 61% (47 out of 77), while 35% had at least secondary education. They fared better than the average for able-bodied children. One foreign specialist remarks that "the University of Addis Abeba and some teacher training colleges have dozens of blind students included in their programmes", which was "not a common feature in any European University." Further Ethiopian cultural resources appear elsewhere, e.g. traditional community self-help organisations listed on pp. 178-179, in a chapter on gender and disability (pp. 147-208). The book benefits from an index (pp. 257-267).

TOGONU-BICKERSTETH, Funmi & Odebiyi, A.I. (1985) Influence of Yoruba beliefs about abnormality on the socialization of deaf children: a research note. *J. Child Psychology and Psychiatry* 26: 639-652. [Found full text online, Sept. 2016]

TOMLINSON, Sally & Abdi, Osman Ahmed (2003) Disability in Somaliland. *Disability & Society* 18 (7) 911-20. Brief report on the post-conflict socio-economic conditions in the 'Independent Republic of Somaliland', and the services and apparent public attitudes toward disabled people. Some non-government organisations were making efforts to provide services and facilitate the expression of disabled people's own views, in conditions of considerable difficulty.

TOUBBEH, Jamil I.; Soliman, Salah M. & Yates, James T. (1976) Communication for hearing-handicapped people in the Arab world. In: Herbert J. Oyer (ed) *Communication for the Hearing Handicapped. An international perspective*, 395-419. Baltimore: University Park Press.

The article is mainly concerned with Tunisia, where there is some detail of the development of services by professionals for deaf people. There is also a brief note that "a club was established for deaf adults in the Medina (old city) of Tunis, bringing together 40 deaf adults for participation in therapeutic sports and related activities." (p. 397) Useful sections on development of services and deaf organisations also in Egypt (pp. 406-412), and other middle Eastern states.

TOUHAMI, M. & Moussaoui, D. (1991) Le marabout dans l'immeuble. *Psychologie médicale* 23 (1) 29-31.

From the résumé: "Les thérapeutiques traditionnelles de maladies mentales restent une réalité à laquelle le psychiatrie marocain se trouve quotidiennement confronté. Les possibilités du guérissage traditionnel sont multiples: marabout, taleb, talismans... Les auteurs décrivent ici un lieu de prise en charge traditionnel situé dans un immeuble au coeur de la ville de Casablanca."

--- [The compiler admits to a blip in his memory of vocabulary, comprehensible to anyone with good French. At first glance, he thought the article title meant "The marabout in the cupboard" - irresistibly generating a cartoon image of a nurse pushing a button and a colourful old wizard popping out of the cupboard. In fact it is merely "A marabout in the building" - though an intentional hint of surprise seems to be indicated in the Resumé: one need not visit a dusty village, taking a hen to be slaughtered, in order to meet a marabout. Meet one here in his modern office in the middle of Casablanca!]

TRAN TAM TINH (1986) Bes. In: *Lexicon Iconographicum Mythologiae Classicae* III, vol. 1: 98-108.

Few divinities are depicted as having impairments and managing a life with disability; so the African dwarf deity Bes is here introduced, from his Egyptian home. The literary sources and bibliography are given (p. 98); then the iconographic remains of Bes, in groups or singly (99-106), classified by apparent roles, e.g. apotropaic (deflecting evil), warrior, musician, magic, etc. and by artistic medium. Commentary (106-108) notes the slow rise of this minor deity, starting probably as "un des démons nains au service des divinités, surtout d'Hathor", and achieving some folk popularity in his own right in Mediterranean countries. "Il est surtout connu sous sa forme la plus populaire, comme un nain grotesque debout de face, le visage large et aplati, doté d'une barbe frisée aux extrémités, les oreilles léonines rondes, les mains posées sur les cuisses" (106). Lacking any substantial divine genealogy, the early Bes apparently adopted some normal human patterns. He is reported to have gone to school with ordinary children and learnt to read and to play music (p. 107), perhaps an early example of 'inclusive education'? However, he was destined to play greater roles. (See DASEN, above, who devotes a serious chapter to Bes, and another to Ptah.)

TRANI, Jean-François; Bakhshi, P. & Gall, F. (2014) *Le handicap dans les politiques publiques tunisiennes face au creusement des inégalités et à l'appauvrissement des familles avec des ayants droit handicapés*. [Handicap International]

[See annotation under BAKHSHI++ above]

TREMEARNE, Arthur J.N. (1913) *Hausa Superstitions and Customs*. London: Bale, Sons & Danielsson.

Gives numerous folktales and direct or indirect comments about disability and disabled people, e.g. pp. 46-49 (blind or deaf), 54-57 (sign language), 60 (blind man), 93-94 (abnormal infants), 98, 122-124 (half creatures), 178, 196-198 (blind man, woman with leprosy), 216-218 (fool), 235-238, 351-354 (refusal to walk), 512-513, 530-540 [145-152]. A folk tale is told in which someone pretended to be deaf. "'The King showed his hand to the Deaf-Mute in the manner that one questions a Deaf-Mute' (i.e. by the sign-language), and the Man replied (on his hands)..." (49)

TUCKER, Leona Stukeley (1940) The divining basket of Ovimbundu. *J. Royal Anthropological Institute* 70 (2) 171-201.

Among the Ovimbundu, the largest tribe of Angola, "*Ochinhgonge*, snail" meant "that the patient is suffering from deafness."

[cf DALLINGA; STANNUS; ROULON, above]

TÜLLMAN, Adolf (1972) *La situation des sourds en Afrique, en particulier au Zaïre*. In: D. Mermod (ed.) *Entendre avec les yeux: extraits des actes du premier séminaire oecuménique de formation pour responsables chrétiens travaillant parmi les sourds*, pp. 70-74. Genève: Edition Labor et Fides. Paris: Librairie protestante.

TURNBULL, Colin M. (1961, reprinted 1974) *The Forest People*. London: Book Club Associates.

Turnbull lived with and studied the Mbuti people in the Ituri forest of the eastern Congo. They had excellent craft skills in their environment, but were not used to making crutches for lame people. Turnbull made crutches and demonstrated them with an African colleague and with some able-bodied children. After some doubts and fears, a congenitally disabled 10-year-old girl, Lizabeti, was persuaded to try the crutches. She managed to get upright and walk with them, to the interest and delight of the village (pp. 238, 241-243).

TURNBULL, C.M. (1972) *The Mountain People*. London: Jonathan Cape. 309 pp. + maps, illustrations.

Between 1964 and 1967, Turnbull studied the Ik people in the mountains of northern Uganda. Through socio-economic changes, the Ik were reduced practically to starvation, and Turnbull saw the disappearance of what he had believed to be 'normal' human care for weak, disabled or elderly people, and its replacement by cruel teasing and abandonment to starvation (pp. 112-14, 131-37, 225-29, 267). Turnbull was well known for unconventional behaviour and anthropological interpretations, yet there is no reason to think that he fabricated reports of Ik behaviour, which he found deeply disturbing.

TURNER, Victor (1967) *The Forest of Symbols. Aspects of Ndembu ritual*. Ithaca: Cornell University Press. xii + 405 pp. + plates

Classic collection of Turner's papers on work among the Ndembu people of north western Zambia in the 1950s and early 1960s. Chapter 6, "Muchona the Hornet, interpreter of religion" concerns a healer and specialist in divination and other rituals, who was himself a marked person, being of short stature ("a swart elderly gnome"), dubious local status (son of a debt slave mother, given to women's company, "a Tiresias figure"), suffering "social marginality and psychical maladjustment". The incongruity of this weak little man's strong intellect and insight into village politics and undercurrents led him to a defensively comic or jester role; but Turner and the local teacher, Windson, spent eight fruitful months exploring local beliefs, customs, rituals and healings with Muchona (pp. 131-150). Chapters 9 and 10 (pp. 299-393) give considerable detail of medicine, disease, misfortune and affliction among the Ndembu, with practical treatment or management. Disabling conditions such as backache, epilepsy, eye diseases, insanity, leprosy, otitis media, smallpox, and their treatment, are discussed and indexed.

TURNER, V. (1968) *The Drums of Affliction: a study of religious processes among the Ndembu of Zambia*. London: Clarendon. pp. xiii + 326 pp.

(Healing rituals with mentally disturbed people). See previous item.

TUTUOLA, Amos (1969) Remember the Day After Tomorrow. In: O.R. Dathorne & Willfried Feuser (eds) *Africa in Prose*, 271-277.

Brief story from a master of Yoruba legends. It tells how a pair of not very bright hunchbacked brothers, Yaya and Shita, became orphans and were then tricked out of their property and sold to a slave dealer, by "expert trickster and kidnapper" Totofioko. The

latter pretended to be their long-lost elder brother, having first fixed a large stone to his own back, as the 'familial identifier' of being a hunchback.

TWUMASI, P.A. (1972) Ashanti traditional medicine and its relation to present day psychiatry. *Transition* 8: 50-63.

TWUMASI, P.A. (1981) Community involvement in solving local health problems. *Social Science and Medicine* 15A: 169-174.

U TAM'SI, Tchicaya (1955, 1957, 1960) *Le mauvais sang suivi de Feu de brousse et A triche-coeur*. Réédition, P.J. Oswald, *L'aube dissout les monstres* (1970). Honfleur, Paris: Pierre Jean Oswald. 137 pp.

The Congolese poet and campaigner Tchicaya U Tam'si (1931-1988) was named "Gérald-Félix Tchicaya" at birth, and in 1957 adopted a pen-name "U Tam'si". ["Tchicaya U Tam'si" apparently intends to indicate something like 'a voice speaking for my country' - there are different efforts to translate or interpret it. In Western references, he may be indexed under T (Tchicaya U Tam'si) or under U (U Tam'si, Tchicaya).] His childhood was marked by removal from his mother at 3 or 4 years of age, to live with his father near Pointe-Noire (the port city of Congo-Brazzaville) with a step-mother, various uncles, aunts and 'a swarm of cousins'. The whole household attended Catholic Mass, and the cadences of these rituals long continued to appear in the future poet's verses. (Tchicaya would request baptism in 1943). His formal education commenced there in 1937 under colonial rule, and continued in France from 1946 after his father had been elected to the National Assembly at Paris (in the very difficult times at the end of the Second World War, 1939-1945). As a young man Tchicaya returned to the Congo and worked as a journalist. His first short book of verses, *Le mauvais sang* (48 pp.) appeared in 1955, and includes passing reference to his club foot, which had attracted public derision. [In the Congo in 1943 he had been the sole black boy in a school for European children: "Ses 'petits camarades' ne l'acceptent pas: il est un 'sous-homme', un 'nègre'." (Mongo-Mboussa, p.585, see editor, next item); and in France, where following the war there were many severely damaged people on the streets, a lad both lame and black would have been more of a spectacle. "Interdit de jeux d'enfance, il reste seul, dans son coin, ses camarades le surnomment 'le poète'." (Mongo--Mboussa, p.585, Gallimard edn.)

--- "Ils ne conviendront pas qu'enfant j'eus les boyaux / dur comme fer et la jambe raide et clopant / j'allais terrible et noir et fièvre dans le vent / L'esprit, un roc, m'y faisait entrevoir une eau;" (p.27) This verse from "Sans regret" (pp. 26-27; Gallimard p.42) resonates with "Le mal" (p.31; Gallimard p.49), which begins: "Ils ont craché sur moi, j'étais encore enfant / Bras croisés, tête douce, inclinée, bonne, atone / Pour mon ventre charnu, mon oeil criait: aumône! / J'étais enfant dans mon coeur il y avait du sang." and a few lines below: "Ils ont craché sur moi pour bénir l'inceste; / ma terre a jailli d'or et gangrené le reste / ils ont rampé plus bas, ils m'ont brisé les veines,"/. Further on, in the unmeasured phrases of "Le signe du mauvais sang" (pp. 45-46; Gallimard pp. 64-67), Tchicaya picks up the "Clopin-clopant infernal cadence" (p.46) amidst glimpses of Catholic reference to Golgotha and the death of Christ.

--- Tchicaya's earliest verses seem to follow closely a metre of classic French poetry, while

displaying some curious imagery which has been compared to that of the poet Rimbaud. # Tchicaya would spend many more years in France, working with UNESCO at Paris. His further poetry explored in greater detail the injuries to his native land by the colonial powers and the Catholic church, possibly\* making some comparison between Christ's life, teaching and sacrificial death for the world, and the suffering of Africa under colonial rule; similarly the distortion of Christ's teaching by Catholic priests (pères blancs), and the suppression by white men of the goodness in African cultures. See further exposition in the essay by Emil MAGEL, listed above.

--- # [One biographer titled the poet "le Rimbaud noir": J. Planque (2000) *Le Rimbaud noir: Tchicaya U Tam'si*. Editions Moreux.]

--- \* [No doubt there are many ways of interpreting Tchicaya's often oblique and sweeping references.]

U TAM'SI, Tchicaya (2013) *J'étais nu pour le premier baiser de ma mère. Oeuvres complètes, 1. Edition présentée et préparée par Boniface Mongo-Mboussa*. Editions Gallimard.

The first volume of the Gallimard 'complete works' collects the known verses of Tchicaya U Tam'si, to be followed by one or two further volumes of his novels, drama and prose narratives. The apparatus is modest but useful: Préface pp. 7-16; the poetic works. pp. 17-578; Bibliographie, 581-582; Gérald-Félix Tchicaya dit Tchicaya U Tam'si - *Repères biographiques*, 583-588; {Index of titles of verses} 589-595. The date-based sketch of Tchicaya's life by editor Mongo-Mboussa has been used in the previous listed item to supplement or correct some information from earlier commentators, where it concerns the early years, and obvious references to his club foot. The Gallimard edition, vol.1 page numbers have also been added to the account above. There are references to his feet in works published later, such as the following, from "Tortures", part of "Le Ventre" (1964):

--- "J'ai reçu le sang des femmes / avec le secret des pires douleurs / dans le ventre: mais je me tairai // Soit: mon âme n'est pas / ce que mon cœur m'envie / mais mes pieds: l'un est bot / l'un est bot l'autre cloche. // Torturez! Torturez!/" (p. 395).

--- An example of Tchicaya's continuing fascination with the crucifixion of Jesus as a motif or key with which to understand his own life, "La Mort" appeared in his final collection of verses in 1977, from which a few lines pick up the recorded words of Christ on the cross: "Cet eau à boire à plus soif / à en mourir hilare sur les sables /" ... "au dedans les corps suppliciés / les non assistés du Père / de la Mère et du Saint-Esprit / ainsi fût-il cendres ou pègres // Le vin ou la clé / La clé ou le vin /" ... "Il prit le vinaigre, il dit / tout est accompli.../" (p. 538).

--- The general tenor of Tchicaya's verses, or his celebration of female flesh as a refuge and comfort (with comic doubles-entendres, as in the title of the present volume), could hardly win official approval from the Roman Catholic church; yet the broader-minded would perceive that the poet's cosmic vision had some merit.

UGWU, Chinonyelu Moses (1998) *Healing in the Nigerian Church. A pastoral-psychological exploration*. Studies in the Intercultural History of Christianity, No. 109. Bern: Peter Lang. 265 pp.

Detailed study of the practices of "Healing in the Church" found in various African countries, with focus on the traditional Igbo religious world-view, as well as a number of

'modern', 'missionary', psychological and theological viewpoints, and the conflicts and misunderstandings between these alternative perspectives.

UNICEF (2013 [and 2016]) *The State of the World's Children 2013. Children with Disabilities*. New York: United Nations Children's Fund. vi + 154 pp. With illustrations. [Some data is shown from the 2016 edition of this annual online compilation.] The 2013 edition of 'S.O.W.C.' has special emphasis on children with disabilities, and devotes 92 pages to considering many aspects of how disability impacts on childhood across the world, some of it written by disabled adults and young people, who have taken part in leading action to include more disabled children in everyday life and opportunity. The final section of the report is devoted (each year) to statistical tables (pp. 93-153) covering many aspects of life, with some explanations and stated cautions. Some of the data have particular pertinence to children with disabilities in Africa.

--- [Data from SOWC 2016 are inserted in square brackets, from the version open online in May 2017, three years being perhaps sufficient interval to indicate real changes - though too sharp a change might reflect merely a new 'spin doctor' helping a country to put on a more attractive face - some big investment decisions may depend on these data.]

--- First is the factor of survival: the 'Under-5 Mortality Rate' [U5MR], which for much of human history has probably been somewhere between 60% and 90% in different places. During the past 50 years the reported U5MR has steadily declined in almost all countries, associated with improved health care, clean water, education of girls and women, better nutrition, and other factors. UNICEF (2013) gives a list of countries by U5MR, with Sierra Leone having 185 [2016: 120] children dying before the age of 5, out of 1,000 born. The first 20 countries listed in this way are in Africa: Sierra Leone (185 [120] per 1000); Somalia (180) [137]; Mali (176) [115]; Chad (169) [139]; Dem.Rep. Congo (168) [98]; Central African Rep. (164) [130]; Guinea-Bissau (161) [93]; Angola (158) [157]; Burkina Faso (146) [89]; Burundi (139) [82]; Cameroon (127) [88]; Guinea (126) [94]; Niger (125) [96]; Nigeria (124) [109]; South Sudan (121) [93]; Equatorial Guinea (118) [94]; Côte d'Ivoire (115) [93]; Mauritania (112) [85]; Togo (110) [78]; Benin (106) [100]. Of the first 50 countries, the great majority are in sub-Saharan Africa; while North Africa has Morocco (33) [28]; Algeria (30) [26]; Egypt (21) [24]; Libya (16) [13]; Tunisia (16) [14]. The sole sub-Saharan country with achievement within that 'North Africa' bracket is Botswana (26 [44]). [Two countries, Egypt and Botswana, admit some worsening of their U5MR data, between 2013 and 2016 - or perhaps the earlier data was over-optimistic].

--- It would be unwise to hang anything on small differences of U5MR scores. UNICEF maintains country offices, and works with government and non-government sources, to survey and measure the U5MR accurately by several means. Yet one can look at a country where 160 children per 1000 die before age 5, and reasonably expect that conditions of life will be substantially different from another country where only 16 /1000 children die under 5 years. Most of those with a far lower U5MR have much greater economic means than those with ten times more infant and child deaths. UNICEF provides many other figures, with which differences of U5MR may (to some extent) correlate, such as female education, and the proportion of national income that is devoted to 'defence'. (Such comparisons are not published by UNICEF - but the full statistical tables are published each

year, and are available free online, so anyone can download and examine them and draw conclusions - preferably exercising caution, and comparing open online data from other sources, and studying the endnotes clarifying the intended meanings of the various data).

UNICEF; Plan West Africa; Save the Children Sweden; and ActionAid (2010) *Too Often in Silence. Annotated bibliography* compiled by Laetitia Antonowicz. Found full text, open online. 21 pp.

## **Authors VAN BEEK ... ZVOBGO**

VAN BEEK, Walter E.A. (1994) The innocent sorcerer: coping with evil in two African societies (Kapsiki & Dogon). In: T.D. Blakely; W.E.A. van Beek & D.L. Thomson (eds) *Religion in Africa: experience and expression*, 196-228, (bibliography 443-483). With illustrations. Portsmouth, NH: Heinemann.

VAN DER VEEN, Judith (2006) Self-perceived impact of a Community Based Rehabilitation Programme in Tanzania on quality of life of children with cerebral palsy and their carers. M.Phil. thesis, Faculty of Health Sciences, University of Cape Town. 145 pp.  
[As polio has been steadily eliminated from most countries, and no longer contributes to childhood disability, a range of other physical disabilities, such as the cerebral palsies, are more likely to be seen by CBR workers; but they may be considerably more difficult to manage than was polio.]

VANGILDER, Kirk Alan (2012) *Making Sadza with Deaf Zimbabwean Women. A missiological reorientation of practical theological method*. Goettingen: Vandenhoeck & Ruprecht. [150 pp.]

The context of this work is that of a "white North American Deaf male researcher and theologian" (9, 10) in conversation with the women of an "emerging community of Deaf Zimbabweans", during a series of four two-week visits (amidst a team of 17 Deaf and hearing people from the US) between 2000 and 2006, and the establishment of a ministry and services for, by and with d/Deaf people in the Sakubva area of Mutare, Zimbabwe. The differences of language, education, outlook, gender, culture and power were obviously daunting obstacles; but they had Deafness in common. Van Gilder became a learner on the women's ground, asking them to show him how to make sadza, the staple cornmeal dish, which requires mixing the cornmeal with water and slowly adding the paste to boiling water, so that it thickens up without going lumpy. His first efforts in front of an enthusiastic audience were predictably pimply, so many hands joined to remedy the sadza, adding and stirring and offering cooking tricks based on what all the women had been doing since childhood. VanGilder then uses this 'sadza cooking' as an extended {or somewhat over-extended} metaphor for a process of deconstructing and reorienting theology of mission, so that it should become accessible to Deaf Zimbabwean women.

--- "For whom is this written?", the author asks himself (13) - he would have liked it to be accessible to 'subaltern communities', but admits that, in printed English, with plenty of academic jargon, it might be hard going.\* Much of the book is given to a kind of 'kitchen literature review' of ways in which different aspects of theology and mission have been



made more accessible and practical, by clergy and scholars to lay people, or with a participation of mutual respect. This extends, for example, to the "Deaf Liberation Theology" of Dr Hannah Lewis (a deaf British woman who earned a PhD while learning how to lead services of worship that made sense to Deaf people, using their senses of sight and space and form that would hardly occur to hearing people); and some African "postcolonial feminist interpretations of the Bible" (Musa Dube) and "feminist cultural hermeneutics: an African perspective" (Musimbi Kanyoro).

--- \*[Kirk VanGilder is listed obtaining a Phd from Boston University School of Theology in 2011 with a dissertation titled almost the same as the present item.]

VAN HEERDEN, Etienne (2002) *The Long Silence of Mario Salvati*, transl. C. Knox. London: Sceptre. 435 pp. + charts

A fictional deaf builder, Mario Salvati, has the central role in this allegorical novel of considerable complexity, set in the scarcely credible spaces between rural South African history and post-modernity.

VAN HERREWEGHE, Mieke & Vermeernergen, Myriam (2010) Deaf perspectives on communicative practices in South Africa: institutional language policies in educational settings. *Text & Talk* 30 (2) pp. 125-144.

These two women professors of Flemish Sign Language report on interviews with 18 d/Deaf people in South Africa that would illuminate some of the complexities and limitations of communicative practice in educational and other settings, as experienced by members of the South African Deaf 'community'. The interviews were undertaken mostly by Deaf leaders, using Sign Language(s) and some spoken language, some of which could be video-recorded, and translated, though the practical difficulties were considerable, as the researchers from Belgium frankly admit. It appears that the world-wide struggles between Oralism, Sign Language, gestural systems of communication, and Bi-bi (bilingual and bicultural) approaches have been mirrored in South Africa, with further racial or ethnic complications reinforced during the Apartheid era. However, many of the participants seemed to be "delighted that they had the opportunity to recount their life stories, since for most the stories were known within the Deaf community, but it was the first time that they would be heard (or read) outside the Deaf community. Both interviewers and interviewees embraced the opportunity to be given 'a voice' in the hearing (and especially in the academic) world."

VANIER, Jean (2013) *The Heart of L'Arche. A spirituality for every day*. London: SPCK. 99 pp., with illustrations

This slim book is "updated and with a new Introduction by Jean Vanier". [Since L'Arche became an internationally known movement, with an unusually positive image and a saintly old man at its centre, there are many people who would like to get aboard, have a slice of Jean, teach him how to suck eggs, list him on their own Committee of Reference, and explain their own theory of what L'Arche is *really* all about.] Vanier remains conscious that his writings from earlier decades do not necessarily appeal, or may not even be comprehensible, to the 'Facebook generation'; nor do they constitute 'professional policies' of the sort that modern governments require of the management of 'centres for people with

disabilities'; nor can a country's 'labour laws' be dismissed as inapplicable (p. 13). The way ahead is far from clear. Yet Vanier is very clear about humankind's continuing deep hunger for spiritual goodness, and for relief from loneliness and from the noisy bustle and futility of electronic 'social networking', and from high-pressure managerialism in the workplace, and from the ceaseless proclamation that more possessions produce greater happiness. --- Here, Vanier gives his own Introduction, and outlines the stories and teachings of Jesus that he has found particularly helpful and meaningful on the learning path of living closely with people having severe impairments of body and soul. The Beatitudes of Jesus are up front (p. 19), as well as some warnings to wealthy people who ignore the ugly beggar outside their gate, or lawyers who neglect to support the widows and orphans and refugees in their struggle to stay alive. L'Arche is not '*the solution*' to the world's massive problems of hunger, homelessness, isolation, mental breakdown. It is intended that L'Arche should be a sign, a signal, of a way of living that admits the presence and love of God, and the power of God to use weak, broken human beings to generate healing and wholeness in the small things of everyday life.

VAN LAWICK-GOODALL, Jane (1971) *In The Shadow of Man*. London: Book Club Associates. 256 pp.

This is the remarkable story of Jane Goodall's pioneering scientific studies of chimpanzees in their natural habitat in Tanzanian jungles during the 1960s. Many aspects of chimp behaviour are pertinent to humankind in Africa and worldwide. Of particular interest is that Goodall recorded observations of adult and baby chimps who suffered from polio paralysis, and of how the other chimps responded to disease, disability and death, recorded mostly in pp. 195-205. There had been a polio epidemic in the human population, and some chimps were affected. The baby of chimp Olly was the first to die (pp. 195-197, and picture opposite p. 176). "Fifteen chimpanzees, in our group, were afflicted, of whom six lost their lives. Some of the victims were lucky and survived with only minor disabilities; Gilka lost partial use of one hand, and Melissa was affected in her neck and shoulders. The magnificent young males, Pepe and Faben, both appeared after short intervals trailing one useless arm." (p. 198) The unaffected chimps displayed fear and uneasiness at the odd appearance and movements of those with paralysis (201). The chimp McGregor was severely paralysed, bleeding and incontinent, shuffling around in a cloud of flies. He was attacked and beaten by one of the old males. Goodall and husband took the risk of offering him some protection. One occasion that was very poignant for the human observer was when McGregor attempted to join some other males in mutual grooming, but they promptly swung away, excluding him from this common social activity. "As I watched him sitting there alone, my vision blurred, and when I looked up at the groomers in the tree I came nearer to hating a chimpanzee than I have ever done before or since." (202) One adult male, Humphrey, who was probably McGregor's brother, behaved in a somewhat protective way towards the stricken chimp, staying near him, fending off direct attacks. Finally, McGregor's efforts to stay alive failed, and the humans used their gun to put him out of his misery. (203)

VAN LUIJK, J.N. (1969) *Selected Bibliography of Sociological and Anthropological Literature Relating to Modern and Traditional Medicine in Africa South of the Sahara*. Afrika

Studiecentrum, Leiden. 79 pp.  
[not seen]

VANNESTE, Geert (1995) *Daily Management of CBR Fieldworkers and Supervisors* (Draft version). Dar es Salaam: CCBRT Program ix + 195 pp.

VANNESTE, G. (1997) CBR in Africa: a critical review of the emerging scene. *Asia Pacific Disability Rehabilitation J.* 8 (2) 34-37.  
(See notes to next item).

VANNESTE, G. (2000) Current status of CBR in Africa: a review. *Asia Pacific Disability Rehabilitation Journal. Selected Readings in Community Based Rehabilitation. Series 1. CBR in Transition*, 127-135.

Vanneste spent many years in East Africa initiating and managing CBT work. He gives a critical overview of the situation and trends in community based rehabilitation (CBR) across (sub-Saharan) Africa. Various types of CBR are distinguished, but most CBR programs have in common a heavy dependence on external support, and weaknesses of management, of staff selection and training, and of monitoring and evaluation. The greatest resources for CBR continue to be the informal efforts of disabled people and their families and neighbours.

VAN ROEY, A. (1960) Didyme l'Aveugle, auteur chrétien du IV<sup>ème</sup> siècle. *Dictionnaire d'Histoire et Géographie Ecclésiastiques*, edited by R. Aubert & E. van Cauwenbergh, volume XIV: 416-427. Paris: Letouzey et Ané.

After a brief résumé of his life, most of this article discusses the prolific theological writings of the blind teacher Didymus of Alexandria, which were widely cited, though much of his work has disappeared.

VASSAL, Pierre A. (1956) La physio-pathologie dans le panthéon égyptien: les dieux Bès et Phtah, le nain et l'embryon. *Bulletins et Mémoires de la Société d'anthropologie de Paris*, XI<sup>ème</sup> Série. tome 7 (3-4): 168-181.

VEII, Kasuvire (2005) Dyslexia in Namibia. In: Ian SMYTHE; John Everatt, & Robin Salter (eds) (2004) *International Book of Dyslexia*, Part II (see above), pp. 168-170.

The author discusses provisions for special education, and regrets that "Namibia has neither an operational definition of nor diagnostic criteria for learning disabilities / difficulties, including dyslexia. In the absence of such a conceptualization, no proper or formal diagnosis of that disorder can be made." He cites HENGARI (see above), who "makes reference to learning problems being a challenge facing many Namibian teachers every day", but Veiï recognises that the teachers are overburdened, and have little or no specialised training to manage Namibian children having special needs. However he considered that the University of Namibia and teacher training colleges would in due course raise the necessary skills to address the problems.

VENTURINI, Ernesto (1980) La problématique de la santé mentale au Mozambique. *Psychopathologie Africaine* 16: 285-307.

VERMEER, Bertine; Cornielje, Marije; Cornielje, Huib; Post, Erik B. & Idah, Mike A. (2015) Nigerian realities: can we ignore traditional leadership in developing successful CBR? *Disability, CBR and Inclusive Development* 26 (1) 50-62. [Open online.]  
Based on studies among the Hausa in northern Nigeria, the authors conclude that traditional leaders (*Sarakuna*), while they may be poorly equipped in modern terms, do possess information essential to the success of Community Based Rehabilitation, and should be recognised and enlisted to facilitate the entry and progress of CBR in their vicinity.

VERSTRAELEN-GILHUIS, Gerdien (1982) *From Dutch Mission Church to Reformed Church in Zambia*. Franeker, Netherlands: Wever.  
Includes brief data on early teachers of blind children, such as Issie Hofmeyr and Ella Botes, pp. 47, 85-6, 136-7, 147.

VESPERMANN, Silvia (1990) Behinderte Kinder und Jugendliche in der Volksrepublik Mocambique - Bedingungen, Möglichkeiten und Perspektiven für ihre Erziehung und Rehabilitation. Dissertation, Humboldt-Universität zu Berlin. [In German]  
[See next item.]

VESPERMANN, S. (1993) Die Situation behinderter Kinder und Jugendlicher in Mosambik. Massnahmen und Möglichkeiten für ihre Ausbildung und Förderung. In: F. Albrecht; G. Weigt (Hrsg.) *Behinderte Menschen am Rande der Gesellschaften: Problemstellungen und Lösungsstrategien von 'Sonderpädagogik Dritte Welt'*, 215-240. Institut für Sonder- und Heilpädagogik der Johann-Wolfgang-Goethe-Universität, Frankfurt am Main. Frankfurt: Verlag für Interkulturelle Kommunikation. [In German]  
From July 1983 to December 1986, Vespermann was teaching on a medical course at Maputo, Mozambique, and became involved with issues of special education and rehabilitation for children and young people having disabilities. [During that period, Mozambique was troubled by bitter conflicts. Following independence from Portuguese rule in 1975, a Marxist government took power, but was opposed by armed insurgents of a right-wing flavour. By about 1989, the government had relaxed its extreme doctrine, and begun some market-oriented development. After negotiations, a Peace Agreement was reached in 1992, followed by multi-party elections in 1994. Vespermann, working in Mozambique during the Marxist period, then pursuing her research thesis in Berlin (see previous item), had this chapter published in 1993, by which time the prospects were becoming clearer of a more balanced government, and of post-war reconstruction. The latter would also lead to a 'privatisation' drive, not only in businesses, but in setting up private health care, for those who could afford it, and in some competition with the National Health Service.]

--- Vespermann gives considerable detail of the stages of evolution of services for disabled children and young people. [This would be both speeded and confused by the influx of Euro-American ideologies and trends, following 1981 (International Year of Disabled

Persons) and the emphasis moving from 'institutional care' to 'special education', and onward toward 'integration'; then moves toward various kinds of 'Community Based Rehabilitation'; and the slowly rising awareness of the needs of children in post-war situations, street children, and others in particularly difficult circumstances.] Vespermann devotes a section (pp. 230-234) to "Traditionell-Kultureller Einfluss auf die Kennzeichnung Behinderter und die Einstellung der Bevölkerung zum Behinderten", in which the influence of traditional cultural beliefs and taboos on the characterisation of disabled people is considered. (See also material by HONWANA, above; and MOZAMBIQUE, 'Ministry of Health', Mantakassa, 1984.)

*Vitae Patrum. De Vita et Verbis Seniorum Sive Historiae Eremitacae.* Antwerp. 2nd edition, 1628. [In Latin. Partial English translation at: <http://www.vitae-patrum.org.uk> ] Among the Vitae of the Desert Saints, in Egypt, Palestine and Syria of the early centuries of Christianity, there are stories of people with disabilities being healed or cared for. The framework is often modelled on stories where Jesus reportedly healed disabled people by expelling demons; yet the hagiographies have some sharply observed and unexpected features in dialogue and interplay between characters. A tale from Egypt is told in two versions (in Book 7, ch. 19, "Tending the sick", and Book 8, ch. XXVI, "Eulogius and the Cripple"). The scholar Eulogius of Alexandria entered the holy life with a promise to care for a severely disabled man whom he saw in the marketplace. That man was happy to be taken up, fed, washed and maintained in the saint's cell. Yet after 15 years the Cripple got tired of this life, and denounced Eulogius as a crafty hypocrite and criminal who was just using him for his own spiritual ego-trip. The Cripple demanded to be taken back to the marketplace, where he could see some ordinary scenes of life and meet some normal people, and maybe get some decent food! After ineffectual attempts to sort out the quarrel, Eulogius and the Cripple went for mediation to Saint Anthony. The holy old monk banged their heads together {metaphorically} and told them to go home and live together in peace and harmony. [Other versions of this story also exist.]

VODOUNOU, Victor A. (1996) Development of special education in selected sub-Saharan African countries. *Rural Special Education Quarterly* 15 (3) 38-41. See SERPELL (1983, above), who mentions research on an indigenous African sign language by Mr Vodounou, the deaf founder and head of a school for the deaf in Benin". This man became Dr Victor Vodounou, later professor of deaf education, Stephen F. Austin State University, and the subject of a video "Life Experiences of Victor Vodounou, Benin, Africa" (American Sign Language; El Paso Community College, 1998).

VON DEINES, Hildegard & Westendorf, Wolfhart (1961) *Wörterbuch Der Medizinische Texte.* Grundriss der Medizin der Alten Ägypter, volumes 7 (i) & 7 (ii). Berlin: Akademie-Verlag. vii + 1109 pp. The German-Egyptian index (pp. 1033-1102), and brief further indices for some English, French, Coptic, Hebrew, Arabic, Akkadian and Greek words (1103-1105), give access to a variety of Ancient Egyptian terms relevant to disability, with hieroglyphs, roman transliteration, textual sources and examples, some notes and cross-referencing (from texts available up to the 1950s, and within the state of philology at the time). See e.g.

abschneiden, Augenkrankheit, behindern, Blindheit, brechen, Dumpfheit, Epilepsie, halten, lahmen, Lahmheit, Lepra, Ohrensausen, stumm sein, taub sein, Trachom, and many more having reference to disabling diseases or impairments of various parts of the body or mind. [It is mostly headwords that are indexed, so further German 'disability' words appear in the textual notes. Some of the words, while in common use in Germany in the 1960s, have since dropped out of polite discourse, as is the case with most European languages.]

WADE, Mary M. (2006) *Straws in the Wind: early epidemics in Johannesburg, 1918-1945*. MA dissertation, University of South Africa.

WAITE, Gloria M. (1992) *A History of Traditional Medicine and Health Care in Pre-Colonial East-Central Africa*. Lewiston, NY: Mellen. ix + 187 pp.

Constructions from antiquity based rather tentatively on linguistic analyses; later material derived from interviewing and comparison with other studies.

WAJUIHIAN, Sam O. and Hansraj, Rekha (2014) Near vision anomalies in Black high school children in Empangeni, South Africa: a pilot study. *The South African Optometrist* 73 (1) 21-32.

WAJUIHIAN, S.O. & Naidoo, K.S. (2010) Visual factors and dyslexia: a research review. *The South African Optometrist* 69 (2) 58-68. [Found open online.]

WALKER, John (1931) Folk-medicine in modern Egypt. *The Moslem World* XXI: 6-13. Includes some notes on supposed remedies for a variety of eye diseases, leprosy, convulsions, evil eye.

WALKER, J. (1934) *Folk Medicine in Modern Egypt. Being the relevant parts of the Tibb al-Rukka or Old Wives' Medicine of 'Abd al-Rahman Isma'il*. London: Luzac. 128 pp. [Not seen. Describes some attempted treatments, or quack nostrums, for various disabling illnesses. Reviewed by W.R. Dawson, 1953, *Folklore* 46: 300-301.]

WALKER, Sylvia (1978) *The Disabled in Ghana: status and change in information and attitudes*. Ed.D. thesis, Columbia University, Teachers College.

WALKER, S. (1986) Attitudes toward the Disabled as reflected in social mores in Africa. In: K. Marfo; S. Walker & B. Charles (eds) *Childhood Disability in Developing Countries. Issues in habilitation and special education*, 239-249. New York: Praeger. xi + 274 pp.

The breadth of the title is such that Walker cannot easily fit her remarks into ten pages, so touches lightly on many issues, and warns against imagining that one can generalise across Africa when it comes to 'beliefs'; or that superstitions are unique to this continent when in fact they spread across the world. The chapter does usefully refer to a quantity of grey literature, unpublished material from Ghana and Nigeria, from certificate, diploma or degree student essays on attitudes in their own village or rural area.

WALLACE, Marion (2003) 'Making tradition': healing, history and ethnic identity among Otjiherero-speakers in Namibia, c. 1850-1950. *J. Southern Africa Studies* 29 (2) 355-372.

The author of this article is described elsewhere as "the African curator at the British Library", and it appears that her political commitments are strongly held. [From abstract:] "For at least the last century and a half, Otjiherero-speakers in central Namibia have engaged in healing rituals played out around the Holy Fire and involving a resolution of tension through appeal to male patrilineal ancestors. ... article traces these changes and the development of healing within a broader ritual tradition... detect traces of change in healing practices by interweaving this evidence with a broader historical narrative... Herero who have also relied on herbal medicine, massage, midwifery and the skills of specialist doctors and diviners (as well as biomedical care)... Oral testimony tends to stress those Healing practices that are seen as specifically Herero. ..."

WAREHAM, Mrs (1908) "Mukondo". *The Messenger* (Belfast) No. 1 - Vol. IX (new series), April-May.

One page account, with photo, of a young deaf African girl found at the Garanganze Mission Station, Mambadina (Northern Rhodesia) through which Mrs Wareham passed on a journey. "Having been associated with children similarly afflicted", Mrs Wareham persuaded the girl's parents to part with her, which they did apparently without any interest, as little Mukondo had been cared for by her grandmother. Mukondo was reported to be now much happier, and Mrs Wareham hoped that "in time she will learn to express herself in writing, and perhaps even in speech."

[This was presumably Rebecca Wareham, wife of Dr Harold Wareham, a medical missionary. The doctor later wrote of some disabled people at Mbereshi Leper Camp in North Rhodesia, "I have not met with a more dissatisfied, grumbling and cantankerous lot of people", who strongly resisted his efforts to improve their environment. It seems that he eventually came to terms with them: Wareham, H.E. (1918) Pioneer problems at Mbereshi. *Without the Camp* No. 85, pp. 3-4.]

WARNOCK, John (1924) Twenty-eight years' lunacy experience in Egypt (1895-1923). *J. Mental Science* 70: pp. 233-261; pp. 380-410; pp. 579-612. (in successive issues)

Lengthy experience of the British superintendent of the Abbasiya Lunatic Asylum, with description and details of its slow progress into the 20th century. Finding a remote, chaotic and dangerous place of confinement in 1895, and lacking any Arabic, Warnock doubted whether he could do anything. However, with humanitarian motivation, by stages Abbasiya was cleaned up, rebuilt, extended and modernised to something recognisable as a mental hospital, with patients' records, daily physical exercise, occupational therapy, the cessation of medieval methods of treatment (and of sewage disposal), and attention to patients' general health and safety. The changes and progress of other mental health services are described, and the legal, financial and administrative obstacles to all progress. Some remarks are included about official and community attitudes, pp. 395-396, 585, 598-599.

WARREN, Dennis M. (1973) Disease, Medicine and Religion among the Techiman-Bono of Ghana: a study in culture change. PhD dissertation, Department of Anthropology, Indiana University, xx + 526 pp.

This detailed study in one group among the Akan societies of southern Ghana involved over 4000 interviews among heterogeneous people of a multilingual market town. The author

systematically studied indigenous concepts of medicine, disease classification, treatments and their preparation and administration. Disability terms were well represented (Appendix II, pt 2, pp. 477-486 includes amputation, blind, deaf, infirmity, dumb, ear disease, epilepsy, fracture, goitre, humpback, idiocy, lame, leprosy, uneven gait, madness, one-eyed, palsy, paralysis, rheumatism, rickets, stammer, often represented by two or more terms. Dwarves figure in some shrine cults, p. 387). Warren studied Bono religious belief and practice, noted relations and conflicts between the traditional religion, Islam and Christianity, and investigated shrine rituals and healing practices. Spirit possession of traditional religious figures was "often initially interpreted as madness or epileptic fits" (p. 395). The shrine deity may be asked for "protection from blindness, deafness and impotency (p. 405). Healing of leprosy, insanity or impotence may require travel to a distant, specialist shrine (p. 416). The more recent Christian churches also offer a variety of healing, one of them listing such conditions as epilepsy, leprosy, madness, and "the deaf, drunk, and dumb healed" (p. 427). The evidence tended to contradict various anthropological stereotypes (then current) of African religion (pp. 431-437). One of Warren's broader conclusions was that seeking treatment at the [Christian] Mission Hospital indicated neither 'modern, western' thinking, nor a rejection of traditional medical or religious positions. "All segments of the Techiman population take the same types of diseases to either an herbalist, to a priest in his role as a herbalist, or to the [mission] hospital, and the decision appears to be related to the allocation of Bono time and resources." (p. vi).

WATERMANN, Rembert (1958) *Bilder aus dem Lande des Ptah und Imhotep: Naturbeobachtung, Realismus und Humanität der alten Ägypter, besprochen an zahlreichen Darstellungen alter, kranker, und körperbehinderter Menschen und an missgebildeten Göttern*. Köln: Pick. [In German] 151 pp. with illustrations. {"Pictures from the land of Ptah and Imhotep. Natural observation, realism and humanity of the ancient Egyptians, discussed in numerous representations of elderly, sick and physically disabled people, and of malformed deities."}

[The extended title gives an overview of this work, by an experienced European scholar of Egyptology. See also review by Liselotte Buchheim (1958) *Sudhoffs Archiv* 42 (3) 279-280.]

WATERMEYER, Brian (2013, 19 Sep) Silencing lives of struggle: how Disabled People South Africa has sacrificed the politics of protest. *Daily Maverick*, 19 September 2013. [Open online]

[DSPA ('Disabled People South Africa') is the major organisation run by and for disabled South Africans. The '*Daily Maverick*' has the priceless byline: "The site your mother warned you about".]

WATERMEYER, B. (2014) Freedom to read: a personal account of 'book famine'. *African J. Disability* 3 (1) 144; 6 pp.

The author gives a personal and impassioned account of the ongoing difficulties faced by people having severe visual impairments, in a university-based intellectual world that depends very heavily on ink-printed text; and that now runs on electronic access, particularly with regard to textual communication. For years, Watermeyer has been in the



curious situation of not giving an appearance of being blind -- he can make out the titles of books, printed large and bold on the cover -- while being unable to read the contents without expensive and time-consuming gadgetry. The development of audio-books, and "access to the printed world via scanning and text-to-speech computer software" have been game-changing. Yet the good news "needs heavy qualification", and the idea that the new technology "provides something like equal access to information is almost pernicious in its falsity." Such gadgetry, and training in its use, remain beyond the reach of the poor, including most of the world's disabled people. Further, "scanning is a slow and cumbersome process", full of snags; and "reading via listening to a synthesised computer voice is hard, particularly if the material is challenging." Academics normally cope with a huge volume of textual material every day, by skills of skimming, skipping, using indexes and instinct, search for keywords, and similar tricks, to pull from books the few paragraphs that may be relevant to their interests and not already familiar, or to work out what a student essay is trying to say, and whether the student has engaged her brain, or has merely used 'cut and paste' without acknowledgement. Readers lacking such sight-dependent tricks may have to listen to endless acres of print being solemnly droned through, to detect a few flowers half-hidden in the grass, or to discover carefully concealed plagiarism.

--- [A much wider provision of abstracts, improved indexing, and selective annotated bibliographies, might be of some assistance with these burdens.]

WATSON, Marjorie Tennant (1957 / 1962) *Kindly Light: memories of a blind worker for the blind*. [Lighthouse Club for the Blind] Cape Town, South Africa 60 pp. + plate  
In "Fifty Years of Service 1929-1979: the story of the South Africa Council of the Blind" {found in archive open online} Watson's book and biographical details are outlined (pp. 372-374). "Marjorie Mabel Tennant Watson was born in 1888 in Wynberg in the Cape Peninsula" to a wealthy, educated British settler family. She had a progressive eye defect which left her totally blind at 27, but well integrated in society and determined to improve services for blind people. "In *Kindly Light* she describes the years of her youth, her life in Cape Town at the beginning of the century, her gradual loss of sight ... her activities in connection with blind welfare work and the establishment of the different societies." Watson's fellow-workers in developing services were "Lil Bowen, Lilian Butler-Smith, Vera Chamberlain, Lennox Rawbone and Ailie Gillies". Their work took off in 1928, initiating the Cape Town Civilian Blind Society. [cf. activities by BLAXALL (above) and Bowen.] and later the establishment of the Helen Keller Hostel for Blind Women. "She was an expert brailist and transcribed a number of books for the S.A. Library for the Blind in Grahamstown. She also did proof-reading for the Library." ... She was a deeply religious person who was ever willing to help a deserving cause. She died on 22 June 1965 at the age of 77."

WATTS, Anne E. (1988) A model for epilepsy management in an African rural community. Unpublished M.D. thesis, Queen's University Belfast.  
Research on modern and traditional management of epilepsy in Malawi.

WATTS, A.E. (1989) A model for managing epilepsy in a rural community in Africa. *British Medical J.* 298 (25 March) 805-807.

WATTS, A.E. (1992) The natural history of untreated epilepsy in a rural community in Africa. *Epilepsia* 33: 464-469.

WEERAKKODY, Dom Patrick Mervyne (2006) Didymus the Blind. In: G.L. Albrecht et al (eds) *Encyclopedia of Disability*, I: 401. Thousand Oaks CA: Sage.

WERNER, Alice (1933) *Myths & Legends of the Bantu*. London: Harrap. 334 pp. + 32 plates, illustrations

Careful account with explanatory material and comparison of different versions, having some 'folkloric disablement' items. Noting the risk of possession by an avenging spirit if the corpse of a man killed in battle was not cut open before it began to swell, Werner points out (p.100) that this had been misreported by colonial writers as 'atrocities' and 'mutilation'. Stories of 'pretended stupidity' by Huveane are given (p.158f.), a note on albinos (p.174) and material on "were-wolves, half-men, gnomes, goblins and other monsters" (pp. 195-205, also 175-178). The Tokolotshe is mentioned on p. 289.

WERNER, David B. & Westmacott, Kennett (1997) Making wheelchairs from trash: innovations in war-torn Angola. In: D. Werner (editor, compiler & illustrator) *Nothing About Us Without Us. Developing innovative technologies for, by, and with disabled persons*, pp. 173-182. Palo Alto: Healthwrights. 350 pp. Profusely illustrated. [See WERNER, in Appendix 1]

Werner and Westmacott describe, with many drawings, the conduct of a unique consultation / workshop in Luanda, Angola, with participation by 15 directors of Rehabilitation Centres and 15 disabled persons, "to figure out how to make assistive devices at low cost and with scarcity of tools and materials"... "To find materials, we first made a trip to the city dump. We collected bits of wire, old plastic buckets, car tires, inner tubes and bits of metal ... broken packing crates left over from international aid shipments." Kennett showed how a wood saw could be made by filing 'teeth' into the discarded steel strapping from packing cases, and tensioning it by an age-old method. "To get ideas for building things from scrap, we went into the streets and watched children playing with their homemade scooters, pushcarts... The ingenuity of the street children, inventing playthings out of anything at hand, was an inspiration..." "During the 2-week workshop, the group managed to make a wide variety of assistive devices." (174-175) "Perhaps the most worthwhile part of the workshop was the understanding and respect that grew" between the participants. "...in the process of working and problem-solving together, everyone began to relax and to appreciate each other's skills."

--- (An unforeseen outcome was that the disabled participants, from every corner of Angola, decided to form an organisation, and succeeded in getting it registered.) Another extraordinary feature of the manual is that, years later, a physiotherapist reviewing the Angolan story, pointed out that there were damaging mistakes in the exercises shown in drawings. These are now shown, with the necessary corrections - and with the published admission of the earlier flaws. (Lawyers in the 'economically developed' world increasingly make it impossible for mistakes to be admitted openly, and lessons learnt from them, for fear of being sued). [See TIETZE, above]

WESSELS, W.H. (1988) Healing practices in the African Independent Churches. In: G.C. Oosthuizen; S.D. Edwards; W.H. Wessels & I. Hexham (eds) *Afro-Christian Religion and Healing in Southern Africa*, pp. 91-108. Lewiston / Queenston / Lampeter: Edward Mellen Press.

[See annotation of complete book, under OOSTHUIZEN++]

WESSELS, W.H. (1990) *Zulu Folk Healers and Psychiatry: a study of traditional healers and faith healers of the African Independent Churches in relation to psychiatric disorders. Final Report supported by NERMIC.\** 156 pp. [from the Research Unit for the study of \*New Religious Movements and Independent Churches.]

[Not seen]

WESTERMARCK, Edward (1926) *Ritual and Belief in Morocco*. 2 volumes. London: MacMillan. 1286 pp.

Contains extensive lists and descriptions of beliefs, rituals, and expected outcomes, observed in 21 visits, totaling seven years in Morocco, between 1898 and 1926.

Westermarck planned to write on the origin and development of moral ideas, and "thought it might be useful for me to acquire some first-hand knowledge of some forms of culture which differ from our own" (i.e. from British and Nordic cultures). Chapters on Islamic or otherwise religious concepts such as blessedness, baraka (pp. I: 35-261), spirits, jnun (I: 262-413), the Evil Eye (I: 414-478), witchcraft, homeopathy and transference of evil (I: 570-608), magical influences, omens and dreams (II: 1-57), practices connected with the Muslim and solar calendars (II: 58-207) and with birth, childhood and death (II: 370-560), are sprinkled with physical and mental impairments and disabilities, suffered or possibly cured. The extensive index (II: 561-629) has entries, e.g. under blind(ness), buhali, deafness, ear, epileptic, evil eye, fingers (six on hand), idiots, lameness, left-handed, Jnun, lepers and leprosy, lunatics, madness, mejdub, mejnun, miracles, night-blindness, one-eyed, stupidity, etc.

--- [Westermarck's approach and interpretation had some naive and heavily 'orientalist' features; yet the work has the merit of recording a mass of material seen or heard in a period when local memories of tradition were still strong and reached back many centuries. References are also made to comparable beliefs and practices in other parts of the Islamic world.]

WESTERLUND, David (2006) *African Indigenous Religions and Disease Causation. From spiritual beings to living humans*. Leiden: Brill. viii + 237 pp. [Found open, full text online.] Dr. Westerlund explains in his Preface (pp. vii-viii) how he, as a historian of religion, came into collaboration with Nordic scholars of cultural anthropology in the 1980s, and in 1989 co-edited a collection of chapters with Anita JACOBSON-WIDDING (see above) on African ideas of illness and healing. After 17 years of further studies, which mostly seem to have taken place in libraries and archives of Europe and Africa, and included Christian missionary archives, the present volume has Westerlund's own chapters on "Heavenly beings among the San" (41-64); "God in Maasai thought" (65-84); Sukuma Spirits of ancestors" (85-102); "Kongo spirits or *Nkisi*" (103-120); "Yoruba Divinities" (121-148); "Living humans among the San and Maasai" (149-164); "Witchery among the Sukuma,

Kongo and Yoruba" (165-188); and reflections on continuity and change among these diverse groups from Eastern and Western Africa. The reference list (pp. 217-233) shows 410 items, in English, French, German, and 5 in Swedish, many of which are highly pertinent to the present Bibliography).

WESTLEY, David (1993) *Mental Health and Psychiatry in Africa: an annotated bibliography*. London: Hans Zell. xxii + 205 pp.

Westley has little on mental retardation, but covers 'mental health' and psychiatry, both modern and traditional, with 920 items Africa-wide. This work remains extremely useful for its coverage both of English and of French work in its period. Westley's annotations are usually succinct and credible, occasionally tart. The sole flaw [in 2018] is that the printed book is not searchable open online.

WHYTE, Susan Reynolds (1998) Slow cookers and madmen: competence of head and heart in rural Uganda. In: Richard Jenkins (ed) *Questions of Competence: culture, classification and intellectual disability*, 153-175. Cambridge University Press. ix + 250 pp.

Meanings of mental incompetence among the Nyole people of eastern Uganda are described and discussed, with attention to the terms used, individual cases in their family context, and various means of management within the community. Local beliefs were not an issue, but one of the subjects with mental peculiarity, nicknamed "Obutu", had a rather fine religious vision or obsession, the "angelic construction project". This he was building not only in his imagination, but by 'construction' on a massive scale in fields of several acres (with land and bricks 'borrowed' from his brothers): "a heavenly city of the future where all of us, men and women, black and white, Muslims and Christians, angels all, will enter into a life of harmony and ease" (p. 168). The idea had come from God. What was visible so far was a series of "wide ditches and pillars of locally made bricks"; but the Nordic visitor was given a tour with description of the great city that was taking shape for the benefit of humankind. Obutu's vision was not widely shared in the neighbourhood. His brothers gave him food and shelter, but were unhappy that valuable land has been requisitioned for a project lacking any clear earthly benefit.

As Obutu was seen to work hard at his project, and his behaviour, if strange, was mostly fairly civil, he avoided falling into the category of 'useless fool', i.e., bone idle, insulting, filling his belly at the expense of others. He usually avoided being 'locked up for his own good'.

WILFONG, Terry G. (1998) Reading the disjointed body in Coptic: from physical modification to textual fragmentation. In: D. Montserrat (ed) *Changing Bodies, Changing Meanings. Studies on the human body in antiquity*, 116-136, references 213-226. London: Routledge.

Terry Wilfong, professor of Egyptology, reads the disjointed body in the "Coptic-speaking milieu of Late Antiquity in Egypt" including bodies tattooed, having hair cut, castrated, mortified by ascetic practices, dismembered during martyrdom; women's bodies transgressively engaging in public activities, and being bastinadoed. [RICHARDSON, above, notes that: "In Wilfong's study of Coptic communities in Egypt from 400 to 1000 CE, he read isolated body parts to understand how they were differently valorised in magical,

medical, religious, poetic, visual and historical spaces of convents, monasteries and homes."]

WILLOUGHBY, W.C. (1928) Some conclusions concerning the Bantu conception of the soul. *Africa* 1: 338-347.

p. 344, "It is commonly believed by Bantu tribesmen that the soul is a miniature double of the body and goes maimed into the spirit-world if its body is mutilated during life; and there is a sporadic belief among them that it takes its body-marks or other physical peculiarities into its future reincarnations: for example, into the snake-form in which it revisits the old home, or the babe in which it is reborn." [The paper belongs to an era in which large generalisations about 'the Bantu' were commonplace, without much discussion of the sample, possible bias, inclusion of women's thoughts, etc. At least such articles formulated something for later studies to disagree with or modify; or occasionally to find a credible nugget within.]

WILSON, John (1953) Blindness in Colonial Africa. *African Affairs* 52 (No. 207, April) 141-149.

"You do not see the blind until you do something for them, as the South Africa Government found when, some years ago, it instituted a small blindness pension and 30,000 blind people, not previously recorded, came forward to receive it."\* Wilson was himself blind, and made it his business to see and hear blind people across Africa over many years, and to gather information and feed it into the British Empire Society for the Blind, and its successor organisations. He published his travels and what he learnt from them about the conditions of great poverty in which most blind Africans lived, and the capacity of many of them to take up opportunities for self-help and vocational training when offered.

--- \*[Precise details behind this statement have not been located for this bibliography, but Wilson was a pragmatic man, who did not habitually fabricate. Some clues: the "*Census of the Colony of the Cape of Good Hope taken on the night of Sunday the 17th April 1904*" {Cape Town, 1905}, many pages and tables of people who were disabled in various categories, among whom were 2,802 "persons reported Blind" (pp. cliv-clvi). Such censuses were repeated every dozen or so years, and the results were analysed and reported in excruciating detail, and compared with those of other countries. Periodically, governments in southern Africa had a stab at providing financial aid to people with severe and irremediable disability -- against the protests of the hard-hearted, e.g. that such offers would simply promote large-scale frauds and deceptions, as were well known in Europe and the Middle East from earlier centuries to the present; or would be an insupportable burden on the hard-working tax-payer. {cf DRAPER 1964; DISLER++ 1984; SEGAR 1994; STRONG 1996; all above. ROWLANDS, above: "Advocate Bowen piloted the Blind Persons Act through Parliament in 1936."} John ILIFFE (above, p. 141, 316) notes that this Act initially excluded blind Africans from the pensions, but that problem was overcome, apparently because the Finance and Social Welfare Minister, Jan Hofmeyr, found such discrimination intolerable. "In 1943 some 20,600 blind Africans received pensions"; and in 1947-48 such pensions were extended "to other incapacitated or elderly Africans" (141). {Payments to support some blind men were made in Egypt centuries earlier}.]

WILSON, John (1957) Blind children in rural communities. *Proceedings of the Second Quinquennial Conference. International Conference of Educators of Blind Youth ... Oslo, Norway, August 1957*, 58-66. [Watertown: Perkins School for the Blind; New York: World Council for the Welfare of the Blind].

After some broader remarks, and discussion of the issue of separate or integrated education, the renowned blind traveller and activist John Wilson described a village school that he visited in a remote part of Northern Rhodesia [Zambia]. "The blind school, made of sun-dried bricks under the thatch, was built by the village people for less than 650 pounds. Thirty-two blind children attend, some coming daily from neighbouring huts, and others from more remote villages, living in 'round houses', each under a 'hut chief'. There are two teachers, both village men, who had a year's special training at the central school for the blind. One teaches full time at the school while the other spends part of his time on a bicycle visiting villages within a radius of fifty miles, getting to know all the blind, and laying the foundations of a simple after-care system ... There are formal lessons, but the classroom is part of the village and open to its sounds and life ... When they have finished this schooling, they will not be scholars, though some reach standard five in the general curriculum, but they will know every inch and every activity of their village. They will be part of their community because they have never left it." (pp. 65-66)

[Wilson did not comment on religious issues... but he makes it as clear as possible that these blind children and youths were growing up with the same beliefs, or mixture of beliefs and questions, as anyone else in their remote area of Zambia in the 1950s.] [See SALISBURY, above.]

WILSON, Sir John (1963) *Travelling Blind. An account of the author's journeys to different parts of the world*. London: Hutchinson. 225 pp. with illustrations

[see previous items] Informative personal account by Wilson, one of the 20th century's most energetic and successful blind advocates for blind people, of his travels and studies of blindness, practical local education, community-based training, and medical means for prevention of blindness, in, e.g., Gambia (16-22); Nigeria (50-72); Kenya, Uganda, Zanzibar (73-95); Tanganyika (96-112); Northern Rhodesia (113-129); Barotseland & Southern Rhodesia (130-145); South Africa (146-160). Wilson was a diplomatic, good-humoured and intensely practical man, who tried to appreciate local customs and individual peculiarities, so as to enlist resources for making things happen, even when officially they were impossible and could not be funded. In Northern Rhodesia (now Zambia), studies found a very high incidence of blindness, and suggested that local healers contributed heavily by treating sore eyes with damaging concoctions. Wilson remarks that his organisation has opened eye clinics:

--- "Our plan is not to fight the witch-doctor but to try to understand his methods and win his co-operation. If instead of frangipani juice and charcoal they can be persuaded to use sulphur drugs or aureomycin ointment then it will not matter much to us if they add a few spells for good measure." (123-124) A few pages later, after describing the remarkable work of Jairos Jiri (see FARQUHAR; and DEVLIEGER 1995, above) Wilson includes accounts by an eye specialist, Dr Jamieson, and also by the Governor of Northern Rhodesia, of cases known to them: a local healer had successfully treated a severely ulcerated eye with juice

from a local plant, after the European specialist had been unable to do anything as the facilities for a corneal graft were not available; and one of the governor's staff had an accident, his leg was gangrenous, damage was spreading fast, the man's family refused an operation, and he was expected to die within two weeks. He went to a local healer, and returned after two months to resume work, having no sign of damage or malfunction (139-140). Wilson knows that there are many such stories, and he is not so gullible as to believe them all - but realises that there may indeed have been a heritage of successful herbal medicine, now threatened by 'development' (140-141). When he flew into Bulawayo, he heard riotous behaviour, a mob chanting a slogan, and girls screaming hysterically. He was told that pop-singer Cliff Richard had arrived earlier, and European teenagers wished to escort him to town. Later, at the hotel, the same crowd continued chanting for hours. Wilson asked an African journalist what he made of it. The man replied that he wondered "whether you Europeans will ever be fit for self-government." (134-135)

WOLFF, Hans Felix (1938) Die kultische Rolle des Zwerges im alten Aegypten. *Anthropos* 33: 445-514. [In German]

Extended review, with Index (pp. 512-514) on role of dwarves in ancient Egyptian religious practices.

WOOLMAN, Mary [Winifred] [2005, 2008, 2013] {Personal notes on 85 years with spina bifida} "*Higher*" magazine (for Alumni of Royal Holloway and Bedford college) issue 19, 2013, p.8. Also "*Link*" magazine (for people with hydrocephalus and spina bifida), issue 213, summer 2005, p. 25; and issue 224, summer 2008, p. 8. (All found open online) Notes in "*Higher*", 2013, record "Mary Woolman, née Plummer", remembering "her happy and eventful days" studying General Science at Bedford College in 1949. "Despite living with spina bifida, she had an extremely interesting life, including 16 years studying in East Africa", and would welcome letters via the Alumni office. But the earlier items in "*Link*" show more accurate detail. "I became a biology teacher in London before heading for East Africa in 1954. I worked first in Uganda and then in Kenya, where I was made headmistress of a developing secondary school. I married in Kenya and then returned to Uganda as a University wife, finally returning to the UK in 1970." "I didn't find out that I had spina bifida until I was 60, although I later discovered a Professor had written it on my medical notes when I was 40, and having problems in my pregnancy. That was during the 16 years I spent in East Africa, working as a teacher." "When I was born in 1928 no one knew anything about spina bifida. I had a bump just above my coccyx and slight curvature of the spine ... My feet are also deformed which means I have always had poor balance ... I was teased throughout my school years, which did have a big psychological effect on me. ... I was the clumsy, clever child, who couldn't dance or do gym, although I had no problems in running or climbing trees! ... I used a bicycle for getting around London." "When I found out that the problems I'd experienced all my life were caused by spina bifida, it was a huge relief. ... thankfully I had one of the less debilitating forms of spina bifida." (2005) In 2008, the Association for Spina Bifida and Hydrocephalus (ASBAH), UK, celebrated Mary's 80th birthday, as "one of ASBAH's longstanding donors". [A genealogical site on 'Woolman', notes Mary Winifred Plummer, b. 1928, marriage in 1964 to Marcus Kenneth Woolman, later divorced.]

WORLD COUNCIL For the Welfare of the Blind (1979) White Bonnet Scheme, Ghana. *Proceedings of the World Assembly of the World Council for the Welfare of the Blind, held in Antwerp, Belgium, August 1-10, 1979*, pp. 274-277. [Found Open Online, July 2017.] The "White Bonnet{s}" Scheme, under the auspices of the Ghana Society for the Blind, seems to have been started in the early 1960s by Grace Ingham, an executive of the Royal Commonwealth Society for the Blind (RCSB), of which John WILSON (above) was the driving force. Sighted Ghanaian women were "trained as itinerant Welfare Assistants for the Blind (WABs) and sent to the villages and towns to locate blind women and give them instruction in housewifery, child care, cookery, personal hygiene and handicrafts." [This was a dozen years before the earliest efforts by the World Health Organisation to pilot Community Based Rehabilitation schemes, which would attempt something similar across a range of disabilities.] The WAB's first step was to approach the local village Chief and explain the work they hoped to do. This usually resulted in the Chief calling someone to escort the WAB around the village to wherever there was a blind person. Details were recorded and the WABs would follow up the blind women in particular, helping them to relearn household skills they had lost on going blind - or teaching those who had never had such skills. Then there were craft skills, using well-known local materials, such as weaving raffia lamp shades, stool seats, rugs made of scrap materials, and door mats, as well as pottery, rope-making and minor farming activities. With patient persistence, maybe overcoming families' tendency to over-protect or infantilise the 'disabled one', many blind girls and women moved on from dependency and became contributors to the family income, with an evident uplift of their self-respect and confidence. [To balance the usual tendency of reporting 'What a great job we did!', the Ghanaian report included a further scheme for giving funds and start-up grants for small 'kiosks' where women could sell goods on a daily basis, with some help from family members (p.276). This scheme had some success, but for various reported reasons, it was discontinued. This balances the picture, and increases the credibility of the report.]

--- [The success story of the 'White Bonnets' has been written up in several places, e.g. G. Ingham (1964) Training of blind women. *Advance* 43 (July) 31-33; RCSB (1976) 'White Bonnets' bring hope to Ghana's blind women. *J. Rehabilitation in Asia* 17 (1) 10-11; GRISCHOW (above); and more.

--- In some source or other, the present compiler (who once travelled the length of Ghana on the back of a light lorry) recalls a 'White Bonnet' story that began with a severely depressed young blind woman refusing to take any part in the scheme. She was physically quite strong, but would not leave her hut, having experienced the laughter and cat-calls of some villagers seeing a blind person. Very poor self-image, thinking herself useless for anything. The White Bonnet visitor called for reinforcements, asked some reliable older women to be present, and engaged the village drummer on a day. Anyone who might laugh or mock was sent away under threat of severe punishment if they were seen in the vicinity [cf. PARKYNS, above.] The sullen, angry young woman is coaxed out of her hut, heavily cloaked, for fresh air and 'exercise', which first consists of stomping around a cleared patch for a brief period. The old drummer, thinking the exercise a waste of time, taps a light rhythm for stomping. The young woman is encouraged to move about with the drumbeat, which she begins to do heavily, testing the brushed earth, firm under her feet. Drummer



idly puts a bit of zip into the beat. Young woman begins to sway and swing to the drum. Soon she is sweating, casts off her cloak, swinging her arms too and fro in anger. Drummer now wakes up, takes interest. He starts to deploy his skills, leading and cross-weaving rhythms with the bodily swing, stamp and swirl. Young woman fills her nostrils with breath, pulls out hair-grips, flings her head back and forth, whirls with the drumming, stamping down her demons, fighting off her misery. Now she feels the strength of her body, finding some freedom within herself, stamping and wheeling. The drummer makes the side of his instrument howl above the beat. Her voice breaks out in response, she is dancing, she reaches for the sky, she is punching out a future that can be different... The elder women are cheering her on...]

WRIGHT, David (1993) *Deafness: an autobiography*. London: Mandarin. Second edition. xvi + 237 pp.

One highly articulate person who expressed his thoughts and feelings as a deaf man was the poet, editor and activist David Wright (1920-1994), born hearing normally in Johannesburg, becoming profoundly deaf at seven. This autobiography of Wright had been widely used to give hearing people a clearer idea of an experience they might not easily imagine. As he left Africa at 13 to live in England, his work has comparatively little to say about being deaf specifically in Africa. Thirty pages (26-51) recount his childhood illness, the slow realisation that he had lost his hearing, parental worries, and private tuition to extend his linguistic skills. [Wright mentions another deaf person, Michael Sutton, with whom he was at school in England, whom he considered (in 1989) "the most famous and sought-after architect in South Africa", and a phenomenal lip-reader (Wright, pp. xvi, 131). See SUTTON, above]

YASMA (1995) [From an interview in Arabic and Sign Language] In: F.L. El-Ouahabi; K. Sabil; C. McIvor & J. Carey (eds) *In Our Own Words. Disability and integration in Morocco*, pp. 111-113. London: Save the Children.

{Reported communication from Madame Yasma, "who is 56 years old and lives in the province of El Jadida, southern Morocco. Yasma is unable to speak. She is now a widow with five sons and two daughters. She is a faith healer and has visitors from many different parts of Morocco who come for treatment. The interview was conducted through her son who is an expert sign-language interpreter."} Yasma explains her loss of speech, and the compensatory mercy of Allah, thus: "My parents told me that when I was three years old I was struck by a *jinn* and since then I could not talk. What happened is that the *jinn* took my voice to use it with somebody else's body. *Jnun* are always trying to cause mischief, When sometimes you hear a voice coming from nowhere be sure it is a *jinn* playing a trick on you, either as a means to frighten you off and take possession of your body or to play with you like a toy. {Interviewer:} But surely being unable to speak is not about losing a voice. It is about not being able to articulate sounds and words because of some physical impairment in the vocal chords? {Yasma:} That is what you believe. Reality is something different. A voice can have an existence of its own. Sometimes you see people talking to themselves.\* In fact they are responding to one or many voices that are speaking to them, although they have no physical presence. The loss of my voice has nothing to do with a physical problem. {Interviewer:} Do you consider your lack of a voice a disability? {Yasma:} In some ways it is

a disability because I cannot communicate vocally to people. But I can communicate with my hands using sign language and I can also communicate with my hands by healing people and curing them of their ailments. God is great. He has compensated me for my lack of a voice by giving me another gift of communication, the art of healing." {extract}  
--- \*[The old observation of people 'talking to themselves' or appearing to talk to somebody who is invisible (often seen as a sign of mental disturbance) has become unremarkable in the 21st century across the urban world, as mobile phones proliferate and earphones are almost invisible, and individuals talk loudly and lengthily with others across great distances, ignoring anyone else on the street, bus, train or cafe.]

YENDORK, Joana Salifu; Kpobi, Lily & Sarfo, Elizabeth (2017) "It's only 'madness' that I know": analysis of how mental illness is conceptualised by congregants of selected Charismatic churches in Ghana. *Mental Health, Religion & Culture* 19: 984-999.

ZABA, Zbynek (translator) (1956) *Les Maximes de Ptahhotep*. Prague: Editions de l'Académie Tchèque des Sciences.

Sayings ascribed to Ptahhotep (flourished 2450 BC) translated from Egyptian hieroglyphs to French. Includes an eloquent lament over bodily decay and impairments of sight and hearing with old age (pp. 69-70).

ZAMBIA (1967) *Educating the Handicapped. The Report of a Special Committee of Enquiry into the Education and Training of the Handicapped in Zambia*. (The MacGregor Report). Lusaka: Government of Zambia. 76 pp.

As noted in the Introduction (above) the MacGregor Committee considered the suggestion of nationalising mission-run disability work, but found it wiser that government should "rather imitate than replace" the level of "industry, dedication and, on the best stations, a sheer professional skill." (p.4) The report commented frankly and in some detail on a wide range of activities being undertaken by voluntary agencies at the time, noting e.g. the successful homecraft training for physically disabled women; and also the energy with which officers of organisations of blind people fell into dispute with one another, taking to law courts to settle their differences. [No doubt the work, chaired by a non-disabled European, is open to criticism or dismissal for presumed bias. It remains a useful survey of activities of the era.]

ZARETSKY, Irving I. & Shambaugh, Cynthia (compilers) (1978) *Spirit Possession and Spirit Mediumship in Africa and Afro-America*. New York: Garland. xxiii + 443 pp.

This is the second edition of a formidable multilingual bibliography with annotation, first published by Zaretsky alone in 1966, and now containing more than 2000 references. [See appreciative scholarly reviews by John M. Janzen (1979) *Research in African Literature* 10 (3) 424-425; and by Henry Bucher (1979) *International J. African Historical Studies* 12 (3) 520-521.]

ZEGHAL, Malika (1999) Religion and Politics in Egypt: the ulema of Al-Azhar, radical Islam, and the State (1952-94). *International J. Middle East Studies* 31: 371-399.

A key figure in this study is Shaykh Umar `Abd al-Rahman (pp. 391-393). As a blind young

boy (b. 1938) he followed the traditional path of learning the Qur'an by heart. He studied theology at Al-Azhar in the early 1960s, while President Gamal Abdel Nasser was attempting fundamental reforms in that institution. In 1970 `Abd al-Rahman openly criticised Nasser, for which he spent time in jail. He later denounced President Sadat for making peace with Israel, and was jailed and tortured for Sadat's assassination, though he gained acquittal on religious grounds. `Abd al-Rahman pursued his studies, and held teaching posts in Egypt and Saudi Arabia. By the 1980s he had become the 'spiritual guide' to some radical Islamist groups, and was suspected of active militancy, but {theoretically} his blindness should have barred him from being accepted as a leader of armed struggle. In 1990 he entered the US, and taught in mosques in New York; but in 1995\* he was convicted of conspiracy in acts of terrorism, and was jailed for life. [Whatever may have been his actual part in war against the Western powers, `Abd al-Rahman occupied a recognisable place in an historical line of formidable blind North African Arabs whose religious studies and beliefs caused them to be sharply and openly critical of the State and of what they considered to be mistaken and worthless religious practices.]

--- \*[Zeghal's article (1999) recorded a history of various teachers from 1952 to 1994 only. An obituary in *The Times*, 20 Feb 2017, under the anglicised name 'Omar Abdel-Rahman', records that sole blind teacher's death, apparently after 12 years' solitary confinement in jail, with more plausible detail of his alleged involvement in al-Qaeda activities, the promotion of radical Islamism, and indiscriminate hatred and terror attacks on 'Western' targets, Jews, Zionists, Americans, etc. `Abd al-Rahman in his later years quite likely would have denounced everything that is recommended across the entire range of 'healing and therapeutic' beliefs and practices listed in the present bibliography, as very little of it conforms to the pattern of Islam that he considered correct. On the other hand, the life of Taha HUSAYN (above), another Egyptian village boy who lost his sight, learnt to memorise the Qur'an, studied at Al-Azhar, developed seriously critical and controversial views and became a powerful teacher and leader, points in a very different direction. Husayn became a moderniser, diplomat, and bridge between Eastern and Western cultures. Possibly a wider focus or exposure to alternative patterns at some point in `Abd al-Rahman's studies, or to 'western' people who could take him seriously as a scholar and respond with kindness to him as a sincere person, might have changed the course of his life and averted some of the disastrous outcome.]

ZÉKI [ZAKI] PACHA, Ahmed (1911) *Dictionnaire biographique des aveugles illustres de l'Orient: notice bibliographique et analytique*. Cairo: Imprimerie 'Les Pyramides'. 87 pp. (Ahmed Zéki Pacha also appears as A. Zaki Basha, and other variants). French National Bibliography notes on the present item: "Communication faite, le 25 février 1911, au Cinquième Congrès international pour l'amélioration du sort des aveugles." MALTI-DOUGLAS (above, 1988, 44-45) comments that Ahmad Zaki was the editor of as-Safadi's *Nakt al-Himyan fi Nukat al-'Umyan*, and "also the author of a study in French celebrating the achievements of medieval blind Muslims", i.e. the item listed here, published in Egypt.

ZIMBA, F.R. (1999) Supporting the learning of Namibian students with special needs. *African J. Special Needs Education* 4 (1) 37-53.

ZINKIN, Pam (1993) War, disability and rehabilitation in Namibia. In: R. Preston (ed.) *The Effects of War in Namibia*, pp. 7.1 - 7.29. Windhoek, Namibia: Namibian Institute for Economic and Social Research.

ZULU, [N.] William (2005) *Spring Will Come*. University of Kwa-Zulu-Natal Press. xvi + 334 pp. and extensive illustrations

This well-crafted autobiographical book by Ndabayakhe ("his own doing") William Zulu (p.13), illustrated with many examples of his own art as well as photographs of friends and relatives, is both an 'insider' and 'outsider' story of Southern African community, politics, passion, art, healing, disability, belief, and wheels. As a farm child he learnt "cattle herding, stick fighting, ploughing and bird trapping" and was a hardy fighter with other boys (pp. 5, 16, 21), while being brought up by various aunts and uncles and seeing very little of his father and mother. While going through school, he continued to bound across the open veld, swim in local pools and play soccer in the streets; but when about 16 he began finding some weakness in his legs, and then recognised that his back was somewhat deformed (pp. 28-30). As this became worse, he was 'put through' a series of sessions with indigenous healers and traditional practitioners. In fact, Zulu begins his book with an unusual Prologue (pp. xiii-xv) entirely devoted to describing a Prophetess, a large, energetic woman to whom one of his uncles had taken him. She went into a trance and announced that there was "a witch bent on destroying our family because of plain jealousy", then prepared a concoction for young Zulu to drink, causing him to vomit heavily. There followed a further "cold, foul-smelling concoction poured over my head and body." He tried to escape but "the Prophetess had me by the neck again and was pounding my back and shouting ... When it was over my back itched terribly but I was told not to scratch..." Later, the itching "subsided into a warm, tingling sensation that made me feel revived and well. That night I prayed and slept with new hope of being cured by the Prophetess." The next session was at a Zionist Sunday service led by the Prophetess, which included energetic prayer and communal 'laying of many hands' on the youth by participants in various states of religious fervour. --- Later in the book the context of this Prologue is given (pp. 42-44) and it turns out that Zulu went through two months of nauseating treatments, prayers and invocations. Yet his leg weakness became worse, and family members decided to take him to Natalspruit Hospital, against the orders of the Prophetess. By then, Zulu had already seen and described other examples of indigenous practices involving prayers and altered states of consciousness - an apparently successful rain-bringing prophet (pp. 4-5), an unsuccessful herbal treatment for tuberculosis (23-24), his own church attendance, singing in the choir and wrestling with the notion of a God who seemed to "bring punishment for the error of fathers onto the next generations" (28); his treatment by an inyanga, who attacked him painfully with porcupine quills, "pricking me all over from my head to my toes" (31). The latter treatment seemed to bring months of relief, but it was temporary. Another uncle took young Zulu to a Zionist Prophetess, a small woman of tranquil manner, who went into a trance and had "dialogue with some unseen person", then advised the uncle to tell the lad the history of his birth, his early ailments and deformity, and take him to the doctors (34-36). (While this history is told it turns out that Zulu was "formally named Ndabayakhe - 'his father's own doing'" - returning the unspecified sin to the father, rather than to his son, p.

35) Finally, the white doctors with their modern science have their turn, putting the lad through a series of painful and unexplained treatments over many months. At Baragwanath hospital, an elderly surgeon on the point of retirement operates on Zulu's back, leaving him paralysed from the chest down (pp. 44-65).

--- The later achievements of this artist, wheelchair user, and unusual sort of community worker and counsellor in KwaZulu-Natal - he was much involved in developing an organisation that worked for children having learning difficulties - during the long march toward national independence and ongoing development, can be understood in many different frames of reference. The religious or spiritual frame is not one to which Zulu gives special emphasis yet it is apparent throughout the book, whether in passing references to church politics and affiliations, or in a deeper way in Zulu's relationships with many people, such as those who helped him, and those who (deliberately or incidentally) put obstacles in his path. The Jehovah's Witnesses are generally dismissed as a pointless sub-Christian sect by the evangelical and pentecostal churches of the region - but it was the JWs who took time and trouble to teach young Zulu to read the Bible carefully, and who answered his questions, and dealt calmly with his anger at a God who either did not exist or had failed to heal him. Later, when Zulu had more dealings with the less unorthodox churches, he declined to denounce the JWs - they had cared for him and addressed his needs at a time when nobody else was interested. This kind of mature and balanced temperament was something Zulu clearly had to work towards slowly, through many depressions and vicissitudes.

--- [To date, this is probably the most substantial and significant black African contribution in English from a person living with severe impairments, who tells his own story and takes his place among those who offer assistance to others in need.]

ZVOBGO, Chengetai J. (1988) *Zimbabwe's good samaritans: Jairos Jiri and the Jairos Jiri Association 1921-82*. Harare: University of Zimbabwe. 365 pp.

[See also FARQUHAR (above), and DEVLIEGER, 1995 (above), on Jairos Jiri.]

ZVOBGO, C.J. (1990) *Aspects of Rehabilitation of Disabled and Handicapped People in Zimbabwe since Independence, 1980-1987*. Harare.

(Bibliography pp. 157-172 includes useful archival material from relevant organisations, e.g. unpublished reports and correspondence files on Jairos Jiri Association institutions are listed in pp. 162-64; some 24 unpublished reports and documents of the Zimbabwe Council for the Blind are listed pp. 160-61. (The author of 13 of these is W.K. Mdege).]

ZVOBGO, C.J. (1990) Education and employment of the blind in Zimbabwe 1981-1987. *Zimbabwe J. Educational Research* 2: 164-203.

## **APPENDIX 1: EXTERNAL MATERIALS PERTINENT TO THE MAIN THEMES**

Some of these 'external materials' are geographically not in Africa; yet they seem to cast sufficient light to be pertinent to the 'truly African' materials listed above. They cross

cultural and historical boundaries. A good example is BRAAM++ below, on 'gerotranscendence' in elderly people: the study is entirely within the Netherlands, but the importance of the new way of regarding the older years has a global reach. One way of thinking about elderly people with some dementia is: "Granny is losing her grip; she cannot be allowed to wander about, she might hurt herself; for her own good we may have to tie her to her bed when we go out; it would be a disgrace if the neighbours saw her in the garden in her nightclothes." A different way of thinking would be: "Many old people naturally move beyond the norms of 'correct behaviour'. Other things become more important to them: they may start talking to the cat, or to the flowers, or the angels sitting on the rooftop. They may feel they are in a different time zone where they are in tune with the universe and all beings, and can speak openly about things that are not usually seen or expressed, but embody a kind of wisdom. This life stage is valuable, it should not be feared or despised. With a little forethought, the old person can be enabled to enjoy a slower, contemplative path." Throughout the world, there are choices to be made, that may move toward restricting the freedom of the elderly person, keeping them neat and well-brushed, and speaking in a 'normal way'; or may move instead toward enlarging their freedom to enjoy life at a different speed, leaving aside the petty norms, rush and bustle of middle-aged conformity. People from Africa, from Asia, from South America, from the Nordic lands, could discuss this kind of thing and find common ground, and some useful ideas.

(As argued earlier, other items that were geographically in Africa have been omitted because, in the compiler's view, they were written with too 'European' a mindset, or were situated in a rigid 'modern, biomedical research' framework, excluding other conceptual worlds). Some further items appear below which are from Africa, but hardly about 'disability, healing, religion and spirituality'-- yet they have merit in helping to understand the materials above, and how the lives of many Africans with disability have been carried on, or are constricted or facilitated.

Originally I had thought of putting in, for comparison, just a few European historical items, e.g. JEANSELME; McCABE; VIVES; which have good 'proximity' to Africa in thought and action. Yet it seemed better to enlarge the scope of external material that might resonate with African situations. Looking at annotations of Asian materials among my other bibliographies, I found some Chinese, Korean and Japanese materials, also some items from South Asia and the Middle East, that would probably be informative to educated Africans, who would readily compare the Asian modern and historical accounts with what they know of Africa, once they saw it; but might be unaware that such materials exist, being more accustomed to tracking modern European and North American work. I had not thought of this earlier, simply because e.g. East Asia is far from Africa geographically, and I had not thought of making the South-South comparisons. Yet the development path of, for example, China -- with a long immersion in militant socialism, followed by some shift toward more market-based economies, and the vast problems of 'demographic transition', urbanisation, huge population growth, water scarcity, environmental degradation etc, while the welfare of vulnerable and disabled people is tossed about somewhere on the periphery -- something of this kind is easily recognisable in many African nations; as are also the traditional Asian folk stories and proverbs about people with disabilities or

peculiarities. The Asians might handle these things differently; yet they are recognisable. The South Asian shopkeeper, businessman and political 'fixer' is well-known across sub-Saharan Africa; and China has been developing technical projects and acquiring land assiduously across the continent. {The Vygotskian 'proximal zone of development' may be relevant here - some populations in African countries might prefer to take 'near steps' that have been tried in India or East Asia, rather than making distant leaps to imitate a European or American position.}

**HIV / AIDS.** A further omission, in either the main bibliography or this appendix, is the vast literature both on HIV / AIDS and a large number of other chronic disease conditions which usually have disabling consequences. There is already a worldwide 'AIDS industry' and literature, which absorbs considerable official and non-government funding in Africa, and may have secured resources which could otherwise have been devoted to the disability field. Probably more than many other diseases, HIV and AIDS are often accompanied by stigmatising religious responses, as the transmission may involve some transgressive sexual behaviour in one or more partners, and beliefs about 'guilt' or 'innocence' within the religious context; while the same context may sometimes provide caring resources. [Further, the compiler has a 'gut feeling' that many aspects of AIDS-related suffering, disability, responses, treatment and outcomes might turn out to be significantly different in African countries and cultures than from those observed in Europe and North America; but this seldom, if ever, deters both internal and external 'researchers' from plunging incautiously into research designs largely based on 'established knowledge' from the 'wrong continent'.] Some disability-related workers have seen merit (and funds) in joining forces with AIDS campaigners; while others may feel the stigma of disability is enough, without adding the complications of stigma from AIDS (which has sometimes been called the 'new leprosy' - the old leprosy being a highly stigmatised disabling disease, often excluded or very much under-represented in disability campaigns). Whatever strength or weakness there may be in those arguments, the inclusion of AIDS in the present bibliography was hardly an option. For AIDS {French: SIDA} already has large online bibliographic resources, including Index Medicus; the present compiler has not worked in that field; it would probably have doubled the size of the present bibliography, which is already unwieldy. In a thin sprinkling of a dozen or so entries, AIDS does casually come up in the present bibliography, for one reason or other (among them being Appendix 3, on child abuse etc) just as many other diseases happen to be mentioned. But there is no systematic address of AIDS here.

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AKSOY, Sahin (2005) Making regulations and drawing up legislation in Islamic countries under conditions of uncertainty, with special reference to embryonic stem cell research. *J. Medical Ethics* 31: 399-403.

Gives a succinct description of the sources of authority and methods by which moral and ethical issues are discussed among Muslim jurists and scholars, and a consensus may be reached for legal rulings on new issues. As a professional bioethicist, Aksoy examines the Qur'anic basis and some hadiths (reported sayings of the prophet Muhammad), for

understanding the status of the human embryo and fetal development, upon which ethical decisions may be taken. Among the most important Qur'anic references are: 32 (as-Sajdah): 8-9; 23 (al-Mu'minun): 13-14. Two hadiths in al-Buhkari's collection explain how the embryo is formed and established. The available texts may suggest that 'ensoulment' of the embryo takes place either 120 days after conception, or between 49 and 55 after conception, with some consequences for issues of stem cell use, and others for questions of abortion.

AL AZHAR WORKING GROUP (1985) In Arabic: [*Child Care in Islam.*] Cairo: UNICEF. (English transl. by A. Tawfik & M. Hamed also available.)

Substantial report of a series of studies on various aspects of child rearing, nutrition, health and education in Islam (supported by quotations from the Holy Qur'an and sayings of the Prophet Muhammad, by a working group appointed by the Grand Sheikh at the request of UNICEF.

ALI, S. & Mulley, G.P. (1998) Is the Barthel Scale appropriate in non-industrialized countries? A view of rural Pakistan. *Disability & Rehabilitation* 20: 195-199.

A scale often used in industrialised countries to measure performance in Daily Living Activities was found inappropriate on many items in a survey of 24 rural Pakistanis (16 women, 8 men) who suffered impairments after a stroke. Local customs, clothing, eating habits, hygienic practice, interior design and the furniture of dwellings, varied significantly from those with which the Barthel scale had been standardised.

ALLEN, Louise F. (1989) *The Situation of Children in Upper Egypt*. Cairo: UNICEF. 156 pp. [Many governments across Africa, prompted by UNICEF or from their own interest, have produced reports on the 'situation of children' at intervals during the past 40 years. Some of them have a few pages on disability, though latterly UNICEF has preferred to fill up a larger category of 'children in specially difficult situations', to include disability, orphans, street children, those assuming responsibility for a family while being still of child age, or caring for chronically ill parents or grandparents, and other difficulties which may prevent the child from having access to education, or may place an excessive burden on the child.]

AVODE, D.G.; Capo-Chichi, O.B.; Gandaho, P. et al (1996) Epilepsie provoquée par la cysticerose. A propos d'une enquête sociologique et culturelle réalisée au Bénin. *Bulletin de la Société de Pathologie Exotique* 89: 45-47.

[Al-BAGHAWI] see below: MISHKAT al-masabih.

BANERJI, D. (1981) The place of indigenous and Western systems of medicine in the health services of India. *Social Science and Medicine* 15A, pp. 109-114.

BERTRAM, G. (1967) [Greek] moros. In: G. Kittel (ed) *Theological Dictionary of the New Testament*, transl. G.W. Bromiley, pp. 832-847. Grand Rapids MI: Eerdmans.

Discusses in great detail the Greek word and related terms, variously meaning 'foolish, dull-witted, feeble-minded' in the Christian New Testament and earlier literature, with copious references.



BISGAARD, Daniel J. (1994) *Social Conscience in Sanskrit Literature*. Delhi: Motilal Banarsidass. xxix + 141 pp.

Some modern Indian critics have charged 'Sanskrit literature' with originating in, and being sycophantic toward, the narrow, effete, and socially oppressive world of the royal court and the temple, indifferent to the real life, poverty and misery of the masses of ordinary people upon whom court and religion were parasitic. The charge is probably justified; yet Bisgaard illustrates from medieval times onward (with extensive quotes of transliterated Sanskrit, and English translation) a continuing thread of dissent and social conscience in Sanskrit literature, amounting at times to an ironic critique of the folly, greed and hypocrisy of rulers, state officials, petty clerks, religious practitioners, bogus healers and others who prey upon the credulity of ordinary folk. Disability is incidental, but the actions of dunces, half-wits, and blockhead religious novices figure in the cacophony (pp. 80-82, 106-109). Sometimes the rustic crowd saves a religious teacher from the folly of his students, e.g. when one of the latter sees a carpenter "straightening bamboo by soaking it in oil and bending it over a fire". The disciple thinks this might work for "the crippled body of his ailing *guru*", and tries it out. The guru's shrieks alert the crowd, which brings this 'therapy' to a halt. (81)

BJORCK, M.; Johansson, R. & Kanji, N. (1992) Improving the quality of primary care services in Angola. *Health Policy & Planning* 7: 290-295.

BRAAM, Arjan W.; Bramsen, Inge; van Tilburg, Theo G.; van der Ploeg, Henk M.; and Deeg, Dorly J.H. (2006) Cosmic transcendence and framework of meaning in life: patterns among older adults in the Netherlands. *J. Gerontology: Social Sciences* 61B (no. 3) S121-128. [Found open online.]

The article studies aspects of "gerotranscendence", a recently-coined term indicating transcendence in elderly people {cf. 'gerontology', 'geriatrics'}. "Gerotranscendence is defined as a shift in metaperspective from a materialistic and pragmatic world view to a more cosmic and transcendent one." Originating in the 1980s, and developed by L. Tornstam, the concept seeks to provide and explore a positive model of changes in values from those commonly held in middle age, e.g. productivity, effectiveness and autonomy, toward different priorities, "such as rest, relaxation, recreation, creativity, entertainment, and wisdom." Tornstam suggests that three levels may be seen: "The first is the cosmic level: an increased feeling of unity with the universe; a redefinition of the perception of time, space, life, and death; and a growing affinity with past and future generations. The second level, the redefinition of the self, involves a decrease in self-centredness and a decline in material interest. These ego characteristics often combine with the features at the third social level, which is characterized by a declining interest in superfluous social contacts and an increasing amount of time devoted to meditation."

--- [A positive identification and affirmation of such values would be a radical change from the commonly held 'deficit' model, e.g. 'she's losing her grip'; 'he doesn't know which day of the week it is'; 'she's away with the fairies now, in la-la land'; 'he can't go out by himself -- forgets his own name, doesn't remember how to use his credit card, lost all sense of self-protection.']

--- [The particular article listed is a study of 928 older adults in the Netherlands, a nation

having a track record of allocating sufficient funds and planning to pay for thoughtful and kindly services for elderly people run by well-qualified managers (in contrast with the often woefully weak services in its larger neighbour, England). It is not difficult to see some closer links with the position of elderly people in many parts of Africa (and indeed of Asia), where the 'natural progression' toward 'cosmic transcendence' in older years, and a strengthening of links with 'the ancestors', accompanied by a loosening of ties with the immediate business of ordinary life, are well-recognised and often {or sometimes} appreciated stages of life. Cf. FUKUI+ below; and IKELS below.]

BRANDEL-SYRIER, Mia (1962) *Black Woman in Search of God*. London: Lutterworth. 251 pp. with photographs

This is a rare work of observation and record of South African women in *Manyanos*, voluntary unions or associations\*, from an earlier generation (the title alone would cause difficulties in the 2010s), undertaken between Sept 1953 and Feb. 1955. Mia Brandel-Syrier was an Orientalist, whose specialist field was the teaching of religious duties in Islam (pp. 20, 240), and who had lived many years in Arabia, Egypt and India, being of Dutch origin herself (119), and not a member of any Christian denomination. Somehow, as an outsider to the field of anthropology, or to African studies, and working via expert 'insider' translation, with all its pitfalls (16, 53, 83, 119-120), the author was able to formulate a credible and empathetic account of the changing patterns of power and meaningfulness in the religious African Women's Movements of the 1950s. She was able not merely to look and write, but to be moved by the experience: "no one can visit these *Manyanos* and participate in the worship without becoming deeply committed, not necessarily to their religion, but to their vitality and dynamism, to their urgency and their significance." (19) --- \*["*Manyano!* For the women themselves, it has but one meaning: 'Mothers'. In their *Manyanos* the mothers of Africa come together and pray, sing and dance to the Christian God. Every week on Thursdays." (16)]

--- There are many insights pertinent to the main thrust of the present bibliography, arising out of Brandel-Syrier's wider reflections on what she learnt with and from African women. One concerns the "concept *Muntu*", which is seen as an "ontological essence", that "informs all animate and inanimate matter"; and the weakening of which is implicit in "every physical injury or mental or psychological impairment, even tiredness and failure." The 'humanness' of human beings is deeply involved with this concept, and its {seeming} absence in Europeans results in a paradox: "in spite of the European superiority in arms, technical skills and knowledge, the Bantu soon came to see our lack in 'the essential quality of human beings', that which is expressed in the word *Muntu*. 'Europeans are not human', Africans say." (pp. 111-115) [See Appendix 5 on Ubuntu. Also Professor BERINYUU 2007, pp. 33-34, recollecting from 1959 the arrival of white men in his North Ghanaian village: he and other children wondered whether they were human beings, and if so, what sort of human?]

AL-BUKHARI. *The translation of the Meanings of Sahih Al-Bukhari, Arabic-English*. New Delhi: Kitab Bhavan. 9 vols.

Al-Bukhari was a Muslim scholar of the 9th century CE, whose life's work was the collection, memorisation and arrangement of hadiths (reported sayings of the prophet

Muhammad, often with context). He is best known for his careful sifting of their provenance and classification of their authenticity, taking place over many years, as he travelled widely across the great centres of Islamic rule. Vol. VII contains several hadiths pertinent to disability, e.g. No.s 555 (pp. 376-77, epilepsy); 557 (p. 377, blindness); 582 (p. 395, for every disease, Allah makes treatment available); 608 (pp. 408-409, leprosy). Other major hadith collections contain further examples. See cautionary note under *MISHKAT al Masabih* (below) on interpretation of hadiths.

--- [Also: *Summarized Sahih Al-Bukhari, Arabic-English*, transl. Muhammad Muhsin Khan (1996), Riyadh: Darussalam, 1096 pp. During the past 40-50 years, the number of Muslims educated in English, but less acquainted with Arabic, has grown very rapidly, and increasing efforts have been made to provide carefully checked and published texts by which such people can satisfy themselves that they have a reliable rendering of the teachings of the prophet Muhammad in English, with adjacent Arabic text, and appropriate apparatus of introduction, footnotes, cross-references, indexes, glossary of Arabic terms, etc, as might be found in a scholarly work on any other topic. Subsidies from wealthier Arab countries have facilitated publication of such works at moderate price, while maintaining close supervision. These precautions are of particular merit in handling Al-Bukhari, since he seems to have been one of the earliest Mediterranean scholars to engage in recognisably 'modern' research methods, tracking and comparing sources across a wide geographical area, listening, questioning and cross-checking for authenticity, and admitting only a modest fraction that had a strong claim for inclusion, into his category of 'Sahih' {Sound, Well-founded}. These 'sayings' continue to have a great influence on the ways in which Muslims worldwide understand and practice their religion.]

CASAL, Ugo Alfonso (1962) Acupuncture, cauterly and massage, in Japan. *Folklore Studies* 21: 221-235.

Short history of development of acupuncture. Notes that acupuncturers (some being blind) were organised into a cohesive group by a blind scholar, Sugiyama Kengyo, in the 17th century. From the same period, the profession of masseur became restricted to blind people. Describes masseurs' work in some detail.

CDC (Centres for Disease Control & Prevention) (2002) Progress toward poliomyelitis eradication -- Ethiopia, Somalia, and Sudan, January 2001 -- October 2002. *Morbidity & Mortality Weekly Report* Nov 29; 51 (47) 1070-72.

CDC (2005) Progress toward poliomyelitis eradication -- poliomyelitis outbreak in Sudan, 2004. *MMWR* Feb 4; 54 (4): 97-99.

[See also INDEPENDENT Polio Monitoring Board (below) Reports up to August 2016 on progress and continuing problems.]

CLIFF, Julie L. (1980) *Health in Mozambique: a select bibliography 1950-1980*. London. 29 pp.

COHEN, Lawrence (1998) *No Aging in India. Alzheimer's, the Bad Family, and Other Modern Things*. Berkeley: University of California Press.

The book is a rambling, contrapuntal ethnography from a western anthropologist studying the older and 'ageing' body and person in Indian (and some western) situations of everyday life, and also in archives and cultural histories. Cohen spent some time working in an urban slum, yet neither 'disability' nor 'poverty' is given prominence. The book is concerned with perceptions and discourses of impairment and difference in mind, body and relationship, by people in families, communities and societies that have been continuously shifting throughout the lives of those who are now old. One of the movements has been from a society in which all aspects of life were dominated by religious belief and practice, toward one of increasing secularisation: while religious archetypes continue to be inescapable, they have ceded some ground to other rising forces. Family composition and logic are changing, with much reduced living-space available in urban households and the shifting balance of domestic power as traditional female care roles give place to female wage-earning capacity. The inputs (and the costs) of western and ayurvedic medical and psychiatric professionals to the treatment, care or reconstruction of ageing are also observed sceptically. The 'poverty' associated with old age and mental decline may have strong financial elements; but human misery associated with the erosion of personal value, respect and agency, in community and in family relationships, may be more keenly felt than the financial pains of ageing.

COLE, Ted (1990) The history of special education: social control or humanitarian progress? *British J. Special Education* 17 (3) Research Supplement 101-107.

During the 1980s and 1990s, the practice of 'special education' was attacked in the UK and some other anglophone areas, on various grounds, such as that it was a cruel, segregating practice, designed to control 'difficult' children and to stop those with disabilities from blocking the smooth progress of 'normal' children; and that the 'humanitarian' claims of the earlier educationists and originators of special education were a false pretence, masking the unpleasant realities; and that the labelling of children in 'defect' categories had more to do with professional battles to control such children and earn a living out of their difficulties, without actually benefitting the children. While realising that not everything in the special education field had always been bright and shiny, Ted Cole produces historical arguments to rebut some of the wilder opinions and allegations. [For further discussion and possible bias, see Appendix 6, below: Special Education: 'brutal segregation' or 'healing response'? ]

CONNELLY, Marc (1929, this edition 1941) *The Green Pastures - A Fable*. With introduction by Vincent Long. London: Penguin. 104 pp. + photos.

Connelly was an American dramatist, sometime President of the Authors' League of America, awarded a Pulitzer Prize for *Green Pastures*. {His life and humour seem to make Connelly an unlikely person to produce this particular work of theological genius. It is imagined taking place in a 'Negro Sunday School' in any lower Louisiana town, telling the story of the world, as shown in the Jewish scriptures interpreted anthropomorphically, with God as a very dignified, tall, elderly, black man.} "*The Green Pastures* is an attempt to present certain aspects of a living religion in the terms of its believers. The religion is that of thousands of Negroes in the deep South. With terrific spiritual hunger and the greatest humility these untutored black Christians -- many of whom cannot even read the book

which is the treasure house of their faith -- have adapted the contents of the Bible to the consistencies of their every day lives." (p. 15) [In its time, the drama was heavily criticised by some Church leaders, and warmly appreciated by others. It is hard to imagine it being shown in the US now without howls of protest on various grounds, whether from Black intellectuals, White liberals, or other people who simply enjoy howling. Reactions in Africa would be hard to predict, but one might guess some howling and some cordial appreciation. It seems likely that *Green Pastures* might reflect the kind of religious thinking with which millions of black African Christians conduct their lives, taking the Old Testament stories fairly literally, and 'figuring out' some of the details for themselves, perhaps even including the idea that, to save the world, even God must undergo suffering. The compiler of this bibliography has read the play many times, being deeply moved by the 'Negro dramatisation' of the Judaeo-Christian world history.]

CORNIELJE, Huib; Nicholls, P.G. & Velema, J. (2000) Making sense of rehabilitation projects: classification by objectives. *Leprosy Review* 71: 472-485.

Rehabilitation activities vary widely according to their perceived aims and the prevailing attitudes and practices in their socio-cultural contexts. This natural variation challenges the use of any global criteria for evaluating rehabilitation. In the context of Community Based Rehabilitation programs for people with leprosy, this paper explores four dimensions that are useful for classifying rehabilitation projects according to their objectives: (1) restoration of quality of life; (2) locus of power; (3) commitment to involve others; (4) type of response. Case studies are presented from South Africa, India and Bangladesh, to illustrate this approach.

ROLL, Elisabeth (1993) The negotiation of knowledge and ignorance in China's development strategy. In: M. Hobart (ed) *An Anthropological Critique of Development: the growth of ignorance*, 161-178. London: Routledge.

In a book of edited chapters, largely concerned with the activities of foreign agents bringing inappropriate knowledge and theory to other countries and suppressing or supplanting local knowledge that had often been more appropriate to the local situation, Croll reflects on slightly different developments in China between 1949 and 1976. In that period, local systems of knowledge were (in theory) respected and consulted for guidance by Chinese leaders formulating national policies, which were then filtered back down to the masses in phases, with some leeway for local adaptation. Key local-level cadres were in a position of some tension, being 'insiders' knowing their own rural locality, while receiving 'outside' knowledge from the government. As the latter was based on ideology rather than practical evidence and pragmatic reasoning, it needed some unofficial adjustment or disguise to become implementable. Croll traces the process by which outside knowledge "became increasingly privileged", while the local populations, viewed as ignorant, backward and resistant by high-level administrative cadres, were "increasingly re-categorized" from being agents for change to being the main objects to be changed. 'Rectification' and 'purification' measures were undertaken, bypassing the local cadres who had muted and adjusted the pure doctrine (supposedly built on knowledge from the masses). Messages in this monumental game of 'Chinese whispers' went up and down the line, becoming reversed, rectified and re-distorted at various points, generating suspicions and mistrust,

with the outcome of "fragmenting the local population and undermining the very solidarity of collective structures upon which development policies rested." [While not concerned with 'disability' as such, the description of consultation, policy-making, progressive distortion, and the eventual destruction of solidarity, may be recognised by development agents and disabled people's organisations worldwide.]

D'ALMEIDA, A. (1987) L'équilibre socio-familial et l'évolution harmonisée de l'enfant. *International J. Early Childhood* 19: 3-13. (Benin).

'DEAF' IPPUKU [2004] Traditional Japanese comedy performed in Sign Language. *DisabilityWorld* No. 22, January-March 2004. (Translation by the Japanese Society for Rehabilitation of Persons with Disabilities). [No longer found online]  
[The world of deaf communication and deaf humour is, by its nature, a very 'visual' world. When it comes to the traditional 'Rakugo' style of Japanese comic storytelling, the humour needs to be translated into visual forms for deaf people really to enjoy the jokes, a skill at which some deaf comedians excel. 'Deaf' Ippuku tells a joke about the love life of the famous Liberty statue that greets immigrants to New York. He learnt from Miss Liberty that she had no boy-friend and she wondered whether Ippuku might know someone nice. Ippuku told her about a very big guy in Japan called Daibutsu-sama. {This is the colossal Buddha statue at the Todaiji temple in Nara.} Then he mentioned to Daibutsu that Miss Liberty was feeling a bit lonely. Daibutsu didn't need to be told twice. He promptly left Nara and swam across the Pacific Ocean to meet this upstanding lady. Now they're dating!] --- [Oh, really...? In a serious, academic bibliography?! Exactly what has this got to do with Asian Buddhism or African responses to disability, deafness etc? Uh, well... there are two sides to every response. This story is one of many responses by the Japanese Deaf to the world of Buddhism. Actually, it's quite a good image of 'Engaged Buddhism' getting off its pedestal and acting directly to relieve suffering wherever it may be found in the world - and telling the story in a completely unforgettable way, to a class of people who don't often hear such a message in their 'own language'.]

DE AZEREDO, José Pinto (1799) *Ensaio sobre algumas enfermidades d'Angola*. Lisbon. 150 pp. Reprint with introduction, Luanda, 1967, 183 pp. [In Portuguese]

DE FERRANTI, Hugh (1996) Text and Music in *Biwa* narrative: the *Zato Biwa* tradition of Kyushu. PhD dissertation, University of Sydney.

De Ferranti made great efforts to obtain the views and detailed histories of surviving Japanese blind performers and views of elderly people who could remember the traditional musicians performing. From both sides the low, or decidedly ambivalent, social status of the musicians became apparent, as many respondents viewed them practically as 'blind beggars', and the men themselves knew this and had ways of coping with it.

DE FERRANTI, H. (1996) Licence to laugh: humour in the practice of *biwa* recitation in rural Kyushu. *Musicology Australia* 19: 3-15.

[see previous item] As a student performer, the author had some privileged access to the

few surviving traditional practitioners; yet the rough humour and repartee used in their 'warm-up' talk (which had practical reasons, such as clearing their throat, and assessing the acoustics) was an aspect the old men were reluctant to talk about. While piecing together the story, many other aspects of *biwa* recitation are detailed.

DE PINA, Luiz (1943) *História da Medicina imperial Portuguesa (Angola)*. Lisbon: Agência Geral das Colónias. 62 pp. [In Portuguese]

DEXTER, Lewis A. (1958) A social theory of mental deficiency. *American J. Mental Deficiency* 62: 920-928.

Lewis Dexter was working up this article between about 1947 and 1957, with various other publications. He noted the poor self-image and low sense of worth generated by social disdain for people with weaker intellect. He suggested (p.924) that, "difficulties are created, derived from the social role of defectives rather than from anything inherent in the bio-psychological nature of defectives." Dexter's 'defect' terminology has become unpalatable now; yet his article quite clearly suggests how social structures and educational demands in mid-century North America generated failure, then constructed that failure as a social problem for which the person of lesser ability was to blame.

--- [Dexter's work clearly predates the writings of the British developers of the so-called 'Social Model of Disability', in the 1970s, who mostly had physical disabilities. They might be surprised to learn that an American journal {using the outmoded label 'mental deficiency'} was expounding a modern 'social theory', well before their own 'discovery'.]

DHOUD OMAR (2001) Survey of Hargeisa Households to Estimate Disability. Hargeisa, Somalia: Africa Educational Trust.

DIAS, Jill R. (1981) Famine and disease in the history of Angola, c. 1830-1930. *J. African History* 22: 349-378.

DOMMISSE, George F. (1982) *To Benefit the Maimed: the story of orthopaedics and the care of the crippled child in South Africa*. Johannesburg: South African Orthopaedic Association and the National Council for the Care of Cripples in South Africa. xviii + 239 pp.

The story is told largely from short biographies of orthopedic surgeons (many with photos) who developed their speciality in South Africa, starting with Dr Ernst Simon who began work in 1899. Numerous lists of committees, extracts from charitable organisation reports and documents also appear, giving details of local developments. This would be a useful source-book if a better organised (and perhaps more critically evaluative) history were to be written.

DZIERZYKRAY-ROGALSKI, T. (1980) Paleopathology of the Ptolemaic inhabitants of Dakleh Oasis (Egypt). *J. Human Evolution* 9: 71-74.

At a cemetery at Balat in the Dakhleh Oasis, four adult male skeletons were found showing cranial changes typical of damage from leprosy, i.e. atrophy of nasal spine, palatal perforation, and loss of upper teeth. It is possible that these four, having ethnic

characteristics differing from the local population, had been banished from Alexandria to the South. The remains are dated to the 2nd century BC.

EEDLE, J.H. (1972) *Special Education in the Developing Countries of the Commonwealth*. London: Commonwealth Secretariat. v + 201 pp.

Based on a thesis submitted to the University of London. Informative and well-referenced report, with some historical data, dividing the material by disability category, i.e. Visual Handicap, Hearing Impairment, Other Physical Handicaps, Epilepsy, Mental Retardation, followed by buildings and equipment; public attitudes; UN agencies and NGOs; and the future. Material on sub-Saharan Africa is scattered through the book. There was already a growing trend of recommendation that children with special needs be educated in some form of 'open' or 'integrated' education, whether in ordinary classrooms or in units attached to ordinary schools, joining the many who were already 'casually integrated' without any attention to special needs.

EISENBRUCH, Maurice (1991) From post-traumatic stress disorder to cultural bereavement: diagnosis of South-East Asian refugees. *Social Science and Medicine* 33 (6) 673-680. [Article also open online at [www.eisenbruch.com/](http://www.eisenbruch.com/) ]

In the 1980s and 1990s, the highly qualified and experienced cross-cultural psychiatrist, psychotherapist and development agent Eisenbruch worked in various locations with Cambodian children and adults who were refugees, or were displaced within Cambodia, or had remained at their homes through war and severe social disruption. Eisenbruch emphasizes the merits of learning from the Cambodian traditional healers and Buddhist monks, as well as sharing with them some of the 'modern western' experience of treating or managing mental illness. Among various of his articles, no single one has a detailed description of the activities of Buddhist monks, yet a picture can be built up. Cambodian refugee children in the US suffering 'cultural bereavement' and stress disorders, seemed to be saying that "their painful feelings could be combated by traditional religious beliefs and access to ritual. Sometimes the importance of these feelings is ignored by policy-makers and care-givers, who feel that rapid integration into western thought, behaviour and religion is better for these children, especially as they are young! Yet fieldwork showed that much good could be done by promoting access of the refugee children to Buddhist monks and Cambodian *kruu kmae* (traditional healers). "It was striking how often my young Cambodian informants expressed their yearning to participate in traditional Buddhist ceremonies. They wanted to learn how to chant with the monk and the older participants, and how to 'make merit' for their dead or lost parents and ancestors for a better life in the next incarnation and to protect themselves from vengeful spirits. They were helped to make sense of their feelings when the monk explained *sansaa* (samsara or the inevitable cycle of rebirths) and *tanhaa* (excessive desire or craving)."

EISENBRUCH, M. (1994) Mental health and the Cambodian traditional healer for refugees who resettled, were repatriated or internally displaced, and for those who stayed at home. *Collegium Antropologicum* 18 (2) 219-230. [Open online]

[See previous item.] Between 1990 and 1994, Eisenbruch and his Cambodian assistants made detailed observations of the healing rituals and activities of more than 200 healers



and their patients, among whom were some Buddhist monks and their ritual assistants, and some Buddhist devotees. They recorded "how the healers embarked on procedures, made objects such as amulets and applied them to the patient, and helped the patient's integration back into their village ... In some provinces there are already several key healers, some based in Buddhist pagodas, whose fame extends throughout Cambodia. Some of these monks, and the *kruu*, manage up to ten or fifteen inpatients, and their outpatient clinics can have more than one hundred patients. The healers would not claim to cure all serious psychiatric illnesses, but they believe they can ameliorate the symptoms in about seventy per cent of cases. // The healers understand the psychiatric disorders are stemming from three universes: the human world in the same plane as the patient, and the Buddhist and Hindu deities from above and the demons from below." (p. 224) Some vocabulary is recorded, and graduated levels of suffering and damage, before people cross a line and are considered *çkuet* (mad or crazy), or other conditions having descriptions that may or may not map onto western classifications (pp. 224-226). Responses of Cambodians to people with symptoms of mental disorder are less readily mapped, e.g. "how on the one hand they may ridicule them and at the same time then give them food and make sure that someone gives them refuge; or the way that healers such as monks and *kruu* define a legitimate illness - which has a legitimate treatment - out of the disorganised or anti-social behaviour of the person. The Cambodian concept of *çkuet* reflects how the society makes sense of misfortune, illness, and deviation from the norm." (p. 225) Some of the healers had earlier been banned from practising, when their ideas were "seen to be revisionist, opposed to modern socialism" (while others with whom Eisenbruch had worked in Australia among the Cambodian refugees, had been impaired by "a host society arrogantly defining them as quacks and witch-doctors", and had "lost their nerve" and could work only furtively or not at all).

--- Eisenbruch, as a practitioner experienced in a different idiom, was evidently impressed by much of the practice and outcomes of what he saw as a participant / observer. He also notes the widespread Asian custom of moxibustion; and a treatment of "the childhood illness of *skan*", in which the healer "transforms the child's identity, making an image of the child from earth, which he changes in form, so that the image represents the child. This treatment seems to allow the mother to give vent to a problem in the mother-child relationship and, by setting her mind at rest, the treatment helps restore some tranquillity to the mother-child dyad." (p. 226) Eisenbruch saw that some NGO workers were also "aware of the value of indigenous healers, and steer profoundly non-functioning people to the Buddhist pagodas renowned for accommodating such people - but they are already overloaded with patients." (p. 228) What was lacking was "any systematic attempt to utilise the traditional healers' skills for service delivery or for medical education", building a wider system that would use all beneficial resources. He cautioned that "Before rushing in with the Western psychiatric tool-kit, one might turn the scientific question around", since little evidence was available that western methods would easily translate into something that relieved the sufferings of Cambodian people, whereas those sufferers did claim that the indigenous healers brought them some relief (p. 229).

EL EZABI, Shereen (1995) Al-Naysaburi's Wise Madmen: introduction. *Alif: Journal of Comparative Poetics*, No. 14, pp. 192-205.

Naysaburi, a well-known theologian and Qur'anic scholar lived at Nishapur, Persia, and died c. 1015. His short book on the 'wise mad' (*'Uqala' al-majanin*) first discusses the concept and terminology of madness (*jinna*), then gives more than 100 reports about mad people. Ezabi translates the first chapter, placing the wise/mad people within the purposes of Allah who has created people with some "contradictory qualities", linking strengths and weaknesses, sickness and health, and the vicissitudes of life. Prophets who spoke the word of Allah, shaking up the normal ways of human living, have always been considered mad, but Allah has vindicated them. Examples are given from the life of the prophet Muhammad. Real folly is the inability to discern and practice right conduct. The madman is he who "builds for his worldly life and wrecks his life in the hereafter". From the 'case histories', Ezabi gives excerpts on Bahlul, a renowned 'fool', portrayed as something of a simpleton, heedless of self-care and formal knowledge, yet holding to some higher truths.

FAROOQI, Yasmin Nilofer (2006) Traditional healing practices sought by Muslim psychiatric patients in Lahore, Pakistan. *International J. Disability, Development & Education* 53: 401-415.

Adult psychiatric patients in public hospitals at Lahore reported their contacts with a variety of traditional healers (Pirs, Aamils, hakims, magicians, palm readers, and others). The healing practices are listed as: homeopathy; Unani Tibb (or naturopathy); faith healing (using Islamic prayers, Qur'anic texts, and amulets); sorcery or black magic; and combinations of methods. The religious-cultural background of Pakistan is explained in some detail, with positive commentary on Islamic worship and religious practice as aids to mental health (pp. 402-405). It is admitted that 'modern' psychiatric care is accessible and affordable to only a small fraction of those needing it, while the traditional healers continue to offer some help (and some risk) at modest cost to a majority of the population.

FERRO-LUZZI, Giovanni (1947) Studio sui fenomeni di malnutrizione in Eritrea. Nota II. Malattia da "seberè" e latirismo in Eritrea. (Studies on the phenomenon of malnutrition in Eritrea. 2. "Seberè" disease and lathyrism in Eritrea). *Bollettino della Società Italiana di Medicina e Igiene Tropicale. (Colonia [Sezione] Eritrea)* Estratto dal Vol. VII (No. 5-6): pp. 1-12. Ospedale Coloniale Principale "Regina Elena" - Asmara (Eritrea), (Reparto Medicina). [In Italian] [N.B. The original page numbers are listed by Kloos & Zein (q.v.) as pp. 483-94. When extracted and reproduced separately, it was numbered pp. 1-12.] Professor Ferro-Luzzi was director of the "Regina Elena" Hospital, Asmara, and published over 40 papers on a range of medical conditions in Eritrea, often with a focus on malnutrition. This paper appears to be the first published and detailed report on lathyrism in Eritrea, also citing literature from Europe and India. Six typical cases are described with clinical details, five being from the Adi-Ugri district. Case dates are not given; but it is stated that a locust invasion in 1945 devastated the food crops, resulting in poorer people making greater use of lathyrus sativus than normal. The first case was female, aged 30, then five males aged 33, 25, 7, 3, and 17. A photograph is shown of the sixth male, named Sium Tecleremlet, using a stick in each hand for support or balance as he moves forward dragging his left foot.

Summaries appear in Italian and in English (final page). [cf. HOLZINGER 1899, on neuroleprosy, main bibliography]

FOLLEREAU, Raoul (1954) Le Mozambique et la bataille de la lèpre. *Comptes rendus de l'Académie des Sciences coloniales* 14: 205-220. {Académie des Sciences coloniales, Séance du 7 Mai 1954.}

Raoul Follereau (1903-1977) gave a lengthy account of his travels in Mozambique: ruminating on his earlier journeys, "Depuis un quart de siècle que, dans quatre-vingts pays, j'ai traîné mes rhumatismes, aucun ne m'est apparu plus attachant, ni, pour un coeur français, plus amical." After ten pages of 'traveller's tales' and reflections on the benefits and blessings of French and Portuguese colonialism [a perception which reads less convincingly, 60 years later...], Follereau gets to the people with leprosy: "Alto Molocue est la principale léproserie du Mozambique" ... a large area, said to be 20,000 hectares, on which "1,500 malades vivent et s'adonnent aux travaux agricoles." (p. 214) He gives details and figures - they are well looked after, and when six successive monthly checks are negative, the leprosy sufferers are deemed to be fit to leave. The previous year, 108 had returned home, being no longer contagious. However, the Mozambique government understood that the medical side was only part of the problem. "Un effort social doit accompagner et compléter la victoire médicale." (215)

--- With hindsight of Mozambican social and political history, Follereau sounds self-congratulatory and indeed inflammatory -- but he was famous for his tireless fund-raising for leprosy work, and generating public concern, a legacy that continues in the AIFO (Associazione Italiani Amici di Raoul Follereau). Follereau engaged with extreme right-wing politics up to the age of 40.\* Then he dedicated himself to rouse European, and eventually world, opinion in favour of rescuing leprosy sufferers from the exclusion and degradation in which the majority found themselves.

--- \*[Follereau dates his interest in leprosy somewhat earlier, i.e. 25 years before the meeting he would address in 1954. He was not a man who would let mere 'details' stand in the way of his grand vision.]

FORBES, J. Graham (1904) Medical report of the Anglo-French boundary commission: on the Western Frontier of the Gold Coast Colony -- January 1902 - May 1903. *J. Royal Africa Society* 3 (No.12) 381-397.

Much detailed medical evidence, with diagnoses of various disabling conditions or deformities, apparently including polio (p. 391): "Infantile paralysis. (a) Child, aet. 3; right leg affected. (b) Child, aet. 8; left leg affected." [See also early reports of Bonfa, A. (1903) A case of poliomyelitis with right facial paralysis. *South Africa Medical Record* 1: 67.

Dumolard, (1903) Poliomyélite antérieure aiguë chez un adulte. *Bulletin médicale de l'Algérie* 14: 468-471. These early medical reports are 'of historical interest only'; but serve as pegs on which to hang or correct larger reflections about disease progress and eradication campaigns. Polio has been found down the length of Africa for more than a century. It may not disappear in a hurry.]

FUJIURA, Glenn T. & Rutkowski-Kmitta, Violet (2001) Counting disability. In: G. Albrecht et al (eds) *Handbook of Disability Studies*, pp 69-96. Thousand Oaks, Ca.: Sage.

Intelligent review of successes and difficulties in measuring disability and counting disabled people in many countries and on different philosophical bases, to discover "The limits and promise of disability statistics". Of one global survey, it notes that "value-laden decisions undergirded the methodology -- principally, that years in old age and childhood are of less 'value' than years lived in youth, years lived with a chronic condition are years 'lost,' and the presumption of disablement as a burden." (p. 91)

FUJIURA G.T.; Park H.J. & Rutkowski-Kmitta, V. (2005) Disability statistics in the developing world: a reflection on the meanings in our numbers. *J. Applied Research in Intellectual Disabilities* 18: 295-304.

A further intelligent paper, tackling difficult issues of what disability data can do well, what it cannot do at all, and the meanings and feasibility of measuring disability, including intellectual disabilities, in widely varying 'developing nations'.

FUKUI, Sadaaki; Okada, Shinichi; Nishimoto, Yukio & Nelson-Becker, Holly B. (2011) The repeated appeal to return home in older adults with dementia: developing a model for practice. *J. Cross-cultural Gerontology* 26: 39-54.

This useful article derives from an organised sharing of experiences among 12 Japanese professionals of managerial level in social work, care, nursing and nutrition, in the context of residents with dementia in nursing care facilities. During a two year period, they focused on a common behaviour that is familiar but problematic to workers in care facilities: the repeated 'appeal to return home' by some service users. The working group was able to go behind this surface 'appeal' and 'hear the voice' of the individual, and offer interpretations that made better sense in terms of the social backgrounds, roles and contexts in which service users had lived their earlier lives, and the norms of Japanese working life and family conventions. This led to suggestions for adjusting the current situation in ways that could respond to the emotional and psychological needs of clients, so that they could more readily find themselves 'at home', having "a sense of comfort, care, and a familiar environment similar to what one feels in one's own home", within their nursing care residence. Some examples are shown, whereby '*najimi*' ('familiar environment') could effectively be achieved for clients, by taking steps to gain a deeper understanding of their needs and make small or symbolic adjustments. The process could be incorporated in the training of new workers. [See BRAAM++ above, ZHAN+, below, this appendix.]

GADEN, Henri (1907) États musulmans de l'Afrique centrale et leurs rapports avec la Mecque et Constantinople, *Questions diplomatiques et coloniales* 24: 436-447.

See p. 444. Several rulers of Ouaddai (Wadai, now in Chad), sent a tribute every few years to Istanbul, consisting of ivory, feathers, various fabrics, slaves, and some eunuchs.

However, "c'est surtout sous le sultan Youssef (1874-1898) que les envois d'eunuques se multiplièrent: ils furent presque annuels. Abdoul Hamid eut même d'autres exigences; il demanda une fois des sourds-muets. Youssef en fit chercher dans ses Etats et envoya ceux qu'il put se procurer." Sultan Abdul Hamid II was accustomed to having deaf servants at his court, as well as eunuchs and dwarfs, as had many of his Ottoman predecessors.

GAMMELTOFT, Tine (2001) Between "science" and "superstition": moral perceptions of induced abortion among young adults in Vietnam. *Culture, Medicine and Psychiatry*, 26: 313-338.

This item is one of at least a dozen articles and books produced by Gammeltoft (as an anthropologist, as a woman, as a socially concerned European, and as an academic under the modern pressure to publish) with Vietnamese colleagues, reporting research in which Vietnamese young men and women had been interviewed both formally and informally in Vietnamese language(s), to come to grips with their (possibly evolving) moral and ethical perceptions concerning sexual intercourse outside marriage, and induced abortion of a resultant foetus or baby (and in later articles, abortion of a foetus diagnosed as having a significant impairment). The series appears to be well situated in a substantial literature on sexual mores, family planning, abortion and ethical debate in South East Asian countries and further afield, as well as in collaboration with official Vietnamese organisations. "The [communist] government strove to create a new and enlightened society in which social life was to be governed by modern scientific principles rather than by superstitious beliefs ... concerted efforts were made to replace 'feudal' and 'backward' ideas and practices with scientific knowledge and socialist behaviour ... Belief in spirits, ghosts, and the protective power of ancestors, which had previously guided much social and ritual activity, were to be abandoned..." (p. 316) "In Vietnam a child was traditionally not regarded as a human being with a true human soul until it was one year old and birthday rites had been performed to mark its human status" (p. 319). "The vast majority of participants in the study expressed moral scruples of varying intensity over having an abortion"; a 21-year-old woman (who had already had three abortions) "was outraged by my suggestion that an early abortion could be less sinful than a late..."; "Many of the young people expressed a belief that the fetus has a human soul and consciousness..." (325). "...lay Vietnamese interpretations of Buddhist moral doctrine maintain that the pregnant woman and her relatives are morally obliged to protect the fetus until it is born" (325-36). Gammeltoft noted evidence for the full range of views, and the fact that the 'official' view had effectively suppressed open discussion of the privately felt moral uneasiness or distress, which could more easily and safely be shared with her, "a stranger and foreigner" (332).

GAMMELTOFT, T. (2008) Childhood disability and parental moral responsibility in northern Vietnam: towards ethnographies of intercorporeality. *J. Royal Anthropological Institute* (new series) 14: 825-842.

(See previous item). Here, Gammeltoft struggles to digest the complexities and ambiguities of parental thoughts about children's impairments and disabilities (expressed in Vietnamese, translated to 'international Asian English', mentally chewed over in Danish (?), compared with francophone anthropological theorising, before being expressed in 'academically acceptable English'), with added conflictual parameters of traditional / Buddhist / karmic dogma, as against modern / scientific / government-approved ideologies. "...parents of disabled children in Hanoi seemed to imagine and shape the subjectivity of their children in ways that were fraught with contradiction: while insisting fiercely on the humanity of their children and caring for them with love, most parents also depicted their children as pitiful; as being of less value than others and as a heavy burden

on their families." (p. 827) Further puzzling was "the discrepancy between the image of a rather severely disabled girl that Nam and Lan had conjured and the girl whom we met" (in whom Gammeltoft thought "one would hardly have noticed" the impairment, p. 831, cf. 825). Views seemed to be structured along conflicting lines: "...Buddhist conceptions of the meanings and implications of human impairment, and by party-state notions of productive citizens" (p. 834). "In the local moral worlds that we got to know in Vietnam, karmic explanations were most often mobilized within a terrain of kinship where children born with congenital malformations were considered to be innocent victims of parental or ancestral misdeeds, carrying the burdens of the moral transgressions of their elders" - illustrated with the vigorous denunciation of a mother by her aunt: "You eat but you can't give birth. The child you have given birth to is like a goose. How must you have lived to have given birth like this..." (834). Gammeltoft presents a fair amount of direct (translated) communication, with some Vietnamese words inserted or end-noted, and mostly keeps the western theorizing under control, so that something from the complexity of ordinary Vietnamese conceptual worlds peeps through, amidst the "...Buddhist notions of karma - which, though often verbally denied, seemed to be prereflexively practised in daily lives - along with everyday ethics of reciprocity and party-state discourses...", which took part in "structuring people's visceral and 'doxic' reactions to human impairment" (839).

GEERTZ, Clifford (2005) Shifting aims, moving targets: on the anthropology of religion. *J. Royal Anthropological Institute* (New Series) 11: 1-15.

In a public lecture, Geertz "pushing 80 and feeling it push back" (p. 1), reviews and reflects on more than a century of 'anthropology of religion', and some 50 years of studies during which he himself (particularly in Java and Morocco) and successive waves of anthropologists tried to discover what it was that they were studying under this title, whether "faith, worship, belief, sanctity, mystery, world-view, sorcery, propitiation, and the adoration of trees"; or "the description and analysis of myth, magic, rite, and spiritual tonality" inherited from pioneers in the field. He notes a significant turn (in the 1950s) away from anthropological study of "deserts, jungles, arctic wastes", (2) toward major non-western countries, such as "India, Nigeria, Egypt, China, or Brazil, or, as I was, Indonesia", the anthropologist being faced "not with an ant-hill assemblage of myths, spirits, and psychical practices to label and sort out, but with massive, deeply historical and conceptually elaborated social and cultural formations, complete with officials, texts, economies, and ratified names. Complex societies, 'civilizations' if you wish, some of them as large as sub-continents, with multicultural populations, bundles of languages, and spiritual connections across half the world..." (3)

--- The task of the anthropologist would be further made difficult by the increasing emergence and assertiveness of "self-conscious, doctrinaire belief as opposed to everyday reflexive faith" (10), and the eventual withering away not of 'religion' (under the so-called 'secularization thesis'), but a withering of the very belief that religion was a spent force. "Hindutva, Neo-Evangelicalism, Engaged Buddhism, Eretz Israel, Liberation Theology, Universal Sufism, Charismatic Christianity, Wahhabis, Shi'ism, Qtub, and 'The Return of Islam': assertive religion, active, expansive, and bent on dominion, is not only back; the notion that it was going away, its significance shrinking, its force dissolving, seems to have

been, to put it mildly, at least premature." (11)\* Moreover, anthropology of religion has to fight its patch within "the more complex and self-conscious context of contemporary linguistics, literary criticism, semiotics, psychology, sociology, and, most especially, philosophy... not to obscure what it has to say with imported abstractions or pump it up with concocted jargon." (5-6) Behind these trends and approaches there may be a consciousness that it is where "our cultural resources fail, or begin to fail, where our equipment for living creaks and threatens to break down in the face of the radically inexplicable, the radically unbearable, or the radically unjustifiable - irresolvable confusion, ineluctable pain, invincible evil, the primitive surds of finitude -- that the sort of concern, often enough itself referred to as 'ultimate', that we recognize as religious comes into play" (6-7; citing Jaspers, Tillich, Weber, and Suzanne Langer).

--- \*[A continuing passionate *desire* for 'religion' to wither and perish and be cleared away, so that 'Modern Scientific Man' shall at last stand forth as 'Master of the Universe' and achieve a kind of immortality, is expressed in 'best-selling' books such as those of Yuval Noah Harari ('*Sapiens*', 2011, transl. to English, 2014; '*Homo Deus*', 2015, transl. 2016). This Israeli teacher earlier wrote some serious work on military history. Then he learnt to spin an attractive modern 'humanism' as the conquering 'religion', the new paradigm that (as he believes) is already taking over the world faster than any previous paradigm, though at risk that the technology reduces most humans to an algorithm, and only a small "superhuman caste" may get to rule and live forever, while treating "normal humans no better than nineteenth century Europeans treated Africans." (*Homo Deus*, Vintage, 2017, p.408) Some of Harari's arguments have superficial plausibility, but reveal holes, 'pop science' and wild guesses, on too many pages. Perhaps he knows it, as an intelligent man who has skimmed a lot of online science 'zines. It must be appetizing to leave off being a boring history lecturer, and get to sell millions of books, earn big dollars, and tour the world as a 'guru of the new age' {modestly covering one's backside on the final page, *ibid.* 514, with an admission that errors crept in between editions, and are corrected on a website!}]

GHALY, Mohammed (2010) *Islam and Disability. Perspectives in theology and jurisprudence*. London: Routledge. xvi + 254 pp.

This scholarly volume is based on Dr. Ghaly's doctoral thesis at Leiden University. (See notes above in main bibliography under GHALY 2008). The present book offers a readable and well argued compendium of Islamic writing on disability, theology and law, partly in response to a growing demand in the modern Arabic world for careful research on the historical writings in Islam on disability. This literature starts not with the Qur'an and hadiths (which are widely available in translation and can be searched full text online), but from Al-Haytham b. `Adiyy (d. 821 CE), "the first known writer on the topic of people with disabilities in Islam" (pp. 90 + end-notes, 199). However, Ghaly first offers chapters on "Speculative theology" (pp. 17-53, notes 173-186) discussing such questions as to why God permitted disabilities to afflict people; and then "Practical theology" (54-62, notes 186-189) on Muslim scholars' thoughts on the appropriate response of disabled persons to being disabled. Chapter 4, "Human dignity of people with disabilities - Influence of physiognomy?" (pp. 65-89, notes, 189-199), discusses in some detail the possible influence

of Greek sources on physiognomy, translated to Arabic by the 9th century CE, influencing Islamic writing on disability. Then comes Ch. 5, "The ethics of writing on people with disabilities", (pp. 90-103, notes 199-202) starting with Al-Haytham, "an expert on people's flaws (*mathalib*) and exploits (*manaqib*)" (p. 90). He was criticised for focusing on people's disabilities for the idle amusement of the literate, or out of malice. Yet a "vast literary genre composed mainly for the sake of entertaining the reader developed" (90). This kind of material was surely regarded by more serious, literate Muslims as unworthy, and presumably some criticism was made; yet Ghaly seems to suggest that seven centuries elapsed before we find surviving documents, which in 1541 "triggered a vigorous two-year debate" between Ibn Fahd and Ibn Hajar al-Haytami (91). Dr Ghaly reports in detail on the literature of this debate, including his own edition of an unpublished Arabic manuscript, which apparently covers "the names of famous people, from the time of the Prophet Muhammad till his own time" [i.e. 1542] "enumerating their disabilities" (pp. 102, 200). Ch. 6 briefly discusses "Employability of people with disabilities" (pp. 104-113, notes 202-205). Ch. 7, on "Medical treatment of people with disabilities" (pp. 114-135, notes 205-212), has already been listed and annotated in the main bibliography above (see GHALY 2008). Ch. 8 reviews "Financial aid for people with disabilities" (pp. 136-162, notes 213-218), "whether within the family or in society at large, as described by the juristic sources" (162). In a very brief concluding chapter, Dr Ghaly highlights a few points, among which are that the historical Arabic terminology reflects a somewhat different conceptualisation of disability and disabled people as a group, as compared with recent anglophone conceptualisation; but that "the human rights dimension was not absent from the discussion of these scholars", even though the precise terms used in modern debate are not to be found. (164) The book's bibliography lists ca. 690 items, 384 having Arabic titles (transliterated, occupying pp. 219-246; the indexes of Arabic terms, Names, and Subjects, are on pp. 247-254. [Publication of Dr Ghaly's work is too recent to have had influence on the great bulk of the literature discussing the field of the present Bibliography in Islamic Africa. Its thoughtful review and discussion of pertinent matters can very likely assist in future developments. See academic reviews: A. Hajjaj, 2010, *J. Relig., Disabil. Health* 14 (4) 412-13; M. Clarke, 2012, *J. Shi'a Islamic Stud.* 5(3) 355-7; R. Jelinek-Menke, 2013, *Z.f. junge Religionswissenschaft* 8: i-v, online; and others.]

GREENE, Lawrence S. (1977) Hyperendemic goiter, cretinism and social organisation in Highland Ecuador. In: L.S. Greene (ed) *Malnutrition, Behavior, and Social Organization*, pp. 55-94. New York: Academic Press.

Historical background from the periods of Inca and Spanish rule, which instituted a strongly hierarchical society, leads on to presentation of an "extremely isolated community" of 1600 people, living at 4300 metres altitude, in the north-east of Pichincha province, Ecuador, where more than half the population had goitres, 6.0% were "deaf-mute 'cretin' individuals". A further large number had less visible yet significantly disabling neurological deficits and behavioural limitations, of which Greene took some measure using the Bender Gestalt test of neurological maturation in visual-motor perception. Some case histories are given. Individuals with mild to moderate deficits "demonstrated a range of capabilities that permitted them to do much of the routine work" in this agricultural-



pastoral subsistence economy. The more capable, among those affected, had a market advantage over 'normal' workers, by allowing themselves to be exploited "on a 24-hour basis and at a much lower cost. The deaf-mutes were also extremely docile and accepted unpleasant work, like sleeping in the fields with the animals..." The more powerful classes regarded those with neurological deficits as an inferior race and a convenient pool of cheap labour for the heavier routine tasks. "They do not view these phenomena as possibly being neurologically based behavioral deficits produced by nutritional factors that they themselves have caused, to a considerable extent, by the stratified nature of the social system and the uneven distribution of essential resources." Payment was almost always in agricultural produce, but the docile labourers were easily manipulated by a show of affection, to accept smaller payment. Greene suggests that similar systems exist in many parts of the world, where micronutrient deficiencies generate neurological deficits in stratified populations, and the more powerful are happy to perpetuate this exploitable situation. (Greene notes that this study is part of a much longer series led by Rodrigo Fierro Benitez, with many publications in Spanish and English).

GREENWALD, Isidor (1949) The history of goiter in Africa. *Bulletin of the History of Medicine* 23: 155-185.

Through several decades, the North American biochemist Greenwald wrote a series of detailed and sceptical articles across large regions, studying historical reports on goitre and cretinism, with a view to showing that goitre was an epidemic disease. An accumulation of other research eventually discredited his thesis; yet his work remains useful for the energy with which he found and scrutinised sources and proposed alternative diagnoses. He notes the first report of goitre in Africa from Leo Africanus, in the Rif country of northern Morocco in 1510 {given in Italian}: "in fine, tutti gli huomini di questo monte áno nela gola quei gossi, che si veggono allevolte ad alcuni, & sono egualmente bruttissimi e ignorantissimi" (p. 54) [Leo Africanus: Ramusio, Giovanni Battista: *Primo volume e seconde edition delle navigazioni et viaggio*. Venice 1554.] Greenwald then ranges over other parts of North, West and Central Africa, as well as the South. (See KELLY & Sneddon below)

GREGORY of Nazianzus (c. 370) Oration 14. On Love for the Poor. Transl. M. Vinson (2003) *St. Gregory of Nazianzus. Select Orations*, pp. 39-71. Washington DC: Catholic University of America Press. [Greek title: Peri philoptokias. Latin: De Pauperum Amore. *Gregorii Theologi*, pp. 855-910 (J.P. Migne, Patrologiae, Series Graeca, Paris, 1885).]

Sermon 14 was written in the context of the construction, 368-372 CE, of a cluster of hospital and care buildings, by Basil, Bishop of Caesarea, possibly the earliest extended Christian establishment for people with leprosy and other serious disabilities (though preceded by a smaller institution built by Eustathios of Sebasteia, c. 357). Vinson (p. xv) notes some "rivalry between pagans and Christians over the delivery of social services" at the time. Gregory wrote partly in a spiritualising mode i.e. we are "all poor and needy where divine grace is concerned", and our "leprosy of the soul" needs healing. Yet he specifically addressed physical conditions and social exclusion. People with leprosy "are deprived of the opportunity to work and help themselves acquire the necessities of life; and the fear of their illness ever outweighs any hope in their minds for well-being ...

Besides poverty, they are afflicted with a second evil, disease, indeed, the most abhorrent and oppressive evil of all and the one that the majority of people are especially ready to label a curse. And third, there is the fact that most people cannot stand to be near them, or even look at them, but avoid them and are nauseated by them, and regard them as abominable, so to speak. It is this that preys on them even more than their ailment: they sense that they are actually hated for their misfortune ... human beings alive yet dead, disfigured in almost every part of their bodies, barely recognizable for who they once were or where they came from; or rather, the pitiful wreckage of what had once been human beings." (Vinson, transl., pp. 44-45). Gregory described further their exclusion from homes, streets, markets, even from sources of water. He contrasted the comfortable (but deceptively temporary) life of himself and his hearers, and demanded a compassionate practical response toward the suffering of fellow humans.

GROVES, Leslie & HINTON, Rachel (2004) *Inclusive Aid. Changing power and relationships in international development*. London: Earthscan. xviii + 237 pp.

Fifteen chapters by authors with a wide variety of development experience, giving a dynamic and highly critical picture of the changes happening in the aid scene up to 2004. Includes a graphic Time Line with the major international trends and changes from 1946 to 2004. [Among 40 aid and development books of the 21st century examined in a nearby academic library, this was the one that the present compiler skimmed through and immediately ordered for personal use. Recent years have seen a steady rise in critical reflection within (and from outside) the aid industry, and a slowly dawning realisation that the high rhetoric of 'rights', 'partnership', 'empowerment' etc has too often served to disguise the reality of aid agencies setting up partnerships heavily dominated by the European side, the Western finance, the American management tools, leaving African collaborators with little to do but nod and smile. This realisation may slowly percolate into the international disability field, but at present it requires finely calibrated instruments to detect any such movement.]

--- GROVES supplies chapter 5, "Questioning, Learning and 'Cutting Edge' Agendas: some thoughts from Tanzania", pp. 76-86. Margaret Kakande from Uganda offers ch. 6, "The Donor-Government-Citizen Frame as seen by a Government Participant" (87-96). Everjoice Win, a Zimbabwean women's rights activist, supplies ch. 9, "'If it doesn't fit on the blue square it's out!' An open letter to my donor friend", (pp. 123-127). The 'open letter' is to 'Christine', who first came to Win's attention as an enthusiastic young Western volunteer, keen to learn everything about Africa, eating local foods and wearing local clothes, reading books and asking questions, before going home to finish her Masters degree. A few years later, on the basis of one year in Zimbabwe and a 3-week swing through three other countries, 'Christine' reappears as "a gender expert, specializing in southern Africa", and instructing others in this field. She is also in charge of 'southern Africa' for an aid agency. So now Win, who had 34 years of living in Zimbabwe, without acquiring "the gumption to call myself an expert on Zimbabwe", must take instructions from 'Christine', if she wants that aid agency to continue funding her women's rights organisation. The 'blue square' in Everjoice Win's title, which must be filled in correctly, is part of the required *Ziel-Orientierte Projekt Planning* (ZOPP), an early kind of 'log frame' {logistical framework} that

began as a means of managing large engineering projects. It may be quite useful for sequential, logistical operations where everything can be made to move in carefully-planned, well-timed, straight lines and little boxes. Anything that cannot fit into a box cannot be part of the project. Unfortunately this kind of project planning has been extended, inappropriately and with great difficulty, when trying to implement plans for the welfare and flourishing of vulnerable human beings anywhere in real-life, grass-roots Africa. [None of the chapters is directly concerned with disability, but most are concerned with relieving poverty in countries where, in practice, nothing runs in straight lines.]

HAMADA, G. & Rida, A. (1972) Orthopaedics and orthopaedic diseases in Ancient and Modern Egypt. *Clinical Orthopaedics* 89: 253-268.

[cf RIDA in main bibliography.]

HAMILTON, George L. (1912) La source d'un épisode de Baudouin de Sebourc. *Zeitschrift für romanische Philologie* 36: 129-159.

The convoluted career, in many language versions, of a legend on how Moses got a speech impediment. As an infant he was shown to the Pharaoh. Sitting on the Egyptian monarch's lap, he pulled his majesty's crown off and threw it down (or maybe pulled Pharaoh's beard). Courtiers, aghast, debated this ominous act. A test was proposed. The babe was shown two basins. One held a glowing coal, the other a jewel. He reached for the jewel, but an angel guided his hand to the hot coal, which stuck to his hand. Putting his hand to his mouth for comfort, lips and tongue were also burnt; hence the speech impediment.

HAUERWAS, Stanley & Vanier, Jean (2008) *Living gently in a violent world: the prophetic witness of weakness*. (Introduction and Conclusion by John Swinton). Downers Grove. Ill.: IVP Books. 112 pp.

In 2006, Professor Swinton organised a conference at the Centre for Spirituality, Health and Disability (CSHAD), University of Aberdeen, and invited the American theologian Stanley Hauerwas and the French Canadian philosopher / activist Jean Vanier, originator of L'Arche and of the Faith & Light communities (a few of which are in Africa), to spend time together and to write alternate chapters responding to their understanding of 'living gently in a violent world'. Vanier, whose doctorate was in philosophy (Aristotle), has not burdened himself with too much theology, but has selected some reported teachings of Jesus as being central to the fifty years of his work. Hauerwas, who tries to produce modern theology in a lively, jargon-free style, has written about L'Arche and the challenge and signals sent by this movement to a world which (according to modern-media news) chooses incessant change, and appears increasingly rudderless and demented. [see VANIER, main bibliography]

HENRY, Eric (2009) The beggar's play: poverty, coercion, and performance in Shenyang, China. *Anthropological Quarterly* 82 (1) 7-35. [Full text open online.]

This carefully considered article builds on an incident in the big city of Shenyang where a 'western' English teacher, 'John', decided to help a crippled Chinese girl begging on the street, against strong opposition from bystanders and advisors, including his own students, who assured him he was being tricked and cheated - the girl's managers would kidnap her

again and beat her severely, and probably harm him too. The author summons and discusses historical and anthropological evidence illustrating the persistence of begging, the nature and effects of the "performer's" attempt to establish a momentary human contact ('I am here, you do see me, you cannot avoid the reality, I am asking your help, you must hand over a coin, there is no escape'), and the cultural and conceptual differences involved in various responses that arise.

HINNELLS, John R. (1985 / 2000) *The flowering of Zoroastrian benevolence: Parsi charities in the 19th and 20th centuries*. In: *Acta Iranica* 24: 261-326. [Also in: *Zoroastrian and Parsee studies: selected works of John R. Hinnells*, Ashgate, ca. 2000. Found open online, harvard.edu.]

Dr Hinnells offers a scholarly study, based on extensive archival research, of a well-known feature of Parsi individuals, families and communities, i.e. the liberality with which wealth has been poured into charitable schemes, foundations and institutions for the welfare, health, education, technical training, employment, housing and uplift of poorer people, orphans, widows, and disadvantaged people of all kinds and beliefs. (Some of these were specifically for leprosy sufferers, or blind or disabled people, or those with mental disorders). The study shows some development of planning, as the donors understood the need to avoid pauperising the poor, and to coordinate efforts, keep proper records, and to be wary of attempts to defraud the charitable. Most of the charity was extended across South Asia, and a modest amount further afield, including South Africa. The extent and useful impact of these good works was impressive, arising from a very small community within the hundreds of millions of South Asians.

--- [A connection with present-day Africa may be that there exist several hundreds of thousands of Africans living within the continent as well as abroad, who are extremely wealthy and might undertake something comparable to the Parsi benevolence, if they were to feel so inclined (as some indeed are). Some efforts have been made by the global philanthropy industry to identify and encourage such people, and offer guidance if desired, and to foresee and steer through the complications of practicing effective philanthropy without being snared in Government red tape and corruption, or finding their funds being diverted to buy weapons, drugs, political power structures, etc. See NAGGINDA 2016, main bibliography.]

HUCKSTEP, Ronald L. (1969) *La poliomyélite: un guide simple* (transl. from English). Bureau d'études et de recherches pour la promotion de la Santé. Kangu, Zaïre. 143 pp.

[During the 1960s, the surgeon Ronald Huckstep was a pioneer of low-cost, culturally feasible approaches to treatment and management of polio paralysis in several African countries, getting the 'crawling cripple' up off the ground both literally and in the imagination of their neighbourhood, and thus giving hope that the child or adult could 'get a life'.]

HULSE, E.V. (1975) *The nature of biblical leprosy*. *Palestine Exploration Quarterly* 107: 87-105.

Hulse reviewed medical, historical and palaeopathological evidence from which it was "clear that biblical 'leprosy' is not modern leprosy" (i.e. not the condition produced by

*Mycobacterium leprae*), whether in the Hebrew or the Greek texts revered by the Christian Church. Confusion has arisen from the use of various terms for a range of skin diseases, which may share some (but not other) symptoms with modern leprosy. Several diseases are discussed that might have given rise to the visible manifestations described in the Hebrew book of Leviticus. (See also OSTRER, below).

HUME, John C. Jr. (1977) Rival traditions: Western medicine and Yunan-i Tibb in the Punjab, 1849-1889. *Bulletin of the History of Medicine* 51 (2) 214-231.

This well-documented study records government efforts to blend or coordinate a 'modern, scientific' health system with a traditional system of treatment, in rural areas of the Punjab, in the later 19th century. Many of the conflicting or confounding factors and linguistic issues discovered along the way might be familiar to African governments 140 years later, despite the massive differences in biomedical science now.

--- The British administrators taking over rule of the Punjab thought good to organise some health services for the rural population, so as to secure their loyalty and provide some palpable 'uplift'. They also needed to provide modern 'allopathic' medicine to the British and the "Western-educated Indian personnel" on whom administration relied, who preferred and were entitled to 'modern, Western' treatment. However, apart from a sprinkling of British qualified doctors, and some Bengali graduates from the Medical College in Calcutta, the baseline resources available were largely the Muslim Hakims, traditional Yunan-i Tibb practitioners (who "often were not well trained even in their own system", p. 215), but were familiar and acceptable to the indigenous folk, and being themselves Punjabi spoke the language and understood the customs, unlike the Bengali graduates. {The more competent Hakeems were mostly urban. Their efforts to protect the mystique of their craft were assisted by pharmaceutical works in manuscript form "rendered unintelligible to the less educated Huqeems by the introduction of many Arabic words". (220)} The British made efforts to 'upgrade' some Hakims with training courses and a translated "short medical guide"\* on common ailments. The modernisers optimistically imagined that the Hakims would be "impressed by the superiority of allopathic drugs and techniques", and might soon be won over. Naturally there was vigorous opposition from allopathic professionals, who did not want their own 'scientific' practice# muddled and meddled with by 'unscientific' traditional healers, whether Muslim hakims or the Hindu vaidis practising ayurvedic medicine, who could be directly in competition with their own work. (cf. FLINT, above, main bibliography.)

--- There were plausible arguments on several sides, and the hakim-supporting 'Sialkot' system devised by Lt. Col. Mercer gained some adherents and had some local success in what might later be called 'Primary Health Care' outreach from government dispensaries, including sanitary inspections and vaccination campaigns. However, such successes caused opponents to strengthen their resistance, e.g. by nobbling the official accounts going to England. The *Punjab Dispensary Report* "was an annual document written under the supervision of the Inspector-General of Prisons and Dispensaries, who from 1860 to 1888, except for a four year period, was Alexander M. Dallas. The reports were sent by Dallas to his superior, the Lieutenant Governor of the Punjab, then to the Governor-General of India, and finally to London and the Secretary of State for India. No such method of

communication was open to proponents of the *hakim* plan. All communications regarding strictly medical matters had to be routed through the Inspector General's office and he decided what information to forward." (226) For some years, Dallas could see merit in Mercer's scheme; but eventually he foresaw "a serious danger that people in the {Sialkot} district would come to expect gratuitous advice, care and medicine" [! a series of extravagant dangers that still appears to terrify opponents of free National Health Services in UK, the USA, and elsewhere.] According to Hume, Dallas then tweaked the reports to London, sending only complaints and doubts about the hakim experiment, while spiking the compliments (227).

--- \* [This guide was written by the eccentric Civil Surgeon of Gujrat District, John Wilson Johnston M.D., known for his verbose English, and curious papers in the *Indian Medical Gazette*, e.g., J.W. Johnston (1866) *Ethnology of the chuas of Shawdowla temple, Goojrat, Punjab. IMG 1: 111-12.* Johnston (1866) *Strictures on sodomy. IMG 1: 213.* Johnston (1867) *On glycerene. IMG 2: 42-44.* The latter began, "Glycerene as a catholic vulnerary is disparaged in India from equitable appreciation of its merit. As a calendar surgical subsidiary, I invoke revision of its modus operandi." In the latter, the Gazette editors adorned Johnston's pompous piffle with footnotes: Was someone pulling the editorial leg? Could this really be Dr Johnston, and was he serious? Should it not have been sent to a tradesman in need of wrapping paper? {Maybe JW}'s flowery style was deemed suitable for impressing Hakims of the Punjab}. {Hume refers throughout to J.W. Johnstone; but Johnston is correct, see e.g. *London Gazette*, February 18, 1873, p. 584, column A; and original papers in *IMG*.]

--- # [As noted in Section 2, above, subtitle 'Within living memory', what was called 'Modern Scientific Medicine' in the 19th century had no antiseptic precautions, and no antibiotics. It was a risky business.]

IBN BATUTA. *Travels of Ibn Batuta in Bengal, China and the Indian Archipelago*, ed. & transl. by Sir Henry Yule (1916) in: *Cathay and the Way Thither*. London: Hakluyt Society, new edition revised by H. Cordier. Vol.IV, 120-122.

The African Muslim traveller reported\* a visit to 'Sin-Kalan' or 'Sin-ul-Sin', identified by the editors as Canton, China, around 1352 CE. In a very large Buddhist temple, Ibn Batuta saw "a place with rooms for occupation by the blind, the infirm or the crippled. These receive food and clothing from pious foundations attached to the temple. Between the other [city] gates there are similar establishments; there were to be seen (for instance) a hospital for the sick, a kitchen for dressing their food, quarters for the physicians, and others for the servants. I was assured that old folk who had not strength to work for a livelihood were maintained and clothed there; and that a like provision was made for destitute widows and orphans. The temple was built by a King of China, who bequeathed this city and the villages and gardens attached, as a pious endowment for this establishment."

--- \*[The extent of Ibn Batuta's travels has been questioned by some academics, very few of whom have travelled in the 13th century, but who make up for this flaw by using their imagination. See also IBN BATTUTA {spelt so} in Main Bibliography above.]

IBN QAYYIM AL-JAWZIYYA. *Medicine of the Prophet*, translated by Penelope Johnstone (1988). Cambridge: Islamic Texts Society. xxxii + 318.

Foreword by Hakim Mohammed Sa'id; Preface by Seyyed Hossein Nasr. Dr. Johnstone introduces the context of *al-Tibb al-Nabawi* of al-Jawziyya (1292-1350) and gives an English translation with several indexes / glossaries including all Hadith references. See general index, e.g. bonesetter, elephantiasis, epilepsy, eyes, leprosy, madness, melancholy, mind, ophthalmia, paralysis, etc.

HASHIZUME, Yumi (2000) Gender issues and Japanese family-centred caregiving for frail elderly parents or parents-in-law in Modern Japan: from the sociocultural and historical perspectives. *Public Health Nursing* 17 (1) 25-31.

IKELS, Charlotte (1997) Long-term care and the disabled elderly in urban China. In: J. Sokolovsky (ed.) *The Cultural Contexts of Aging: worldwide perspectives*, 2nd edn, pp. 452-471. Westport CT: Bergin & Garvey.

IKELS, C. (2002) Constructing and deconstructing the self: dementia in China. *J. Cross-Cultural Gerontology* 17: 233-251.

Arising within longitudinal ethnographical studies, Ikels offers a remarkable analysis of different perceptions of the self, and of the perceived effects of dementia, in rural and urban China as compared with the 'mainstream' US. Several key concepts are discussed in detail, that have roots in ancient Confucian teaching and still "shape contemporary Chinese values and attitudes": the 'heart/mind' (*xin*) and some compounds representing 'thought, ideas' (*yi*), 'consciousness, awareness' (*yishi*), 'absence of mind' (*wang*), and 'psychology' (*xinlixue*); the nature of morality (*daode*); the two different kinds of 'self' (*ziji* as against *benxing*); and filial piety (*xiao*). The verbal construction of these concepts is shown and illustrated with the components of traditional Chinese characters (enlarged) and their meanings are discussed with examples in literature and ordinary life (pp. 239-249). Dr Ikels suggests that different prominence is given to the cognitive domain in the US as compared with China, and thus the effects of dementia are perceived and responded to differently. Anecdotal evidence is also shown of a continuing, mainly rural, tradition in which the 'good luck' and moral worth of the person who has succeeded in living to a very old age trumps all other considerations and earns great admiration. [cf. BRAAM++, this appendix, above.]

INDEPENDENT Monitoring Board, Global Polio Eradication Initiative (2016) *13th Report of IMB of GPEI*. 28 pp. (Read together with earlier IMB reports, open online, and fresh reports up to May 2017.)

The Independent Monitoring Board met for the 14th time in the summer 2016, having supposedly six months remaining before the target of the Global Polio Eradication Initiative, that "transmission of the poliovirus should be interrupted everywhere in the world". Thirty years ago, polio was supposed to be eradicated by the year 2000; then by 2005; then by 2010; then it must absolutely be finished by the end of 2015. A billion dollars per year were being spent to achieve interruption, and large numbers of scientists and national-level scientists have been straining to achieve the goal. Most of the world has been declared free of polio. Yet the Board knew in 2016 that there were still large gaps and

barriers in the programmes in Pakistan and Afghanistan, and that there had recently been wild poliovirus in cases of polio in Bornu, Nigeria; and of vaccine-derived polioviruses in Guinea and Madagascar; and that there were other countries of Africa and Asia where government had broken down, and polio could re-emerge. {Nobody told the polioviruses that they were being eradicated. Or if they knew this was the plan, they had not complied by disappearing.}

--- Polioviruses flourish and mutate most readily in areas of great poverty, and where sewage disposal is weak and in parts of countries that are hardly under government control; or in parts where there is a semblance of government control, but nobody actually believes that the government can enforce anything. In parts of Pakistan, Afghanistan and northern Nigeria, militant groups are actively fighting against all 'global interventions', which they assert to be plots by Western powers to enslave the Muslim world and destroy the fertility of its women (or other imaginative explanations). Women vaccinators have been killed (and some are still being killed in 2018)\* as they went out to immunise children. Or the vaccinators are repeatedly told that the children of a particular area are 'away' or out of reach for some reason. The flaw in the plans is the belief that Modern Science now has the power to reach out, using 'log frame' planning, and immunise children everywhere in the world, by spending enough money, regardless of any misguided opponents, local politicians, mob leaders, terrorists, pessimists, or madmen. In some countries, success was declared, after the health directors were tacitly ordered to reduce the number of polio cases reported; and if any cases of acute flaccid paralysis were found, to label them as something else, and keep them off the official count. The GPEI scientists have since developed smarter scientific methods to monitor field testing, which would enable them to trace more accurately the origins of polioviruses, and expose fraudulent methods of reducing the cases counted. In other countries, people are warned by powerful dissidents that if they collaborate with the immunisers, their children will be kidnapped and their houses burnt. (These are not idle threats). **Modern Scientific Methods are capable of sending explosives that kill everything that lives in quite large territories; but they are not yet capable of dropping health and well-being from the sky onto millions of people who live in marginal territories, have difficulty feeding themselves and who trust neither their own government, nor any international agency or task force.**

--- \*{*The Guardian* (online), 19 Jan. 2018, local correspondent Haroon Janjua, Islamabad: "Mother and daughter shot dead while immunising kids from polio in Pakistan."}

--- [Admission of interest: the compiler spent 16 years working in or revisiting Pakistan, and monitoring polio trends at Peshawar, the centre of the region causing much of the resistance to the GPEI, between the Pakistani and Afghan populations, the Taliban and the loosely administered 'tribal territories'. The Armed Forces of Pakistan, and of the Soviet Republic, and of the USA, and earlier of Britain, spending billions of dollars, roubles and rupees, have all fought across these areas and failed to control the populations, or to stop the flow of weapons, or even to control the flow of heroin in these areas. It's not impossible that polioviruses might be controlled and eliminated, some day -- but it has never looked likely, if one has lived there for a long time and come to understand how the health services work, and how ordinary people think and behave. There are lakhs {hundreds of thousands}



of honest, decent, hardworking and sometimes brave people at all levels in the Afghan and Pakistani health services - but they do not all think in straight lines, nor do they all jump to attention, nor do they readily risk their lives merely because people in Islamabad or Geneva or New York wave their arms, issue orders, and flourish their cheque books.]

--- [The GPEI experts and the IMB are correctly aware that 'nobody is free of polio until all are free of polio'; i.e., that if any live polioviruses are allowed to live, to mutate and to attack marginal populations, they may transfer out and attack more widely, especially in areas where immunisation coverage has been patchy, and in war or conflict situations where many people are refugees living in extreme poverty and with low immunity as they flee across borders. However, after the hopeful expenditure of billions of dollars on Polio Eradication, the 'experts' may be reluctant to extend their awareness: 'Nobody is free until all are free' has a wider lesson in the global 'village'. More damaging than polioviruses, the most powerful and widely-distributed viruses seem to be those that continue to reproduce in human hearts and minds, and which encourage governments and armies, in the name of 'Defence', to prepare and plan and acquire and use the weapons to kill hundreds of thousands and drastically injure millions {of 'other people' and their children}, and cause tens of millions more 'others' to flee desperately across countries, without food, water, clothing or shelter; while also carelessly polluting water, land, food and atmosphere in vast engineering projects and extractive industries that enrich anonymous corporations while impoverishing all human populations {including 'us and all our children'}.]

IODINE Global Network (2017) Global Scorecard of Iodine Nutrition in 2017, in the general population and in pregnant women (PW). Zurich: IGN. [Found open online.]

In the face of ongoing global campaigns for inexpensive and practical increase of iodine nutrition through iodination of salt, several African countries continue to report insufficient levels of iodine nutrition, i.e. Angola, Burkina Faso, Madagascar, Mali, Mozambique, South Sudan, Sudan; while other African countries supply no recent data. (See KELLY++, Appendix 1).

Al-ISSA, Ihsan (2000) Does the Muslim religion make a difference in psychopathology? In: I. Al-Issa (ed) *Al-Junun: mental illness in the Islamic world*, 315-353. Madison, Conn.: International Universities Press.

This chapter reviews a wide range of research and experience from Arab, European and American sources, to learn whether the finding, that religiosity in Jewish or in Christian contexts conduces to better mental health, may be generalisable to Islam, as sometimes claimed in Muslim discourse. Because Islamic societies are often collectivist in nature, as against the trend toward individualistic western Judaeo-Christian societies, an evidence-based comparison of mental health is hard to make, or to attribute to religious causes. Therapy and judgement of what is good mental health in Islamic countries more often focuses on inter-dependence and adjustment within society, rather than independence and self-actualisation. Given the methodological problem, a neutral answer is returned. (92 references)

IWAKUMA, Miho (2001) Ageing with disability in Japan. In: M. Priestley (ed) *Disability and the Life Course. Global perspectives*, 219-230. Cambridge University Press.

Reports interviews with "more than thirty" older Japanese people with disabilities, mostly men with spinal cord injuries, discussing a variety of topics, with some analysis. While specifically religious beliefs are not reported, the reflections on ageing with disability often reflect 'life stance'. A common theme was that interviewees felt they were better prepared for the problems of ageing than the non-disabled population. They had already had plenty of experience of coping with physical difficulties, of dependency on others (especially wives), and of facing uncertainty about the future. A number of interviewees had been close to death and had survived against pessimistic prediction; they no longer feared death or the future.

IWAMA, Michael K. (2005) Situated meaning. An issue of culture, inclusion, and occupational therapy. In: F. Kronenberg, S.S. Algado & N. Pollard (eds) *Occupational Therapy without borders. Learning from the spirit of survivors*, 127-139. Edinburgh: Elsevier, Churchill Livingstone.

The Asian author, working in Canada, examines the "individualistic, autonomous, analytic, monotheistic, materialistic, and rationalistic tendencies" deeply embedded in [some? male?] Western assumptions, training, practice and measurement in Occupational Therapy, and notes a sharp conflict with the cultural and conceptual foundations of the East Asian societies, with Japan as a particular example. He shows diagrammatically the "East Asian version of the cosmological myth", in which the animal, vegetational, human and spiritual entities are a co-existent, inter-active unity. By contrast, the "Western variation of the cosmological myth", is portrayed as an hierarchy with one radically transcendent deity, separated from the individual human self, which is in turn set apart from the other humans, who collectively attempt to have dominion over the animals and natural environment. The Western\* version underpins a notion of 'occupation', as the activity of an independent self, busily doing, mastering, controlling, gaining victory (...over the others, the environment, the world, the universe). Such notions may appear meaningless, mad, or seriously destructive, when viewed by societies that value social dependence and interdependence, and are "oriented toward a harmonious existence with nature and its circumstances."

--- \*[There are of course many different cosmologies held by 'Westerners', some of which are far from the caricature of the rugged individualist paddling his solo canoe against every opposing current!]

JAIN, Padam Sain (1916) A preliminary note on pauperism in India. *Indian J. Economics*, 1: 351-368.

Jain, a Reader in Economics at Allahabad, gave a dispassionate view of pauperism, defining terms with care and taking only the mildest swipe at the inability of (British) government officers "to realise properly the wants of the lowest classes of society". He noted "the poor sick or permanently broken down adult who would not be destitute but for his sickness or infirmity ... the aged and the infirm with no one to look after them" as well as "admittedly a very large number of persons in this country who cannot get even a square meal every day, and whose health and strength are therefore continuously failing, but who would laugh to scorn the idea of receiving charity." Jain defined the minimum "necessaries of life", and noted that at the King's Poor House, Lucknow, "for the relief of the poor, the blind, the lame, the maimed and infirm from old age" an average of just under 40 rupees per capita was

expended. His main point was that almsgiving in India was "proverbially indiscriminate", which favoured the able-bodied, plausible rogue, who could move about fleecing the kind-hearted, as against the "poor lame old man", who is fixed at one spot and "often fails to secure for days at a stretch even a single morsel of food between his teeth." Jain called for the matter to be studied further...

JEANSELME, Édouard (1931) Comment l'Europe, au Moyen Age, se protégea contre la Lèpre. *Bulletin de la Société Française d'Histoire de la Médecine* 25 (1 & 2): 3-155.

Formidable, book-length study, ranging widely through archival evidence, from Southern Italy to the Nordic countries, citing and quoting material from a long 'Middle Ages' (6th to 19th century CE), with 18 pages of "Pièces Justificatives" giving longer quotations, mostly in French, Latin, and Scottish. Leprosy provisions, intended both to protect the population and to provide the basic necessities of life to those with leprosy, may act as surrogate indicators for both the dismal socio-economic conditions in which the poorer classes lived, and the range of legal and humanitarian responses offered to those with any disability or chronic illness, whether by medical treatment, religious exhortation, incarceration, exclusion, asylum, daily bread from the parish, maintenance within the family, street begging, or itineration around a circuit of temporary shelters.

--- [Obviously, Europe has always been very close to North Africa, and through many centuries ideas and medical practices and religious beliefs and infectious diseases passed freely between the two continents. Jeanselme's historical account from Europe has some relevance for understanding the thinking of people in Africa towards an identifiable group that was widely feared, yet were recognised in many places as still being 'human' and therefore needing food, water, shelter, and some recognition of their humanness.

{Jeanselme's detailed studies incidentally serve to demonstrate why M. Foucault's statement that "at the close of the Middle Age, leprosy disappeared from Europe", so that leprosariums were standing empty, to be filled by the grand incarceration of the mad, was a wild over-generalisation. The documented facts were otherwise.}

Al-JIBALY, Muhammad. (1998) *The Inevitable Journey - Part I. Sickness: Regulations & Exhortations*. Arlington, Tx: Al-Kitaab & Al-Sunnah Publishing. xxviii + 143 pp.

This is a carefully designed work of Islamic instruction, with many terms transliterated from Arabic and explained (see also Glossary and Index of Arabic terms, pp. 137-142). The bulk of the book concerns 'sickness' (pp. 1-100) including the proper response by the sick person (27-50), and the obligation of the Muslim community to care for sick people (51-68). All of this is illustrated with quotations from the Qur'an and from reported hadiths (Sayings of the Prophet Muhammad), with sources shown in footnotes. Then pp. 101-134 concern "Regulations for the Disabled", from similar sources. Meanings of disability and duties of the Muslim World Community (Ummah) towards disabled people are discussed, along with some of the merits and drawbacks of 'western' rehabilitation approaches.

--- [Thus, for example, the invention of Braille for blind readers is praised, along with Sign Language, and various gadgets, lifts and computers that can be used to enlarge and facilitate the lives of disabled people. The drawbacks of 'western' approaches would be having aims based on a false view of life, unrestrained by religion, morality or tradition; and encouraging disabled people to take up "wasteful practices and hobbies, such as trivial

drawing, card games, backgammon, etc" to the neglect of their 'spiritual rehabilitation' (pp. 115-117).] The material specifically on disability appears to derive from Arabic writings by Abd ul-Ilah Bin `Uthman ash-Shayi and by Abd ur-Rahman `Abd ul-Khaliq (as per references shown on p. 135-136). It is noted that "Many of the prominent scholars of *Islam* were afflicted with serious disabilities", and a list is shown (120-121).

KAKAR, Sudhir (1984) *Shamans, Mystics and Doctors. A psychological inquiry into India and its healing traditions*. London: Unwin. ix + 306 pp.

Writing this book, as Dr Kakar did, with a "Homi Bhabha Fellowship" (p. ix), is not an infallible recommendation to Western thinkers in 2018 who must wrestle with world affairs interpreted by Trump and Tweet. Happily, there was no insistence that the English language be tortured (for the sins of the brutal colonialists) and reconstructed incomprehensibly (to dazzle post-colonial MA students) in the final book. Dr Kakar also thanks his editors at Knopf, for making him "realize clearly how sometimes less is more"! Kakar displays his endless interest in what he saw happening across India, and tells it in readable style and detail. He was in the process of becoming one of the most appreciated of the Indian interpreters of Eastern healing practice and thought to the literate Western world. He "takes us into a world of Islamic mosques and Hindu temples, of huge gatherings and small, dingy consultation rooms. Drawing on three years research in India and his own psychoanalytic training, he reveals a world where patients and healers blame evil spirits for emotional disturbances; where dreams and symptoms are interpreted in terms of deities and legends; where trances are induced to bring out and resolve conflicts of repressed anger, lust and envy and where diet, exercise and conduct are seen as essential to the preservation of a healthy mind and body." {This quote is the publisher's blurb, yet surprisingly accurate.} The end notes (pp. 279-297) and index (299-306) are sufficient for careful study, without making an academic tome. Relevance to Africa is evident, though there are very few direct references.

--- [**KINDLY NOTE:** some material in the 'Tantric' chapter should not be prescribed for student reading without careful reflection, whether in India, North America, or most African nations. In the curious 2018 'climate of public opinion', there could be serious trouble.]

KARMI, Ghada (1985) The colonisation of traditional Arabic medicine. In: Roy Porter (ed) *Patients and Practitioners. Lay perceptions of medicine in pre-industrial society*, 315-339. Cambridge University Press.

Shows classical Arabic medicine permeating beliefs and practices of traditional medicine in rural Syria and Jordan surveyed in late 1970s. Some notes on epilepsy, mental illness, bone-setting. Extensive linking and referencing of historical material.

KAVALE, K.A. (2002) Mainstreaming to Full Inclusion: from orthogenesis to pathogenesis of an idea. *International J. Disability, Development and Education* 49 (2) 201-214.

Detailed, critical review of the trend toward mainstreaming disabled children in ordinary schools, from the 1975 Education for All Handicapped Children to the present, in North America. Pressure from ideological conviction has been strong, while research evidence

supporting the trend has been less convincing, as many factors necessary for successful mainstreaming continue to be absent or weak. (90 references)

KELLY, F.C. & Sneddon, W.W. (1960) Prevalence and geographical distribution of endemic goitre. In: F.W. Clements; J. de Moerloose; M.P. de Smet; J.C.M. Holman; F.C. Kelly, P. Langer, et al. (eds) *Endemic Goitre*, pp. 27-233. Geneva, World Health Organisation. {With mapping figures. 471 pp.}

The longest contribution to this global study is that by Kelly & Sneddon, reviewing 1369 items of available literature worldwide (bibliography: pp. 200-233). In the whole of Africa, the authors review goitre from 113 survey reports and journal articles and other communications, usually with comments on geography, water sources, any depletion of iodine in soil, typical nutrition, differential effects of goitre on men and women, and attempts at prophylaxis by salt iodisation, by country (pp. 114-148; plus references No.s 956-1069, pp. 222-226). The areas where endemic goitre has been found are shown approximately by red cross-hatching on an Africa outline map (figure 5, p. 116) including Madagascar (other islands are too small for hatching to appear; but reports are discussed e.g. on 'Madeira and Canary Islands', with a higher prevalence on La Palma). On pp. 131-137 there is description of goitre reported in Egypt, Sudan, Ethiopia, Eritrea, French and British Somaliland, with references mostly from 1905 to 1958 (p. 224), though some of the latter include historical witnesses to African goitre from the travels (1513-1515) of Johannes Leo ('Leo Africanus'), from Mungo Park (1795-96) and others. The authors noted the Lom-Kadei area of Cameroun as "highly interesting", where R. Masseyeff in 1953 examined 4397 adults and children: 48% of males and 71% of females had goitres. People were known as "particularly lethargic and indolent wherever goitre is most in evidence. Every small village has one or two goitrous cretins. These pathetic creatures live an almost purely vegetative existence, insensible of their surroundings and unable to do more than eat and sleep." (pp. 126-128) [Since the date of publication, 1960, there has been massive worldwide progress on the elimination of Iodine Deficiency Disorders, as summarised in data on IDD prevention in UNICEF's annual *State of the World's Children* (SOWC) reports, and also tabulated by the IODINE Global Network, above.]

KENNEDY, Donald Gilbert (1931) Field notes on the culture of Vaitupu, Ellice islands. *Journal of the Polynesian Society, containing the Transactions and Proceedings of the Society*, Vol. 40 (No. 158, June 1931) Memoir Supplement, pp. 247-264. [An earlier part was published in March 1931, pp. 217-246.]

In this section, pp. 247-257 report on "Sickness and its treatment". Two traditional forms of treatment are particularly noted: cauterization (pp. 248-250) and massage (locally known as *puke* (250-255). The main informant on massage was Luao, aged about 46 and reputedly one of the most skilful practitioners on the island, who had learnt the skills from his mother, Maleta. Observation of other masseurs, and their communications, corroborated Luao's account. Kennedy first explains the masseurs' theory of physiology and its disorders, which was probably connected with the high incidence (over 60% in adults) of filariasis. Fifteen distinct kinds of massage are then described (252-254), being applied to different parts of the body by the masseur's palms, fingertips, both hands, point of the elbow, sole or heel of the foot, and involving various kinds of movement such as friction, pressing,

kneading, pinching, striking, manipulating, squeezing, pulling, stretching, with different applications for various kinds of disorder. [The European observer was impressed by the advanced level of skills displayed by healers in this remote Oceanic location.]

KHAFI KHAN. *The Muntakhab Al-Lubab*, II: 556-559, Bibliotheca Indica, Calcutta. [Relevant passage is given in English by M. Mujeeb (1967) *The Indian Muslims*, London: Allen & Unwin, p. 67.]

The 17th century sufi Mir Nasiruddin Harawi (died 1708) lived most of his life with paralysis of both legs and left arm. With his one good hand he was able to support himself very modestly by writing copies of the Qur'an. Nasiruddin was an influential teacher, independent thinker, and fearless critic of men who exercised power unjustly and trampled on the weak.

KHATTAB, Mohammad Salih (1995) *A Comprehensive Review of the Status of Early Childhood Development in the Middle East and North Africa. For the Education Section of UNICEF Middle East and North Africa Regional Office*. Amman: UNICEF. 147 pp.

KIM, S.J. & Kang, K.A. (2003) Meaning of life for adolescents with a physical disability in Korea. *Journal of Advanced Nursing* 43: 145-157.

Interviews were conducted with 88 physically disabled adolescents, to learn their views, against a background of some negative public attitudes towards disability. They find their lives more meaningful when they have the space to live fairly normally.

KLEINMAN, Arthur; Wen-Zhi Wang; Shi-Chuo Li; Xue-Ming Cheng; Xiu-Ying Dai; Kun-Tun Li & Kleinman, J. (1995) The social course of epilepsy: chronic illness as social experience in interior China. *Social Science & Medicine* 40 (10) 1319-1330.

Detailed study of 80 people's lives with epilepsy, by experienced medical anthropologists, neurologists and other health personnel in Shanxi and Ningxia Provinces, P.R. China, in 1988. (The sample of 40 in Ningxia included 17 Muslims). The financial costs entailed by epilepsy often weighed heavily on families, especially in the poorer regions. "The social welfare net of communalized life is no longer available to prevent the poorest in China from falling into extreme poverty ... The economic constraints on the social course of epilepsy and other chronic illnesses often means the difference between receiving treatment and not, between remission and relapse." Families are forced into "humiliating and often unavailing negotiations with creditors, who are themselves under financial pressure." Persisting traditional notions of epilepsy may cause the family as a whole to suffer stigma and loss of status. "Ideas that attribute the cause of epilepsy to bad fate, heredity, negative geomantic forces, and the malign influences of gods, ghosts or ancestors -- all are accusations against the moral status of the family ... Over the long-term delegitimation is routinized, so that patient and family are regarded as morally bankrupt, and capable of bankrupting others." [Since Kleinman et al collected their data, no doubt there have been some plans to relieve the burdens of disabling chronic illnesses in conditions of serious poverty; yet there are few countries in the world that have been able to give this task sufficient priority to making a lasting impact, especially in rural areas.]

KOHRMAN, Matthew (2005) *Bodies of Difference: experiences of disability and institutional advocacy in the making of modern China*. Berkeley, Ca.: University of California Press. xvii + 285 pp.

Amid much theoretical material, discussion of terminology, and focus on the body of Deng Pufang and the Federation he founded, Kohrman provides some ethnographic observation of people with disabilities living in considerable poverty in rural areas, of the personal effects on them of vast social changes taking place in recent decades, and of the "Rehabilitation Poverty Loans" run by the China Disabled Persons' Federation. Under Chairman Mao, the old kin-based mutual support system had been replaced by communal production teams, basic health clinics that provided practically free services to local populations, and some ethos of voluntary neighbourly service in the cause of humanity and nation-building. As national politics changed, the free health services crumbled and the communal ethos was replaced by competitive individualism, while the old kinship obligations had disappeared. Some disabled people were thus stranded in serious poverty, being able to tap neither the traditional resource, nor its ideological replacement.

KORDI, Gohar (1991) *An Iranian Odyssey*. London: Serpent's Tail. 141 pp.

Born in a remote, Turkish-speaking village of Iran in the late 1940s (pp. 30, 141), Gohar Kordi lost her eyesight from smallpox when about three years old (p. 13), taking some time to realise what this meant (p. 28). Most of her description of early life seems to be constructed from what she learnt much later, interspersed with fragments of memory. Through the early blind years, her mother repeated to the world that the little girl had brought bad luck to her family, she was a misfortune, useless, a burden. Another woman said "Don't say that in front of her." "Oh, she doesn't understand," replied mother (p. 14). Gohar got the message loud and clear.

--- If this were a novel, it would be criticised for overloading the odds and miseries against the protagonist. Gohar's father was a Turk, a hawker of goods around the villages, broken by torture during the Russian occupation, later an unemployed city labourer (28-30, 50-51). Her mother Mahi was Kurdish, and became a washerwoman, earning small change or a portion of food (28, 51-54), and later a domestic servant (67-68, 71). The languages of education were Farsi and English; the chances for blind girls' education were minimal; and for a poor, ethnic minority blind girl, nil. Her family moved to Teheran with thousands of others in flight from rural poverty, to the deeper hell of urban slums. Eventually blind Gohar was put on the street to beg. She collected a boxful of small coins, her first earnings: "It was all mine. Mine only. My brother didn't have a money box. This was wonderful." For once in her life, she acquired some value. Then the adults took away her money, to buy food. Gohar saw for the first time that "I'd been used, misused" (55-57), a theme of injustice that would recur. Swept up by the government beggar-control lorry, Gohar was dumped in a Beggars' House, from which her mother reclaimed her reluctantly two months later. Meanwhile her baby sister had died of starvation - Gohar's fault, of course, for failing to beg more money (58-61).

--- Gohar entered education by listening to people, the radio, everything, and using her brains to make some sense of it all. Befriending a girl who went to school, Gohar listened to her reading her schoolbooks. "I would in turn explain to her what she had read" (72-73).

How did the girl who never went to school understand the meaning? She did the same trick with her younger, school-going brother, hearing and explaining his school books to him (77). From a neighbour's house, Gohar, aged 13, contacted a radio phone-in program, then got an older friend to help her write, saying she was dying of uselessness, boredom and frustration, and was desperate for a proper education (75-79). Things began moving, though hardly in a straight line. Eventually Gohar was given a place at Noorain [Nur Ayin] boarding school for blind girls at Isfahan, run by European missionaries (86-95). The other girls showed Braille to Gohar, who leapt on it and was reading within a few days. During the first year she caught up five grades, and three more in the second year (95-97). Brailled material then ran out, and "we had to transcribe books as we went along". Further time went on coping with sexual abuse from one of the senior teachers. Gohar absorbed textual knowledge like a famished tiger, but emotionally was a vulnerable small child. One means of flying turned up in the headmistress's office: a typewriter. Gohar mastered it in a few days, then went on to a Farsi typewriter. With skill on these machines, and also on a violin, the world could be conquered (112-122) -- with a few obstacles. "'Why should you go to university? I didn't go to university', the deputy head told me." (120). Gohar went anyway, still getting the other students to read textbooks to her, then explaining to them what they had read (129), still being used and abused, still finding a few true friends.

--- Heedless of the fact that her program was impossible, Gohar ploughed onward through hard ground, becoming the first blind graduate from Teheran University in 1970 with a BA in psychology, while around her student protests were raging and repression was tightening in a long-drawn-out revolution that would sweep away the Shah. The book came 20 years later, written in England. (In 1995, Gohar the Psychologist would dig further into her bitter early experience, and wrote 'Mahi's Story', with greater understanding of her mother's struggle for freedom and life). Gohar Kordi's 'Odyssey' is perhaps most remarkable for the low-key telling of the author's achievements. She did what she felt driven to do, putting aside the rage, the despair, the exploitation, the obstacles.

KUIPERS, Pim & Sabuni, Louis Paluku (2016) Community-Based Rehabilitation and Disability-Inclusive Development: on a winding path to an uncertain destination. In: S. Grech & K. Soldatic (eds) *Disability in the Global South*, 453-467. Springer International. Kuipers and Sabuni review several decades of development of CBR and some modern trends, noting some progress and some evolution of aims, goals and jargon, yet with a continuing lack of coherence and clout. CBR has seldom carried much weight within the WHO edifice [and is now tucked away in a corner as a subsidiary of 'Traffic Accidents...'] Participation with Disabled People's Organisations remains weak. Of particular interest to the present bibliography is the authors' perception that "The roll-out of the CBR approach also appears to have strongly adhered to Western secular conceptualizations and sensitivities, deliberately ignoring religion and spirituality"; and the "importance or potential of religion is not addressed in official CBR documents in any meaningful way." The authors find this absence curious, since "religion is a critical source of meaning and identity for the majority of people in the global South, and that disability is immersed in this meaning system" (p. 458).

--- Further, "Western concepts of individual 'empowerment' have been emphasized in CBR



up to now, which may be "inconsistent with the philosophy of *ubuntu* (human interconnectedness) in some African contexts." (458) Consequently, "the CBR world has not had serious discussion about the incorporation of faith, spirituality, beliefs and religion into practice. Issues such as karma, destiny, fate or the Islamic concept of *taqdeer* have rarely, if ever, been discussed. Moreover, potential connection between religious beliefs and well-being, hope, quality of life, resilience or even the supportive and affirming potential of communities of faith and religious congregations" have been mostly absent from CBR discourse. (459) [This may be linked with a similar failing in ICIDH-2 and the ICF (International Classification of Functioning), cf. OFFENBÄCHER++, App. 1, below; also ROSSIGNOL.]

KUMASAKA, Y. (1967) Iwakura: early community care of the mentally ill in Japan. *American J. Psychotherapy* 21: 666-676.

Describes a tradition of 'convalescent inns' near Daiun Temple, at Iwakura village, dating from the 11th century, when the daughter of Emperor Gosanjo (reigned 1068-107) became mentally ill. The young woman eventually recovered after spending some time at Daiun Temple. As a result, many more people with mental illnesses were brought to Iwakura. To accommodate them, villagers used their own houses. The village also had a tradition of 'foster care' for children of noble families at nearby Kyoto. These traditions continued, with shifting trends, over centuries. A change occurred late in the 19th century, when an increasing number of violent and excitable people could not well be accommodated in the small and lightly constructed rural houses, so a more formal hospital was instituted. A physician, Eikichi Tsuchiya, appointed in 1901 to run the hospital, developed it as an acute referral institution, with the village services as intermediate therapeutic facilities for patients whose conditions was improving and had prospects of eventual return to their own homes. The custom is now said to be extinct, but the author had little trouble in locating one village house where three people with chronic mental illness were still being cared for by the elderly householders.

KUROYANAGI, Tetsuko (1981 / 1996) *Totto-chan. The little girl at the window*, translated (1996) by D. Britton. Tokyo: Kodansha International.

The author recalls a fascinating series of events, exploratory learning activities, and her classmates at Tomoe Gakuen, the small primary school situated in a line of old railway carriages, which she attended in Tokyo until 1945, under the remarkable pioneer educator and musician Sosaku Kobayashi (1893-1963). She had been expelled from her first school because her behaviour was 'different' and incomprehensible to the teachers and thus she was a 'bad girl'. Kobayashi was a kind of genius at recognising many different ways in which children could learn, as well as perceiving the 'rhythms of life' in music, dance, children, nature, everything. He had had experience of teaching in a child-centred school and also spent several years in Europe absorbing progressive educational ideas, some of which he adapted for the context of Japanese culture when he started his own school in 1937. Some of the pupils had physical impairments (pp. 30-31, 55, 59-64, 87-89, 103-105, 111-112, 126-128, 141, 168-171, 202-204), and care was taken to include them appropriately in all activities. One of these children was a special friend of Totto-chan (as the author was known), who as an adult was much involved in working with deaf actors

(200). The original book sold 4.5 million copies in its first year, and has iconic status as a guide to educating children with respect for the soul and spirit of each one.

LAFLEUR, William R. (1992 / 1994) *Liquid Life. Abortion and Buddhism in Japan*. Princeton, NJ: Princeton University Press. xviii + 257 with illustrations

Detailed study of historical and current practices, from infanticide through abortion, and some ways in which these raw events have (to some extent) been domesticated within a context of Japanese Buddhist belief. Disability appears briefly, in the 'origins' story of the 'leech-child' (23-25), and cited remarks on common beliefs associating disability with karma (162). As an American and a Professor of Japanese, Lafleur is impressed by the ways in which Japanese society and religious understanding manages to contain and resolve a seriously bitter and divisive issue, and to maintain a strongly cohesive, successful and remarkably healthy society, in contrast to the strongly adversarial American approach of legal battle and campaigns of partisan hatred, with one side winning, the other side losing, and no reconciliation or mutual recognition (pp. 210-217).

--- [Some academic reviewers, while appreciating the complexity of the field tackled by LaFleur, have disagreed with some of his arguments.]

LEIGHTON, Taigen Dan (2003) *Faces of Compassion. Classic Bodhisattva archetypes and their modern expression*. Boston: Wisdom Publications. 349 pp.

This interesting and good-humoured book, with at least 43 illustrations, builds bridges between East and West, and between 'textual' and 'iconographic' communication. [Two of the illustrations, "Manjushri goddess on bicycle" (p. 127), and "Samantabhadra goddess on bicycle" - the latter having a baby elephant balanced on her knees, steering the bike with its front legs, while the goddess pedals gracefully with her hands pressed together in perfect balance - defy any simple periodization, as indeed does the Burmese leader Aung San Suu Kyi who appears as a living exemplar of the second compassionate cyclist. Those active goddesses are wittily portrayed by the Japanese artist-activist Mayumi Oda (pp. 165-166), who provides some further graphics in this book.] Leighton leaves the "scholarly, exhaustive survey" to others, but aims for "general surveys of the history and modes of the bodhisattvas as a reference for seasoned Buddhist practitioners and students" or an introduction for "spiritually interested newcomers". The book is pepped up with modern western examples, some of whom might be surprised to find themselves elevated among the compassionate saints of Buddhism; but Leighton generously interprets them as following the various Bodhisattva archetypes identified in the text. The classic Bodhisattvas' various Asian names, characteristics and "major elements of iconography" are conveniently tabulated (pp. 313-316), and the index (pp. 339-348) is sufficient to track down the good folk who are suggested as late exemplars of sanctity.

--- Some of these involve managing life with disability or chronic illness, appearing with the iconoclastic model of Vimalakirti (275-276, 280-282), or with undertones of Jizo as 'wounded healer' (pp. 224-225). Probably the best known would be Helen Keller (pp. 303-304, 310), within (and beyond) the archetype of Vimalakirti. Keller's teachers helped her to arise from a world having very little communication, to become one of the world's best-known spokeswomen for disabled people. Yet Keller went far beyond that role, in her determination to understand and do battle with social injustices and inhuman practices.

Less obvious, but well chosen to alert millions of film-watching men who never heard of Helen Keller, is 'tough guy' Clint Eastwood (pp. 28-29, 301-303), whose later work has depicted "an older man trying to meet the infirmity of aging with integrity ... in the midst of ailments, fading capacities, and the effects of previous life choices ... much as Vimalakirti used his sickness to point out the fundamental sickness of all human beings to the bodhisattvas." Leighton also manages to pull the Japanese Zen monk Ryokan (1758-1831) out of his quaint image of pretended idiocy and faux-naiveté, to find him a place in the future with Maitreya, and as a subtle communicator with a 'difficult' teenager whom a relative had asked him to check over: "Ryokan visited the family and stayed the night without saying anything to the son. The next morning as he prepared to depart, Ryokan asked the boy's help in tying up his sandals. As the lad looked up from what he was doing, he saw a tear roll down Ryokan's cheek. Nothing was said, but from that time the boy completely reformed." (pp. 260-261)

LEUNG, Angela K. (1996) Relief institutions for children in Nineteenth-Century China. In: A.B. Kinney (ed.) *Chinese Views of Childhood*, 251-278. Honolulu: University Hawaii Press. Following earlier services, the 19th century efforts made greater provision for foundlings' and orphans' health, adoption or sponsorship, education and well-being. "Merely collecting sick or moribund infants for institutional treatment was no longer enough." (p. 264) The needy child began to emerge as "a more complex but real social being", as part of a response to the increasing pressures for change in late Qing society. More thought was given to equipping children for the future, by vocational training, with special consideration for those with greater disadvantage, e.g. female or disabled. "Blind boys would usually be taught fortune-telling. Those who were too handicapped to learn anything or to get married would be transferred to hospices for adults, or to religious institutions, when they came of age." (pp. 265, 267)

LEWIS, Todd (2005) Altruism in Classical Buddhism. In: J. Neusner & B. Chilton (eds) *Altruism in World Religions*, 88-114. Washington DC: Georgetown UP. xiv + 202 pp. Quoting from the *Catusparishad Sutra*, "just as the Buddha Shakyamuni began his teaching", Lewis begins with: "O monks, wander! We will go forward for the benefit of many people ... out of compassion for the world, for the good, welfare, and happiness of gods and humans." (Translated by Ria Kloppenborg, 1973, *The Sutra on the Foundation of the Buddhist Order*, Leiden: Brill). The expression of that care for the benefit and welfare of others is then illustrated with reference to a varied benevolence, with teaching on karma, merit and demerit. Lewis notes that historical Buddhist texts reach us via a "monastic elite", whose "male, ascetic voice is overwhelmingly that of virtuoso renunciants", having comparatively little space for the "Buddhist householder's life circumstances or worldview" (p. 93); nevertheless the compassionate activities were prescribed not for the monks alone, but should and would become the normal practice of many householders as the teaching spread across Asia. Generous provision of shelter, food and water, and maintaining clear pathways and bridges, would benefit both the itinerant teachers and everyone else, with or without bodily impairment, as well as benefiting the giver (who had also been close kin to all those others in earlier births).

--- There is some elaboration of detail in the listed good works, for those with the means to

"build hospitals and provide needed food and medicine for the sick", as well as a more ambitious program of road maintenance, water management, orchard cultivation, and guest house provision (pp. 96-97), within Mahayana sources. Disabled persons do not appear as such, but may be assumed to pass unnoticed or to be among the sick and the beggars, to whom charity is due, "Even if it is just a piece of fruit / And giving them a pleasant, cheering glance" (p. 98, from the Mahanirvana Sutra, attested to in 300 CE, transl. R. Robinson, 1954, *Chinese Buddhist Verse*, London, 62-63), which should earn the donor a rebirth in the Pure Land. The accumulation of herbal and healing lore and of "monastic hospices and infirmaries" also seems to have made significant contributions and innovations in Asia-wide health care, as well as establishing regular educational opportunities (pp. 103-104, 108).

LINANT de Bellefonds, Y. (1973) *Traité de Droit Musulman Comparé*. 3 vols. Paris: Mouton.

III: 262-286 discusses meanings of words for mental disabilities, and provisions for guardianship, in the various legal schools of antiquity and modern times.

MARTIN, Philip (2000) *The Zen Path Through Depression*. New York: HarperOne. xiii + 146 pp.

Martin, who is described on the jacket as having "practiced Buddhism for more than twenty-five years" and also having "worked as a psychiatric social worker and case manager for twenty years" in the US, wrote this book not as one of the 'professionals', but as someone who found himself in a severe depression in his late 30s, "lost in unfamiliar territory, in a frightening yet beautiful place ... Depression had stolen the life out of all I had found life-giving, and spiritual practice was no exception" (p. xi). Eventually, Martin learnt to make the journey forward and to deepen his understanding of himself and the world. He compiled this series of short (two to four page) epigraphs and discussions, each with a suggested 'Further Exploration', within Zen traditions, for people who may be taking a journey through depression and need to find new resources within themselves.

--- **Health Note.** The author and publisher give a prudent caution: "While the techniques described [here] may alleviate symptoms of depression in some individuals, depression is a serious illness that may in some cases require medical treatment by a licensed health-care professional, and readers are encouraged to seek such advice." [Some day, medical professionals might also make it standard practice to reciprocate, humbly suggesting to sufferers from mental disorders that they could seek guidance from a recognised spiritual guide or philosopher.]

AL-MATRODI, Abdurrehman Sulayman (1991) "The Disadvantaged in Islamic Society." Unpublished PhD thesis, Department of Arabic and Islamic Studies, Glasgow University. 281 pp.

[Seen on microfilm.] The thesis reviews Islamic teaching on 'Man and Society'; 'Disability' (definitions and types; responses within Muslim communities (pp. 83-88); 'Poverty' (and responses within Islam to relieve poverty, including the provision of Zakat); and 'Other Islamic Resources', with regard to human efforts for a healthy and balanced society. Implementation of these teachings in Saudi Arabia is presented as an example of modern

practice. Qur'anic verses cited, and Saudi rules on Zakat, appear in Arabic appendices. Bibliography lists 91 items in Arabic, and 42 in English (16 being books on disability in UK or Europe, from the early 1980s).

--- A summary of the "principles underlying the Islamic attitude towards disability" is given (pp. 83-84), comprising: (1) Recognition that "the human being consists of body, mind and soul, and that a disability affecting any one of these involves concomitant effects on the others." (2) There are limits on everyone's "ability, to perform even his duty", so Islam does not "require anyone to act beyond his ability". (3) Islam takes into account the maturity, or lack of it, in anyone's body, mind and soul, so "performance of any Islamic duty can be required only from those in whom this threefold maturity is present." (4) Even when these mature capacities are present, a person's "obligations are waived if he is temporarily incapacitated." (5) Acting under compulsion or duress "is also counted as a disability in Islam; the person compelled is thus absolved from responsibility." Examples are given of these features, "to illustrate Islamic concern for the disabled, the weak and the oppressed" (p. 87).

--- A tentative definition of disability in Islamic terms is suggested: "Disability is a state of failure to produce and perform what a normal person can produce or perform, or failure to control actions or behaviour in a way that a normal person can, and thus to differ from those who constitute the normal categories of society." (p. 87) The thesis concerns itself with the first part ("failure to produce and perform what a normal person can produce or perform"). An appropriate role for the Islamic State is illustrated (p. 200) from the Caliphate of Abu Bakr: "the most significant, as both giving the same right to non-Muslims as Muslims alike, and designating particular classes of people as eligible for such relief, is that of the peace treaty agreed between Khalid b. al-Walid and the people of al-Hirah. Khalid reported to Abu Bakr, 'I have promised them to give financial support to the elderly who can no longer work, to those who have suffered disability and to those who were rich and have become poor; I have exempted these from paying taxes, and they will be paid from the treasury.' (Abu Yusuf, *Kitab al-kharaj*, p. 144)."

MATSUMOTO, David (2004) An approach to the question of human-ness in contemporary Western Shin Buddhism - the soteriological significance of disability. In: *The Annual of the Institute of Buddhist Cultural Studies*, Ryukoku University No. 28 (2004) pp. 26-17. [Open online]. {Pagination runs from first page (26) to last page (17). Presumably the printed book has Japanese and English text, and opens from right to left throughout.}

Here Matsumoto confronts the fundamental question "What does it mean to be a human being?", and methodically builds bridges between some medieval and modern Japanese Shin [Zen] positions, and some Western thinking of a feminist and Disability Studies nature, and recent Western theologising on disability, moving toward construction of a "Western Shin Buddhist Theology of Disabilities". From 'Pure Land scriptures' he outlines (pp. 23-22) a traditional condemnatory / retributive understanding of disability arising from a 'mountain of evil karma': "Demigods keep records of offenders' acts and make sure that they are punished. That is why some are poor and destitute, corrupt, beggarly, lonely, deaf, dumb, blind, stupid, wicked, physically handicapped, deranged, or subnormal" {H. Inagaki, translator, *Larger Sutra of Amitayus*, 1994, Kyoto.}

--- Matsumoto then indicates development of thinking in a commentary by T'an-Luan (ca. 488-554 CE; a Buddhist monk who probably founded the Pure Land school in China). The new argument is that in the Pure Land, there will not even be a vocabulary of defect or deformity, since there will be nothing that evokes or corresponds with such terms. Further, while accepting (in the present world) that 'blind', 'deaf', etc are used as negative metaphors for "'ignorant persons' in general", T'an-Luan reaches the "apparently egalitarian conclusion that 'we are all disabled in the search for enlightenment'" (p. 22). While still sounding unsatisfactory (to many 'western' campaigners), this is a useful stage along the way. "Shinran uses the imagery and language of disability to argue that all of the attributes that we normally think to be advantageous, such as belief in our own abilities and self-dependence, are synonymous with our fundamental disability" (i.e. the universal human condition of self-delusion, craving, passion, ignorance). The dawning awareness of this fundamental and universal disability is the beginning of wisdom: "To become a human being is to realize radical shame, which is a pre-condition for being able to hear the Buddha-dharma truly." (p. 19) However, this 'radical shame' need not necessarily be experienced as a crushing individual burden, since human beings have the capacity to share and to experience communal uplift. "The Buddhist *sangha* is not built on concepts of justice and fairness [\*], but rather on the notion of oneness, mutual learning and mutual transformation. Thus, Western institutions and individuals would gain much from attempting to return to the original spirit of the Buddhist *sangha*."

--- \*[Probably Matsumoto is thinking here of 'justice and fairness' in the limited, egocentric sense of 'my rights', 'my entitlement', 'being fair to me!', rather than a broader and deeper vision of justice and fairness for all humanity. Full entry to the *sangha* requires the individual to give up the illusion of 'me' and the importance of 'my-self', and adopt instead the reality of one-ness within the religious community -- which in turn lives by humbly begging its daily food from good-hearted folk among the wider local community. In theory, the *sangha* then multiplies the transaction by serving the whole wider community, teaching the Dharma and offering practical knowledge and care {e.g. schooling and skilful health care} that has been practised, developed over time and 'institutionalised' in the best sense {i.e. improved by observation, monitored practice, feedback of results and record-keeping, then transmitted onward through centuries from experienced practitioners to learners within the ongoing *sangha*, rather than being confined to a few specialist families, petering out after a few generations}.]

--- Masumoto's thinking is particularly interesting in that he envisages the two-way flow of benefits. He sees that Shin Buddhism has something to offer to 'western' thinking and practice; and also thinks that Shin practice has something to gain by looking at the realities of its own practice through the lens of western campaigns for a better deal for people with disabilities. [In a later article, Matsumoto disclosed that "My son, David, has Down Syndrome. As a young person with disabilities, he has grown up facing a host of challenges and, because of him, he, my wife and I have been able to experience a depth of life that is beyond words." D. Matsumoto (2009) *The Nembutsu is the Voice of Peace*. Address To Honpa Hongwanji Mission of Hawaii, Shinran Shonin 750th Commemoration, Ohana Conference, 5 Sept. 2009. {Text open online}.]

MAUDSLAY, Liz (2014) Inclusive education in Nepal: assumptions and reality. *Childhood* 21 (3) 418-424.

[Abstract] "This Research Note, which focuses on Nepal, challenges the way in which donor definitions of inclusive education for students with disabilities and learning difficulties can too easily be imposed upon countries in the South without allowing for a thorough analysis of the disability context of particular countries. It questions the way in which generalisations are often made about how disability is perceived and how disabled people are treated in Nepal without a thorough analysis of the actual situation. It also questions the way in which donors often ignore and do not seek to build upon successful local ways of working with people with disabilities. The Research Note does not argue against the positive vision of inclusive education, but does attempt to point out that a top-down donor-led model of inclusion does not always leave space for a thorough study of reality upon which educational change must be based."

--- [Drawing on long experience of teaching, educational management and advisory work in UK, Nepal and elsewhere, Maudslay emphasizes the range and complexity of local cultures, parental thoughts and behaviours, and teachers' efforts to juggle conflicting ideological drives with the realities of individual and group learning in situations that are highly diverse even in small countries. There are no educational situations that are so simple that one universal Right Way will fit; and the existing situations are all in processes of change, so ongoing careful study must be continued in order to succeed in planning with flexibility and building intelligently with local resources. Practically wherever 'Asia' or 'Nepal' appears in this well-argued research note, it could be substituted with 'Africa' or any of 40 African country names, and make good sense.]

McCABE, Francis Xavier Frederick (1889) Idiots and imbeciles. [Witness statement, # 21,010 - 21,126] In: *Report of the Royal Commission on the Blind, the Deaf and Dumb, &c., of the United Kingdom*, pp. cxvii - cxx, paragraphs 806-826. London.

The Royal Commission heard Dr McCabe, Medical Commissioner under the Irish Local Medical Board, describe the state of 'idiots and imbeciles' in sample urban (South Dublin) and rural (Carlow County) areas of Ireland, which he studied in 1883. There was scanty asylum provision; the great majority lived at home. A (now-familiar) debate was under way as to how better provision should be made, and on whose budget. "It was contemplated [Trench report, 1879]... that in the course of time the Lunacy Department and the Local Government Department should be merged in one." [!] The Commission had already noted (p. lvi, para 340) that "If the parents would take, or were capable of taking, an interest in their children's education, they would be better at home; the very best institution can never entirely replace the influence of home, but if a child goes home to a squalid dwelling, where parents cannot look after it..." [then other provision might be needed.] The view was reiterated (p. ci, para 687), that "Even when they have bad parents, it is a very serious thing to interfere with parental responsibility..." However, the Commission quoted McCabe (in para. 823) on typical conditions:

--- "I found that little boy [J.D.], 14 years of age, an idiot, and he was perfectly naked, lying in a filthy bed, wretchedly neglected, unable from confinement to bear the light, and who ought to have been in an institution. That was a child who was lapsing into blindness from

neglect. The next on the list is J.B., aged 16, another pitiful case -- a congenital epileptic idiot lying on straw in a wretched room. He was whining and sobbing when I went in to see him. He was alone in the house, and the neighbours all stated that he ought to be looked after. He was lying naked, his limbs were contracted, his body filthy, and chilblains on his feet. That gives an idea of the conditions of these unregistered idiots at large."

--- "There is absolutely nothing done for them. I have found cases in my visitations in those two places where parents when they were obliged to go out to do their day's work, simply locked the imbecile children in. I have found them sometimes in a cabin in company with a pig, or a cat, or sitting over a fireplace without a fire in it in the middle of winter. And if they are able to go outside they are only too often made the object of ridicule by others, by the children about. The result is, that the worst parts of their characters are developed and brought into prominence, and all their gentler attributes are kept in abeyance. Then when you come to girls, who have just passed the age of puberty, even worse results sometimes follow."

--- The Commission also proposed education: "826. Two educational institutions for the idiot class would be sufficient for Ireland, one in the south for the Roman Catholic imbeciles, and in the north one for the Protestant imbeciles."

--- [This carefully considered eye-witness extract of the state of "idiots and imbeciles" in Ireland in the 1880s gives another reference point that is external to Africa, yet may be considered and compared for its efforts to apply a 'humane official' response to some of the most vulnerable disabled youngsters, without interfering with the duty of families to make an adequate response of their own.]

METCALF, Barbara D. (1996) Meandering madrasas: knowledge and short-term itinerancy in the Tablighi Jama`at. In: N. Crook (ed) *The Transmission of Knowledge in South Asia. Essays on education, religion, history and politics*, 49-61. Delhi: Oxford UP.

The distinguished scholar Metcalf give a sympathetic portrayal of the historical Tabligh movement for deepening people's understanding and practice of Islam in a non-sectarian way, in which small groups would voluntarily itinerate in the community and 'reach out' with the invitation to worship and learn. The movement had a tradition of accepting the contribution of anyone who volunteered, whether great or small, learned or unlettered. The story is cherished, of a village simpleton who accompanied such a wandering group. Wherever they went, he begged people to say the *kalima*, the core statement of Islam, which he had never been able to memorise. Thus, artlessly, all these people were obliged to repeat the few words that every Muslim knows, to help the poor simpleton, and perhaps to be confronted by their own need to understand more of the faith they professed. Metcalf suggests that "As an educational movement, nothing is more striking in Tabligh than the conviction that anyone can learn, that one learns by doing, and that the lives of 'ordinary' people can be profoundly transformed." (p. 59)

--- [Founded by Maulana Ilyas in 1923, the Tablighi Jama`at remained for 60 years a movement for the deepening of individual Muslims' spiritual life, in some contrast to the many politico-religious organisations for modernising and advancing Islam. It established centres across Africa and Asia. Towards the end of the 20th century, the Tablighi Jama`at was banned in some Arab countries, and has been perceived by some poorly-informed



western observers as simply a hotbed of 'militant Islam'. Given the current psychological trauma and tendency to heavy-handed over-reaction by European governments, if European Muslim men or women are noticed beginning to take their religion seriously, leaving 'normal' activities such as gambling, getting drunk, horse-racing, night-clubs, dancing and musical events, pornographic films etc, and instead gathering together to pray and to encourage one another in the way of obedience to Allah, they may be reported to security services on suspicion of being 'radicalised', with the expectation that they would soon be making explosive devices and engaging in terrorist actions. Yet in the parallel case of European Christians who decide to take their religion seriously, give up gambling, drinking, clubbing, porn, and meet with others to sing hymns and pray and encourage one another in the Christian way, it is unlikely that they would fall under similar suspicion.]

MILES, Christine (1996) Bilingual children in Special Education: acquisition of language and culture by British Pakistani children attending a school for pupils with 'severe learning difficulties'. M.Phil.(Educ.) thesis, University of Birmingham, UK. Reformatted: 156 pp. Full text open online at ERIC education database. Google: ED410725.

[Abstract] "The context and processes of language acquisition in bilingual, bicultural, British Pakistani and Asian children attending a 'Severe Learning Difficulties' school were investigated. Three studies developed, with an extended literature review: (1) Comparison of twenty children's proficiency in speaking English and mother tongues (Urdu, Punjabi, Hindko, Pushto). (2) Language acquisition processes were observed, through two years, in another ten children initially attending the nursery department and not talking in any language. Home patterns of mother-child communication were studied. Mothers received support and information. (3) A video was made of early language and communication skills in British Asian infants. It was shown to mothers, who had widely varying reactions to the ideas conveyed and play activities shown. The children had a great diversity of experiences and outcomes in terms of language abilities. School support to mother tongue was found highly important in facilitating some children's language acquisition. Knowledge, beliefs and attitudes of teachers and families appear to be crucial in providing or hindering access to mother tongue learning. Suggestions are made for enhancing awareness of the linguistic and cultural issues, among school management, staff and families; for improving school practice, largely by better use of existing resources; and for further research." {approx. 780 references}

--- [Correspondence in 2017 with senior educational researchers of Africa caused the main compiler to realise that 'bilingual education' of children across Africa is still a much debated and highly politicised field. The issue of an appropriate 'language of education' for children having some learning difficulty or cognitive impairment might get no further than a mistaken belief that 'such children', who are already making slower progress with one language, would be incapable of picking up a second language. If exposed to a second language, it is assumed that they would become 'confused'. There has not been very much practical research conducted on such a situation, by someone understanding and speaking several languages while working in Pakistan and in England with children having the label of 'severe learning difficulties'. The thesis reports on the relevant literature, and practical studies, which contradict the 'obvious' assumptions, and may be of relevance to

researchers in Africa. The practical low-cost recommendations of how to build on the children's home language experience, as well as supporting families and schools in providing more for children's language development, were designed in England and Pakistan, and should be adjustable to many African countries.]

MILES, M. (2005) Martin Luther and Childhood Disability in 16th Century Germany: What did he write? What did he say? *J. Religion, Disability & Health* (2001), vol. 5 (4) pp. 5-36. [Revised and extended version, 2005, is full text open online]

Martin Luther's views on disability have been widely misapprehended and caricatured on the basis of a few items in a dubious edition of shorthand notes of conversations. His written and spoken arguments across 30 years (1517-1546) concerned with women, childbirth and infancy, devils, superstitions, changelings, prodigies, folly, disablement, deafness, participation in Christian sacraments, and exegesis of Biblical texts on disabled people, give a more reliable and interesting guide to his views, in the context of Luther's personal involvement with sickness, disability and practical care. Historically, European social and religious developments contained a broader range of views on disability than is commonly supposed, with some challenges for 21st century thought and practice. [Cf. PULLAN, and VIVES, both below, on provisions for disabled people elsewhere in Europe, in a similar period.]

--- Luther's vocabulary of disability and chronic illness, in German and Latin, is of some interest, being derived from everyday life and a society in which the majority of people believed in 'evil spirits'. {These result not from an electronic search of his Complete Works, but surfaced while studying Luther on disability. The single-word English 'translation' is no more than a guideline to the meaning Luther probably intended.}

--- [German (English)]: *torheit, thor* (stupidity, simpleton); *narr, narrheit* (fool, folly); *krumb* (crooked); *kranck* (sick); *schwach* (weak); *unmüghafftig* (impotent); *ungestalt* (misshapen); *grewlich* (ugly); *was fur plagen am leibe gewest sind* (other sufferers of bodily ills); *aussetzig* (leper); *unleidliche, ewige seuche* (loathsome, incurable disease); *humpeler* (bungler); *mangel* (defect); *vom Teuffel besessen werden und plagen* (possessed and plagued by the devil); *schrecklich* (horrible monstrosities); *geprechen* (now *gebrechen*) (defective); *gichtbrüchtig* (paralytic); *tolpell und knebel* (dolt and blockhead); *stumme* (dumb); *taub* (deaf); *blind* (blind); *lame* (lame); *wechselbalg* (changeling); *schwindet* (shaky).

--- [Latin (English)] *surdus* (deaf); *stultus* (fool); *imbecillitas* (weakness); *infirmitas* (infirmity, weakness); *morionem aut fatuum* (stupid or silly); *ignarus* (ignorant); *caecus* (blind); *monstra* (monstrosity); *anima vegetativa* (animal life); *natura fuit stolidus* (fool from birth); *lunaticus* (madman); *paralyticus* (paralysed); *fahrliche morbi* (dangerous diseases); *deformatus* (deformed); *claudus* (crippled); *laesione rationis* (impairment of reason); *prae fractus* (broken); *spasmus* (spasm); *massam carnis* (mass of flesh); *horribilis morbi* (horrible disease); *paroxismus* (paroxysm); *phreneticus* (madman, frenzied); *morbo brachii* (weak arm); *virum occasionatum* (maimed man); *epilepsia seu comiciali morbo* (epilepsy or falling sickness).

*MISHKAT al-masabih. English translation with explanatory notes*, original compiled by Al-Baghawi, revised by At-Tibrisi, translation to English by James Robson D.Litt, D.D. Two volumes, reprint 1994, Lahore: Sh. Muhammad Ashraf. Vol.I: pp. {ix} + xx + pp. 1 to 816;

and Vol.II: pp. vi + 817 to 1453.

After the contents list I {i-ix}, a history of hadith compilation is sketched in Professor Robson's Introduction (pp. i-xx).

Baghawi's selection of hadiths (11th century CE) became popular after Tibrizi's 14th century revision (xii - xiv). Robson also reviews earlier efforts to translate the *Mishkat* to English, appreciating the hard work involved while pointing out some errors and peculiarities. The hadiths in the present version are shown in three divisions, ranging from those long considered sound and well-attested, to those where the chain of transmission is known to be weak. Some mention disabilities and treatments, e.g. Blindness & eye problems (pp. 36, 138, 217, 221, 231, 397-99, 405, 532, 663, 708-709, 745, 878, 889, 935, 945-54, 1035, 1133, 1296-97, 1302, 1342). Leprosy (pp. 98, 397-99, 619, 955-56, 1221, 1379).

--- On Epilepsy, Idiocy, Possession, conditions which caused uneasiness or dismay in bystanders: "O God, I seek refuge in Thee from leprosy, elephantiasis, madness, and evil diseases." (526. See also pp. 329, 638, 931, 945-54, 1033, 1220, 1260). Reportedly, the prophet Muhammad prayed for a boy who was 'possessed', and he was cured (p. 1291). Some mental disorders understandably had legal implications: "Every divorce is allowable except that by an idiot or one whose mind is deranged." (697)

--- Miscellaneous conditions (pp. 5-6, 36, 508, 582, 664, 689, 763, 925, 934, 945-54, 997, 1274, 1345). Hadiths show the prophet Muhammad regularly using finger and hand signs (pp. 594, 622, 628, 856, 913-14, 959-60, 1031-32, 1032, 1035, 1108, 1125, 1336). For example, he was in the mosque on one occasion when "a man whose head and beard were dishevelled entered, and God's messenger pointed his hand at him as though he were ordering him to arrange his hair and his beard", so that the man retired and came back with a more orderly appearance (p. 938). Other symbolic finger or hand signals made by Muhammad are described a little more closely.

--- Prayers could be kept brief when sick, weak or aged people are present. (p. 234) There was also relaxation of punishment: Corporal punishment could be modified for one who was "deficient in build and sick". (763) Reportedly, "The Prophet saw a dwarf and prostrated himself." (313) [It is not clear why he did so.] Indexes are provided (pp. 1387-1453, to Qur'an quotations; to Proper Names (transliterated); to transmitters of hadiths; to Peoples, Tribes, Sects etc; Geographical names; to Miscellaneous items (1439-1442); to Books mentioned; with a Glossary of Arabic terms giving page numbers where a comment or definition appears. {The Miscellaneous index does not indicate disability terms, so 50+ pages are indicated above having some disability relevance.}

--- On the recommended economic conditions of life: "Uthman reported the Prophet Muhammad as saying: **The son of Adam has a right only to the following: a house in which he lives, a garment with which he conceals his private parts, dry bread and water.** Tirmidhi transmitted it." Book XXV. (p. 1076) [This reported saying of the Prophet is in the second level of authenticity, where there is some possible flaw in the transmission. However, it appears amidst a number of more elaborate sayings, asserting that wealth of possessions is a snare and delusion; that the Prophet restricted himself to the most modest furnishings, sleeping on a reed mat; and he considered that a very modest house or hut was the ideal choice for the servant of Allah.]

--- [CAUTION: The interpretation of hadiths, and study of their sources, authenticity, and the situations in which they may have arisen or been brought to prominence, is a complex field requiring advanced knowledge of Arabic (as spoken and written variously across wide areas of the Middle East and North Africa in different ages), which has occupied Middle Eastern scholars through 14 centuries. The disability-related hadiths listed here (in translation) should be approached with caution. Many of them seem to suggest social responses existing in earlier centuries of Islam, and they probably helped to shape attitudes in various ways. The translator James Robson (1890-1981) was Emeritus Professor of Arabic at Manchester University, UK, after a long career starting as a Christian minister and missionary, followed by 30 years as a lecturer and professor of Arabic. To many Muslims, it would seem impossible that such a man, a *kafr* (non-believer in Islam), could be relied on to translate any work of importance to the followers of Islam. However, Robson built upon the international Arabic scholarship of his time, and tried to translate into his mother-tongue, English, in such a way that it sounded like normal spoken or written English. He was certainly aware that if he made mistakes or introduced bias, the world of international scholarship would shoot them down, before any non-scholarly Muslims would even hear of the book. The first edition seems to have appeared in 1981, and was reprinted in 1994 at Lahore by a Muslim publisher, after the period when General Zia-ul-Haque had introduced an 'Islamisation' of Pakistan's civic affairs and public conduct. This is not to say that Robson's efforts are free from flaws - but his volumes make available to the interested reader having English but little or no Arabic, an opportunity to read a major collection of the legal sources on which much of the subsequent Sunni Muslim recommended behaviour is based, and which are still cited by Muslim teachers across the world and influence law-making in most Muslim-majority countries.]

--- {A possible hadith of the prophet Muhammad concerning female circumcision can be found in Appendix 3, below.}

MONTESSORI, Maria (1948) *The Discovery of the Child, revised and enlarged edition of "The Montessori Method"*, transl. M.A. Johnstone. Madras: Kalashetra. 398 pp.

Maria Montessori worked in India for several years during the 1940s, and her works were republished there. pp. 78-79 notes that her first international training course at Rome, 1913, was attended by students from "from America, Africa and India", and that "today, during the second world war, the Children's Houses are multiplying in India." [Government education reports show that "The Children's House, Kurseong", taking children with mental and physical disabilities, opened in 1918, under Miss Silvia de la Place, and continued until 1944.]

NAGAI, Akiko (2002, February ) A lesson on "seeing" from a blind priest. *Toyota Foundation Occasional Report*, No. 32, pp. 7-9.

<http://www.toyotafound.or.jp/docs/docsors/OR-32.pdf>

As part of her historical studies on blind people employed in religious activities in Kyushu, Japan and South Korea, Nagai arranged to interview a blind priest R\_\_\_, from the Korean Society of Divination Art of the Blind, Chonju city, Cholla Pukdo Province, during his morning walk. The 'interview' became instead a lesson in seeing and living, from dawn until late night, as Nagai was permitted to follow him through the day, the blind man

striding confidently ahead along the mental map he had built during 25 years, with pauses to allow Nagai and her research assistant to catch up. The employment of all the senses to navigate and read the world has been described by people blind from birth or losing sight in infancy; but R\_\_ was 21, working in civil engineering, when he lost his sight through being beaten by a gang. He learnt to reconstruct his life and cognitive faculties as an adult. At Seongbul Temple, near Chonju, R\_\_ learnt the traditional religious practices in which blind people used to engage, recitation of scripture, Zhou divination, and fortune-telling, from another blind priest. He also learnt Braille, and pursued his studies of Buddhist scriptures by this means.

NOSEK, Margaret A. (1995) The defining light of Vedanta: personal reflections on spirituality and disability. *Rehabilitation Education* 9 (2) 171-182.

With apologies for the idiosyncrasies of 'personal voice', the author tells of her personal journey as a spiritual seeker, having been born with spinal muscular atrophy and progressing to be associate professor in a medical college department of physical medicine and rehabilitation. From a background in Catholic Christianity, Nosek found her spiritual understanding enlightened by study of the Vedanta, the major Hindu scriptures, particularly as interpreted to Western seekers by Shri Ramakrishna, Swami Vivekananda and some 20th century gurus. Nosek laments the complete absence, in the rehabilitation services she encountered over many years, of any address to "the most essential aspect of my being -- my spirituality." (p.180)

--- [It seems likely that if 'Peg' Nosek, PhD, had looked for help in African rehabilitation services, formal or informal, run by Christians or Muslims, or traditional healers, through most of the 20th century, she would have been offered something that tried to address her spirituality -- whether in a way that met her wishes is another matter. In early centuries in much of Europe she could have been put to death for moving away from the Catholic faith; or for seeking enlightenment in Hindu scriptures. Folk memory of such harassment tends perhaps to generate an 'official' response: "we don't do 'god' in the health service".]

NOSEK, M.A. & Hughes, Rosemary B. (2001) Psychospiritual aspects of sense of self in women with physical disabilities. *J. Rehabilitation* 67 (1) 20-24.

[Abstract]: "This paper reviews findings on sense of self and spirituality that have emerged in several of the studies conducted by the Center for Research on Women with Disabilities. It presents a review of literature on self-esteem, self in connection to others, and self-efficacy, and describes findings from two qualitative and one quantitative study of these constructs in women with disabilities. Discussion leads to the hypothesis that the sense of self-esteem, and that of self-efficacy, when perceived as a power drawn from a divine source, is an important mechanism used to transcend the challenges to both that often accompany disability."

NYATI-RAMAHOBO, Lydia (1992) *The Girl Child in Botswana: educational constraints and prospects*. Gabarone: UNICEF. 36 pp.

OE, Kenzaburo (2001) *A Healing Family*, transl. from Japanese by S. Snyder. Tokyo: Kodansha International. 146 pp. [Originally published in book form by Kodansha, 1995, titled *Kaifuku suru kazoku*.]

Oe makes clear that he is "not someone who believes in any faith" (p. 11); yet in the same sentence, and at intervals through the book, he refers to aspects of spirituality in the world's faiths and relates them with his observations and experiences of his disabled son Hikari. He sees how, in the difficult moment of making the morally right decision about the brain operation that allowed Hikari to live, he himself was in some sense 'reborn' as a moral being (p. 18). He relates the common question, when a series of life's coincidences seems perfectly engineered to change one's life, whether these are merely coincidences (which he believes), or could be evidence of a cosmic designer smiling behind the curtain (pp. 25-26). {Doubtless Oe had considered the hypothesis that the pattern-seeking brain identifies the series of 'events' that looks remarkable, while the colossal range of other event-series passes unnoticed}. He compares Hikari's unexpected ability to focus intensively on the act of composing music, with Simone Weil's description of prayer as "the directing of all the attention of which the soul is capable toward god" (p. 142).

OFFENBÄCHER, M.; Sauer, S.; Hieblinger, R.; Hufford, D.J.; Walach, H. & Kohls, N. (2011) Spirituality and the International Classification of Functioning, Disability and Health: content comparison of questionnaires measuring mindfulness based on the International Classification of Functioning. *Disability and Rehabilitation* 33 (25-26): 2434-2445. This curious article, with cumbersome title, plethora of abbreviations, and daunting arrays of comparatively tabulated features, may at first seem impenetrable; yet behind the paraphernalia, an important and comprehensible puzzle is being studied. There is a widespread perception that something called 'spirituality' or 'spiritual involvement' has some place, or perhaps an important part, in 'health', 'wholeness', and restoration to health / wholeness for people who are ill; yet the development of 'western' science has often been pursued in ways that exclude any admission, assessment or attempted measurement of 'spirituality', for which it is admittedly hard to find any broadly agreed definition, so that measurement and replicability seem to be impossible. Further, 'spirituality' seems to some scientists to be part of a 'mumbo-jumbo' world antithetical to the cool thinking and dispassionate observation that they identify with 'science'. However, the practice or activity of 'mindfulness' "has a clear link to spiritual traditions, most prominently to the Buddhist tradition .. where it encompasses the essence and goal of spiritual practice." Also a significant body of tolerably 'scientific' study has been reported on various features in the practice and health-related outcomes of 'mindfulness' in the past 20 or 30 years, and during this period a series of psychological instruments was developed for its assessment or measurement.

--- During the same period, the International Classification of Functioning (ICF) emerged (as a revision and development from the earlier International Classification of Impairment, Disability and Handicap), and has been adopted by the World Health Organisation, and is being widely tested, adapted and used as a standard. The present authors systematically reviewed the contents of the 11 'mindfulness' scales listed above (with 47 references cited), using the language, framework and concepts of the ICF. [For present purposes, the detailed outcomes of the study are not really the point. The outline indicates how the breadth and depth of 'mindfulness' scales, developed and revised experimentally with the idea of benefitting people having significant mental disorders, *now provide a bridge or*

*interface* between scientific psychology and the enigmatic world of human 'spirituality'. The exercise does also contribute to the discovery of gaps in the ICF, as it is admitted that the ICF has so far not extended to cover a number of 'Personal Factors'. Concepts linked to these 'Personal Factors' varied from zero to 50%, among the 11 instruments reviewed.]

OSTRER, Boris S. (2002) Leprosy: medical views of Leviticus Rabba. *Early Science & Medicine* 7: 138-154.

Leviticus Rabba is a detailed commentary on the Jewish book of Leviticus, produced in the 4th or 5th century CE, intended for teaching and spiritual benefit (rather than for expounding the legal details). Ostrer examines how the ancient teachers understood those parts of Leviticus that describe the legal implications of serious, disfiguring, skin diseases (which very probably do not correspond with the condition now known as leprosy or Hansen's disease, caused by *Mycobacterium leprae*; see HULSE, above, and other pertinent references in Ostrer), and their social outcomes and philosophical interpretation. Anthropological categories of purity, boundaries, and liminality are discussed, in the context of historical interactions between Jewish and Greek medicine and philosophy.

PANDE, Namita & DALAL, Ajit K. (2004) In reflection: making sense of achievements and failures of a CBR initiative. *Asia Pacific Disability Rehab. J.* 15 (2) 95-105. At: [www.aifo.it/english/resources/online/apdrj/journal.htm](http://www.aifo.it/english/resources/online/apdrj/journal.htm) [Nov. 05]

The authors were involved from 1992 to 1997 in developing a Community Based Rehabilitation project in five villages mostly of scheduled and backward caste people in a rural district bordering western Uttar Pradesh, and have followed disability-related activities and developments since. In their reflections, the complexity of the village CBR events, and of possible interpretations, is still emerging. "We were elated when the programme moved along predicted lines but most of the times remained confused for it would digress in unforeseen trajectories. All through, the programme oscillated between achievements and failures as did our 'sense-making' of its outcomes." The legitimacy of promoting CBR, "when even safe drinking water was a scarce resource", was questioned by one disabled person, while another thought the game was to fob off disabled people with a cheap substitute instead of competent services. Different groups in the villages had priorities that were irreconcilable. When people realised that the CBR project had no external funding, it vanished from local power battles and calculations. Some myths underlying the CBR concept are exposed in this unusually frank and thoughtful account.

PHILLIPS, Michael R. (1998) The transformation of China's mental health services. *The China Journal* 39: 1-36.

Substantial overview of the psychiatric needs in modern China and how the mental health services worked in the 1980s, along with the many ways in which policies and services were changing in the 1990s, by a psychiatrist and clinical researcher having twelve years' practical experience in China. The period of economic reforms saw a reduction in government support for health and welfare services, the rise of non-government provisions on a fee paying basis, and increasing disparities of service accessibility. Serious psychiatric illnesses continue to be highly stigmatised. Families, who are the major national care

resource, use various strategies to manage stigma and to sample a variety of treatments (traditional, modern, hybrid) at affordable cost or involving heavy indebtedness. When the China Disabled Persons Federation was established in 1988, senior psychiatrists successfully lobbied to situate chronic mental illnesses among the main categories of 'disability', calculating that the CDPF would become an influential player in policy formation and development activities. [Cf. Kohrman, 2005, p. 77. Strong persuasion was required, as the CDPF leadership was in no hurry to embrace a group that was both stigmatised among the general public and regarded by the state as a threat to public order.] --- However, the prospects for psychiatric care in the future, as foreseen by Phillips in 1997, were unpromising. It was already clear that the "headlong rush towards a market economy [was] resulting in the destruction of the social welfare net which China had painstakingly constructed during its socialist era" (p. 35); yet there was little sign that national or provincial government would find ways to make up the deficit. The burden and the costs of care were likely to rise, the demands for treatment would diversify, while the availability and deployment of skills, and of skill training, would fall behind. Model programs did exist, plus some depth of human and cultural resources in the community for accommodating psychiatric disabilities; yet there was little evidence of administrative ability to harness the resources in viable and effective ways.

PULLAN, Brian (1994) 'Difettosi, impotenti, inabili': caring for the disabled in early modern Italian cities. In: *Poverty and Charity: Europe, Italy, Venice, 1400-1700*, VI: 1-21. Aldershot: Variorum.

Between c. 1520 and 1560, many West European bureaucracies worked on solutions for problems of urban poverty. Among persons accepted by Italian cities as poor and worthy of relief in this period were the *difettosi*, *impotenti* and *inabili*, folk considered "permanently incapable of supporting themselves by labour, as a result of a visible and external physical deficiency or deformity such as blindness or lameness, or of a chronic internal condition or infection, or an incurable disease." Even people with such qualifications might encounter a range of public attitudes, some more rejecting than accepting, depending on levels of prejudice, revulsion, experience of being deceived by those pretending disability, and irritation at the 'pester power' of street beggars. Pullan describes a range of disabled beggars and their pitches, with official actions to control, disperse, detect cheats, arrange institutional care, issue a limited number of licenses to beg, and whatever other measures occurred to them. Some guilds or brotherhoods of blind or otherwise disabled people existed, at least from early 14th century Italy.

QIU RENZONG (1985) The intersection of human values and public policy -- a Chinese view. In: Z. Bankowski & J.H. Bryant (eds) *Health Policy, Ethics and Human Values, an international dialogue. Proceedings of the XVIIIth CIOMS Round Table Conference, Athens, Greece, 29 October - 2 November 1984*, pp. 296-300. Geneva: Council for International Organizations of Medical Sciences.  
(See next item).

QIU RENZONG (1985) Low birth weight and the one-child family in China. In: Z. Bankowski & J.H. Bryant (eds) *Health Policy, Ethics and Human Values*, 173-177. Geneva: CIOMS.



In this and the previous item, Qiu Renzong analyses different approaches to therapeutic medicine ("the art of benevolence", in Confucian thought) giving a lucid overview of the human values and moral philosophy underpinning health care policies over long periods of Chinese history, and some of the conflicts within or between policies, e.g. privileging particular economic groups, or having an 'equal treatment' policy (which might disadvantage those with greater needs). He notes some contrast of values between the "non-invasive therapy" of traditional, holistic, Chinese medicine, and the recent "mechanistic or reductionistic" Western approach, which "regards the patient as a machine to be mended and has successfully applied modern science and technology to developing many effective therapies" (p. 298). The philosophy behind Chinese government health policy in the 1980s, a curious amalgam of Marxism and traditional notions of human value, was pressurised by economic forces, as efforts to provide free medical and rehabilitative care on a state-run basis, or on a local cooperative basis, had run into difficulties. --- A new economic policy was being implemented, which should find a way between individual and state responsibilities. However, in the actual situation of economic constraints, and of the one-child family policy, the traditional impulse to have a healthy male heir was greatly enhanced, and the perceived value of low-birth weight infants, those with some impairment, or females, was significantly reduced. The author mentions the perception of an infant growing up "useless to society or a severely handicapped person, a burden to family and society, but this is not the infant's fault" (p. 175). Rather than blaming the infant, society should make better efforts for prevention of impairment. Nevertheless, Qiu Renzong notes that the apparent increase in the number of people surviving with severe disabilities "will become an intolerable burden" to a society lacking resources to provide adequate health care even to many people of normal capacity.

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### **{NOTES ON FOLLOWING TWO ITEMS: THE QUR'AN}**

The two following entries, on the revered Islamic texts in translation, are listed here with brief annotation, whereas the Jewish and Christian equivalents, e.g. translations of the Torah and the Injil (Gospel) or New Testament are not shown explicitly in this bibliography, though all these texts have some pertinence to disability, healing and belief in Africa. The reason for this difference is that, while there exists a considerable scholarly literature in major European languages on disability in the Jewish and Christian revered texts, which may readily be discovered by web search, it is not so easy to find equivalent work on disability in the Islamic revered texts, in English. Translations to English of the Qur'an are often in somewhat antiquated English, and a search for disability-related terms may bring misleading results. [Some Muslim groups find it incorrect even to put a translation of the Qur'an online -- because when anyone goes online they may be distracted by all kinds of filthy or improper materials. Despite these problems, the present compiler considers it worthwhile to make it a little easier for anyone to find out how disability is addressed in the Qur'an, so these items are included - with regrets to any who disagree.] (See also some notes on the collections of hadiths -- reported sayings of the prophet

Muhammad with context -- under Al-BUKHARI, and *MISHKAT* (above), showing references to disability.)

[The QUR'AN.] *The Holy Qur'an. Text, translation and commentary*, transl. Abdullah Yusuf Ali (1934), new revised edition (1989). Brentwood, Maryland: Amana Corporation. (Arabic & English)

See disability references under "Sacred Writings", (next item).

Examples of metaphorical uses of disability reference: Sura 6 (Al An'am), v.39 "Those who reject our Signs / Are deaf and dumb -- / In the midst of darkness / Profound: whom Allah willeth, / He leaveth to wander; / Whom He willeth, he placeth / On the Way that is Straight." Sura 17 (Al Isra', or Bani Isra'il), v.97: "It is he whom Allah guides, / That is on true guidance; / But he whom He leaves / Astray - for such wilt thou / Find no protector besides Him. / On the Day of Judgement / We shall gather them together, / Prone on their faces, / Blind, dumb, and deaf: / Their abode will be Hell: / ..." (p. 701). Interest in signs and gestures was sustained among Muslim scholars by the Qur'anic incident (Sura 19, 1-11) where Zakariya, temporarily mute, "told them by signs / To celebrate Allah's praises" (p. 746).

[The QUR'AN.] *Sacred Writings. Vol. 3. Islam. The Qur'an*, transl. Ahmed Ali (1988) reprint 1992 for Quality Paperback Book Club, New York.

Parallel English & Arabic text. Most references to disabilities seem to be metaphorical. Some Suras where the disability reference is probably non-metaphorical: Sura 2, Al-Baqarah, 282 (mentally weak borrower); Sura 3, Al-Imran 49, & 5, Al-Ma'idah, 110 (prophet Isa healing blind, lepers etc); 4, An-Nisa, 5-6 (wardship of property of mentally weak person); 16, An-Nahl, 76 (dumb & useless servant); 24, An-Nur, 61 (disabled or sick people may eat in your house); 48, Al-Fath, 17 (disabled or sick people exempt from call to arms); 80, `Abasa, 1-16 (rebuke for discourtesy to blind man). See also: Sura 5, Al-Ma'idah, 33, 38, 71; 9, At-Taubah, 91; 11, Hud, 24; 12, Yusuf, 84, 96; 17, Bani Isra'il, 72, 97; 20, Ta Ha, 27-28; 30, Ar-Rum, 52-53; 35, Al-Fatir 19-22; 36, Ya Sin, 65-67; 41, Ha Mim As-Sajdah, 5, 17; 43, Az-Zukhruf, 36, 40.

**--- Further NOTE: Many Qur'anic exhortations to behave with kindness, consideration and practical help towards the poor and needy have readily been applied to people with disabilities in Islamic countries from the earliest times to the present day.**

--- A well-known and much-loved example of this kind of Qur'anic teaching, is Surah 2 (Al Baqarah) verse 177, which is meaningful to many persons whose fundamental beliefs involve extending mercy and kindness to other people. A careful translation to 21st century English gives:

--- "Goodness does not consist in turning your face towards East or West. The truly good are those who believe in God and the Last Day, in the angels, the Scripture, and the prophets; who give away some of their wealth, however much they cherish it, to their relatives, to orphans, the needy, travellers and beggars, to liberate those in bondage; those who keep up the prayer and pay the prescribed alms; who keep pledges whenever they make them; who are steadfast in misfortune, adversity, and times of danger. These are the

ones who are true, and it is they who are aware of God." {*The Qur'an. A new translation by M.A.S. Abel Haleem, Oxford World Classics, 2005, p. 19.*}

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RASHID, S. Khalid (1978) *Wakf Administration in India. A socio-legal study*. New Delhi: Vikas. xxi + 184.

Dr Rashid taught Islamic Law at the Aligarh Muslim University, and both Islamic and Hindu law at Kurukshetra University. His PhD was in Islamic Law, and he specialised in research on Wakf Administration, from which the present work derives. The *wakf* is an Islamic legal practice intended to secure property in perpetuity as a trust for charitable purposes, a device reported to have been initiated by the prophet Muhammad. Across India there was a great variety of *wakf* benevolence by wealthy Muslims (and Hindus), from the 12th century or earlier. Even if a considerable part may have been organised to protect family heritage, and the practice was undoubtedly abused in some places, there were also substantial public benefits in the system, from which many poor and helpless people, orphans and beggars received some sustenance, and buildings used for religious purposes (e.g. mosques, and saints' shrines) could be kept up, and pilgrims provided with food and shelter. Rashid's work is stated by the publisher to be "a vivid account of the neglect and mismanagement of numerous wakfs in India ... Wakf Boards, which continue to be inefficient, and hotbeds of corruption; the Central Wakf Council, which has remained a white elephant..." That blurb makes the book sound like a campaigning tract, but in fact it is heavily documented from legal archives and historical manuscripts, some being translated from Persian for the first time.

--- In a report to the Emperor Akbar, of which a manuscript and copies survive, the condition was described of the "persons getting daily allowances", who did not have good title, "...for a large number of undeserving cases have multiplied. If a judicious person be appointed to enquire into the matter, a *distinction could be made between the deserving and the undeserving.*" {italics added} (pp. 4-7). [Such a distinction is sometimes attributed to British political philosophers of later centuries... but the idea was well established earlier in Indian governance, and elsewhere.] British administrators had some involvement with wakf law in India from 1765 onwards. Khalid Rashid documented the British administration's swings from 'caution followed by interference', through 'mistaken but intelligible non-interference, followed by gradual involvement', to a period of increasing legislation (pp. 11-36). Provision for the adjustment of wakf practices in the laws of some African countries (Egypt, Kenya, Tanzania), are also cited (pp. 128-129), taking account of changed circumstances, so that the beneficial intentions could be met within the realities of everyday life.

RODHAIN, Jérôme (1923) Une épidémie de poliomyélite aiguë au Congo belge. *Revista medica de Angola* 4: 301-37.

Epidemic of 1919-1920 from Leopoldville to Stanleyville.

ROSSIGNOL, Christian (2007) Classifications internationales des altérations corporelles, dysfonctionnements et handicaps. Pour une clarification des concepts. *Entretiens*

*d'orthophonie. Entretiens de Bichat*, Sept. 2007, pp. 62-69. Paris. [Found open online] Résumé. "Une attention portée à l'histoire et à la démarche qui a présidé à l'élaboration de la 'Classification Internationale de Fonctionnement' proposée par l'O.M.S. permettra de montrer que, en dépit de l'affirmation selon laquelle elle aurait été conçue pour 'fournir une base scientifique pour la compréhension et l'étude des états fonctionnels associés aux problèmes de santé', il n'est pas surprenant qu'elle ait, de ce point de vue, clairement échoué. La version recherche annoncée depuis plus de 15 ans et qui est censée 'répondre au besoins spécifiques de la recherche et fournir des définitions opérationnelles précises' ne verra probablement jamais le jour." / Dans ces conditions, l'élaboration d'une structure conceptuelle reposant sur des distinctions claires entre altérations organique, dysfonctionnements et handicaps constitue une tâche urgente dont le résultat conditionne la possibilité d'une analyse précise des relations entre ces divers ordres de phénomènes." --- [The lengthy international shambles that led from the classification system ICIDH-2 to ICF involved consultation with many national groups, initially at a moderate pace, and finally by desperate international phone calls trying to cajole dissenters into keeping quiet, as an important deadline drew near. The French team, led by Dr Rossignol, pointed out in great detail the profound problems with the proposed ICF, which fundamentally lacked the clarity of definition needed for a workable classification system at a research level. Their objections were simply ignored, sidelined, not taken into account, hushed up. The defective ICF was 'nodded through' at an international meeting of medical doctors, very few of whom had any knowledge of taxonomy.

ROTH, S. John (1997) *The Blind, the Lame, and the Poor. Character types in Luke-Acts*. (Journal for the Study of the New Testament. Supplement Series 144). Sheffield: Sheffield Academic Press.

Detailed study of "the captive, the shattered, the blind, the deaf mute, the lame, lepers, the maimed, the dead, and the poor" (pp. 17-19, 23-24, and *passim*) as portrayed in first century Palestine and earlier, based in two Christian 'New Testament' texts in Greek, the 'Gospel of Luke', and the 'Acts of the Apostles', attributed to a common author, Luke. Roth examines concepts, identities, character groups and stereotypes within poverty, disability and marginality, both in the Lucan texts and in the assumed background of the Septuagint, i.e. the Jewish scriptures in Greek translation, which were available and familiar to Luke's expected Hellenistic readers in Egypt and elsewhere; and also in a wider pool of literature available to them. In the Septuagint, "The blind, the lame, the poor, and the others are typically anonymous, powerless, vulnerable, and a-responsible. In addition, and most significantly, these character types are standard, conventional recipients of God's saving action" (p. 214). Roth suggests that the stereotypes persisted in Luke's Gospel, in which Jesus is portrayed as healing and blessing them, as the agent of God and with eschatological reference; but they are practically absent in Luke's 'Acts', for reasons that are discussed. The aim was supposedly to change the expected readers' perspectives on the mission of Jesus and his credentials during his earthly life (in the Gospel), and his subsequent life as the risen Christ, represented by the Holy Spirit, among the nascent Christian church (in the Acts of the Apostles, including the first known contact with a senior African official).

SACHEDINA, Abdulaziz (1999) Can God inflict unrequited pain on his creatures? Muslim perspectives on health and suffering. In: J.R. Hinnells & R. Porter (eds) *Religion, Health and Suffering*, 65-84. London: Kegan Paul International.

Suggests some of the diversity of solutions reached by Muslims on questions of health, suffering and divine purpose, with reference to the Qur'an, hadiths, and development of theodicies. [The title word 'unrequited' is perhaps not well chosen. The text suggests rather more that a sense such as 'purposeless', 'unrelieved', or 'uncompensated' is intended.]

SALOMON, Elsie (1942) Speech disorders and their treatment. *South African Medical J.* 16: 215-218.

Mostly on standard treatment methods of the time; some case histories are given from 1927 onwards, treated at Johannesburg.

SCHELLIN, {Mugan Sozan} Peter (2010) *Rogue Monk. A memoir about Zen, disability, and work*. Authorhouse. xvii + 304 pp. isbn 978-1-4490-5596-7.

This idiosyncratic, self-published, autobiographical, highly readable and often hilarious work is one of very few book-length, insider accounts of living with serious disability in a 'western' Zen Buddhist environment yet with a significant length and depth of Asian experiences, as well as a breadth of mature reflection. It certainly merits inclusion in this bibliography, yet it is not easy to annotate. There is no index, and the 50 fairly short and anecdotal chapters or essays do not follow a linear chronology. They jump around between 1923 and 2009 on their own logic, though they are differentiated by titles, some of which are informative; and all have end-notes giving a relevant year.

--- In pp. 161 and 165, Peter Schellin's life changed sharply through half a day in 1991, when his visual field slowly shifted through pink, purple, dark gray, then black. His job as an Art professor (Cal-State LA) disappeared with his eyesight. So did his normal means of transport, driving a car. Many things suddenly slowed down. Schellin learnt that blind people spend a lot of time waiting -- often waiting for a chance to get quite ordinary things done which they had previously taken for granted. After several months, some pinholes of 'seeing' opened up, from which he could reconstruct as much as 14 degrees of vision (p. 90) if he stayed very still. In the meantime Schellin had learnt some orientation and mobility skills, Braille, how to use his ears to inform himself of many surprising things, and how to cooperate with four-legged guides having a different conceptual grasp of the universe, so as to move safely around the city.

--- These are told almost casually between a chapter on some people Schellin knew while working as a counsellor in an AIDS-related Vision Loss Support Group in 1993, and a chapter in 1995 when one of those men, aged 24, was about to die and his mother was angry about it. But two earlier chapters (pp. 129-135) have Schellin staying in a snow-bound Zen monastery in Japan in 1983; then in California in 2006, listening to the daily routine seven minutes of crash, bang, from the woman living on the floor above, as she leaps from her bed, toilets, dresses, slams doors, click-clacks across floors, clonks down stairs, starts her car, slams the gears, and roars off. This leads on to living "with dogs in a low-vision world" (p.135); yet Schellin's "greatest Teacher", who guided him between 1999 and 2007, had already appeared on the front cover of the book (where monk Schellin and dog Zeke dutifully bow to each other) and on pp. xvii and 19-23. The connections are not

chronological but Zen-no-logical.

--- The mix-up is partly a teaching device, but mostly just how Schellin reads his life, looking back, as explained in the Preface (ix-xvii). Experiences as a youth reading about the Buddha from the 1950s onward, as a learner beginning meditation (1979), as a monk (1999), as head monk at a Zen Centre in Texas (2002), as a critical reviewer of 'Western Buddhism' (2009), and as "No Longer a Buddhist" (2008 - though the title does not mean quite what it might seem) -- such experiences brought insights that permeate other parts of the book. While travelling in various Asian countries "as a blind man", Schellin expected to meet the "popular distortion of *Karma*", thinking that people would "look upon me as one of those reaping the consequences of unspeakably evil acts". He had difficulty meeting such an assumption, partly because he was a westerner (pp. 289-291). Instead, he reflects on the false assumptions that sighted Americans have about blind people (292-293).

--- **Karma** understood in a common, negative way arises in the story of Sun Martel, from Hong Kong, whom Schellin met in California in 1992 as she was about to die: "Blind and deformed by fetal malnutrition, she was born during the Chinese Civil War. The family came to America, but they harboured old attitudes about disability. People said she had negative karma, and that reflected badly on her family, so Sun was kept at home, hidden..." At the age of 20, Sun contacted the State Department of Rehabilitation, and began to collect a bag of living skills, and eventually "became independent and made enough money to live on her own. She married. Despite everything, she had an American life." (pp. 31-32)

--- [The western yen to take possession of whatever 'the mysterious East' has got, trim off the awkward bits and suck the juice, can be seen in the expropriation of 'meditation', and in studies of its 'benefits'. Schellin has enough practitioner experience and sceptical reflection to be able to discuss plausibly some of the ways in which Zen techniques can work for people with serious addictions, griefs, guilts, and baggage -- and also to know that some people need the benefit of mainstream medical and psychiatric help, before taking to Zen. But he also knows that "from the white, middle-class Anglo-American point of view, Asians don't do Buddhism *right* anyway. Asians know that only monks and white people *meditate*. They, for the most part, do *not*." (p. 286)]

*SCRIPTORES Historiae Augustae* (Latin text, with translation by D. Magie, 1954). London: Heinemann.

Volume III, chapter VIII, pp. 399-401, of this curious literary collection, is part of a description by 'Vopiscus' of the life of Saturninus, and claims to be a letter from the Emperor Hadrian (reigned 117-138 CE) to his brother-in-law Servianus. Hadrian had lived and travelled widely in the Greek-speaking Eastern Mediterranean, and spent time in Egypt in 130 CE. The supposed letter gave a critical description of Jews (and Christians, and other Egyptians) at Alexandria: "They are a folk most seditious, most deceitful, most given to injury; but their city is prosperous, rich and fruitful, and in it no one is idle. Some are blowers of glass, others makers of paper, all are at least weavers of linen or seem to belong to one craft or another; the lame have their occupations, the eunuchs have theirs, the blind have theirs, and not even those whose hands are crippled are idle." [In the Latin, this reference to work by people with various disabilities, is: *et habent podagrosi quod agant, habenpraecisi quod agant, habent caeci quod faciant, ne chiragrici quidem apud eos otiosi*

*vivunt.*] "Their only god is money, and this the Christians, the Jews, and, in fact, all nations adore."

--- [Scholars find some errors of history and date. The Latin vocabulary suggests that this 'letter' was composed in perhaps the late 4th century, but the unknown author took some care to give it credibility within the context of Hadrian's life, and the repeated Roman battles to subdue Jewish communities, and the flourishing city life and trading products of Alexandria. For sure, it is hardly intended as a flattering description of the Jews, Christians, and other Alexandrians! Yet that fact makes all the more remarkable the note about employment of people with disabilities. Was that inserted merely as an exaggeration, to suggest the greed of the entire population to make money, by hook or by crook, by blind or by lame? Even if there were truth in it, there may be some overstatement. A reporter might have seen different parts of the bazaar, with people having various impairments busily at work; but that would not prove that all who had impairments were able to work, and wished to work, and acquired skills to do so. Nevertheless, it is possible that this unusual description, in a peculiar source, may have some basis in genuine historical observation.]

SHAKESPEARE, Tom & Watson, Nicholas (2001) *The social model of disability: an outdated ideology? Research in Social Science and Disability*, Vol. 2, pp. 9-28.

The 'social model' of disability, associated with a group of British disabled male academics in the 1970s and 1980s is described, and differentiated from North American social approaches to understanding disability. The social model was successful as a political slogan and rallying point, and by the 1990s was apparently 'unassailable' doctrine in the British disability movement. Yet the dominant idea that disability was caused by an oppressive society and ill-designed environment, not by problems in the individual's body, while initially attractive to many people, failed to give sufficient attention to a range of interests in bodily functioning, impairment, chronic illness, pain, and prevention, which in practice are not entirely distinct from disability. The over-emphasized social model also generates unreal distinctions between disabled and non-disabled identities, neither accommodating the reality of multiple identities nor the need for flexibility in political manoeuvring.

--- [Shakespeare & Watson had originally been adherents and defenders of the Social Model, but eventually realised some of its flaws. Shakespeare in particular was harshly abused for daring to question and criticise the dogma. In 2018, some African writers on disability seem to be discovering the social model for the first time, or write of it as though it were the true, correct, modern way of regarding disability. Certainly it is a model worth thinking about, and asking how well it might fit this or that African situation. What can be learnt from the model that would address the difficulties of combining skills and resources from traditional medicine and modern western biomedicine? The originators of the social model as described in the 1970s [cf DEXTER, above, 1950s] had benefitted from the ready availability of a high standard of physical medicine and rehabilitation services (free of charge, in Britain's National Health Service) - and sometimes seem to assume that 'of course' all people with disability should get whatever benefit they can from medical services - while freely criticising the so-called 'medical model' as oppressive and damaging to disabled people. It is obvious that very many people in Africa having chronic and

disabling illnesses or impairments do not have access to competent medical rehabilitation and therapy professionals, which and who are in short supply, and not available without payment. Access to such services is a high priority for them, as well as the removal of many social and attitudinal barriers.]

SHUE, Vivienne (1998) State power and the philanthropic impulse in China today. In: W.F. Ilchman; S.N. Katz & E.L. Queen (eds) *Philanthropy in the World's Traditions*, 332-354. Bloomington: Indiana University Press.

Between 1993 and 1995, Shue interviewed nearly 200 people, mainly in six Chinese coastal cities of large or moderate size, who were involved in charity and welfare work. One aim was to find the balance between earlier notions of comradely service, and "colourful reports confirming the postsocialist transfigurations of social values" (p. 332). Amid many kinds of work reviewed, some served disabled people. The 'deserving poor' or 'honest poor' (pp. 335, 337) clearly embrace various categories of needy people who lack family members able and willing to care for them, including "mentally and physically disabled people, many of whom may be expected never to succeed in finding a mate, and whose impaired earning abilities and afflictions place an unsustainable burden on their families" (337-38). Activities of the All-China Association of Handicapped People are noted (339). Other voices name "the elderly, orphaned children, sick children, the disabled..." (340), or "the poor, the disabled, and so on" (341), for whom China's new, competitive, market economy may find little room or compassion; or who might receive a handout merely to create a better image for a business company or kudos-seeking individual. Some sceptical views are described (346-48), but also a few exceptional people, with little access to funds, who take the difficult path of personally setting up a service, usually for "mentally handicapped children, orphans, or the elderly on a non-profit basis", and succeed against the odds (p. 349). Shue finds some continuities of concept, motivation and action, between China's historical heritage of philanthropy and the current reported activities, whether by the state, non-governmental organisations or individuals.

SOMASUNDARAM, O. (1973) Religious treatment of mental illness in Tamil Nadu. *Indian J. Psychiatry* 15: 38-48.

Sketches some aspects of Hindu religious belief and practice, and several temples and shrines in Tamil Nadu that are well known for cure of sick people, especially those with mental illness. The curative regime entails a full program of activities, hydrotherapy, physical exercise and restricted diet, having beneficial physiological effects and engaging the patients' attention and efforts. The author suggests that faith in the efficacy of the shrine is a powerful factor in helping people rebalance their lives, together with their family members (who also attend the religious place).

SPIKINS, Penny A.; Rutherford, Holly E., & Needham, Andy P. (2013) From homininity to humanity: compassion from the earliest Archaics to Modern humans. *Time and Mind: J. Archaeology, Consciousness and Culture* 3 (3) 303-325.

[Abstract] "We are increasingly aware of the role of emotions and emotional construction in social relationships. However, despite their significance, there are few constructs or theoretical approaches to the evolution of emotions that can be related to the prehistoric



archaeological record. Whilst we frequently discuss how archaic humans might have *thought*, how they *felt* might seem to be beyond the realm of academic enquiry. In this paper we aim to open up the debate into the construction of emotion in early prehistory by proposing key stages in the emotional motivation to help others; the feeling of *compassion*, in human evolution. We review existing literature on compassion and highlight what appear to be particularly significant thresholds in the development of compassion for human social relationships and the evolution of the human mind." 174 refs.

--- [The article purports to range across the development of thoughts, feelings and caring actions through more than a million years of hominid development, some of it located in Africa. These speculations sound like an archaeological equivalent of 'science fiction' space travel, reflecting some deep 'need' to find projections or reflections of modern humans' emotions in deep time, forward or backward.]

STOL, Martin & VLEEMING, Sven P. (eds) (1998) *The Care of the Elderly in the Ancient Near East*. Leiden: Brill. vii + 280 pp.

This is a collection of chapters from a colloquium in 1995, with Introduction and Conclusion (on legal aspects) by R. Westbrook (pp. 1-22; 241-250) and highly detailed contributions cautiously discussing primary text material on the care of elderly people: in Mesopotamia of the third millennium (C. Wilke, 23-57, translated by N. Yoffee); in Mesopotamia in the Old Babylonian period (M. Stol, 59-117); in Old Assyrian and Ancient Anatolian evidence (K.R. Veenhof, 119-160); in the Neo-Babylonian period (G. van Driel, 161-197); in legal aspects in Egypt to the end of the New Kingdom (A. McDowell, 199-221); and in Papyrus sources (H.-A. Rupprecht, in German, 223-239). Specific references to impairment and disability are few, (e.g. in Van Driel, pp. 169-170, 172, 181-182; Veenhof, 143-144; see details under their individual entries). Yet the contrast is never far away between, for example, the able-bodied worker and the elderly men who might possibly be infirm, stooping, with diminished hearing, sight and physical strength, or the beginnings of senile decay. Some evidence is shown for a range of legal, social and financial accommodations made by families to give at least a modest provision for members liable to long-term poverty; but evidence remains patchy, and the contributors have resisted hasty generalisations.

STANNUS, Hugh S. (1914) Congenital anomalies in a native African race. *Biometrika* 10: 1-24 + plates.

Stannus, a Medical Officer in Nyasaland, discussed the types of congenital anomalies he met during 7 years, with some case details, drawings and photographs. Mentions (p.5) "a Mongol Idiot aged 4 years in W. Nyasa district" (one of the earliest identifications of Down's syndrome among Africans). (See also STANNUS 1910, main bibliography above).

STIKER, Henri-Jacques (2012) Note de lecture. "Avec toi. De la France à l'Égypte: 'Un extraordinaire amour'", Suzanne Taha Hussein (2011), *Cerf. ALTER. European J. Disability Research* 6: 149-151.

SVEDBERG, Peter (2004) World income distribution: which way? *J. Development Studies* 40: 1-32.

Dr Svedberg, professor of development economics, tabulates and discusses a range of recent economic studies on income distribution and poverty, mostly covering the later 20th century. The aim is to show how researchers' different assumptions, definitions, quality and weighting of available data, and other varying parameters, lead to sharply divergent accounts of what is actually going on between the poorer and richer countries, and between different groups within poor countries. The limitations and ambiguities of the various approaches used, and the presentation of results often with insufficient cautionary notes, enable advocates for various conflicting policies to find data that appears to support their policy choice. It can be shown that many millions of people are significantly better off than they were a few decades earlier; yet at the same time, hundreds of millions have probably made no real progress. [Perhaps an equal number have disappeared from official knowledge, to an even worse economic position, though Svedberg does not suggest this. The complexity of such movements, and the multiplicity of causes and operators, cannot easily be grasped. Many books and papers with reference to African development economics seem to be dangerously simplistic, in the light of Svedberg's analysis.] The sole prediction of which Svedberg is certain, is that "the absolute per capita income gap between the richest and the poorest countries will inexorably continue to grow over the next two or three decades."

TARDIEU, Ambroise (1860). Étude médico-légale sur les sévices et mauvais traitements exercés sur des enfants. *Annales d'Hygiène Publique et de Médecine Légale*, xiii: 361-398. Dr. Tardieu (1860) reported at length the extensive and repeated torture of a teenage girl by parents, among many other cases in France. Tardieu's medico-legal work on paederasty was cited by later physicians in India discussing problems of rape evidence. [Forensic physicians such as Chevers in British India, for example, noted cases where girls' genitals were burned with heated implements or oil (pp.308-309). Norman Chevers (1854) Report on medical jurisprudence in the Bengal Presidency. *Indian Annals of Medical Science*, iii (October), 243-426. Later Chevers (pp. 677-678) noted 36 victims aged 4 to 13 years, amongst 66 rape cases he studied from law court reports, as well as a range of other medical and psychological abuse inflicted on young children . Chevers, N. (1870). *A Manual of Medical Jurisprudence for India*. Calcutta: Thacker, Spink. [Full text may be found online in archives.] Chevers published earlier than Tardieu (1818-1879) whose series of French medico-legal child abuse cases is usually considered the first in Europe. (Tardieu's earliest case was from 1838).]

TOBE, Keiko (transl. 200x - 200x): *With the Light - Raising an Autistic Child*. (8 volumes, the final part of vol. 8 in sketch form).

This remarkable Manga series, with speech bubbles and incidental text translated to English, was originally published in Japanese, apparently in 16 volumes, but the translation uses 8 volumes averaging 500+ pages, with 4 to 6 cartoon frames per page. (The highly gifted author/artist Keike Tobe died while completing the final volume). The storyline shows an urban Japanese young family raising two children, the older being a boy, whom they slowly discover to be significantly 'different' in his development and behaviour, and who is followed through infancy, childhood and school, into his teenage years. The parents encounter, and slowly learn to handle, a wide variety of pitfalls, prejudices and false

assumptions in themselves, their older relatives, the neighbours, school staff, shopkeepers, managers, care assistants, police, bus drivers, and many other strangers passing in parks and public places, as their son grows and encounters a world that is seldom configured with the same logic that he uses to try to understand it.

--- Keiko Tobe produced this work with the collaboration of parents' organisations, and (as described in appended pages in several volumes, e.g. vol. 6, pp. 508-514) discussed how the material had been modelled on real-life children and families. [In the present compiler' opinion, and that of C. Miles (after 35 years working with children with severe developmental and communication difficulties), the work is an excellent introduction to the family and school opportunities and difficulties for children 'on the autism spectrum', also giving fascinating insights into the lives of ordinary Japanese teachers and school children, including some poorer and marginalised families who live in very different ways from the urban middle-class norms. Several background stories introduce further themes, such as the highly gifted autistic inventor and the 'normal' assistant who helps fill the gaps in his daily life; and the changes in a business executive's life when his experience with autism leads to the 'humanisation' of traditional Japanese management practices.]

[TOBIT.] [translation 1966] The Book of Tobit. In: *The Jerusalem Bible* (multiple editors and translators), pp. 600-621. London: Darton, Longman & Todd.

The Book of Tobit is a tale of kinship, love, filial obedience and marriage, blindness and a traditional cure, angels and evil spirits, loosely located between ancient Nineveh and Ecbatana, written possibly among Jewish people in Egypt in the 4th or 5th century BC. It is one of a group of tales which ordinary people love to hear being retold, but which the solemn theologians of Judaism, and later of the Christian church, did not count in the first rank of scriptures. [In the Catholic bible, it is found among the apocryphal writings. In many Protestant bibles, it is absent.]

--- For the purposes of African disability, healing and beliefs, the story illustrates a 'folk' cure for blindness, which might have a modern scientific explanation; and also a means for removing an evil spirit, which has no 'modern explanation', but would cause no difficulty among many African hearers. Tobit is an elderly Jewish man in exile, who has practised his faith, kept the law, given charitably to the poor, but lost his eyesight even while doing an act of kindness. His kinsman Raguel lives in a city at several days distance and has one daughter, Sarah, an innocent girl for whom he has arranged marriages; but each time, the bridegroom dies on the wedding night, without consummating the marriage. Both Sarah and Tobit feel an impulse to die, because they hear people laughing at their predicament. Tobit sends his son Tobias to visit Raguel, both for a financial matter and with the idea of claiming the young man's right to marry Raguel's daughter, according to old custom. On the journey, Tobias is accompanied by an angel in disguise (Raphael), and a dog. In the evening they camp by a river, and a great fish leaps out. The angel directs Tobias to catch the fish, and cut out its heart and liver and gall, which have curative properties. The young man does so, and asks what may be cured. Raphael tells him that, when burnt, smoke from the heart and liver drives away evil spirits. The gall is used as ointment for certain kinds of eye disease. Reaching their destination, Raphael guides Tobias to his kinsman. The marriage with Sarah is soon arranged. Raphael tells Tobias how to burn fish liver and heart to drive

away Asmodeus, an evil spirit; and that he and his bride must pray earnestly before being united. They do as they are told, and are married successfully. Two weeks of celebration and feasting follow.

--- Back home, old Tobit and his wife are waiting for news, alternately in hope and despair, the old woman endlessly gazing down the road. Finally, Tobias begs leave of his new father-in-law and sets out for home with his bride and the angel, and the dog following. Raphael and Tobias decide to go a little faster (Raphael promises that the fish gall will cure the eyes of Tobit), ahead of the bride and her attendants. [In some reputable versions, such as the Vulgate, the dog decides to go even faster, and is the first one to be recognised by the old woman gazing down the road. Dog dashes ahead, wagging its tail with joy, to bring the good news. {"Tunc praecurrit canis, qui simul fuerat in via: et quasi nuntius adveniens, blandimento suae caudae gaudebat"! ch.11, v.9.}] Tobias and the angel soon follow; the cure is applied to Tobit's eyes, and after a short while he leaps up and walks briskly by himself to the gate of the city, to the amazement of those who know him as a blind man. The bride and her company arrive. Great celebrations and feasting begin, with praise and thanks to God, and promises of more charitable gifts to the poor. [Even a few hard-boiled biblical scholars are dragged into the tent and made to take food and drink, and stop mumbling about the textual difficulties and alternative readings in the missing Aramaic version! There's a time to be cautious and clever; There's a time to be wise and praise God!]

TOROREI, Samuel Kipnetich (1991) Nordic organisations and Africa. In: *Rapport Från Nordiskt Biståndsseminarium Inom Handikappområdet, Mars 1991, Esbo, Finland, Vällingby: Sekretariat för Nordiska Biståndsseminariet Handikappinstitutet.*

Dr Tororei is a senior Government advisor in several fields in Kenya, who also happens to be blind. In a Nordic seminar on disability development aid, Tororei noted the tendency to choose 'Politically Correct' counterparts (i.e. organisations Of, rather than For) instead of considering whether the activities and project proposals were valid; to send European consultants who were less qualified but better paid and equipped than their African counterparts; and to reject budget proposals "without explanation or consultation because the donor perceives its role as dominant."

TRAPHAGAN, John W. (2007) Moral discourse and old age disability in Japan. In: B. Ingstad & S.R. Whyte (eds) (2007) *Disability in Local and Global Worlds*, 259-286. Berkeley: University of California Press.

The increase of elderly and very old people in Japan, as in many other countries, has generated a growing need for care related to disabilities, ageing and senility, while concurrent social trends have altered traditional assumptions about women's roles in such care, and state participation in care funding. Based on fieldwork in the 1990s, Traphagan analyses and discusses this complex and evolving field, the concepts of disability, moral discourses, and discontinuities of thought and practice, in modern Japan.

UNDERWOOD, Lynn G. (2009) Compassionate love: a framework for research. In: B. Fehr, S. Sprecher & L.G. Underwood (eds) *The Science of Compassionate Love*, 3-25. London: Wiley-Blackwell.

[Professor Underwood formerly trained in medicine and obtained her PhD for research in

cancer epidemiology, learning firsthand that "it is not easy to determine what is the cause and what is the effect, and that there are multiple causes for every effect." Retained her scientific skills, she enlarged her vision to studying the effects of practising compassionate love and daily spiritual exercises, on the well-being of humans across multiple cultures, religions, philosophies of transcendence, and also stated non-belief in deities. During the past 15 years, Underwood and collaborators in many countries have experimented with ways of defining and expressing these human phenomena in words that reflect well the self-reported ways in which people think about them, so that they can reliably be checked and compared within different human groups. (In UNDERWOOD 2013, below, she mentions "working groups that gathered for World Health Organization projects" including people from 25 countries, among which were "Egypt, Sweden, the United Kingdom, Turkey, China, Brazil, Spain, Israel, Kenya, Australia, and Japan.") The contributions of 42 other scholars to the present book, and the considerable academic literature referenced in the 15 chapters, shows the remarkable growth and importance of the field. {cf. OFFENBACHER, above, on "Spirituality and the International Classification of Functioning, Disability and Health".}]

UNDERWOOD, L.G. (2011) The Daily Spiritual Experience Scale: overview and results. *Religions* 2 (1) 29-50. [Open online]

UNDERWOOD, L.G. (2013) *Spiritual Connection in Daily Life*. West Conshohocken, PA: Templeton Press. viii + 232 pp.  
[See previous two items]

VERDIER, Raymond (1975) Introduction à l'étude du statut juridique de l'enfant dans le droit ancien et moderne de l'Afrique noire francophone et à Madagascar. *Recueils de la Société Jean Bodin* 35, Part I: 9-21.

VISSER, J. & Stokes, S. (2003) Is education ready for inclusion of pupils with emotional and behavioural difficulties: a rights perspective? *Educational Review* 55 (1) 65-75.  
The trend toward educational inclusion has weak legal support in England and Wales, as appears in the case of children categorised as having emotional and behavioural difficulties. This paper discusses the current situation in terms of human rights, legal rights and civil rights, and possible conflicts between such rights. Exercise of the rights of children to more inclusive educational facilities has led to the closure of some special education schools, curtailing the rights of choice of some parents who would have preferred to send their child to such schools. Some children have been excluded from ordinary schools because their difficult behaviour has threatened the rights of other children to be educated in safety and security; whereas in other schools, such behaviour has been treated as evidence of special needs and has elicited a range of individualised responses rather than exclusion from school.

VIVES, Juan Luis (1526) De Subventionem Pauperum [On Poor Relief]. In: F.R. Salter (transl. & ed, 1926) *Some Early Tracts on Poor Relief*. London: Methuen.  
Vivés addressed the Senate of Bruges [Belgium] in 1526, drawing on 14 years living there

and experiences in his native Valencia. He managed to crystallise some decades of earlier debate and action in European cities seeking solutions to communal problems of poverty, need, and imbalances of wealth distribution. Vivés gave a detailed account of needs, opportunities, risks and solutions, while rebutting some contrary views. Civic duties existed to care for the poor; to differentiate those unable to help themselves from the idle but able-bodied beggars; to provide opportunities of self-supporting work to all; to find finance by reorganisation and better management of existing charitable foundations, publicly contributed funds and charity boxes; and to institute more trustworthy management and surveillance of the programme. People with disabilities, chronic ailments, mental disorders, and old age infirmity figured in the discourse. Vivés believed that "no one is so enfeebled as to have no power at all for doing something." If a person was "elderly, or too dull of intellect", lighter tasks and modified activities were listed. Vivés would not "allow the blind to sit or wander about idly ... Some are capable of study, let them study; ... Others are musical, let them sing, or play stringed instruments or the flute". Others could try a list of handicrafts. The effort of self-support should be supplemented by charitable funds in a kindly way, balanced so as to avoid leaving people semi-starved, while not removing all need for their own continuing efforts.

WELCH, John S. (2003) Ritual in Western medicine and its role in placebo healing. *J. Religion and Health* 42 (1) 21-33.

[From abstract] "... practitioners of Western medicine also interact with patients in a highly ritualized manner. Medical rituals, like religious rituals, serve to alter the meaning of an experience by naming and circumscribing unknown elements of that experience and by enabling patients' belief in a treatment and their expectancy of healing from that treatment. These are all critical elements necessary to mobilize the potent placebo effects reported elsewhere to result from doctor-patient interactions."

--- [Welch was a graduate student (in California), qualified in molecular biology, and studying medical science and its practitioners. He describes rituals in which western hospital and clinic staff engage, with the nurses inducing an appropriate frame of mind by removing people's ordinary clothes, giving them a gown, addressing them by a name they don't use in everyday life, referring to them by numbers, measuring their weight, blood pressure etc, before passing them as 'patients' to the doctors, who 'take their confession', i.e. what's bad about them, and reframe it into medical mumbo-jumbo, proposing that there is still hope, and sending them out with tokens that may 'make them better'; comparable (in some ways) to ancient temple rituals, and shamanic activities.]

--- [Welch was writing before the era when Western doctors became 90% focussed on their computer screens, holding the previous blood results, CAT-scans, confessions and prescriptions; who might find it hard to be interested in the human being sitting or lying opposite. It may seem unlikely that modern priests keep computer records of confessions, sins absolved, and prayers to be repeated 50 times, but they might struggle to retain a compassionate interest after many years in the field. [cf. TOUHAMI, above, for the modern 'barefoot psychiatrist' in an office block in Morocco, who may also now be computerised.]

WERNER, David B. (1997) *Nothing About Us Without Us. Developing innovative technologies for, by, and with disabled persons*. Palo Alto: Healthwrights. 350 pp. Multiple illustrations.

Though neither religious nor overtly 'spiritual' in its tone, this remarkable compilation of personal stories, technical know-how, gadgets and hard-won experience "for, by, and with" disabled people, displays abundant hopefulness and good cheer, with repeated triumphs of the human spirit in the city slums and remote villages across the world, where an estimated two billion people still live in difficult situations with diminishing chances that 'modern civilisation' can offer anything helpful. Based originally in Mexico, the compiler David Werner has travelled across the world collecting materials; and his own life-long physical impairment tuned up his appreciation of the ironies of being 'disabled in the community'. He also drew the illustrations that lighten every page.

WEST, Gerald O. (2007) (Ac)claiming the (Extra)ordinary African 'reader' of the Bible. In: *G.O. West (ed.) Reading Other-wise. Socially engaged biblical scholars reading with their local communities*, pp. 29-47. Atlanta: Society of Biblical Literature.

[The titles, with smarty-pants word-plays, suggest that the author and editor is mainly addressing a sophisticated Western readership; yet the 'essays' collected here mostly discuss or argue about more serious purposes, extending to experiences with 'faith communities' in Africa, India, Jamaica, Brazil, the UK and USA, and the efforts of scholars to hear how and why 'ordinary, non-scholarly' readers may interpret and use biblical texts translated (more or less) into other languages. West had taught theology and biblical hermeneutics for many years at the University of KwaZulu-Natal. Contributions based wholly or partly in Africa are: Erik Anum, "Ye Ma Wo Mo! African hermeneuts, you have spoken at last: reflections on *Semeia* 73 (1996)", pp. 7-18. Mogomme Alpheus Masoga, "'Dear God! Give us our daily leftovers and we will be able to forgive those who trouble our souls': some perspectives on conversational biblical hermeneutics and theologies", 19-27, which shows and discusses politicised material in Sotho by Solly Moholo. Nicole M. Simopoulos, "Who was Hagar? Mistress, divorcee, exile, or exploited worker: an analysis of contemporary grassroots readings of Genesis 16 by Caucasian, Latina, and Black South African women", pp. 63-72.]

WILSON, Kirsty; Miles, Susie, & Kaplan, Ian (2008) *Family Friendly! Working with deaf children and their communities worldwide*. [London], Deaf Child Worldwide. i + 150 pp. + many illustrations.

WINFIELD, Pamela D. (2005) Curing with *Kaji*. Healing and esoteric empowerment in Japan. *Japanese Journal of Religious Studies* 32 (1) 107-130. [found open online] Reviews the history and practice of a healing technique that is claimed to apply the Buddha's universal energy, to "heal everything from nearsightedness to terminal cancer". A modern Shingon master is quoted, who includes epilepsy, and polio "in its early state", among conditions that he believes have been greatly benefited during his own practice. Winfield "makes no attempt to substantiate the medical validity of such claims", but aims to retrieve the neglected history of this hands-on technique.

WOLFSON, Harry A. (1935) The internal senses in Latin, Arabic, and Hebrew philosophic texts. *Harvard Theological Review* 28 (2) 69-133.

Detailed, scholarly account of the varied understanding of terms in Latin, Hebrew, Arabic,

(and also Greek) for the 'internal senses' as used by thinkers in the classical and medieval Mediterranean, North Africa and the Middle East, ranging from Aristotle through the Church Fathers, the major Arab philosophers and later Medieval Christian theologians. Various systems of classification were used for cognitive processes, with some mutual influence, sometimes hampered by shifts of meaning in translation. [While not immediately concerned with 'disability', the long article has importance, and a cautionary function, for historical studies of the meaning of some impairments and disabilities across the Mediterranean, North Africa and Middle Eastern regions. Lack or serious diminution of receptive senses such as sight and hearing (and to a lesser extent, touch, taste and smell) is both historically inherent and fairly transparent in ideas of impairment and disability. Absence or diminution of internal processing by the 'cognitive faculties', exhibiting as weaknesses in the development, maturing and practice of thinking, awareness, cognition, common sense, intellect, focus, memory, imagination, planning, communication, (and other related terms), seem to be inherent in concepts of 'mental retardation' or 'intellectual impairment'. Yet these have been, and are, considerably less transparent in their meaning, as there is a wide range in both the popular, the educated, and the scientific conceptualisation of these processes.]

WORLD BANK (2003) *Making Services Work for Poor People. World Development Report 2004*. New York: World Bank. xvi + 271 pp.

[www.econ.worldbank.org/wdr/](http://www.econ.worldbank.org/wdr/) [and scroll] [Nov. 05]

With detailed contents (pp. v-xii), overview (pp. 1-18), endnotes and references (218-48), this report examines in considerable detail the successes and failures of global and national "aid and development" during 30 years in assisting governments and NGOs to provide basic services such as water, food, housing, education, health, and employment to the economically poorer half of the world's population.

--- The report is unusual, in that it recognises the immense complexity and variety of the human situation based in different cultural and historical backgrounds; and reiterates that **"One size will not fit all"** (J Wolfensohn's Foreword, pp. xv-xvi). For various sectors, one may try to analyse whether "Eight sizes fit all" or "Six sizes fit all?" (pp. 13-14, 75, 91, 106-107, 154-56), or "Eight sizes fit all with adjustable waistbands" (p.15); yet "There is no single path" (p.154), "There is no 'right' way to make sure services reach poor people. The appropriate technical interventions -- and the institutional structures that generate them -- vary enormously." (p. 108) The successful strategies in one country have failed in another even when the parameters looked fairly comparable (pp. 35-38); or have served the richer people in a economically weak nation, while failing to reach the poorer majority (pp. 39-40). The ways in which donor agencies work, and some needed reforms, occupy chapter 11 (pp. 203-217). Presentation is highly professional, with a variety of text, boxes, diagrams, graphs, tables, maps, case histories, to assist the assimilation of complex material (by users of graduate level, with good English reading ability).

--- Almost no reference is made directly to 'disability', presumably for two reasons: (i) almost everything in the report seems to be equally relevant to services for disabled people among the global poor; (ii) in the period (2002-2003) when this report was being



prepared, the World Bank set up a special unit (2002-2005) to study disability and see how disabled people can better be integrated into development processes.

WU HUNG (2001) Photographing deformity: Liu Zheng and his photo series "My Countrymen". *Public Culture* 13 (3) 339-427. {In the Special Issue: "The Critical Limits of Embodiment; reflections on disability criticism", guest edited by C.A. Breckenridge and C. Vogler.}

The article reproduces eleven of the "'Artistic' photographs of people living in China with deformity, illness, or disability - along with justifications for making and exhibiting these images", from among hundreds of pictures taken during the 1990s. The curious portraits appear with commentary by the young Chinese photographer Liu Zheng, who spent years getting to know the people and gaining their confidence to allow him to photograph them. The subjects range across the social margins of living and dead humanity, such as "two retarded men on the street" in Tongxian, on their enjoyable routine fantasy of 'directing traffic' in a central park dressed in oddments of warden or police kit; "four deformed fetuses" occupying large medical specimen bottles, which had been thrown out from a medical college and would shortly be buried in a pit; a sculpture from the "Gate of Ghosts" at Fengdu, Sichuan, depicting men and women under "tortures and punishments in hell"; a young man with a brain tumour producing a warm smile while awaiting death in a few weeks, at a Beijing hospice where "medical knowledge is now useless"; "three deaf-mute girls" living a financially precarious life as performers at Shenyang; some "wandering performers" at the Buddhist shrine on Mount Wutai, Shanxi; and so on.

--- Wu Hung gives a framework of literature discussing the legitimacy of such 'exploitation', but it seems likely that Liu Zheng won permission from his mostly 'stigmatised' subjects by taking them seriously on a human level and producing technically high quality work; also because the subjects recognised the photographer himself as an obsessive belonging to the same borderlands of humanity as themselves. [Some of the chosen examples have an overt 'Buddhist' connection; but the whole exercise seems to combine interesting features of orthodox and unorthodox Buddhist observation and practice.]

YONG, Amos (2007) *Theology and Down Syndrome. Reimagining disability in late modernity*. Waco, Texas: Baylor University Press. xiii + 450 pp.

While mainly reviewing and updating Christian theological thinking on intellectual impairment and disability, in the light of modern disability studies, the international theologian Amos Yong (whose brother has Down's syndrome) offers much more than the usual cursory paragraphs on 'history'. His "biblical and historical trajectories" on "the blind, the deaf and the lame" (pp. 19-42, notes on 299-303), and "world religious perspectives" on "disability in context" (pp. 140-150, notes p. 317) take in a useful amount of historical scholarship on disability, in and beyond the Abrahamic faiths.

YOUNGHAK, Hyun (1985) The cripple's dance and Minjung theology. *Ching Feng* 28 (1) 30-35.

The Korean Christian theologian Younghak notes his changing perception of crippled beggars. He first saw them as a boy, and enjoyed watching their begging song and dance, which was also an event for mimicking and teasing. He tells of a talented dancer, Ms Kong

Ok-Jin, who performed a 'cripple's dance'. She grew up in a very poor family, her brother was deaf, and she had learnt to communicate with gesture and mime. She worked as a maid for a Korean dancer, and later worked in a troupe of singers and dancers. Her speciality was to depict "both the pain and the joy of the poor, powerless, estranged and uneducated people as she experienced in her personal life and observed in others." Once, going home after a performance, she was beaten by a group of crippled beggars, who felt that her art made fun of their plight. Later, she ran a small restaurant, and used to invite crippled beggars, give them food and drink, and "dance with them in order to learn the minutest details of their body movements." By close attention, entering into the beggars' world, Ok-Jin finally learnt how to make an audience feel the reality of pain and misery in the dance of the crippled beggars or lepers, and also the spark of joy with which they claimed their common humanity and challenged 'normal' people. Her performance finally became acceptable to the beggars.

ZHAN, Heying Jenny; Feng, Xiaotian; & Luo, Baozhen (2008) Placing elderly parents in institutions in urban China: a reinterpretation of filial piety. *Research on Aging* 30 (5) 543-571.

Interviews at Nanjing with elderly residents in institutions, and family members, and institutional staff, suggest that the traditional concept of filial piety (*xiao*) has been extended to embrace the 'subcontracting' of elders' care, since welfare reforms in the mid-1990s gave rise to a growing service industry, and made this option available to some financially stronger urban families. An intermediate position, hiring home carers, has been less popular, through lack of space at home and difficulty of trusting strangers.

## **APPENDIX 2: DID NORTH AFRICAN CAVE-DWELLERS 'SHOW COMPASSION' 10,000 YEARS AGO?**

Attempts have been made to produce evidence that some early human or hominid cave-dwellers showed 'compassion' to one another, for example, in situations where someone apparently continued to live for several years during which the damage to their bones seemed so great as to suggest that they could not have taken part in food-gathering or other 'useful' activities, and therefore must have been kept alive by other members of their group feeding them 'compassionately', or from altruistic motive, or out of force of habit or instinct. At any rate, the group had not simply allowed that one to starve to death, as a 'useless mouth' who consumed part of the meagre food supply without making any contribution to the group welfare.

Some such attempts to provide a compelling case for 'compassion' among Neanderthals occurred, for example with bones discovered in Germany in 1856, being given a rethink and image upgrade in the 1970s, as described by Trinkaus & Shipman (1993), a story received with enthusiasm by the news media and by some archaeologists. Other researchers such as Katherine Dettwyler (1991) were sceptical, suggesting that bones

cannot show compassion, and reporting modern experience in North Africa where some severely damaged and heavily dependent members of a group were indeed kept alive, but were mocked and beaten by other group members (DETTWYLER 1994 - see Appendix 1, above).

Clearly there are conflicting interpretations in this field, and apparently a wish by some participants to 'read back' modern sentiments into possible behaviours in deep antiquity, against the judgement of other participants motivated by a different imagination of early cave-dwellers. The following extract goes into some detail in trying to trace the damage in some North African bones, and to make deductions on group or individual activities, in which some 'altruistic motivation' might reasonably be attributed. These studies were reported mainly in French, and with some level of confusion in sources, and with some possible influence from a German source connected with 'racial biology' that has now been practically deleted from 'acceptable' scientific reporting. In other words, the extract goes behind the scenes, and reveals some of the real-life complications and arguments that are scrubbed out of 'academic papers' before they reach the status of being 'published in a peer-reviewed journal of good international standing'.

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Extract from "Hydrocephalus and Spina Bifida in North African Antiquity" by M. Miles, first compiled in 2006:

[End-notes 5, 6, and 15 are shown in full in the text, and have not been renumbered or made into footnotes. **Most of the argument specifically about the possibility of 'compassion' occurs towards the end, under note 15, where Dr. Jean Dastugue cautiously advances it, in Ferembach, Dastugue et al, 1962.** The fact that the material is in French and is concealed amidst a lengthy technical report may have contributed to its modest citation in earlier anglophone debate. {However, by the end of 2016, the study had 119 citations in Google Scholar}.

[Main Text]. Hydrocephalus and spina bifida have existed in Africa since antiquity. Egyptian and Nubian evidence for hydrocephalus between the 1st century BC and 6th century CE has acquired greater prominence (e.g. Derry 1912-1913, and discussion by Nunn 1996, 79-80; El Batrawi 1935; Armelagos 1969) perhaps because enlarged skulls are an archaeological signal of immediate and obvious human interest; yet pitfalls of interpretation have been detailed by Richards & Anton (1991), who doubt some claims to have identified hydrocephalus. [5]

--- [End note 5]: Armelagos (1969) remarked that interpretation of skeletal lesions was sometimes difficult, sometimes obvious; and that the "skull of a hydrocephalic child from the X-group site" ["X-group" was jargon for ca. 350-550 CE] at Wadi Halfa, Nubia, Sudan, of which he showed a photograph, was an example that "presented no problem of interpretation". Richards & Anton (1991), while conceding that this might be so, remark that "the published data are too limited to allow conclusions", then show a more scientific approach to presenting cranial measurements, putting the reader in possession of verifiable data on which their interpretation is based. This difference of approach arises

partly from the normal progressive development of a field of investigation during 23 years (from 1969 to 1991), toward more rigorous measurements that are independent of individual know-how and expertise. Richards & Anton omit mention of El Batrawi (1935, 183-187 and plate XXII), working some decades earlier, who did give detailed descriptions, measurements and photographs of two hydrocephalic skulls from the X-group in Nubia, the first obviously hydrocephalic, with large size, light weight, and the face "very peculiar, being of very small size in proportion to the cranium; the second "not as self-evident as it is in the previous one", so Batrawi gave reasons for his diagnosis. (Nunn 1996, 84, notes a negative review of another earlier hydrocephalus diagnosis).

[Main Text.] Spina bifida in African antiquity has attracted less attention, yet evidence of it has been found in more than half of 133 skeletons in Taforalt Cave, "North Eastern Morocco, southwest of Berkane and northwest of Oujda (35 degrees 54' N, 2 degrees 22' W)"\* (Lubell, 2001, p. 147-48) during the period 10,000 - 8,500 BC (Ferembach, 1959 & 1963; Ferembach et al 1962; see also Kuttner 1978). **[6]**

--- \*{location is more recently given as 34 deg. 48' 38" N; 2 deg. 24' 30" W, by Barton et al 2013.}

--- **End note [6]** The Taforalt cave had been partially excavated from 1950 onward (Roche 1953, 1963), adding useful early evidence of humans in the Maghreb (Lubell 2001). Following excavations in the early 1950s, sacral anomalies were reported briefly by Ferembach (1959), without the term "spina bifida"; but later they became "spina bifida occulta in prehistoric human skeletons" (Ferembach 1963), with Figure 2 titled "Sacrum of specimen XI, with an almost complete spina bifida occulta". Ferembach stated that the adult sacra "are characterized by the presence of a more-or-less developed dehiscence of the crista sacralis mediana known as spina bifida." In a detailed description of the human remains (Ferembach et al. 1962), the same "Sacrum of specimen XI" is Figure 32, "montrant une spina bifida presque complète" (p. 93). Several Taforalt sacra exhibited "la présence, avec un développement variable, d'une déhiscence des apophyses épineuses, ou rachischisis [\*] sacré (la spina bifida occulta de certains auteurs). On peut difficilement penser à une spina bifida aperta étant donné l'âge des individus où elle se remarque, cette anomalie n'étant pas compatible avec la vie" (pp. 93-94; cf. p. 17).

--- Considering the high early mortality (out of 186 skeletons, 80 were adult, 44 or 45 died in their first year, 23 or 24 in their second year, and 30 or 31 between 2 and 6 years, pp. 16-18), Ferembach found it easier to consider spina bifida aperta (now usually 'spina bifida cystica'): "Selon certains auteurs (et en admettant que le même gène est responsable de cette malformation et de la suivante), à l'état homozygote la spina-bifida occulta se transforme en spina bifida aperta et l'individu porteur n'est pas viable. La très forte mortalité observée à Taforalt pourrait donc, en partie, être due à ce gène léthal (et aussi à d'autres, peut-être, affectant les parties molles ou la biochimie, donc en général non visibles sur le squelette) se maintenant dans le groupe et apparaissant plus fréquemment à double dose chez une personne par suite des nombreux mariages entre parents. // Mais cela n'est certainement pas la seule cause. Il est très probable qu'un manque d'hygiène doit aussi être incriminé." (Ferembach et al, 1962, p. 17). For the shift from 'occulta' to 'aperta', Ferembach (1963) mentioned "Shamburov" in her text, citing R.R. Gates (1952) *Human Genetics*, New York. The 1946 edition of Gates refers (vol I: 487) to work by [Dimitrii]

Shamburov, and on p. 488 to "Schamburow". (Work by this author can be found under: Shamburov; Schamburov; Schamburow). Gates's citation was: Schamburow D.A. 1932. Die Vererbung [= inheritance or transmission] der Spina Bifida, *Arch. f. Rass. Biol.* 26: 304-317. The paper is cited on the internet as: D.A. Schamburow & J.J. Stilbans (1932) Die Vererbung der Spina Bifida, *Archiv für Rassenbiologie* 26: 304-317. This "Archive for Racial Biology" is not easily found. It is cited mostly in historical research on Eugenics under Germany's National Socialism era; however, Schamburow's studies of spina bifida were not necessarily influenced by racial bias and non-scientific notions. Ferembach also noted that "the mode of inheritance of spina bifida is considered by many geneticists as least reliable". --- This "least reliable" rating appears in another Ferembach (1963) reference: Neel J.V. & Schull W.J., 1954, *Human Heredity*, New York, which on pp. 80-82 tabulates "Diseases in which it may be possible to recognize a carrier state". Listing "Spina bifida", the table shows "spina bifida occulta" as the possible "Characteristics of Carrier State"; and under "Genetic relationship of carrier to manifest disease" it shows "Both heterozygous for same gene", with "Reliability" rating of 4 ("least reliable"), citing Schamburow & Stilbans (1932). The latter reference is not given in full, but presumably is the paper mentioned above. Ferembach seems to have placed some reliance on Shamburov's work from 30 years earlier. Shamburov had continued publishing in Russian, e.g. in 1959 on "status dysraphicus and lumbosacral radiculitis" [\*] (see Old Medline), while Ferembach was studying the Taforalt skeletons; and Shamburov's earlier work was listed by Gates (1946 / 1952).

--- [\*] Gates (p. 489) notes that "By *rachischisis* is understood congenital fission of the spinal column (i.e. the failure of the axial skeleton to close) spina bifida being a terminal form of rachischisis. The various types of failure to close the spinal column are regarded as aspects of the *status dysraphicus*..."

--- For her brief note that "The occurrence of spina bifida can be influenced both by environmental and genetic factors", Ferembach (1963) cited an apparently non-existent paper in the *Lancet*, 1961, i, 296, by Doran & Guthkelch. The intention might have been: P.A. Doran & A.N. Guthkelch (1961) Studies in Spina Bifida Cystica. I. General survey and reassessment of the problem. *J. Neurology, Neurosurgery & Psychiatry* 23: 331-345; or Ibid. (1962) The epidemiology of spina bifida, *Developmental Medicine and Child Neurology* 4: 307-309. (Both papers have brief discussion of the contribution of environmental and genetic factors). This degree of muddle in source citation is odd, given Ferembach's meticulously detailed catalogue, and well documented discussion, of each skeletal fragment. How Ferembach used her sources and how much she understood about spina bifida is pertinent because she also showed uncertainty in interpreting the evidence, in terms of ideas about spina bifida that were available in the 1950s and early 1960s, using the Latin, English or French medical terminology then current. Detailed radiographical studies on the "deformities of the lumbosacral region of the spine" had appeared at least 30 years earlier, e.g. Brailsford (1929). Detailed presentation of spina bifida by the contemporaneous surgeon and researcher David Chapman (1963) in South Africa suggests that specialists (at least, the anglophone ones, but probably also the francophones) had a more complex understanding of the range of conditions and possible outcomes, between 'occulta' and 'aperta' (cystica). Later researchers on prehistoric NTDs describe the

"prevailing view that the genetic basis of neural-tube defects is a polygenic one" (Devor & Cordell 1981), with a confusing variety of local environmental factors also playing a part. (See also Saluja 1986). These fields of knowledge may have been less familiar to Ferembach, whose D. ès Sc. thesis (1956) concerned cranial measurements. [Memoires on the life of Denise Ferembach {1924-1994}, e.g. Garralda 1996) indicate that she was already a mature researcher when she undertook the Taforalt exercise, and went on to become a major figure in French Anthropology and Archaeology.] Datings and continuities of levels in Taforalt cave have also been subject to some review, e.g. by Barton et al 2013. [Main text.] Spina bifida was also recently found at Bahariya, Egypt, dating to ca. 1600 BC (reported by Charon 2005).

As a point of comparison, surgical treatment of skulls took place more than 10,000 years ago in Africa by trephination, also called trepanation, i.e. boring and scraping holes in the skull, apparently to relieve headaches or pressure caused by head wounds, as documented by Dastugue (1959; 1962, pp. 138-139, 158, + plate V), with later evidence in Margetts (1967) and others. Khamlichi (1996) reviews mainly North African literature, and provides historical extracts on hydrocephalus from Abul Qasim (936-1013 CE), whose work spread to North Africa from Spain. Trephination continued into the 1990s in East Africa, following traditional safety rules, i.e. protection of the brain and its membranes, and avoidance of suture lines (Grounds 1958; Furnas 1985; Nunn 1996, 168-169; Rawlings & Rossitch 1994). Attention to the infant fontanelle has also figured prominently in traditional health care in the region (Gelfand et al. 1985; Nunn 1996, p. 50). It is useful to recognise this 10,000-year background of African knowledge, culture and surgical practice.

Ojiambo in 1966 noted the "widespread belief in certain areas of Kenya that the indigenous medicine man ('witch-doctor') has superior healing powers in respect of neurological disorders." Neurosurgery using modern European knowledge and skills within Africa is a comparatively recent experiment of which the long-term directions remain uncertain. A leading neurosurgeon from Zimbabwe finds "a general strong desire for neurosurgery in Africa to be developed using first what is available locally, then what is available in Africa and only then to turn to the world at large" (Kalangu 2000).

### **Management of Hydrocephalus / Spina Bifida**

Historically, home management of children with severe impairments and disabilities has had little sustained observation and careful reporting in African countries. However an interesting early example is recorded from archaeology at Wadi Halfa, in Sudanese Nubia, concerned with 'X-group' population, dating between 350 and 550 of the Christian Era. In a study showing links between nutritional deficiencies and morbidity risks facing mothers and children in earlier ages:

--- "A final way that this linkage has been demonstrated is by the skeletal evidence for care of a hydrocephalic child. This child X-group lived until the age of around 10 although a quadrapelegic [*sic*]. It is clear s/he was cared for in a meticulous way and that this care had an effect on the distribution of resources and labor in the group. What this example so

clearly reminds us of is that disease is not an isolated event, but is one that affects families and larger social groupings." (Goodman & Armelagos 1989, 238-239). [See also Note 15]

--- **[End Note 15]** As seen in **note 5** above, some archaeologists are sceptical about the identification of hydrocephalus in early skulls, and also toward detailed 'social reconstructions' of scenes from archaeological excavation, e.g. Richards & Anton (1991); and Dettwyler (1991) one of whose examples was the skeleton of a teenager with spina bifida aperta from ca. 5500 BC. In the present case, Goodman & Armelagos outline in some detail the techniques of analysing multiple indicators of lesions and growth, underpinning their claims. They do not show the evidence demonstrating 'meticulous care' of the hydrocephalic and quadriplegic child. That seems to be inferred from the child's survival through 10 years, added to other points gleaned from a detailed analysis of the bone record of nutritional and other stress. (Dettwyler 1991 pointed out that survival is evidence only of survival. In modern African field-work, she noticed two disabled adults who were "routinely stoned, beaten, and jeered at in the marketplace", while their families had ensured their survival by providing lifelong food and shelter).

--- **Jean Dastugue more cautiously interpreted further evidence from the pathology of the Tatoralt Cave skeletons in Morocco (Ferembach, with Dastugue & Poitrat-Targowla 1962, 133-158). One woman survived severe injuries and her bones healed, which implied some basic level of care and feeding by others over a significant period, more than 10,000 years ago. ["Ayant subi un accident grave, atteint d'une fracture de clavicule et des deux avant-bras (au minimum), cette femme a pu survivre assez longtemps à ses blessures pour consolider ses fractures et ensuite développer une arthrose cervicale. De plus, si on en juge l'aspect des cals et par celui de la tête humérale gauche, elle a dû être affectée d'une impotence fonctionnelle définitive à peu près complète de son membre supérieur gauche et partielle du droit. La survie prolongée de cette blessée grave suppose donc non seulement qu'on ne l'a pas supprimée comme bouche inutile mais encore qu'on l'a soignée et assistée pendant longtemps. Cela implique des notions de solidarité tribale ou familiale déjà bien développée et s'inscrit contre l'évocation d'une vie dans l'abrutissement et la sauvagerie." (p. 158)]**

--- These sedentary cave-dwellers were considered by Dastugue (*Ibid.*, 155, 175) to subsist mainly on a diet of snails; yet this is doubted by Lubell (2001, 131) who agreed that many snails were eaten but considered that hunting animals and collecting fruit, nuts and other vegetables would have supplemented the diet. The Tatoralt people might seem a curious and unlikely group of survivors spread thinly through 1500 years. [Again, dates and continuities may be subject to review, as per Barton et al.] Yet reports still exist in more recent times of small, dwindling populations of Africans in particular ecological niches, slightly reminiscent of the Tatoralt folk, suffering in common the disabling consequence of dietary deficiency. Fuchs et al. (1934, 122-123) described the Elmolo, who were lake fishers in Turkana Province, Kenya, and who "suffer from an almost universal deformity" in their lower legs making it hard for them to walk, probably through lack of calcium. Dos Santos (transl. 1901) described widespread disabling ailments in rural parts of Mozambique in the 1590s.

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[See also reviews of this work: L.C. Briggs, *Science* 144 (8 May 1964): 684-685. C. Coon (1964) *American Anthropologist* 66: 1454-1455.
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## **APPENDIX 3. NOTES ON CIRCUMCISION & CHILD ABUSE IN AFRICA - with recognition of complexity.**

There is now an extensive literature on Female Circumcision (or Genital Mutilation), much of it focusing on Africa, or on Africans now living in western countries, as may be found by web search. Much of that literature is situated in the past 30 years, and is of a campaigning nature, rather than reflective research. A few items of mostly earlier work on female circumcision, and also circumcision or castration of boys, in Africa are included below, as there are disability implications in current practices, and it may be useful to see if there has been any evolution of practice, or increase of knowledge. A few references are also collected on earlier and modern child abuse and child sexual abuse. These fields have a rapidly growing literature in which cries of shock and horror, on grounds of religion and morality, are plentiful; yet active spiritual or healing responses may be harder to find. It can be argued that the activities in focus are quite likely to generate serious and long-lasting mental or spiritual damage in both the victims and the perpetrators. (Or, as suggested by a few authors such as Talle, the efforts of culturally distant campaigners to eradicate deeply-rooted African practices may have damaging and disabling outcomes of which the campaigners remain unaware). A case can be made for those who advocate hope and healing, under whatever system of belief, to put resources together for the benefit of the victims, and for the rehabilitation of those perpetrators who wish to avoid causing further harm.

--- [One might also consider the 19th century fighter who hacks off the penis of an enemy whom he kills in hand-to-hand fighting, at risk to his life, and wears the item as a token of his own courage; as against the 21st century fighter who sits in an air-conditioned office and launches missile or drone attacks on people thousands of miles distant, and takes remote pictures of his 'kills' to impress his buddies, without breaking sweat; and who believes that he or she is fighting a noble battle on behalf of a morally superior civilisation. (Thirty years later, the long-distance fighter may be traced and charged with homicide, as public opinion evolves, or the balance of power between nations changes).]

[The year 2017 reminded us that the thoughts of the Roman Catholic Church on sexual

matters and child abuse, through about 1400 years, were developed almost entirely by men who were unmarried and lacked personal knowledge of the sexual make-up of women. The reforming efforts of Martin Luther, under 500-year review in 2017, were not aimed at increasing the Church's knowledge in that field. Yet Luther married a cultured woman of strong character, self-control and dedication to serving others. She took charge of their extended household of mature students and earned the respect of the men, while bringing up six children (four reached adulthood). Luther fondly called her 'Lord Kathe', and she learnt Greek so as to follow discussions of the ongoing translation and exposition of the Christian gospel in German. Most women of Luther's time had little or no formal education, so when it came to church doctrine they seemed like children to the scholarly male priests. Yet at least Luther, as he matured and grew into his marriage, came to understand the benefits of having a wife who would become a worthy and equal companion and could understand the work he did and the risks he was taking, as well as teaching their children, running the extended household, and receiving the many guests who arrived needing care, counsel and encouragement.]

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## Some UN Data

UNICEF (2013) *The State of the World's Children 2013: Children with Disabilities*. New York: United Nations Children's Fund. vi + 154 pp.

The Statistical Tables now show data in section 9, Child Protection, for the prevalence of "Female genital mutilation/ cutting" during 2002-2011, tabulated thus: (a) Women: percentage of women 15-49 years old who have been mutilated / cut; (b) Daughters: percentage of women 15-49 years old with at least one daughter mutilated / cut. (c) Support for the practice: percentage of women 15-49 years old who believe that the practice of female genital mutilation/cutting should continue. Many countries show no data, as surveys have yet to be conducted. About 30 African countries show data, with great differences and contrasting trends. (Some are omitted below, where the numbers seem trivial). This field has only recently been added to published yearly surveys. It is obviously a sensitive area, where for example male survey takers might be found highly unsuitable to make enquiries of female respondents, and female survey takers having strong personal feelings might be unable to remain neutral when asking the questions. Some countries lack an appropriate vocabulary for discussing the topic in a factual, data-collecting manner {see DICKMAN et al below}; or it may be 'official policy' to deny that any such activities exist, since Western agencies have developed powerful campaigns against any and all such practices. As noted of UNICEF data (above), it would be unwise to base any heavy theorising on tentative data in this difficult field. Yet over time, and with careful management, useful data may accumulate, showing trends over ten year periods.

Woman\*Dghter#Support &[2016]

Benin	13	2	1	9 - 0 - 3
Burkina Faso	76	13	9	{same}
Central Afric.Rep.24		1	11	{same}
Chad	44	18	38	{same}
Ivory Coast	36	9	20	38 - 10 - 14
Djibouti	93	49	37	{same}
Egypt	91	24	54	87 - 14 - 54
Eritrea	89	63	49	83 - 33 - 12
Ethiopia	74	38	--	74 - 24 - 31
Gambia	76	42	64	75 - 56 - 65
Guinea	96	57	69	97 - 46 - 76
Guinea-Bissau	50	39	34	45 - 30 - 13
Kenya	27	--	9	21 - 3 - 6
Liberia	58	--	--	50 - - - 39
Mali	89	75	73	89 - 74 - 73
Mauritania	72	66	53	69 - 54 - 41

Nigeria	30	30	22	25 - 17 - 23
Senegal	26	13	27	25 - 13 - 16
Sierra Leone	88	10	72	90 - 31 - 69
Somalia	98	46	65	{same}
Sudan	88	37	42	87 - 32 - 41
Tanzania	15	3	6	{same}

\* Woman: % "women 15-49 years who have been mutilated/cut"

# Dghter: % "women 15-49 years with at least one mutilated/cut daughter"

& Support: % "women 15-49 years who believe that the practice of female genital mutilation/cutting should continue"

**2016:** data from SOWC 2016. Note that the 2013 data was a compilation "from 2002 to 2011". The 2016 data is "2004-2015". Several countries report the 'same' data for each period, but there are several possible explanations - the simplest being that they had conducted no new survey; or there was new data, but on a different, non-comparable basis. The detailed notes in original sources should be studied.

## **Some Medical, Ethnographical & Anthropological Views.**

BOERSMA, Marieke (2008) *Violence against Ethiopian Children with Disabilities, the Stories and Perspectives of Children*. Master's thesis, University of Amsterdam.

BRANDEL-SYRIER, Mia (1962) *Black Woman in Search of God*. London: Lutterworth. 251 pp. with photographs

(See Appendix 1, above, for general annotation). Mrs Brandel-Syrier was initially an observer and recorder of South African Women's Movements (Manyanos); yet as she came to know and be known by the church-related organisations, she began to be asked to give talks relating to the "Facts of Life" (more recently called "sex education" - though the earlier term may have been in many ways more appropriate for the African cultures). For various reasons, there may not be any extensive documentation of how ordinary South African women of various age-groups thought about sex, sex education, and sexual

initiation, in the 1950s. Brandel-Syrier gives some clues, and indicates some of the sharp dichotomies between earlier and later views (pp. 51-52, 94-96, 142-146, 217-218).  
--- "In Bantu culture, sex and the sex act were recognized as an aspect, possibly the most important aspect, of things human. It was the theme of philosophical speculation, moral stories and ritual-behaviour injunctions as well as strict legal-social teaching. Sex was discussed in a frank and clinical spirit with selected persons at certain periods in an adolescent's life. # After that sex held no mysteries and was a normal part of an adult existence. But missionaries forbade initiation schools and all other sex-educative practices. Consequently, sex became something not Christian. // Since Africans have become converted to Christianity, a connection between religion and sex is for most women not only absent but even positively shocking." (pp. 142-143)  
--- # [The factual content of what was transmitted in earlier eras is perhaps not so easy to discover and examine; nor the extent to which it was understood by the listening girls.]

BWIBO, Nimrod O. (1971) Battered child syndrome. *East Africa Medical J.* 48 (2) 56-61. This report from 46 years ago has little or nothing to do with healing or spirituality. In its time, it had merit in challenging the idea that 'battered children' would not to be found in African households. They were there.

COLLINET, P; Stien, L; Vinatier, D. & Leroy, J.L. (2002) Management of female genital mutilation in Djibouti: the Peltier General Hospital experience. *Acta Obstetricia et Gynecologica Scandinavica* 81: 1074-1077.

CRUICKSHANK, A. (1962) *The Kindling Fire. Medical Adventures in the Southern Sudan.* London: Heinemann.  
[See annotation of Dr Cruickshank in main bibliography, above]

On male and female circumcision, he contrasted the effects of the milder female excision with the severe mutilation (pp. 183-187). The first, which he witnessed in West Africa as part of the Bundu Bush initiation rites, he considered a "humane and relatively innocuous ceremony" in which the hypnotised girls needed no physical restraint during the operation. But Cruickshank enumerated the disabling physical and psychological outcomes of the "barbarous Pharaonic system".

DICKMAN, Beverley & Roux, Amanda (2005) Complainants with learning disabilities in sexual assault cases: a ten-year review of a psycho-legal project in South Africa. *British J. Learning Disabilities* 33: 138-144.  
[See annotation of next]

DICKMAN, B.; Roux, A.; Manson, Susan; Douglas, Gillian & Shabalala, Nokuthula (2006) 'How could she possibly manage in court?' An intervention programme assisting complainants with intellectual disabilities in sexual assault cases in the Western Cape. In: B. Watermeyer; L. Swartz; T. Lorenzo; M. Schneider & M. Priestley (eds) *disability and social change. a south african agenda ...* pp. 116-133. Cape Town: HSRC {Human Sciences Research Council} Press.

"The police officer does not know what label to use, all the words sound insulting. The complainant does not know what words to use, the only ones she has for genitals she knows to be swear words, and this exacerbates how badly she feels about what has happened and deepens her confusion about the process of questioning in which she finds herself. The prosecutor is torn between protectiveness towards the complainant and a vague suspiciousness. Is it true that people like this are oversexed? Surely it is best to withdraw the case? How could she possibly manage in court anyway?" (p. 116) Even complainants who are well-spoken and clearly possessed of their faculties have a hard time clearing the obstacles and getting their case heard in court; and when they get that far, their assailant is quite likely to be acquitted, for lack of sufficiently convincing evidence. Of 100 cases reported (in the previous listed item, DICKMAN & Roux, 2005), the outcomes of 99 were traced, of which 72 were completed. "The accused was found guilty in 20 cases (28%) and was acquitted in 18 cases (25%). The matter was withdrawn in 34 cases (47%)." The Cape Mental Health Society (CMH) worked over 14 years to discover what actually happened in the legal processes and in the obstacles preventing concerned families knowing what was going on; and to try to improve official understanding of the issues, in particular when intellectual disability was involved.

FORJUOH, S.N. (1995) Pattern of intentional burns to children in Ghana. *Child Abuse & Neglect* 19: 837-841

FORJUOH, S.N., GUYER, B. & SMITH, G.S. (1995) Childhood burns in Ghana: epidemiological characteristics and home-based treatment. *Burns* 21: 24-28.

GRASSIVARO GALLO, P (1988) Female circumcision in Somalia (overall review). In: Annarita Puglielli (ed) *Proceedings of the Third International Conference of Somali Studies*, 443-448. Rome: Il Pensiero Scientifico Editore.

Summaries of the main results of field investigations conducted from 1981 and published from 1985 onward, by Grassivaro Gallo and colleagues.

GROTBERG, Edith (1983) Research in the Sudan on child and family concerns. *Child Today* 12: 18-21.

Studies on childrearing practices, female circumcision, and services for disabled children.

HUSSIEN, F.H. & VALSIK, J.A. (1973) Popular medicine and traditional mutilations in Egyptian Nubia. (Parts II & III) *Ethomedizin* II (3/4) 220-228.

Parts II & III concern "Cosmetic Mutilations", and "Genital Mutilations of Women". (For Part I, see VALSIK). (First author's name is given as Hussien throughout).

KVAM, Marit H. & Braathen, Stine H. (2008) "I thought ... maybe this is my chance". Sexual abuse against girls and women in Malawi. *Sexual Abuse: a Journal of Research and Treatment* 20 (1) 5-24.

[Abstract]: "This article is based on a pilot study conducted in Malawi in 2006 that intended to uncover episodes of violence and abuse against women with disabilities and



furthermore to explore the mechanisms behind such acts. The stories of 23 women with disabilities were obtained through in-depth semistructured interviews that covered, among other topics, aspects of sexual abuse experienced by or known to these women. None of the informants reported having been sexually abused during childhood. In adulthood, several had experienced what they themselves defined as sexual abuse: Men came and wanted to 'marry' them. When the woman became pregnant, the man disappeared and left her alone. The interviewees were very opinionated regarding this theme and sought both social and political action in this matter, especially a means to enforce men to take economic responsibility for their biological children. The informants stressed that adapted education for women with disabilities would allow them to become more economically independent and be better able to refuse the advances of unserious suitors."

LALOR, Kevin (2004) Child sexual abuse in sub-Saharan Africa: a literature review. *Child Abuse and Neglect* 28: 439-460. [Found open online, from an alternative source.]

Lalor looks briefly at 34 child sexual abuse (or secondary involvement) studies published in the 1980s and 1990s in which an African country is mentioned in the title: South Africa (13), Kenya (5), Nigeria (4), Tanzania (4), Uganda (2), Zimbabwe (2), and a single item for each of Guinea, Liberia, Malawi, Sierra Leone. All are in English.

LAST, Murray (2000) Children and the experience of violence: contrasting cultures of punishment in Northern Nigeria. *Africa: J. International African Institute* 70 (3) 359-393. [Abstract.] "Arising out of debates over 'children at risk' and the 'rights of the child', the article compares two contrasting childhoods within a single large society - the Hausa-speaking peoples of northern Nigeria. One segment of this society -- the non-Muslim Maguzawa -- refuse to allow their children to be beaten; the other segment, the Muslim Hausa, tolerate corporal punishment both at home and especially at Qur'anic schools. Why the difference? Economic as well as political reasons are offered as reasons for the rejection of corporal punishment while it is argued that, in the eyes of Muslim society in the cities, the threat of punishment is essential for both educating and 'civilising' the young by imposing the necessary degree of discipline and self-control that are considered the hallmark of a good Muslim. In short, 'cultures of punishment' arise out of specific historical conditions, with wide variations in the degree and frequency with which children actually suffer punishment, and at whose hands. Finally the question is raised whether the violence experienced in schooling has sanctioned in the community at large a greater tolerance of violence-as-'punishment'.

LAYE, Camara (1954, transl. 1955) *The African Child, Memories of a West African childhood*, transl. J. Kirkup. London: Collins. 159 pp. [Originally: *L'Enfant Noir*, 1954, Librairie Plon.]

These autobiographical memories derive from childhood and youth among the Malinke in the central area of {formerly French} Guinea, and are told with unusual clarity and directness by Camara Laye (1928-1980). It tells of much joy and pleasure within the family, and with friends. Also, from infants school onward he and the other children were caned

often for minor faults, "an unforgettable beating on our bare backsides" (p. 66), and later put through other painful and undignified punishments, worse from the older boys than from the teachers (68-71). Camara took part in some retributive action against the bullies, which reduced the level of assaults (71-78). He describes in detail the traditional initiation ceremonies he underwent, along with "all the young boys, all the uncircumcised of twelve, thirteen or fourteen years", run by the elders (78-113), with various ordeals, culminating with circumcision, haemorrhage ("abundant, very long, and disturbing: all that blood lost" (103-104), and recovery, accompanied by moral lectures, through several weeks.

LIKNAITZKY, I. (1933) A case of masturbation in a child. *South African Medical J.* 7: 85-86.

A 9 year old girl at Johannesburg was found by her mother to be stimulating herself with fingers in vagina in bed, and was severely beaten. The girl had been told by a doctor that if she continued the habit she would go mad and her fingers would fall off. She was excluded from her school and certified as 'feeble-minded' by two doctors, who also tried to have her committed to an institution, on grounds of masturbation. The author and Dr Alice Cox examined the girl and found her of normal intelligence. Counselling was given to the girl and her mother, and the girl was admitted to another school.

--- [The article is a reminder that this private sexual activity in a girl aged 9, in 1930s South Africa {and probably some other countries today}, could and did evoke responses from her mother and some doctors and educators, of a kind which, in much of the 'western' world of the 2010s, would be considered a brutal and abusive over-reaction and deception evoking 'primitive superstition'. At least the girl was later offered better treatment by two other health professionals; and there were no electronic media on which the events could be chewed over and the girl's identity tracked down and exposed by trolls.]

MANDELA, Nelson R. (1994) *Long Walk to Freedom. The autobiography of Nelson Mandela.* London: Little, Brown.

[See annotation in Main Bibliography above] Mandela records his own circumcision, aged 16, in 1934, as part of the usual initiation ceremony (pp. 24-29), which is similar to the descriptions by Camara LAYE (above) and Hugh STAYT (below). Of more interest is the debate he records from jail in 1966: "Some among us maintained that circumcision as practised by the Xhosa and other tribes was not only an unnecessary mutilation of the body but a reversion to the type of tribalism that the ANC [African National Congress] was seeking to overthrow. It was not an unreasonable argument, but the prevailing view, with which I agreed, was that circumcision was a cultural ritual that had not only a salutary health benefit but an important psychological effect. It was a rite that strengthened group identification and inculcated positive values. // The debate continued for years, and a number of men voted for circumcision in a very direct way. A prisoner working in the hospital who had formerly practised as an *ingcibi* set up a secret circumcision school, and a number of the younger prisoners from our section were circumcised there. Afterwards, we would organise a small party of tea and biscuits for the men, and they would spend a day or two walking around in blankets, as was the custom." (p. 415)

MEINCK, Franziska (2014) Physical, emotional and sexual child abuse victimisation in South Africa: findings from a prospective cohort study. Doctoral thesis, University of Oxford. [And subsequent online articles]

[From the Abstract.] "Child abuse in South Africa is a significant public health concern with severe negative outcomes for children; however, little is known about risk and protective factors for child abuse victimisation. This thesis investigates prevalence rates, perpetrators, and locations as well as predictors of physical, emotional and sexual child abuse victimisation. It also examines the influence of potential mediating and moderating variables on the relationships between risk factors and child abuse. **Methods:** In the first study, a systematic review of correlates of physical, emotional and sexual child abuse victimisation in Africa was conducted. The review synthesised evidence from 23 quantitative studies and was used to inform the epidemiological study. For studies two to four, anonymous self-report questionnaires were completed by children aged 10-17 (n=3515, 57% female) using random door-to-door sampling in rural and urban areas in two provinces in South Africa. Children were followed-up a year later (97% retention rate). Abuse was measured using internationally recognised scales. Data were analysed using descriptive statistics, multivariate logistic regressions, and mediator and moderator analyses. **Results:** The *first study*, the systematic review, identified high prevalence rates of abuse across all African countries. It identified a number of correlates which were further examined using the study data from South Africa. The *second study* found lifetime prevalence of abuse to be 54.5% for physical abuse, 35.5% for emotional abuse, 14% for sexual harassment and 9% for contact sexual abuse. Past year prevalence of abuse was found to be 37.9% for physical abuse, 31.5% for emotional abuse, 12% for sexual harassment and 5.9% for contact sexual abuse. A large number of children experienced frequent (monthly or more regular) abuse victimisation with 16% for physical abuse, 22% for emotional abuse, 8.1% for sexual harassment and 2.8% for contact sexual abuse. Incidence for frequent abuse victimisation at follow-up was 12% for physical abuse, 10% for emotional abuse and 3% for contact sexual abuse. Perpetrators of physical and emotional abuse were mostly caregivers; perpetrators of sexual abuse were mostly girlfriends / boyfriends or other peers. The *third study* found a direct effect of baseline household AIDS-illness on physical and emotional abuse at follow-up. This relationship was mediated by poverty. Poverty and the ill-person's disability fully mediated the relationship between household other chronic illnesses and physical and emotional abuse, therefore placing children in families with chronic illnesses and high levels of poverty and disability at higher risk of abuse. The *fourth study* found that contact sexual abuse in girls at follow-up was predicted by baseline school drop-out, physical assault in the community and sexual abuse at follow-up, lowering the risk of sexual abuse victimisation in girls who had been physically assaulted from 2.5/1000 to 1/1000. **Conclusion:** This thesis shows clear evidence of high levels of physical, emotional and sexual child abuse victimisation in South Africa. It also identified risk and protective factors for child victimisation which can be used to inform evidence-based child abuse preventions." {NB: italics and bold emphases have been added by the compiler, to make a lengthy Abstract a little easier to read on screen.}

--- [As may be apparent to anyone who has reviewed literature on child abuse, or been involved in research in this field, the Abstract above discloses little that is new or clearly

useful. However, several subsequent peer-reviewed journal publications have appeared from Meinck and colleagues, from 2015 to 2017, mostly having Open Access online, giving considerably more depth and detail, from which some estimate may be made of the credibility of the methods used, and of the chances that the whole exercise might bring any practical benefit to children in southern Africa in the foreseeable future. Questionnaires were prepared in Xhosa, Swati, Tsonga, Sotho and Zulu, with back translation and checking. "Interviewers assisted participants in filling in the questionnaires, which took 60 minutes to complete. Children were interviewed in the language and locations of their choice, such as spare classrooms in schools or under a secluded tree, to ensure confidentiality. Interviewers received intensive training in working with vulnerable children and in administering standardised questionnaires ... Informed consent was sought from both children and their caregivers ... Children at risk of significant harm as well as those with past experience of abuse or who requested help, were referred to local child protection services, counselling centres and HIV-testing services with follow-up support from the interviewers. These options were always discussed with the child, otherwise strict confidentiality was maintained. In total, 664 referrals were made." Quoted from: Meinck, F., Cluver, L.D., Boyes, M.E. et al (2016) *J. Epidemiol. Community Health* 70: 910-916. From this glimpse, it would seem likely that, in a given community, interviews would have taken place over a number of days, and the nature and contents of the questionnaire were likely to have become known quite quickly among children and adults by gossip and questioning - apart from the adults who were caregivers, and gave 'informed consent', and teachers where children were interviewed on school premises. (This would have been much more the case in the follow-up exercise after one year). By far the largest categories of reported abuse were physical hitting or slapping, threats of punishment, being called bad names, etc, by teachers and caregivers; and these were admittedly considered, in the locality, to be 'normal' and acceptable adult methods of controlling children, or punishing ill behaviour, certainly of younger children. How the interviewers would have been able to conduct neutral, unbiased interviews, and also be involved in follow-up support which might cause teachers and care-givers to be visited and warned about their actions, remains rather opaque. When it was a matter of asking about sexual abuse, in the case of young girls (e.g. aged 10 to 12), which was mostly reported as being inflicted by peers/friends or relatives; and referrals for HIV testing; it is not hard to imagine that some disturbance would take place as family members learnt what this, or that, or another child may have told the visiting inquisitors. Perhaps that is just one of the inevitable outcomes of drawing back the veil on what people in an Oxford UK research centre wish to know about people bashing or sexually assaulting children in poverty-stricken Mpumalanga. In a further article (Meinck et al, 2017, *Psychology, Health & Medicine* 22 (S1) 94-106), where help-seeking activities are discussed, the authors report that it had not occurred to them that "vigilante action" would be "a major source of help". So they conclude that "further research is needed to elucidate why families used vigilante action as a preferred response to child abuse."

--- [The honesty of the researchers in admitting what had 'not occurred to them' is commendable; yet it seems to suggest some naiveté in Oxford researchers (and that local researchers in Africa failed to advise them of some likely snags). It is now public knowledge that in Oxford, UK, from ca. 2004 to 2014, an organised gang engaged in gross child sexual

abuse rape and forced prostitution, preying on young girls in local authority care, whose repeated complaints were dismissed by police and welfare officials, under various pretexts; while comparable large-scale abuse by gangs was coming to light in other British cities during the 2010s (some still proceeding in 2018), with gangs of men eventually being convicted of rape and abuse of teenage girls. The men succeeded for years in covering up their activities, with connivance of local social workers, senior council officials and some police, and by bribes and threats of violence to victims and officials who tried to break the silence. Against this background, how could the Oxford researchers remain so naive about their Africa work? Did it take place in a kind of artificial 'research bubble', inflated by the number of major funders giving financial support?]

--- [This peculiar Oxford study in South Africa at least seems to have been methodologically sharper than the massive Indian Government survey reported in 2007 by Dr Loveleen Kacker et al: Ministry of Women and Child Development, Government of India (2007) *Study on Child Abuse: India 2007*. New Delhi: Government of India. 205 pp. [Mostly available full text online.] The study discovered that physical abuse (e.g. striking children with a rod, or slapping their face or body) was very widespread across all parts of India (a 'finding' that can hardly have surprised anyone over the age of 7); and that there was also a great deal of unwanted sexual contact, from touching sexual parts to 'full rape'. Journalists were able to headline some startling figures, detached from their context. Unfortunately the study was rendered useless in research terms by a failure to foresee methodological difficulties and to think out clearly how to overcome them, at least in sufficient number of samples so that something statistically significant could be determined, for different categories of abuse. Dr. Kacker reported with refreshing frankness... The ministry and the lead organisation were clearly trying to work far beyond their technical competence. Kacker et al complained that very little relevant knowledge was available... (Their References list cited one book, six semi-published studies, and no peer-reviewed research within India.) [An unpublished bibliography in 2014 showed that the Indian survey team could have begun in 2005 with 16 substantial studies on child abuse, 10 recent books, 20 journal articles or book chapters, and a handful of historical items, spread across South Asia. Apparently they did not know that relevant material existed, and did not google it up and requisition it. There was also a vast literature outside India, some of which addressed research methodology and survey planning issues. Maybe the Indian researchers did not think that their vast and ancient civilisation had anything to learn from elsewhere, about drawing up an account of the behaviour or misbehaviour of ordinary people.]

MÉRAB, Dr. Étienne (1912) *Médecins et médecine en Ethiopie*. Paris: Vigot Frères.

(See annotation of this item in main bibliography, above, and notes on the author's name). A description appears of infibulation and excision practised on women (pp. 186-189), as well as male circumcision or castration. [The French below, copied carefully, uses less accents than would be normal now.] Extracts:

--- "L'infibulation n'est ni une coutume religieuse, ni une coutume ethnique, car, d'une part, elle n'est pas pratiquées par tous les Mussulmans de l'Ethiopie ... c'est donc une coutume locale, *régionale*, destiné à remplacer les gardiens eunuques usités en d'autres pays musulmans; elle semble avoir été introduite par le Mahométisme non de l'Arabie, mais du

Sudan égyptien." (188)

--- "Socialement parlant, on peut dire que l'infibulation n'est pas une mauvaise pratique, car elle a pour avantage d'écartier l'ignoble pratique des autres pays musulmans, de castrer, d'émasculer des enfants pour en faire des gardiens, non aussi impeccables que les maris jaloux se flattent, de harem et des gynécées où l'on impose en vain une condition forcée. Il me semble que l'infibulation a dû s'établir dans les pays musulmans de l'Afrique orientale qui fournissaient précisément des esclaves entiers ou évirés: l'infibulation tenait la place des eunuques qu'on préférait vendre fort cher aux boutris arabes qui fréquentaient (et fréquent encore!!!) les côtes occidentales de la mer Rouge et du golfe d'Aden... // Contentons-nous de noter ici l'habileté des praticien et praticiennes dans cette opération comme dans les deux suivantes, et la rareté des infections post-opératoires, des hémorragies mortelles, etc. malgré une instrumentation primitive (aiguille, rasoir ébréché ou couteau de cuisine, poignard, etc.) De fortes aides, maintenant la patiente, suppléent au manque de l'anesthésie ou à l'analgésie."

--- "On sait que beaucoup de peuplades de l'Afrique émasculaient les ennemis tués à la guerre: l'histoire rapporte que le fils du Pharaon Amenhotep III eut ce sort dans une expédition en Abyssinie, au VIIe siècle avant J.-C. En Ethiopie on mutilait même les prisonniers de guerre." (189)

--- "Cette cruelle opération dite *Sallaba* en Amharique, n'est pas la castration simple, mais l'ablation se faisant d'un coup d'épée recourbée du pays, en manière de faucille, de tous les organes externes de la génération; [190] verge, bourses et contenus, au ras de l'os; c'est proprement l'émasculat. En principe chacun n'avait le droit d'accomplir le 'sallaba' que sur l'ennemi qu'il avait tué de sa propre main; car c'était avant tout une preuve de son courage;..." (190)

--- [Cf NACHTIGAL, below.]

MORGAN, Ruth (editor / compiler) (2008) *"Deaf Me Normal" Deaf South Africans tell their life stories*. Pretoria: University of South Africa Press. xv + 277 pp, with illustrations. [See descriptive annotation in the main bibliography.] Excessive\* physical abuse or victimisation by family members and school teachers and hostel staff, and family neglect and isolation, are reported in many of the narratives by deaf people; also sexual abuse by family member, or by teachers in residential schools; or by seduction or rape of schoolboy by older boys or adult male; and the attempted suppression of 'gay' identities by representatives of State or Church also support casual mockery of 'different' orientations (pp. 31, 44, 59, 66, 69, 76-79, 85-88, 108-109, 115, 117, 145, 148, 151-154, 161.)# Some of the Deaf people recount their own abusive behaviour towards others, when they were young and careless. The honesty is a merit of the book. [This may also account for all the narrators being given a protective pseudonym. Some reported events could be legally actionable, though with difficulty. "Eventually we decided to keep the schools' names and to change the names of the interviewees" (175) See also DICKMAN+ above.]

--- \*[As one Deaf girl noted: "We got our fair share of punishment and a taste of the rod, but the teachers never abused us." (p. 31) The comment might enrage some readers, but for most of the world it's normal enough. Yet caning of girls on the buttocks by a male teacher (p. 69) would probably be disapproved now in much of the world, and be illegal in many

countries. The law is little protection unless a pupil manages to get a clear video of the activity and threatens to place it online (at risk of drastic reprisals); or a parent is strong enough to threaten a school with court action, and the headteacher fears she might win (79).]

--- #[It seems reasonable to note that some of the deaf respondents got along well at school, and were never hit or harrassed by teachers or other staff; others remembered some unpleasantness, yet were saved by a teacher who was kind and encouraging. Even the police got both denunciation (117) and some positive words (118). A tragical-comical remark from a gay deaf man who taught Sign Language to police, and liked going on camps with some of them: "I mostly have sex with policemen because I don't trust people I don't know." (153)]

MUIGAI, Salome Wairimu (2011) Disability and sexuality. In: S. Kabue, E. Mombo, J. Galgalo & C.B. Peter (eds) (2011) *Disability, Society, and Theology: Voices from Africa*, 199-207. Limuru, Kenya: Zapf Chancery.

This brief chapter, by a 'development consultant in gender and disability' touches on some of the oppressive beliefs and practices connected with churches in Kenya and East Africa, and the ill effects on women with disabilities.

NACHTIGAL, Gustav *Sahara and Sudan*, transl. A.G.B. Fisher & H.J. Fisher (1971-1987). 4 vols. London: Hurst. {From German original: *Saharâ und Sûdân, Ergebnisse sechsjähriger Reisen im Afrika*, 2 vols, Berlin, 1879-1881.}

[see notes on NACHTIGAL in main bibliog, above]. Vol. III, pp. 411. "... the barbarous practices which stigmatise Haji's government for all time. Both the traffic in eunuchs in Bagmiri and the cruel custom of blinding in one eye, whenever a king comes to power, the princes who might perhaps aspire to the throne, date from this time. [early 1870s] The Bagirmi kings, who seem all along to have bestowed special attention upon their harems, had to be sure [that they] always employed eunuchs to manage them, but these were bought in Bornu, and because of their high price could be kept only in very small numbers. On one occasion when Mbang Haji had acquired several of them at fifty slaves apiece, Araueli complained about this extravagance, and proposed to proceed with production himself. He installed a hundred boys at Kolle on the Ba Laïri, and carried out the cruel operation on them with his barber -- *wanzam* in Kanuri and Bagrimma. Thirty of them came through alive, and could be presented to the king as his own manufacture. Delighted, he went to work, now supplied on his own part the Sudan market with this prized article which brought to his coffers a considerable income, and also repeatedly sent eunuchs to Mecca, where they were gladly accepted as presents, although Islam in fact condemns the operation.\*"]

--- \*[Lengthy footnote by the translators, giving some confirmation and some variations to these practices.]

NEVEN-SPENCE, Basil (1949) Female circumcision in the Sudan. *Lancet*, 12 March, p. 457. Letter from a Member of Parliament, UK, contesting an earlier reassurance by the Minister of State that pharaonic circumcision had decreased sharply around Khartoum. Neven-

Spence stated that "practically 100% of the girls in northern and central Sudan are subjected to circumcision, and the great majority of them to the ghastly form of mutilation known as Pharaonic circumcision."

NYOKANGI, D. (2012) School-based sexual violence at selected schools for learners with intellectual disability in Gauteng Province, South Africa. Doctoral dissertation, University of South Africa, Pretoria.

OKROI, Eiman (2001) *Weibliche Genitalverstümmelung im Sudan*. PhD dissertation, Humboldt University, Berlin. (Hamburg: Akademos Science Publishing.) [in German]

PHASHA, Tlakale Nareadi & Myaka, Lucy D. (2014) Sexuality and sexual abuse involving teenagers with intellectual disability: community conceptions in a rural village of KwaZulu-Natal, South Africa. *Sexuality and Disability* 32 (2) 153-165.

[Abstract] "This paper reports on participants' views regarding factors contributing to the vulnerability of teenagers with intellectual disability to sexual abuse. The study took place at two special schools located in a village of KwaZulu-Natal. Data were gathered using by individual interviews, which were conducted in a face-to-face manner with life orientation teachers (8), school nurses (2), a clinical psychologist at the local hospital, and social workers (2). The interviews were also conducted with two parents, a traditional healer and spiritual diviner. Data was thematically analysed. The vulnerability factors were grouped into three broad categories, namely: individual, family and community factors. The existence of a number of vulnerability factors suggests that efforts to mitigate the problem should occur at various levels, with which an individual is interacting."

PHILPOTT, Sue & Sait, Washeila (2001) Disabled children: an emergency submerged. In: Mark Priestley (ed.) *Disability and the Life Course: global perspectives*, 151-166. Cambridge University Press.

The chapter begins with 'shock' stories of disabled children living in great poverty in South Africa: Noluthando, having "severe cognitive impairments ... had been repeatedly raped within her community", but the perpetrators escaped criminal charges because her impairments ruled her out from giving evidence in court. {More accurately, outdated legal process based on ignorance about people having cognitive impairment ruled her out.} Lisa, a "six-year-old physically disabled child who uses a wheelchair" (p. 151), burnt to death when a fire broke out in the informal settlement where she lived - in the pandemonium she was forgotten. Philpott & Sait, heavily involved in action groups for disabled children, describe some of the gaps between the government's promises and the reality, for many disabled children, of being a powerless minority of no importance to anyone, widely considered "incapable, incompetent, sick, a burden to society" (156); their impairment being attributed to "punishment for violating ancestral taboo", or "an inherited family curse" (157). Often the mother is a non-literate rural woman trying to care for her child single-handed, against heavy odds. Some efforts are outlined to address the overwhelming difficulties, to empower more families, to find ways for such children to acquire education,



and to insist that the human rights of these children are not something that can be forever ignored, neglected or postponed.

RICHMAN, Naomi (1995) Violence and disabled children. In: P. Zinkin & H. McConachie (eds) *Disabled Children & Developing Countries*, 203-213. London: McKeith Press.

Dr Richman, an Emeritus Reader in Psychiatry in London, spent some time in Mozambique and interviewed a group of 60 children who had been caught up in violent conflict and displacement; she was also able to contact some of them among a further group of 60, a year later, and note some changes (see DRAISMA & Richman, above).

RICHTER, Linda; Dawes, Andrew; & Higson-Smith, Craig (eds) (2004 / 2005) *Sexual abuse of young children in Southern Africa*. Cape Town: Human Sciences Research Council. xiv + 478 pp. [Found full text, open online]

This is a substantial collection of 22 chapters with research and description across a wide range of topics, mostly in South Africa, but including work from Mozambique and Zimbabwe.

SHINKANGA, Monica G. (1996) *Child Sexual Abuse in Zambia. Results from a rapid assessment of child sexual exploitation in Chainda, Kamanga and Luangwa Bridge*. [Lusaka, Zambia: YWCA HIV/AIDS Prevention Project; with assistance from UNICEF.] 32 pp. The study is based on "social mapping, focus group discussions and questionnaires administered to randomly selected members of two high-density urban communities in Lusaka... and one semi-rural community in Lusaka province." Nyanja was the local language used at all sites, with due care to choose a vocabulary respecting the sensitiveness of the topic. 155 children and adults were interviewed. The author is cautious about whether the results could be extrapolated on the larger scale; however it was apparent that "a considerable amount of child sexual abuse [was] taking place in Zambia", and 95% of respondents had heard of such abuse, 88% "knew a child that had been sexually abused". [See above: DICKMAN+; and KVAM+.]

STAYT, Hugh A. (1931) *The BaVenda; with an introduction by Mrs A.W. Hoernlé*. London: Oxford University Press. xviii + 392 pp., with 48 illustrations, map.

(See substantial annotation in main bibliography above). Stayt and Mrs Stayt made detailed enquiries and observations of the initiation and circumcision rituals and ceremonies of the Bavenda during the later 1920s, which appear in this published doctoral thesis as chapter 10, 'Puberty and Initiation' (pp. 101-141). For comparative detail of African acts of circumcision they consulted existing anthropological literature. Over a few months, carefree boy and girl children were taken rigorously in hand and transformed into responsible young members of the tribe, having full status, ready for marriage and reproduction, and deeply imbued with the need for obedience to the senior members, the traditions, and the ancestors, and the capacity to endure pain. "The training is hard and cruel, especially for the girls, for whom the ordeals and instruction are an almost

intolerable burden, taxing their strength both mentally and physically, and making an indelible impression on their unformed minds and bodies, which is reflected in all their future bearing. Often they are terrified and seem to lose every trace of self-expression and individualism, obeying their tormentors with a docile, unquestioning humility." (125) Viewed against this lengthy background of preparation, indoctrination, beatings, fear and deprivation, within a group of similar age, and with very strong incentives to endure it all, the actual physical cutting of 'the prepuce and the second skin' (130) or of the clitoris (140), at a late stage, may be a comparatively brief incident, with cries drowned in the cheers and ululation of the bystanders, also signalling a successful achievement of membership. The alternative, i.e. a refusal to take part, could entail long-term stigma, rejection and diminished status (135-136). Stayt was fairly neutral in his description, but records the view that much of what goes on had become a money-making racket for chiefs, who charged families whatever they could get, for entry to the circumcision lodge.

SYM, N. & Rouger, T. (2011) *Sexual violence against children with disabilities in Burundi, Madagascar, Mozambique and Tanzania*. Lyon: Handicap International. 142 pp.

TALLE, Aud (2007) From "complete" to "impaired" body. Female circumcision in Somalia and London. In: B. Ingstad & S.R. Whyte (eds) *Disability in Local and Global Worlds*, 56-77. Berkeley: University of California Press.

The anthropologist Professor Talle thanks the editors Ingstad & Whyte for perceiving "the value of the case of 'female circumcision in exile' to the overall topic of the volume"; and further thanks Benedicte Ingstad for "pushing me to write this chapter" (p. 75), which concerns "Somali refugee women in London. In the contemporary Western setting, circumcised African women constitute a bodily anomaly -- an unthinkable creature in a modern era. Their cut genitals are living examples of an 'evil past' from which Europe has struggled to free itself." (p. 56) However, Talle was doing fieldwork among women in Somalia in the 1980s and met a trained female gynaecologist, *Kh*, who assisted her to understand some of the Somali cultural background to the 'pharaonic' type of circumcision, and its meanings and perceived value within Somali communities - while not passing over the very considerable pain and subsequent continuing physical damage suffered by many girls and women. Meeting *Kh* again years later, when *Kh* was a refugee in London after a traumatic transition, still involved with examining and counselling female Somali refugees on gynaecological issues, though not qualified to practice medicine in UK, Talle took further her field work by interviewing some of those women, and discovered further dimensions and complexities in the issues, as well as the depth of psychological pain inflicted on the women by Western health workers having no understanding of Somali cultures.

--- [The topic of 'female circumcision' might seem somewhat marginal to the main thrust of the present bibliography. It suggests an extreme case of the woefulness of 'African' traditional medical practice, which leaves no possible doubt of the need for 'modern Western biomedicine' to sweep away such 'barbarities', and focus entirely on repairing the damage, and endorsing campaigns to outlaw the custom and jail the 'wicked perpetrators'. While reading African health and culture literature over 20 years, the compiler had come across a few European doctors with long Africa experience, who commented on

circumcision in ways that suggested the issues were not entirely 'black or white', and sometimes were quite complex. Talle's chapter is the first that provided a coherent and informative account of an 'alternative picture'. The evidence uncovered by Aud Talle, at the prompting of Benedicte Ingstad, suggests that more care and thought and study is needed, to hear the voices of Somali women and others, in their own languages and countries, discussing the pros and cons of their own cultural practices, before rushing to endorse self-righteous Western campaigns waving 'international' banners on the theme of 'human rights', to eradicate African customs and ignore the voices of any African women who might think differently. {For comparison: several million women and teenage girls in Britain, who apparently buy and wear shoes that painfully and permanently deform their feet, might be annoyed if organisations of Africans, 'knowing better' the damage being caused, should campaign internationally against this barbaric footwear custom, under the title of 'child abuse' and 'depriving these poor ignorant british females of their human rights', and should succeed in making it a criminal offence for any British woman to express dissenting views, and any disabling shoes to be sold.}

--- This compiler is certainly no advocate of female circumcision, (nor of women deforming their feet, or men overdosing on alcohol, or anyone smoking tobacco); nor is he against people campaigning to stop others from practising these customs. But when the campaign is funded and engaged in mainly by European nationals against African customs, and not just African, but mostly in parts of African having large Muslim populations, with little or no care being given to hear voices from those populations in defence of their own customs, it seems better to view any contrary evidence that has not been examined. It may then become possible to recognise that the people being campaigned against are not merely 'stupid, ignorant and barbaric' (and of course 'African'). Some of the fault may lie with the accusers, for failing to listen, remaining ignorant of the facts and the cultural context, and joyously attacking something 'foreign' while ignoring the abuses taking place on the streets of their own 'modern' city.]

VALSIK, J.A. & HUSSIEN, F.H. (1973) Popular medicine and traditional mutilations in Egyptian Nubia (Part I). *Ethnomedizin* 2 (3-4) 117-228.

Part I, Popular Medical Practice (pp. 217-220, refs pp. 227- 28) has Valsik as first author. (See HUSSIEN, above, for parts II and III).

WAZAKALI, M.; Mpofu, R.; & Devlieger, P. (2006) Experiences and perceptions of sexuality and HIV/AIDS among young people with physical disability in a South African township. *Sexuality and Disability* 24: 77-88.

WORSLEY, A. (1938) Infibulation and Female Circumcision. *J. Obstretics & Gynaecology of the British Empire* 45: 686-91.

Based at the CMS Hospital, Omdurman, Worsley reported that "Seven years' practice as a gynaecological surgeon among the primitive tribeswomen of Sudan, gave me an insight into this subject which must be almost unique." He reported some slow diminution and mitigation of the practice, over time.

## **SOME EVIDENCE FROM ISLAMIC SOURCES**

[AL-BAGHAWI (revised by at-Tibrizi).] See *MISHKAT al-masabih. English translation with explanatory notes*, by James Robson, 2 vols, reprint 1994, Lahore: Sh. Muhammad Ashraf (in main Bibliography).

Vol. II, p. 934: "Umm 'Atiya al-Ansariya told that the Prophet [Muhammad] said to a woman who used to perform circumcision# in Medina, 'Do not cut severely, as that is better for a woman and more desirable to a husband.' Abu Dawud transmitted it, saying this is a weak tradition one of whose transmitters is an unknown man. #[Ftn "The reference is to the circumcision of girls."]

ALDEEB Abu-Sahlieh, Sami A. (1994) To mutilate in the name of Jehovah or Allah: legitimization of male and female circumcision. *Medicine & Law* 13 (7-8) 575-622. [Abstract:] "Attempts to define the role of Islamic law and Muslim religious leaders in female and male circumcision. The written sources of Islamic law and the opinions of contemporary Arab authors have been considered. Female and male circumcision is practiced in several Arab and Muslim countries. It has triggered debate in the West, despite the debates on male circumcision being taboo in Western and in Arab and Muslim countries. Juridical logic cannot acknowledge the distinction between female and male circumcision as both are mutilations of healthy organs. A number of reasons, advantages, and disadvantages of male and female circumcision have been presented. Both practises have been found to violate the Koran and to disrespect the rights of children. Such practices reflect the influence of cynicism and fanaticism, under the pretext of 'doing good' to the children."

MUSLIM Women's League (1999) *Female Genital Mutilation*. 3 pp. Found online at [www.mwlnusa.org](http://www.mwlnusa.org)

OSTEN-SACKEN, Thomas Von Der, & Uwer, Thomas (2007) Is female genital mutilation an Islamic problem? *Middle East Quarterly* (Winter 2007) pp. 29-36. [found open online, 2010] [The authors are prominent members of WADI, a German-Austrian non-government organisation focusing on women's issues and taking medical aid to women in troubled parts of the Middle East.] The article gives useful information about genital cutting in Africa and the Middle East, as a widespread custom that is not specifically Islamic, but part of ancient tradition by other religious or non-religious population groups. However, some specific Islamic issues are discussed. The hadith mentioned above, in the *MISHKAT al-Masabih* compiled by al-Baghawi, is given in translation with small differences; yet the authors conclude that "some Muslim clerics condemn FGM as an archaic practice, some accept it, and still others believe it to be obligatory. It is the job of clerics to interpret religious literature; it is not the job of FGM researchers and activists. ... **To counter FGM as a practice, it is necessary to accept that Islam is more than just a written text. It is not the book that cuts the clitoris, but its interpretations aid and abet the mutilation.**" {Emphasis added by annotator}

WLUML (Women Living Under Muslim Laws) *Dossier 3 June/July. Sexual Mutilations. Case Studies presented at the workshop "African Women Speak on Female Circumcision"*,

*Khartoum (October 21-25, 1984)*. 3 pp. Babiker Badri - Scientific Association for Women Studies.

[The present brief item is a "Survey of female circumcision in Ibadan, Nigeria. One 'reason' given for the practice was that "contact between the clitoris and the baby's head might give rise to congenital hydrocephalus, and consequent infant death". The associative link with swelling appears in another supposed reason, i.e. that the clitoris may swell during childbirth and obstruct the delivery of the baby's head.]

## **APPENDIX 4: ACADEMICKEY-TAKING**

An Italian team recently published a study, with a memorably witty title, in which computer-generated 'fake' peer reviews were mixed with 'real' reviews, in a scientific field and were undetected sufficiently often as to influence editors' judgement (Bartoli et al 2016)\* This was no freak outcome, as evidenced by references cited by Bartoli++, published from 2014 to 2016, which abound with phrases such as "Peer review: troubled from the start", "Predatory publishers", "questionable peer review and fraudulent conferences", "don't worry about peer-review if you have good affiliation", "what happens when no one proofreads an academic paper", "scientific fraud", "Publishers withdraw more than 120 gibberish papers".

--- \*(A. Bartoli, A. de Lorenzo, E. Medvet, F. Tarlao, 23 Aug. 2016; "Your paper has been Accepted, Rejected, or Whatever: automatic generation of scientific paper reviews", *Lecture Notes in Computer Science*. vol. 9817, pp. 19-28, Springer).

For a younger generation of budding scholars, who sometimes think they can see something odd going on in the thickets of academia, something that doesn't add up: Yes, you probably do. Try to avoid doing similar tricks yourself! Peer review seldom descends to outright mickey-taking, yet it is a very uneven business, varying from mutual back-scratching to irrational furies, somewhat tempered by the custom of the reviewer's own actual name being on record. (Recently, some naughty academics were uncovered using false names online to give bad reviews to work by competitors in their field, on popular book-selling sites). Academic review survives mainly as a 'least worst' of all the alternatives that have been tried. At best, it gives authors a chance to hear succinct advice on how to write a better article.

### **The Sokal & Bricmont Hoax**

In case some younger Africans believe that academic jiggery-pokery does not occur within the upper reaches of European universities -- it does occur! It is not uncommon in the humanities and social sciences, where precise measurement is seldom achievable, and political ideology is liable to unbalance the author's or reviewer's judgement. Charges of "Intellectual Impostures" have been newsworthy through the 20th century, and hit a worldwide peak in 1996 when physicist Alan Sokal\* got a substantial hoax article published in the {then} trendy cultural studies journal *Social Text*, deliberately "crammed with nonsensical, but unfortunately authentic, quotations" from French and American

intellectuals of the day such as Jacques Lacan, Julia Kristeva, Luce Irigaray, Bruno Latour, Jean Baudrillard, Gilles Deleuze and Félix Guattari.

--- \* The original article, "Transgressing the boundaries: toward a transformative hermeneutics of quantum gravity." *Social Text* (spring / summer 1996) 46/47, pp. 217-252, is reprinted as Appendix A in: Alan Sokal & Jean Bricmont, 1998, *Intellectual Impostures: postmodern philosophers' abuse of science*, London: Profile. xiii + 274 pp. Here the authors, who are both highly experienced professors of physics, discuss the furor aroused by the article, and give considerable detail of the 'abuse' committed by the 'philosophers'. As they note: "We understand perfectly well that their 'interventions' in the natural sciences do not constitute the central themes of their oeuvre. But when intellectual dishonesty (or gross incompetence) is discovered in one part - even a marginal part - of someone's writings, it is natural to want to examine more critically the rest of his or her work." (p.6) They further assure readers that, "We have endeavoured to remain as faithful as possible to the original French, and in case of doubt we have reproduced the latter in brackets or even *in toto*. We assure the reader that if the passage seems incomprehensible in English, it is because the original French is likewise." (p.15)

Explication of the well-known philosophers' and theorists' wild and meaningless leaps, snatching scientific terms purely for the bafflement of naive readers, with little or no reference either to their scientific meaning, or any other coherent meaning, takes place in excruciating detail. An earlier book-length exposé of sociological baffle-gab, cited by Sokal and Bricmont, was produced by Stanislaw Andreski (1972) *Social Sciences as Sorcery*, London: Andre Deutsch, 238 pp., while he was Professor of Sociology at Reading University, after some years teaching in Nigeria and in Chile. Andreski gives a longer history of academic witchcraft, and goes into more detail of how it has developed within western civilisation, to disguise the frailty in the cloth of evidence offered to cover much western 'social science', or tantalise the neophyte with an alluring glimpse of bare belly or ankle.

Further ridiculous publications in supposedly academic journals are regularly exposed in the press, e.g. "Ollie the dog awarded PhD" - where application was made on behalf of a dog named Dr Olivia Doll for membership of academic boards, with entirely dodgy qualifications, posing as a specialist in the "benefits of abdominal massage for medium-sized canines". She gained a seat on several such boards, and was even seriously sent an article to review, within her 'field' (reported by Bernard Lagan in *The Times*, 23 May 2017). A kind of spin-off or burlesque on the Sokal & Bricmont hoax, by two American authors, Lindsay & Boyle, resulted in a paper titled "The conceptual penis as a social construct" published in *Cogent Social Sciences* ["Cogent", not a misprint for "Comic"; and the journal is from Taylor & Francis] in 2017, taking an apparently serious but politically incorrect stance toward the wilder shores of gender studies. More seriously (if that is possible), deliberate falsification by scientists, and 'fixing' of review panels to prevent publication of data that might raise doubts in the period leading up to the Paris climate change conference, is reported by Matt Ridley (*The Times*, 6 Feb.2017, p.25, "Politics and science are a toxic combination"; and elsewhere, with "flagrant manipulation" of scientific data for political purposes).

A serious blog site "PubPeer" reports on dubious science, and on 18 December 2016 discussed the extreme reluctance of prestigious science journals to publish questions or actual corrections, while maintaining a false front of keenness to do so: "Nature editors: all hat and no cattle". It may be hard to believe that such games go on; yet academics who point out in public that the emperor is wearing no clothes are putting their careers, homes and bank balance on the line, if they were to be sued for defamatory statements, by journals with very wealthy backers. Such people do not lightly expose the games played by journals having very large capital funds.

## **African Polite Smiles**

Unlike the rest of this bibliography, this appendix begins with Western examples of bad practice, to assure Africans that this is not a field in which the 'advanced countries' have clean hands while Africa is in the mud. A light-hearted example of African number-bending follows, as a polite cover-up of a longstanding piece of European nonsense. It involves the supposed percentage of people perceived as 'disabled' in countries across the world. Dr Einar Helander, who was prominently involved in launching the WHO Community Based Rehabilitation scheme, and who worked also with the FAO, toured the world for years spreading the notorious figure of "10%" of the world population being disabled; but even he, late in his international career, realised that this figure might be flawed. Helander and I had battled with each other for 20 years on the realities of CBR and how it works in practice, and during those years so much change took place that very few people remembered the earliest days around 1980, when CBR was beginning to be noticed. For once, around 2000, we found ourselves sitting together at the back of a CBR Managers Training Course in Tanzania. It was the third afternoon, and Helander was still jet-lagged from wherever he had flown in from. He and I were supposed to add a bit of pep to the sessions, asking questions, making critical points.

--- We had had lunch, it was a hot afternoon, a chap from Malawi was droning endlessly through his handwritten presentation. Helander was slumped in his chair, practically asleep, the Malawian had read five pages, we heard about the size of his country, the history, the economy, the colour of the national flag, five pages had gone, he had got as far as The Survey of Disability. Zzzzzz. Now he was reading out columns of figures from different locations. Zzzzzz, they had found 10 per cent of the population were disabled, he droned on.

--- Helander suddenly woke up: What was that figure he read out just now? he whispered. I smirked: "They found 10% in their survey - you should be happy!" Helander straightened up, cleared his throat, put his hand in the air and interrupted: "Excuse me, but you won't find 10%. If you go out to the rural areas where most people are, and ask them, you may get about 3%!" The Malawian stopped, broke into a wonderful, full-face, beaming smile, and said, "Yes sir! Thank-you sir! Three per cent, that's just about exactly what we find in Survey. But in honour of your distinguish presence with us today, sir, I boosted it up to 10%!"

--- A moment's astonished silence - then total uproar :) Thirty participants completely cracked up. The men roared, the women shrieked, the combined howling and whooping

went in waves. It took ten minutes before the session could resume. Helander was laughing as much as anyone. Later I would read about the desperate efforts made in a rather larger nation, the People's Republic of China, when their national disability survey pilot first of all found 13%, and then they over-corrected their methodology and reached only 4.9%, and they 'knew' that much more was expected. They were phoning counterparts across the world, and having high-level meetings, to see if they could somehow wangle the figures to something Internationally Correct (cf KOHRMAN 2005, *Bodies of Difference*, pp. 77-81). I doubt if the Chinese officials would have relaxed and roared with laughter at the Malawian's masterly solution to the difficulty.

## **Academic Fraud, Africa**

A google search for < academic fraud Africa > has lately (February-March 2018) focused much anger in Zimbabwe on the supposed award of a PhD in sociology to Grace Mugabe, after she had been enrolled - for a short period - at the University of Zimbabwe, using an alternative surname: Marufu. There is some relevance to the present bibliography, as the research concerned the alleged breakdown of the Zimbabwean family, with a rise in dumping of unwanted babies on child care homes, cases of sexual assault on children, and similar indicators of family stress and distress. A brief evaluation will be given (several paragraphs below) of the thesis contents.

It appears that a thesis or dissertation was submitted in 2014 by "Marufu, Ntombizodwa G." The title (as now found) is "The changing social structure and functions of the family: the case of children's homes in Zimbabwe", with supervisor named as Claude Mararike, who was then Professor of Sociology, University of Zimbabwe, some of whose work (dated 2003, 2009, 2012, 2012) appears in Marufu's Reference list. [Apparently Marufu's work was not openly available in 2014, but complaints were made by staff and students then (when it was highly risky within the country to write anything detrimental about Mr Mugabe or his wife). Complaints focused on the very short period of registration of Marufu / Mugabe for her studies, and some stories of earlier academic failure by Mrs M. The research work on children's homes, as titled above, became available in January 2018 (according to Zimbabwe press reports), and could be found and downloaded; but curiously the introductory pages are not shown (on which title, author, department, supervisor, etc should appear, plus a declaration which usually states that the work has been carried out by the candidate herself, and has not been submitted for an award anywhere else. Nor were the Contents and Appendices listed or Acknowledgements shown. The version downloaded by the present compiler simply starts with "Chapter One", and proceeds through as far as the References, and then various Appendices, in 226 pages.

Web howls of critique, and some more sober comments, can be examined. Critics suggest **(1)** that Marufu/Mugabe could not have fulfilled university registration requirements for a PhD, in the time available; **(2)** that she admitted she had registered only for a Masters degree; **(3)** that the 2014 thesis included citations (or even quotation) from 2016 and 2017 (indicating that some later modifications or hanky-panky might have taken place); **(4)** that there is plagiarism in the thesis, exposed by running the material through fraud-detecting



software; **(5)** that the author breached copyright law, while copying other people's work; **(6)** that cited literature dates back more than 15 years, and so has nothing new to contribute; **(7)** that the level of research and analysis is too weak to be considered for a doctorate; **(8)** that Marufu/Mugabe's alleged poor results in an earlier London University course suggest she was incapable of producing work of a good standard (implying that she must have got someone else to put together a thesis, having reference to her own involvement in running a children's home); **(9)** other points expressing fury of the critics about the Mugabe regime, in terms too outrageous to reproduce.

The anger of millions of southern Africans with the regime of Mr Mugabe, his present wife, and his associates, no doubt is fully justified. It was foolish of Grace Mugabe to risk attracting publicity by spending huge sums shopping in western cities while compatriots were barely surviving the economic disasters that Mugabe brought upon Zimbabwe through his political machinations, and while everyone knew people who had died or whose children had died or been brutally treated. {Perhaps Grace was unaware that, shopping with a credit card in Paris, she would leave electronic trails having multiple details, which opponents could easily track}. As regime change is finally under way, it seems that charges of criminal behaviour, bribery, smuggling of high value goods, etc, will be tried in open court by qualified judges considering sober statements of evidence, without need of foreign advice or prejudgement. Meanwhile the contents of the thesis, as downloaded, or in any fuller version which may surface, can be evaluated calmly by people having research qualifications and experience to do so.

Since Mrs Marufu / Mugabe is no longer well placed to defend her thesis, it is reasonable to enter a few comments on her assumed academic activities, as they now appear in public, based on some knowledge of how universities actually work. These will not in the least exculpate the Mugabes from their political oppression and brutality. Yet on the academic side, it is always more interesting to try get nearer to what probably happened, and to be clear about how far the evidence can stretch. Across the world there are many rogues who successfully obtain a PhD by their own study and diligence, and some who corrupt the system so as to gain a PhD written by a hired hand; and millions more who fail to do either, though they exhibit intelligence and tenacity. Many worthy and unworthy people are awarded an 'honorary' doctorate for "services to their country". (Some wrote a noble book. Others merely wrote a cheque).

--- In some European countries where the national language is little known outside, and English is the second, third or fourth language of doctoral candidates, the custom is to judge doctoral work for its intrinsic academic worth. If it is good, the university pays for the thesis to be brushed up in good English by a skilled hand, so as to be accessible to the rest of the world. (The PhD thesis is not a test of English language; it is intended to be original research and communication, making a significant and well-founded contribution to the world's store of reliable knowledge.) No howls of protest.

Probably the first and greatest rule of social science research is to "see for yourself", make your own critical check of the evidence, do not be carried away by the shouts of a crowd of academics all heading in the same direction; or a mob engaged in a witch hunt. In the case

of the objections **(1) to (8)** listed above, it should be obvious that if the First Lady of a controversial regime engages in research studies, heavy security will be in place. Originally she planned to take four years over her research (p. 59), and commissioned research assistants to do many of the interviews in remote parts of the country (p. 74), where everything moved at the pace of some elders in their 80s and 90s, each demanding to give the benefit of their memories of times long gone! Focus groups and interviews are listed from July 2012 to August 2013. It is likely that her plans changed and developed as she gathered information, and as the political situation varied. At some point, someone from the University probably said: why don't you make this a research degree – you are already doing the work, you could get a Master's degree, maybe a PhD? -- But I haven't gone through the registration procedure! – No problem! We can fix it. The thing is, you are doing important research, for the children of our country!

--- Obviously, it's not appropriate to use research assistants to gather information for a MA – but the situation of the First Lady was such that she could hardly hang around in remote locations waiting for ancient men to gather their wits, as the sun goes down. Nor could she drift from the library to the students' bar and spend evenings drinking there! Professors and research assistants would visit her mansion with reports and reading lists. As draft chapters are written, staff would read them, make comments, maybe even write some sections, but carry nothing away, apart from her orders of books or archival materials. Unless she really were a dunce, the First Lady is likely to have engaged in several studies simultaneously, as her interests developed. Thus, objections **(1)** about 'registration period' for a PhD, and **(2)** about the first stage of registering for a Masters degree, have little weight. Apparently Marufu / Mugabe got interested in child welfare during her own child care activities, and began asking questions and collecting data, with the idea that she could bring some changes into the lives of vulnerable children. Registering first for a MA or MPhil is normal practice in most universities. While doing so, she became interested in the Chinese People's Revolution, decided to learn Chinese, and had a spell of flying to China for lessons. When the Chinese opened a 'Confucius Institute' in Zimbabwe, she had teachers come to her home to teach her Chinese. Under their coaching, she achieved a degree in written and spoken Chinese, while continuing to run her other political and welfare activities. This reflects some response to criticism **(8)** of Mrs Mugabe's brain power. To achieve a first degree in Chinese language, during her 50s, suggests an active mind, commitment and tenacity.

--- In the actual thesis (as downloaded), by simple search of "201", there are no references dated beyond 2014, so objection **(3)** seems mistaken (unless late tampering is established from other evidence). Objection **(6)**, that much older literature is cited (e.g., works by Bowlby from 1940 to 1985, on child development and its hazards) fails to take in that the candidate wished to grasp an historical process, i.e. by which Zimbabwean families' cultural strengths were worn down by colonial pressures, leading to family breakdown. She would better have read more African research on this, rather than assuming that British or American work on child development was universal; but at least she racked the brains of the old men out in the bush! In any case, the same mistake is made by many other researchers; and probably the University library contained those older books, and had less access to recent journal literature, which is expensive to acquire and usually in academic

jargon that is harder to penetrate. MA students across the world read long-established 'classics' in their field, rather than snatching at the latest debates in journal literature, which even their own professors may hardly know. Reading the thesis, one gets an impression of Mrs M grappling with research methodology, determined to bash her studies into the required shape recommended in the literature. That's what a research MA is for – to understand the elements of methodology, and epistemology.

--- Objections **(4)** and **(5)** of plagiarism and copyright infringement require careful and cautious examination, starting by being sure that what is in hand is the full thesis as submitted, and having access to plagiarism software tuned to sociology and child care. Marufu/Mugabe directly quotes passages from earlier authors, giving names and titles of the author(s) and work, as 'legitimate use'. A quick whizz with some 'Turn-it-in' software could find what may look like direct copying - but this might be legitimate if citations are correct. There are, indeed, numerous careless mistakes, e.g. Hitchcock in references, shown as Hitcock in the section 7.1; Hagerdorn and Hagedorn (pp. 20-21); Hareveen and Hareven (pp. 26-27) Frick 2002 (p.32) becomes Fack (2002) in refs, and more. But such errors are common at Masters level (and even in PhDs). That they were not corrected, suggests that the work was Marufu's own, not supplied or polished by a hired expert. It seems unlikely that a supervisor would encourage the candidate to submit work containing blatant plagiarism, since the detection software has been known in academia since the 1990s. They must have been aware that any thesis submitted by the First Lady could eventually be scrutinised by adversaries. (Against this, there is a suggestion that the supervisor, Professor Mararike, was moved from his post, and that his own qualifications have come under adverse scrutiny. No reliable information on these points is known to the present compiler).

--- Finally, considering the **actual contents of the thesis**, as downloaded: in the compiler's opinion, **they fit in the middle of millions of Masters theses across many countries**. There is a reasonable effort to define the purpose of the study, and to define some terms and constructs. The idea of looking into defects in child care, and trying to find out why some families are failing to cope and are 'dumping' unwanted children, and looking to do something about it, is worthwhile. (Opponents would counter, that the candidate would be incapable of asking whether Mr Mugabe's economic destruction during several decades might be partly to blame). The thesis shows evidence of reading and citing some sociological literature, some child care literature, and some literature pointing out colonial policies and errors which very probably reduced family cultural strengths. There are efforts to obtain and tabulate information from several different angles and sources, including police reports probably of restricted circulation, and to reflect on what these data may mean. **So far as critique (7) is concerned, there is indeed insufficient careful analysis, sifting the value and flaws in different kinds of evidence, establishing new and well-founded knowledge, upon which other researchers could go forward with confidence. It is no more than a 'middling' MA thesis.** If Mrs Marufu / Mugabe were given a deeper course in research methodology, and were shown how to access and evaluate research literature, and were placed in a stable, non-political environment, she might be capable of research at a decent MPhil or PhD level. In the actual situation, Mr Mugabe probably decided to award his First Lady a PhD to honour her, and empower her

as a credible candidate to take over party rule. If the award fell outside university regulations, he would simply change the regulations. Whether Grace had doubts about this process, or entered it eagerly, is not yet clear. It is not surprising that howls of "Fraud!" have gone up; yet the damage to academic integrity may be modest, compared with the wide-scale attempted fiddles and lowering of standards that are continuously under way across the wider academic world.

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It was planned to include vastly more detail of academic games, fraud, cheating and some of the ludicrously inappropriate policies that UN agencies such as WHO, UNESCO, UNICEF, have at various times tried to foist on African countries. But I have been pointing out these follies in published articles for 30 years, and the stupidities continue, only the terminology changes a little. This bibliography is too long already; it will not be improved by ranting at the UN agencies.

## **APPENDIX 5. HAVE 'UBUNTU' & 'BOTHU' PASSED THEIR SELL-BY DATE?**

From a philosophical point of view, discussion of the freshness or otherwise of 'Ubuntu' or 'Botho' (elsewhere, variations on 'Muntu', 'Obonto', 'Ubumwe'; or of other allied terms such as 'Ujaama', 'Ubudehe') might be considered a fascinating topic, highly relevant to the main field of this bibliography. Yet people engaged with the immediate struggle of staying alive with serious impairments in an African country with a weak economy and poorly developed formal health services, might be less thrilled, finding such topics no better than academic theology, a 'niche' affair at the blunt edge of disability concerns. [As compiler-annotator typing one-handed on a couch in the English Midlands, wondering whether I'll live to get these appendices buttoned, checked, and online, I'm not sure which side has the better of the arguments. Yet since 'ubuntu' seems likely still to raise a cheer from the masses as something within Pan-African culture that can be admired by the rest of the world, it seems useful to collect some recent critique and defence of the concept{s}, and ways in which they are used or abused or ignored. Googling 'ubuntu' brings thousands of hits, many of them interesting; but the few listed below are mostly part of recent academic debate within Africa, building up over a decade or two.]

Most of the UBUNTU ITEMS WILL BE FOUND IN ORDER OF YEAR OF PUBLICATION, as the development of thinking and debate may be easier to follow in date order. Their **date** will be given in bold. (Some contributions, such as those by GYEKYE (2010), GADE (2011, 2012, {2017}) DOLAMO (2014), LOUW & Madu (2005), PADWICK (2012), OPPENHEIM (2012), DIVALA (2016) have not been part of the immediate philosophers' 'debate', but seem useful for historical background and depth to the range of ideas and understandings of 'ubuntu'. **However, the first few items immediately below are of a different kind**, being some thoughtful remarks by Godfrey CALLAWAY in the early 20th century; a comment originally made under Florence BLAXALL (above, main bibliography) ca. 1937, with a

subsequent reflection on **Nelson Mandela**; and a comment from BRANDEL-SYRIER, also annotated in the main bibliography above. These seem worthwhile, especially Mia Brandel-Syrier, being a woman, writing in 1962 of what she had learnt orally from active African women in the 1950s. The fourth item is the much-cited experiment by LEVINE++, on helpful behaviour toward strangers, one appearing to be blind, another having a physical impairment, on city streets in 23 locations, some of which belong to *simpatia* cultures of South America, and one being in Africa. (A further 'introductory' entry is from the OXFORD ENGLISH DICTIONARY online, showing various meanings of 'Humane' and 'Humanity'; and another is a definition from 1888 of ubuntu).

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CALLAWAY, Rev. Godfrey (1925) Further thoughts about "Ubuntu". (In answer to a friendly critic.) *The East & The West. A quarterly review for the study of missionary problems.* 23 (no. 91) 232-241.

Rev. Canon Callaway {see main bibliography for details, and early discourse, e.g. "*Ubuntu* is really nothing else than the image of God stamped upon man, and by failing to respect that image we fail to respect God."} here records that a friend had asked him to write "thoughts further about Ubuntu (Humanity)", but without composing a sermon - he should try to address ordinary people. This is his considered response, as a high Anglican clergyman with an unusual talent for discerning goodness in the everyday things of life, and in the thoughts and practices of native Africans among whom he worked. {In much of his work, Callaway may sound vastly paternalistic towards black Africans; and this attracted some later criticism. He also talks only of 'men', where now one would more appropriately specify "men and women". Reporting him now, some wrinkles may be omitted; but direct quotations are shown as found.} Callaway suggests that those {Europeans} who work directly with Africans (i.e. "magistrates, missionaries, merchants, masters and mistresses") need to be creative, and so should study more diligently to gain a deeper understanding of the natives, with whom they might create something new. {While delivering an implied rebuke, Callaway mentions pioneer missionaries and government officials, some of whom did make "patient, unwearrying efforts to reach the mind of native people, and to examine their language, their social life and their customs" (p. 233), though they had no training for such work.}

--- Callaway's critic made the point that, in a previous article on Ubuntu [\*], Callaway had "driven home the difficulty to the Native of the attitude of the European - an attitude which to him (the Native) fails to respect *human nature as such, as held in common by us all (Ubuntu).*" (italics added) Callaway responds with a problem where the native African seems to lack any sense of {individual} responsibility [or perhaps has a sense of responsibility substantially different from that of the European; or of the kind of European who lives in Africa] - even when it might be that his own property will suffer from neglect. This difference of viewpoint may easily sustain a belief that the African needs to be 'managed' by firm discipline, in a master-servant situation - yet Callaway notes that there are many encounters where the European is not 'in authority over' the African. "...one is the way of the high-hand and the lofty aloofness; the other is by what I wish to call *Ubuntu* (humanity, kindness). I have no doubt, that in the long run, and viewed by the higher vision,

the latter is the better way. It is the way to create." (237) The 'high-hand' is more common "where the missionary lives in the European village", and maintains "a certain social standing". This makes it hard to remember that the gardener in the neighbour's garden "is your churchwarden, or your preacher" or that the woman scrubbing the floor on the other side is "a leading member of your congregation in her own location". Feelings can easily be hurt by any aloofness in this situation. "The missionary who lacks real sympathy (shall I call it *Ubuntu*?) may justify his aloofness by the assurance that he is doing a great deal for his people, but in the hearts of the people is the feeling that he is a 'white man' and an alien, and that while he gives them of his time and of his labour he withholds from them that which they most want - himself." (239) Callaway recognises that a social mentality has arisen, which encourages aloofness and diminishes the human value and dignity of some. "This is what we need to redress -this attitude which denies *Ubuntu*." Only by such a shift, "we shall create happiness of relationship between European and native - and much else". (239) "I would plead that *Ubuntu* is the creative force which alone will establish the relationship of mutual respect and mutual helpfulness upon which the ultimate well-being and harmony of both races depend." (241)

--- \*[Probably this refers either to his chapter on *Ubuntu* in Callaway's "The Fellowship of the Veld" pp. 21-31 (see annotation in main bibliography above, or to the earlier magazine publication of that chapter. Although the 'Veld' book appeared in 1926, it had been sent for publication in 1924, containing items to be reprinted, from 1909 to 1923, before the present 1925 journal issue.]

--- Callaway seems to employ several senses of *Ubuntu*, above - whether individual qualities of humanity, kindness, sympathy, respect, displayed more by some than by others; or a shared quality of 'humanness' by membership in the community of all human beings (from which some people may exclude themselves, by aloofness). [Other authors write of a person forfeiting such membership by some activity deemed 'inhuman' {e.g. murder, rape}, so falling to animal status; the community may then kill them, as a wild animal is killed after attacking a human.]

--- A story of African thought in earlier times, suggests a broader, communal aspect of *Ubuntu*. A young priest [probably Jemuel Pamla] told Callaway about his grandfather, "a man of some position", who "never used to act alone in any serious matter. He always called his relations, and put the matter before them. He used to say '*Ndixakiwe madoda*' (I am at a loss how to act, my men, and I want your help). They used to wonder that so wise a man and a man of such authority should need their help, but they went on to learn that this was the way in which he was teaching them and training them. They also saw that he wanted them to feel that what was done was their doing as well as his own." Callaway remarks: "There I see authority exercised by *Ubuntu*. It may seem the long way, but it is the creative way." (p. 240)

[From Florence BLAXALL, late 1940s, concerned with the blind-deaf youth Radcliffe Dhladhla and his mother, Rhoda. In *Mapupula, the one who touches*. London:]

The transfer from Rhoda to Florence was not easy: "It was with some trepidation that I watched the two alight, a tired thin Zulu woman with protruding teeth, clutching a small bundle of blankets, and a swaying boy with his hand placed lightly in the middle of his

mother's back." Over several days, Rhoda watched her son "attach himself to these strange white people", watched him laugh and play, and begin to learn new things. She entrusted the boy to them, and left for Durban.

--- [In the political climate of the 2010s, the preferred and orthodox historical focus is on a 'brutal colonial regime' under which millions of black Africans barely survived their lives of grinding poverty. It might seem anomalous that, amidst those vast and undeniable miseries, it was still possible that genuine kindness and mutual trust at an individual level could be reported between some black, coloured, and white women and men. To record that such acts and relationships took place is not to suggest that they 'balance out' the massive political wrongs and injustices. They do not balance anything. They seem to occur at a different level. Sometimes people were *drawn together by the overriding needs of a disabled child, whose vulnerability and innocence served as a bridge; and also a rebuke to the customary divisions*. The present bibliography is about disability, healing, beliefs and ethics, in Africa. Some of the 'healing' could extend as far as political beliefs. The example of Nelson Mandela created an unforgettable impression across the world: after decades of imprisonment and severe restrictions, he hated the injustice and brutality, and resented the contempt shown toward him. Yet Mandela found, in himself and his co-prisoners, resources with which to avoid hating the individuals. When released, he led his colleagues to political power; but Mandela worked not for revenge but for 'truth and reconciliation' as the way forward. **That determination arose from, and accorded with, his African understanding of human-ness, humanity and community spirit.** It seems that he seldom used the term 'ubuntu' until specifically asked about it in a late interview, as discussed above.]

BRANDEL-SYRIER, Mia (1962) *Black Woman in Search of God*. London: Lutterworth. 251 pp. with photographs.

[See annotation in Main bibliog, above.] There are many insights pertinent to the main thrust of the present bibliography, arising out of the author's wider reflections on what she learnt with and from African women in the 1950s. One concerns the "concept *Muntu*", which is seen as an "ontological essence", that "informs all animate and inanimate matter"; and the weakening of which is implicit in "every physical injury or mental or psychological impairment, even tiredness and failure." The 'humanness' of human beings is deeply involved with this concept, and its too-frequent absence in Europeans results in a paradox: "in spite of the European superiority in arms, technical skills and knowledge, the Bantu soon came to see our lack in 'the essential quality of human beings', that which is expressed in the word *Muntu*. 'Europeans are not human', Africans say." (pp. 111-115) [The translation here is subject to interpretation. Didier Kaphagawani, 1998, 'African Concepts of Personhood and Intellectual Identities', in Coetzee & Roux (eds) *The African Philosophy Reader*, see PRINSLOO, below, points out that Chewa people say "*Azungu siwanthu*", literally "Whites are not human"; but on further study it could better be translated "Whites are not persons". "...this statement is not uttered to assert the non-humanity of whites; rather it denies that whites are persons insofar as their looks and behaviour are at variance with that of the Chewa.." and further discussion (Kaphagawani, p. 171-172).]

LEVINE, Robert V.; Norenzayan, Ara & Philbrick, Karen (2001) Cross-cultural differences in helping strangers. *J. Cross-Cultural Psychology* 32 (5) 543-560.

[Abstract] "Independent field experiments in 23 large cities around the world measured three types of spontaneous non-emergency helping: alerting a pedestrian who dropped a pen; offering help to a pedestrian with a hurt leg trying to reach a pile of dropped magazines; and assisting a blind person across the street. The results indicated that a city's helping rate was relatively stable across the three measures, suggesting that helping of strangers is a cross-culturally meaningful characteristic of a place: large cross-cultural variation in helping emerged, ranging from an overall rate of 93% in Rio de Janeiro, Brazil, to 40% in Kuala Lumpur, Malaysia. Overall helping across cultures was inversely related to a country's economic productivity; countries with the cultural tradition of *simpatia* were on average more helpful than countries with no such tradition. These findings constitute a rich body of descriptive data and novel hypotheses about the sociocultural, economic, and psychological determinants of helping behaviour across cultures." --- [The sole African city in the study was Lilongwe, Malawi, which 'won the bronze medal'. Broadly speaking, Lilongwe people ranked number 3, out of 23, in a rating of 'Overall Helping Index'. Two cities ranked higher than Lilongwe, i.e. Rio de Janeiro, Brazil, and San Jose, Costa Rica. Both have a cultural heritage of *simpatia* (in Spanish) or *simpatico* (in Portuguese). "These terms, which have no equivalent in English, refer to a range of amiable social qualities -- to be friendly, nice, agreeable, and good-natured (i.e. to be a person who is fun to be with and pleasant to deal with). Helping strangers is also part of this script. *Simpatia* and *simpatico* seem to emphasize the preference for amiable social behaviours as compared with, for example, emphasizing achievement and productivity." (p.555)

This is not to assert that *simpatia* / *simpatico* is the same or even similar to *ubuntu*. But the study does suggest ways in which altruistic community behaviour can be given some practical measurement or assessment, rather than merely being chewed over by desk-bound philosophers, or philosophers taking an occasional dive into the ocean of ordinary people.]

**OXFORD ENGLISH DICTIONARY (2009) Humane, humanitarian).** Finally, by way of introduction, some quirks of the English language. **Between 'human', and 'humanity', in a good dictionary, a few more words appear: among them, the adjectives 'humane' and 'humanitarian'** (the latter also a noun). Widely recognised as the most authoritative dictionary of the English language, based on historical evidence of usage from written sources, the OED is the kind of reference that is needed to trace how the meanings have evolved. (The OED, 3rd edition 2009, is now continuously updating online. It is not 'full text open online'. Most public libraries in UK give free access, and institutions of higher education across the world may subscribe to the e-version with updates, bundled with other Oxford reference books.) The OED takes more than three pages of print-out, with examples since ca. 1500, to describe the two major uses of 'humane', and two 'special uses'. In the centuries before English spelling became standardised, it would have been normal enough for 'human', 'humane', or 'humayne' to be alternative spelling of 'human' (following French 'humain' and 'humaine'), with any intended difference being given by the context. Yet up to five centuries ago 'humane' in English seems also to have diversified and been



differentiated as an adjective packaging kindness, compassion, courtesy, friendliness etc -- [OED cites "Be meke, humble, swete, curtoys & humayne, both vnto grete & lesse" ca. 1500; {in modern idiom: 'Be meek, humble, sweet, courteous and humane, to people great or small'}] - found in 'approved' human behaviour {as against the all-too-familiar rudeness, pride, egotism, selfishness, indifference, of 'normal' or 'bad' human behaviour}. The OED entry for 'humanitarian' is of similar length and complexity.

--- The semantic range shown by the OED across these two linked words (also, several others beginning 'human...' such as 'humanist') appears to have significant overlap with the range of meanings in words such as *ubuntu*, as shown by the historical evidence researched by GADE (below), and much of the discussion by philosophers below. Yet these distinctions and nuances of the English words seem to be unknown to many authors -- some of whom continue to assert that there is 'no English word for *ubuntu*' and further state or imply that the concept of *ubuntu* is uniquely African. Certainly, it can be argued that "humane behaviour" does not fully translate the range of meanings in "*ubuntu*", nor does "friendly and compassionate" cover the range. But then one could turn the issue around, and ask: is there a word for '*ubuntu*' in Zulu?! How would *ubuntu* be defined in Zulu, to make clear, to a child or a group of adults arguing about it, what are the various meanings? How would 'humane' be explained in Sesotho by some multilingual philologist who knew the history of how all the words had been used? [In Dutch, 'humane' may be translated 'humaan' or 'menslievend', which can translate back as 'humane' and 'philanthropic'. Afrikaans has 'menslike', and doubtless further words. But any two educated Dutch speakers could be relied upon to argue about the nuances of meaning in the use of such terms! And so on, probably across the world's major languages, philosophies and religions.]

--- Some modern psychologists, ethologists and bio-archaeologists may write off the terms as meaningless, calculating that 'there is no such thing' as '*ubuntu*' or '*humane*' or friendly, cheerful, kindly and community-spirited, altruistic, compassionate behaviour. Their sceptical, post-modern view is that we humans are all 99% apes, driven by overwhelming biological needs to eat, to avoid being eaten, to reproduce, and to prioritise the chances of own genetic heritage. We delude or mislead ourselves in imagining that we are altruistic, kindly and compassionate, -- these are merely tricks to improve the odds on our own survival, or some peculiar learnt device to 'feel good' about ourselves. Whether professionals and various -ologists having such beliefs ever find 'kindly behaviour' lurking within, driving them inexplicably to behave in a kindly or cheerful toward complete strangers; or find themselves on the receiving end of inexplicable kindness from strangers, is seldom disclosed - and anyway, could be 'explained away' by a determined effort! [See convoluted arguments in, e.g., L.D. Katz (ed.) (2000) *Evolutionary Origins of Morality*, Exeter: Imprint Academic, xvi + 352 pp., and much subsequent literature.]

THEAL, George McCall (1888) *History of the Eminent Boers in South Africa...* (Second Edition). London: Swan Sonnenschein, Lowrey. xviii + 392 pp.

Theal was compiling his materials up to 30 years earlier, and much of his material would not be welcome reading to modern Africans. He was, however, a formidable scholar, and nearer in time to knowing how certain terms were used. He writes of 'the Bantu', and on p.1 states, "This word in the dialects spoken along the coasts of the Cape Colony and Natal

simply means people.[1]" Footnote 1: "In the language of the Xosa, Tembu, Pondo, Zulu and other coast tribes: UMNTU a person, plural ABANTU people; diminutive UMNTWANA a child, i.e., a little person, plural ABANTWANA children, abstract derivative UBUNTU the qualities of human beings, UBUNTWANA the qualities of children. In the language of the Basuto MOTHU a person plural BATHU persons. The pronunciation, however, is nearly the same, the h in bathu being sounded only as an aspirate and the o as oo, baat-hoo."

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PRINSLOO, Erasmus D. (1998) *Ubuntu* culture and participatory management. In: P.H. Coetzee & A.P.J. Roux (eds) *The African Philosophy Reader* 41-51. London: Routledge. xiii + 467 pp.

[It should be noted that this article or 'reading' was the fourth part of Chapter 2 of the Reader, titled 'Using Culture in African Contexts', introduced by C. van Staden (pp. 15-25); and the first two 'readings' are by Steve Biko, 'Some African Cultural Concepts' (26-30); and by Kwasi Wiredu, 'Are there Cultural Universals?' (31-40). The introduction and first two readings treat of 'culture' in broader terms, and Dr Wiredu in particular draws on a global palette of illustrations, and argues his way through various propositions in a manner familiar to experienced philosophers worldwide. (Both those 'readings' were previously published). Prinsloo's material fits within the chapter title in a different way, presumably by the editors' choice, and may be read as a cautious attempt to get down to brass tacks, rather than rehearsing again the woes inflicted on indigenous Africans by invasive cultural hegemony, or demonstrating that some parts of African cultures are just as clever (or more so) than much of 'Western' cultures.]

--- Prinsloo's is the sole 'reading' in the Philosophy Reader to use *Ubuntu* in its title. The index gives no other entry for *ubuntu*. Yet, for example, the 'reading' by Kwame Gyekye, 'Person and Community in African Thought' (317-336) addresses 'communitarianism in African socio-ethical thought' in some depth, with illustrations from West African cultures; and quotes "the statement 'I am, because we are; and since we are, therefore I am'" (318) -- which would commonly attract the South African word *ubuntu*, but here does not. (See also GYEKYE, below) There are many other indexed words, such as Being (bringing up a discussion by Kaphagawani of the translation by Fr. Tempels of *munthu* in Chichewa, see note above under BRANDEL-SYRIER); Communalism; Community; Identity; Humanism; Morality; Ontology; Personhood (including, e.g. the 'reading' by Segun Gbadegesin, "Eniyan: the Yoruba concept of a Person", who notes that it is "not unusual when referring to a human being for an observer to say '*Ki i se eniyan*' (He/she is not an *eniyan*)." (p.149, accents omitted), and further terms, where the word *ubuntu* could well have appeared in the discussion, but did not. (Under the author names Khosa, R., Makhudu, N., Mbigi, L., Shutte, A., Teffo, J., *ubuntu* is listed - but those authors all appear in Prinsloo's literature review. Thus it seems that the Indexer has been fairly diligent -- taking into account the state of word-processing software in the 1990s. While the concept{s} involved in *ubuntu* are clearly matters for Africa-wide philosophical discussion, it seems that this specific word would not necessarily be used, beyond Southern Africa, in the 1990s.)

The index of the Philosophy Reader fails to list the glossary definition of Ubuntu, on p. 451, as follows:

--- "Ubuntu: closely related to African Humanism, *Ubuntu* incorporates notions of an African collective consciousness, and the universal brotherhood\* of Africans. Its values include sharing, treating other people as humans, empathy, warmth, sensitivity, understanding, care, respect, patience, reciprocation, and communication. Related to communalism, it perhaps finds its clearest expression in the saying that a person is a person because of other people."

--- \*[Does the African women's sisterhood ever say, of men in general, "They lack souls"!? Actually a few African female philosophers such as Marlene van Niekerk, do appear in this mostly male Reader; and in some future revision they may move the brethren toward more gender-equal terminology.]

--- Prinsloo's contribution is largely a discussion of "Mbigi on Management Style", with contributions from Ruel Khosa. [The references are: Mbigi, Lovemore (1992) Unhu or Ubuntu: the basis for effective HR Management. *Peoples Dynamics*, October 1992: 20-26. Mbigi, L. & Maree, J. (1995) *Ubuntu: the spirit of African transformational management*. Randberg. Khosa, R. (1994) Ubuntu as African humanism. Unpublished conference paper.] Mbigi was involved in trying to solve severe labour problems at Eastern Highlands Tea Estates, changing the management strategy from one of high-handed confrontation and issuing orders, to an approach that involved the workers in discussion of how they could advise and participate in making the company viable as a caring and sharing organism that would respect their African heritage (while still having a rational economic structure). This kind of radical rethink of management would obviously take plenty of time to become embedded at various levels.

--- Prinsloo points out that, "The vocabulary of *Ubuntu* is clearly not unfamiliar to Western thinking", giving various examples. He seems to find something negative here: "it means that *Ubuntu* is not an altogether new concept - if, indeed, it is new at all; it is neither radically different nor unique." Yet on the positive side, this should mean that *Ubuntu* "shares in a world spirit and may even serve to emphasize this world spirit and to remind other cultures of its importance. (pp. 48-49)

WIREDU, Kwasi (1998) The moral foundations of an African culture. In: P.H. Coetzee & A.P.J. Roux (eds) *The African Philosophy Reader* 306-316. London: Routledge.

This chapter is based on the philosopher's personal experiences of living as one of the Akan people of Ghana. The chapter is deeply embedded in a humanist discourse, and closely argued; so, even though it is written in comprehensible English, it is not easy to summarise. The Conclusion begins: "It is clear from the foregoing that socialisation in the broad context of the lineage can be a veritable school for morality in its Akan acceptation. It is through the kinship channels of the lineage set-up that the Akan sense of the sociality of human beings finds its most natural expression. Moral life in the wider community is only an extension of a pattern of conduct inculcated at the lineage level. The fundamental values, some of which we have already outlined above, are the same on the two planes, and may briefly be summarised. A communalistic orientation will naturally prize social harmony. A characteristic Akan, and, it seems, African way of pursuing this ideal is through decision-

making by consensus rather than by majority opinion. In politics -- traditional African politics, not the modern travesties rampant on the continent -- this leads to a form of democracy very different from the Western variety." (315) [See GYEKYE, below.]

LOUW, Dirk J. & Madu, Sylvester N. **(2005)** The unifying aspects of the "Ubuntu" culture. *Psychopathologie africaine* 33 (1) 63-75.

"'Ubuntu' is a Southern African cultural, philosophical and religious concept, which in its richness extends a very interesting psychotherapeutic dimension, and can be made to serve in therapy. This concept in Zulu and Xhosa refers, broadly speaking, to notions of sharing among the community of human kind, of the oneness of human nature in the dimension of cooperation and collaboration. The traditional saying, "umuntu ngumuntu ngabantu", is often translated "a person is a person through other people" (or a person achieves personhood as a result of other people's being; or becomes a person through interaction with other persons). The authors develop their reflections in various dimensions of their understanding of the concept, bringing out the unifying aspect of ubuntu. The integrational aspects of the ubuntu culture can be a specially useful tool for ambassadors of the African Renaissance, and for peace-making across the continent, and indeed the world." (translated by present compiler, from French abstract)

GYEKYE, Kwame **(2010)** African ethics. In: *Stanford Encyclopedia of Philosophy* [found open online.]

Like Dr. WIREDU (above), Kwame Gyekye is a philosopher much influenced by membership of the Akan-speaking people of Ghana, but reaching across Africa for some of his illustrations. His method of argument in this essay is less convoluted than that of Wiredu (whom he quotes, and with whom he has jointly published a book, *Person and Community*); and is capable of being followed more easily by non-philosophers. He runs together 'ethics' and 'morality', and considers African words used for such concepts. Gyekye suggests that Africans derive their moral behaviour from a kind of humanistic 'natural religion' discovered in everyday life, rather than from any religion claimed to be 'revealed' by God or Supreme Spirit to an individual. This is not to dismiss 'God' or the world of spirits or ancestors; but it suggests that those entities or postulates play less part in the way Africans construct their religion, than some might think. Reports by external observers, e.g. that Africans are deeply religious, with an assumption that their lives may be much influenced by Islam, Christianity, or some other revealed religion, are thus misleading and mistaken. African religion and morality are profound, but 'non-revealed'. The fundamental African ethics and morality are taught and acquired in practice by children from adults. 'Right conduct' consists of being honest, generous, humble, compassionate, respectful, peaceful, fulfilling one's duties to one's fellow human beings, and such-like behaviour. There is an Akan belief that "God created every human (to be) good", which can be understood in more than one way. "In the light of the evil and unethical actions of individual human beings" the idea that "the human being is resiliently good cannot be accepted as the correct meaning of the maxim, for it is plainly contradicted by our putative moral experience." More likely, "the human being has the capacity for

virtue ... the human being is endowed with moral sense and, so, has the capacity for both virtue and vice... The human being can then be held as a moral agent: not that his virtuous character is a settled matter, but that he is capable of virtue, and hence, of moral achievement, and can, thus, achieve personhood." (This continues in discussion of 'sense of right and wrong', conscience and sense of guilt; and different theories about where such senses are derived from). Spirituality, mystical experiences, heightened forms of religiosity are also recognised. But... "gods are treated with respect if they deliver the goods, and with contempt if they fail" (K.A. Busia).

--- Further useful ideas are that all men are brothers, all human beings are of one stock, there are no boundaries, divisions are artificial, the unexpected visitor is honoured and given the best bed and food in the house, humans discover humanity only in interaction with other humans. (Whereas this cannot extend to a beast or animal). However, it is possible for some humans to lose their entitlement to be counted as persons of equal value and indivisibility; or to be judged as never having possessed humanness, but to be something else, a different kind of creature, of no more worth than an animal. [Although Gyekye does not pursue this, it would be sufficient explanation for the widely reported rejection and exclusion and persecution of some people with disabilities: their odd appearance, missing limb, strange bumps or lumps, lack of sight or hearing, odd behaviour, are taken as evidence that they are not really human beings; so they forfeit the right to humane treatment, and should correctly be driven away, or be 'returned' to the water spirits, or some such solution.]

METZ, Thaddeus & Gaie, Joseph B.R. (2010) The African ethic of *Ubuntu / Botho*: implications for research on morality. *J. Moral Education* 39 (3) 273-290.

[Abstract]: "In this article we provide a reconstruction of sub-Saharan ethics that we argue is a strong competitor to typical Western approaches to morality. According to our African moral theory, actions are right roughly insofar as they are a matter of living harmoniously with others or honouring communal relationships. After spelling out this ethic, we apply it to several issues in both normative and empirical research into morality. With regard to normative research, we compare and contrast this African moral theory with utilitarianism and Kantianism in the context of several practical issues. With regard to empirical research, we compare and contrast our sub-Saharan ethic with several of Lawrence Kohlberg's views on the nature of morality.\* Our aim is to highlight respects in which the African approach provides a unitary foundation for a variety of normative and empirical conclusions that are serious alternatives to dominant Western views."

--- \*[NB: Kohlberg produced his doctoral thesis at Chicago in 1958, on "The development of modes of thinking and choices in years 10 to 16", and developed his theories of successive stages of human moral judgement during many further years of study. Broadly speaking, an early level would depend on obedience, avoiding punishment, and narrow self-interest. A conventional middle level would involve regard for social norms of morality, and having respect for 'law and order'. A 'higher' level would involve personal conscience and decision, understanding the need for rules, while being prepared sometimes to break the law for a higher cause. (Over years, of course the psychologist Kohlberg debated and developed highly sophisticated arguments, and series of scenarios involving moral choice,

testing them on populations, to indicate nuances in moral reasoning; and defended his views from the criticism of fellow academics).]

GADE, Christian B.N. (2011) The historical development of the written discourses on *Ubuntu*. *South African J. Philosophy* 30 (3) 303-329. [Found open online] [mostly from Abstract] In this useful article, Gade (a Danish researcher involved with conflict resolution) shows that "...the term '*ubuntu*' has frequently appeared in writing since at least 1846. I also analyse changes in how *ubuntu* has been defined in written sources in the period 1846 to 2011. The analysis shows that in written sources published prior to 1950, it appears that *ubuntu* is always defined as a human quality. At different stages during the second half of the 1990s, some authors began to define *ubuntu* more broadly: definitions included *ubuntu* as African humanism, a philosophy, an ethic, and as a worldview. Furthermore, my findings indicate that it was during the period from 1993 to 1995 that the Nguni proverb 'umuntu ngumuntu ngabantu' (often translated as 'a person is a person through other persons') was used for the first time to describe what *ubuntu* is. Most authors today refer to the proverb when describing *ubuntu*, irrespective of whether they consider *ubuntu* to be a human quality, African humanism, a philosophy, an ethic, or a worldview." Gade underlines that the sources are "written discourses", they do not disclose or encompass the oral history of the focused term. It is a practical exercise in mapping, or sketching the parameters, rather than insisting that this or that is the 'correct' meaning.

GADE, C.B.N. (2012) What is Ubuntu? Different interpretations among South African of African Descent. *South African J. Philosophy* 31 (3) 484-503. [see previous item, also GADE 2017, below].

[Abstract] "In this article, I describe and systematize the different answers to the question 'What is *ubuntu*?' that I have been able to identify among South Africans of African descent (SAADs). I show that it is possible to distinguish between two clusters of answers. The answers of the first cluster all define *ubuntu* as a moral quality of a person, while the answers of the second cluster all define *ubuntu* as a phenomenon (for instance a philosophy, an ethic, African humanism, or, a worldview) according to which persons are interconnected. The concept of a person is of central importance to all the answers of both clusters, which means that to understand these answers, it is decisive to raise the question of who *counts* as a person according to SAADs. I show that some SAADs define *all Homo Sapiens* as persons, whereas others hold the view that only *some Homo Sapiens* count as persons: only those who are black, only those who have been incorporated into personhood, or only those who behave in a morally acceptable manner."

PADWICK, T. John (2012 / 2016) Abundant life or abundant poverty? The challenge for African Christianity. In: Michael D. Palmer & Stanley M. Burgess (eds) *The Wiley-Blackwell Companion to Religion and Social Justice*, chapter 32. [2016 Blackwell Reference Online] [Padwick writes "from a committed perspective, as both an 'outsider' and an 'insider'" -- being white British in origin, he spent much of his life as a development worker, church member and theologian in East Africa and among the African Independent Churches, obtaining a PhD from the University of Birmingham with research in modern African spiritualities. This chapter has many comments shedding light on 'ubuntu'.] {In traditional

African societies...} "material poverty as a long-term and debilitating condition was unacceptable, and various customs ensured that a poor man was assisted to lift himself and his family out of it ... What was truly stigmatizing was not the lack of material goods but that of significant relationships. Without relatives, friends, age-mates, and patrons, without support in crisis or disability, and the human dignity that comes from social acceptance, a fully human life could not be enjoyed." // {Events and trends of the past century seriously eroded and depleted the traditional resources and community strengths... and had impact on the capacity of traditional religions to inspire their adherents.} "In Africa there is no sin that is private, for all sins have an impact on the well-being of the community, present and future. The concept of *ubuntu* (literally 'humanness') defines the essence of being human as participation in this community: 'I am because we are; because we are I am.'" {The African universe is not clearly divided between the material and the spiritual -- there is a continuity across material and spiritual, and material events are closely connected with spiritual powers.} "This is particularly true in the realm of healing (understood holistically as the restoration of well-being)." "...for both scholars and politicians, the conscious revival of positive aspects of African tradition is seen as a key both to long-term poverty eradication and the struggle for a wider liberation. If *ubuntu* is for many commentators the foundation of African philosophy, *ujamaa* (literally 'family-hood'; politically, 'African socialism') is the political working-out of the principles of *ubuntu*." {As a political philosophy developed by President Julius Nyerere, *ujamaa* contained "a strong element, for which the social teaching of [his] Catholic faith, and also the *undugu* (brotherhood) of Islam were other sources."} --- Padwick hints at the speed with which development and counter-developments in academic disciplines are being overtaken by waves of native and alter-native real-life experience, leaving published theological debates that parallel the philosophical ones in being behind the wave-front. He sees a rapidly evolving 'African Pentecostalism' giving ordinary people "a sense of global citizenship, and the support of a strong community of faith. It promotes both consciously and unconsciously key entrepreneurial skills in a way that the older Spiritual African Independent Churches focused on *ubuntu* values still find difficult. // "... For all its conscious engagement in political, economic, and social issues affecting the state of Africa, the formal academic discourse of these [African] theologians has rarely succeeded in engaging the masses. In contrast, Pentecostalism has reached back into the roots of traditional African religion, taken spiritual technology into contemporary life, and taught a new self-confidence in the future that is open to all social groups and classes. The western development model has been taken to its logical and secular conclusion by the intervention of numerous NGOs, but the continual flourishing of religion in Africa and elsewhere is forcing these secular agencies to imagine the possibility of other narratives in which religion once again is a key aspect of a full and abundant human life."

OPPENHEIM, Claire E. (2012) Nelson Mandela and the power of Ubuntu. *Religions* 3: 369-388. [Found open online]

[Abstract] "Nelson Mandela dedicated his life to fighting for the freedom of his South African kin of all colors against the institution of apartheid. He spent twenty-seven years fighting from within prison, only gaining his freedom when his fellow South Africans could claim it as well. This article demonstrates how his faith, his spiritual development and his

noble purpose can be conceptualized through the lens of Ubuntu: the African ethic of community, unity, humanity and harmony."

--- [This is a hagiographical but mostly harmless article largely based on Mandela's 'Long Walk' and a determination to make 'Ubuntu' fit into the author's reading of Mandela's life, since he was a "spiritual exemplar" to the world (387) - (though not necessarily perceived as such by some black, coloured or many white South Africans, at the time).]

MATOLINO, Bernard & KWINDINGWI, Wenceslaus (2013) The end of ubuntu. *South African J. Philosophy*, 32 (2) 197-205. [Found open online, Dec. 2016.]

In radical paraphrase, Matolino & Kwindingwi seem to be asking something like, 'Do we need a load of pious piffle to stifle the freedoms of thought that should characterise any modern, urban society?' [Not a quotation!] Being a philosopher and a theologian, in South African teaching posts, of course they actually wrap their question in much more cautious terms, setting out various points of view and testing their strength, in text that is surprisingly readable. They note that the 'return to African ethical roots' was tried by earlier notable African leaders (Nkrumah, Senghor, Nyerere, Kaunda), and that various keywords such as ujamaa, consciencism, Negritude, humanism, nyayo, were associated with the attempt to build 'African socialism' -- which, looking back, turned out rather disappointing.

METZ, Thaddeus (2014) Just the beginning for ubuntu: reply to Matolino and Kwindingwi. *South African J. Philosophy* 33 (1) 65-72. [Found full text online]

[from Abstract.] "[They] argue that contemporary conditions in (South) Africa are such that there is no justification for appealing to an ethic associated with talk of 'ubuntu'. They argue that political elites who invoke ubuntu do so in ways that serve nefarious functions, such as unreasonably narrowing discourse about how best to live, while the moral ideas of ubuntu are appropriate only for a bygone, pre-modern age. Since there is nothing ethically promising about ubuntu for today's society, and since elite appeals to it serve undesirable purposes there, the authors conclude that ubuntu in academic and political circles 'has reached the end'. In this article, I respond to Matolini and Kwindingwi, contending that, in fact, we should view scholarly enquiry into, and the political application of, ubuntu as projects that are only now properly getting started."

DOLAMO, Ramathate T.H. (2014) Botha / Ubuntu: perspectives of Black consciousness and Black theology. *Studia Historiae Ecclesiasticae* 40, Supplement, 215-229.

From the Abstract: "Botho / ubuntu is a philosophy that is as old as humanity itself. In Africa and South Africa it was a philosophy and a way of life for many indigenous tribal groups. It is an African cultural belief that called on individuals to come together and to be more communal in their outlook and, thus, to look out for each other. Although the botho and ubuntu concept became popularised only after the dawn of democracy in South Africa, the concept itself has been lived out by Africans for over millennia." Ramathate Dolamo, from the Department of Philosophy, Practical and Systematic Theology, UNISA, Pretoria, quotes some definitions of Botho and Ubuntu, then rehearses a curiously truncated history of Black political thought, starting in the 1960s, and the development of Black



Consciousness (BC) and Black Theology (BT) (221-224). He quotes amply from tracts by Steve Biko, ca. 1978, who suggested some aspects of 'African culture' that embody ubuntu, e.g. "Letsema (a Sotho word) was a practice whereby groups of people would work together to assist one another in projects such as ploughing fields, harvesting and building houses et cetera. / Through the process of sharing and caring, poverty was a foreign concept. Orphans and widows were taken care of through systems and mechanisms set up and devised by families and communities." Thoughts from M. Buthelezi are cited, such as a declaration of 'Christ's message to Black Theology'. Dolamo concludes that "BC and BT liberation should be understood in a holistic manner that is, from a psychological, political, social, economical and religious point of view. Fighting for their ubuntu black people would also liberate white people from their bondage of greed, capitalism, superiority complex and fear of black people." Further, "Basic belief in our common humanity, that all humans are created in the image of God, should make us uncomfortable and angry, even when inequality among us is promoted, when tenets of botho/ubuntu are violated and when the dignity of the human person is trampled underfoot. We know that not everything in African culture and religion was good, but those elements that are liberating should be retrieved in order that our humanness can be restored..."

CHIMAKONAM, Jonathan O. (2016) The end of ubuntu or its beginning in the Matolino-Kwindingwi-Metz debate: an exercise in conversational philosophy. *South African J. Philosophy* 35 (2) 224-234.

[Abstract]. "Matolino and Kwindingwi in an essay 'The end of ubuntu' published in this journal in 2013 argue that ubuntu has stalled both as a way of life and as an ethical theory which led them to draw the far-reaching conclusion that ubuntu has reached its end. In 2014 Metz published a rejoinder in this journal with the title 'Just the beginning for ubuntu: reply to Matolino and Kwindingwi' in which he gestures that the justification on which Matolino and Kwindingwi rested their conclusion were unfounded. Reacting to Metz in an essay published in this journal with the title 'A response to Metz's reply on the end of Ubuntu', Matolino claims that Metz's rejoinder poses no serious threat to their original position and insists that Metz's counter-position is not only weak but grossly indefensible. In fact, he characterises Metz's arguments as dogmatic rather than philosophical. In this paper I wade into this argument, which I now tag the 'Matolino-Kwindingwi-Metz debate', not for the sake of argument but to show the philosophical significance of the 'Matolino-Kwindingwi conundrum'. That ubuntu has reached its end is not a mere declaration or position or conclusion, it is a problem, one whose significance would redefine not only the sphere of ubuntu philosophy but the historicity of African philosophy as a whole. I shall argue also that though the conundrum remains decisive, I agree with Metz that the arguments marshalled in its support are not decisive. Metz on the other hand may have offered systemisation of ubuntu but I agree with Matolino that his new system may not be as impregnable as he envisages. In showing the philosophical significance of the conundrum and in showing the weaknesses in the arguments of these actors, I shall argue not for the restoration but for the re-invention of ubuntu using the tool of conversational thinking." [From J.O. Chimakonam, University of Calabar, Nigeria.]

DIVALA, Joseph Jinja (2016) Re-imagining a conception of Ubuntu that can recreate relevant knowledge cultures in Africa and African universities. *Knowledge Cultures. A Multidisciplinary J.* 4 (4) 90-103.

GADE, C.B.N. (2017) *A Discourse on African Philosophy: a new perspective among South Africans of African descent*. Lexington: Rowman & Littlefield. 120 pp.

[Not yet seen]

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### {A FEW ASIAN NOTES POSSIBLY RELEVANT TO UBUNTU.}

{Hundreds more articles and books devoted to *Ubuntu* are listed by web search. A search, for similar, equivalent or parallel concepts and practices in Asian countries is more complicated, and involves various assumptions and guesswork. A few examples, aligned with the current bibliography, are listed below, concerned responses by communities, philosophers, and mothers having a serious 'different' child.}

MARFATIA, J.A. (1961) Welfare of the mentally handicapped. In A.R. Wadia (ed) *History and Philosophy of Social Work in India* pp. 361-81. Bombay: Allied Publishers.

"At the Indian Conference of Social Work held at Bangalore in 1956 it was suggested that we should have for villages mobile vans carrying trained persons, who would educate parents in the training of mental defectives and make them aware of the types of services available in the cities for the training and rehabilitation of mental defectives. The suggestion encouraged others to ask, "where is the trained personnel?" ... A social worker pointed out that it would be much better if the mental defective was allowed to be adequately rehabilitated in the village setting only. ... *In the village a mental defective is considered as part and parcel not only of the family but also of the whole community. He has a sense of belonging, resulting from his being accepted by the community for what he is.*" (p.378) [cf FIELD, 1937 / 1961, main bibliography above, on responses among the Ga people in West Africa. Marfatia's 'mental defective' terminology has an unpleasant ring in the 2010s, but was commonplace in 1961. The description of Indian family and village responses, though somewhat idealised, could be seen in some of the 'million villages', as other witnesses have suggested.]

SHIM, Jae-Ryong (2001) Evil and the overcoming of suffering in Buddhism. In: P. Koslowski (ed.) *The Origin and the Overcoming of Evil and Suffering in the World Religions*, 8-23. Dordrecht: Kluwer. [The book is also published in a German language version, by Wilhelm Fink verlag, Munich.]

Sensitised by his own life-long physical fragility (pp. 8-9) the Korean Buddhist philosopher Jae-Ryong Shim (1943-2004), runs through some Buddhist historical concepts of suffering, before turning to "the problem of suffering in the contemporary world, especially related to the sufferings of persons caught up in and created by the relentlessly mechanistic

enterprise of capitalist-consumer society, the evil of which is intricately wrought into the very nerve and skein of its structure." (10) In a section describing "Buddhist ways of overcoming suffering -- a mental approach and its criticism by 'socially engaged' Buddhists in contemporary Asia" (16-22), Shim discovers more than one 'radical innovation' or 'paradigm shift' on the way toward formulation of a "Korean *Minjung* Buddhism" (22), a practice of Buddhism that would live with, serve and assist in the (self-) liberation of the poor, oppressed and tortured 'ordinary people' of Korea. He quotes a traditional 'moment of illumination', in which a poet-monk mentally 'turns away' from the tempting folly of a dancing girl; and contrasts that aloofness with **the "poignant, yet defiant, poem written by Thich Nhat Hanh, a contemporary Vietnamese refugee-monk working for a peaceful world," the much-republished poem titled "Please Call Me By My True Names" (pp. 17-18). Hanh perceives his own participation in the identities of both oppressed and oppressor, and so cannot 'turn away', because "...I am the child in Uganda, all skin and bones, / my legs as thin as bamboo sticks, / and I am the arms merchant, selling deadly weapons to Uganda. / I am the 12 year-old girl, refugee / on a small boat, / who throws herself into the ocean / after being raped by a sea pirate, / and I am the pirate, my heart not yet capable / of seeing and loving..." [excerpt]\*** --- Shim further recalls the "radical transformation of the Buddhist paradigm of salvation" in the "astounding rewriting of the Four Noble Truths" by Dr Bhimrao Ramji Ambedkar (1891-1956), leader of India's Shudras or Dalits, the vast lower castes of 'untouchable' millions. The latter "systematically studied the religious options available in India and finally adopted Buddhism..." (20). "Ambedkar's redefinition of Buddhist liberation - as the amelioration of material conditions and social relationships in this life - is so astounding and provocative that it is **{not}** easily acceptable even among Buddhist intellectuals in India." [It takes some nerve to insert "not" in a published assertion by a philosopher {}] Yet it is obvious from context and syntax that the missing 'not' is a printing error. In context, the sentence does not work without 'not'.] Fifty years later, the Korean philosopher saw the new challenge: **"The world has changed. The causes of suffering have to be found, not in the individual, mental defilements, but in the intricate nexus of collective, structural or organizational evils." (p. 20)**

--- \* ["Please call me by my true names" is quoted from: Thich Nhat Hanh (1987) *Being Peace*, ed. A. Kotler, Berkeley, Cal.: Parallax, cited in C.S. Queen & S.B. King (eds) (1996) *Engaged Buddhism*, 338-339. Googling the title shows Hanh's poem widely reprinted online.]

RAO, Shridevi (2015) {i} Colloquial language and disability: local contexts and disability. (ii) 'Just a member of the neighborhood': Bengali mothers' efforts to facilitate inclusion for their children with disabilities within local communities. In: S. Rao & Maya Kalyanpur (eds) *South Asian Disability Studies. Redefining boundaries and extending horizons*, 171-193; & 224-245. New York: Peter Lang, xviii + 311 pp.

These two chapters by Prof. Rao review more than 15 years of studies situated across language, disability, developmental delay, and ethnography, having begun at the turn of the millennium {e.g., Rao, 2001, 'A little inconvenience': perspectives of Bengali families of children with disabilities on labelling and inclusion. *Disability & Society* 16 (4) 531-548.}

Qualitative studies have been made involving extensive interviews and participant observation with Bengali-speaking families having disabled children in Calcutta [Kolkata, India.] The children were described by professionals as having various levels of mental retardation. Families were selected who were described as taking an active role in facilitating the inclusion of their children in the community. The author analyses ways in which mothers negotiate everyday situations in the neighbourhood including use of severely overcrowded public transport, using emollient terms such as 'a little inconvenience' to evoke reasonable behaviour and to create sufficient, but non-stigmatising, space for their disabled child. Other terms for more significant problems are analysed, in the context of a predominantly discouraging or indifferent social environment.

-- Shridevi Rao and co-editor Maya Kalyanpur spent years teaching in their native India, further years lecturing in the USA, and have revisited India and other countries in an advisory capacity. They are keenly aware that Western 'ideological packages' on the rights and inclusion of disabled children can hardly be exported across the world and dropped down anywhere in India (or Africa) and expected to work effectively at grass roots without significant cultural and conceptual rethinking, building on the best of existing traditions, and eliciting many years of voluntary effort. Revisions of national law and entitlement may provide a more conducive official environment for such effort; but if mothers, sisters, aunts, want to see their own disabled child accepted and included among the other children playing in the neighbourhood, some of them will need to lead the way, taking time to build up their own 'soft power' in the locality, showing how gentler terms can be used, encouraging local children to play games in which all may take part, managing the mockers and excluders with wisdom, modifying ill behaviour by well-tried techniques, influencing and enlisting other families in building a local community where people normally extend kindness to one another and a helping hand to those in difficulty. [Such goals are also among the highest community ideals of Indian religious teachers through millennia; and have obvious similarities with the ideals embodied in *Ubuntu* in Southern Africa.]

## **APPENDIX 6 SPECIAL EDUCATION: 'BRUTAL SEGREGATION' OR 'HEALING RESPONSE'- {or neither?}**

In the Main Bibliography, some articles on 'special education' are listed, and some on educational 'inclusion', as part of the African experience of 'healing and humanitarian caring', without deviating into postmodern debate about 'special education' being a bogus and fraudulent practice, or a naively credulous view which should be replaced by suspicion and criticism. {See a rebuttal of such critique by COLE, 1990; and a critique of 'mainstreaming' by KAVALE, 2002; in Appendix 1.} The compiler should declare some personal experience, belief or bias, here. I wrote an article in 1983 (reprinted in 2002) which highlighted the neglected and abused position of some Pakistani disabled children, and put forward the merits of a day-school where these children were treated and taught in a kindly manner:

--- *"How does 'salvation' look to the mentally retarded child who has spent his first years doped with opium, or her childhood chained to a table leg with a serious lack of sensory stimulation? To run about barefoot on the grass, piping and shouting, kicking up water in a paddling pool, being cuddled by a friendly teacher, getting plenty of attention and stimulating activities? The advent of special education is evangelism for severely disabled children in that it tells them in comprehensible terms that there is love, and that life is good."*

{Miles, M. (2002) Pakistan: breaking barriers through special education. *J. Religion, Disability & Health* 6 (2-3) 13-20.}

--- If I were writing that now, in 2018, I might avoid provocative terms such as 'salvation' or 'evangelism', and simply call it 'good news' -- Muslim and Christian teachers worked side by side to offer such news to those children and their (mostly Muslim) families. I would use some other term than 'mentally retarded', since 'acceptable' disability-related terms change every few years. But the terms 'love' and 'goodness' do not change, because that was what I could see and hear five days per week, outside the room in which I was working and writing at the Mental Health Centre, Peshawar. To be frank, it wasn't always so good and peaceful and positive. Some of the kids might bash one another in the playground, or steal someone's lunch in the classroom when teachers and assistants weren't looking. Sometimes I would shout at staff for going absent without good reason or notice, causing problems for other staff. Yet the general atmosphere of the little school was good. The kindness and dedication of the teachers (led by Christine Miles) and of the physiotherapy staff who treated other disabled children (led by Farhat Rehman), was what inspired me to fight on, over the years, against endless problems and 'personality politics', and against people who wanted to take over the buildings and funds, chase away these 'useless' children, and put the assets to other purposes. Perhaps the belief in humanitarian motives was naive - but I was not persuaded by western critics who might label it 'social control' or 'cruel segregation'. Nor were the staff primarily motivated by money. I know how little they earned, because for years I had to raise funds and pay their meagre salaries at the end of each month. Many had a second job in the evening, and could have earned more by doing other work during the day - but they chose to work with disabled children because (so they said) it was noble (*sawab*) work, blessed by Allah (God).

Seriously bad things can and do happen in some 'special schools', especially residential schools where staff and students may become highly institutionalised, and rules may be enforced with beatings or abuse. Some disabled children may unwisely be prevented from tackling a more demanding curriculum. At the Mental Health Centre we resisted all nudges toward becoming a residential institution, or running a hostel: we ran a day school, which parents and others could visit at any time, there were no 'private corners' where abuse could be hidden. Staff were trained to manage the children by techniques other than hitting them. (The cane was the normal method in most Pakistani schools. One of our European friends, a sensitive young volunteer teacher at a nearby primary school, was shocked when she asked the heavily-built Headmistress, a senior Pakistani Christian woman, to rebuke a small boy for persistent mischief. That woman didn't waste any words; she simply clouted the boy's head, knocking him across the room in tears and shrieks of pain). Some of our children with mild impairments or specific learning disabilities were given appropriate

teaching so they could transfer to an ordinary school (with some advantages, some drawbacks). Many of the children came each day from warm, caring Pakistani families. A few came from difficult and abusive homes, and might have benefitted by removal to 'hostel' care; but that was not a step we could take. There were many recurrent problems to which we never found solutions. During the 1980s, more than a million Afghan refugees arrived, doubling the population of Peshawar district. During several years, at least one bomb exploded somewhere in the city or cantonment each day, as part of a 'destabilising' movement of violence between power groups. This was hardly a peaceful, child-friendly environment.

I do not know what may be the balance of good and bad in special schooling across Africa - whether run by religious missions, or as part of government education services, or by other means. Probably one would find a wide range of merits and flaws, and a range in the professional skills and abilities of the staff. Certainly, there have been plenty of African teachers who have pointed out flaws in the notions of 'inclusive education' foisted on them by Western ideological enthusiasts (very few of whom have spent even one week trying out such methods in an ordinary African rural school having one teacher, two rooms, 120 children enrolled, and erratic payments of a tiny salary). There has also been cumulative African experience through 100 years, of casually integrating some children with disabilities in ordinary classrooms, enlisting locally available resources, and adding 'units' where some specialist teachers develop particular equipment to overcome difficulties. The sensible 'development' course seems to be for interested people in each country to build primarily on the known and tested resources within the local cultures, while being open to learn from experience in similar neighbouring countries; and to be politely aware of, but in no hurry to adopt, the latest trends and crusades in powerful distant countries having quite different cultures, institutions, and objectives.

## **APPENDIX 7 Faith, belief, religion etc, Continued...**

[The following, originally in the Introduction, is banished to a 'late appendix', so as not to deter the diligent reader who might be so polite as to read the entire Introduction, but wanted to reach the Main Bibliography without excessive compiler rambling!]

Even if one examines features of one major religion found being practised in much of Africa, such as Christianity, there are large areas of conflicting belief and non-belief within its practice. As noted above, the jailers of Nelson Mandela, and the developers of the *apartheid* regime, were Dutch Reformed Church believers and teachers; while Mandela's own stated adherence to Methodist Christianity produced in him a strong hatred for that belief and policy, and fifty years of struggle for a different Christian and humanist vision. --- Another example: Roman Catholic priests worldwide mostly continue to believe and teach, as a majority of the Christian church may also have thought during 1800+ years, that the elements (bread and wine) received in the Mass (or holy communion) are somehow, by the action of God, transformed into the real body and blood of Jesus Christ, which should be eaten in ceremonial fashion by participants in a suitable frame of mind after confessing sins

and determining to live rightly and believe as they have been taught. During the 16th century European Reformation, Martin Luther (1483-1546) continued to believe much the same about the Mass, though he found deep flaws within Roman ecclesiastical practice, and fought to correct it. Yet in the same period, reformers Ulrich Zwingli (1484-1531) and Jean Calvin (1509-1564) began to believe otherwise, for various reasons. Many of the Protestant churches which then multiplied and spread vigorously for 500 years across the world have stoutly rejected central details of the Mass, dismissing the Roman teaching, and holding firmly that the elements in 'holy communion' remain simply bread and wine (or some non-alcoholic juice) to be consumed as symbols, in a humble and penitent frame of mind. There is a solid case of belief / disbelief here, at the central ceremony of a single major religion.

--- {Perhaps it need not be a cause for dissension: anything subjected to the 'touch of God' may be deemed 'different' in some undefinable way - so why argue and get annoyed about it? God inhabits eternity, being in an eternal present, seeing and knowing continuously all human efforts, throughout time, to re-enact the Hebrew Passover meal, and the meal taken by Jesus with his disciples, and the hugely varied efforts of the Churches to copy these earlier rituals, and in the same instant God knows the hearts and minds of all who take part or decline to do so. It is hard to imagine that God awards seven marks out of ten for a 'reasonable effort', or 'fails' some people for mumbling dogma in weak Latin which their mother taught them. However, these are sophisticated arguments, unlikely to have widespread appeal.}

--- Something along the lines of traditional Roman Catholic teaching would presumably be attractive to many Africans, for whom the 'spark of magic' -- the divine finger transforming bread and wine into flesh and blood, seeming to renew the sacrifice of Christ on the cross while also transforming the mass of believers into the 'Body of Christ', alive and suffering in the world yet victorious over spiritual powers of evil -- may resonate with parts of their own traditional beliefs.\* Perhaps the more cerebral approach of some Reformers would have greater appeal to those Africans having a more 'protestant' mentality, who already doubt the throwing of bones and conjuring of spirits, and forking out money to some 'holy person' for a fetish to wear around their neck? {Vastly more ordinary African people might be indifferent to either catholic or protestant battles. What they would like to know is whether this religion, with its clergy and vestments, ceremonies, smells and songs and bags for collecting donations, is going to protect them against evil spirits, heal them when they are sick, and give them the means to feed, clothe and educate their children.}

--- \*[BRANDEL-SYRIER, see appendix 1, quotes contrary evidence, from her studies and conversations in the 1950s with South African women, who said: "the Churches tell a lot of lies. They say it is the blood of Jesus, but we are clever enough, we know it is wine." "They say, with this bread we should remember the flesh of Jesus. How can one when it is only bread? Africans are not that stupid any more." (p. 194) In the 1920s, Karen BLIXEN (main bibliography above; pp. 251-252), reflected on nine young Kikuyu leaving the Church of Scotland Mission to join the Roman Catholic Church, stating that "they had, upon meditation and discussion, come to hold with the doctrine of Transubstantiation of that Church." She heard derisive reactions to this news, being told that 'of course', the young men were anticipating higher wages, lighter work, a bicycle to ride on, from the French Mission; yet the Danish lady kept an open mind. Five hundred years earlier,

Transubstantiation had been of such value to some Europeans, they were prepared to die for the idea, if necessary. So it might be highly meaningful to some Kikuyu people now. The Ghanaian theologian BERINYUU 2007, 35/36, during his ministry in North American hospitals, commented on Protestant patients "looking for some signs and symbols beyond prayers and conversation, for a deep and personal communication with their God and interpretation of their sickness. I also saw the eagerness with which patients who were Roman Catholics in similar conditions looked forward to the arrival of the priest or the Eucharistic minister for the Sacrament of the sick."

And I, the compiler, personally? Twice per week my cancer-shrunken bones and wrinkled old body are entrusted to the hands of mostly Philippina, South Asian and Eastern European nurses in their 20s, 30s and 40s. They are trained to use antiseptic practices as they attach tubes and operate the dialysis machines to wash junk from my blood, which the worn-out kidneys fail to clear. My life is quite literally 'in their hands'. I prefer the nurses who respect scientifically valid methods of infection control, while continuing to behave in gentle, kindly and cheerful ways, as part of their belief that this is a right way to act. (Happily, almost all do so! We patients are mostly old, slow-moving, partly deaf, unattractive, sometimes smelling bad, often plaintive about our aches and pains -- some of us quite irritating, though not always meaning to be!) Working closely with Muslim colleagues in Pakistan for many years, and with people of other beliefs or none in the international movement for more appropriate and accessible services for those with disabilities, I found that it is enough if the 'others' have some belief in the 'rightness' of relieving the oppressed and downtrodden, the powerless and the suffering, and are willing to exert themselves in this direction, not at every moment but at least some of the time. I find myself catching glimpses of the *little-recognised, many-named God who hides or self-reveals within a billion small acts of kindness and humble service every moment, done by people for whom this is simply 'the right thing to do'*. I am not a very 'spiritual' person. Mostly in small ways I have sensed the warmth and the strangeness of this deity, healing my body and mind, while disrupting the equanimity of my 'modern, protestant' intellectual stance, shaking the foundations of 'research-based scepticism'.

--- What to say of the more startling interventions, such as bodily healings after prayers; or when, with nobody nearby, a 'hand on my arm' alerted me to a bus about to run me down as I misread the badly-aligned double set of pedestrian traffic lights outside Leeds Central Station, UK. (The shocked expression on the bus-driver's face told me what I already knew, i.e. that I had begun to step out straight under his bus. I was shaken by the narrowness of the escape. Still more shaken by the fact that there was nobody anywhere near, who could have touched my arm). Or the road smash in which I should have died if the vehicles and spaces had not somehow been tweaked apart? For sure, one can forget or wave aside any two, or a dozen, or a hundred 'unexplained' and unrepeatably incidents with a 'psychological' explanation, or as 'neurological imagination' or 'statistically possible coincidence', or a 'science will soon have an answer'. But finally, after a lifetime of events and experiences or singularities that seem to defy explanation of a scientific or rational nature, perhaps it makes more sense to pause. Maybe the spirit, the guardian angel, the higher power, the fore-knowledge of God, or whatever one wishes to call it, is not bound by



the fallible rationality of men and women who imagine they can explain everything with a microscope and a stopwatch.

--- We think of 'time' as a regular thing, the seconds ticking away like clockwork; or, measured electronically, in hundredths of seconds that distinguish one sprinter from another; or measured atomically in unimaginably tiny fractions. Yet we have sometimes a sense of time racing, and at other times, during a road crash, as our vehicle rolls over and over, time seems to slow down, a film of our life may rush past in seconds as we wait for the final impact. A plentiful level of caution and scepticism is useful in almost any kind of research, including the curious discovery that we humans are known by God; but a rigid, dogmatic scepticism can be as misleading as a determination to remain ignorant, or an exclusive belief in the correctness of one's own choice of religion.

--- The unprovable He or She (or It) is not (in my weak and shallow experience) a comfortable 'presence' to have moving in and pervading one's life and mind - silently jarring the box of sceptical analysis that critical researchers are supposed to wear round our heads. I was raised by an agnostic humanist father of English-Irish origin and a Britain-born mother from a migrant Jewish family, from which she dissociated herself, changed her name and assiduously concealed her origins until I discovered them as a young man. As a teenager I was much influenced by Christians, mostly of a low-church variety, and later worked for many years with good-hearted Pakistani Muslims of various persuasions and Christians of many denominations, and agnostic or atheist humanists of many varieties. For years I studied in detail the texts and beliefs of (and critical arguments about and against) all three Abrahamic / Ibrahimic monotheisms, to try to make some sense of them on various parameters, and how they worked out among three billion people within their fields of influence. Certainly, I spent more time with the Jewish and Christian scriptures than with the other religions; but for my doctoral thesis, I had to learn something of how the religions of India responded to disability and disabled people, within the vast ocean of beliefs in that sub-continent.

--- More recently, while the bone marrow cancer (myeloma) was developing, I studied Buddhist, Confucian and Daoist texts, beliefs and practices across Asia, from antiquity to the present, as far as they impinge on disability, to begin filling a gaping hole in my knowledge - and those studies were fascinating, and the pursuit was life-enhancing. I learnt some things about two billion people who live within those influence fields, some of which I understood, some of which I admired, while other parts I don't think I grasped at all. These major religions and philosophies are not 'all the same thing' -- far from it. Only perhaps in India can be found all the varieties of religion and disbelief living side by side through many centuries, weaving in and out of one another while maintaining their differences and continuously multiplying the diversity. [... and occasionally allowing fanatical versions of religiosity to break out in communal mayhem where mobs under various names briefly forget that it is their neighbours whom they are slaughtering.]

The complaint is sometimes directed at that mysterious, elusive, disturbing deity, transcendent being or cosmological force, or whatever it is -- that He, She *and* It, if they exist at all, **could have made things a bit simpler to understand**, or could have **provided more solid evidence**, could have got all their 'holy books' published with better editing,

proof-reading, translation and distribution, could have set out some rules with such divine clarity that nobody could possibly be in any doubt... **There is silence.**

One might well interpret silence to mean that such questions bounce back off the ceiling, or reverberate inside our skulls - there's nobody and nothing 'out there' to listen or explain. Humankind in its childhood made up gods to comfort us amidst earthquakes, thunderstorms, and the vastness of a cosmos having no such meanings or truths. {Or one may invert the 'psychology': perhaps 'modern, scientific man' hopes desperately that silence means nothingness, shouting defiantly at an empty sky, because it would be too painful for the clever, adult mind to admit to having screwed our own eyes so tight as not to see the universe permeated by God, as is plain to children, halfwits, and little old ladies! How unthinkable, to be completely wrong, while the loathsome, happy-clappy, 'religious nutters' might have been at least partly right!} Perhaps **silence must be the answer** from eternity: if **God inhabits eternity**, all the questions and raging arguments are time-bound and meaningless. The universe, that 'was' and 'is' and 'will be', is known in the single instant by the creative source, unbound by time. So far as we (fail to) see it, the only answer is "**Not this! Not that!**"

From some ancient texts, perhaps a response bounces back in all tongues: "You construct these problems to comfort yourselves. *I AM* God. *I am* beyond time, space, decay or description. All eternity exists for the person *I am* to make and remake each and every sentient being. In the time-bound lives you perceive, your clever people prefer clever audiences; but *I am* the one whose spirit blows through the hearts and minds of all beings, the ordinary, unlettered women and men, the children, the trees and the bears, the sparrows and the blades of grass, the monkeys and penguins and whales and ants. If you clever writers drop your learned books, you will find *I am* there, nudging your elbow. Where are you, when *I am* making and remaking and renewing the heavens and the earth and all living beings? Will you put down your lecture notes and give a cooling cup of water to the thirsty beggar-woman banging at your gate? *I am* already there in your heart to help you respond well. *I am* always there in the old beggar, sustaining her soul and calling you to help."

--- [With smiling apology! Attempting to write the 'Voice Of God' is sure to be mistaken. What I should say is that when I read material by Africans or about Africa, and the material assumes the existence of unseen spirits or forces or ancestors, or assumes all such beliefs to be pre-scientific nonsense, or sits somewhere in between such positions, I'm willing to give space to a wide range of such beliefs or critique or opposition. That willingness is not the result of a lack of personal beliefs, nor a surfeit of beliefs. It is because I know it is seldom easy to give a clear and credible account of spirituality or religious belief, or healing within whatever context or languages. There are many very unattractive ways in which such efforts are made, which merely increase the problems. Building walls, dismissing contrary views and strengthening barriers between people of different beliefs or none, is easier to do in the short term; but in the longer view, more effort should go toward building bridges, developing fresh terms and encouraging the expression of meanings that can heal divisions, reduce anger, and increase tolerance and kindness between us all.]

## APPENDIX 8: MARCH OF THE ANGRY WOMEN (guessing forward, 1998)

[Originally appeared in CORNIELJE et al (eds) *Proceedings of the Workshop*, in Main Bibliography above, pp. 20-23, under subtitle "Great leap forward".]

By the mid-21st century, 800 million women around the world were spending much of their time caring at home for their disabled children or grandchildren, husbands and old folk. Many of them were living in poverty, most of them paying, directly or indirectly, to be told what to do by physicians, teachers, therapists, nurses etc, and to buy various gadgets and technology. Then several million of these women found that they could communicate with one another on the FreeNet. This began an unprecedented revolution. The women learnt that 70% of their children's impairments could have been prevented at low cost using knowledge already available for the past hundred years; and that 80% of the problems experienced by their disabled relatives could have been much reduced or eliminated by low-cost redesigning of their home and local environments, using knowledge, materials and designs that had been known for at least seventy years. They learnt that 50% of their own efforts in caring for disabled relatives were unnecessary, and actually prevented those people from doing daily living activities for themselves. [Data e.g. 70%, 80%, 50%, 100 years, 70 years etc are approximations. Any informed guess may be substituted.] They also heard that their unpaid care work saved governments huge sums of money each year, which had gone to subsidise military expenditure and the comfortable lifestyle of their countries' elites.

Unlike earlier revolutionaries, these women carers had no interest in overthrowing the government and no grand ideology to impose on their societies. They had a more practical goal in mind. Large groups of angry women stormed the universities, training colleges and other knowledge and skill institutions, demanding to know where the knowledge was locked up, why it was not freely available for everyone needing it, why huge sums were being spent on advanced technology that might be used to help a tiny number of people, while elementary redesigning was neglected that would certainly assist millions to live their daily lives with more dignity and capability. Around the globe, there was a confused period of months during which a few professors and leaders of professional unions were unfortunately torn to pieces using traction apparatus, and hundreds of lecturers were forced to teach and demonstrate for 18 hours per day to huge audiences, at the start of the **Knowledge To The Women** movement. Then things calmed down a little, and serious plans began to be made. The main target was that the necessary knowledge and skills for prevention, redesign, self-help, learning and rehabilitation should be freely available in people's heads and hands and apparatus on every street, in every village, with a big range of knowledge back-up and updating media. One of the women's aims was to abolish the need for specially trained professionals and programs, by making the necessary knowledge, skills and design as common and as free as knowing how to fetch a bucket of water. [Apart from a few isolated outbreaks, the women did not waste resources by

shooting people who had university degrees, or making professionals spend 10 years cleaning public latrines to 'improve their attitude'. This had been tried in 20th century Asia, but did not result in skills being spread to the masses.]

The intended outcome, i.e. making knowledge freely accessible, was eventually achieved, but it took most of a century to do it. During the first phase of planning, hundreds of professors around the world were brought before Truth Tribunals for questioning, to find out why the necessary design, knowledge and skills were not freely available to the women who were in the greatest need of them and who were ready to use them. During the process, some important discoveries were made.

**A.** There had been some half-baked efforts during the 20th century to make relevant knowledge and skills widely available to ordinary people, under the title 'Community Based Rehabilitation'. None of the professors could tell why these efforts had been so small and ineffective. Of course, there had been some opposition by rehabilitation professionals, who earned their living by getting knowledge and skills and using them with people who needed them; but there had always been a minority who tried to 'work themselves out of a job' by teaching the public what they knew and practised. One theory was that so many conflicting slogans and ideological critiques had been raised, about CBR, Disabled People's Organisations, Inclusion, etc, that those professionals who were interested in the empowerment of the masses had lost confidence and retreated. Their everyday work was hard enough, without constantly being denounced as Part Of The Problem whenever they tried to give away their skills in the community. The noise, confusion and mutual denunciations of the CBR field also made it unattractive to people whose training was in the orderly application of knowledge and skills to individual 'cases'.

**B.** On more detailed interrogation, the captive professors also admitted that at the end of the 20th century there had been, and several decades later there still were, huge gaps in the available rehabilitation knowledge, skills and design, when it came to *applying them* to the everyday lives of individuals with disabilities. The broad principles of prevention, redesign, self-help and rehabilitation were fairly well established; but remarkably little was known about the nitty-gritty details, i.e. how children, adults and aged people with various sorts of disabilities, or their carers or companions, lived their lives. It was not known what they were doing at 6 a.m., 7 a.m., 8 a.m. and so on through the day and evening; where they were doing it, what they were wearing, eating or thinking about, who was present with them in the room, house, school, clinic, market, office, mosque, beer-house etc, who was helping, watching, talking or interfering with them, what things they could do easily, or with difficulty, or not at all, which things they could afford easily, with difficulty, or not at all, what were their priority wishes, and their distant hopes, and so on. Of course, the individuals with disabilities, and people closely involved with them, had their own private knowledge and belief about answers to these questions, so far as concerned their own life; but there was very little **formally accumulated, tested, accredited, public knowledge**. In a small number of high-information countries, some studies had been done. In most of the world even that weak level of knowledge was absent. Without such knowledge, the practice of 'rehabilitation' was rather like the sound of one hand clapping.

C. Further probes revealed that a large proportion of professional rehabilitation knowledge, skill and design had developed into its modern shape in a small number of northern countries. Its two main focuses were the lives of young and middle-aged middle-class wheelchair users in a highly gadgetised urban environment, and the education of blind or deaf children in text-dominated societies. This stock of knowledge, skill and design had formed the basis of training in most other parts of the world, without taking into account the conceptual shifts needed to frame knowledge in the non-European language groups; without any significant recognition of indigenous traditions and patterns of treatment or therapy; without sufficient awareness that the needs of babies, girls, boys, women, and elderly people might differ substantially from those of young and middle-aged men; and with serious imbalances in the resources available to disabilities outside the two major focuses.

D. There was also the disconcerting fact that even among people whose personal situation and needs might seem identical, the personal preference of any one might be quite different from those of another. The idea that "One Size Fits All" was usually mistaken. It would be wiser to start with an estimate that, probably, "Five Sizes, with some additional knobs, buttons, gussets and adjustable straps, should fit 80%. Supply those, and get on with design in consultation with the remaining 20%."

### **BACK TO NOW {1998}**

I don't know whether women carers will rise up in the 2050s; nor that they will succeed if they do so. I would not bet on any big success. What can be predicted confidently is that people looking back from the 2050s to the 2000s will regard our efforts now as blunderings in the dark, for some of the reasons outlined above. To gather a substantial amount of information about the lives of sample groups of people with disabilities and their carers is not *very* easy, but nor is it *very* difficult. It does not require a foreign grant-in-aid, nor a high-powered research team; but it does require quite a strong motivation and determination to see, listen, hear, discern, and learn as much as possible, and for what is learnt to be reinvested in action that will generate further demands for knowledge.

In other fields of activity, people are constantly finding out detailed, intimate information about groups of other people. Business people find out what things people want to buy, how much they are willing to pay, what colours they prefer, and whether any sexy activity can be associated with the product. They are keenly motivated to know all this, because if they find it, they might make a lot of money; if they don't learn it they may lose their investment or be out of a job - whereas very few people in the rehabilitation field lose their jobs even if what they are offering may be based on largely mistaken views of their clients' lives, or may be conceptually alien. Families who are arranging a marriage, or doing a deal over some cows, may make detailed enquiries about the other parties, or the location and clientele, because the results could have a deep impact on their lives. Yet one gets the impression in the disability field that practitioners are often keener to seek peer approval than client and community approval; and peer approval seldom depends on having a lot of knowledge of the lives of disabled people and their carers and companions.

## *Information Based Approaches*

The approach used above to look at what happened in the past, and what might happen in the future, is based on *information* understood in a broad, modern sense: *concepts, knowledge, skills, design and feedback*. When Christine Miles went to work in Pakistan in 1978, we thought she was going to transfer to local teachers her 'knowledge and skills' about teaching children who have special educational needs, with some *cultural* adaptation. But the *conceptual* base on which we 'landed' in Pakistan was substantially different from the base that her knowledge and skills assumed, so a direct 'transfer' was difficult. When she talked about 'the child', and 'learning', and 'play', we thought these words had universal meaning, even allowing for differences of language and culture. After six or seven years, she realised that, all along, the Pakistanis with whom she had been working had a different idea in their minds of 'the child', 'learning', 'play', and many other basic concepts. In the first year, Christine could not hear the feedback from her colleagues, because it was hard for them to talk about basic concepts which usually are not discussed at all, they are simply assumed. Seven years is a long time - it included her becoming fluent in Pushto, Urdu and local dialects, and working daily in school and family counselling, and engaging in action research and producing information materials...

When she did begin to understand a little more of the conceptual world in which her colleagues were living, she realised that some of them had tried to tell her some of this during the first year. But since it was hard to do so, and she did not seem to hear, they gave up. (As the Centre's administrator / director, it took me even longer to learn anything about the conceptual worlds of Pakistan). By contrast, in 1996 when Christine Miles went to Dar es Salaam to share some knowledge and skills with CBR workers, the first few days were spent getting those women to construct their own account of ordinary child-rearing in Tanzanian cultures. (She had written ahead, asking the manager to arrange that participants should spend some time observing and noting the behaviour of a young child in a family known to them, on motor skills, language and communication, etc). These experiences became a powerful base from which they could explore differences that might arise through developmental delay and disabilities. The CBR workers discovered, to their surprise, how much relevant knowledge and skill they already possessed as mothers, aunts and sisters.

Knowledge and skills are underpinned by **concepts**. The knowledge and skills involved in modern biomedical science are taught in institutions around the world, with efforts to achieve uniformity of definition and meaning. The parts of the human arm, how they function and what diseases or defects affect them, are supposed to be 99.8% the same in Hamburg, Harare and Honolulu. (If you are born without arms through a pharmaceutical error, medical science still has little or nothing to say about *what to do*. That, you must find out for yourself). But the underlying human concepts of the body, health, disease, healing, learning, knowledge, evidence etc, are far from being the same in Hamburg, Harare and Honolulu. One reason why indigenous or alternative medicine and traditional healers continue to flourish everywhere is that these systems recognise and are embedded in the concepts that ordinary people have of their bodies, illnesses or disabilities. Traditional

forms of teaching and learning, whether e.g. of craft skills, tribal customs or religious knowledge, continued for the same reasons. Something similar probably applies to disability and rehabilitation - but we are 30 years behind the biomedical research front when it comes to recognising and trying to bridge between the concepts underlying modern 'scientific' approaches, and the concepts of disability, healing and rehabilitation that ordinary people hold.

Some 'feedback' from the latter is expressed in non-compliance with professional advice, and to some extent in the anger of disabled people's groups. Some of the 'educated third generation' among the latter, i.e., disabled people with academic training who have got beyond slogans and media-directed protest, and who know that 'disabling' social attitudes and structures developing over three thousand years are unlikely to be transformed in less than a hundred years, may eventually make an impact in generating knowledge about disability concepts. Interesting 'bridging' work has also arisen among a group of disabled people in rural Mexico, with some stimulus from Northern friends. Inspired by an escaped biology teacher, the PROJIMO group have taught themselves how to think, to experiment and to weigh up evidence critically - starting with an average of three years formal schooling plus very strong group motivation to push back the boundaries of what people with severe disabilities are supposed to be able to do. David Werner (1997) records the process in *Nothing About Us Without Us*, Palo Alto: HealthWrights.

*Design* is the outcome of knowledge and skills (using feedback from earlier experience) applied to realising a concept. It might be the concept of a light, comfortable, effective, low-cost leg brace suitable for forested areas with high humidity; or the concept of an urban transport system in which a blind child with heavy asthma and a wheelchair user with learning difficulties can travel across town to school and to work, without special assistance, with very little more expense than anyone else; or the concept of an easy-reading information package on finance and life options for middle-aged women with one or more disabled children whose husbands have quietly sold everything and gone off with the cash. (The examples are detailed and difficult - that is why design is needed...)

These five information factors, *concepts, knowledge, skills, design, feedback*, have appeared at some length because they provide neutral possibilities for evaluating and comparing different models of rehabilitation or of disability service delivery (and also for formulating research hypotheses). The fact must be faced that evaluation and comparison of models may threaten professionals' self-image and livelihood. Financial interests and political ideologies enter the picture. Very few people are *both* knowledgeable about what is going on, *and* able to take a neutral stance, uninfluenced by personal considerations. My own view is that any long-standing model is likely to have some merits for some parts of the community - otherwise it would hardly have been sustainable. Study of information factors can reveal strengths and weaknesses, and shows the complementarity of various models and the areas of overlap.

m.miles (1998)

(Slightly revised in 2018. During the intervening 20 years, the boom in internet use has extended across the entire urban world. Yet coverage is much weaker in the rural world, where several billion people still live, often without access to clean water, electricity, or reliable information sources in local languages.)

## **APPENDIX 9 -- CBR HOME VISITS IN TANZANIA**

Many people who have visited an African city for an international conference, and been taken out to a safari park for their leisure entertainment, may feel that it would have been more interesting if they could have dispersed in ones or twos and quietly visited ordinary people living in townships or rural villages and managing life with a disability -- to see what it's really like, without 'stage management' or 'fund-raising spin' from any organisation. The following reports offer a word-picture of some visits in a Community Based Rehabilitation scheme in Tanzania, which would be recognised by people from many parts of Africa, and some other regions - though CBR comes in very many shapes and sizes, like the people it serves.

[The reports below were first published in issues of the innovative disability webzine *DisabilityWorld*, edited by Barbara Duncan for Rehabilitation International and the World Institute on Disability. In 2017 it was no longer online.]

### **1. THE CBR FRONT LINE: Home Visits with ART-CBR, Dar es Salaam, Tanzania, March 2000**

Arrive 0810 at ART-CBR's small office, carrying a plastic water bottle and mini umbrella. Some fieldworkers in their smart blue blouses are already dispersing with the Management Workshop participant allotted to them. The director, Augusto Zambaldo, introduces me by name to the remaining women, then remembers that my real identity is "husband of Christine". This gets welcoming smiles from those who took part three years earlier in Christine's training exercise on fieldwork in families having a child with mental retardation. In Kiswahili one of the women cheerfully suggests I should hide my beard otherwise I will scare away all the children. Other women applaud this idea. Someone translates the joke for me, so I tuck the beard into the top of my shirt to let them know I appreciate their advice.

0815. Leave with Mrs [I.], who tells me she has worked for five years in Community Based Rehabilitation. She claims only "broken English", but it's good enough for her to explain things to me. We walk, take a bus a few miles, then another bus several miles to the outskirts of Dar es Salaam, an area where [I.] herself lives. Walk for another 15 minutes on rough tracks amidst a mixture of well-built, ornamented 6-room bungalows and other smaller dwellings of breeze-blocks with corrugated iron roof. Along the way, [I.] greets various people walking or sitting outside their houses. Temperature is already above 30 C. and very humid; some clouds save us from being always in direct sunshine.



0900. First visit, to see 4-year-old Maggy with her mother, a cheerful young woman aged 25 with two other children. Four or five neighbouring children gather in the sandy space outside the small house. Maggy's father is out at his work as a carpenter. Two flat stools are brought for [I.] and me, and Maggy is fetched out of the house. She has a bread bun in her hand, which she drops. Older sister picks it up, brushes some of the sand away, and nibbles at it. Maggy sits in her mother's lap, looks sleepy and unhappy, not in a mood to play. Mother and [I.] set to work to get Maggy's attention and focus her on some activities. From her bag [I.] produces a box of jigsaw puzzles with large pieces. She half inflates a yellow balloon. The other kids close in and try to get involved, but Maggy's mother shoos them away a little. They slowly creep forward again. I retreat a few yards to the shade of a small tree out of Maggy's line of sight, and start to make notes on a palm-sized pad.

The two women continue the usual mother things, calling Maggy's name, coaxing her to take an interest in the balloon, then to take jigsaw pieces out of the box. [I.] tries to get Maggy to take a little walk, but she is unsteady on her legs and refuses to take steps. The women coo and sing to her, it sounds like "Maggy kaweesa", lots of encouragement, and Maggy slowly becomes more responsive, not using words but making some sounds. The other kids have understood that they should applaud every time Maggy takes some pieces of jigsaw out of the box; but the little two-year-old can't work out the rules of this game. Some fat hens scuttle across the sandy yard past the clothes drying on a line, to a small cultivated patch. A child in the next house howls for a few minutes and eventually is led away by older children. Now Maggy has woken up properly, and manages to walk a few steps with help. She is also able to pick up flat jigsaw pieces and put them back in the box. The hour has passed quickly. The women talk briefly, then Maggy's mother produces the visit registration sheet which she and [I.] both sign. We take our leave, and walk on for five minutes.

1015. Unscheduled visit to a new child, Mimi, at her uncle's bungalow. We have taken directions from some neighbours. Mimi, aged about 8, is lying on the verandah where uncle is doing exercises on her foot. Her left arm and both legs seem rather limp and crossed, the right arm is okay. Mimi complains bitterly - the exercises have gone on too long, she is only supposed to have 15 minutes of suffering... [I.] introduces us and talks with uncle, who makes us welcome. We sit by the verandah and [I.] takes the child's history in a notebook with Snoopy on the cover. Various people come and go, an older woman sits and listens closely; the radio in the house pours forth music. [I.] is using Kiswahili but I hear medical terms in English and know that she is explaining a little about cerebral palsy and exercises, using Mimi's leg and hand to show what she means. Mimi slumps in a sullen heap while her case is discussed. After half an hour we are set to leave, but I ask permission for one question: has Mimi's disability affected her brain and understanding? This is translated, and Mimi's relatives are happy to say no. Her brain is fine. She speaks, she understands everything! I suggest that this is an important feature of Mimi's 'case' - looking at her abilities, as well as her disabilities. After translation, the relatives smile and agree. As we walk on for another 20 minutes, [I.] fills in complicated background details. I retain only that the family has had contact with a centre-based organisation, which told them something about doing exercises.

1120. We visit Anna, aged 6 years, only child of a small, thin, ill-clad woman living in a very poor-looking shack. Husband is out on a temporary labouring job. We sit on rickety stools on the uneven slope outside the shack. Walking unsteadily Anna heads straight towards me, showing no fear; but she makes very little eye contact and shows almost no awareness of people, things or sounds. [I.] tickles the sole of Anna's bare foot, but gets no response. There is an open sore of 1 cm. diameter on Anna's other foot, with flies crawling on it throughout our visit. [I.] tells me they think Anna is deaf but have not yet been able to arrange a hearing test at the hospital. [I.] half inflates a red balloon and Anna sucks on it. It's a long time since I saw a child looking so vacant. [I.] produces jigsaw pieces, which Anna puts in her mouth. Both women try to discourage this, which surprises me as Anna is clearly at a stage to try everything orally. Then I see Anna scooping some earth into her mouth, and the women's reaction makes sense. While Anna squats nearby I get the red balloon and scratch it, making squealing noises to one side of her head. I detect no eye movement, even when I scratch too hard and the balloon bursts. [I.] tells me that Anna was walking at about three and a half years and she makes some sounds but has no speech. She sometimes has epileptic fits. Prospects for Anna don't look too good. [I.] talks with the mother. After a while we move on.

1200. Now we visit JS, an alert, nervous kid with huge, hydrocephalic head, sitting under a tree on a steep gradient outside a group of dwellings. JS begins chattering as soon as she sees us. From her thin little body I think she is 7 or 8, but [I.] tells me she is 15. Later I am told that 'she' is actually a boy, but this is not widely known. Several women and children come out to see us, but JS's mother is not at home. We try to help JS up onto a stool, during which I realise that he has very little control of his legs. An old mat is brought out as a working area. JS decides that I must be a teacher come to teach him to read and write. He tries out his few English phrases. I ask his name and he produces a long string of names, to the amusement of bystanders. He has given his own name, his mother's name, his father's name, and some other details. He seems to have a repertoire of parrot phrases and tricks to amuse the neighbours and hold their attention. JS insists he wants to do school work. [I.] gets out a piece of paper and balances it on the back of the jigsaw puzzle box. JS grips a ballpoint pen awkwardly and gets the point onto the paper, but it is uneven and the ballpoint too slippery and his hand wavers about rapidly and can make only a thin scribble. The watching women and children scream with laughter, which JS does not enjoy. [I.] holds JS's hand to write some capital 'J's. The small children gesture to each other, mimicking JS's wavering hand and having further bursts of glee. The tougher side of rehabilitation 'in the community'.

--- [I.] moves on to try some positioning and physical exercises. These too are hard to perform on the uneven, sloping ground, and JS is exposed again to people's laughter. [I.] tries out a few more activities with JS balanced awkwardly on the stool. Finally the impulse to interfere gets the better of me. I noticed that JS has some grip and arm strength so I produce my cheap telescoping umbrella and show it. He grasps at it. Together [I.] and I show him that the handle pulls out and the folds of fabric can be shaken loose. We begin to open the umbrella a little and JS is fascinated to see the double array of metal spokes inside. He gets the idea of pushing the mechanism up the shaft, causing the spokes to unfold and

the umbrella magically to open up. Now he is inside the umbrella, pushing it open. Near the top, more force is needed. He is excited, he pushes hard. He nearly completes the opening, then gets stuck. I get my head under too, and together we push until it clicks. JS's eyes gleam. He peers intently around the little world of skilful design that he has discovered inside the umbrella.

Once again I tell myself never to intervene in other people's work;# yet it was good to see JS's face light up once during the visit. And Mrs [I.] seems completely tolerant of her foreign guest. Now JS's mother shows up and talks briefly with [I.] It's nearly 1300 and we walk onward, back towards the main road. Sun is very hot now. [I.] asks if I'm tired, which I am. She has three more visits to make in another area. As we walk, a car overtakes us, from a community development scheme. The occupants know [I.], and offer us a lift to the road. They are heading into the city, so I thank [I.], take leave of her, and get a ride several miles further, before taking a bus back to base.

--- #[Really, one should **never intervene or predict or interfere** in any half-understood context. Yet should one's visit remain merely 'extractive', i.e the notes I wrote on each visit? In much of rural Africa, a white man with big beard was widely assumed to be some kind of priest or holy man, which I was not. Since the first year I spent in Africa in the 1960s, some people expected me to give them some kind of verbal blessing. Usually I felt that their religious faith was much deeper than mine, so was reluctant to enter any such role. Yet sometimes I was obliged to raise my hand and invoke a blessing from God, on people who asked me to do so. They had blessed me with their warm, open, African greeting and interpreted conversation. How should I refuse the reciprocal gesture of blessing they desired?]

## **Reflection.**

Another morning spent with a member of the ART-CBR team, and once again I'm much impressed by the resourcefulness, stamina and good cheer of the fieldworkers. A useful reminder of the realities and varieties of home visiting in the rapidly growing suburbs of a big African city. The following day the CBR Management Workshop participants have a feedback session with Augusto and other senior team members. While taking up some technical points about activities, skills and equipment, as hinted above, I emphasize that I'm impressed by Mrs [I.]'s work, and on no account should any criticism be reported back to her. Most of what she did looked good to me, given the circumstances, tools and training available to her, and the added pressure of having an observer making notes. Some of the apparent weaknesses might actually turn out to be appropriate responses if I knew more about each situation and understood Kiswahili. Of the four visits, two would have presented a major challenge even to an experienced professional therapist or teacher. It was never envisaged that CBR fieldworkers with a few weeks training, a bag of toys and some ongoing professional support should work a transformation in children with severe and multiple disabilities living in situations of severe economic deprivation. Visits to such children have more to do with keeping their mothers from despair, and linking families

with existing institutional resources. I have no doubt at all that the regular visits by Mrs [I.] and her team colleagues achieve this and far more.

I'm reminded too of some changes since the early 1980s when the early WHO CBR model was gathering pace. Then, the biggest third world childhood physical problem was polio. A fair amount could be done about prevention, or home treatment following paralysis. With a very modest level of skill, enough results could be obtained to justify the whole scheme, which was packaged with a lot of trendy features to give it donor appeal. Lots of 'brave' little kids were photographed struggling along badly placed bamboo parallel bars, to give a warm feeling that 'something was being done'. But now fresh polio has been substantially reduced across Africa. With improved child survival the cerebral palsies are showing up strongly, with increasing epilepsy and other complex conditions which depress children's learning abilities. Input and results here are slow, difficult, hard to measure, and bad news for fund-raising. It's easier for aid agencies to prioritise quick returns with emergency aid, simple eye surgery, and AIDS programmes. Yet the more difficult childhood conditions are very likely to increase rather than go away. More of these children will need to be cared for in families already burdened or fragmented by AIDS, or even in orphanages.

There is an urgent case for building on the strengths of Mrs [I.] and her front-line colleagues, offering more detailed training, more professional field support and better equipment, more recognition, and using their experience to extend such schemes much more widely. The knowledge and skills of these community rehabilitation fieldworkers are going to be in greater demand in the future, as they support the existing informal resources of disabled people, families, neighbours and local communities.

With cordial thanks to Augusto Zambaldo and the ART-CBR workers, to Geert Vanneste, Director, CCBRT Tanzania, and to Christoffel Blinden Mission which funds the work.

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## **2. CBR FRONT LINES - ON A KILIMANJARO CATARACT PATCH**

Starting early by jeep from Moshi, we are the last pair to be dropped off, at 10.30, in K. village, M. district, North-Eastern Tanzania. Angelo, a Sicilian in his 30s who manages a Community Based Rehabilitation project in rural Uganda, inhales the clean mountain air and argues with me about the elevation. He maintains that we are over 2000 metres high, on the flank of Kilimanjaro. I think we're below 2000, but can't offer any proof.

The young man whom we will shadow is Francis Manyanga, who belongs to this area and has been doing ophthalmic outreach in the community since 1996. He briefs us about today's work: mostly to revisit existing clients, checking whether cataracts are mature enough for surgery. With all the confidence of clear-sighted youth, Francis tells us about elderly people's fear of surgery and how he tries to reassure them. From my perspective, nearer the age for an encounter with an eye surgeon's scalpel, I empathise with the worried clients! But Francis has a pleasant manner, both cheerful and respectful. During the

morning we notice that he has earned the trust of people old enough to be his grandparents.

We sign the guest book in the sparsely furnished office of the Village Chairman. From that we learn that this village of 1600 people has had 15 'official' visitors in the past month. The energetic, middle-aged Chairman, small of stature and dressed in a purple suit, knows that we are involved in some capacity with the CCBRT training workshop for CBR managers. He decides to accompany our tour, and soon we set off at a rapid pace down a track, then branch off on a narrow path through thick undergrowth, shrubs and trees.

After ten minutes' walk we are greeted by an elderly man whose blind eye was successfully operated on last year with an intra-ocular lens. The presence of 'successful cases' in the village is a powerful motivator for others to accept cataract surgery. We walk on, passing a well-appointed villa with tiled roof, and reach the house of Mr S, said to be 99 years old but clearly a modern man, with his radio and electricity connection. He remains seated on the verandah of his three-room wooden house while Francis paces away a distance of six metres. From there, Francis holds up one finger, three fingers, two fingers, to check what Mr S can distinguish at that distance. Several small children gather for the entertainment. Inside the house, Francis produces a small torch and checks Mr S's eyes close up. The decision is made that he will be collected and taken for cataract surgery at the big hospital near Moshi in a week's time.

The Chairman again sets a fast pace to the next house, up a hillside well planted with coffee, banana trees and sunflower. Along the way Francis spots a young man carrying a small tree on his shoulder, and somehow notices that he might have an eye problem. (Thinking back, I realise that with only the tree in my view, I would never have noticed the mote in his eye. The eye-worker ignores the tree and spots the 'mote' ...) Francis speaks to the young man, who throws down his tree and submits to an impromptu eye exam, with six metre distance check. There seems to be an early cataract. We briefly enter the young man's dimly lit two room hut and Francis gets out his torch for the close-up procedure. The lens is reactive. Returning to the bright sunlight outside, Francis fills a history sheet, writing left-handed while talking to the young man about his eyes. The young man signs a paper. I wonder how much he has understood - but with the Village Chairman and a couple of foreigners standing by, this chance encounter must have made a serious impression.

At 1145 we are further up the hillside, checking an elderly man whose wife has already had her cataracts operated and who proudly displays her spectacles. From there we move on to a middle-aged man who seems to be totally blind and depressed, with some physical weakness and trembling legs. Alcohol poisoning is mentioned as a possible cause of blindness... it is thought that a neighbour is still supplying home-made liquor. The man's wife cares for his physical needs, but he would benefit from some exercise, and some activities to give meaning and purpose to his life.

The return circuit has begun by 1215, and we talk briefly to an old granny sitting outside her mud-and-wood-frame hut. She has already had one eye operation, and wears

spectacles. Francis does his six metre test, then one of the neighbours exhorts granny to get up and go inside her hut for the close-up check with the torch. The process is repeated with a wizened old crone sitting on the ground a few hundred yards on, having at most three teeth in her head. Francis notes on his papers 'no change' from her previous check-up.

The next old woman, lying on a blanket under a tree, has refused previous suggestions of a cataract operation, though she has mature cataracts and a positive result could be expected. Francis seizes the chance, lines up his foreign guests as a Greek chorus, and deploys the Chairman to harangue the old woman. Under this field battery, she capitulates. Francis goes through his tests at distance and close-up, with a view to referring her for surgery. He is pleased; but as no carer is present, the old woman may yet evade the well-intentioned plot to restore her sight.

Nearby we meet a cheerful old man, a retired teacher, who had a successful intra-ocular lens surgery six months earlier. This time, when Francis checks six metre vision, I sit next to the old teacher and find that the test is no mere formality - without my specs I can hardly tell one finger from two. Fortunately the old man passes the test and Francis notes that he needs some more eye drops.

Returning towards the Village Office after 1 p.m. we are now a party of five, as another elderly man has attached himself to us. Francis stops to check an old woman with cataracts in both eyes, who says she is too poor to afford an operation. She also has serious problems with her hands, and several fingers are missing. Francis does his best to persuade her to attend Kilimanjaro Christian Medical Centre. The woman has a young relative working there, who will be able to make some arrangements.

The scheduled visits are over - the day has been shortened to fit our travel needs - but there is still time for an elderly man, looking very much like a friendly old dog, to toddle out from the shade and accost us and secure a bit of attention. Francis obliges with good humour, and checks his eyes close up and at distance. There is no apparent problem.

2 p.m., back at the point where we should be picked up, the work continues. A man walks past then returns to report that he knows a child with a club foot, can anything be done? It's the wrong end of the body for an eye worker, but Francis has concerns beyond eyes. He listens with interest and encourages the man to take this child to KCMC.

After three hours with plenty of rapid walking up and down the hilly tracks, we lowlanders should be exhausted, but somehow we feel nothing of the sort. Seeing the battle with cataract at the 2000 metre level is certainly more exhilarating than treading the tourist path to 'conquer' the 5895 metre peak of Kilimanjaro.

This is one of the better-endowed areas of Tanzania, yet there is still much socio-economic uplift needed before the traditional dignity and character so evident among these African villagers will be matched by health education, therapies and curative services within their reach, to meet the needs of their older years. It's encouraging to see this resourceful young

Tanzanian hard at work on his patch. Still more encouraging, when he tells us of his schooldays and his hopes for the future, there is little mention of poverty and backwardness. He is confident that his fellow-Tanzanians will pull together and will overcome their problems.

Later, in discussion with the CBR managers, it turns out that we have seen most of the obstacles that deter people from available surgery. Even competent Eye Units in high cataract areas often run far below their operating capacity, because people with cataracts are afraid of the operation, are uncertain whether they can afford it, have nobody to accompany them to and from hospital, and anyway have adjusted to living with minimal eyesight. Elderly people are expected to have weak eyesight, so family budgets often give low priority to this need; especially with old women there is strong adverse discrimination, even in a culture that traditionally honours old people.

At every stage, these barriers amount to a lack of effective, accurate and credible information. Many methods have been tried for overcoming such barriers. We have witnessed one of the most effective: the trained, well informed, courteous young person, belonging to the area, backed up by a specialist supervisor, working hard to earn the confidence of the people, from the village leader to the humblest old crone lying on her blanket under a tree.

With cordial appreciation for the assistance of eye worker Francis Manyanga, supervisor Henry Marealle and manager Judith van der Veen of CBR Moshi, Geert Vanneste at CCBRT Tanzania, and the Christoffel Blinden Mission.

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### **3. DEAF KIDS SIGN ON FOR SCHOOL IN TANZANIA**

Doris Mbago leads me into the schoolroom where six small girls and boys are seated at a table with their teacher Subira Ally. Before I'm even introduced to Subira, two of the deaf boys have devised a sign name for me and are signing comments to each other about the elderly man with big beard. Doris, teacher at another school, interpreting for me this morning, signs an explanation to Subira for this unscheduled visit - it's not an inspection, nor any sort of assessment; just a friendly visit from a foreign guest. Subira and I smile at each other across gaps of language and culture, and the lesson proceeds. It's 0815 by my watch, and the date on the big blackboard is 02-10-2001, written in Brit order (2nd of October)

Subira is in her twenties, hair braided from the top down each side, wearing a brown and white shirt and a long grey skirt. Her first, basic teaching manoeuvre takes me straight back to primary school, yet there is a difference. We used to be told "Everyone quiet and fold your arms". Here it's enough to make these deaf kids fold their arms and they are silenced. Subira signs the letter 'a', mouths it, produces a high-pitched 'ah' sound, and all the children try to imitate as a group, then individually in turn. One girl goes to the front and receives a

small stub of chalk. Stretching as high as she can, she inscribes 'a' at the bottom of the board.

We are in Mtoni, a poor suburban sprawl near a swamp to the south of Dar es Salaam. This large schoolroom with its open lattice windows is in a small compound of the local Catholic church. It has fans and strip lights, a polished stone floor, several stacks of adult-sized metal chairs. Doris tells me that this and other buildings in the compound are used for a variety of educational purposes during the daytime, evenings and weekends.

### **Bah Beh Bee Boh Boo**

Subira is now running through 'e', 'i', 'o' and 'u', giving the sign, mouth shape, sound, writing, then watching each child's attempt, encouraging them, correcting some mistakes. The smaller children perch uncomfortably on the big metal chairs. When it is their turn to write on the board, one or two find it easier to slip off the chair and duck under the table rather than push back chairs bigger than themselves. Now we are on to consonants and vowels, 'b' and 'a' separately, then 'ba' together. Hands up whoever would like to write the two letters together on the board.

Subira (meaning 'Patience') is deaf and has no formal training as a teacher. She handles the children well, bringing them all into group action while differentiating the individual demands according to their capacities. These children are aged 5 to 10, except for one big girl who is older in years but has learning difficulties as well as impaired hearing. That one has only recently enrolled. 'Ba', 'Be', 'Bi', 'Bo', 'Bu'. Another small girl enters the classroom, late. She signs her apology, puts her bag in the corner and moves to sit down, but Subira tells her to greet the visitors first. She offers her hand with a respectful bob, then signs her greeting.

The girls all wear a simple blue dress, the boys blue shirts and shorts. I see no hearing aids. Ba (**bah**), Be (**beh**), Bi (**bee**), Bo (**boh**), Bu (**boo**). Two of the boys are fumbling around under the table, maybe checking for chewing gum? Doris points out to me that when the kids go to the front individually, trying to make the correct sounds, Subira cannot hear them but she rests her hand on their neck and shoulder to feel the vibration of the sound. A tiny girl goes up, gives the correct finger sign and makes a good **bah**. The next girl does not produce any sound, so Subira makes the sound and takes the girl's hand up to feel the throat vibration. **Baaaah**.

Soon we are on to 'Baba' - father - signed with chin and beard. 'Babu' - granddad - signed with hat on head and stick in hand. 'Bibi' - granny - woman breast sign and stick in hand. Another bigger girl enters the classroom, puts her bag in the corner, signs the greeting to us, exits. She belongs to the later class for the older deaf children, from 1130 to 1500. The present class runs from 0800 to 1100. Doris explains that bus drivers often will not pick up children because they pay less than adults; so kids who use the bus must leave home early, not knowing how long they might need to wait. Subira is now distributing plastic bags



containing the children's exercise books, which they open. One child has no book, but receives paper. They get on with writing baba, babu, bibi. I walk round the table to look.

The big slow girl beams up a warm, artless smile to get my attention. The next girl, slim and serious with neat braids, signs to her that she should concentrate on her work. Subira is checking some written homework in exercise books. Doris also looks at children's work. I reach the girl who is obviously the most advanced of the group, and check back through her book. Previous pages show the whole alphabet written in capitals and lower case. Subira has endorsed each page with her signature. Doris tells me that this class started only in March, and kids have been joining one by one ever since. Most of them started with no pre-reading or pre-writing skills, so they have been working on those. Among these deaf youngsters there is a wide range of current levels of achievement.

### **Something Practical for Deaf Kids**

Six or seven formal deaf schools have been established across Tanzania since the start of deaf education in 1963 at Tabora in the north west region. Those schools cater for about 700 out of some 20,000 children with severe to profound hearing impairment in the country. The predominant teaching method is oralism, and very few deaf teachers teach deaf children in schools; but the deaf association CHAVITA [1] has been campaigning for Deaf rights and recognition of their sign language. The present 'alternative' classes at Mtoni, and a similar little school that started earlier at Sinza, originated from the time when Dirk Harsdorf, a German development worker, got to know a number of disabled people in the poorer communities of Dar es Salaam. Among them were some deaf children, for whom very little care or education was available. A deaf teacher, Catherine John, was engaged to teach them and later she was joined by Doris Mbago.

Both these small schools are run by committees of parents of deaf children, using local resources, in a sustainable way. Initial orientation of the teachers was provided by a Dutch educationist, Lut Labeeuw, and at present their salaries are met by CCBRT. The skills and experience of Catherine and Doris (which I witness and admire the following morning when visiting the Sinza school) have been the training ground for Subira before she started her work at Mtoni.

We have reached 0915 and the kids rise and go outside. One little girl, new to the class, stays at table and starts to sob. Subira comforts her: she has not been abandoned - the other kids are merely washing their hands outside, she can join them, then they will all come in and eat their snack. The little girl brightens up. The incident could happen to a new kid in any school - but it is a poignant example of how easily deaf kids can be left out, reading the wrong message from what they see around them. Now they are all back in again, receiving the little food bags they have brought from home and stacked in the corner. First they put hands together and one small child signs a prayer. Then the small pieces of fruit, bread, and water are quickly consumed.

I glance around the classroom and notice how quiet it is, despite the open design. There is no traffic noise, only birdsong can be heard from outside. The back wall has big pictures of elephant and giraffe. On either side of the blackboard there are Catholic devotional scenes, looking down on the Muslim teacher Subira. This is Tanzania, where the two big monotheisms have learnt to coexist peaceably. The only crusade here is to set these deaf kids free from centuries of prejudice, restriction and neglect.

Class is restarting, but one small boy finds that the seat of his chair is wet from spilt water. He shakes his satchel in anger. Subira drains off the water by tilting the seat. We suggest that he should have a dry seat, and switch the chairs around. He settles down, but seems to regret that the drama ended so quickly. I mention to Doris that the usual gender difference in behaviour seems as noticeable among these deaf kids as it is in a hearing class. She confirms that any two deaf boys give as much trouble as ten deaf girls.

### **Tactile Maths**

I thought maybe I had seen enough by now, but was glad that I stayed for the next lesson. Subira produces a bag of metal bottle caps and distributes them in fives, upside down, across the table. She demonstrates that each child should secure five caps using five fingers. Tactile arithmetic! Subira moves her five caps about on the table, while the kids fit their fingers onto five caps each. Then Subira writes a figure 1 on the board, and motions the kids to move one cap forward. Next a figure 3, move three caps forward, sign the number three. One child has only moved two forward, Subira shows by sign, by mouth, by caps and on the board, that two is 2, and 3 is three. Then it's on to 4 for four caps. One of the boys drops a cap under the table - I hear it, Subira doesn't hear it, but when the boy dives underneath she figures out what he's gone for. Now it's individual work showing that they can push forward 3 caps, and 2 caps. Then Subira demands 7 caps... The children signal that it can't be done, until she distributes more caps. Soon the class is on to  $3 + 1 = 4$ , and all the rest of it, signing, writing on the board, showing the correct number of metal caps.

It's a pleasure to see Subira keeping up a steady pace, going through the drill but with sufficient variation that those who have done it all before are still paying attention or correcting their novice neighbours. Sums are copied into exercise books, with help for those who are less able. The big girl with the vacant smile is practising to write a line of 2 2 2 2 2. Meanwhile Pauline Ndigirwa has joined us quietly on the observers' bench, a British communication therapist who works in another school in Mtoni and is interested to see this new development. We get up to see the work being done in exercise books. Little Zulfa shows me the numbers and some pictures coloured in on earlier pages.

### **Body Language**

It's 1030, we all go out for physical exercise in the sandy back yard between two more buildings, with a few small trees planted here and there. The small children are in a game running from point to point. Some have plastic sandals, others cheap trainers. Inevitably,

one of them has a shoe that keeps coming off. Now they are jogging together in a line. Some older students waiting for the later school session are attentive spectators, signing to each other more fluently than the small kids do. We adult observers get caught up in a circle, where we link and swing arms, clap, then each take turns showing our personal sign-name. These are very physical and politically incorrect, whether the braided hair signs, the young woman breast signs, the elderly man sign, Pauline's big grin sign, the kid who limps sign, the funny-shaped head sign.

The game gets complicated in the next stage, where each one takes a turn at showing the sign-name for each other member of the circle. The 10-year-old girls flash round very competently, as do Doris, Subira and Pauline. The smaller kids hesitate on some names, and are prompted visually by the rest of the circle. Only the foreign greybeard is too shy to wave his fingers about, and is excused on grounds of senility.

At the close of morning school, the kids line up and each in turn signs the prayer, "Father in Heaven, thanks for a good school". By the time they are through, I've almost learnt this one. I murmur to Pauline, who works with a mission society, that if God isn't pleased to see this morning's work, he jolly well should be. She gives a tolerant smile.

### **The Moving Finger Writes**

Later, after seeing the older class get started on a reading lesson, Pauline drives me to the Salvation Army headquarters, and unexpectedly we come upon a CHAVITA group meeting there in a hired room. They are working on a new project for poverty eradication, and have arranged some lectures on setting up and managing small businesses and income-generating activities, with two sign interpreters. Recognising Pauline, they stop for a few minutes and we meet the Chairperson Mrs Lupi Maswanya, the Vice Chair Nidrosy Mlawa, CEO Nicholas Mpingwa and other officers. These are a solid committee of active deaf people, with some 15 branches in towns and cities across Tanzania. It is seventeen years since CHAVITA was first registered, and they have seen some progress in official recognition of the needs and the talents of deaf adults. But the government itself admits in a recent report to UNESCO, that young children with special needs "have received little attention". [3]

It's good to be able to give CHAVITA a quick word of approval for the small new school that we have seen, and to think that the deaf kids there may have some role models of educated deaf adults participating in the country's development. There are many possible ways forward for those kids, each attended by considerable difficulties. A few will go on to one of the formal deaf schools, a few may find a place in an ordinary school (as do some children with milder hearing impairment). Some may learn a trade within their family. The progress in formal services since the first deaf school opened at Tabora has been desperately slow; but each year has added something to the previous year. Whichever route opens for the kids we saw this morning, they can hardly fail to have gained some confidence and useful skills from Subira Ally and the supporters of the Mtoni school.

1. CHAVITA, the Kiswahili acronym for Chama Cha Viziwi Tanzania, the Tanzania Association of the Deaf.
2. CCBRT, Comprehensive Community Based Rehabilitation Tanzania, running a variety of disability work with local community involvement and a rolling program of training, as well as the CCBRT Disability Hospital at Oyster Bay, Dar es Salaam.
3. EFA2000 Assessment: Country Reports. Tanzania (Mainland): Report: Part II: Analytic Section, 9.1.

**Warm thanks to Augusto Zambaldo, ART-CBR Manager who arranged the visits and sustained the workers with his infectious enthusiasm.**