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Preface

Impairments of the mind, the senses, and the motor functioning of the body are universal. Everywhere there are people who must live with biological defects that cannot be cured and that inhibit, to some extent, their ability to perform certain functions. But the significance of a deficit always depends on more than its biological nature; it is shaped by the human circumstances in which it exists. This book is about disability in its cultural context. We examine the ways in which people in very different settings understand and react to impairment. We ask how it affects the unfolding of their lives and the pursuit of the values that are most important to them—whether they find meaning in accumulating cattle, having children, or self-development. And we discuss historical changes in conceptions and practices related to disability.

The contributors to the volume have done intensive field research in the communities about which they write. Some have experience of impairment in their own lives; some have worked with rehabilitation programs and have undertaken research agendas primarily focused on disability. Others came to the issue through an interest in health, identity, personhood, and processes of cultural construction. In general we bring to our common project a mix of practical, empirical, and theoretical concern.

The history of this cooperation dates back to 1983. One of the editors, Susan, had just finished a consultancy in Tanzania for the World Health Organization and the Danish International Development Agency, which involved a study of attitudes and practices relating to mental impairment. Benedicte stopped in Copenhagen to discuss this work on her way to Botswana, where she was to undertake a two-year study of cultural aspects of disability in general and the WHO program for community-based rehabilitation in particular. At this first meeting we lamented the lack of literature
Why Disabled? The Cultural Understanding of Physical Disability in an African Society

Patrick Devlieger

A society reveals itself in the way it handles certain important phenomena. Disability is one such phenomenon (Stiker 1982:25). Looking at disability from a cultural point of view starts with asking questions such as, What does disability mean in a certain society? How is the status of the person with a disability determined by the culture in which he/she lives? What are the most important issues when talking about disability in a certain society?

These questions are linked here to development of services for persons with disabilities in so-called developing countries. New developments in service provision have not eliminated previous cultural beliefs (Jackson and Mupedziswa 1988). We are now beginning to see that rehabilitation concepts and procedures must not be drawn only from developments in Western countries, neglecting contributions from beliefs, practices, and attitudes in local culture, such as that of the Songye of Zaire, the subject of this study. The notion that cultural beliefs are only barriers to development is changing.

Traditional beliefs “have to be understood before implementing any kind of community-based rehabilitation” (Momm and König 1989). Understanding is the basis for a dialogue between service providers and persons with disabilities in a local society. In such a dialogue, people should be given a chance to discuss elements of their culture and reinterpret them. This understanding of culture, supplemented with skills of counseling and guidance, will give the service provider the ability to work “with,” not necessarily “against,” culture. An understanding that is complemented by the necessary skills would greatly contribute to the emergence of genuine African concepts of rehabilitation.

I make a first attempt to develop such a concept in this chapter. Following Henri-Jacques Stiker (1982), my attempt is semiotic because I am interested in understanding a cultural universe. However, it is also pragmatic, since it concerns the development of rehabilitation services. There are inherent limitations in this attempt. First, the data on which I rely reflect the ideas of only one African people, so that generalizations for Africa as a whole should be excluded. Second, the collection of data was limited to persons and relatives of persons with physical disabilities of the upper and lower limbs. No generalization to other types of disabilities should be made.

The methodology used here involves examining the various categories of abnormality in a cosmology and contrasting them with the Western concept of disability. Further, I demonstrate the kinds of issues disability raises in a given culture, showing that whereas the concern of Western societies is to improve on the lives of people with disabilities, in some African societies, such as the Songye of Zaire, the primary interest is in explaining why they are as they are. Traditional medical treatment of illnesses is very common in Songye society, and disability might at the onset be treated as if it were an illness. However, the idea of rehabilitation as a continuous effort of improving and accommodating the living conditions of persons with disabilities is basically a Western idea that is foreign to Songye thought. Instead, the Songye have developed in their culture alternative ways and means of coping with disability. Living with the limits of the disability rather than surpassing them seems to be the most important norm.

I will first put the social status of the child with a disability into a holistic picture of cultural categories and then show how the social status of the person with a disability is shaped by cultural beliefs.

PHYSICAL DISABILITY AND SOCIAL STATUS

Normality is a culturally construed notion that is strongly ethnocentric (Fougeyrollas 1987:54). This will be illustrated here by examining the Songye conceptualization of abnormal children.

For the Songye, deviations in the body can induce a higher, lower, or undetermined status in comparison with able-bodied people. Therefore, not all deviation is stigmatizing, and not all persons with disabilities are marginalized because of their disability. Within Songye society, three categories of children are distinguished as being abnormal: ceremonial (mishinga), bad (malu), and faulty (bilema) children. The English word disability does not correspond to any of the categories that are distinguished in the Songye terminology. Although both “bad” and “faulty” children would be classified as having physical disabilities in most Western societies, these are different categories in Songye society. Bad children are associated with the dead; faulty children are not.

Ceremonial children receive special ceremonies, they are given specific names, and some of them are believed to have special power and healing ca-
pacities. All these characteristics confer a higher status. Examples of ceremonial children are: the child who holds off the rain, twins, and children born with the umbilical cord around the neck, with a hand on the cheek, or with feet or hands first. In Western societies these characteristics are regarded as medical phenomena, which do not affect the social status of such a child.

Bad children, in contrast, are considered inferior to other members of the society, not even human beings. They are supernaturally because they were in contact with the anti-world of sorcerers. They come to this world to stay for a short time and afterward return to their own world. In this category are albino, dwarf, and hydrocephalic children. They are given basic care, but all parents expect them to die sooner or later, for the Songye believe these children did not come to earth to live but to die. Such children are truly marginal, and hence their interaction with their surrounding world is limited.

Faulty children (mwana wa kilema, lit. “a child with a fault”) are those with not only an imperfection of the body but also a distorted relationship. In fact, attention is more geared toward the distorted relation than toward the disability itself and the person who has it. These children have deformed upper or lower limbs as the result of diseases such as poliomyelitis, or birth complications that result in spasticity or congenital deformities such as clubfoot. In contrast to ceremonial children, they are not given higher respect because of their nature, nor do they, as in the case of bad children, receive an inferior status. Their status is betwixt and between (Turner 1967), undetermined. This is probably because the fault is permanent, without any change. Bad children, in contrast, are expected to die. The undetermined status that characterizes faulty children has been called the liminal status (Murphy et al. 1988).

The liminal status of faulty people, their ubiquitous presence in everyday life, and the fact that services for people with disabilities are very much limited in Songye society mean that an attitude of indifference toward improvement of the person’s situation prevails. Much more attention is given to interpreting the fault. That issue is tackled by the family in a search for the cause, a process in which the person with the fault may be left out completely. In this view, the fault is only a symptom of something more important. Hence, a solution needs to be found for the problem that underlies the fault.

The positive side of this situation is that the person with a disability is seen not as an abnormal, a marginal, or a deviant figure but as a liminal one. This does not give the person an a priori negative status that has to be changed; the person, like any other, is seen as having “potential,” with a right to development.

Persons with disabilities are not necessarily viewed negatively by able-bodied people. A popular proverb says, “Do not mock the faulty; God keeps on creating you” (Tsepanga lemente; Eši le kikupanza). Some proverbs even induce an attitude of respect, such as “When the person with a fault enters, the door is completely shut” (Ha mulembe utwela, kibi e kubwula kongo). This proverb means that the wisdom of a person with a fault can be used; one may discuss problems with a faulty person that should not be heard by the indiscrct.

Some other proverbs, however, indicate that people with faults should not try to surpass themselves and should engage only in activities that fit their capacities: “When the drums go fast, the dance should go fast too” (Ngoma lubile, masa lubile). This means that those who do not know how to dance fast should not dance. This idea is even better expressed in proverbs from other African people, such as the Wolof proverb “A blind man should not jump holes” (Gumba du tab pass). People with faults are at the same time part of normality and not part of it. These proverbs are clear messages for people on how to cope with a fault. The message is that disabled people deserve a certain respect, but that they also should accept their limitations.

**COPING WITH DISABILITY IN SONGYE SOCIETY**

There are many patterns of coping with a disability of the upper and lower limbs in Songye society. Children and adults who are not able to walk long distances are given specific tasks in the village. Children with walking problems are responsible for looking after younger brothers and sisters and taking care of the house in the absence of their parents. Simple devices are used to facilitate walking, such as a stick or wooden blocks. The simplicity makes these devices superior in many ways to more complex ones because their maintenance and replacement are very easy. In the course of a development project for children with physical disability, when these children were given calipers, although simply made by Western standards, these devices could not be maintained or replaced, and the children eventually returned to homemade devices.

For a Songye woman, however, major disability of the upper or lower limbs that inhibits daily activities such as fetching water, cutting wood, and washing clothes is a serious situation, since performing these tasks is imperative for an adult woman. The marriage chances for such a woman are virtually nonexistent, in contrast to marriage potential for men with a similar disability. However, there is a pattern of coping for such a woman which leads ultimately to a more or less independent life. Such a woman may conceive a child and stay with her parents until the child is approximately ten years old. At her parents’ home, the woman performs activities that can be done seated. Once her child is capable of performing simple daily tasks that the mother cannot perform, such as fetching water, cleaning, and bringing messages, a house is built for the woman and her child. With the help of her.
child and without ever being married, the woman leads a more or less independent life.

DISABILITY ISSUES SHAPED BY CULTURE

For the Songye, the most important issue concerning a fault is answering the question “Why?” They seek the cause of a fault through exploring the relation between human beings and their environment, in search of an ultimate answer to the question “Why disabled?” This question is afforded fewer answers in a Western context (Ingstad 1988) and receives, therefore, less attention. What Robert Murphy (1987:89) writes might be true for many persons with disabilities in the West: “In all those years since the onset of my illness, I have never consciously asked, ‘Why me?’ I feel that this is a foolish question that assumes some cosmic sense of purpose and direction in the universe that simply does not exist.” In the African context, Murphy’s view is unacceptable. “Coincidence” is an unsatisfactory answer to those personally involved, and their search for reasons lends itself to explanation in terms of the supernatural (Cheater 1986:166). Just as the question “Why?” is of less importance in a Western context, so the mechanics of improving the living conditions of persons with disabilities is not of paramount interest in the traditional Songye context. Since the question “Why?” is central, not much attention is given to the person with the disability as an individual. That person is integrated into normal life in an indifferent way, without ceremonial, without a lot of medical attention, but without being hidden.

The reason for disability will be sought through profound analysis of various hypothetical levels of relationship between human beings and their environment. Relationship with the physical environment will be examined, as will relationship with family members through sorcery and bridewealth, and finally relations with the ancestors. If none of these relations can be identified as distorted, then God is seen as the cause of the disability. God is a residual category that is used when no other cause can be found. God denotes the sphere beyond the control of human beings (Burck 1989). These various levels of relationship are distinguished here for the sake of clarity of explanation and may, therefore, give a somewhat static impression. However, the actual exploration of relations is a dynamic process that is the result of consultation with many significant others. In this process people might change their opinions about the cause of the disability as a result of these consultations or as a result of important events that occur. In the course of time some explanations of the cause, for example, in terms of sorcery, might become irrelevant and be replaced by more general or less harmful explanations, such as attributing the cause to God.

WHY DISABLED?

It is appropriate here to clarify the relation between the emic category of thinking about the causes in terms of relationship, and thinking in terms of congenital or acquired, which could be called an etic category. At first view one would imagine that a “congenital disability” (etic) would fit with “caused by God” (emic) and an “acquired disability” (etic) with “caused by human beings through sorcery” (emic). Although this would be true in many cases, it does not always hold; there are clear cases in which congenital disability is interpreted in terms of relationships.

PHYSICAL ENVIRONMENT

The relation with the physical environment finds expression in the food prescriptions and sex taboos that pregnant women must observe. The nonobservance of some of these taboos leads to disability. Important to the Songye are the taboo (bishila) on eating certain types of meat and the prescription to eat more of other types. It is believed that eating forbidden types of meat will cause the characteristics of the animal to be transmitted to the child, which will be apparent at its birth.

A child born with a certain characteristic, for example, too weak, without hair, or having small sores, might remind the parents that they did not respect the food or sex taboos. Such children are said to be “born with a habit” (batandika na kipiku), which is considered impossible to heal or to treat. In such cases, people merely watch how the habit develops. If the habit evolves negatively, it is considered “a fault” and the child is placed in the category of children with faults (baana ba blemo).

The Songye observe many food taboos in order to ensure the birth of a healthy child. Some foods forbidden to pregnant women are the meat of antelope (mbudi), which is to prevent the child being born with hemorrhoids (lupulupi lwa mbudi); the meat of sheep (muhooko), which can cause a child to be born like a lamb (weak and unable to hold up its head); and the meat of snake (nyoka) because “the snake cannot stand up,” which results in a child called kisheta, who crawls too long before walking. The consumption of other foods is recommended, such as monkey (nsoko), which will influence the child to be astute, or mongoose (nkankalanka), which makes a child have harmonious movements. If a child is identified at birth as having a habit, the mother, father, or both parents are reprimanded for their behavior by their relatives and reminded to behave well in future.

SORCERY

Sorcery is the most important explanation of evil among the Songye. It is the cultural instrument that explains disability as the result of infringed
relations between members of the same family. Most important are the relations between the parents and their close relatives and between co-wives.

The Songye of Zaire identify different types of sorcery to explain different types of evil. For example, the strongest type of sorcery, masende, causes the immediate death of its victim. The world of sorcery is the opposite of the normal world, like night to day, like death to life. It is believed that some people live an ordinary life during the day while they live the life of a sorcerer at night. The sorcerer seeks an increase of power through evil. The easiest victims are found among people who are weak because they did not respect certain rules or have shown bad behavior. In this sense, sorcery comes to people as a punishment for their weak moral state. Therefore, sorcery happens in families where the family ties are not tight. Sorcerers "attack" in families where there are quarrels.

From there, it can be understood that sorcery functions as a strong social control system. The occurrence of disability in the family is the starting point for an inquiry into the relations of the family. If bad relations are discovered to have existed prior to the occurrence of the disability, sorcery will be blamed for the disability, as in the following example.

The cause of spasticity in a child was sought in the quarrels between the mother and her brother-in-law when the mother was pregnant. In the course of those disputes, the brother-in-law had told the mother she would vomit her child instead of delivering it in the normal way. The mother had never forgotten the words of the brother-in-law and believed that she was the victim of sorcery. However, she did not accuse her brother-in-law because she could not prove that he practices sorcery.

The primary importance of an investigation of relationships is also clear in a situation where the cause of the disability is attributed to envy (kijita) as a motive for sorcery. A family that distinguishes itself from other families by its prosperity can be affected by envy, resulting in a child that is different from other children. The belief that children with disabilities occur more often in rich and polygamous families is quite widespread. The following account given by a Luba boy who was born with a clubfoot illustrates the belief in envy as a cause of disability.

My birth is surrounded with a history. In the 1960s, we left Kananga to settle down in East-Kasai, namely in Katanda, my birth village. When my mother came from Kananga, she had eight children. The family was rich and we lived easily. All this made the villagers envious and that has caused my disability.

The relation between co-wives is another fertile ground for seeking the cause of disability, as in the following case.

The cause of the disability of a girl who had polio was sought in the relationship with her half-sister (the daughter of the first wife of her father). This half-sister had several times declared that the second wife was a sorcerer. In addition, she had declared, in the presence of her father, that she would bewitch the second wife and her children.

When a disability, a deformed leg, became apparent in the second wife’s child, the second wife complained to her husband about earlier statements made by the first wife’s sorcerer-daughter. The husband acted on that and took the sorcerer-daughter to a healer. The girl vomited. In the vomit, a piece of meat, fire, a chair, and a snail shell were discovered. The healer said the meat symbolizes the material through which the sorcerer-daughter was introduced into the world of sorcerers, the fire symbolizes their bad force, the chair stood for her presence during the meeting of sorcerers, and in the snail shell the power of sorcery was kept. A long time later the sorcerer-daughter was brought to a prophet of a religious community. There, she vomited the shell of a tortoise, also a symbol of bad forces. Then the sorcerer-daughter was healed from sorcery.

It is important to consider here that the belief in sorcery and the inquiry into relations within the family assume that the problem of disability is not a problem of the individual but rather a problem of the family. Disability is made a relational problem between human beings. The search for a cause of the disability in terms of relationships is different from an explanation in biomedical terms. In biomedicine the distinction between what happened before and after birth is decisive, and from there, the distinction between a congenital and an acquired disability is made. These biomedical categories do not make sense when searching for the cause of disability in terms of relationships.

ANCESTORS

When a disability is obvious at birth, it will be attributed to sorcery only when there is a clear remembrance of bad family relations. Generally, the Songye belief is that a sorcerer does not have access to the womb of a pregnant woman. Thus in most cases the relationship with the ancestor becomes the focus in the search for the cause. Respect for the ancestor and the ancestor’s rules is the issue.

Respect for the ancestor finds its focal expression in the burial. The Songye believe that an ancestor who was not buried with due respect can be reborn with a fault, manifesting his or her anger. The belief in reincarnation is very strong. A child who is born with certain characteristics will sometimes be considered to be an ancestor who has come back into the family. It can be any member of the family, or even a friend. The important point is that there was a very strong friendship between the deceased and the father or the mother of the newborn. The event is announced to the pregnant
woman, usually in a dream. If a child is born with a “fault” (*kilema*), this can be taken to mean that the child is born with “the spirit of the ancestor” (*busongu*). It can be said that the ancestor was not properly buried. For example, in the case of a child born with a clubfoot, the interpretation was that the ancestor was not well buried; his coffin was too small so that his legs were pressed too much.

When the ancestral rules are not well respected, as in the case of adultery or theft, the ancestors may manifest their anger toward members of the family through the birth of a child with a disability or through abortion. Disability is then considered as a punishment for bad behavior. It is clear that these beliefs function as a strong social control mechanism.

**BRIDEWEALTH**

Another cultural system that is of great importance and sometimes related to the occurrence of disability in Songye belief is the **bridewealth**, the goods given by the family of the man to the family of the wife as part of the marriage arrangements. It is a compensation for the loss of a woman and is considered to be a proof of the seriousness and stability of the marriage.

When disability occurs in a family, the father of the child with the disability might ask his wife’s family whether the goods that were donated for the bridewealth were well received and distributed in the family. The father might discover from his inquiries that his mother-in-law or some of the brothers did not receive enough and therefore they hold a grievance toward him. This would then be considered the cause of the disability. The father might solve the problem by asking the father-in-law to redistribute some goods or by donating other gifts. In contrast to reactions to disability in a Western context, the function of these Songye solutions is the restoration of relationships in the community.

**GOD**

In most cases Songye explain disability as caused by God (*Esile Mukuta*). When the cause of the disability cannot be deciphered in social-familial terms, God as absolute and unknown force remains as the only possibility and the final cause. God is considered to be the source of everything, good as well as evil. God is one entity which is at the same time favorable and unfavorable; this is a bifacial, ambivalent God. As God is the source of everything, he gives the liberty to cause evil. Sorcerers can cause evil with the authorization of God, in which case evil is like a test, or they can cause evil without authorization, when the evil is a “maleficio” (*kifita*). It is be-

lied that the sorcerer who attacks with *kifita* seeks out easy victims, who are vulnerable because of poor relations with family members, ancestors, and even God.

For the Songye, an explanation of the cause of a disability can never be limited to the biomedical level. The explanation is part of a broader inclusive view. Although a biomedical explanation may be accepted, that does not mean it is sufficient. In biomedical thinking, of course, most of these relations are considered irrelevant.

**CONCLUSION**

In view of the tremendous emphasis on analyzing relationships when a disability is considered, we must conclude that a good understanding of the person with a disability goes far beyond the individual characteristics of the person and places him in the framework of a wider social-cultural system. The relational nature of explanations of disability has been emphasized as characteristic of African cosmologies in general (Cheater 1986) and has important implications for rehabilitation programs. The development of programs for persons with disabilities in Africa should take this information into account. However, in existing community-based rehabilitation programs and even family support services, an individual approach to the disabled child, based on an appreciation of the child’s skills and the nature of the disability, is dominant. For community-based programs, whose aim is to support families with children with disabilities, a methodology should be developed in which knowledge of traditional beliefs is incorporated.

When developing such a methodology, the following guidelines should be observed:

1. An examination of focal points in relationships should be the core of such a methodology. Focal points in relationships are those moments that are recalled when people search for the cause of the disability. An examiner can usually obtain such background information rather easily, provided a relation of trust can be built up. Community fieldworkers can ask parents what they believe to be the reason for the disability of their child. They can also examine the cultural system of the family they are working with, provided they have a good understanding of these systems.

2. The background information on relationships should be used in a problem-solving action aiming at the formation of strong relationships and the restoration of any weak relationships.

3. Strong relationships will form a good basis for the integration of persons with disabilities. In the course of the problem-solving work,
important persons in the context should be identified who can support the person with the disability and the family.

4. The identified important persons should become the first target group to be persuaded that those with disabilities are capable and have rights to education and employment equal to those of able-bodied persons. The same people may become very important resource persons in fulfilling conditions that can lead to integration.

The development and implementation of such a methodology could lead to community mobilization on a small but effective scale. The condition for this is a revision of the prevalent attitude that African thinking cannot be incorporated in service delivery because it is unscientific, primitive. It is now recognized that there is a cultural dimension in development, and even more, that culture should be the basis of all development (Verheist 1987). Further, it should be understood that there is a need for a methodology in which "relationship" is the core concept, for it is clear that in African thinking, the person with a disability is not the direct and primary focus of solutions. Points in the broader environment, such as the disabled person's family, ancestors, and God, are the focus. Giving consideration to these relationships will strengthen the family and benefit the person with the disability.

An examination of relations should also be of interest in a Western context. One of the strengths of an African understanding of disability is the recognition that it is not simply an abnormality of the individual body but also a disruption in the family. More attention should be paid to the relational context in which the person with a disability exists, and greater efforts should be made to involve and support important others.

An African approach to disability is concerned with the meaning that biological deviations have for society, for the family, and for the individual. In Stiker's terminology, it is metaphysical, in contrast to the modern Western approach, which is technical, focusing on the improvement of functions and activities of daily living. Many Westerners feel dissatisfied with this narrow technical perspective, and they may ask whether the African model provides a more satisfying alternative. The answers that African cultures provide to the question "Why disabled?" are based in their particular cosmologies and social worlds. Indeed, it may be that the question itself is less pressing in the West; we are less concerned with identifying causes in the African sense. But causal explanations are not the only kind of meaning which may be attributed to disability. Everywhere people try to work out a sense of purpose for their lives, and they are concerned with the existential implications of bodily deviations. Murphy himself, who declared his lack of interest in the question "Why me?" was abundantly concerned with other metaphysical questions. African culture can teach us to be more attentive to the "why" of
disability in this general sense of existential issues with which individuals and families must grapple.

NOTES

1. I am grateful to Jeffrey Tines, Susan Reynolds Whyte, and Benedicte Ingstad for their valuable comments on earlier drafts of this chapter.

2. The Songye are a people living in the East-Kasai province of Zaire. The data used in this article were collected from 1983 to 1985 while the author worked as a volunteer of Wituhs voluntariaat (Belgium) in a medical project for children with physical disabilities.

3. When the rains fail, it is believed that a child who has yet to be born is stopping the rains. The child is known through a dream. It will be given a specific name (Numbing) and surrounded with ceremonies when it is born.

4. I am grateful to Papa Fall for providing me with this proverb.

5. A woman with a minor disability might be married. However, her father would not request the bridewealth or would ask for only part of it, mostly dependent on the goodwill of the son-in-law.

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Being Ill and Being Me: Self, Body, and Time in Multiple Sclerosis Narratives

Judith Monks and Ronald Frankenberg

Life stories and illness narratives of sick and disabled people are increasingly valued tools in the investigation of personal experience and its shaping within larger social and cultural frameworks. Their particular value has been said to lie in their breadth of contextualization (identified at various levels and across different domains) and in the insight they provide into how illness functions as an idiom for discussing and defining more general societal and cultural concerns (Early 1988:66–67; Farmer 1988:80; Kleinman 1988:50–51; Lang 1989:308, 319–320). They may also be set critically against clinical and other accounts (Frank 1984:640; 1986:192; Kaufman 1988:226), and in addition their temporal aspect has provided a medium for understanding the processual character of the phenomenology of illness and disability (Corbin and Strauss 1987:261–264; Frank 1986: 214; Kaufman 1988:218). To date, narrative data have been drawn almost exclusively from interview or other spoken or unpublished forms, or occasionally from autobiographically inspired but fictional literature (see, e.g., Brody 1987). They are also available in published form as autobiographies and personal illness accounts.

The major defining characteristic of the life story genre is that it deals with aspects of an individual life. The structure, content, and sense of personhood and individuality that a life story conveys will be rooted in cultural conceptions of persons and individuals, and of what "makes" a life and a story in more formal terms. Both the notion of individuality and the typical structure of life stories as these appear in materials from Western industrialized societies have been seen as particular. Specifically, the location of individuality in consciousness has been associated with an emphasis on rationality, responsibility, and the continuity of a self that exists independently of both the sociocultural environment and bodily changes (Frank 1979:79; Gordon