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Committee Secretary
Parliamentary Joint Committee on Human Rights
PO Box 6100,
Parliament House
Canberra ACT 2600

By e-mail to: human.rights@aph.gov.au

Dear Committee Secretary

Answers to questions on notice

Please find below the responses from the representatives of the Australian Discrimination Law Expert's Group to the questions on notice from the Committee hearing on 21 December 2021.

Senator PRATT: Thank you to those giving evidence today from the Australian Discrimination Law Experts Group. In terms of the findings of antidiscrimination tribunals at state or territory levels, are you able to point to any examples in relation to statement of religious belief in and of itself without accompanying conduct that has constituted discrimination against an existing antidiscrimination law?

Ms Banks: I certainly can...

Senator PRATT: I'd be happy to take on notice examples from others as well.

It is difficult to identify many such examples that are directly on point as the idea of a 'statement of belief' does not exist as a defence in any discrimination laws at present and as such there is no case law that has tested this concept. The Supreme Court decision below did consider the interaction of protection against discrimination (under section 17(1)) and

freedom of expression and freedom of religion and found that the provision is appropriately adapted. Further, the distinction between statements and conduct is artificial and not one found in discrimination law. As such it has not been dealt with in case law. This further indicates the extraordinary nature of the clause 5 definition of 'statement of belief' and of clause 12.

The prohibitions found in section 17 of the *Anti-Discrimination Act 1998* (Tas) are of sexual harassment and other forms of conduct akin to harassment on identified grounds. Neither section 17(1) or 17(2) (sexual harassment) are accurately described as vilification provisions. Both are an articulation of specific forms of direct discrimination. The prohibition in section 17(1) was originally found in the *Sex Discrimination Act 1994* (Tas) in identical terms. The only change is that in 2014, section 17(1) was expanded in terms of the protected grounds.

The history of sexual harassment prohibitions is that sexual harassment was initially found to be prohibited under direct sex discrimination in the case of *O'Callaghan v Loder* (1983) 3 NSWLR 89 (21 June 1983). In that case, it was determined that 'sexual harassment ... can amount to discrimination on the ground of sex'. It was subsequently articulated as a separate form of prohibited conduct in the *Sex Discrimination Act 1994* (Cth) providing greater clarity in terms of interpreting the law for those who have rights and obligations under the law. Noting that discrimination provisions prohibit 'less favourable treatment' on the basis of identified grounds, section 17(1) sets out particular forms of conduct—for example, engaging in conduct that humiliates a person on the basis of their gender, insults a person on the basis of their race, or ridicules a person on the basis of their disability in a specified area of activity, such as employment—that are 'less favourable' on the basis of the identified grounds. As such, the expressly prohibited conduct would, without section 17(1), fall foul of the direct discrimination prohibitions in the same Act. In some circumstances, such conduct may also be characterised as indirect discrimination, by creating a hostile work or other environment that a person with a particular attribute is exposed to and required to operate in.

As such the example of the case of *Williams v 'ThreeWiseMonkeys' and Durston* [2015] TASADT 4 (30 June 2015) (upheld by the Supreme Court of Tasmania in *Durston v Anti-Discrimination Tribunal (No 2)* [2018] TASSC 48 (4 October 2018)) is both a vilification case and a discrimination case as it dealt with alleged breaches of both section 17(1) (a form of discrimination) and the vilification provision of the Tasmanian Act, section 19. The Tribunal applies quite different tests to determining whether or not these separate breaches occurred and found that the conduct had breached both. The Tribunal also found the conduct breached section 20 of the Act in that it involved the publishing of material that expressed discrimination or prohibited conduct.

We note also the decision of the Victorian Supreme Court of Appeal, *Catch the Fire Ministries Inc v Islamic Council of Victoria Inc* [2006] VSCA 284 (14 December 2006) deals with the statements made by a person of religion and asserted to be 'engaged in reasonably and in good faith for a genuine religious purpose'. That was a religious vilification case in which the Court held that the relevant provisions of the *Racial and Religious Tolerance Act 2001* (Vic) were reasonably and appropriately adapted to serve a legitimate end'.

Senator PRATT: What about the case in which the person making that statement might be discriminated against in a professional context? For example we want a scientific basis for understanding the epidemiology of disease. If you're in a workplace—it could be a health related workplace or a workplace in which that's relevant—what applies if you make a statement of belief that HIV is a punishment from God versus the need for the workplace to uphold a scientific view of something like that?

Dr Taylor: I think in that case it would more likely fall in the indirect discrimination space...

Senator PRATT: I'm grateful for that explanation, but does that change in the context of that law, or does that all stay the same?

In the case of the proposed bill, the above analysis would apply in most, though not all workplaces. In most workplaces (for example a healthcare provider) an employer could impose a rule that the workplace must uphold a scientific viewpoint in its interactions with the public. An employee could argue that such a rule limits their capacity to espouse their religious views at work. Under the bill, that person could bring an indirect discrimination claim pursuant to cl 14. It would then be for the court to determine whether or not such a rule was reasonable in the circumstances of the case, using existing case law.

The situation, however, is different if the person is an employee of a religious body. Pursuant to cl 7, a religious body would be entitled to dismiss an employee who merely stated: 'God loves all of his people', if that statement is inconsistent with the religious body's interpretation of their faith. There would be no recourse under the bill for the employee to challenge this decision. The religious body would simply need to show that their conduct is in good faith, and another person of that religious body's faith could reasonably believe that such conduct was in accordance with the doctrines, tenets, beliefs or teachings of that religion.

Senator SMALL: That's helpful. I will come back to the WHS issue in a second, but the other key element here is that the bill has phraseology like 'The doctrine, tenets and beliefs of the religious faith concerned' or, I guess, the absence of that faith altogether.

But I am just not aware of any religion that has a doctrine, tenet or belief that you could point to that says that disabled people are somehow an abomination in the way that has been characterised in certain examples.

Ms Banks: I'm very happy to respond to that, Senator Small...

Senator SMALL: On notice, it would be great if you could give me some additional detail around that and specifically concrete things to point to.

The following are just some examples of religious doctrine that indicate negative views of disability.

- Disabilities are God's punishment for sin – the individual's sin, or their mother's (Christianity Matthew 9:2,7;

2 Some men brought to him a paralyzed man, lying on a mat. When Jesus saw their faith, he said to the man, "Take heart, son; your sins are forgiven."

3 At this, some of the teachers of the law said to themselves, "This fellow is blaspheming!"

4 Knowing their thoughts, Jesus said, "Why do you entertain evil thoughts in your hearts?"

5 Which is easier: to say, 'Your sins are forgiven,' or to say, 'Get up and walk'?

6 But I want you to know that the Son of Man has authority on earth to forgive sins." So he said to the paralyzed man, "Get up, take your mat and go home."

7 Then the man got up and went home.

- Catholic doctrine (Christianity - Canon 22 of the Lateran Council - an ecumenical council of the Catholic Church)

Canon 22 (Quod infirmi prius provideant animae quam corpori or That the sick should provide for the soul before the body): Before prescribing medicine for the sick, physicians shall be bound under pain of exclusion from the church, to exhort their patients to [call in a priest](#), and thus provide for their spiritual welfare.

- Disability is a way God demonstrates his power over people (Christianity John 9:1-3)

9¹ As he went along, he saw a man blind from birth.

2 His disciples asked him, "Rabbi, who sinned, this man or his parents, that he was born blind?"

3 "Neither this man nor his parents sinned," said Jesus, "but this happened so that the works of God might be displayed in him.

⁴ *As long as it is day, we must do the works of him who sent me. Night is coming, when no one can work.*

⁵ *While I am in the world, I am the light of the world."*

⁶ *After saying this, he spit on the ground, made some mud with the saliva, and put it on the man's eyes.*

⁷ *"Go," he told him, "wash in the Pool of Siloam" (this word means "Sent"). So the man went and washed, and came home seeing.*

- The introductory section of the attached article by Otieno (2009) summarises Biblical perspectives on disability, noting particularly the 1994 work of N L Eiesland, *The Disabled God: Toward a Liberatory Theology of Disability* (Nashville: Abingdon Press). The commentary regarding this work is extracted in full below::quoted below

Eiesland (1994:73-74) identifies three theological themes that have created obstacles for PWD. The first is conflating disability with sin. The belief that disability indicates punishment for wrongdoing and mars the divine image in humans has often barred those with disabilities from positions of leadership or stigmatized them for their presumed lack of faith.

The second theme views disability as virtuous suffering. Disability has been identified as suffering that must be endured in order to purify the righteous, a teaching that encourages passive acceptance of social barriers for the sake of obedience to God.

The third theme perceives PWD as cases of charity. Although charitable activity for PWD is at times a means of creating justice, it subverts justice when it segregates PWD from society and keeps PWD out of the public eye rather than empowering them for full social, economic, and political participation. The outcome of all these themes is what Eiesland (1994) has referred to as a "disabling theology." The Bible, which is the major source of Christian theology, illuminates this further.

- Disability is divinely ordained suffering to teach other people respect, humility and charity (Christianity Psalm 119:67, 71)

Before I was afflicted I went astray, but now I keep your word... It is good for me that I was afflicted, that I might learn your statutes.

Disabled people are in need of care and therefore have a special position in the eyes of God (Islam, see attached article by Al-Aoufi , Al-Zyoud & Shahminan (2012)¹)

¹ Hiam Al-Aoufi , Nawaf Al-Zyoud & Norbayah Shahminan, 'Islam and the cultural conceptualisation of disability' (2012) 17(4) *International Journal of Adolescence and Youth* 205–19, DOI: 10.1080/02673843.2011.649565

- A number of religious or spiritual views exist around Albinism (see '[Persecution of people with albinism](#)': Wikipedia, and attached article by Etieyibo & Omiegbe (2016)²)

The attached section, "Hindu beliefs affecting health care" from Queensland Health³ identifies under 6 that:

Many Hindus attach a stigma to mental illness and cognitive dysfunction.

Many Hindus have a strong belief in the concept of the evil eye and may believe this to be a cause of mental illness.

In addition, all illness, including mental illness, may be seen as the result of karma from this, or a previous life.

Disability prevents a person from practising Buddhism, and bad karma is the cause of disability (see attached articles by Burley (2012)⁴ and Naemirath & Manderson (2009)⁵).

- Exclusion of people with sensory impairments being a witness, people with physical disabilities not to fill the role of 'priest' in religious services (see, eg, '[Do the disabled get a raw deal in the Torah?](#)' in The Jewish Chronicle, see also <https://www.haaretz.com/jewish/.premium-why-do-some-jews-shun-the-disabled-1.5272397>)

Senator RICE: I actually have three questions I want to put on notice.

² Edwin Etieyibo & Odirin Omiegbe, 'Religion, culture, and discrimination against persons with disabilities in Nigeria' (2016) 5(1) *African Journal of Disability* a192 <[http:// dx.doi.org/10.4102/ajod.v5i1.192](http://dx.doi.org/10.4102/ajod.v5i1.192)>.

³ Queensland Health, *Health Care Providers Handbook on Hindu Patients* (undated) section 2, 14–16.

⁴ Mikel Burley '[Retributive karma and the problem of blaming the victim](#)' (2012) 74(2) *International Journal for Philosophy of Religion* 149, 154–159 [doi:10.1007/s11153-012-9376-z](https://doi.org/10.1007/s11153-012-9376-z).

⁵ Bhensri Naemiratch and Lenore Manderson, 'Pity and pragmatism: understandings of disability in northeast Thailand' (2009) 24(3) *Disability & Society* 475 [doi:10.1080/09687590902879106](https://doi.org/10.1080/09687590902879106).

One is whether what this means is that those potential complainants in those decades would basically just have to suck it up; they are not going to take that action. That is my first question.

Potential complainants about the range of forms of discrimination, particularly under state and territory laws, are likely to face great uncertainty in terms of the process and it will be much more difficult for legal representatives to give accurate or even meaningful advice on prospects. While this is also true for complaints under federal law, the process excludes the additional complicating factor of the interaction of state/territory and federal law. The glaring unknown will be whether the respondent will seek to justify any discriminatory communication on the basis of religious belief. It is likely that many complainants will opt not to pursue their claim, even if it were valid, owing to these time delays and extra costs.

In terms of the additional costs involved in dealing with a claimed defence under clause 12, the following (prepared in response to a question from Senator Bragg in the other inquiry) is relevant.

Discrimination law across Australia has been designed to enable participants to deal with their claim or response without needing to engage a lawyer. This is done through an early focus on dispute resolution in the form of conciliation. A significant percentage of all complaints that proceed beyond the initial assessment are resolved by conciliation conducted by the relevant statutory authority. The more complex the questions of law in a complaint, including any possible defences, the less likely it is for a complaint to resolve through the conciliation process.

It is currently rare for a complainant to proceed to the tribunal process at the state or territory level or court process at the federal level. For example, the average number of complaints dealt with by the Anti-Discrimination Commissioner in Tasmania per annum since 2009–10 is 151. The average number referred to the Tribunal (an automatic referral) is 21, of which on average 7 are withdrawn by the complainant. On average only 6 cases per annum (of the average 151) actually go to a hearing on the substance due to withdrawal and other factors.

Even in a tribunal setting, it is relatively uncommon for individual complainants to have legal representation, particularly for those in the less populous states and territories. There is little or no access to legal aid assistance or pro bono assistance in the less populated states and territories, and low levels of the requisite legal expertise to deal with complex discrimination cases. Where a complaint does proceed to some form of hearing, respondents are at least twice as likely to be represented as complainants. For example,

looking at the cases finalised by the tribunal since 2016, there have been 52 published decisions in total, in these the complainant was represented in 17 and the respondent in 38. Twenty of the cases were hearings on the substance of the alleged breach, in which 4 complainants were represented and 12 respondents. We note the important work of the Law Council of Australia on barriers to access to justice which identified many of those groups protected under discrimination law, eg, people with disability, Aboriginal people and Torres Strait Islanders, members of racial minorities, as being among those most disadvantaged in terms of access to justice: The Justice Project <<https://www.lawcouncil.asn.au/justice-project/final-report>>.

Some impacts of the complexity of clause 12 will be:

Firstly, the complaint is much more likely to have to proceed to a formal legal dispute resolution process before a Constitutional Chapter III Court (noting that for this to happen, all state and territory legislatures will need to amend existing provisions to enable this). The complexity of the questions that arise in a case where the respondent is relying on clause 12 as a defence to a claim means that the parties would inevitably need legal representation and there would be significant additional preparation and hearing time just to deal with this aspect of the claim. We have had advice that it is likely to include needing up to three additional days of hearing as well as an additional week of preparation by both a barrister and a legal practitioner. The estimated additional legal costs would be in the order of \$50,000. In addition, for claims proceeding in the less populated states and territories there are the costs of travel and accommodation for at least the barrister for the hearing days.

Second, given the uncertainty of how clause 12 will play out, the complainant runs a much more higher risk of losing and therefore having costs awarded against them in the court proceedings. This contrasts with the situation in the state and territory anti-discrimination tribunals, where there is a presumption against costs being awarded). If cost are awarded, the additional cost to the losing party would be approximately the same amount again, that is another \$50,000. It should be noted that for a complainant legal costs are not tax deductible, while they may be deductible if the respondent seeking to rely on a clause 12 defence is an organisation.

We note that many people who make complaints under discrimination law, if not most, are either on some form of pension or benefit, such as a disability support pension, or a low-income earner. To put the amounts above in context, a maximum disability support pension for a single person is just over \$25,000 per annum (for a couple the amount is just over \$38,000.) This includes an energy supplement of just over \$350 per annum (just over \$550 per annum for a couple). It also includes a maximum pension supplement of just over

\$1850 per annum (\$2800 per annum for a couple). The base rate pension for a single person is just under \$23,000 (just under \$34,700 per annum for couples).

As such the cost of dealing with a clause 12 defence would be at least twice a single pensioner's entire annual benefit, with the risk of the equivalent of an additional two years of benefit if unsuccessful in their argument. This is not a risk that is in any way feasible for a person on limited assets to face.

Unsurprisingly many people choose to pursue their claims under state and territory discrimination laws because there is a presumption against a costs order in the event of losing in the tribunal. This option becomes unviable when a legal issue, such as a federal defence in the form of clause 12, is raised as the case therefore must proceed in a Chapter III Court with the costs risks enlivened.

Senator RICE: The second: I wanted to ask about the talk about changes to the Sex Discrimination Act in parallel with this bill and, if those changes were made, whether you would be confident that LGBTIQ+ students and teachers would actually then be protected against discrimination, given that this legislation would be in place as well.

Even in the instance that section 38 of the *Sex Discrimination Act 1984* (Cth) was removed, we are not confident that LGBTIQ+ students and teachers would be protected against discrimination. This is because the Religious Discrimination Bill provides possible alternative routes for that discrimination to lawfully occur: through either the override provision in clause 11 pertaining to employment at religious schools, or through the wide scope of conduct captured by clauses 7 to 9 pertaining to religious bodies more generally. As noted in our written submission to the Committee, the preferencing made available to religious schools in clause 11 could allow religion to be used as an alternative route to discriminate on the basis of other protected attributes. For example, in promotion rounds, a religious school could choose a particular staff member on the basis that they best adhere to the religious beliefs of the school because, for instance, they oppose marriage equality or refuse to use students' identified pronouns. The only way to guarantee LGBTIQ+ students and teachers are protected against discrimination at religious schools is to remove section 38 of the *Sex Discrimination Act 1984* (Cth), remove clause 11 of the Religious Discrimination Bill, and replace clauses 7 to 9 with the standard form of religious body exception provision found in all other Australian discrimination laws.

Senator RICE: The third: I wanted some further comments about religious organisations' ability to preferentially employ people and the protection against discrimination from

other people who are then being denied employment because of the preferential treatment of people of the same religion and of those religious organisations.

Most discrimination laws which allow 'preferencing' in employment only allow this at the stage of hiring. By contrast, the Religious Discrimination Bill has a much broader definition of 'preferencing', which also includes the terms and conditions on which employment is offered, promotion decisions, redundancy decisions, and likely decisions to sack an employee or end their employment. This is because clause 11 applies to conduct that would otherwise be unlawful in both clause 19(1) in relation to hiring *and* in clause 19(2) in relation to terms and conditions in employment and preferencing in employment. This preferencing allows religion to be used as an alternative route to discriminate on the basis of other protected attributes. In a hiring process, a religious school could preference particular staff on the basis of religion even where religion is otherwise irrelevant to their role – for instance, by choosing not to hire a maths teacher who is pregnant out of wedlock.

Senator O'NEILL: And that standing question of aspects of the bill that need amendment, with the offer of those amendments, if possible, on notice.

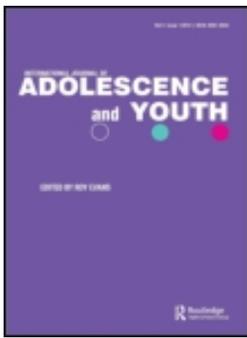
There are fundamental concerns about the framing of this legislation. It would be an improvement if Part 2 were removed in its entirety with amendments consequential to that, provisions giving discrimination law protection to other than humans were removed, and clause 68 replaced with a provision that mirrors the approach to the concurrent operation of the Act with state and territory discrimination laws found in other federal discrimination laws. That said, the time available to properly analyse this package has been insufficient to comprehensively respond to this question with confidence.

Thank you for the opportunity to provide these responses.

Yours sincerely



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on behalf of the
Australian Discrimination Law Experts Group



Islam and the cultural conceptualisation of disability

Hiam Al-Aoufi , Nawaf Al-Zyoud & Norbayah Shahminan

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Islam and the cultural conceptualisation of disability

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This paper aims to provide an analytical perspective of Islamic philosophy on disability by examining some texts from the Qur'an and Sunnah, as well as differentiating between cultural practice and real Islamic perspectives. Despite the fact that Muslims share the same beliefs and principles, people's attitudes and understanding regarding these concepts, and their reactions to individuals with a disability, may vary depending on the intensity of a person's faith, as well as their socio-economic status, level of education, awareness and, more importantly, their cultural context. Indeed, special emphasis will be given to cultural differences and their influence on Muslims' understanding and practice of Islamic philosophy within this context, where cultural perspectives play a crucial role in framing attitudes towards disadvantaged people.

Keywords: Islam; Muslim; culture; disadvantaged people; intellectually disabled

Introduction

Dissatisfaction with the medical model led to a shift in considering disability as located mainly within the child, to focus more on social factors and the cultural reproduction of inequalities within society (Barton, 1981; Tomlinson, 1982). It is estimated that there are 650 million individuals who are disabled as a result of mental, physical, and sensory impairments (United Nations, 2006), and approximately one-third are children in developing countries with little or no access to education (World Bank, 2007). As most Islamic countries are considered to be developing, and most people are religious in these countries, there is a huge overlap between local cultural values and religious ones. There is a pressing need to study the Islamic perspective on disability, as well as the impact of local culture on this issue.

This paper, then, deals with Islam and disability. It is essential to provide a clearer picture and a deeper understanding of Islam in general. This is because providing an account of the principles and practices of Islam is crucial in order to help understand how people's behaviour towards individuals with a disability is shaped. This will be followed by an illustration of Islam's perspective on disabled people. Finally, cultural differences in terms of applying Islamic values within the context of disability will be examined from three different cultural perspectives – Saudi Arabia, Jordan, and Brunei Darussalam – as it is difficult to distinguish between the cultural and religious practices of Muslim people in each respective country (MWSC, 2006). Indeed, an in-depth look into the notion of disability in Islam will help in understanding the development of special needs services within the context of Islamic culture. Throughout this paper, the term 'disadvantaged people' is used, as is stated in the Qur'an when referring to individuals with a disability.

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Islam

Islam is considered one of the three main religions in the world. The word Islam means submission to God's will. Muslims believe that one should surrender to the will of God by obeying the laws and commandments of Allah (the Arabic name for God). These laws are based on the belief that there is no God but Allah, and Mohammed is His messenger. This is the first pillar of Islam. The four other pillars are: prayer (five times a day), fasting during the holy month of Ramadan, giving alms (2.5% when the money a person has reaches a quorum, and when one year has passed), and pilgrimage to Mecca, the Holy City, once in one's lifetime. In addition, Muslims have six pillars of faith: faith in Allah and the Angels, the Holy Book (the Old and New Testaments are considered to be Holy Books, but the Holy Qur'an is believed by Muslims to be their only Holy Book, and the only source of Islam), the Messengers and Prophets (e.g. Abraham, Moses and Jesus), the Day of Judgement and Predestination.

Muslims believe that their Holy Book, the Qur'an, is the direct word of Allah, revealed to the Prophet Mohammed in Makkah via the Angel Gabriel when he was 40 years old. Prophet Mohammad spent 13 years in Makkah, preaching about Islam, but he had not had any real success, and he was forced to move to the northern town of Madinah. From that time, Madinah became the second Holy City of the new Islamic state. The Prophet Mohammed's teachings, actions, sayings (*hadith*), virtues, opinions and ways of life were known as the 'Sunnah', the second source of Sharia Law after the Qur'an. As such, it represents the ideal in terms of putting Qur'anic verses into practice (Morad et al., 2001; Hasnain, Shaikh, & Shanawani, 2008). Indeed, the Qur'an states clearly that the Prophet is not only the messenger of Allah but is also a teacher at the same time: 'Just as we have sent among you a messenger from amongst yourselves, reacting to you and teaching you the book and wisdom and teaching you that which you did not know' (2, 151).

When the Prophet Mohammed passed away in 682, Islam had spread to most of the Arabian Peninsula. Later, Islam arrived in Africa, Asia and eastern and southern Europe. Nowadays, Islam is considered one of the largest and fastest-growing religions in the world. Islam is also one of the sources of legislation in many Islamic countries; and in others, such as Saudi Arabia, it is the only source.

The Islamic perspective on the concept of disability

Islamic philosophy has a positive attitude towards needy individuals and those who are in a disadvantaged situation. The Qur'an and the Hadith not only declared the existence of disabilities as a natural part of human nature, but also provided principles and practical suggestions for caring for disabled people, as well as discussing the significance of such caring. Even though the aims of this study do not include discussing Muslim peoples' efforts to establish and provide caring services for needy individuals throughout 14 centuries, the study will, however, provide some examples that might give a snapshot of the existence of such efforts since the beginning of Islam. Thus, such explorations into Islamic history might provide some enlightening facts that help enhance understanding of the current situation.

One such role-model is Omar Ibn Al-Khattab, the third Muslim leader, who provided a blind man with housing near the mosque after the father of the disabled boy complained to Omar about his son being unable to reach the mosque. A further example was in the second Islamic state in Damascus, when the Umayyad caliph, al Walid ibn Abd al Malik, established the first care home for intellectually disabled individuals. He also built the first hospital which accommodated the intellectually disabled as part of its services. He also assigned each disabled and needy individual a caregiver (Aljazoli, 2004).

These examples are solid evidence of practical assistance being given to the less able in Islamic societies in the past. Indeed, Islam gives a great deal of attention to all groups within society; each has their own rights, including individuals with a disability. Bazna and Hatab (2005) conducted a study with the objective of examining Qur'anic texts in order to understand disability in an Islamic context, based on some examples of physical conditions, such as blindness, deafness, lameness, mental retardation and leprosy. An example of such is in the Qur'an (48, 17):

There is not upon the blind any guilt or upon the lame any guilt or upon the ill any guilt. And whoever obeys Allah and His messenger – He will admit him to gardens beneath which rivers flow: but whoever turns away – He will punish him with a painful punishment.

Bazna and Hatab (2005) concluded that the generic term 'disability' was not mentioned in the Qur'an; the term 'disadvantaged people' was being used to refer to those with special needs. In fact, society's civil responsibility is illustrated in the Qur'an, which stresses that society is responsible for taking care of such individuals and is responsible for improving their conditions. Disadvantaged situations (lack of some physical, economic or social characteristic) are believed to be a result of barriers produced by society. Social pressures are put upon those individuals who have special needs to access the social services that are available to them.

The Sunnah also supports the notion of social responsibility towards individuals. A few examples of this are found in the following two Hadith. According to Prophetic tradition, mentioned in Sahih Muslim, 'The similitude of believers in regard to mutual love, affection, feeling, is that of one body; when any limb aches, the whole body aches, because of sleeplessness and fever' (32, 6258). Another Hadith narration from Sunan al Tirmidhi states 'the person is not one of us who is not merciful to our youth nor respectful of our elders'. Cooperation, solidarity, compassion and respect are some examples of Islamic principles and manners that the previous Hadith provided to support the idea of society's responsibilities towards each others as indicated in the Qur'an.

Rights of disabled people

Previous paragraphs discussed the notion of disability and its existence in the Qur'an and Hadith texts. In fact, the idea of individuals being in a disadvantaged situation was clearly stated. Therefore, the following paragraph will provide some examples of where both the Qur'an and Hadith exemplify disadvantaged people's rights and society's duty to care for them, along with some historical references in Islam.

Disadvantaged people's rights are mentioned in the text of the Qur'an on several occasions. For instance, their civil rights in terms of marriage and inheritance are clarified in the Qur'an:

and do not give the weak-minded your property, which Allah has made a means of sustenance for you, but provide for them with it and clothe them and speak to them words of appropriate kindness. (4, 5)

And test the orphans [in their abilities] until they reach marital age. Then if you perceive them to be of sound judgment, release their property to them. And do not consume it excessively and quickly, [anticipating] that they will grow up. And whoever, [when acting as guardian], is self sufficient should refrain [from taking a fee]; and whoever is poor – let him take according to what is acceptable. And then when you release their property to them, bring witnesses upon them. And sufficient is Allah as accountant. (4, 6)

Another Qur'anic verse in the same chapter tells us 'and concerning the oppressed among children and that you maintain for orphans [their right] in justice' (4, 127). In order to fully

understand texts interpreting the Qur'an, '*tafsir*' such as Ibn Ashur (1973) and Tantawi (1928) are required, as they are mostly in Arabic rather than in English.

From the sources and texts mentioned above from the Qur'an, the following can be deduced:

- First, '*weak-minded*' is a generic term that could comprise several groups, such as very young children, mentally retarded and mentally ill individuals, and so forth.
- Second, the texts lay down the idea of guardianship for disadvantaged individual such as the weak-minded or orphans.
- Third, this guardianship is subject to a sense of duty, fairness and kindness. In addition, guardianship ceases once the individual can be held accountable for their own decision-making ability.
- Finally, there is a reminder from Allah that all wealth provided by Him is for the maintenance of the community as well as of individual members.

Indeed, the texts discussed previously, along with others that are mentioned in the Qur'an, have helped Muslim scholars and jurists to generate legislation regarding disadvantaged individuals' rights and society's duties towards them.

Right of protection

Another aspect of the Qur'anic view of the human rights of disadvantaged individuals is the protection of honour. According to the Qur'an:

O you who believe, let not people ridicule [other] people; perhaps they may be better than them; nor let women ridicule [other] women; perhaps they may be better than them. And do not insult one another and do not call each other offensive names. (49, 11)

The message that might be learned from this Qur'anic verse is that basic human rights such as respect should be applied when dealing with both disabled and non-disabled individuals, by avoiding over-generalising and under-estimating others.

The Qur'an emphasises the notion of social responsibilities and duties to provide such individuals with their basic needs such as food, safety, care and shelter. As indicated, the Qur'an states:

there are not upon the blind [any] constraints, nor upon the lame, nor upon the ill, nor upon yourselves when you eat at your [own] houses or the houses of your father or the houses of your mother or the houses of your brothers or the houses of your sisters or the houses of your father's brothers or the houses of your father's sisters ... (24, 61)

As disadvantaged people used to be abused before Islam, Islam provided Muslims with theoretical verses (the Qur'an) and practical examples (the Prophet's actions) to show the importance of providing protection.

Social rights

The Qur'an distributes the burden of rectifying inequity in society by making it obligatory that Muslims give a small percentage of their income to charity or Zakat. Those who are disabled are considered as having a rightful share, and giving charity is a constant reminder to Muslims of a form of social justice (Miles, 1995). Dispensations may be made to those with disabilities, for example from the duties and responsibilities of a Muslim, which include daily prayers and fasting in the month of Ramadan; these can be waived or reduced on the grounds of limited performance or the lack of mental maturity (Bazna & Hatap, 2005). Hassan (1992) suggests that the needs of individuals with disabilities are met not

only out of pity but also as a gesture of seeking goodwill from God. Those who are critical of the charitable response to disability argue that this approach may lead to a paternalistic view that devalues and discourages self-motivation amongst individuals with disabilities (Oliver & Barnes, 1998). However, in her description of disability in Egypt, Hagrass (2006) points out that in Islamic countries this view of disability is quite appropriate as it encourages and instils a sense of social responsibility. The distribution and giving of alms on a regular basis ensures that the welfare of individuals with disabilities is taken care of.

Inclusion is also another example of Islam's concern for those who are in a disadvantaged situation. The Prophet used to visit the sick, pray for them and console them, instilling confidence in their souls, and lifting their hearts. He would often go to someone, on the outskirts of Medina, for example, in order to respond to a simple need of this person, or to perform prayer in the house of an afflicted one. An example of this was Etban ibn Malik; he was a blind man from Ansar. He said to the Prophet: 'I wish that you, O Messenger of Allah, would come and pray in my house, so that I could take it as a place of prayer'. The Prophet promised to visit him and perform prayer, saying: 'I will do, if Allah so wills'. Etban said: 'Allah's Messenger and Abu Baker came early in the morning. Allah's Messenger asked for permission to enter, which I gave'. Without sitting, he immediately entered and said: 'In which part of your house would you like me to pray?' I pointed to a certain place in the house, so the Messenger of Allah stood and started praying and we, in turn, stood in a row and prayed with Him (al-Bukhari & Muslim cited in Muhammad Mus'ad Yaqut, 2007).

Therefore, one can learn from the Prophet's behaviour that visiting the sick in general, and the disabled in particular, for the purpose of relieving their suffering, are legislated for in Islam. Since disadvantaged individuals may also be withdrawn, isolated, pessimistic, and are perhaps more likely to suffer from psychological illness, including disabled people in social occasions, such as visits and marriage, is highly encouraged in Islam.

Previous examples have exemplified the existing notion of disability in the Qur'an and Sunnah. The following sections will consider the Islamic perspective on disability rehabilitation, Muslim's attitudes towards disability, and the development of disability support services in Islamic history.

Rights of treatment and rehabilitation

From the Islamic perspective, rehabilitation can take two forms – preventive and remedial. Having said that the Qur'an and Sunnah shape Muslims' perspectives and behaviours, these two sources help to identify the several texts that have been used by jurists to generate laws and regulations. These laws and regulations concentrate on the prevention and treatment of disabilities. Prevention can take the form of medication or changing one's lifestyle. Treatments for disabilities are many and various, and include medication, rehabilitation, and spiritual medication. The following will discuss some further examples of treatment methods and will provide examples of texts, along with meanings, so one can understand the basis on which Islamic rules were generated.

Changing of lifestyle

Islam warns individuals against anything that might affect him or her negatively. Harming one's body is prohibited because one's body is viewed to be on trust from Allah. According to the Qur'an, 'And spend in the way of Allah and do not throw [yourselves] with your [own] hands into destruction' (2, 195). 'Destruction' in this verse indicates and includes a

variety of human behaviours such as being addicted to alcohol or tobacco, due to the negative effects of these kinds of addiction on the individual's health and environment. Addictions could be discussed within the context of acquiring disability, since, for example, there is scientific evidence of the side effects of such habits as smoking and drinking on foetus health during and after pregnancy. Moreover, being addicted to alcohol might lead the alcoholic individual to be mentally ill and classified as disabled. These examples are provided in order to clarify the meaning of 'destruction' in the Qur'an. However, examples of behaviours that might be harmful are varied, and are beyond the scope of this paper.

In Islam, the notion of protecting a person from throwing himself or herself into harm's way is both an individual and a social responsibility. It is the individual's responsibility to evaluate his or her behaviours and weigh the consequences of their actions. Changing one's lifestyle to a healthier lifestyle to prevent illness or disabilities is a must. Moreover, the previous verse has also inspired the idea of societies spending public money to offer facilities to serve its population in areas such as education and health, as well as legislation to support this. An example of Saudi Arabia and Jordan implementing legislation aimed at preventing disabilities is seen in the current action of both governments: in both countries it is now compulsory for those intending to marry to be medically cleared of having some serious genetically inherited diseases. Although this example indicates the important role of society in protecting people and increasing awareness of disability and its potential causes, taking the result into account is optional.

Medicine

Using medicines for preventive and remedial purposes and conducting research into finding more medicinal treatments or cures are some of responsibilities of mankind, according to a narration from *Sahih Bukhari* by Abu Huraira. The Prophet said: 'There is no disease that Allah has created, except that He also has created its treatment' (Ibn Qay'em, 2003, p. 18). The following Hadith, taken from *Sunan Abu Dawud*, also clarifies and stresses the importance of medication:

I came to the Prophet (Peace Be Upon Him) and his Companions were sitting as if they had birds on their heads. I saluted and sat down. The desert Arabs then came from here and there. They asked: 'Apostle of Allah, should we make use of medical treatment?' He replied: 'Make use of medical treatment, for Allah has not made a disease without appointing a remedy for it, with the exception of one disease, namely old age. (Abu-Dawud, n.d., no. 3855)

Thus, the vast majority of Muslim jurists agree on using medicines for both immunisation (preventative measure) and medication (treatment).

Immunisation: physical and spiritual

A recent study of jurists' perspective on the physical and spiritual treatment of disability in Islam found that disability is a condition that could be both prevented and treated (Ghaly, 2008). The Council of Islamic Fiqh concluded that mankind's responsibility is to use vaccination as well as medication. Indeed, jurists provided a detailed explanation of medical usage in various situations to urge people to take medicine.

Another perception of immunisation is in the form of spiritual immunisation via '*Tahseen*', which means 'fortification'. This method does not relate to any kind of physical medication; it is about spiritual treatment performed by using specific prayer supplications. According to Muslim belief, these supplications are an effective defence that helps in protecting the individual from being vulnerable to bad things that might happen to him or

her. There are various texts from the Qur'an and Hadith, which can be read on a daily basis, covering different aspects of an individual's life to protect him or her against dangers. For example, these prayers should be performed when waking up, before sleeping, eating, after eating, leaving home, and returning home, and so forth. Therefore, Muslims perform a variety of supplications daily before and after doing any activity, believing that Allah will help and protect them. The Prophet Mohammed taught Muslims to say, for example:

O Allah, grant me my body, Oh, grant me my hearing, O Allah, grant me my sight, there is no god except You. O Allah, I seek refuge with You from disbelief and poverty, I seek refuge in You from the torment of the grave. (Al-Qahtani, 1989, p. 21)

In addition to the *Tahseen* (spiritual treatment) mentioned above, other types of treatment, from a variety of sources, can be implemented on many levels. According to the Qur'an (17, 82): 'and we send down the Qur'an, which is healing and merciful for the believer'. There is some controversy over the meaning of this passage. Some claim that the Qur'an provides healing for both physical and spiritual illnesses, believing that the Qur'an is a spiritual treatment that helps in easing the fears, worries, and stress that are symptomatic of mental discord and brings individuals closer to Allah and strengthens individuals' trust in Him (Al-Sharawi, 1998).

Therefore, one can conclude that, first, rehabilitation from the Islamic perspective consists of both physical and spiritual medication, whether preventive or in the form of medication. Second, Muslims believe that one should put one's trust in Allah, along with taking a course of treatment. These two principles were generated from several sources in the Hadith and the Qur'an. Examples of these are found in the Qur'an's verses:

And when I am ill, it is He [Allah] who cures me. (26, 80)

Say 'never will we be struck except by that which Allah has decreed for us; He is our protector.' And upon Allah let the believers rely. (9, 51)

Right of education

Disadvantaged people have a right to be educated and their abilities should not be underestimated. This right is illustrated clearly in the Qur'an: 'He [the Prophet] frowned and turned away because there came to him a blind man, But what would make you perceive, [O Mohammed], that perhaps he might be purified, or be reminded and the remembrance would benefit him?' (80, 1–3). Allah rebuked His messenger, Mohammad, when he turned away a blind man asking the Prophet to teach him about Islam. This is because the Prophet was busy pursuing people of nobility to become Muslim. A deep analysis of the situation reveals several lessons that can be learned from the verse. These lessons are:

- Individuals have a right to be treated equally: everyone is equally important, whether disabled or not disabled.
- Individuals have a right to be educated regardless of disability.
- Individuals have a right not to be underestimated because of their ability.
- Individuals have a right to be included within society and to have an effective, valuable role within it.
- Obligations are placed upon disabled individuals to seek out the proper resources for education, for example, and not to underestimate their own ability and societal role.

As a result of Allah's reprimand, the Prophet was more welcoming to this blind man whenever he saw him. The Prophet even entrusted the leadership of the city of Madinah, the second holy city in Saudi Arabia, twice to the blind man (Bazna & Hatab, 2005;

Ibn Ashur, 1973; Miles, 2002; Tantawi, 1928). Furthermore, the Sunnah supports the notion of equality discussed earlier within the Qur'anic text and made it clear that there is no difference between people in terms of their physical appearance, their colour, race or nationality. They are all treated equally and differ only in terms of the amount of faith they may have. It is stated in the Qur'an: 'Indeed the most noble of you in the sight of Allah is the most righteous' (49, 13). This idea is also highlighted in the Prophetic Hadith, mentioned in *Sahih Muslim*, in which the Prophet said: 'Verily Allah does not look at your bodies nor at your faces but He looks into your hearts' (32, 6220).

Marital rights

Marriage is another example of disadvantaged individuals' civil rights. The Qur'an states that this right is for all Muslims: 'Among His signs is that He created you wives from among yourselves that you may find repose in them' (30, 21). There has been an intense debate recently among Islamic scholars and physicians over the idea of whether the intellectually disabled should be allowed to get married. For example, in the first conference (in 2002) held by Mental Retarded Society under the supervision of Al Azhar University in Egypt, some scholars argued that it is acceptable, and is the right of people disabled in this way to get married. This is because sex is an innate driver and should be met. They suggested that marriage will help in controlling any sexual behaviour that might be practised and exhibited inappropriately by such individuals. Moreover, an Egyptian senior jurist, Ali Juma'a, stated that people with a mild intellectual disability have the right to get married and have their own families. It might wise to indicate here that his verdict was based on the right of equality within Islam for all human beings in meeting his or her basic needs (Dar Al-fit Al-Masriyyah, 2005). However, it was also felt that marriage should be under certain conditions and with a guardian's supervision.

Some scholars saw marriage as a responsibility more than a sexual practice, and feel that, therefore, 'mentally weakened' individuals are not capable of managing this responsibility, even with guardianship (Asharq Alawsat, 2002). This debate is still ongoing, and jurists have different interpretations and opinions. Miles (2002) stated that the debate among Muslim scholars and jurists over mentally weakened individuals' civil rights has existed in Islamic history for centuries, long before Europe existed.

Application of Islamic perspectives

A Muslim's general attitude towards disability is generated from their faith and the beliefs on Allah. In fact, there are general principles found in the basic principles of faith that frame the Muslim's attitudes towards disability. These include:

- Believing in '*qadar*', which is 'the belief in preordination (fate or destiny), which supports the idea that what is meant to be, will be, and what is not meant to happen, can never occur' (Hasnain *et al.*, 2008). This is stated in the Qur'an (9, 51). Based upon this principle, disability could be regarded as an act of God and it is part of individual's '*qadar*'. Indeed, believing in '*qadar*', it is an extension of believing in Allah and His divine wisdom and plan.
- Believing in the concept of 'reward and punishment', both in this life and the hereafter, is a vital principle that insists on an individual's being responsible for his or her behaviour, not only in terms of actions but also in terms of the motives and intention behind these. Violating Allah's laws has its own consequences, not only in this life, but later on, in the Day of Judgment.

It is stated in the Qur'an that 'whosoever does an atom's weight of good will see it, and whosoever does an atom's weight of evil will see it' (99, 7–8). In fact, several other Qur'an and Hadith narrations promises both those who are in a disadvantaged situation, and those who are taking care of them, rewards, both in this life and in the hereafter, for their patience. Indeed, this promise usually motivates people to support the disadvantaged, whether they are strangers or close relatives.

Cultural conceptualisation of disability

Williams (1961, p. 57) has defined culture as a 'particular way of life which expressed certain meanings and values, not only in art and learning, but also in institutions and ordinary behaviour'. As culture is not stagnant, it is affected by numerous factors such as politics and economics (El-Islam, 2008) and also religion. People's behaviours and attitudes might reflect their own understanding of their religion, but not necessarily the exact meaning of its values, where culture contributes in forming views of disability. Taking into account the fact that the writers of this paper are Muslims, their thinking has been shaped and influenced by different cultural norms. Two of them have been affected by Arab traditions (Saudi Arabian and Jordanian) while the third's influences are from the Brunei Malay tradition. Therefore, any attempts at providing 'local' views on disability have been influenced by the writers' cultural context, rather than providing a general concept reflecting solely Islamic philosophy.

Although Saudi Arabia is deeply rooted in Arab culture, as reflected in its identity, it is considered to be an Islamic country, due to the fact that its political system generates its rules of laws and regulations from Shariah Law. This is based on two sources of jurisprudence: the Holy Qur'an and Sunnah. Accordingly, the special educational needs (SEN) policy in Saudi Arabia (MoE, 2001) is based on Islamic rules, which state that education should be for all. The following are some highlighted examples of policies and the issues being addressed that are relevant to this paper. One such policy is that the responsibility falls upon the government to provide education. Enshrined within the policy is the government's responsibility in terms of respecting the human rights of children with SEN and providing for their basic human needs. Caring about children's spiritual, psychological and social growth is also regarded as being essential. The policy also includes identifying individual differences between children as being important, as this helps the children to develop their abilities and talents. The policy shows that SEN provision complements ordinary education and includes diverse provisions (MoE, 2001).

Jordanian ideology reflects various elements, among them Arab nationalism, Islamic conservatism, tribalism, and western modernism (Moaddel, 2002). These elements originally derived from Islamic heritage without concentrating on Islam itself as a main source of legislation. Despite the fact that there is more than one ethnicity in the country, Jordanian society is considered homogeneous and too diverse to be committed to one ideology. Based on this diversity, Jordanian policy on dealing with disabled children can be divided into two parts. Firstly, formal practice, where the Law on Disabled People, issued in 1993 and reviewed in 2007, urged the state to deal with disabled people equally and help them to benefit from their remaining abilities as far as is possible. It is to be noted here that Islamic values are absent, and that, instead, this law has taken into account voluntary work rather than that done by professionals. Secondly, there is an informal practice where people practise Islam as they understand it. It could be argued here that most of these practices are carried out by illiterate or less educated people. These practices are also common amongst non-Muslims, indicating the strong effect of local culture rather than religion.

Brunei Darussalam is described as a 'sovereign, independent, Malay Islamic Sultanate, governed by the principles of the Malay Islamic Monarchy (MIB) ideology' (The Report, Brunei Darussalam, 2009, p. 8). Most aspects of Brunei life are dominated by Malay traditions and the Islamic religion. With regards to disability, Brunei Darussalam has neither an exclusion policy, nor a parallel system for education for all children with special needs (Khalid, 1999). As there are no separate or special schools, these children are taught in regular schools. Brunei Darussalam has no constitutional guarantee of the right to education or other human rights. However, it is the government's priority to provide its citizens with free education, and to ensure that Islamic values and the Islamic way of life are an integral part of its education system. Service provision for children with SEN is provided by The Special Education Unit of the Ministry of Education. The Special Education Unit was established in 1994 (World Data on Education, 2006/07).

Traditionally, disability in some Muslims countries has been seen to have a moral or religious significance. Some cultures view disabilities as a blessing, while others see it as a curse. In some Islamic cultures, for example, disability has been described as an example of the need to be 'fatalistic' in the acceptance of difficulties in life; Islam requires submission to the will of Allah. The presence of a disabled child is seen to be a test of faith, although in earlier times some Middle Eastern cultures were known to bury children who had disabilities (Bazna & Hatab, 2005). Cultural perspectives, mixed with religious values, often lead to several courses of action, which may be falsely attributed to religious faith, such as embarrassment at having a child with a disability, attempting to explain the cause of the disability, and looking for fast solutions.

Embarrassment and justification

Parents who are shocked at having a child with a disability may resort to their religion to explain the problem away, using it as a form of protection from social stigma. A good example of these practices is when the parents of disabled children attribute the disability to themselves by considering the disability as a punishment from Allah (Hadidi, 1998) or God's bidding (Hasnain *et al.*, 2008), which should be obeyed. Some consider disability in the family as a curse from Allah for the parents and the family (Miles, 2002). The danger of following this approach is that some parents tend to depend on these beliefs to refuse treatment (Ghaly, 2008); especially early intervention services, or to deal with them, as they have siblings, without adequate care (Hasnain *et al.*, 2008). As early intervention is crucial in most cases of disability, parents who refuse to treat their children as a result of false beliefs may cause their children great harm by delaying their access to support services. Muslim jurists, quoting from the Qur'an, note that the Prophet Mohammed clearly stated that disability can be treated (Ghaly, 2008): 'Allah has not sent down any disease but He has also sent down a cure for it' (Al Asqlani, 1986, p. 5354). There is no contradiction between God's will and seeking treatment. In other words, some parents of disabled children use religious values as a safety net against anxiety and shock, and as an excuse for not taking any concrete action to deal with the situation.

The social embarrassment of having a disabled child appears to be a crucial factor in dealing with a disabled person in many Muslim families. In some cases where the disability is obvious and cannot be hidden from others, parents tend to provide various explanations. Envy (*Hasad* or evil eye) is at the top of these explanations, as many people believe that having a disabled child is the result of envy. Although envy has its roots in Islam (the Qur'an and Sunnah), it seems that parents use it as an argument which will be accepted by the surrounding religious community. Based on this belief, parents tend to deal with disability

within their cultural context. This includes using amulets (Hasnain *et al.*, 2008) and spiritual treatment. In addition, parents aim to avoid social embarrassment, stigma, protecting themselves and their children, especially females, by denying the disabilities, or hiding the child from society when the signs are obvious. Despite the fact that the Qur'an and Sunnah urge Muslims to deal with disabled people equally, parents often try to avoid stigma by not allowing their children to participate in social activities. For example, some Muslim families do not allow their disabled children to go to the mosque, fast or learn Arabic in some immigrants' communities in the West (Hasnain *et al.*, 2008; Turner *et al.*, 2004).

Disability has also been ascribed to supernatural or spiritual causes since early times (Hole, 1940). The literature in this area has been related mainly to discussion around mental disability, its aetiology and treatment. The 'evil eye' curse and other spiritual metaphors have been associated with sickness and disability in Hindu, Buddhist and Islamic religions (Miles, 1995). In some South Asian cultures, the view that black magic, the evil eye and/or possession by evil spirits (the Jinn) is the reason behind mental illness has a strong influence (Aminidav & Weller, 1995). Epilepsy, for example, has been described as being when spirits 'catch you and you fall down' (Fadiman, 1997). In Confucian cultures, there is a strong belief in fate, forbearance and the practice of seeking supernatural power through praying to ancestors (Cheng & Tang, 1995). In Morocco, it is thought that mental disabilities are an influence of possession by the Jinn and their vengeance (Stein, 2000, cited in Hurairah, 2009). Jinn possession is thought to be manifested through bizarre, multiple behaviours, which are considered in psychology or medicine as either psychotic or non-psychotic psychiatric disorders (Al-Habeeb, 2004).

One important theme here is the notion of curability, in that the belief in the unseen often leads people to seek treatments from mediums. A study by Razali, Khan, and Hassanah (1996) found that Malay patients attributed mental illness to interferences from supernatural agents or black magic and commonly sought treatment from traditional healers (*bomohs*). According to this view, modern medicine was only effective in curing physical illness, but was powerless against black magic or supernatural forces.

Another practice of mixing culture with religious beliefs is refusing abortion as a prevention method to help in reducing the disability rate. Muslim jurists have agreed that abortion is not allowed after the first 120 days of pregnancy, but it is permitted if it is the only way of saving the mother's life (Al-Qaradawi, 1997). However, it is traditional to refuse abortion, especially in working-class families, where the involvement of other family members in the lives of the parents' of disabled children is common. In these families, fathers and mothers in law have an important role in making the decision not to have an abortion, as it is against the Muslim's belief in God's will. Within the same context of reducing the disability rate, Hasnain *et al.* (2008) mentioned that most of these cases come from arranged marriages, where the marriage is a deal between two families rather than a marriage of two individuals. For example, the rate of first-cousin marriage is 32% and 26% in Jordan and Saudi Arabia, respectively. Apparently, this reflects Arab cultural perspectives, where blood relative marriage is preferable (Hamamy, Jamhawi, Al-Darawsheh, & Ajlouni, 2005).

Refusing vaccinations is another false practice by some Muslims around the world. For instance, Ghaly (2008) discusses a fatwa issued in Nigeria against vaccination, which a jurist disagreed with. Parents refuse vaccination on the basis of it being against God's will. It could be argued here that such attitudes are rare, as the majority of Muslim jurists see no contradiction between science and religion. In fact, this verdict was widely criticised and rejected by many contemporary Islamic scholars.

Despite strenuous efforts to distinguish between cultural values and Islam, many malpractices continue in the Islamic world and among Muslim migrants around the world.

Some individuals might consult spirits, seeking advice as well as solutions to their problems (Singapore Paranormal Investigation [SPI], 2003). Malay witchdoctors or Christian faith healers have been asked to help children with Autism (Bernard-Opitz, Kwook, & Sapuan, 2001). Some Asian families who attribute disability to sorcery are also reported to have sought the services of Shaman for cures (Kalyanpur, 1999).

Witchcraft is still deeply embedded in thinking and perceptions in non-western ethnic and religious cultures and is also still sought as a method of treatment (Igwe, 2004). Islam, however, shuns the use of magic and witchcraft and considers it as '*sahr*', or acts that utilise the *shaytann* or demons and devils (Abdussalam-Bali, 2004). Hassan (1992) argues that acceptable Islamic treatments available for children with disabilities involve Qur'anic prayer and the belief that only Allah can heal. Islam discourages turning to spirits and mediums for supernatural cures, which are thought to divert belief in the healing power of Allah. However, Islam does allow for religious treatments, often involving religious men, thought to be closer to Allah because of their piety and wisdom, offering prayers through Qur'anic verses (Bazna & Hatab, 2005; Rhodes, Small, Ismail, & Wright, 2008). There are significant differences in terms of acceptance of treatment at different socio-economic levels: the higher the socio-economic status, the more likely it is that individuals will practise more authentic Islamic treatments and disassociate themselves from folklore. Similarly, Saul and Philips (1999) note that more rural communities have more firm beliefs in traditional values, as influenced by beliefs in ghosts, spirits and witchcraft.

Conclusion

This paper's aim was to provide an in-depth review of Islamic perspectives on disability via analysing several Qur'an texts and prophetic traditions. Based on the above review it can be concluded that Islam has provided the term disadvantaged people as a generic term that includes disabled individuals under its umbrella. This term reflects a holistic notion of the Islamic philosophy in relation to disadvantage individuals based on main Islamic values of equality and justice (Bazna & Hatab, 2005). Moreover, distinguishing the Islamic perspective on disability as stated in both the Qur'an and the prophetic tradition from the Muslims' practices toward persons with disability was central to previous discussion. Taking into account that most of Muslims people are religious, religion plays a crucial role in Muslims understanding and interpretation of having a disabled child in their families or societies. Thus, this understanding and interpretation could be seen as one of the most influential factors that affect the development of special needs provision. As different understandings of disability and its causes and treatment within the context of religious values, this can lead to very different views about educating disabled individuals.

The theory and the practice of caring for people with disabilities, and of inclusion, existed during the Prophet Mohammed's era. Islam urges non-disabled Muslims to deal equally with disabled people. The Islamic perspective declares the right of the disadvantaged individuals and establishes the responsibility and duty of society towards such disadvantaged members. In fact, Islam has provided vivid examples of equality in Qur'an and Sunnah. However, several cultural practices that have been discussed previously exemplify that there is a contradiction between Islamic perspectives and local culture. Disadvantaged individuals' current position can be explained by concerns of social embarrassment of having a disabled child, concerns of social exclusion and lack of adequate skills to respond to disabled child in the family that lead them to prefer special classes on regular schools (Elkins, van Kraayenoord, & Jobling, 2003). It is critical to notice that negative attitudes towards disadvantaged people are not exclusively

experienced by family members, but also by other members of society, many of whom see no contradiction between their behaviour and the religion they believe in. These views are important in terms of understanding the interaction between specific cultural contexts and Islamic philosophy, which can produce different models and conceptualisation of social and educational inclusion within an Islamic perspective.

However, little has been done to investigate the impact of Islamic philosophy on Muslims' practice of working with individuals with disability (Miles, 2000). Establishing such understanding would lead to the deployment of the spiritual techniques of the Islamic philosophy when providing disability and rehabilitation services. Therefore, the current paper could be seen as an effort toward bridging the gap of establishing such understanding that differentiate between the real Islamic philosophy toward disability and disabled individuals and the Muslims' understanding and the way they apply this understanding. Thus, much work remains to be done and more research is needed to enrich the literature in relation to this specific religious perspective and to inspire the services providers with some practical techniques that could be adapted and which emerge from peoples understanding, to cope with the challenges of disability. Future research has to take into account the cultural backgrounds of disabled people and their families, which appear to be critical in deciding the way the parents, siblings, relatives and society respond to having a disabled individual.

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Religion, culture, and discrimination against persons with disabilities in Nigeria



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Background: There is not a lot in the literature on disability in Nigeria concerning the role that religion, culture and beliefs play in sustaining discriminatory practices against persons with disabilities.

Objectives: Many of these practices are exclusionary in nature and unfair. They are either embedded in or sustained by religion, culture and beliefs about disability and persons with disabilities.

Methods: Drawing on various resources and research on disability, this paper looks at these practices in respect of these sustaining factors. Some of the discriminatory practices that constitute the main focus of the paper are the trafficking and killing of people with mental illness, oculocutaneous albinism and angular kyphosis, raping of women with mental illness and the employment of children with disabilities for alms-begging.

Results: The examination of these practices lends some significant weight and substance to the social model of disability, which construes disability in the context of oppression and the failure of social environments and structures to adjust to the needs and aspirations of people with disabilities.

Conclusion: Given the unfairness and wrongness of these practices they ought to be deplored. Moreover, the Nigerian government needs to push through legislation that targets cultural and religious practices which are discriminatory against persons with disabilities as well as undertake effective and appropriate measures aimed at protecting and advancing the interests of persons with disabilities.

Introduction

In Nigeria, people with disabilities are subjected to numerous types of discrimination (Baba-Ochankpa 2010; Fatunde 2009).¹ This paper highlights some of these discriminatory practices (some of which constitute human rights abuses) and, in so doing, explores the extent that religion and culture are contributory and supporting factors in the discrimination against persons with disabilities. The practices discussed are the trafficking and killing of people with mental illness, oculocutaneous albinism² and angular kyphosis,³ raping of women with mental illness and the employment of children with disabilities for alms-begging.

The conceptual exploration of these practices in the context of religion and culture is important for a number of reasons. Firstly, it motivates for the undertaking of some original empirical research on the relationship between religion and culture and these practices. Secondly, it helps situate the beliefs and attitudes that people in Nigeria hold about disability in the broader context of religion and culture and calls attention not only to the particular beliefs and attitudes but also to the institutions that sustain them. This is particularly important considering a number of scholars have pointed out that an individual's beliefs about disability constitute foundation blocks upon which that person grounds his or her attitude and behaviour towards people with disabilities (Teaching for Diversity and Social Justice 2007; Madu & Yahaya 2004;

1. Historical examples of discrimination against people with all forms of physical and mental disabilities range from being ridiculed to being condemned to permanent exclusion in asylums, from being allowed to drown or die to being executed (Pritchard 1963:15–30; See also Teaching for Diversity and Social Justice 2007). As Barton has noted, throughout antiquity people with disabilities have been subjected to a multiplicity of oppressive social attitudes, which have included 'horror, fear, anxiety, hostility, distrust, pity, over-protection and patronizing behavior' (Barton 1993:8). According to Barnes (1991), the real concern of disability, therefore, has to do with these pejorative attitudes combined with particular social contexts, namely, an inhospitable physical environment (e.g. inaccessible buildings and unusable transport systems).

2. Oculocutaneous albinism is a group of inherited disorders of melanin biosynthesis or a congenital disorder which is characterised by a generalised reduction in pigmentation (called melanin) of the skin, hair and eyes (Christianson, Howson & Modell 2006; Grønskov, Ek & Brøndum-Nielsen 2007; Okoro 1975; Winship 2003).

3. Angular kyphosis is a common condition of a curvature of the upper spine and can be the result of either degenerative disease (such as arthritis) or developmental problems (Omiegbe 2001).

Fishbien & Azen 1975; Ozoji 1991; *Thisday* News Report 2010). Thirdly, it shows the sense in which this conceptualisation of the impact of religion and culture on treatment of people with disabilities rests on the social model of disability, according to which disability is understood in the context of oppression and arises due to the lack of societal standards (social environment and structure) in adaptation to the needs and aspirations of people with disabilities (see Hahn 1986:128).⁴

Some of the extant literature with regard to disability and discrimination against persons with disabilities in Nigeria discuss particular forms of disability, focusing on physical facets and when they venture into the moral, social and psychological aspects (Abang 1988; Audu, Idris, Olisah, Sheikh, 2013; Olupona 1991; Omiegbe 2001; Ozoji 1991). Missing from this literature and studies are discussions regarding the relationship between religion and culture and discrimination against persons with disabilities in Nigeria, which is the focus of this paper.

Notion of discrimination and some discriminatory practices

The term 'discrimination' generally refers to separation between things or people based on the recognition and understanding of the difference between one thing and another. In this paper, 'discrimination' will be taken to mean the exclusionary practices and the prejudicial treatment of people with disabilities (United Kingdom 1995). Our focus will not only be on basic exclusionary practices against people with disabilities but also on practices that violate the life and personality of people with disabilities. That is, practices that treat them as instruments or *mere things* are what we might call severe human rights abuses.

Disabilities figures in Nigeria

According to the World Health Organization (WHO 2013), more than a billion people, which is about 15% of the world's population, have some form of disability.⁵ In Nigeria, the 2006 census put the figure of people with disability at 3 253 169. Of this figure, the total number of women and children with disabilities are 1 544 418 and 1 002 062, respectively. If we go by this figure, then the total number of people with disabilities is approximately 2.32% of the population (140 431 790), with women and children with disabilities being 1.1 and 0.71%, respectively (Federal Republic of Nigeria Official Gazette 2009; National Population Commission 2010). These figures may greatly underestimate the actual number and prevalence of disability in Nigeria. If we take into account the WHO estimate of 15% of any given population having some form of disability or even the point made by Mba (1977) and Abang (1991) regarding the difficulties in achieving a reliable census for those with disabilities in Nigeria, then the total figure of people with disabilities could be around 28 million, given Nigeria's current estimated population of 188 million.

4. See also Charlton (1998:27) and Abberley (1987:163).

5. For the classification of disability and health see World Health Organization (2011).

Religion, culture and superstition

The term 'culture' has various meanings; however, for the purposes of this paper, it will be taken to mean a set of shared attitudes, beliefs, values, goals and practices that characterises an institution, an organisation or a group (Uwagie-ero, Iseye & Omiegbe 1998). Culture is shared and passed from parents to children or from one generation to another (Eboh & Ukpong 1995). 'Religion' can be said to be part of culture and may be defined as a belief in the existence of a deity or a supernatural power, a being that created and controls the universe and who is worshipped on the basis of such belief. 'Superstition' can be taken to mean a belief or way of behaving that is based on fear of the unknown or the belief that certain events or things will bring good or bad luck (Merriam-Webster's Collegiate Dictionary 2003:1255). This understanding of 'superstition' takes superstition as an aspect of culture.

Beliefs and attitudes about disability and persons with disabilities

In the previous section, we identified 'belief' as an aspect of culture. 'Belief' can be defined as the affirmation or acceptance of a fact, or an opinion accepted as real or true. That is, as 'the attitude we have, roughly, whenever we take something to be the case or regard it as true' (Schwitzgebel 2006). A number of beliefs in respect of disability have been isolated in the literature on disability in Nigeria. Abosi and Ozoji (1985), for example, note that beliefs about disability are attributable to different factors such as witchcraft, sex, God, the supernatural and juju.⁶ According to them, these beliefs are generally taken to be the various causes of disabilities. Another aspect of disability beliefs is the one identified by Desta: this is the belief that disability is a curse and people with disabilities are hopeless (1995). Okafor (2003) has also recognised another aspect of disability beliefs. He notes that 'some local ancient mythology has it that people with disabilities are social outcasts serving retribution for offences of their forefathers'. Munyi (2012), Omiegbe (1998, 2001) and Abang (1988) have also highlighted similar beliefs about disability in other parts of Nigeria as well as in the African context. According to Abang, many people believe that persons with disabilities are not only inferior to those without disabilities but can also be used for social and economic benefits. That is, they lack characteristics that make them full humans and can be used in sacrifices in order to bring wealth or good luck.

Religious and cultural practices and persons with disabilities

In the following sections, we will discuss some discriminatory practices against persons with disabilities in the context of religion and culture. The practices include the trafficking and killing of persons with mental illness, people with

6. Juju refers to charms, amulets and spells used in some parts of West Africa as a part of witchcraft or to affect others or events, negatively or positively.

oculocutaneous albinism and angular kyphosis, raping of women with mental illness and the use of children with disabilities for alms-begging.

Trafficking and killing of persons with mental illness and raping of women with mental illness

People with mental illness are killed as part of rituals, practices that flow from various beliefs that people hold about disability. Many who hold negative beliefs about persons with mental illness claim that their hands are unclean (Omiegbe 1998, 2001). In some communities, it is believed that such persons have committed an abomination, that is, violated the tradition of the communities. In other cases, a mentally ill person is simply labelled as a witch and subsequently burnt to death (Etieyibo 2013; Oko 2003; Omiegbe 2001). This was the case of a middle-aged woman with mental illness in Benin City, Edo State, who was burnt to death by a crowd because of the belief that she was responsible for the various problems facing the community (Hourelid 2009; McVeigh 2007; Oko 2003; Purefoy 2010b).

Women with mental illness are also victims of rape in Nigeria. Many are homeless and are often seen on the streets in major cities. According to Dian Blair, the head of Amaudo Itumbauzo, an international non-governmental organisation working with people with mental illness living in poverty in Nigeria, the sexual abuse of women with mental illness 'is the greatest assault on the rights of female psychiatric patients' (Eze 2005). In her keynote address at the UN Human Rights Day in Abakaliki, Ebonyi State, Blair noted that there are ritual dimensions to the sexual abuse of many women with mental illness and many of them are raped because of the belief that having intimacy with them could bring wealth or prolong an individual's life. She further noted that this is unfortunate because the results 'are the legion of born abandoned children on the streets, who turn out to utterly depend on passers-by for food'.

Trafficking and killing of people with oculocutaneous albinism and angular kyphosis

People with oculocutaneous albinism are broadly discriminated in Nigeria. Sometimes they are isolated, and at other times they are trafficked and killed (Oko 2003; Okoro 1975). According to Shehu Shagari, former President of Nigeria, discrimination against people with albinism in Nigeria is endemic and much of the discrimination 'suffered by people with albinism can be traced to ignorance on the part of the general public' (El-Kurebe 2010).⁷ Because many people with albinism are targeted for ritual killings, most live in hiding (Anumihe 2008; McVeigh 2007; *Nigerian Tribune News Report* 2011; Oji 2010; Sky News Report 2008). The killing of people with albinism for rituals is fuelled by the belief that their body parts could be used for portions that will make one wealthy or prolong one's life (Anumihe 2008; Oji 2010). Two cases came to light recently in South-South Nigeria. In Ugbogui village, a remote farm settlement in Edo State of

Nigeria, a person with albinism was beheaded while working in the farm. Similarly, in Abraka Urhuoka Quarters in Abraka community in Delta State, another person was killed while working in his farm. When he was found, some parts of his body were missing (*Nigerian Tribune News Report* 2011).

People with angular kyphosis are mostly killed for rituals (Omiegbe 2001). There are reports in the local media which suggest that the trafficking of people with this condition is not uncommon.⁸ In 2002, the Nigeria police arrested a man in Ikot-Akpan Abia, Akwa-Ibom State, who traded mostly in parts of people with angular kyphosis and had been in the business for more than a decade. In his confession, he claimed that he sold the parts to herbalists and medicine practitioners for rituals and that kidnapping of people with angular kyphosis is widespread.⁹

Religion and culture and the trafficking, killing and raping of persons with disabilities

The discussion on the trafficking and killing of people with mental illness, oculocutaneous albinism and angular kyphosis, and raping of women with mental illness highlights that these practices are done as part of rituals. According to reports in some Nigerian newspapers, a number of missing persons (many of which include persons with disabilities) in various cities and communities in Nigeria are kidnapped, trafficked and killed for rituals (*Next.com News Report* 2009). In one report presented by Odejebi (2010), individuals who were fortunate to escape from their kidnappers recounted stories of how people that were kidnapped were killed for ritual purposes. Such ritual killings have either a personal or a communal dimension [i.e. done in order to cleanse the community from some sin or evil claimed to have been committed by people with disabilities or other community members (*Nigerian Tribune News Report* 2011)]. Given this common knowledge, persons with disabilities for the most part live, eat and sleep in fear (Odejebi 2010). In support of these reports about the killing of people with disabilities, Emmanuel Ojukwu, the public relations officer for the Nigeria police force, in an interview with the *News Agency of Nigeria* made the point that many kidnapping cases in Nigeria result in the dismemberment of bodies for rituals (*Next.com News Report* 2009).

Employing children with disabilities in alms-begging

In Nigeria as in many other parts of Africa, parental authority is respected and highly esteemed. A child that resents his or her parents or parental authority in general is not only criticised but also severely punished. Such punishment

8. Some relatively recent examples of trafficking of people with angular kyphosis include the following: (1) the killing of a famous herbalist, a male angular kyphosis sufferer, in Benin City, Edo State, Nigeria (Omiegbe 2009); (2) the killing of a 22-year-old female angular kyphosis sufferer, Taibat Oseni, in Osun State, which implicated a Nigerian senator. According to the Osun State Police Command, Oseni was kidnapped from her home and then taken to a 15-year-old abandoned building owned by a senator where she was killed and her protrusion removed (Dike 2009; Kolawole 2009).

9. According to him, a person with angular kyphosis attracts the sum of N400 000 (US\$2100) (Nkanga 2002).

7. Shagari made this remark during the 4th National Conference on Albinism in Sokoto State on 12 July 2010.

sometimes includes being spanked, deprived of some necessities, locked up in a room and grounded for days or weeks. Because of the authority that parents have over children and the cultural value placed on respect for such authority, it is easy for parents of children with disabilities to send them out onto the streets to beg for alms (Omiegbe 1995). Part of the appeal in using children with disabilities in this way is the thought that the sight of such children is quite likely to evoke a sense of sympathy from members of the society, especially from those that take alms-giving as an obligation.

Parents or guardians of children with disabilities, who send their children out for alms-begging, compare what they do with parents or guardians that send out their children as street traders. Children with disabilities who refuse to beg are usually threatened with beating or refused food. There are cases where the punishment for refusal is more severe, for example, chasing the child with disabilities away from home. In order not to suffer this fate, children usually accede to the wish of their parents. By and large, it could be surmised that children with disabilities obey their parents because of fear of being punished (Omiegbe 1995).

Religion and culture and employing children with disabilities in alms-begging

Many parents who send their children with disabilities to beg for alms do so for economic reasons. Some of these ideas have been explored by Omiegbe (1995). There are also cultural and religious aspects to the practice of using children with disabilities for alms-begging. Dunapo (2002) notes that alms-begging in general has religious and cultural dimensions. He further states: 'Begging is also a human problem involving not only the disabled persons but also refugees from war ravaged countries. It has *religious and cultural connotations [emphasis added]*.'

The religious and cultural aspects to alms-begging and the use of children (with or without) disabilities to beg for alms can be seen from the age-old Almajiri system, which is an ancient tradition and cultural practice. The Almajiri is an aspect of the Northern Nigerian Islamic Education System, that is, a 'semi-formal non-secular education in which children between the ages of 4 and 18 are assigned to wandering Islamic teachers usually referred to as Malams' to learn the Koran and also to acquire some form of Islamic knowledge (Yusha'u, Tsafe, Babangida & Lawal, 2013:127). Once in the schools, and often hundreds of miles away from their families, they receive little education and money and, thus, generally have to beg to survive. As Purefoy (2010a) notes, these children are frequently seen flooding the streets with small bowls; 'across the north, an afternoon break in classes sends the children flooding into the streets with small bowls to search for scraps'.

Yakasi and Amupitan (particularly Amupitan) have discussed how religion and culture in the area of the Almajiri system is related to alms-begging. Yakasai (1990), for example, notes that the Islamic religion encourages the

practice of alms-begging and some of the attempts at justifying the practice are unconvincing. Like Yakasi, Amupitan (2001) claims that the Almajiri system promotes begging. He argues that the reason begging is lucrative in Damaturu, the capital of Yobe State (Northern Nigeria), is that it has the Almajiri culture which encourages begging. He notes:

The Almajiri system is very widespread in Yobe State as in most States of the north which is believed to be a product of the Koranic system into which some parents dump their male children and forget them there. The poor little brats are abandoned to the care of the Koranic teacher who is not earning any salary. The poor teacher simply engages the pupils in part-time begging, the proceeds from which is used to pay the teacher and feed the pupils. In most cases the Almajiri (the Koranic pupil) does not know his parents, his home or any of his relations. He is entirely on his own and ends up on graduation a beggar.

One may conclude that the Islamic practice of Almajiri sanctions begging, as do some passages in the Koran.¹⁰ Accordingly, it is no wonder that it is common to see children with disabilities in many cities in Nigeria being used by their parents or guardians in alms-begging. Given the Koranic/Islamic basis of alms-giving and alms-begging, adult persons with disabilities who are Muslims and who see alms-begging as some 'religious duty' do not waver going into the streets themselves to beg or send their children with disabilities onto the streets to solicit for alms. Simply put, the Islamic religion and the Almajiri culture sustain the practice of using children with disabilities to beg for alms – a practice that is discriminatory against children with disabilities. This claim can be teased out in two ways. Firstly, the Islamic religion and the Almajiri culture sustain the practice of using children with disabilities to beg for alms in the context of the Islamic injunction and the Almajiri system where alms-begging is justified and legitimised. Secondly, the use of children with disabilities for alms-begging invokes certain psychological responses in people. That is, people who are moved by the condition of children with disabilities feel a compulsion to help by giving them material and financial resources. These benefits that come to both children with disabilities and their parents come about only because alms-begging and the practice of using children with disabilities to beg for alms are sustained by the Islamic religion and the Almajiri culture.

If the above reports and evidence are accurate, then they highlight the point about the role of culture in discriminatory practices against persons with disabilities, which seems consistent with Oliver's variant of the social model of disability. In his seminal work, Oliver seeks to provide conclusive evidence that disability 'as a category can only be understood within a framework which suggests that it is culturally produced and socially structured' (Oliver 1990:22). The point is that the discriminatory practices against persons with disabilities are sustained by culture and in doing so reinforce the dominant perspectives regarding disability. Therefore, it is not only the case that people with disabilities

10. See Koran 2:273 and Koran 42:27.

are killed on the basis of disability beliefs (e.g. superstition), but these killings are also ritualised; they are ritualised because they arise from a particular culture embedded in a particular worldview. The killings of people with disabilities in Nigeria can be considered aspects of cultural practices or culture. Perpetrators pick out such persons and kill them because they either believe that doing so would make them rich and successful or believe it as part of some ceremony rituals. This is the point that we made above about the communal dimension of ritual killings and is in line with Abang's remark that people with disabilities are targeted for their social and economic benefits, that is, killed for their utility value (1988).

With regard to religion, Olupona (1991) has noted that various ritual practices carried out in many communities across Nigeria are grounded in some form of African traditional religion (ATR). This claim is important considering that disability beliefs and the attitudes towards people with disabilities may not explicitly be sanctioned by Christianity and Islam – the two dominant religions in Nigeria. But then one may ask if many Nigerians are professed Christians and Muslims, how come they have some deep connection and attachment to practices and activities that are wedded to ATR? Oyebo's (2009) answer to this question is that it has to do with the strong influence exerted by ATR, and this influence is seen in the attitudes of Nigerians towards oaths administered via the Holy Bible and the Holy Koran and the ATR. The point to be taken from Olupona and Oyebo is that even though western education is a socialising agency, as Amposah (1975) has noted, the fact that the ATR still holds some attraction among many may have to do with Dzobo's (1974) point that the individual's being seems connected to him identifying with the fortunes of his group and [feeling] deeply rooted in the corporate being of his society. The point is that many Nigerians that are still wedded to the ATR are goaded by beliefs embedded in this religion to engage in ritual killings of persons with disabilities.

One can conclude that both religion and culture exert powerful influence on many Nigerians not only when it comes to negative attitudes towards people with disabilities but also in their engagement in highly discriminatory practices against them.

Conclusion

Our discussion has highlighted that religion and culture promote certain beliefs and attitudes about disability and people with disabilities that lead to discriminatory practices. That is, they are sustaining factors in discrimination against people with disabilities. These practices should be wholeheartedly denounced because they result in the invasion of the dignity, personhood and life of persons with disabilities. They trespass the inalienability of human rights, in general, and the rights of persons with disabilities, in particular, as recognised by human rights conventions and laws (United Nations, Convention on the Rights of Persons with Disabilities). To ensure that persons with disabilities are

treated fairly and to combat stereotypes, prejudices and harmful practices relating to persons with disabilities, the Nigerian government would have to push through legislation that can target cultural and religious practices which are discriminatory against persons with disabilities. In addition, it has to undertake effective and appropriate measures aimed at raising awareness throughout the society about persons with disabilities.

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Competing interests

The authors declare that they have no financial or personal relationships which may have inappropriately influenced them in writing this article.

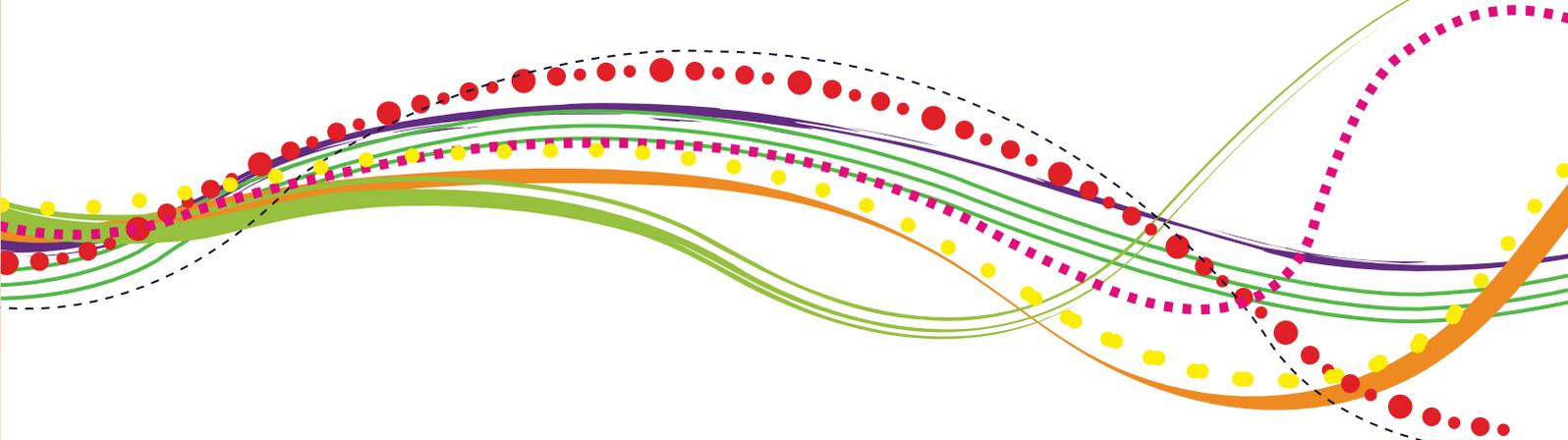
Authors' contributions

E.E. made conceptual contributions, reviewed some of the literature as well as teased the overarching argument of the paper. O.O. was responsible for the statistical part of the paper in addition to reviewing some of the literature.

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1. Food beliefs

Hindu dietary practices can vary depending on the individual's beliefs and customs.

Most Hindus do not eat beef or pork and many follow a vegetarian diet. Fasting is common among Hindus, but there are no set rules and the decision to fast is up to the individual.

Many Hindus follow *Ayurvedic* dietary practices. Under this system certain foods are classified as *hot* or *cold* and can adversely or positively affect health conditions and emotions¹².

The classification of foods as *hot* or *cold* is unrelated to temperature. *Hot* foods are generally those foods which are salty, sour or high in animal protein, while *cold* foods are generally sweet or bitter⁴.

Some strict Hindus do not consume garlic or onion as the properties of these foods disturb spiritual practices such as meditation.

Refer to section three for a table of foods suitable for vegetarian Hindus.

2. Karma

- A central belief of Hinduism is the doctrine of *karma*, the law of cause and effect¹⁴.
- Hindus believe that every thought, word and action accumulates *karma*, which can affect current and future lives. Hindus believe in reincarnation¹⁴.
- Actions from a past life can affect events in the current life, including health and wellbeing¹⁴.
- Health care providers should be aware that a strong belief in *karma* can affect decision-making regarding health care.

3. Holy days

Hindus do not observe a specific day of worship, although some days of the week may be associated with particular deities.

Hindus do observe a number of holy days and festivals which can have an impact on health care due to associated fasts.

Most Hindu holy days are based on the lunar calendar and the dates can vary from year to year. Some festivals can occur over an extended period with celebrations lasting for days or weeks.

A religious calendar is published in the Queensland Health *Multicultural Clinical Support Resource*.
www.health.qld.gov.au/multicultural/support_tools/mcsr.asp

4. Fasting

Fasting is an integral part of Hinduism and is seen as a means of purifying the body and the soul, encouraging self-discipline, and gaining emotional balance⁷.

Fasting may be practiced on specific days of the week, during festivals or on holy days, or in conjunction with special prayers.

It is not considered obligatory for a Hindu patient to fast during hospitalisation. However, some patients may wish to fast while in hospital.

There is no specified way to fast, but individuals may choose to abstain completely from all food and drink or only abstain from certain foods.

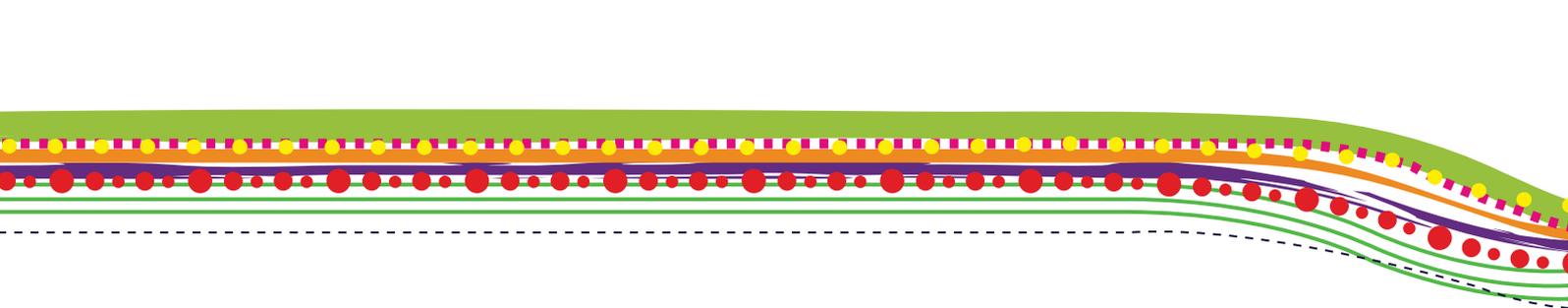
5. Dress

While there is no religious requirement for modest dress, many Hindus choose to dress modestly and may be reluctant to be examined by health care providers of the opposite sex.

Hindu women may wear a sacred thread or gold chain around their necks and Hindu men and boys may wear a sacred thread across the chest. These items should not be removed during examination. If it is necessary to remove an item, permission should be sought prior to removal¹⁵.

Hare Krishna followers, and some other Hindus, may wear sacred *tulsi* beads around the neck. If it is necessary to remove these beads, they should be retied around the wrist (preferably right).

In addition, some jewellery worn by Hindus may have a sacred meaning and patients should be consulted before removal.



6. Mental health and/or cognitive dysfunction

Hindus believe that all illnesses, whether physical or mental, have a biological, psychological and spiritual element. Treatments which do not address all three causes may not be considered effective by a Hindu patient¹⁰.

Many Hindus attach a stigma to mental illness and cognitive dysfunction.

Many Hindus have a strong belief in the concept of the *evil eye* and may believe this to be a cause of mental illness¹³.

In addition, all illness, including mental illness, may be seen as the result of *karma* from this, or a previous life.

Further information about mental health care for multicultural communities can be accessed through the *Queensland Transcultural Mental Health Centre*.
www.health.qld.gov.au/pahospital/qtmhc

7. Transplants and organ donation

Hinduism supports the donation and transplantation of organs. The decision to donate or receive organs is left to the individual.

8. Sexual and reproductive health

Contraception

There is no official Hindu position on contraception.

Abortion

Beliefs about abortion may vary depending on cultural or religious interpretations.

Many Hindus believe that the moment of conception marks the rebirth of an individual, which may make abortion unacceptable, except in emergencies⁴.

Assisted reproductive technologies

There is no official Hindu position on assisted reproductive technologies.

9. Pain management

Hinduism encourages the acceptance of pain and suffering as part of the consequences of *karma*. It is not seen as a punishment, but as a natural consequence of past negative behaviour and is often seen as an opportunity to progress spiritually¹⁶.

This may affect triaging or the monitoring of pain levels as Hindu patients may not be forthcoming about pain and may prefer to accept it as a means of progressing spiritually.

However, this behaviour may be less prevalent in Australia, especially among young people.

10. Death and dying

Hindus believe that the time of death is determined by one's destiny and accept death and illness as part of life.

As a result, treatment is not required to be provided to a Hindu patient if it merely prolongs the final stages of a terminal illness.

Under these circumstances, it is permitted to disconnect life supporting systems. However, suicide and euthanasia are forbidden in Hinduism.



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Retributive karma and the problem of blaming the victim

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Abstract A defining feature of retributive conceptions of karma is their regarding of suffering or misfortune as consequent upon sins committed in previous lives. Some critical non-believers in karma take offence at this view, considering it to involve unjustly blaming the victim. Defenders of the view demur, and argue that a belief in retributive karma in fact provides a motivation for benevolent action. This article elucidates the debate, showing that its depth is such that it is best characterized as a disagreement in form of life (in Wittgenstein’s sense) rather than as a disagreement in opinions. Also briefly discussed is an example of a non-retributive form that belief in karma and reincarnation can take.

Keywords Karma · Reincarnation · Blaming the victim · Arvind Sharma · Ludwig Wittgenstein · Hinduism · Buddhism

In the case of some debates over religious and ethical matters, even if an imminent resolution looks unlikely, the possibility of a resolution is at least in view. In other cases, however, the disagreement runs so deep that a resolution is hard to conceive. An instance of these difficult cases is the dispute concerning the ethical propriety of believing in retributive karma. Karma, as many readers will know, is the Sanskrit term for “action,” and a belief in retributive karma is the belief that at least some of the hardships, misfortunes or disadvantages that we suffer

are consequences of sinful actions that we ourselves performed at some earlier time, often in a previous life.¹ Sometimes the belief is articulated in bald and provocative terms. “Evil is man-made,” writes Christmas Humphreys, “and is of his choosing, and he who suffers suffers from his deliberate use of his own free will. Cripples, dwarfs and those born deaf or blind are the products of their own past actions” (1983, p. 55). Another defender of this belief, Joseph Prabhu, says of our misfortunes that they

may serve as a reminder of some wrongdoing or weakness that we may well have forgotten, or may have been too insensitive even to recognise. Or, if that is not the case, as for example, in children or infants stricken with illnesses or handicaps, the belief is that this is the consequence of some crime committed in a previous life. (1989, p. 73)

From time to time, the debate erupts into the public sphere and is picked up by the popular media. This occurred in 1999 when the then England football manager Glenn Hoddle allegedly endorsed the view that some people are born with physical or intellectual impairments “for a reason”—the reason being that their “karma is working from another lifetime” (quoted in Dickinson 1999). Calls for Hoddle’s resignation rapidly ensued, and he resigned less than a week later (see BBC News 1999d).

Remarks such as those of Humphreys, Prabhu and Hoddle are apt to stir up trouble. Often the reaction is one of hostility and disgust. Commenting on the statement from Humphreys in particular, Paul Edwards characterizes the sentiment expressed in it as “unbearably cruel”, and wonders whether “Humphreys really practiced what he preached” (2002, p. 14). From the sort of non-religious, or anti-religious, standpoint

¹ See, for example, McClelland (2010, p. 148) and Krishan (1997, pp. xi, 3–4, 44–46, 70–71, 195–196).

represented by Edwards, the holding of certain people responsible for their own misfortunes, in the way that the doctrine of karma proposes, is seen not merely as mistaken, but as morally reprehensible. The nub of the problem is that, “We do not make the world better but we make it worse by blaming the victims” (Edwards 2002, p. 46).

Often implicit, and sometimes explicit, in criticisms of the belief in karma is the view that western society ought to have outgrown such “medieval” or “pre-modern” ideas. These criticisms tacitly accept a conception of “the West” as having progressed morally, and perhaps religiously, beyond the level of societies where beliefs in karma and reincarnation remain prevalent. The place that these beliefs have in many people’s lives—how they are integrated into a broader religious and cultural worldview—tends not to be considered. Meanwhile, those who seek to defend the doctrine of karma often fail to see one of the deepest reasons why it can appear so morally unsettling. They assume that, provided one does not actively strive to worsen the practical situation of disadvantaged people, one does not do them any harm by attributing their situation to deeds done in previous lives. This assumption overlooks the possibility that holding someone responsible for her own misfortune may itself constitute an injury, and hence blankly misses a central point of the contention that blaming the victim makes matters worse.

This article will consider further the sort of disagreement that has just been outlined, exploring its moral, religious and conceptual dimensions. It will highlight the extent to which this disagreement exemplifies the kind of debate whose depth immunizes it against easy resolution. Taking the row surrounding Hoddle’s now notorious remarks as a starting point, the discussion will focus on a defence of the belief in retributive karma that has been offered by Arvind Sharma. I shall argue that Sharma’s defence overlooks an important matter: by trying to separate the mere regarding of someone as responsible for her own misfortune on the one hand, from behaving unkindly to that person on the other,

Sharma's position fails even to notice that merely regarding someone as responsible for her own misfortune may itself be perceived as an injustice. By discussing and elaborating an analogy that Sharma draws to illustrate the distinction he is making, I aim to bring out significant particularities of the belief in retributive karma, especially its differences from certain kinds of empirically grounded belief. In the light of these differences a firmer grip on the nature and depth of the debate can be achieved. Rather than trying to resolve the debate, my discussion will clarify why its resolution is so difficult. A secondary aim is to indicate the variety of forms that beliefs in karma and reincarnation can take, and to this end a non-retributive construal of rebirth will briefly be considered.

“A compelling rationale for respect”?

Following Glenn Hoddle's alleged assertion that disabled people are reaping the consequences of karma from a former lifetime, the BBC reported that “Disabled groups have described his remarks as deeply offensive,” with Anne Rae, the Chair of the British Council of Disabled People, calling them “an insult to disabled people” (quoted in BBC News 1999b).² The Times newspaper quoted a spokeswoman for the Disabled [Football] Supporters' Association demanding Hoddle's resignation and declaring it to be “disgusting for a man in his position to be talking like this” (quoted in Dickinson and Farrell 1999). In his own defence, Hoddle claimed that his remarks had been “misconstrued, misunderstood and misinterpreted”, and he emphasized the fact that he has done “a lot of work ... to raise money for disabled charities” (quoted in BBC News 1999a).

While Hoddle's own spiritual beliefs owe more to “New Age” reconstructions of traditional understandings of reincarnation than to the traditional understandings

² See also BBC News (1999c).

themselves, it was nevertheless remarkable that many of Hoddle's critics seemed oblivious to the prevalence among certain religious groups, including various Hindu and Buddhist communities, of the kind of view attributed to Hoddle. Responding to such apparent oversights, Arvind Sharma, writing in *Hinduism Today*, noted that "Glenn Hoddle's comments on karma, reincarnation and disability ... should have attracted little attention. The belief that disability is the result of past life karma is held by Hindus, Buddhists and other religionists" (1999). In Sharma's opinion, "Hinduism offers a very rational explanation for disability and a compelling rationale for respect and proper treatment of the disabled" (1999). He argues that the belief that disability is a result of immoral acts committed in a previous life need not lead to disrespectful treatment of disabled people. This is because the proper question for the Hindu to ask "is not, 'Why him or her?' It is, 'Given the situation, what is my duty?'" (1999).

In order to contextualize Sharma's argument, it is important to see it as responding to commentators such as Anne Rae, whom Sharma quotes as offering the following statement:

Hoddle's views have angered and frustrated those Disabled People who understand that these medieval beliefs underlie much of the (unspoken) justification for prejudice and discrimination against us. Good life, good reincarnation; bad life, bad reincarnation. Not dissimilar to the view held by some Christians that "the sins of the father are visited upon the children." (Quoted in Sharma 1999)

This characterization of beliefs in karma and reincarnation as "medieval" itself discloses an interesting prejudice concerning the relation between secular western values and those

of cultures wherein such allegedly outdated notions remain pervasive.³ From this prejudicial standpoint, the belief in karma is consigned to the category of primitive religious dogmas that we should have left behind centuries ago.

Another notable feature of the comment attributed to Rae is its implicit consequentialism. One might have expected a spokesperson for organizations of disabled people to emphasize the intrinsic offensiveness of insinuating a direct connection between a person's physical or intellectual impairment and some undetectable transgression for which the person is assumed to be responsible. The connection between immorality and impairment is one that has a long history among traditions in which the doctrine of karma and reincarnation is prominent. For example, the *Mānava Dharmaśāstra* (c. 200 CE), a lawbook of Brahmanical Hinduism, states that

Some evil men become disfigured because of bad deeds committed in this world, and some because of deeds done in a previous life. ... In this way, as a result of the remnants of their past deeds ... are born individuals despised by good people: the mentally retarded, the mute, the blind, and the deaf, as well as those who are deformed. (Ch. 11, vv. 48–53, trans. Olivelle 2005, p. 217)

And a relatively early Mahāyāna Buddhist scripture presents the Buddha as proclaiming that resisting his teachings or obstructing those who wish to follow them is liable to result in one's being "born again and again, born either blind, dull-witted, dumb, or as an outcaste, always living in misery, always a victim of abuse" (quoted in Willson 1987, p.

³ Cf. Tom Shakespeare (2007, p. 421): "Society may have progressed beyond pre-modern ideas about disability being punishment for former sins, or karma, but it generally regards disabled people as defined by their deficits"

15).⁴ Passages such as these vividly exemplify the kinds of belief to which Rae is opposed, and yet, rather than focusing on the intrinsic offensiveness of such beliefs, Rae seeks to highlight their role in justifying “prejudice and discrimination” against disabled people.

This apparent emphasis on the consequences, or likely consequences, of the beliefs in question allows Sharma to respond in a way that aims to decouple the beliefs from the purported behavioural consequences. He argues not merely that believing someone’s disability to be a result of past sins need not give rise to maltreatment of disabled people, but that, on the contrary, such a belief is liable to encourage positive action towards them. The “compelling rationale for respect and proper treatment of the disabled” to which Sharma refers consists in the idea that, in the light of the doctrine of karma and reincarnation, one can expect any disrespectful or improper treatment of disabled people on one’s own part to eventuate in deleterious consequences for oneself in a future life.⁵ Indeed, although Sharma does not put the point quite so explicitly himself, he might plausibly be taken to be implying that if one behaves uncharitably in this life, one will be reborn disabled oneself in the next. Sharma writes: “It is not for us to say, ‘It is the result of your karma.’ It is for us to ask, ‘Given his or her condition, what is my duty, my dharma?’ Otherwise, if you blame the victim, you will be blamed, rather than helped, when you happen to be the victim” (1999).

The reasoning here is prudential, the underlying assumption being that what motivates the believer in karma to behave well towards disabled or other disadvantaged people is the threat of not being treated well oneself in the future—the threat, that is, of being retributively afflicted, neglected or abused as a consequence of the rebalancing effect of the impersonal karmic law. There is, apparently, no recognition on Sharma’s part that there might be

⁴ The translation is by Bhikkhu Pāsādika, and the passage is from the *Pravrajyāntarāya Sūtra*, which is quoted both in the *Sūtra Samuccaya* (commonly, though contentiously, attributed to Nāgārjuna, c. 2nd–3rd century CE) and in Śāntideva’s *Śikshā Samuccaya* (8th century CE).

⁵ Some popular writers, following Edgar Cayce, have designated this the “karmic boomerang effect” or “boomerang karma.” See, for example, McClelland (2010, p. 150) and Hardo (2007, p. 249).

anything morally objectionable about blaming the victim per se, regardless of any repercussions that doing so may have for the one who does the blaming; in other words, no recognition that holding the victim responsible for her own misfortune might in itself be a bad thing.

One possible source of the difficulty may be an unduly restricted conception of what “blaming the victim” consists in. As we will see in the next section, Sharma sometimes gives the impression that, if blaming the victim is wrong at all, it is wrong because it involves, firstly, overtly telling the person in question that she is to blame for her predicament, and secondly, refusing to assist that person even if she is in need of help. While these responses to someone’s misfortune may indeed be patently harmful, and sources of offence, it would be misleading to suppose them to be the only possible sources. From the perspective of a non-believer in karma, an entirely intelligible reaction to the sort of link between sin and disadvantage that this doctrine makes would be to regard the making of this very link as intrinsically offensive, irrespective of whether the believer verbally asserts the link in the presence of the disadvantaged person or refuses to offer any practical assistance. Admittedly, Rae muddies the waters by implying that it is the capacity of the belief in karma to support prejudice and negative discrimination that is the problem. What I am suggesting is that the problem can be conceived in a different way, as consisting not in the capacity of the belief to support or “underlie” prejudice and harmful behaviour, but in the fact that the belief itself constitutes a harmful prejudice, a prejudice that derogates and insults the disadvantaged person whether or not it is overtly expressed in words or actions. It is this conception of the problem that Sharma’s response fails to address, and which Sharma does not recognize as constituting a problem at all.

From the viewpoint of someone who raises the sort of objection I have just outlined, any attempt to defend comments such as those attributed to Hoddle on the grounds that the person

making them has done a considerable amount of charity work in aid of disabled people will appear beside the point. Indeed, even if the person in question has gone beyond mere charity fundraising and has actively campaigned for the sorts of far-reaching socio-political changes that many disability rights activists advocate, this would not diminish the problem.⁶ For the problem at issue is not that people such as Hoddle fail to act in ways intended to improve the social and economic status of disabled or other disadvantaged people. The problem is that they hold a belief that involves perceiving such people in a particular way—as being responsible for their own disadvantage.

That Sharma does not see the problem in these terms is brought out by his observation that, when encountering someone who is in need of assistance, a belief in karma “commends warm-hearted concern to minimize the person’s problems, even though caused by his or her own actions in the past” (1999). What is overlooked here is that the “even though”-clause is, from the sort of ethical perspective I have been highlighting, radically undermining of any merit that the “warm-hearted concern” may otherwise have possessed. To regard one’s action as one of assisting someone even though that person is responsible for her own need of assistance is to place it in a very different light from that of assisting the person simply because she is in need. It is to look at the person in a wholly different way, and hence to stand in a radically different relation to her—a relation that, far from offering “a compelling rationale for respect”, could be construed as intrinsically disrespectful.

To assist someone even though she is responsible for her own need of assistance is, incontrovertibly, to give assistance. But it is, at the same time, to maintain that there are grounds for not giving assistance. That’s what is widely regarded as so offensive, for example, about the view that certain victims of sexual assault were “asking for it” because they went out late at night wearing skimpy clothing. To refrain from assisting such a victim

⁶ For discussion of disability rights issues, see, for example, Barnes (1994) and Shakespeare (2006).

to bring her assailant to justice on the grounds that the victim was not respectably dressed at the time of the attack, or had been working as a prostitute, or has a reputation for being flirtatious, etc., would be to blame her very explicitly for the crime that has been committed against her. But even if one were to assist the victim, doing so with the thought that one is helping her even though, or despite the fact that, she is at least partially responsible for inviting the assault would have a very different moral character from simply recognizing that the woman needs assistance and that her mode of attire, occupation as a sex worker, past sexual history, etc., constitute no grounds whatsoever for mitigation on the assailant's part.⁷

Facts and values

From a perspective such as Sharma's, these points may be deemed to give insufficient weight to the distinction that Sharma is making between what, for a believer in karma, is the fact that someone is responsible for her own situation on the one hand, and, on the other hand, the evaluative decision concerning how we ought to treat that person here and now. It might be said that the case of someone who is sexually assaulted, and who happens to have been wearing revealing clothing at the time, is quite different; it is different because wearing revealing clothing does not make one responsible for being assaulted, whereas according to the doctrine of karma, committing a sin in one life does make the perpetrator responsible for certain hardships suffered in a subsequent life. I would concede that the cases diverge in various respects, and would reiterate that the sexual assault example was adduced primarily to illustrate the specific point that assisting someone even though one considers her to have brought on the trouble herself has a very different moral character from assisting her merely because she is in need.

⁷ For a far more sophisticated discussion of these themes than I can provide here, see Nussbaum (1999, pp. 136–46). For relevant recent campaigning literature, see the materials produced by SlutWalk Toronto (2012) and “Slut Means Speak Up!” (2011).

In a more recent article of Sharma's than the one I have so far been discussing, he articulates his position with reference to an analogy of his own—an analogy with the medical scientific view that many cases of lung cancer are, in large part, caused by chronic smoking. "From the standpoint of medical science", he writes,

it is a question of fact and not value. Chronic smoking causes cancer, so the statement that a patient is now suffering from lung cancer as a result of being a chronic smoker is a statement of fact, which does not make medical science a callous science. If, however, the doctor were to say to the patient after she has been diagnosed, "You brought this cancer on yourself by chronic smoking. You are to blame for it. Therefore I am not going to treat you"—then the doctor would be exhibiting a callous streak and would have let down his profession. The doctor has converted the fact into a negative value by blaming the victim. Normally, however, doctors convert it into a positive value—in the sense that while holding the victim responsible for her condition, they do what they can to treat it and are solicitous rather than callous in their approach to the patient. (2008, pp. 572–573)

One interesting feature of this analogy is the statement that Sharma attributes to the imagined doctor who would thereby "be exhibiting a callous streak". From the way in which Sharma presents it, it isn't clear exactly what the callousness consists in. Undoubtedly, refusing to give medical treatment to the patient would be callous. But what if the part of the statement that Sharma places in italics were omitted, leaving only the assertion that the patient is to blame for her own illness: would that, on its own, display callousness? Perhaps it depends on how the doctor goes about expressing this to the patient. There are, we may presume, ways of tactfully conveying the information to the patient that her smoking has contributed to her life-threatening condition without doing so in a bluntly accusatory manner. To say to the woman

that she is to blame for her illness would carry a moralising tone that is inappropriate in most clinical contexts, but to refrain from explaining the most likely causes of her illness would, equally, be neglectful of the sort of responsibility that the doctor has to his patient. So the doctor's duty could be described as being to explain, as best he can, the facts of the matter without thereby passing any moral judgement upon the patient. In the light of the facts, the patient may react by blaming herself for her illness, but this will not be as a result of her having been blamed in terms of moral disapproval by the doctor.

On this reading of Sharma's illustrative analogy, it is the whole of the statement attributed to the doctor that is inappropriate, and not just the final, italicized, portion. And what makes it especially inappropriate is the nature of the relation in which the doctor stands to the patient. It is not the doctor's place to morally criticize his patients within the clinical setting even if, in the privacy of his own thoughts, he may feel that the patient has behaved irresponsibly. There are, no doubt, many interesting issues that cases of this sort raise. The central one for our current purposes, however, is how, or whether, any illuminating comparison can be made with the belief in karma.

As with most analogies, there are both important similarities and important differences that need to be taken into account. The most salient difference is that, while the belief that chronic smoking significantly raises one's chances of developing lung cancer is based on a substantial body of empirical evidence, the belief in retributive karma is not based on empirical evidence at all. Although there are some researchers who do not rule out the possibility of finding empirical evidence to support it,⁸ it remains the case that the belief in retributive karma does not owe its existence to any such evidence; it has arisen, and persisted,

⁸ See, for example, Stevenson (1977, p. 323), where Stevenson tantalizingly notes that "There is ... almost no evidence ... that offers any empirical basis for the concept of retributive karma" (my emphasis). Stevenson elsewhere remarks that he has studied four cases "in which a birth defect has been said to derive from some wrongdoing on the part of the previous personality [i.e., the alleged previous incarnation of the person with the defect]" (Stevenson 1997, p. 1372). In general, however, the sorts of cases investigated by Stevenson and his colleagues tend to be inconsistent with what traditional beliefs in retributive karma would lead one to expect; see, for example, Tucker (2009, pp. 73–74).

in human communities independently of anything that would be recognized as data comparable to that which supports the connection between smoking and lung cancer. Some critics of the belief in karma would infer from this that it is irrational to hold the belief and that would-be believers have an epistemic obligation to seek out reliable evidence before the belief can be considered rational. This, however, would be to make the mistake of treating the belief as falling within the same logical category as beliefs that are founded on empirical evidence. The point about beliefs in reincarnation and retributive karma is not that there is little empirical support for them, but rather that they are not well characterized as empirical beliefs in the first place.

To deny that beliefs in retributive karma are empirical beliefs is not to deny that they play an explanatory role in many people's lives. It is to deny that karmic explanations are typically treated by those who deploy them as being empirically demonstrable or falsifiable – or, at any rate, as being empirically demonstrable or falsifiable in anything remotely like the way in which a medical scientific hypothesis (such as “chronic smoking substantially increases one's chances of developing lung cancer”) is treated.

The role that beliefs in karma do play in many people's lives is well brought out in certain ethnographic studies, where we see that, while believers are far from ignorant about processes of natural causation, they tend to invoke karmic explanations in response to questions that are not addressable in terms associated with natural causation. Thus, for example, in a study of Burmese forms of Buddhism, Melford Spiro notes that, notwithstanding their knowledge that “crop failures ... are caused by drought, heat, and other natural causes”, Burmese people frequently have further questions to ask, questions such as:

... why did the rains fail this year [in particular]? And why in the north, and not in the south? Or why did the oxen destroy U Youn's seedbeds but not U Htein's? Or why did

the fire burn U Pain's crop but not U Kyi's? Why else, if not for differences in karma?
(1982, p. 136)

To illustrate roughly the same point, Martin Willson (1987, p. 54) notes that, were someone to be killed by a falling branch while walking through the forest, a scientific explanation for the occurrence would leave us with no account, other than "coincidence," of why this particular person happened to be walking beneath that particular branch at precisely the time when it fell. In some cultures, an explanation in terms of sorcery might be looked for, whereas from a Buddhist perspective, an explanation would refer to the person's karma.⁹

Conceiving of the distinction that is being made here by speaking of, on the one hand, scientific explanations or explanations that appeal to natural causes, and on the other hand, explanations that appeal to karma, may be slightly misleading. It may be misleading because those who deploy explanations that appeal to karma often have an expanded conception of "natural causation" or "natural law," which encompasses both what Spiro has in mind when he refers to "natural causes" and what he has in mind when he refers to explanations in terms of "differences in karma." Since the nineteenth century it has been a common practice among expositors of South Asian religious thought to utilize the vocabulary of "natural law" when giving an account of the doctrine of karma, and this practice was enthusiastically taken up by Indian authors writing in European languages.¹⁰ The practice has been especially prevalent in

⁹ The similarities between the sorts of questions that are responded to in terms of sorcery or witchcraft on the one hand, and karma on the other, are striking in many respects. Note, for example, La Fontaine's remark that "witchcraft explains why misfortune happened to a particular person at a particular point in time, not how it happened" (2009, p. 125), and also the account of witchcraft beliefs among the Azande in Evans-Pritchard (1937, esp. p. 69). This, however, is not the place to pursue these similarities further.

¹⁰ Cf. Obeyesekere (2002, p. 131): "... even though nineteenth-century scientific philosophy is outdated, Buddhist intellectuals, who rarely have moved out of that century, even nowadays refer to karma as a 'natural law' in order to designate its determinate and impersonal quality."

publications issued by or influenced by the Theosophical Society, and has become pervasive in popular expositions of Hindu and Buddhist beliefs.¹¹

Although we should be wary of assuming that these popularized formulations are fully representative of Hindu and Buddhist conceptions of karma, whether traditional or contemporary, there is little doubt that the running together of what, in western academic parlance, might be termed the “natural” and the “normative” (or “ethical”) aspects of human life is fairly common among believers in karma. One manifestation of the absence of a clear distinction of this kind is the fact that, in cultures wherein belief in karma is prevalent, it is common for illnesses and impairments to be conceived of as consequences of karma.¹² The empirical explanation of how the disease, injury or congenital abnormality occurred is placed within a broader karmic account of why this individual, and not someone else, was affected by this particular condition. Thus, in the case of smoking and lung cancer, while it is likely to be accepted that chronic smoking dramatically increases one’s chances of developing the disease, it is also likely to be maintained that why only some and not all heavy smokers develop it, and why many but not all instances of it prove fatal, is a matter of karma.

None of this negates my contention that there is an important difference between the medical scientific belief that smoking increases one’s chances of developing lung cancer and the karmic belief that suffering in this life results from sins performed in previous ones. It merely prompts us to be cautious in how we characterize that difference. Rather than saying that, in the former case, the belief concerns natural causation whereas in the latter it concerns karmic causation, we need to recognize that many believers in karma may be operating with a more expansive conception of the natural, according to which karmic causation is itself a form of natural causation, governed by “natural law.” What the difference consists in is, as I

¹¹ A classic Theosophical account is Besant (1917, esp. p. 11). See also Pavri and Jinarajadasa (1927, p. 108). An example of a popular exposition of Hinduism is *What Is Hinduism? Modern Adventures into a Profound Global Faith* (2007; see esp. p. 124).

¹² See, for example, Dalal and Pande (1988) and Rukwong et al. (2007).

noted earlier, that the form of natural causation that constitutes the link between smoking and cancer is open to empirical confirmation or falsification, whereas the form that constitutes the link between one's current existential predicament and past-life behaviour is not.

With these points in mind, we might embellish Sharma's analogy by considering a case in which the doctor is a believer in retributive karma. If the patient and doctor both inhabit a culture where the doctrine of karma and reincarnation is generally accepted, they may simply take it for granted that, although the patient's long-term smoking habit has contributed to her developing lung cancer, the underlying reason why she has developed the disease (when not everyone who smokes develops it) is that she engaged in immoral behaviour in one or more previous lives. In this situation, the issue of whether karma has played a role may not arise. It is conceivable, however, that such a situation could provide an occasion for the belief in karma to be questioned. The patient may declare that the suffering she is now enduring is so extreme that she cannot imagine its being the consequence of any past action, however egregious. (This kind of response may be more easily conceivable in a case where someone's child has been diagnosed with a terminal illness: "How could anything warrant the painful death of someone so young!", the parents may exclaim.) Alternatively, the patient may accept the suffering stoically, acknowledging that, through enduring the torments of this life, she must surely be destined to enjoy a more favourable rebirth.

But now suppose that the patient is not a believer in karma. She asks her doctor why she in particular has developed the disease when so many others have smoked no less heavily than she has. "Well," replies the doctor, "there may be various other lifestyle and genetic factors involved, but ultimately it is your karma—you must have done something bad in a previous life." Here we have a scenario quite unlike that in which the patient has been told that it is her smoking that is responsible for causing the illness. Now she is confronted with a belief that is not based on empirical evidence, but is partially constitutive of a worldview with

which she may feel little or no affinity. Moreover, it is a belief that involves holding her morally responsible for her own affliction. No longer is her crime merely that of neglecting her own health; the suggestion is now being made that she did something—something hidden beyond the reach of empirical discovery—that was so morally reprehensible as to warrant the suffering she is undergoing. In these circumstances, I want to suggest, one would be failing to appreciate the gravity of the charge that has been made against the patient if one were to assume that the doctor’s karmic diagnosis of her condition is merely a case of his offering “a statement of fact, which does not make [the doctrine of retributive karma] a callous [doctrine].” From the patient’s point of view, that doctrine may appear very callous indeed, regardless of whether the doctor verbally confronts her with it or refuses to give her the treatment she requires. Of course, these latter actions may compound the offence that is caused; but my point has been to bring out the intelligibility of someone’s regarding the belief itself as offensive—as a source of moral perturbation.

Thinking in a different way

One of the things that I have been trying to expose in the above discussion is the depth of the disagreement between someone who believes that disadvantaged people are karmically responsible for their own misfortunes and someone who finds this belief morally offensive. Sharma implies that what is at issue is a factual matter: the believer in retributive karma holds it to be a fact that, for example, disabled people acted immorally in previous lives, whereas disbelievers deny that this is the case. On this view, the disbelievers have no reason to take offence, since the factual belief does not preclude benevolent modes of action towards disadvantaged people; it merely precludes their being regarded as innocent. But this way of seeing it risks underplaying the conceptual gap—the gap of understanding—that separates the two parties. A more appropriate way of characterizing the disagreement may be to adduce a

distinction that Wittgenstein makes in the *Philosophical Investigations* between agreement in opinions and agreement in form of life: “What is true or false is what human beings say”, he writes; “and it is in their language that human beings agree. This is agreement not in opinions, but rather in form of life” (2009, §241). What I have been arguing is that, in the dispute over retributive karma, we encounter a disagreement not in opinions but in form of life: a disagreement that cannot be resolved by rational deliberation—or, at any rate, cannot be resolved by rational deliberation alone—but only by one or other party in the debate undergoing a change of perspective so transformative that it would amount to a change in form of life. This should, perhaps, not surprise us, for the doctrine of karma and reincarnation is part of a religious worldview; to come to believe in it, or to lose that belief, is a matter of conversion, not a matter of seeing the soundness of an argument or the implications of a new piece of evidence.

But since “form of life” is not a technical term for Wittgenstein, and has no strict definition,¹³ we might wonder whether anything has really been illuminated by invoking it. What may help is an example which, to my mind, illustrates the kind of thing that Wittgenstein is thinking of when he speaks of agreement, or disagreement, in form of life as opposed to agreement, or disagreement, in opinions. In one of his “Lectures on Religious Belief,” Wittgenstein is reported to have said the following:

Suppose someone is ill and he says: “This is a punishment,” and I say: “If I’m ill, I don’t think of punishment at all.” If you say: “Do you believe the opposite?”—you can call it believing the opposite, but it is entirely different from what we would normally call believing the opposite.

¹³ Cf. Ross (2009, p. 20): “... ‘form of life’ should not be seen as a theoretical or technical term but should be looked at as simply descriptive of the way language operates: it is interwoven with our lives.”

I think differently, in a different way. I say different things to myself. I have different pictures.

It is this way: if someone said: “Wittgenstein, you don’t take illness as punishment, so what do you believe?”—I’d say: “I don’t have any thoughts of punishment.” (1966, p. 55)¹⁴

In a case such as this it is entirely possible to imagine the two individuals concerned getting along fairly well together. The one who thinks of his illness as a punishment might even be a patient who is being treated by the other, who is his doctor. The fact that the patient thinks as he does need not interfere with the doctor’s ability to treat him, but it does mean that, at a certain level, they do not understand one another. It is not just that they conceive of illness differently: it is that their different ways of conceiving of illness are liable to be ramifications of their conceptions of life more broadly. The patient sees the experiences of his life as having a dimension of significance that is absent from the doctor’s conception of life. The patient sees moral and spiritual meaning in occurrences that the doctor sees in purely non-moral and non-spiritual terms.¹⁵ This is why the difference between them runs too deep to be well described as a difference of opinion.

The doctor and one of her colleagues might have a difference of opinion with respect to how the patient’s illness should best be treated; they may disagree over the correct diagnosis of the illness (is it glandular fever or merely a severe case of flu?) or about the most effective medication to prescribe (should it be steroids or antivirals?). Disagreements of these kinds occur within a view of the situation that is, for the most part, shared: within a shared form of

¹⁴ I am not the first to have noticed the relevance of this passage to considerations of karma and reincarnation. See Purton (1992).

¹⁵ As a shorthand for “non-moral and non-spiritual” we might be tempted to use the term “naturalistic.” But this would run up against the problem that I discussed earlier, which is that believers in karma may be operating with an expanded conception of the natural, according to which morality and spirituality are themselves dimensions of nature.

life. But the difference between one who thinks of illness as a punishment and one who has no such thoughts is of a different order. The disagreement over diagnosis and medication could, at least in principle, be resolved by carrying out further tests on the patient and by appealing to past experience of which treatments have been most effective.¹⁶ But how could a disagreement over whether illness is a punishment be resolved? How this question is to be answered would depend on many details about the particular case, but, as a general point, it is far from clear how it could be resolved by appealing to evidence that both parties already agree to constitute evidence of a relevant type. The kind of disagreement at issue is—or is at least something like—a difference of moral and religious outlook. None of this entails that a disagreement in form of life, or the particular type of such a disagreement to which I have just been referring, is necessarily irresolvable. But it should make us wary of presuming that it can be resolved without a significant change in worldview on the part of at least one of the parties in the dispute.

One implication of these considerations is that we shouldn't expect the debate over whether a belief in retributive karma constitutes a morally unacceptable form of blaming the victim to be resolvable by appeal to commonly agreed criteria of evidence or argument. There will not be any knock-down argument to persuade one side that the other is right, for the starting assumptions are too disparate. For one party, it just is the case that suffering, misfortune, and various types of disadvantage are consequences of sins committed in previous lives. This belief is not based on evidence: it is a basic assumption in the light of which suffering, misfortune, and disadvantage are understood. For the other party, suffering,

¹⁶ The phrase “at least in principle” is important here, and may be even more pertinent to other disagreements in opinions. For example, two art critics may hold contradictory opinions on the artistic value of a given work, and may in practice never reach agreement; but there is no reason why, in principle, they could not. For the disagreement occurs within a cultural context, a form of life, in which there is agreement that there are such things as works of art which have artistic value, and so on. The situation would be very different if someone from a culture which has no concept of art were to try to join the conversation. The disagreement over the artistic merit of a particular work could not even get off the ground. (We need not assume here that the distinction between disagreement in opinions and disagreement in form of life is always sharp, but there is, nonetheless, a significant distinction to be made.)

misfortune, and disadvantage are simply not understood in the same way: different things are thought and said, different pictures are applied.

An alternative conception of rebirth

A risk associated with my discussion up to this point is that the dichotomy between those who believe in karma and reincarnation and those who don't will appear very stark, with little room for compromise between them. In this final section, however, I want briefly to register the complexity of the conceptual possibilities by acknowledging a form of belief in reincarnation that involves perceiving apparent disadvantage in a way different from that which has been considered thus far—a way that departs significantly from the perspective that has been accused of blaming the victim. My purpose is not to advocate any particular form of reincarnation belief, but merely to hint at the variety of forms that such beliefs can take.

The alternative perspective that I want to highlight is illustrated by a follower of Risshō Kōsei Kai, a contemporary Japanese Buddhist movement.¹⁷ In an interview with anthropologist Robert Kisala, this informant reflects in the following terms upon the question why his daughter was born with an intellectual impairment:

They say that it is because of karma from previous existences, but there is someone involved in care for the mentally handicapped who wrote a book, and he says that it is precisely mentally handicapped children who represent what is best in the human race. Not to gloss over all the problems they face, but it is the mentally handicapped who are really gentle, genuine, and innocent. As other children grow older they gain in wisdom and knowledge, but they also become capable of doing wrong. When I

¹⁷ For general information on this movement, see Clarke (1999, pp. 211–218).

realized this for the first time, rather than thinking about the cause of her handicap, I thought that instead I have much to learn from her genuineness and purity. (Quoted in Kisala 1994, p. 88)

Here we see articulated a way of regarding intellectual impairment as a kind of blessing rather than a curse: as a condition that is not—or is not straightforwardly or exclusively—detrimental to the life of the person with the impairment or to the lives of those who care for her. It is clear from other things that this man says to Kisala that he still believes in reincarnation,¹⁸ yet his turning away from the question of what caused his daughter’s impairment differs from the way in which Arvind Sharma recommends that Hindus should turn away from this question. For Sharma, the question is not to be asked because the more pressing question is, “Given the situation, what is my duty?” This shift to considerations of duty leaves untouched the perception of the person with whom one is faced as a wrongdoer who must have done something to deserve her current predicament. What the alternative viewpoint voiced by Kisala’s informant facilitates is a transfigured perception of the person herself: perceiving her not as a pitiable wretch towards whom it is one’s duty to display “warm-hearted concern to minimize the person’s problems” (Sharma 1999), but as someone with whom one can have a deeply fulfilling relationship, and from whom there is much to be learnt, morally and spiritually.

Of course, this direction of thinking harbours dangers of over-sentimentalization—of failing to see the disabled person as a whole and complex human being due to a veil of innocence and purity that one has cast over her. At the same time, however, the chance is afforded of relating to the person as a source of joy and inspiration, whose characteristics are not viewed as punishments designed to close down certain possibilities of living in

¹⁸ For instance, he refers approvingly to the teaching of the *Lotus Sūtra*, according to which “you choose the place where you are to be born, ... where you might best be able to fulfil your own role” (quoted in Kisala 1994, p. 88).

order to burn off the demerit incurred by former sins; rather, they are viewed as positive qualities that open up opportunities of loving relationship within a community of mutual concern. Kisala's informant is struggling towards a relinquishment of the thought that he is caring for his daughter "even though" she is responsible for her own condition, and the adoption of a transformed perception of the condition itself; he responds to her as the person she is, and not as someone who could have been something more, something less "defective," if only she had not been so sinful in a previous life. The association of bodily or mental impairment with retributive desert is being broken, and the wondrous mystery of his daughter's condition relieved of the taint of shame and guilt.

Conclusion

Sometimes, when viewpoints come into conflict with one another, what is at issue is a disagreement in opinions: basic presuppositions are shared, and what needs to be resolved is the right interpretation of certain facts or the right inferences to be drawn on the basis of those facts. In other instances, however, what is at issue is something deeper, which can be characterized as a disagreement in forms of life: basic presuppositions are not shared, the very framework of one person's thinking is out of joint with that of someone else. What I have argued in this paper is that the dispute between those who perceive the doctrine of karma as involving a morally abhorrent form of blaming the victim, and those who reject this charge, is best understood as a disagreement in forms of life. While the defenders of the doctrine think of illness, disability and other types of disadvantage in terms of retribution, critics of the doctrine don't think of retribution at all. They "think differently, in a different way."

Recognizing its depth does not make the dispute easier to resolve, but it affords us a fuller appreciation of why it continues to be so intractable. Resolution, I have proposed,

would take a form more like religious conversion than like the acceptance of the conclusion of an argument as true or of a fresh piece of evidence as clinching. This is not to say that participation in argument and the accumulation of evidence cannot play their part in precipitating such a conversion, but it is to suggest that such factors are unlikely to be decisive independently of more general shifts in an individual's worldview, which shifts are apt to be tied to broader cultural changes. The growing prestige of naturalistic and scientific ways of thinking within a culture, for example, typifies the factors that tend to militate against continued belief in retributive karma.¹⁹

Finally, in order to avoid giving the impression that perspectives on karma and reincarnation are reducible to a polar opposition between those who accept the doctrine in its retributive mode and those who reject it altogether, some reflections have been offered on what strikes me as a highly nuanced conception of reincarnation—one which brings out the positive potential of a person's characteristics that might, in another light, be viewed as deficiencies. Such a transfigured perception of the reincarnated person radically subverts many traditional construals of the link between disadvantage and past-life immorality in ways that have hardly begun to be touched on in this article. It goes without saying, therefore, that there remains much scope for further philosophical exploration of these and other complex implications of the variety of beliefs in karma and reincarnation.²⁰

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¹⁹ See, for example, Gosling (1974) and (1977).

²⁰ I am grateful to an anonymous referee for a couple of helpful comments on an earlier version, and to Sue Richardson for ongoing conversations on issues discussed in this paper.

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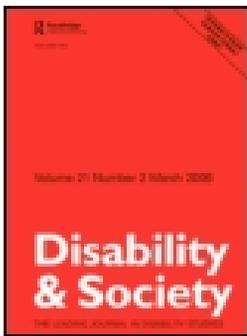
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Pity and pragmatism: understandings of disability in northeast Thailand

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Cultural models of illness causation and treatment inform community understandings of and responses to disability. Data collected as part of a multi-country study, conducted in 2002–2007, illustrate how villagers from northeastern Thailand conceptualise disability (*pikarn*). Local understandings of causality are shaped by Buddhist beliefs in accumulated demerit, and this significantly influences attitudes towards illness, adversity and bodily states. Buddhist notions of love and compassion (*metta* and *karuna*) inform appropriate responses to people living with disabilities, while local distinctions of ability and disability inform expressions of sympathy and/or pity (*songsarn*), with implications for the social participation of people with a disability.

Keywords: Thailand; causality; cultural values; disability; sympathy

Introduction

I am poor. I have no home.
Dear listeners, pity me.
I wander around like a beggar
singing for a little change to survive.
In the past, I had many friends, lots of money.
I was (a member of the) *nouveau riche*.
Now, the many friends I had are gone.
Since the accident, I have become disabled.
I'm disabled, but I'm a good man.
May I entrust you with my charming songs
on days when you feel sad or lonely
let me calm you with the songs of a good disabled man.

(Sergeant Sathid, 11 February 2007)

Improvements in surgery and the medical management of various conditions affecting health and function have dramatically enhanced life expectancies in recent decades, but many people must subsequently find ways to live in hostile physical, social and cultural environments. The need to protect the rights of people with disabilities through legislative, administrative and service means was finally acknowledged formally with the adoption by the UN General Assembly of the Convention on the

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Rights of Persons with Disabilities and its Optional Protocol on 13 December 2006. By late 2007 118 countries had signed the convention. Far fewer had signed the protocol and very few have ratified them. While signing and ratifying are largely symbolic acts, the political processes and debates leading to the adoption of the Convention have been important in many countries in stimulating policy changes and programme development to enhance inclusion and protect the rights of people with disabilities.

But signing a declaration is always only the first step. Governments then need to find ways to implement policies and programmes in this spirit, and in doing so accommodate, subvert and sometimes counter local understandings of the objects and implications of such international laws, rules and conventions. In this article we tease apart ideas of disability in Thailand which influence popular understandings of the capacity of people with a disability. These ideas shape social interactions, structure participation within the family and the wider community, and profoundly affect the everyday lives of people living with disabilities.

Disability statistics in Thailand have been collected by the National Statistics Office as part of the Population and Housing Census since 1970. From 1981 the data have been collected every five years (Economic and Social Commission for Asia and the Pacific [ESCAP] 2003). The most recent report (2001) classified 1.8% of the Thai population as disabled (2.1% male, 1.4% female) (Asia-Pacific Development Centre on Disability [APCD] 2007). The definition of disability in this survey is based on the Rehabilitation of Disabled Persons Act of Thailand B.E. (Buddhist Era) 2534 (1991), and refers to people who experience limitations as a result of chronic illness or other health problems for six months or more consecutively or who have a physical impairment limiting them in performing activities that most people undertake with ease. Limitations to physical activities include those associated with standing, walking, seeing, hearing and dexterity; disabilities that relate to cognition include recognition, emotion and communicating with other people (ESCAP 2003). In rank order, in 2001 physical or locomotor disability was listed as the most prevalent (46.6%), followed by hearing and communication (21.9%), intellectual and learning (20.2%), visual (11.2%) and mental or behavioural impairments (7.4%) (APCD 2007). Older people experienced most disability (25.4%): increased access to effective medical interventions and ongoing care is likely to continue to contribute to this trend. However, in 2001 the second largest group of people with disability, primarily due to road traffic accidents, were aged 20–24 years (12.5%), and the numbers of younger people with disabilities are likely to continue to remain high in Thailand as well as globally (Ameratunga et al. 2004). Although a disproportionate number of people living with disabilities were located in the northeast region (Japan International Cooperation Agency 2002), this appears to be an artefact of population distribution.

A number of clinical and epidemiological studies on disability associated with chronic and degenerative disease have been conducted in Thailand, including on musculo-skeletal disorders (Chaiamnuay et al. 1998), multiple sclerosis (Siritho and Prayoonwiwat 2007), chronic pain and disability associated with ageing (Jitapunkul et al. 2003). One study investigated the prevalence and types of childhood disability in southern Thailand, where its overall prevalence was 1.2% (Pongprapai et al. 1996). Few researchers have explored the social and economic aspects of disability. Navon (1996) and Srirak (1997), for example, both examined stigmatisation associated with leprosy, while Osiri, Maetzel, and Tugwell (2007) assessed direct and indirect treatment costs for people with rheumatoid arthritis.

Of particular relevance to our interests, Roeder's (2000) study on the education of children with disability examined the ways in which the concept of pity (*songsarn*) was deployed. Roeder (2000) described *songsarn* as empathy, rather than disassociated compassion, as evoked by the distress or 'wretchedness' of another. Most urban and rural participants attributed the disability to bad *kam* (*karma* in Sanskrit and *kamma* in Pali) in a past life. Urban research participants, including parents and guardians, felt *songsarn* for their disabled children, but in rural areas people maintained that they did not feel pity because they did not consider the children's conditions to be disabling in terms of social participation. Yet, regardless of residence, most parents resisted their children's inclusion in everyday activities, to protect them from becoming the objects of others' pity. Our interest in this article is to extend our understanding of discourses of disability, pity and compassion among villagers, to describe cultural models of and responses to disability, and consider patterns of resistance to negative constructs. By doing so, we aim to elucidate the ways in which people are disabled, and to analyse the implications of this for the social participation of people with disabilities.

The setting

We draw on research conducted as part of a multi-disciplinary study in Khon Kaen Province, northeast Thailand, from 2002 to 2007, which examined personal, social and structural factors that moderate or compound the impact of impairment, the experience of disability within households and at the community level and the social context of disability. During the early phases of the research, ethnographic and quantitative data were collected through interviews and the administration of a survey. These data were supplemented and expanded through participant observation and informal interviews, using an inductive approach to data collection to enable us to locate disability in a geographic, social and cultural context. In this article we draw especially on data collected during a period of intense participant observation and informal interviews undertaken by the first author from December 2006 to February 2007 to supplement earlier data collection and the ongoing research projects of the study centres (Chirawatkul et al. 2008; Misajon et al. 2008). Research ethics approval was provided by The University of Melbourne and Monash University. Pseudonyms are used in this article to protect participants' confidentiality.

The study was conducted in seven sub-districts (*tambon*) of two districts (*amphueo*), and at various institutions accessed by community members, including government buildings, hospitals and health centres. The two *amphueo* were purposefully selected. *Amphueo* Athid (pseudonym) consisted of 12 *tambon* and had a population of 86,991 (43,851 female and 43,140 male). It is an agricultural village about 60 kilometres from the provincial capital, the shops, hospitals and clinics of which are accessible via pick-up trucks, motorbikes and occasional buses. *Amphueo* Boonyai (pseudonym), with 18 *tambon* and a population of 375,615 (192,421 female and 183,194 male), is a suburban settlement with, in theory, easy access to public transport and city services. Its residents primarily work in the city in sales and services and as casual labourers. Residents of the two districts, including most people interviewed, had participated in earlier phases of the research, including the baseline ethnographic research and the survey, and had indicated their interest in continuing involvement.

Reflecting the material impact of economic development, changing values and an increased reliance on paid employment and remittances rather than cultural diversity, the houses in the two *amphueo* are slightly different. In urban *Amphueo* Boonyai one storey houses and two storey buildings comprising apartments over shops are built on cement slab floors using concrete blocks. The utility areas and the bedrooms of participants with disabilities were located on the ground floor. This enhanced communication and inclusion, enabled other members of the household to assist those with disabilities to bathe and use other facilities and allowed people with limited mobility to go outside the house. Many houses in *amphueo* Athid, in contrast, were elevated on stilts according to traditional Isaan (Lao) design. Most houses had been modified, however, with the area underneath the house cemented, an accessible toilet installed and a bed and mosquito net provided for the person with a disability. People who were immobile lived underneath the house all year round, with family members modifying the setting of various activities, including eating, to maximise opportunities to keep them company.

In the provincial capital some public buildings provided barrier-free access, with ramps for wheelchairs and toilets with wheelchair access, and some shopping centres provided access for people with limited vision. A few traffic lights had audio signals and a few footpaths had curb cuts for wheelchairs and prams. In villages these simple modifications to the public environment were absent, public transport was not accessible and negotiating paths and open spaces could be hazardous. Even so, *Amphueo* Athid was reputedly successful in supporting programmes to support equal opportunity regardless of ability and the *amphueo* head had been especially active in encouraging people to register under The Rehabilitation of Disabled Persons Act for government financial support. In *amphueo* Boonyai the district head considered the registration of people with disabilities and their increased social participation to be of little relevance and low priority.

Participants

The study participants included four overlapping groups of people: those with mobility impairments, caregivers, health providers and members of advocacy groups. Many primary participants and caregivers had participated in earlier phases of the study and had been introduced to the first author through social networks, including village health volunteers, other villagers and non-governmental organisation (NGO) activists. Village health volunteers were approached directly and invited to participate; these participants were assigned by village health centres to take responsibility for disability activities, including facilitating the registration of disabled people with the *tambon* to access social benefit schemes and monitoring and reporting on their health and well-being to health centre nurses. Advocacy group participants included a *tambon* administrative leader from *amphueo* Boonyai and a local disc jockey who ran a weekly hour long programme on disability issues (for example, stories of disabled people, local and national activities, updated news and songs). In addition, provincial officers of the Ministry of Human Development, the headmaster of a special school for children with disabilities and other disability activists were interviewed.

In total, 50 people (23 male and 27 female) were interviewed. They included 29 people with mobility problems (self-defined), 10 caregivers, 9 people who belonged to a support group and 2 health providers. Eight of the 29 disabled participants had more than one social role: two were the primary income earners in their households,

one took care of all household tasks (e.g. cooking, cleaning and washing clothes and dishes) and one woman with physical disabilities was both the main income earner of the household and the primary caregiver for her sister, who had suffered a spinal cord injury. The remaining four people with self-defined mobility problems were involved in disability advocacy activities, including as hospital volunteers or as members of national or local committees, such as *Manut Loo*, for people with wheelchairs (*manut* means human being, *loo* means wheel). The mean age of people living with disabilities was 52 years (range 33–71). Causes of their disabilities included road traffic and occupational accidents (11), congenital defects (3), early childhood illnesses, including polio (4) and cerebral palsy (1), and relatively recent medical conditions, including stroke, diabetes and hypertension (10). Duration of disability other than those evident since birth ranged from 3 months to 60 years.

Most participants lived with other family members, but two did not. One man was effectively homeless and lived at a temple, while another lived in a small hut on land belonging to his parents which was divided among his siblings and relatives. Both men had decided to leave their wives and children after they became disabled, after giving their families land and money to live without them. The man who was homeless lived by collecting and selling recycled rubbish, including plastic bags, bottles, cardboard boxes and cans, and received food from the monks in the temple. Another man lived on the government disability allowance (500 baht per month; approximately US\$16) and additional money that one of his daughters gave him each month. Six participants (one female, five male) were confined to bed at the time of interview, four permanently and two temporarily due to pressure sores from extended wheelchair use. An additional six used wheelchairs and adjustments had been made to bathrooms, bedrooms, kitchens and doors to meet their needs. The rest were able to move around with walking sticks and self support. There were no public facilities near the houses nor roads, foot-paths, buses or shops in either *amphueo* that facilitated wheelchair access.

Most carers were female, predominantly a spouse or parent. Eleven participants did not require any care, while seven people required assistance to prepare food and fetch water, but were able to go to the toilet, bathe and dress themselves. Six people required extensive care, including going to the toilet, feeding and bathing.

The cultural context of disability

Buddhism is a central feature of Thai society. Its institutions and philosophy dominate everyday practice and guide the organisation of social life. *Karma* – the understanding of cause and effect, referred to in colloquial Thai as *kam* – is a central moral concept among Buddhists. It influences everyday actions through invoking the notion that ‘doing good will get good’ (positive merit or *bun*) and ‘doing bad will get bad’ (negative merit or *bap*). Evidence of good and bad straddles material, social, interpersonal and spiritual life. Personal wealth, status and education are all instances of the accumulation of *bun*; so too is a providential marriage, successful children and good health. Negative merit in a past or present life, in contrast, might be reflected in financial and other disasters, family disharmony, failure of business ventures and injuries and illness to the individual or to others in his or her immediate family. Physical and cognitive impairments are caused by negative merit (*bap*). Consequently, disability is constructed as negative.

Cultural meanings of disability are further influenced by Thai understandings of bodily status grounded in the five aggregates (Pali *khandha*, Sanskrit *skandas*). The

five aggregates consist of two major parts, (1) *rup* or the physical form of self (Pali *rupa*), and four non-physical forms of self which include (2) *vinyan* (Pali *vinnana*) or awareness and consciousness, (3) *ve-tha-na* (Pali *vedana*) or feeling, which can be either physical or psychological or both (4) *san-ya* (Pali *sanna*), memory and perception and (5) *sang-kharn* (Pali *sankhara*), various mental formations, activities and volitions (Bhavilai 1967; Payutto 1994). Ideas of physical form are also influenced by indigenous notions of health and illness that derive from Ayurvedic humoral theory, whereby the body is constituted of different elements (Leslie 1976; Mulholland 1979; Bamber 1987; Nordstrom 1989). In accordance with these beliefs, the body is comprised of four basic elements, earth, water, air and fire. Each element consists of smaller elements: earth is comprised of 20 elements, water of 12, air of 6 and fire of 4. Conventional understandings are that earth and water are formed first in the body, while air and fire are formed later in life. Traditionally, Thai concepts of the perfect or normal body rely on the presence of the 32 components of earth and water (Chungsathearnnsup 1996), and local understandings of disability are informed by the idea of incompleteness due to the absence of one or more of these components. This is referred to as *akaan mai krob samsibsong* (Kittikajorn 1969) – *akaan* meaning ‘manner’, *mai* meaning ‘no’, *krob* meaning ‘complete’ and *samsibsong* meaning ‘thirty two’ (Domnern and Wannapok 1999). Mae Chalerm (female, 48), a village health volunteer whose son suffers from psychiatric problems, explained that ‘disability includes both physical and mental incompleteness. These people have difficulty in doing things by themselves. We need to help and understand them (and appreciate) that they can’t do many things by themselves’.

Disability is expressed in central Thai and Isaan as *pikarn*. The literal meaning of *pikarn* means physically handicapped or to have a physical defect; the term has negative connotations. All participants, regardless of their own bodily status, ability and level of education, defined a person who is *pikarn* as having an incomplete body in accordance with the notion of elements but also in terms of capacity and function. *Pikarn* is applied both to people with visible conditions (loss of vision or loss of a limb) and to people with difficulties in communication or cognition. Yet this was not necessarily the case. Yaai Kae, a 68-year-old woman who was born with uneven legs and was now nearly blind due to diabetes, described *pikarn* simply in terms of ‘difficulty in moving’. In her use of the term *pikarn* had neutral connotations; it referred only to functional difficulties. This was exceptional, however. Lay understandings of and responses to *pikarn* were generally more complex, as is discussed below.

Songsarn – showing compassion

The influence of Buddhist morality in maintaining individual and social harmony emphasises the Buddhist ethic that all humans should interact with each other in a mentally appropriate and emotionally mature manner. These philosophical attitudes are expressed through the practice of the four sublime states or principles of virtuous existence (*brahmavihara*): *metta* (loving kindness, fairness), *karuna* (compassion), *mudita* (sympathetic joy) and *upekkha* (equanimity). These principles elaborate on the Buddhist philosophy of life as suffering and the need for composure and impartiality (Ratanakul 1988). *Metta*, as Keown (2003) illustrated, focuses on the ability of a person to love, to be kind to and/or to share happiness with others. *Karuna* (compassion), in contrast, refers to the ability of a person to share in others’ suffering and to help those in distress – a value that asks both for empathy and remedial action. *Mudita*

(sympathetic or altruistic joy) refers to the ability to rejoice in the present and future joy of others and so celebrate their good fortune without envy; *upekkha* (dispassionate equanimity) is 'evenness of temperament, without elation or dejection in the face of the vicissitudes of life – gain and loss, fame and lack of fame, praise and blame, happiness and sorrow' (Bhavilai 1967; Ratanakul 1988; Phromtha 1999). This latter value emphasises the importance of detachment while sympathising with others and so precludes self-investment and emotions such as jealousy, resentment and envy. Practicing *brahmavihara* generates positive merit (*bun*) that individuals can accumulate in this present life and for the next life, requiring a particular attitude towards others without requiring access to material resources (as necessary, for example, to build a temple). These values inform everyday practice and the presentation of self, and influence how people interact with each other.

Brahmavihara, especially *metta* and *karuna*, play an important role in Thai social patterns of interaction, underpinning the social value of giving and charity (Suphap 1980). Although in philosophical discussions they are treated as distinct, *metta* and *karuna* are used in everyday language often interchangeably to refer to kindness, compassion and sympathy. The positive values embedded in these terms inform the social behaviour of people who are positioned as superior on the basis of age and/or social status, to their subordinates: teachers to students, employers to employees, or parents to children, or vice versa, with reciprocity, appreciation and obligation based on the acknowledgement of hierarchy.

When a person expresses kindness to someone who has experienced misfortune or is disadvantaged *songsarn* is used instead of *metta* or *karuna*. Ideally, when a person walks past someone who appears to be less fortunate than themselves (a beggar, someone of unkempt appearance or someone displaying distress, for instance) they wish them a speedy recovery or a change of fortune. If the person appears to be destitute, a wealthier person is expected to give him or her money to mitigate their suffering. If the person has a physical disadvantage an able-bodied person should help in any way possible, assisting a blind person to cross a road, for example, or giving a seat on a bus to a disabled person, an elderly person or a pregnant woman. In this context, *songsarn* is likely to be perceived as pity rather than compassion, both by the person who expresses *songsarn* and by the one to whom the expression is directed, because the emotion and its expression are notional and superficial. In the excerpt from the song with which we began this article Sergeant Sathid asks people to show *songsarn*. The literal meaning of the verb *songsarn* is to pity, to take pity on or to feel compassion for the person. An individual feels *songsarn* for or towards someone of greater disadvantage – he or she does not share *songsarn* or feel *songsarn* with that person.

Songsarn therefore has negative connotations and is not to be confused with compassion: there is no expectation that someone might so comprehend the disadvantage or loss as to lose the distance that is, as set out as a precept in Buddhism, the ideal of *upekkha* (equanimity). *Songsarn* plays an important role in social and community responses to disability. All able-bodied interviewees expressed feeling *songsarn* for and towards disabled people. The meaning of *songsarn* among able-bodied participants reflects the notion of *metta* and *karuna*. Mae Samli (female, 51) cares for her husband, who has a spinal cord injury: 'I feel *songsarn* for my husband that he has to be like this. He used to work very hard for all of us. I want to look after him. I will not leave him'. *Songsarn*, in turn, as we will illustrate, influences constructions of disability and the responses of people living with disability.

Disability due to incompleteness of the elements is understood to be part of the suffering inherent in life and is understood to result from bad *kamma* acquired in either a past or the present life. Any family experiencing a disaster, trauma or unhappiness or with a family member with a disability instantiates evil or amorality on the part of a parent or in the individual's own past or present life. The lesson is that each person must constantly do good to prevent bad *kamma* accruing and affecting them and their families. Thus, people who are able bodied show their generosity and help those who are disabled in any way, thereby demonstrating their gratitude for their own good fortune and taking appropriate steps to build *kamma* to avoid being disabled themselves in their next life. *Khun* Kanjana, a member of staff at the Department of Social Development and Quality of Life, expressed her willingness to help people with disabilities:

I am very happy to be in charge in this section. I can help disabled people much more than other normal people in society can. I try to promote understanding in every *tambon* of the rights of people with disabilities, and encourage families to register disabled people so disabled people can have some skills so they are able to work and earn some money. I don't know whether this is *bun* (positive merit) or not, but I just want to help.

Disabled bodied constructions of disability

As noted, Buddhist ideas of physical form influence the construction of disabled bodies as incomplete. However, participants with mobility difficulties, whether or not they self-identified as being or as having a disability, differed in their understandings of disability. In a general sense they are characterised into three overlapping groups, although these are fluid according to mood and self-identity and shift according to individual understandings of self and the social construction of disability.

Normality and resistance

A number of participants did not identify as disabled and emphasised their normality, while minimising the extent to which physical distinctiveness resulted in social exclusion. Even if others considered them disabled – for instance, they had congenital limb deformity or needed to use a wheel chair or a walking stick to move around – they saw themselves as fundamentally no different from others. *Khun* Kanjana, born with deformed legs, sees herself as normal and explained it this way:

My legs are just not equal. I need to use a walking stick to support me to walk sometimes. Within these limitations, I can do everything. That's the same as for other people, who can do things consistent with their bodily capacity. I don't see myself as different from other people. (*Kanjana*, female, 38)

Notwithstanding the predominance of Buddhist ideas of *karma*, these participants argued simply that they were physically different and experienced bodily limitations; they associated this neither with the predestination of *kam* nor their own capability. Mr Sri (male, 68) had one leg that had atrophied due to polio:

Whether this is due to *kam* or not, I don't care. I am not *pikarn*. For me, a complete physical body can be *pikarn* too if a person does not do anything for themselves, family or community. I am not worried about competing with anyone with my brain and hands.

But if you ask me to compete in running or something, when I have to use my legs, I am sorry, I'm out of here. I know I can't compete and what's the point of getting frustrated. You just have to accept what you can.

This pragmatic acceptance was reinforced by the Thai value placed on equanimity. Both Kanjana and Sri were phlegmatic, deflecting the indifference of others towards them.

These participants were most likely to have been born with or to have had the condition since childhood. Their sense of self and identity developed with their condition as a given. They tended to be positive about their abilities, regardless of family support. For example, *Khun* Kanjana was born into a Chinese family. Her father had not considered it necessary for a girl to have a good education, although he provided care and support for her medical treatment to improve her health condition, for example paying for surgery in childhood to make it easier for her to walk. She resisted her father's ideas, however, went to school and then went on to gain a higher education.

I always wanted to go to school. The school wasn't built for people like me. For many years my classes were always on the upper floor but the toilets are only on the ground level. It was always difficult for me to come down to the toilet. I wouldn't drink so that I wouldn't have to go to the toilet. I'd only go once during lunchtime and that's it for the day until I got home.

These participants accepted that other able-bodied people might feel *songsarn* towards them because they considered that disabled people had limited abilities and needed assistance. However, they regarded physical assistance as not always necessary: they knew their own limits and had learnt to undertake everyday living activities with these in mind. They emphasised, instead, that society should provide them with opportunities in terms of education and employment, for example, and should appreciate their strength and capabilities. Sila, who had had polio as a child, reflected on the importance to him of praise from his boss, and in this context he illustrated how *songsarn* motivates others to be inclusive:

My boss told me that he took me on to work with him because he felt *songsarn* towards me. He said that even though I have a disabled body, I never seem to be discouraged. He likes my work and says that I work hard, unlike certain able-bodied workers, so he wants to support me.

Songsarn here is used as a motivating factor for employers to take on people with disabilities, but it also is an acceptable standpoint for people with disabilities, a disposition that can sometimes be exploited or deployed by people with disabilities. Pinnara suffered from chronic neuropathy and had lost the use of her legs:

I accepted that people see me as *pikarn*. Maybe they're right. I am *pikarn* because I can feel my legs and feet are not strong. But I don't think I am *pikarn*. I do all kinds of work to earn enough money for the family. I think it is good that people feel *songsarn* for me so they will give me jobs.

Both Sila and Pinnara negotiated attitudes of compassion to their own advantage, pragmatically allowing that it provided a cultural mechanism for inclusion in which context they were able to demonstrate capability.

Embracing disability

The majority of participants with disabilities in this study were in this group. All had lost function and mobility as adults and self-identified as disabled (*pikarn*) because of physical changes. They defined themselves as ‘incomplete’, ‘missing’ (parts or functions) and as ‘being disabled’, in contrast to others who were normal and able bodied. Sergeant Sathid (male, 54), a former police sergeant, suffered spinal cord injury in 1996, when he was 43, as a result of a road traffic accident caused by drink driving. His perception of disability centred on his inability to walk, although with a wheelchair he was mobile: ‘I see myself as a disabled man (*pikarn*). I am different from what I was before. I can’t walk with my legs, but I can get around with my wheelchair’. *Khun* Amphol (male, 39) similarly suffered spinal cord injury in a road traffic accident associated with drink driving in 1991, when he was 23. He was confined to bed at the time of interview as a result of pressure sores:

I am *pikarn*. No use talking about whether I can or I can’t walk. I can still work and I am a speaker and a volunteer for the hospital for new disabled patients, on how to deal, cope and live with disability. I may not be well accepted among people who have ‘good hands and good legs’ (*meu dee kaa dee*) but I am accepted among people with disabilities. Being disabled is just physically harder than being non-disabled in terms of moving about or lifting heavy things. I can’t do these things, so I don’t think about it.

Again, pragmatism shapes the interpretations placed on disability and its limits at the level of the physical body, but in this case provided a logic of exclusion rather than inclusion.

The acceptance of embodied limits and social perceptions of *songsarn* for or towards disability varied among participants in this group. Some participants, like Sergeant Sathid, accepted expressions of *songsarn* from others as they saw these as instantiating *metta* (kindness) and *karuna* (compassion). Other participants’ ideas of *songsarn* swayed according to their daily circumstances. Choti (male, 39), from *Amphueo* Athid, became quadraplegic after a road traffic accident. He explained:

Some days I just feel I don’t want anyone to feel *songsarn* for me. I feel they look down on me. Some days when I feel happy, I feel nice that people feel *songsarn* for me. They greet me and invite me into their home to eat with them.

Elderly participants with disabilities tended to accept physical limitations and loss of mobility as inevitable with age. However, their responses to other members of society feeling *songsarn* towards them varied. Some regarded *songsarn* as the appropriate expression of love, compassion and respect of younger people for their elders; others considered *songsarn* solely in the context of their disabilities. None, however, rejected expressions of *songsarn*. *Yaai* Loun (female, 69), blind as a result of diabetes mellitus, explained how *songsarn* worked to her advantage:

I know that all my kids feel *songsarn* because I can’t see anymore. It’s good that the children feel *songsarn*. My youngest daughter stays home to look after me and her brothers and sisters help her and me with all the expenses.

Similarly *Pooyai* Kam (male, 71), who had polio as a child, explained his wife’s and his own circumstances:

I know my neighbours come to sit and chat with us because they feel *songsarn* that we are both old and all the children are away. I think we are fine. I am still able to give them haircuts. I can still earn some money.

Rejecting *songsarn*

This group of participants were negative about their life circumstances and overwhelmed by the constraints placed upon them. All spoke with anger and pain about being disabled, perceiving that they no longer had dignity and were stripped of personhood, not because they were now incomplete emotionally and mentally as well as physically, as might be imputed from Buddhist philosophy, but because they saw themselves as burdens on their families. This did not relate to their levels of support and care from family members. *Khun* Thong (male, 59), for example, had been confined to bed for the past 9 years following an occupational injury: 'What can I do, nothing. I can only be in bed and watch TV. ... How do you want me to see myself?' Participants stated that their disability brought disgrace and shame on their families. For *Poo* Noi (male, 56), who became paraplegic after a spinal cord injury 12 years ago, this led to his self-exclusion. He refused to interact with other people in the community:

I divorced my wife, told her to go back to her family, and look after the children for me. I gave her most of the assets. I told her I didn't love her anymore. I feel so ashamed that I can't be the breadwinner.

Poo Nai drew attention to the tenacity of traditional gender roles, as expressed in the Thai proverb *phuchai preab meuan chang tao naa, phuying pread meuan chang tao lang* ('man is the elephant's forelegs, woman is the hind legs'). The father or husband is usually the head of the household and the major income earner.

Although we did not screen for depression and these participants did not specifically speak about depression, they did talk of being unable to see a future and some of them had thought of suicide. Pichet (male, 44) had been paraplegic for 3 years following a traffic accident due to drink driving and had been in bed most of the time: 'I was in hospital for almost 6 months. I have always thought about committing suicide, even now. I am useless, just a burden for the family to look after me'. All attributed their disabilities to negative *kamma* (*bap*) and perceived that society felt *songsarn* for them because they were assumed to have accrued negative *kamma*. They constructed the idea of *songsarn* as *somphet*. Unlike the ambiguous definitions of *songsarn* that included both sympathy and pity, *somphet* literally means pitiful (Garden and Wannapok 1999) and has negative connotations, as *Khun* Thong (male, 59) explained: 'I don't want people to feel *songsarn* for me. They look at me as just a *naa somphet* (an excuse for a man). They just feel I am useless'. *Khun* Thong was a builder who attributed his disability, from a gunshot wound, to his past behaviour:

Maybe it happened because when I was repairing the temples, I'd always complain to the monks that they liked to leave the temples until they were in very bad shape and that's why it would take me so long to do the work. Or because I agreed to fix the gun that some young boys wanted to use to shoot some animals, and that's why it exploded and made me like this.

Similarly, Pichet (male, 44) reflected: ‘I betrayed my wife. I never cared for her. I earned quite good money and I spent a lot too, I never saved for the children. I also used drugs. This is the result of my own doing’.

Discussion and conclusion

The social model of disability primarily sees a disability as the result of limitations imposed upon the individual by social and physical barriers, which prevent full involvement in the life of the individual in society. Religion, as a philosophical and cultural ideology, serves some purpose in explaining the structures and attitudes that produce disablement.

Through either resistance to or the appropriation of pity and related abstractions, resilience is the ability to cope and adapt. As we have noted, despite fluidity in identity and pragmatism about disability, participants tended to fall into one of three groups. Those who rejected or resisted a disabled identity tended also to resist *songsarn*, rejecting expressions of pity and compassion as relating to a belief in physical, immanent and metaphysical incompleteness. In contrast, those who embraced or accepted cultural understandings of disability and expressions of *songsarn* saw considerable advantage in doing so – Buddhism provided a philosophical basis to active policies of inclusion. Other participants, mainly men, were overwhelmed by their disabilities, the social and physical exclusion that flowed from them and the internalisation of values such as ideas of masculinity associated with being the head of the family. These people, who were most likely to be severely disabled, needing of care and unable to work, saw themselves as worthless, their lives without a future. They painfully accepted that they were disabled and were consequently subject to discrimination, marginality and pity. In speaking of disability and pity, this group especially showed high levels of distress: during interviews they were more likely than others to cry, to appear withdrawn or to be particularly aggressive. They did not want anyone to feel *songsarn*. They perceived *songsarn* to be similar to *somphet* – they felt objectified as pitiful rather than supported through pity. While people may try to help others and so demonstrate *songsarn* towards people they regard as disabled, such action was not one of disinterest and did not reflect a particular understanding of the social impact of physical limitations nor empathy for those with whom they interacted. People with conditions that marked them as disabled often accepted acts of *songsarn* and took advantage of its material and practical outcomes as either necessary or appropriate, but many felt disabled by such acts and shared a perception of their self-serving value and resented the objectification that they saw in consequence. For them, projections of sympathy were not examples of unconditional giving, but rather strategies of karmic advantage by those expressing pity.

For people with disabilities – all people as they develop limitations, illness and incapacity through their life course – the ideal is for policies, programmes and social interactions to be based on individual capability and capacity. This standpoint steps outside the discourse of *songsarn* and the calculating rationalisation of acts of kindness and compassion that are a means of gaining merit. The contemporary discourse of human rights emphasises the acceptance of all people on the basis of their engagement and capabilities, of who they are and what they can do, and so has the potential to destabilise if not subvert acts of *songsarn* – of pity and compassion – that subtly reinforce the stigma of disability.

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