CANADIAN JOURNAL OF
Disability Studies
Published by the Canadian Disability Studies Association | Association canadienne d'études sur le handicap

Canadian Journal of Disability Studies

Published by the Canadian Disability Studies Association
Association canadienne d’études sur le handicap

Including African Disability History in Disability Studies Education: Reflections from a Non-Expert

Geoffrey Reaume, PhD
Associate Professor, Faculty of Health, York University
greaume@yorku.ca

Abstract

This article will discuss the ways in which disability history can promote educational inclusion through learning about African disability history. This will include a discussion of the need to re-orient disabled people’s history away from narratives dominated by white northern, especially Anglo-American narratives and raising awareness of, and appreciation for, histories of disabled people in a field that is developing at a rapid pace. The following is therefore a reflection by a non-expert on disability historians whose work on varied African historical and cultural contexts is essential to underlining how disability history is global. It can be taught as such, thanks to the work of scholars and activists like those cited in this article.

Keywords

Africa, Disability History, Historiography

Résumé

Cet article examine les manières dont l’histoire du handicap peut favoriser l’inclusion dans le milieu de l’éducation en s’appuyant sur l’apprentissage de l’histoire du handicap sur le continent africain. Il comprend une réflexion sur la nécessité de réorienter l’histoire des personnes handicapées, trop souvent façonnée par des récits dominés par des perspectives blanches et nordiques, en particulier anglo américaines, ainsi qu’un appel à renforcer la sensibilisation et la valorisation des histoires des personnes handicapées dans un champ de recherche en pleine expansion. Le texte qui suit constitue ainsi une réflexion proposée par une personne non spécialiste sur les historiennes et historiens du handicap dont les travaux, ancrés dans divers contextes historiques et culturels africains, sont essentiels pour montrer que l’histoire du handicap est mondiale. Elle peut être enseignée comme telle, grâce au travail des chercheuses et chercheurs ainsi que des militantes et militants mentionnés dans cet article.

Mots-clés

Afrique, histoire du handicap, historiographie

Introduction

This article is not a summary of disability history in Africa. Given that I am a white Canadian male of European descent who has not visited the African continent and who makes no claim to expertise in the history of Africa or African disability history, this article is meant to be a modest reflection on the burgeoning scholarship that does exist on African disability history. In particular, the goal is to outline some of the histories which readers of this journal can incorporate into their classrooms and studies, if they have not done so already, and especially to pay heed to the words of a far more credible writer on this topic, Julie Livingston (2006), whose years of research on this topic, along with that of many other researchers, makes this article possible. Writing about her work on disability history in Botswana, Livingston reflects:

> I do not claim to have written a definitive history of disability in Africa. Africa is much too large and diverse a place, and disability much too complex a topic, to write about in any definitive way. Nor are these reflections meant to set the history of disability in Botswana or in the broader African region apart from better-documented Euro-American histories of disabilities. For one thing, the commonalities across geographical and cultural contexts are highly significant... This type of exercise [to discuss histories of impairment in Botswana] is necessary if we are to expand our knowledge of disability history outside of the West to the geographic contexts in which so many people with disabilities live. (Livingston, 2006, pp. 113-114)

With this in mind, the following is a reflection on disability historians whose works on varied African contexts are essential to underlining how disability history is global and can be taught as such.

This essay will discuss the ways in which disability history can promote educational inclusion in line with the conference call for papers in which an earlier version of this article was presented via online participation. The 2023 conference call for *Disability in Education: Sustaining an Inclusive Africa* (hosted by the Department of Teacher Education, University of Ghana, Accra) states, in part: "disability studies in education aims to re-envision classrooms as places where disability is normal and disabled people are valued and disablement are contextualized as per history" (University of Ghana, 2023). As this article is from an historian who lives in the Global North, whose published work is focused on Canada, and who teaches a graduate course on disability history, the focus is on English-language sources while also acknowledging there are primary and secondary sources in other languages on African disability history.

The field of disability history has evolved since the late twentieth century to understand and analyze this history from the perspectives of disabled people outside of a medical model dominated approach. These efforts amongst historians have occurred in different countries during the same time that the disability rights movement was organizing in various places around the world. There has been a tendency to give particular credit to the work of Anglo-American historians, such as Paul Longmore and Lauri Umansky (2001), as well as the French historian, Henri-Jacque Stiker (1999), for helping to initiate the field, and their work, among others, is undoubtedly important. This article, however, is in line with the more recent approach of scholars like Daniel Blackie and Alexia Moncrieff (2022), who stress the need to highlight work outside of Anglo-American histories and in particular, as far as this study is concerned, to focus on African disability histories and their contributions to the wider field of disability history. In so doing, the purpose is to promote the educational inclusion of disability history by noting how the development of this field fosters the inclusion of disabled people wherever this history is recounted, in particular to move beyond a western, or Global North, focus on disability history. Given the burgeoning field of African disability history, as well as studies produced elsewhere in the Global South and Eastern Europe, this approach is much more feasible to do now than it was in the first decade and a half of the twenty-first century.

It needs also to be said that the very notion of what disability means, not only today but in the past, is itself a hugely contested issue. This is particularly so outside of the Global North where a western dominated understanding of disability has informed much of this historiography, an approach which is not automatically transferrable both within parts of the Global North, such as among Indigenous cultures, and in the Global South with vastly diverse interpretations of what disability means in historical and contemporary contexts. Though it is not without problems, this article will adopt the definition of disability provided in Article 1 in the United Nations Convention on the Rights of Persons with Disabilities as follows: “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (CRPD, 2006). What we today identify as “disability” is highly changeable across cultures and time periods around the world including in the context of African history. In order to understand some of what has been addressed to date within African history, it is appropriate to provide examples to show how we can advance beyond disability histories dominated by the Global North.

Defining Disability Across Time Periods

“Indigenous African concepts of disability are as diverse as Africa itself and contain a range of both positive and negative representations of disabled people” (Hamel & Falola, 2021, pp. 8-9). This statement by two scholars of African Disability Studies, Nic Hamel and Toyin Falola, highlights the wide scope of views and cultural practices in contemporary times, as in the past, of what disability means at a given time and place. Indeed, as Hamel and Falola (2021, p. 8, pp. 15-16) point out, along with other scholars, “disability” is a “another colonial import” into Africa, in particular as a medical model interpretation. Given this context, efforts to define disablement here will be humbly miniscule by comparison when mentioning only a few examples out of a vast history of cultures and time periods.

It is important to note that definitions of disability in various historical time periods need to be placed within a chronological framework. While this article examines this topic within a thematic approach to better organize experiences of disability, these themes are located within the following eras: (1) The pre-colonial era, that is the period prior to the mid-1800s; while this is the longest period of history considered it is only briefly referred to below, due to more sources available on disability history for later periods. (2) Colonial times from the latter 1800s to mid-1900s; these years reflect the main focus on the period of extensive European colonization, involving the British, French, Belgians, Portuguese, Spanish, Italians, and Germans, beginning especially from 1870-1885 and lasting until the end of colonial domination in the 1950s (with the exception of German colonialists whose African rule ended in 1918-19 and Italian colonists whose rule ended between 1941-43) (Chamberlain, 2013; Rodney, 1976, pp. 148-160; Van Reybrouck, 2014, pp. 52-55). The colonial period is the main focus of this article, given the greater availability of sources. (3) The post-colonial era from the 1950s onward after independence was achieved is considered briefly as well. It is important to note that forms of disability included in this study range from physical, sensory, to mental disabilities. Within these different forms of disablement are included people who had leprosy and madness, along with people who were intellectually disabled, blind, deaf, experienced chronic illness, epilepsy, and other forms of physical, mental, and sensory conditions that were either congenital or acquired in which individuals were deemed by contemporaries as different in body and/or mind. This included people who had more than one impairment which disabled their participation in the world in which they lived. All of the above categories reflect various degrees of impairment which have been included in recent histories of disability from different parts of the world, both in edited collections and single-authored studies (Cleall, 2022, 2023; Imada, 2022; Rembis, Kudlick & Nielsen, 2018; Sumpf, 2022). This broadly-based approach to understanding disability in the past is reflected in the source choices made for this article which are intended to include a wide array of studies about disabled people to encapsulate the burgeoning field of African disability history. With the above noted chronological time periods in mind, this article provides a thematic approach to varied aspects of this history to get a sense of the wide scope of research that is being done in this area.

Along with the diverse forms of disablement, so too are definitions around disability partial and shifting, depending on the time and place across culturally diverse, historically tumultuous, and transformative epochs. This is especially so in a continent as diverse and rich in history as Africa. The changing ideas as well as cultural diversity regarding what is meant by disablement in various parts of Africa can be glimpsed in a number of examples from across this broad spectrum of time. Evelyn Kissi’s doctoral dissertation “Sankofa: Disability and the Door of Return” (2020) demonstrates how western notions of insanity can be reinterpreted as part of Akan spirituality in which speaking with deceased relatives is part of accepted cultural practice. Her work shows that after the arrival of European colonizers, particularly British settlers in the latter part of the nineteenth century, indigenous Akan beliefs came to be pathologized as a mental illness requiring psychiatric treatment and, in some cases, confinement in an asylum. Thus, Kissi focused on spiritual beliefs specific to Ghana, in the context of wider political developments and theories, to understand a disabling past through insights which prioritize practices specific to this part of West Africa. Related to this is the cultural history of support networks for disabled people in certain parts of Africa which Kissi and other scholars discuss. In his study of disability and rehabilitation policies for physically disabled veterans in British colonial West Africa (which will be discussed in more detail below), Jeff Grischow (2018) wrote about how “African leaders developed a systematic welfare program for disabled persons beginning in the 1600s” (p. 220). Thus, culturally diverse practices around disabled people involved, in parts of West Africa, social supports for disabled people in the pre-colonial period.

Differences of interpretation in what was meant by disability reflect the cultures from which various beliefs developed as can be seen in several examples from different parts of the continent. In 1930s colonial Northwest Nigeria, the term “Juju” referred to a supernatural power that was consider good or bad, depending on the circumstances.

When applied in reference to a person deemed as having the western diagnosis of “acute mania” like Isaac O., according to Jonathan Sadowsky (1999): “It refers to no specific word beyond European interest or ken. Like ‘acute mania’, it is a word which obscures, a label which seeks to reduce and control the incomprehensible” (p. 94). The flexibility in how this term could be used reflects how disability, in this case madness, was seen as evolving beyond a deterministic diagnosis. Cultural differences went beyond diagnosis. Some Algerians under French colonial rule would look to trusted Muslim healers or *marabouts* who “sought religious forms of healing for illnesses they believed originated in possession by *j’nun*, or invading spirits” (Keller, 2007, p. 26). As Richard Keller discusses in his book *Colonial Madness*, the worldviews of colonized and colonizers were worlds apart when it came to madness. French colonial psychiatry was based on the imperialist notion of ‘civilizing’ the local population in line with European beliefs whilst degrading indigenous cultures and religions. In contrast, local healers brought “constant attention to their suffering” whereas “an overcrowded colonial hospital often shocked patients who anticipated quite different responses to their illnesses than the long-term confinement and aggressive treatments they received at the hands of colonial psychiatrists” (Keller, 2007, pp. 116-117). Sally Swartz (2017) cautions that psychiatry in colonial Africa was “too small scale to constitute any form of social engineering” but its “Western settings was deeply complicit in reproducing whiteness as both normative and ‘civilized’ with deviations from this as abnormal, ‘primitive’” (p. 231).

The ways in which Africans sought their own treatments for health conditions, many of which would be considered disabling, through indigenous healers led to their being challenged by colonial authorities who sought to banish them, as Matthew Heaton (2018) describes:

> indigenous healers had deep roots in local communities and long track records of providing successful health care in ways that were culturally meaningful to community members… The hard line that colonial authorities tried to draw between ‘traditional’ African practices and ‘modern’ European ones also fundamentally misunderstood the nature of indigenous African health systems, which had been historically dynamic and incorporative of a wide variety of ideas about how best to promote the health and well-being of individuals and communities. (pp. 310-311)

At the same time, the ability of indigenous belief systems to survive repression and stigmatization from colonizers is also evident. In the Southern African country of Botswana during the post-colonial era, Julie Livingston (2006) wrote about how the Setswana word *bogole* “certainly overlaps with the English term disability” in regard to identity but differs as well in various ways, including that it “signals an end phase in the search for cure and healing” (p. 114). This term, bogole, Livingston notes, is

> never a static category” and has changed with historical forces impacting the people who reference it. As she notes in regard to the word *segole*, or disabled person, local views about what is deemed “normal” are not clearly defined by an impaired person or those closest to them but can include “deeply social and moral tales. (p. 115)

Thus, a man with paraplegia, Rra Sethata, responded to the idea that he was *segole*, or disabled, by stating “I am not disabled, I am rich in friends” (p. 115).

While concepts of what we now call disability were flexible and ambiguously interpreted in different parts of Africa by Africans themselves, the engrained racism of colonizers’ views based on white supremacy were clear and unambiguous. Though Saul Dubow (1995) found scientific racism among white academics in South Africa was, at times, less explicit than might be thought during the first half of the twentieth century, his work also shows how prevalent and far reaching such supposedly objective research was in entrenching the apartheid system based on eugenic and race-based notions of Black people being lesser human beings than whites (Dubow, 1995, pp. 170-171). This in turn reflects how white academics’ notions of racial inferiority towards non-whites was explicitly tied into ableist notions of mental capacity and race. As Dubow shows in his work and Jock McCulloch (1995) also documents, Africans were infantilized by white intellectuals and medical practitioners, with one white South African doctor claiming during the 1940s “that the differences between Europeans and Africans were so great that the African was hardly in fact an individual in our sense of the word, but a series of reactions” (McCulloch, 1995, p. 57). This belief was cited by other doctors over the next decade, including one who argued that “Africans were unreliable and irresponsible and had little ability to tolerate mental or physical stress” (p. 58). Ideas based in racist concepts of white supremacy were also based in ableist notions which equated people who were not white the world over as being of lesser intelligence. Black people in Africa and elsewhere were deemed both racially and mentally inferior leading to their being defined as having varying degrees of mental incapacity, ideas which had been current among white Europeans and North Americans since at least the eighteenth century (Jarrett, 2020, pp. 89-119). Thus, one of the most significant distinguishing features of the way in which white settlers in Africa and from Europe saw white and Black people as different in disability terms is that while only specific white people could be deemed mentally disabled, all Black people, as a general rule, were viewed as having some form of mental incapacity. As Douglas Baynton (2001) has shown in regard to American history, and which can be related to African history in this respect, the conflation of prejudice based on race and disability, was promoted to perpetuate discrimination towards people who were in both groups, whether or not they were racialized or disabled. As the following section will discuss, economic devaluation and distinctions between colonizers and colonized people were a recurring part of experiences of disablement and racial categorization.

Colonized and Colonizers’ Disability Experiences During the Colonial Era

The violent subjugation of most of Africa by European colonizers by the early 1900s led to “massive depopulation in many places by the second decade of the twentieth century” (Heaton, 2018, p. 308). Along with mass deaths due to colonization, disablement also became a major part of the imperial project, particularly in the Belgian-run Central African colony of Congo:

> As the demand for rubber increased, so too did the concern for profit, and the living and working conditions became harsher and harsher, and in a sense a form of slavery. Supervisors at the plantations made use of dehumanising and painful methods, including the severing of a worker’s hand or foot as an example to other workers, thus ensuring that quotas were maintained… The record indicates that thousands of Congolese people were disabled as a result of mutilation and amputation, so disability is very much part of the Belgian-Congo’s history. (Verstraete, Verhaegen & Depaepe, 2018, p. 232)

This devaluation of the bodies of colonized Africans through the pursuit of imperialist economic and political policies was experienced in disabling contexts elsewhere as well.

One area where common aspects of disablement are described in historical studies is in regard to how, during the colonial and post-colonial periods, disabled people were very much devalued across time and ideological differences based on the perceived worth that their disabled body could, or could not, contribute to the economy of a given territory. This is evident between 1840-1910 in the British-ruled African colonies of Mauritius, an island in the Indian Ocean off the southeastern part of the continent, and Natal, in what is now South Africa. Historian Madhwi has documented how the worth of a disabled indentured Indian worker’s body in these colonies could be based on the extent of their impairment, though this varied depending on locale. In Natal, a disabled male indentured labourer was paid half the price of able-bodied men, the same amount underpaid women received. By contrast, in Mauritius: “The planters had made a contract and bought the labourers; therefore, they continued to extract maximal work from them, whether or not they were disabled” (Madhwi, 2023, p. 42). In such an environment, indentured disabled labourers in Mauritius who could not or would not work had an especially high death rate. This was due to starvation or a person having succumbed to an illness like malaria as a direct result of their exploitative mistreatment as a disabled worker. In contrast, nearly four thousand out of 54,000 indentured workers deemed “invalid” were sent back from Natal to their homeland of India from 1901-11 (Madhwi, 2023, p. 44)

Madhwi (2023) also makes clear that indentured labourers with leprosy, tuberculosis, and madness had a much more difficult time returning to their homelands, though eventually some were returned if provision had been made for those with family or in a segregated space for people with leprosy. Thus, a hierarchy of disability was established in reverse migration, from a place of labour exploitation in a British-ruled African colony back to a British-ruled Asian colony; in both colonies they were deemed a “burden” due to their being viewed as economically unprofitable disabled people.

(Madhwi, 2023, pp. 52-53). Yet, in both African colonies, indentured labourers sought to resist their exploitation by claiming disablement even when they knew this was seen as by their overseers as a way to avoid work and could lead to punishment.

This approach to disability as a “problem” to be addressed in newly independent African countries was based on what Sam De Schutter (2023) describes as the “colonial invention of disability” (p. 57). As in colonial Gold Coast and later independent Ghana, the reason rehabilitation was promoted in mid-twentieth century Kenya was to advocate for capitalist notions of productivity, self-reliance, and to “overcome” their disabilities among both World War II veterans and civilians (De Schutter, 2023, p. 59). Related to Sarah Rose’s (2017) history of this topic in the United States, De Schutter argues that colonial officials viewed disabled people as in need of state intervention to boost economic development with their participation as labourers. This was the basis upon how they were perceived by British colonial policymakers: “Disability was thus solely defined in terms of whether one could work or not, and if so, what type of work he…could perform” (De Schutter, 2023, p. 63).

War and disability provide further insights into how colonized disabled people in Africa were devalued as being at a lower level when it came to state supports in comparison to white contemporaries with impairments. George N. Njung (2020) has documented how Nigerian men who served in British imperial forces fighting Germany in colonized Africa during World War I and were physically impaired as a result, had to contend with a disabling world, contested notions of masculinity and racism from British colonial authorities who treated their wounds far less seriously than those of white, European descended veterans. Even though there were thousands of Nigerian soldiers with various types of disabilities due to their war service, colonial soldiers who had amputated limbs were the one and only group of Black Nigerian veterans to be considered disabled and therefore eligible for state supports by British officials. This was completely different from white imperial veterans in Nigeria and elsewhere in the British empire for whom a far more expansive interpretation of disability existed, such as among blind veterans after World War I. As Njung points out, even among the thousands of physically impaired Nigerian veterans who became injured while serving in the British West African Frontier Force, only a miniscule number were ever considered for state-supports. Even then, in some cases it took years to receive prosthetics which were of sub-standard quality: “the central secretariat in Lagos by July 1919 reported only fifteen amputees considered for the supply of surgical appliances” (p. 625).

As well, jobs for white European disabled veterans in Britain’s colonial service were guaranteed but not for Black Nigerian veterans with an impairment. Having acquired a disability in war had a huge impact on notions of being a man among veterans everywhere, including in Nigeria, as Njung (2020) explains. This was particularly so in regard to expectations by disabled veterans who wanted to return to agricultural work. Even when a donor offered to provide money to establish a technical and agricultural college for physically impaired Nigerian veterans to help them after military service, this offer was turned down by a top British military official in the colony based on racist ideas that these veterans were “not the type that wants to go to a College” (p. 634). Given the importance of rehabilitation in disability history, and how this concept influenced ideas about the place of people with impairments in society, research done on this topic in another West African country provides further consideration on this topic in the colonial and early post-colonial period.

Like elsewhere, after World War II, the rehabilitation of returned disabled veterans was a major focus for colonial governments in West Africa, as Jeff Grischow (2014, 2018) has documented. In British-ruled Gold Coast, later independent Ghana, colonial officials who were worried about strikes and nationalist organizing, sought to retrain disabled veterans so that they would be integrated into the capitalist economic system, as was the goal in western countries. This was done to prevent their becoming increasingly alienated and joining anti-colonial struggles that arose with labour strikes during World War II. As occurred in colonial Nigeria during and after World War I, there existed a disability hierarchy for who was and was not eligible for government supports during the 1940s. Veterans with paralysis were deemed “incurable” and slated to be confined against their will for the rest of their life in hospitals, which some of them protested (Grischow, 2014, p. 45; 2018, p. 219). As Grischow (2018, p. 220) notes, colonial efforts to establish rehabilitation schemes with eligible disabled veterans who were blind or had missing limbs, were unpopular with West African male veterans who knew of their own cultural traditions in which male social status in their local communities was more important to re-establish, and who had long-standing support systems in their home communities.

Grischow (2018) also notes how evidence exists to show that disabled people were supported by extended family members and local communities in various parts of Africa, such that colonial officials realized by the 1940s that “African societies possessed deeply rooted customs of basic support for disabled persons” (p. 220). As a result, during this period, most disabled veterans in Nigeria and Ghana during the 1940s did not find British colonial rehabilitation programs worthwhile, as they preferred to return to their home communities where personal support networks existed (Grischow, 2018, p. 214). People deemed “incurable” by British officials, such as paralyzed veterans who were labeled “unproductive” by rehabilitation standards were, however, confined in institutions over their protests that they wanted to go home (Grischow, 2018, p. 219).

While direct first-person accounts are difficult to find, the efforts of disabled people to influence their own lives is evident by examples like those cited by Grischow. Yet, it is also clear that the archival records, in Africa as anywhere else, presents a challenge to locate the perspectives of disabled people from the past. Sally Swartz (2008), when writing about colonial asylum archives, notes that: “The folders are full of text ‘about’ (around, surrounding) a patient. Her own voice is reported only as symptom, ‘proving’ a diagnosis” (pp. 291-92). She goes on to note that while white patients’ letters exist in the archives for Valkenberg asylum in Cape Town, South Africa, opened as a whites-only asylum in 1891, there are no letters for Black people who were later admitted to this institution (p. 296). At the same time, it is important to underline that the vast majority of disabled people in Africa lived and died outside of institutions since there was no “great confinement” of mad people and social outcasts in Africa (Swartz, 2008, 2017). Yet there were people confined in institutions who were outcasts from society, perhaps nowhere more evident than on Robben Island where people with leprosy was segregated beginning in the early to mid 1800s until 1931 (“Robben Island”, n.d.). As Harriet Deacon (2000) has shown, given the racial segregation practices in South African society by the late 1800s, it was relatively easy to restrict the rights of Black people with leprosy through quarantine in what was described by white officials as a "black disease" (p. 204). White people, of course, also had leprosy but given their smaller numbers there were fewer to treat. Deacon (2015) notes the significant difference in how white and Black people with leprosy were treated on Robben Island by the early twentieth century:

> In practice, black and white leprosy patients were treated differently within institutions, and campaigns were started to highlight the plight of white patients who were forced to stay there. A system of 'home segregation' was set up to cater almost exclusively to white patients whose families could support them in a separate dwelling. (p. 205)

Claims that whites were more prone to certain types of leprosy due to Europeans being "at a climatic disadvantage in South Africa", among other assertions, was used to rationalize differential medical treatments to differently racialized people (Deacon, 2015, p. 205). These experiences reflect the different ways in which disabled colonized people and colonizers and their descendants were treated due to race, a point which the following section will consider in regard to people with mental disabilities.

People with Mental Disabilities: Difference and Diversity among Colonized and Colonizers

Research by Rory du Plessis (2020a, 2020b, 2023) on histories of people confined in South African mental institutions during colonial rule provides a disability history interpretation with a book and articles on men, women, and children confined on the grounds of the Grahamstown Lunatic Asylum (GLA) between the 1890s to 1920 in what is now Makhanda, South Africa. These studies describe the experiences of people deemed mad and intellectually disabled in South Africa during the late nineteenth and early twentieth centuries, the last years of British colonial rule and the early part of white-settler South African colonial rule beginning in 1910. Du Plessis's work documents how Black people who violated pass laws and were arrested could, in some cases, be transferred from a prison to an insane asylum after their captors decided they were mad. He cautions that while this was not done as a form of social control it nevertheless included people who were "casualties of colonialism" such as Brian Nkomo and Nandipha Sindani (Du Plessis, 2020a, p. 72). They were found in a state of starvation at the time of their admission, a result of impoverished social conditions in the colony. The material conditions which led to their mental despair were obscured by a white doctor's diagnosis of insanity which "concealed the torment, trials and troubles of black subjects that were linked to the effects of colonisation" (Du Plessis, 2020a, p. 72).

Historian Du Plessis also describes how work which white and black women inmates did at this asylum included labour as unpaid caregivers for younger patients at the "Institute for Imbecile Children" which was on the same grounds as the GLA where they took on a "maternal role" in this regard (Du Plessis, 2020a, p. 84). Black male patients were assigned manual labour more generally in the asylum while Black women did unpaid work as laundry and kitchen workers; some were put to work as domestic servants in staff residences as a possible test to see if they could be hired outside the asylum if discharged (Du Plessis, 2020a, pp. 128-29). This study also describes the lives of white patients in the asylum and racialized differences in treatment, most notably in regard to how Black patients endured poorer, more congested living quarters than white patients, while the main 'treatment' for Black patients was working as unpaid inmate labourers. In this context, Du Plessis describes how the white superintendent of this facility believed that the "black population in the Colony consisted of those that were in close contact with civilisation and those that were 'raw natives,' who remained 'uncivilised' (Du Plessis, 2020a, p. 133). The latter group were treated much more harshly given their tendency to resist in various ways. At the same time, the author cautions that this racist designation of "uncivilized" was not always used to prolong confinement of Black people; Du Plessis notes that some inmates categorized as such were discharged after a short time when they were viewed as lacking education rather than experiencing insanity (Du Plessis, 2020a, pp. 133-36).

Research on the lives of people with intellectual disabilities in colonized South Africa has also been published by the same author. This includes an analysis of photographs published in medical journals by the GLA asylum doctor. This institution housed a minority of intellectually disabled people, along with the majority of people who were deemed mad. The images which the asylum doctor published present white and Black intellectually disabled Africans in a dehumanized, clinical way. Mentally disabled people were described as "monstrosities" whom the superintendent said deserved to be sterilized or killed (Du Plessis, 2023, p. 2). The author contrasts these published images with casebook photos of people with intellectual disabilities at the GLA which were not meant for publication, and which showed the subjects as, for the most part, ordinary human beings like anyone else. Du Plessis uses the scant information contained in casebooks to build a human portrait of people like Ernest, photographed in 1894 shortly after admission, at which time he presents a dejected appearance. Rather than taking as fixed and accurate the medical description of Ernest being “dull and stupid” upon admission, the author describes the life of Ernest for twenty-five years in the asylum as an unpaid labourer who wrote letters to gardeners to help with his institutional work and to his sister for family support. In this way, Ernest’s sad visage, promoted by a medical official’s eugenical stereotypes of how an intellectually disabled person was supposed to look, is countered by the historian who points out that the “forlorn” appearance in this photo was due to it being taken shortly after admission when the trauma of family separation would have been fresh in his mind and expression (Du Plessis, 2023, pp. 6-8). Later documentation allows du Plessis to draw a fuller portrait of who Ernest was as a human being, even if still seriously circumscribed by limited sources from a disabled person’s own perspective.

This particular individual’s long period at the GLA also allows du Plessis to point out how race in the colonial asylum determined how long one was confined there or transferred to another institution. Ernest was a white man. Unless they were taken back home by their family, however, institutionalized Black men with intellectual disabilities, no matter how well they were evaluated as unpaid labourers by hospital officials, were more likely to be transferred to another asylum meant only for Black people; these facilities had poorer conditions than in the racially segregated GLA. Du Plessis (2023, p. 21) also notes that while white women with intellectual disabilities were confined longer in this institution than Black women who were transferred elsewhere, white women, even if viewed as reliable workers, could also be transferred to another institution if room was needed for acute psychiatric patients who were the superintendent’s main focus.

In this study, as well as in his discussion of experiences at an institution for children with intellectual disabilities, du Plessis emphasizes the individual and collective humanity of the people discussed: “The institute’s casebook is replete with accounts of children who appealed for love and expressed delight at receiving affection” (Du Plessis, 2020b, p. 6). These children also gave affection to those who were kind to them, including other children with whom they were institutionalized. Du Plessis’s research on the lives of adults and children with mental disabilities in South Africa shows the importance of how educational inclusion includes not only about *whom* we write our histories, but also *how* we use these primary sources to try to understand the human qualities of disabled people, whether in African disability history or anywhere else.

Activist Histories from Colonial to Post-Colonial Eras

The area where the most agency has been shown so far in African histories of disability relates to disability activism during the twentieth century. It is important to note that there is a false impression in the Global North that disability activism originated in the United States and United Kingdom, particularly from the 1970s onwards. This impression is due to the far greater resources those of us in the Global North have to undertake this research, leaving a sort of confirmation bias of already existing research without acknowledging how much more work needs to be done on global disability history activism before the 1970s. As is evident in the following examples, disabled people were organizing in various parts of the world prior to this period, including in Africa.

Gildas Brégain (2016) has documented how blind people under French colonial rule during the first half of the twentieth century were actively organizing in Algeria by making representations to colonial officials there and in France to improve social policies for blind people in Algeria. As Brégain shows, decades before the disability rights movement became prominent in the Global North, Algerians who were blind were advocating in collective groups demanding to be treated on an equal basis in relation to how blind people in metropolitan France were being treated, particularly from the 1930s onward. He describes how Algerians and colonial French settlers who were blind worked together against discriminatory laws which prevented them from being able to access social welfare benefits. This led blind organizations, which represented both groups, to express solidarity across religious and cultural lines due to similar difficulties in gaining state support:

> During the second congress of Blind people in Algeria organised in Oran in 1934 the Federal Union became the Federation of Blind People in Algeria... The association brought together more than 600 activists and continued campaigning for better treatment of all the blind in Algeria through legislative action, without distinction between Europeans living in Algeria and Algerian Muslims. This political struggle thus transcended colonial divisions... [The Federation] was run only by blind people and its action aimed at freeing blind people from the supervision of sighted people. (Brégain, 2016, p. 159)

In the post-World War II period, when nationalist organizing led to the eventual overthrow of the French colonial regime, blind Muslim Algerians came to be in top positions formerly occupied by blind French colonizers. The organizations representing them became much more militant in demanding rights for blind Algerians in the years leading towards independence in 1962.

In another important example of how disability activism in Africa existed before the Anglo-American disability rights movement became prominent from the 1970s, Fikru

Negash Gebrekidan has shown how blind people in Kenya were actively organizing for their rights during the last years of British colonial rule and in the early months of independence from 1959 to 1964. This included long-term contacts between the Kenya Union of the Blind (KUB) and independence leader, and later the country’s first president, Jomo Kenyatta in promoting the economic and social rights of disabled Kenyans. Their work led to advocating not only for blind people but all physically disabled people in Kenya. Gebrekidan (2012) writes: “Far from remaining passive victims, disabled Africans have been an integral part of contemporary social movements; and in Kenya in particular, their self-mobilization has had a tangible impact on government policy” (p. 105). It is in this context that the Kenya Union of the Blind developed as the oldest disabled people’s organization in East Africa, which by the early 1960s sought to represent “disabled Kenyans in general and the visually handicapped in particular” (p. 111). Their efforts included forty to sixty KUB members marching on the home of President Kenyatta only a month after independence to secure rights he had promised in earlier meetings. Their march was stopped by police after which representatives of the marchers presented a petition to government officials, ending the rally without further confrontation. While they were not able to obtain constitutional rights and land acquisition for disabled people in the early years after independence, the Kenya Union of the Blind were able to help foster policies which improved educational and training opportunities for Kenyans with disabilities. Later activists built upon these efforts from the 1980s onward, including securing constitutional protections in 2010.

The research by Brégain and Gebrekidan underlines the importance of moving beyond a northern-oriented historical narrative in which Anglo-American disability activism dominates our understanding of this topic. Activists from the United States and United Kingdom cannot credibly claim to be the first and most influential activists when so much disability history activism still needs to be researched and written far beyond the boundaries of these two countries in particular, and the Global North in general. Africans in Algeria and Kenya had created their own disability activist groups decades before anyone heard of the British-initiated social model of disability or the Americans with Disability Act. The research which Brégain and Gebrekidan have published underlines the need to move away from activist histories which have been dominated by Anglo-American interpretations. African-based studies outlined above help to show the way forward to obtaining a more accurate global history of disability activism.

Post-Colonial Era and Disability

Histories of African disability activism points to the struggles for community solidarity and social supports on a wider scale, a topic which relates to the post-colonial era when some newly independent states addressed the needs of disabled populations. While it would be inaccurate to claim that disability solidarity was a priority of nationalist governments in Africa from the 1950s, any more than most other parts of the world, there are some studies which shed light on this topic. Though his government attempted to follow an evolutionary socialist approach after independence, during Kwame Nkrumah’s rule from 1957-66, vestiges of the British colonial capitalist approach to rehabilitation was maintained and expanded upon in Ghana. As Grischow (2011) notes disabled people were meant to be productive workers if they were to reap anticipated economic benefits in nation-building efforts. In this regard Nkrumah was advised by a British official, John Wilson, who was himself blind and active in philanthropic activities. Wilson surveyed the extent to which disability existed in Ghana in 1961 and recommended a centralized program. The aim of this program was to have disabled people work as producers, reduce social welfare expenses and boost economic development. In the next few years, disabled Ghanaians with polio and who had amputated limbs registered for state supported rehabilitation programs. The greatest interest arose from urban residents where there was a focus on industrial rehabilitation efforts. Rural disabled people were more reluctant to join agricultural work programs though some did become involved. The initial focus was on men with women only included in the mid-1960s. Since the main focus was on national economic growth rather than what would now be called empowering disabled people, Grischow notes that the overall impact of these policies was not clear by the time Nkrumah's government was toppled. While some disabled Ghanaians may have improved their social status as paid employees during this time, there was no room to opt out of this nationalist plan without suffering serious consequences: an end to state benefits. Whatever the failings of his approach, Grischow (2011) argues that "Nkrumah's disability policies were unique and ahead of their time" (pp. 198-199) as these policies continued to develop after his ouster and laid the groundwork for the later disability rights movement in the country.

In newly independent Kenya beginning in 1963, colonial-influenced economic policy objectives for disabled people were maintained in regard to focusing on the ability to work as De Schutter notes. The Kenyatta government, however, was intent on social, as well as economic, integration of disabled people into Kenyan society as citizens with rights. Their toil was seen as contributing to building their newly independent nation through rising living standards, a break from the purely utilitarian approach of colonial rulers for whom questions of inequality of disabled people were of no concern (De Schutter, 2023, p. 66-68). In the post-colonial period, new disability activist groups organized decades after the continent’s earlier organizations developed during the late colonial and early independence periods. Femi Eromosele (2022) describes how activist groups in Uganda have organized around mental health issues since the late twentieth century to emphasize the need to address poverty and social supports. This contrasts with some western activists who, while also critiquing socio-economic inequities, have placed significant focus on the influence of psychiatry whereas, in some places in Africa, psychiatry is not as strong of a presence (though the author notes that psychiatry is strong in South Africa). This in turn leads to a critique of western human rights approaches, such as in regard to the Convention on the Rights of Persons with Disabilities. This document, adopted by the United Nations in 2006 and ratified since then by over one hundred and fifty countries, has been critiqued as imposing a legalistic individualistic oriented rights framework which ignores community engaged approaches, as for example expressed in the Zulu word *ubuntu* which means to stress the interconnection between people, past, present, and future (Eromosele, 2022; Mahomed, et al., 2019).

Inclusive Education and Public History

Inclusive education, in regard to how this history is used, is more than discussing the topics described here in formal educational environments. It is also about how this knowledge can be used to engage public disability history in an effort to make this past more accessible to a wider group of people. Perhaps one of the most well-known public sites related to disability history in Africa is Robben Island in the Western Cape, South Africa where political prisoners were imprisoned during the apartheid regime, including Nelson Mandela from 1964 to 1982. As noted above Robben Island was also a place of confinement for people with leprosy and mental disabilities during the colonial period. After being declared a World Heritage Site by UNESCO in 1999, people can visit, among other places, the Pool of Bethesda on Robben Island. Patrick Devlieger (2017) notes that while the "origins of the pool are not well understood…it is believed to be both a source of fresh water and a bathing place for women with leprosy" (unpaginated). The growth of public history is a way to engage this topic in a cross-disciplinary way with local communities who have a connection with places where such pasts can be promoted to offer a more inclusive approach to education within and beyond the academy. In doing so, such histories have the potential to be relevant and accessible to a broader group of people regardless of their access to university-level courses and scholarship. While a visit to Robben Island is not possible for most people, the above-mentioned histories of disability can be part of inclusive education by being taught in primary, secondary and university levels where African histories of disability can be made part of the curriculum for the benefit of disabled and non-disabled people. In doing so, it is important to reflect on the points made by Sam De Schutter (2017) when writing about disability history in Tanzania. He noted that this history

> is firmly entrenched in global processes like colonialism, the global spread of capitalism or international development interventions. Researching the history of disability in Tanzania, also means looking at how people with disabilities and their DPOs [Disabled People Organizations] engaged with these international developments. (unpaginated)

Thus, disability history and educational inclusion includes both local regional and cultural contexts within Africa while also addressing the impact of transnational ideas, developments and interventions.

Conclusion

This brief discussion of African disability historiography is intended to promote inclusion of more awareness of this field by those of us who teach varied aspects of disability studies so as to ensure our work provides a wider base from which to teach the past beyond the predominance of disability histories focused on the Global North. The studies covered in this article document the vast diversity of how disability was viewed and treated across time periods, mainly during the colonial period with brief references to pre-colonial and post-colonial eras. What this history shows is that experiences of disablement were varied depending on disability, but also based upon race with better conditions available for disabled European colonizers and their descendants than Africans themselves during the colonial period. At the same time, just as there was no one experience or interpretation of disability among Africans so too was there no one form of colonial imposition among colonizers. Nic Hamel and Toyin Falola (2021) describe how, unlike British colonizers, French colonizers were "were substantially more proactive when it came to the health and welfare of colonized Africans” (p. 17). The co-authors also point out that this was done out of an imperial sense of superiority while trying to lessen opposition to French rule in North Africa. Research in this growing field has also shown how colonial officials’ views on such topics as mental ability was closely tied in with racist assumptions about the capabilities of colonial subjects who themselves responded in varied ways as would be expected. It is evident that Africans with disabilities also countered the practices and beliefs of colonial officials through individual and collective acts of resistance, most notably in regard to the activism described in Algeria and Kenya. The efforts by some early post-colonial governments to provide a level of state supports for disabled people, even if initially reflective of colonial era programs, were important first steps in creating permanent government supports for wider groups of disabled people than had previously existed; future research can investigate the extent of these efforts elsewhere in different parts of Africa following independence. Given the increasing number of publications that are coming out on this topic, including as this article is being written (Hunt & Büschel, 2024), the wider understanding of disability history such work will provide is a positive sign of how much African disability history will be available to learn from and engage within Africa and around the world.

Acknowledgements

I would like to thank two anonymous reviewers for their helpful critique of an earlier version of this article.

References

Baynton, D. (2001). Disability and the justification of inequality in American history. In P. K. Longmore & L. Umansky (Eds.), *The New Disability History: American Perspectives* (pp. 33–57). New York: New York University Press.

Blackie, D. & Moncrieff, A. (2022). State of the field: Disability history. *History,* 107(377), 789–811.

Brégain, G. (2016). Colonialism and disability: The situation of blind people in colonized Algeria. *ALTER: European Journal of Disability Research, 10*(2), 148–167.

Chamberlain, M. E. (2013). *The Scramble for Africa* (Third Edition). London: Routledge.

Cleall, E. (2022). *Colonising Disability: Impairment and Otherness Across Britain and Its Empire, c. 1800–1914*. Cambridge: Cambridge University Press.

Cleall, E. (Ed.) (2023). *Global Histories of Disability, 1700-2015: Power, Place and People*. London: Routledge.

De Schutter, S. (2017). How albinism rose to the center stage of disability advocacy in Tanzania (and what this tells us about ‘local’ histories of disability). *Public Disability History, 2*(6). https://www.public-disabilityhistory.org/2017/04/how-albinism-rose-to-center-stage-of.html

De Schutter, S. (2023). The colonial invention of disability: The politics of disability and productivity in Kenya, c. 1940–1970. In E. Cleall (Ed.), *Global Histories of Disability, 1700-2015: Power, Place and People* (pp. 57–72). London: Routledge.

Deacon, H. (2000). Racism and medical science in South Africa’s Cape Colony in the mid- to late nineteenth century. *Osiris*, *15*, 190–206. https://doi.org/10.1086/649326

Devlieger, P. (2017). Leprosy, heritage, and art: Histories of exile in a world perspective. *Public Disability History, 2*(10). https://www.public-disabilityhistory.org/2017/06/leprosy-heritage-and-art-histories-of.html

Dubow, S. (1995). *Scientific Racism in Modern South Africa*. Cambridge: Cambridge University Press.

Du Plessis, R. (2020a) *Pathways of Patients at the Grahamstown Lunatic Asylum, 1890 to 1907*. Pretoria: Pretoria University Law Press.

Du Plessis, R. (2020b). The life stories and experiences of the children admitted to the Institute for Imbecile Children from 1895 to 1913. *African Journal of Disability, 9*(669). https://doi.org/10.4102/ajod.v9i0.669

Du Plessis, R. (2023). People with intellectual disability at the Grahamstown Lunatic Asylum: Humanizing photographs, stories and narratives from the casebooks, 1890-1920. *Safundi, 24*(3), 117–142. https://doi.org/10.1080/17533171.2023.2227462

Eromosele, F. (2022). Madness, decolonisation and mental health activism in Africa. In P. Beresford & J. Russo (Eds.), *The Routledge International Handbook of Mad Studies* (pp. 327–339). London: Routledge.

Gebrekidan, F. N. (2012). Disability rights activism in Kenya, 1959–1964: History from below. *African Studies Review, 55*(3), 103–122.

Grischow, J. D. (2011). Kwame Nkrumah, disability and rehabilitation in Ghana, 1957–1966. *Journal of African History*, *52*(2), 179–99.

Grischow, J. D. (2014). Disability and rehabilitation in Late Colonial Ghana. *Review of Disability Studies, 7*(3&4): 43–51.

Grischow, J. D. (2018). “Disability and Work in British West Africa.” In M. Rembis, C. Kudlick & K. Nielsen (Eds.), *The Oxford Handbook of Disability History* (pp. 213–227). Oxford: Oxford University Press.

Hamel, N., & Falola, T. (2021). Africanizing disability: Toward an articulation of African Disability Studies. In T. Falola & N. Hamel (Eds.), *Disability in Africa: Inclusion, Care, and the Ethics of Humanity* (pp. 1–46). Rochester: University of Rochester Press.

Heaton, M. (2018). Health and medicine in colonial society. In M. S. Shanguhyia & T. Falola (Eds.), *The Palgrave Handbook of African Colonial and Postcolonial History* (pp. 303–317). New York: Palgrave Macmillan University Press.

Hunt, N. R., & Büschel, H. (Eds.) (2024). *Psychiatric Contours: New African Histories of Madness*. Durham: Duke University Press.

Imada, A. L. (2022). *An Archive of Skin, An Archive of Kin: Disability and Life-Making during Medical Incarceration*. Oakland: University of California Press.

Kissi, E. (2020). *Sankofa: Disability and the Door of Return* [Doctoral dissertation, York University].

Keller, R. (2007). *Colonial Madness: Psychiatry in French North Africa*. Chicago: University of Chicago Press.

Livingston, J. (2006). Insights from an African History of Disability. *Radical History Review History, 94*(Winter): 111–126.

Longmore, P., & Umansky, L. (Eds.) (2001). *The New Disability History: American Perspectives*. New York: New York University Press.

Madhwi. (2023). ‘Able’, ‘Disabled’ and ‘Invalid’ Labourers: Disability and indenture in Mauritius and Natal, c. 1840–1910.” In E. Cleall (Ed.), *Global Histories of Disability, 1700–2015: Power, Place and People* (pp. 40–56). London: Routledge.

Mahomed, F., Lord, J., & Stein. M. A. (2019). Transposing the Convention on the Rights of Persons with Disabilities in Africa: The role of disabled peoples’ organisations. *African Journal of International and Comparative Law, 27*(3): 335-358.

McCulloch, J. (1995). *Colonial Psychiatry and “The African Mind.”* Cambridge: Cambridge University Press.

Njung, G. N. (2020). Amputated men, colonial bureaucracy, and masculinity in Post-World War I Colonial Nigeria. *Journal of Social History*, *53*(3), 620–643.

Rembis, M., Kudlick, C., & Nielsen, K. (Eds.) (2018). *The Oxford Handbook of Disability History.* Oxford: Oxford University Press.

Robben Island. (n.d.). *South African History Online*. https://sahistory.org.za/article/robben-island

Rodney, W. (1976). *How Europe Underdeveloped Africa*. Dar es Salaam: Tanzania Publishing House.

Rose, S. (2017). *No Right to be Idle: The Invention of Disability, 1840s–1930s.* Chapel Hill: University of North Carolina Press.

Sadowsky, J. (1999). *Imperial Bedlam: Institutions of Madness in Colonial Southwest Nigeria*. Berkeley: University of California Press.

Simon, J. (2020). *Those They Called Idiots: The Idea of the Disabled Mind from 1700 to the Present Day*. London: Reaktion Books.

Stiker, H-J. (1999). *A History of Disability*. Ann Arbor: University of Michigan Press.

Sumpf, A. (2022). *The Broken Years: Russia’s Disabled War Veterans, 1904–1921*. Cambridge: Cambridge University Press.

Swartz, S. (2008). Colonial Lunatic Asylum Archives: Challenges to historiography. *Kronos*, *34*(November): 285–302.

Swartz, S. (2017). Mad Africa. In G. Eghigian (Ed.), *The Routledge History of Madness and Mental Health* (pp. 229–244). London: Routledge.

United Nations. (2006). Convention on the Rights of Persons with Disabilities. *Treaty Series, 2515*, 3.

University of Ghana. (2023). *Disability in Education: Sustaining an Inclusive Africa Conference*. Department of Teacher Education, University of Ghana, Accra. https://www.ug.edu.gh/announcements/disability-education-sustainability-inclusive-africa-%E2%80%93-university-ghana-2023

Van Reybrouck, D. (2014). *Congo: The Epic History of a People*. Transl. S. Garrett. New York: HarperCollins Publishers.

Verstraete, P., Verhaegen, E., & Depaepe, M. (2018). One difference is enough: Towards a history of disability in the Belgian-Congo 1908–1960. In R. Hanes, I. Brown & N. E. Hansen (Eds.), *The Routledge History of Disability* (pp. 231–241). London: Routledge.