

Disability and Human Diversity: A Reinterpretation of *Ẹni-òòṣà*¹ Philosophy in Yorùbá Belief

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Abstract

As an exercise in African philosophy, this paper examines and demonstrates the limitations of the two popular extremes in disability studies, namely, the medical and social models of disability. While the former is essentialist in rendering disability as a fixed condition and as an individual problem to be confronted with medical intervention, the latter identifies it as a social problem that requires social intervention. The paper employs the methods of hermeneutics, critical and conceptual analyses to facilitate an understanding that, within the context of Yorùbá belief, disability goes beyond the realm of human beings and involves the active participation of Yorùbá deities, especially Òrìṣà-ńlá or Ọbàtálá. Consequently, it questions the assumptions associated with the recognition of the dichotomy between “normality” and “abnormality” and confronts the mystical and/or mythographic representation of *ẹni-òòṣà* or persons with disabilities with a view to offering new insights into how persons with disabilities ought to be conceptualized in order to promote their inherent human dignity.

Keywords: Disability, *Ẹni-òòṣà*, Human dignity, Ọbàtálá, Abnormality

1 I am more comfortable with the Ọ̀yọ́ dialect and, therefore, prefer the use of *ẹni-òòṣà* to *ẹni-òrìṣà*.

Were I hard-favour'd, foul, or wrinkled-old,
 Ill-nurtur'd, crooked, churlish, harsh in voice,
 O'erworn, despised, rheumatic, and cold,
 Thick-sighted, barren, lean, and lacking juice,
 Then mightst thou pause, for then I were not for thee;
 But having no defects, why dost abhor me?

—William Shakespeare, *Venus and Adonis*

Introduction

People with disabilities in the countries of the Third World face many more problems when compared with their counterparts in advanced countries, like the United States, partly because of limited socio-economic resources that could reduce their plight. They face problems that range from staggering incidence of illiteracy among children with disabilities, the problem of dependency on family members and of looking for charity as a means of survival, the problem of limited job opportunities to the problem of oppressive socio-cultural stereotypical ascriptions which, by extension, derogate or stigmatise persons with disabilities variously as “degenerate,” “social outcast,” “defective,” or, more sarcastically, “abnormal.” Because of their physical deformities or anomalous bodily configurations—which, of course, result from our perception of human bodily configurations—they face incessant embarrassment, a debilitating sense of shame, exclusion from social institutions, and so on.

A large body of literature and studies already exists on disability, revealing the dominance of scholars in the fields of medical and social sciences. There have also been attempts by philosophers, mainly those in the areas of applied philosophy, bioethics, and medical ethics, to bridge the gap between applied questions in disability studies and abstract philosophical thinking. On the one hand, however, existing literature on disability conveys the impression that only those in the areas of applied philosophy, bioethics and medical ethics have useful ideas to contribute to disability studies. On the other hand, existing literature ultimately sees disability in terms of biological pathology and socio-cultural construction. It is in this latter sense that disability has been conceived largely as a consequence of certain disabling barriers created by the hegemonic social and cultural institutions.

The interchangeability of the terms “impairment,” “handicap,” and “disability” in disability studies has increasingly led to the emergence of cacophonous voices on how disability is defined. Like race, gender, and all forms of the “other,” disability has attracted the contributions of scholars from various disciplines, leading to the formulation of a number of models of disability. Of

all the models, the medical model enjoyed much prominence due to advances in medical knowledge and a social arrangement that venerates the medical professionals and allows them to assign the metric for determining admission into society or segregation into institutions. The dominance of the medical model was later challenged by the advocates of the social model on the grounds that the medical model has persistently championed the cause of seeing disability and impairment as having causal relationship. While the former is essentialist in rendering disability as a fixed condition and as an individual problem to be confronted with medical intervention, the latter identifies it as a social problem that requires social intervention. This intransigent relationship between the two models has led, especially, the advocates of the social model to articulate the means of untangling the causal relationship between impairment and disability.

Conceived from the perspective of African philosophy, this paper shows the limitations of these two popular models of disability. The paper shows that, within the context of Yorùbá belief, an understanding of disability goes beyond the realm of human beings to involving the active participation of Yorùbá deities, especially Òrìṣà-ńlá or Ọ̀bàtálá, a Yorùbá god of creation. It is of great importance, however, to note that “much discrimination against visibly disabled people results from aesthetic anxiety or discomfort with certain atypical characteristics” (Kudlick and Baynton 2005, 65), which constantly shapes the assumptions associated with the recognition of the dichotomy between “normality” and “abnormality”. This paper therefore confronts the mystical and/or mythographic representation of *ẹ̀ni-oòṣà* persons with disabilities in Yorùbá belief and fashions a reinterpretation of *ẹ̀ni-oòṣà* philosophy which offers new insights into how persons with disabilities ought to be conceptualized in order to promote their inherent human dignity.

Definitional Problem of Disability

Defining disability is not all that simple; it attracts a classification which is based on the need to discern between *disability* and *impairment*, between *disability* and *handicap*. The ways these terms are used or employed have, for scholars within disability studies, serious implications and consequences that give rise to such divisions as the medical model of disability, social model of disability, capability model of disability studies, and so on. Thus, Richard Jenkins draws from the popular definitions of these three terms as offered by some notable scholars within disability studies:

Impairment, the absence or defect of a limb, organ or bodily mechanism, covering a range of physical, mental or sensory impairments, ... *disability*, the loss or reduction of function or ability as a consequence of impairment

and *handicap*, the disadvantage, constraint or restriction which results from disability (Jenkins 1991, 561).

According to Jenkins, “the definitions allow for the possibility that handicap may result from non-disabling impairments such as disfigurement” (ibid.). This shows that disability is “a disadvantage, deficiency—especially a physical or mental impairment—that restricts normal achievements; something that hinders, incapacitates, or disqualifies” (Reddy 2011, 288). This is in line with the definition of disability, stipulated by the Americans with Disabilities Act, 1990, as “a physical or mental impairment that substantially limits one or more major life activities.”² Simi Linton’s semantic distillation of disability—her rendering of the Latin word *dis* to mean “apart”—as the absence of ability is apt (Linton 2006, 171). In light of the foregoing, we arrive at “a causal relation between individual impairment, seen as departure from human normality, and disability, seen as restriction in abilities to perform tasks” (Terzi 2004, 142). Lorella Terzi adds that “causes of disability are attributable primarily to biological individual conditions, which depart from normal human functionings and determine handicap in terms of disadvantage” (ibid.). Ann Davis notes however, that for putting much premium on the “physical,” the foregoing conception of disability is not inclusive. She goes on to formulate what she calls “invisible disability” to question “presuppositions—and confusions—that underlie people’s unreflective views about disability” (Davis 2005, 153). Thus:

There are many individuals with conditions, illness, and structural or bio-mechanical anomalies that are life limiting but not readily discernible to others. People who suffer from severe depression, chronic pain, or Post traumatic stress disorder (PTSD); people who are violently allergic to common household chemicals, those who have a seizure disorder, chronic fatigue syndrome (CFS), or severe fibromyalgia; and those who have sustained a mild traumatic brain injury (MTBI) may all appear “normal” to people with whom they have casual interactions (ibid.).

Despite the fact that the term “physical” or “anomalous body” may not suffice in describing the health states of persons in the above categorization, Ann Davis believes that we could be justified in labeling as disabled those who fall under this categorization since the quality of their lives may be no less profoundly or adversely impacted by these conditions than is the quality of life of those whose disabilities are more obvious” (ibid, 154). Davis further

2 See *Americans with Disabilities Act*, 1990.

questions the popular societal assumption that a person whose disability is invisible does not face “the sort of stigmatization that attaches to individuals whose disabilities are visible” (ibid.). She contends that the sort of stigmatization faced by persons with anomalous bodily configuration may be different from that of those with invisible disabilities, “persons with invisible disabilities are subject to forms of rejection, humiliation, and social disapproval that are importantly similar” (ibid.). She offers attractive reasons in this respect:

When individuals are not “seen” as disabled, it can be more difficult for them to secure the assistance or accommodation they need to function effectively. Because they are not identified as disabled, those whose disabilities are invisible must often bear the burden of securing the assistance they require ... Often, it is not sufficient for “invisibly disabled” persons to reveal that they are disabled and provide information about their “special needs” ... Those whose disabilities are invisible may also have to convince other people that they really are *disabled*, not seeking some special—unfair—advantage: thus, what they must do is meant a burden of proof (ibid.).

Davis’ position is significant in many ways: one, it counters the assertion that “those who do not present themselves to the world as disabled persons cannot be called disabled” (Reddy 2011, 289). This resonates with the idea that our society has abled-bodied standards that are used as “a precondition of being healthy or a constituent of health” (Davis 2005, 159). In other words, following Davis again, “A person can be healthy without being able-bodied, and someone who meets able-bodied standards can in fact have medical problems that are serious, but nonobvious” (ibid.). This agrees with Thomas Couser’s remark that disabilities “may be static or progressive, congenital or acquired, formal (affecting the shape of the body), or functional, visible or invisible” (2005, 602). Two, Davis’ argument offers a wider reading of the term disability beyond the usual or conventional orbit of saying that someone’s bodily configuration essentially defines whether he or she is disabled.

The medical perspective on disability has remained a dominant one in disability studies. This is so, for some, because the age-old belief that only those in the medical professions could give, read or even assign meanings to disability is contesting space with other positions in respect of who should say what on disability. A careful distillation of contesting perspectives on disability reveals however that, of all the positions that are contesting space with the medical perspective, the most formidable is what is referred to as the social model of disability. In whatever way we approach issues around disability, it is clear, as we have seen earlier, that there is a casual relation between impairment and disability which could translate to saying that the idea of disability

would not arise in the first place if there had not been “impairments”. In the extended sense, “the medical paradigm objectified and categorized people as sick or healthy, mad or sane and justified the hierarchical standard for treating some bodies as abnormal and inferior” (Reddy 2011, 290). The understanding here is that only the medical scientific notions can guide our understanding of the differences that exist in the social sphere between those who are “normal” and fit to live in society and those who are social problems. But the discussion of disability is much more complex than this, especially when one considers the current wave of expostulations that sees disability as a social construct, a social arrangement or “the product of specific social and economic structures” (Terzi 2004, 141).

The medical model of disability, as we have noted, enjoyed much prominence for a long time due to the advances in medical knowledge, the professionalization of medicine, and a social arrangement that allowed medical professionals to mete out the metric for determining admission into a society, or segregation in institutions. For this special role played by the medical profession, persons with disabilities, incited by the revolutionary and strong activism of racial minorities, women, gays and lesbians, and all such groups in the 1960s and 1970s, expressed their indignation that the medical profession has dominated their lives so much that they suffered numerous discriminatory social practices (Vehmas 2008, 21). Because the medical practitioners saw themselves as the primary experts concerning disability, they argue, “disability has continued to be relegated to hospital hall ways, physical therapy tables and remedial classrooms” (Davis 2006, xv). All these reactions culminated into the formation of disability rights movements and, by extension, the articulation of social model of disability. Thus:

Noting the historical and cultural contingency that marks responses to disability, the social model stresses the difference between *impairment*, a functional limitation of the body or mind, and *disability*, the product of the interaction between people with impairments and their social, cultural, and physical environments. Whereas the medical/rehabilitative model addresses misalignments between the functional abilities of individuals and their environment by realigning the individual, the social model argues that the environment must change, not the individual (Johnson 2011, 4).

A clear revolution against the conceptualization of disability offered by the medical model of disability, the social model of disability raises questions about the social constructions of disability and claims that “contingent social conditions rather than inherent biological limitations constrain individuals’ abilities and create a disability category” (Stein 2007, 85). This underscores the

primary aims of the social model of disability, namely, “raising the personal experiences of disabled people as the primary source of knowledge regarding disability and ... identifying disability as a social problem that should be dealt with through social interventions” (Vehmas 2008, 21). Besides these, the social model “aims to address issues of marginalization, oppression and discrimination while trying to denounce and remove the disabling barriers produced by hegemonic social and cultural institution” (Terzi 2004, 143). In the same vein, Mike Oliver, considered a staunch advocate of the social model, illuminates the misuse of both impairment and disability and contends that the separation of the two terms is “a pragmatic attempt to identify and address issues that can be changed through collective action rather than medical or other professional treatment” (Oliver 2003, 39). As a matter of fact, some advocates of the social model are wary of accepting the proposition that there is a causal relationship between impairment and disability. Honoring this proposition, they believe, would give the other party, the medical model, the advantage to push a kind of conventional wisdom that disability essentially has to do with impairments, not a manifestation of social discrimination. Tom Shakespeare reflects this suspicion:

The achievement of the disability movement has been to break the link between our bodies and our social situation, and to focus on the real cause of disability, i.e. discriminating and prejudice. To mention biology, to admit pain, to confront our impairments, has been to risk the oppressors seizing on evidence that disability is “really” about physical limitation after all (Shakespeare 1992, 40).

We should note here that even within the social model of disability, there are striking differing views. In some quarters, there are those who share the opinion that the social model’s attempt to untangle the casual relationship between impairment and disability is unconvincing and is, perhaps, one that has attracted a number of criticisms from the supporters of the medical model and a section of disability activists alike. While we have a representation of some disabled people who have argued that “some social restrictions cannot be resolved by the application of the principles of social model” (Oliver 2003, 38–39), we have others who attacked the social model on the basis of its “assumed denial of ‘the pain of impairment’, both physical and psychological” (ibid, 39). For J. Morris, although one cannot deny the fact that environmental barriers and social attitudes constitute a crucial part of disability, “to suggest that this is all there is to it is to deny the personal experience of physical or intellectual restrictions, of illness, of the fear of dying” (1991, 10). Since there are those who experience severe difficulties in dealing with their

impairments, it is argued that there is no logical distance between impairment and disability since these impairments could only be dealt with through medical approaches. As such, the social model is indicted for valorizing disability at the expense of impairment which, the argument goes, “is marginalized or silenced” (Reddy 2011, 293). The social model of disability apparently proposes a positive disability identity which is geared towards the forging of a barrier-free society. For instance, the barriers suffered by the disabled people are attributed in part to “the economic and social forces of capitalism, which are considered as producing precisely the individualisation of disability and the oppression of disabled people” (Terzi 2004, 144). A reading of this would mean that the removal of these perceived forces of capitalism would create a barrier-free society, whereby the construction of disability into normative categories of normality and abnormality is obviated. It is the case, however, that:

Removal of social barriers might enable an orthopedically challenged to overcome certain difficulties without subjecting to medical correction, but the problems of persons affected by congenital problems need medical interventions or corrections. Even if social barriers are removed, it will not help people with other impairments, such as sensory and cognitive limitations, to overcome the physical barriers (Reddy 2011, 294).

Disability: The Myth

The children of deformed parents are usually sound. This is because although an animal may be deformed, it still has the same components as what is sound. But when there is some disease involved, and the four innate species of the fluid form which the seed is derived from sperm which is not complete, but deficient in the deformed part, it is not in my opinion anomalous that the child should be deformed similarly to its parents (Lloyd 1978, 323).

Attributed to Hippocrates, the Greek physician, the preceding lines contest the view of those who argue that disabled parents usually had disabled offspring. But the views of both Plato and Aristotle are not reconcilable with Hippocrates'. Believing that a child suffered from the same deformity as his parent, Aristotle, for instance, suggested that the Greek city-state should ensure that early unions and elderly people having children be discouraged. On early unions, he argues that since the parents are too young with small stature, there is the likelihood that the offspring is defective; he is against elderly people having children on the grounds that old age would have made them to be physically and intellectually imperfect. In *The Republic*, Plato, before

Aristotle, had suggested that the state should embark on a controlled breeding program which would ensure that only the best of the women and the best of men were allowed to mate in order to avert disability cases. Using the word “inferior” to denote people with one form of disability or the other, he went ahead to suggest that the state should discourage the unions of inferior men and women and, in cases where inferior men and women gave birth to defective offspring, such inferior or defective children should be killed or removed from society through “infanticide or by relegation to the third class” (Bruce 2010, 262). Earlier in *The Republic*, Plato, through Asclepius, shows his revulsion for the disabled. Depicting some mystical connotations of illness in ancient civilization, Asclepius, as the Greek god of medicine, drew worshippers from all over Greece, especially to Epidaurus, the principal seat of his worship in Greece. Plato explains that Asclepius introduced medical treatment only for those who led healthy life and for those who were defective. He says of Asclepius that:

He makes no attempt to cure those whose constitution is basically diseased; the result of treating them with all the refinements of dosing and diet can only be an unhappy prolongation of life, and the production of children as unhealthy as themselves. No, he thought that no treatment should be given to the man who cannot survive the routine of his ordinary job, and who is therefore of no use either to himself or society (Plato 1955).

In *The Politics* (1992), Aristotle follows his predecessor by suggesting that children born with physical impairments should be exposed or allowed to die. Of course, this is another way of approving of Plato’s projection of Asclepius’ words that doctors are expected to “leave the unhealthy to die, and those whose psychological constitution is incurably warped ... be put to death” (Plato 1955). A serious reading of Asclepius’ attitudes towards the unhealthy or persons with disabilities, reveals however that Plato’s rendering of Asclepius is incorrect. It is believed that a number of records in the Epidaurian tablets shows, contrary to the impression Plato and Aristotle had given about the Greeks’ attitude towards the disabled persons, that the Greeks were not all that hostile towards persons with disabilities (Bruce 2010, 263–265). As a matter of fact, narrative records³ show that all sorts of disabilities were treated at the shrine of Asclepius, irrespective of whether the supplicants had good moral characters or not (Bruce 2010, 263). Thus, a consideration of Plato’s claims as true accounts of Greeks’ revulsion for persons with disabilities

3 For instance, see Nilsson (1964, 293). He explains that the worship of Asklepios “was devoid of any very high religious value or deep moral and religious foundation.”

is coterminous with attempts to derogate the image of the disabled persons and, following M. J. Rose, “our culture’s desire to rid the world of people with disabilities” (Rose 2003, 9).

Like what obtained in ancient civilization, the mystical connotations of disability are well reflected also in all Abrahamic traditions. According to A. Brooke Blanks and J. David Smith:

Judaism, Christianity and Islam all under the umbrella of the Abrahamic traditions because all three recognize the historical figure Abraham and his descendants as central and original figures in the culture of the faith. There is significant overlap in the sacred texts of each faith and in their treatment of people with disabilities. Similarly, each faith is inconsistent and seemingly contradictory in the images of disability that are conveyed through sacred text and teachings (Blanks and Smith 2009, 296-297).

Thus, in Judaism, disability is often couched as evidence of God’s punishment. The Jewish official religious structures tend to marginalize people with disabilities by exempting them from ritual acts since such acts required that priest or supplicants have no physical defects, implying the view that “holiness involved wholeness”. This brings up the idea of contractual theology which sees suffering as emanating from sin and, by extension, gives little hope of inclusion and respect for persons with disabilities. But some modern scholars in the field of religion have questioned the logic of this position and attributed the error in the claim of a misreading of the text. Many Jewish scholars and theologians are today involved in revisiting and reinterpreting sacred texts, partly with a view to “reexamining ideas about what constitutes wholeness and what ways of being are considered defects” (ibid, 298).

Although Christianity, unlike Judaism, does not trace disabilities to God’s wrath, it however suffers the same problem of interpretation as Judaism. While the most popular Christian opinion is that people with disabilities represent “the media through which God communicates messages of mercy and power” (ibid.), there are other theological interpretations of disabilities that are negative. For instance, it is said that Martin Luther, the sixteenth century religious reformer, once remarked that children with disabilities be drowned on the grounds that they were incarnation of the devil (ibid.). However, Christianity, through Jesus’ encounters with people with disabilities, suggests that a man’s disability does not devalue his worth, thereby dissolving the claim that disability has a divine origin. On the whole, Christianity’s promise of an eschatological future, where all forms of pains experienced in earthly existence will be removed, is placatory to persons with disability.

Reflecting an enhanced sense of community, Islam regards people with disabilities as “fully participating members of the social and spiritual community” (ibid, 299). One aspect of Islamic thought which, as we shall see later, is crucial to this paper, is “an effort to normalize disability and to think of abilities and disabilities as one aspect of human condition within the range of possible characteristics bestowed by Allah” (ibid, 300).

Disability, among the Yorùbá, has a mythological origin. It is strictly associated with Òriṣà-ńlá or Ọbàtálá, a Yorùbá deity, regarded by Geoffrey Parrinder, Bọ́lájí Ìdòwú, and many others as the supreme deity of the Yorùbá pantheon (see Parrinder 1973, Idowu 1962). The position of the deity—which is not our concern here—as superior to others in the pantheon remains controversial (see Abimbola 1976, 8; Adegbindin 2014, 73–75). A myth relates that, during creation, Olódùmarè, the Supreme Being, charges him with the responsibility of molding the physical part of man. For playing this role, Òriṣà-ńlá is referred to as the sculptor-divinity. According to Ìdòwú:

He is the sculptor-divinity who has been given the prerogative to create as he chooses, so that he makes man of shapely or deformed features. The hunchback, the cripple, the albino, are regarded to be special marks of his prerogative, either signifying his displeasure at the breach of some *tabu*, or to show that he could do as he likes. The “defective” in this category are called *Eni Òriṣà*—“The votaries of the Òriṣà” ... (Idowu 1962, 71–72).

“As a way of explaining how certain people come to be ugly or deformed”, Awólàlú remarks that, “the Yorùbá claim that the albinos (*àfín*), the dwarfs (*aràrá*). The hunchbacks (*asuké*), the cripples (*arọ*) and the dumb (*odi*) are created like that by Òriṣà to make them sacred to him” (1979, 21). Òfún-’yẹ̀kú, an Ifá canto, corroborates Awolalu’s point by hinting on how the *babaláwo* pays homage to the disabled before the process of divination.

Ìbà abuké

Ìbà arọ

Ìbà àfín

Mo júbà aràrá

Kí n tó tẹ̀nà lódù.

Homage to the hunchback

Homage to the cripple

Homage to the albino

I pay homage to the dwarf

Before I proceed with divination.

Reference to these four sets of disabled individuals in a number of Ifá cantos attests to their strong affiliation with the deity. Another verse of Òfún-Yẹ̀kú reads:

*Ìyàndá, Ìyàndilẹ́
A díá fún Abuké
A bù f'Árọ
A bù f'Aràrá a-borí-pàtàkó, òun Àfín
Tí wọn ẹ wọléwọde Òriṣà...*

*Ìyàndá, Ìyàndilẹ́
Undertook divination for the Hunchback
For the Cripple
For the Dwarf with a big head, also the Albino
Who were Òriṣà-ńlá's companions...*

As a matter of fact, the Yorùbá language and oral tradition are replete with sayings that establish these individuals as companions of Òriṣà-ńlá. This, by implication, shows that it is not out of place to categorize the hunchback, the cripple, the albino, and the dwarf as the major *ẹni-oòṣà* and others—the blind, the dumb, persons with “invisible disabilities”, and so on—as the minor *ẹni-oòṣà*. The distinction here is not rigid and is only a matter of simple characterization. As we close this section, it must be stated that the details of the mythic narrative about Òriṣà-ńlá are not useful here; we hope to use them more exhaustively in the concluding part of this paper where they are more consequential.

Disability: The Philosophy

The social model has been able to record prodigious achievements, namely, dispelling uncritical assumptions that a disadvantage resulting from disability is necessary, explaining how social conditions contribute to the numerous disadvantages faced by the disabled individuals and, lastly, liberating the disabled persons by way of shifting attention from an individual's physical or mental deficits to the ways in which society treats them (Areheart 2011, 352). But the fact still remains that the social model has always relied on the binary division between disability – which it sees as a social construction—and impairment—which it construes as physiological. It is crucial to note however that there is a growing literature that underscores a clear departure from the familiar debate between the medical model and the social model of disability whose major point of acrimony lies in whether or not the human body should

be at the center of the discussion on disability. This new wave of literature gives credence to a new cultural shift, an offshoot of the social model which questions the assumption that the social model of disability “has not been substantially developed, revised, or rethought since the 1970s” (ibid.). Thus:

The emergence of the disability movement has accompanied a slow cultural shift toward a social construction of disability – one that recognizes the pervasive nature and extent of disability oppression and offers new visions of disability as diversity to be affirmed and celebrated (Mackelpang and Salsgiver 1999, 99).

Disability is therefore regarded as “an inescapable element of human existence and experience. ... a fundamental aspect of human diversity” (Couser 2005, 602). For most people who hold this line of thought, disability should be understood in the same manner we construe gender, racial, ethnic distinctions, and discriminations. Against the intuitive understanding that disability denotes something negative or bad, this perspective pushes the idea that “to have a disability is merely to have minority physicality in much the same way that, for example, to be African-American is to have minority race” (Barnes 2009, 338). In this way, disability is “simply another way of being different” (ibid.), an overt refutation of the view that “disability is something that makes a person worse off, so that to have a disability is to be different in a way that is *sub-optimal*” (ibid.). The inference here derives from the contention that disability is “the attribution of corporeal deviance” (Thomson 1996, 6), implying that it shares the same epistemological basis with such forms of “the other” as race and gender. In short, disability, for disability advocates, is a social construct, an outcome of a social design that discriminates between “bodies” because the society has already established certain expectations and demands in respect of how a “normal” person should look like and what a “normal” person should be able to do in society respectively. To hold this view is, of course, to question the traditional understanding—held by most philosophers who have worked on disability—that disability should not be ascribed what Elizabeth Barnes calls “difference-making features” that we ascribe race, gender, class, and so on. The general consensus in analytic philosophy, according to Barnes, is that “disability represents something sub-optimal” (Barnes 2009, 338). According to Barnes:

Most philosophers argue that disability must be considered a sub-optimal feature because otherwise, for example, it would be permissible to cause disability, when clearly it is not ... Likewise, it’s generally assumed that the life of a disabled person is clearly sub-optimal in the vigorous debates over

whether and how it could ever be permissible to bring such a person into existence ... Moreover, it's often taken for granted that someone should at the very least refrain from having a child with a disability if she might easily have a non-disabled child instead ... (ibid.).

In respect of the above, a critical look at Elizabeth Barnes' paper, "Disability, Minority, and Difference" is useful here. Barnes distinguishes between what she calls "a difference-maker" and "a negative difference-maker." While the former stipulates that disability is simply another way of being different, the latter states that it is a way of being different which makes the disabled person to be worse off as a result of that difference (ibid, 339). Again, the former can be said to be an indictment of a "social arrangement that signifies the act of exclusion perpetrated by the society on the individual" (Reddy 2011, 289). It is also opposed to today's institutional system of social control that relies heavily on the medical notions of normality and abnormality, creating "a docile body and relegated impaired bodies to the margins of 'social', ignoring the individual as an independent being capable of deriving and creating meaning and a social world of their liking" (ibid, 290). The latter sees impairment as a biological component of disability and, therefore, "an inescapable aspect of a disabled person's phenomenology" (Areheart 2011, 361). This means clearly that impairments which, in the words of Barnes, present limitations, cause pain, and subject the disabled person to social stigma and discrimination (Barnes 2009, 339), cannot be separated from "the trappings of culture" (Areheart 2011, 362). Barnes explains:

If disability is a difference-maker only, then persons with disabilities ... are simply another minority group, deserving all the rights and respect that we grant to any legitimate minority group. On the more traditional understanding, however, of disability as a *negative difference-maker*, disabled people can't be classed as simply one among many groups of minorities, for the crucial reason that they represent something sub-optimal (2009, 339).

Barnes argues that we intuitively tend to conceptualize disability as a negative difference-maker because of its effects which make life harder for the disabled person. Because disabilities are generally associated with limitations, pains, social stigmas and discrimination, Barnes continues, "we tend to think that any particular disabled person will have a lower quality of life than those in comparable circumstances without disabilities" (ibid.). An argument for the sub-optimality of disability, according to Barnes, would go something like the following:

- i. Having a disability is a kind of thing that makes life harder;
- ii. Because (i), disability has a negative impact on quality of life;
- iii. Because (ii), disability is a negative *difference-maker* (ibid.).

Barnes however contests the logic of the above proposition because the second premise, for her, “is ambiguous between two notions of quality of life” (ibid.), namely, what she calls *local quality of life* and *overall quality of life*. She distinguishes between the two notions in this way:

Local quality of life is simply quality of life in a given area, or quality of life with respect to a specific feature. Local quality of life can only ever be evaluated relative to a specific feature or state of affairs at a specific time – that is, we can only speak of local quality of life *with respect to x* at time *t* or *qua x* at time *t*. Overall quality of life, in contrast, is quality of life on the whole or “total wellbeing”. Overall quality of life is thus never evaluated with respect to specific features or states of affairs, but rather can only be evaluated by considering *all* the features/states of affairs that have an impact on personal wellbeing (that is, all the aspects of local quality of life) (ibid.).

She adds that the two notions are not independent in that “a person’s overall quality of life will be determined by the interactions of her varying levels of local quality of life” (ibid.). That is, as a characterization or feature that makes life harder for the bearer, disability is, for some disabled persons, an experience that adversely affects their overall quality of life; for others, however, “although disability detracts from local aspects of their quality of life, their experience of disability, on the whole, is positive” (ibid.). To augment the import of this postulation, Barnes appeals to some strands of reportage by some disabled people’s reflection on their own experience.⁴

Barnes’ inference weakens the veracity of the conclusion drawn from the earlier proposition that “disability is a negative difference-maker”, following the premise that “disability has a negative impact on quality of life”. We should note, however, that Barnes is not unaware of the fact that critics of disability as difference-maker could use the principles of “wishful thinking” and adaptive preferences to counter the idea of taking “disabled people’s testimony as evidence of their quality of life” (ibid., 345). The former suggests that disabled people’s report of their own experiences may represent a type of “wishful thinking” and, in the attempts to manage a disability, “it may be

4 See the inference drawn by Barnes (ibid., 341–342) from the experiences of Rebecca Atkinson, Harriet McBryde, and Mary Duffy.

extremely psychologically advantageous to convince oneself that the disability is in fact an enhancement, and disabled people who manage to think this may very likely fare better with disability” (ibid, 344). The latter is, following Barnes, “a ... psychological phenomenon ..., wherein persons in extraordinarily difficult circumstances, as a basic coping mechanism, change their goals and desires so that they no longer see their situation as bad or limiting” (ibid, 345). Even, bearing in mind the sophistication of the teachings of these two principles, Barnes answers critics by saying simply that, although the testimony of disabled people may not provide us with infallible evidence, “it is defeasible evidence which is still *much better* than the armchair reflection of the able-bodied” (ibid, 346).

Flowing from Barnes’ series of arguments is a proviso that vitiates the logic of rational preference and, therefore, apparently lends credence to the points that, one, “disability doesn’t *necessarily and always* involve the subjective feelings of discomfort or distress” (Harris 2001, 387); two, disability is a difference-maker or a metric of human diversity and, three, “[a]ll persons are equal and none are less equal than others” (ibid, 383). A tip of the principle of equality, the third point brings us to the field of equality and social justice in respect to persons with disabilities.

Within the rendering of the egalitarian ideal, “all social inequalities are unnecessary and unjustifiable and ought to be eliminated” (Bedau 1967, 14). This implies that individuals should all have the same rights and opportunities. Driven by the fact that some individuals are naturally less favored than others, however, John Rawls developed a theory of justice which, considering advantage in terms of primary social goods, would allow individuals in society a fair equality of opportunity. Primary social goods, for Rawls, include liberties, opportunities, rights, power, income, wealth and the social bases of self-respect. In Rawls’s words, these primary social goods are “things which it is supposed a rational man [or woman] wants whatever else he [she] wants”. He adds that “Regardless of what an individual’s rational plans are in detail, it is assumed that there are various things which [or she] would prefer more of rather than less” (1999, 79). Elsewhere Rawls sees society as representing a fair system of cooperation and, therefore, “the basis of equality is having to the requisite minimum degree the moral and other capacities that enable us to take part fully in the co-operative life of society” (2001, 20). This could be regarded as a companion idea to the assertion by Rawls in his hypothetical original position that primary goods are “characterized as what persons need in their status as free and equal citizens, and as normal and fully co-operating members of society over a complete life” (1991, xiii). The assumption in Rawls’s *Theory of Justice* to the effect that individuals are capable, normal cooperating members of society has attracted criticisms from, especially, the

capability theorists and disability advocates. One of these criticisms reflects an opinion that Rawls's apparent stress on "capability" and "normal" translate to a misconception that disability is not a source of inequalities. But this is not all.

Amartya Sen and Martha Nussbaum, both capability theorists, contest Rawls's view that a distribution of primary social goods is an attractive metric of social justice. This idea of social justice, they argue, fails to accommodate or consider the concerns of the disabled persons or those disadvantaged persons with low levels of capability. Sen, for instance, contends that, rather than put premium on primary social goods as metric of social justice, we should consider "the relevant personal characteristics that govern the conversion of primary good into the person's ability to promote her ends" (1999, 74). Nussbaum, on her part, faults Rawls's principles of justice on the basis of the fact that the articulation by Rawls of the primary social goods and his idea of freedom, equality, capability and choice do not take into cognizance those who are not fully capable or, in clear terms, persons with disabilities (Nussbaum 2006, 15). In this way, one can suggest that the capability theorists, like Sen and Nussbaum, set their barb against Rawls's idea of social justice because it leaves out the fact of human diversity. A distillation of the view shared by Sen and Nussbaum, therefore, shows that:

The existence of immense human diversity is a key concern in the literature on the capability approach. Because of facts of human diversity, the degree to which resources can be converted into capabilities differs from person to person. A disabled person, for example, may need more or different resources to be able to do and be the same things as an abled-bodied person. Hence, capability theorists consider capabilities to be a better 'space of equality' than resources (Oosterlaken 2013, 206).

It should be noted that the above does not imply that the capability theorists agree on everything. As a matter of fact, there are variations in the way they respond, as an instance, to what is referred to as capability shortfalls or deficits—terms used to describe all forms of negative ascriptions that disabled persons are subjected to. For instance, where Sen imputes the deficits suffered by a person with disability to his natural endowments, Nussbaum differs by saying that the assessment of the deficits should be based on social factors. This point of divergence, among others, is visibly implied in Sen's capability approach to appropriating the deficits that a man in a wheelchair, for example, suffers. For Sen, the man in a wheelchair suffers deficits as a result of his natural endowments; whereas, for Nussbaum, the plight of the man in a wheelchair should be tied to social factors because it is the society that has failed to

provide him with wheelchair access in public spaces (Nussbaum 2006, 165). In this way, it is argued, capability deficits should be regarded as “forms of covert social discrimination, due to avoidable social arrangements unjustly biased toward those with normal ability” (Anderson 2010, 95). In a sense, therefore, it is plausible to say that most social model advocates would distance themselves from Sen—and embrace Nussbaum—for his stress on “natural endowments”. Yet, there is another way of looking at the issue of “deficits” in respect of the disabled persons. Thus, following the resourcist paradigm of John Rawls, Thomas Pogge blames the discrimination that persons with disability suffers on the failure of the society to forge “a suitable resource criterion of social justice, developed on an understanding of standard human needs and endowment” (Barclay 2010, 157). According to Pogge:

Nearly all persons with special mental or physical needs or disabilities today would be perfectly capable of leading happy and healthy lives if they were not suffering the effects of severe past (and present) resource deprivation: lack of effective civil and political rights and inadequate access to water, food, shelter, health care and education (2010, 28).

Pogge, using the man in a wheelchair as an example, explains further that “the *impact* of interpersonal variations in needs and endowments on individuals is very significantly influenced by the institutional order as well as by social practices and cultural traditions” (2002, 188). That is, the requirement of justice for the man in a wheelchair will depend largely “on whether our buildings and public transportation system are wheelchair accessible” (ibid, 189). In this respect, Pogge pushes the idea that the resourcist approach should formulate a resourcist criterion of social justice that would remove the insinuation that the approach is modeled towards promoting mainly the needs of some people in society, while depriving some others such needs. He elaborates on this point:

Resourcist views must avoid analogous complaints by the disabled: If a resourcist criterion of social justice is to ensure that any institutional order satisfying it affords all its participants genuinely equal treatment, then its resource metric must take account of the full range of diverse human needs and endowments (ibid.).

Pogge sees a point of convergence between the capability approach and the resourcist persuasion by maintaining that the two approaches are concerned only with institutional distribution of resources. In this sense, he explains that the capability theorists strongly propose the idea that the state should

compensate individuals for inferior physical properties or a lack of internal capacities. Many scholars have taken Pogge up on this. Elizabeth Anderson, for instance, notes that Pogge's interpretation of the capability theory is faulty as capability deprivation does not translate to "the bare fact of lacking certain innate endowments" (Anderson 2010, 97). It is instructive to note that, within the egalitarian precinct, both the resourcists and the capability theorists have their share of the criticism that their positions "disparage and stigmatise those with various mental and physical endowments and in doing so actually betray the opposition to hierarchy and the equal moral worth of persons that has traditionally inspired genuine egalitarian movements against racial, sex, class and other forms of privilege" (Barclay 2010, 156).

Recall that many egalitarians would insist that justice demands that the "untalented", "stupid" or disabled persons be compensated for their "undeserved bad luck". This claim, in Anderson's view, is not dissimilar with an expression of "contemptuous pity for those the state stamps as sadly inferior" (1999, 289). Pogge, too, argues that favoring certain persons on account of their natural endowments as we have it in capability theory is a clear proposition that their natural endowments "should be characterized as deficient and inferior, and those persons as naturally disfavoured and worse endowed" (2002, 206). Then, in terms of respect for the "other", all strands of egalitarianism fail to see, using John Harris's phrase, that "the disabled are simply differently abled" (Harris 2001, 384).

Disability and Human Diversity in *Ēni-oòṣà* Philosophy

Anita Silvers contests Charles Taylor's claim that "handicapped" people do not merit the ascription of the terms "potentiality" and "human dignity" as "normal" people, and that "only in virtue of an intervening fiction that such 'defective' agents have equitable access to the categorical principles on which humans generally are accorded dignity or respect" (Silvers 1995, 35). To show the distance between Taylor's comment and a true egalitarian fervor, Silvers explains that:

Far from flattering the egalitarian project, this way of putting things deconstructs it by intimating that "handicapped" people are equal only by extension or derivation or fiction because they really don't possess the essentially humanizing capacity to fulfill their potential 'normally' (ibid.).

By inference, Taylor's comment "on the extent to which egalitarianism characterizes modern moral thought" (ibid, 34) overtly expresses the devaluation experienced by people with disabilities. The devaluation, as we have

seen in the earlier parts of this paper, derives from a biased societal conception of ableism which, agreeing with a version of the social model of disability, “is the resulting set of assumptions and practices that systematically promote negative differential and unequal treatment of people because of apparent or assumed physical, mental, or behavioural differences which are labeled as disabilities” (Onken and Slaten 2000, 101). The inference here is that:

Trying to address disability concerns by mainstreaming disabled persons into ableist society may create a situation in which their differences are not valued and their unique strengths and contributions are ignored. Disability integration must come to be viewed as more along the lines of cultural and ethnicity pluralism than that of assimilation (ibid, 110).

One salient point that can be drawn from the above is that perception of anomalous bodily configuration in “the other” will continue to amplify the cynicism of ever realizing a social arrangement that will dismiss the customary view of people with disabilities as “irremediably unequal” (Silvers 1995, 34). The need to dissolve this cynicism, therefore, tips the scales for examining the mythography of Òrìṣà-ńlá.

Virtually all published materials on Yorùbá religion and belief system convey a common understanding of Òrìṣà-ńlá as an arch-divinity, a proto-artist or sculptor-deity, “white deity” or god of purity and, concerning a lucid understanding of creation and humanity, the primordial patron of those we refer to as “deformed,” “defective,” or “disabled.” In the literature, we consider Bolaji Idowu’s *Olódùmarè: God in Yorùbá Belief* as one that has to a great extent taken care of the points raised in the discourse on Yorùbá religion and belief system. This however is not to suggest that, since and before the publication of *Olódùmarè: God in Yorùbá Belief*, there have not been inciting perspectives or modifications with respect to how Òrìṣà-ńlá is understood, especially when we move our probing lens to the South American and Caribbean countries, where he is referred to variously as as Ochalá, Oxalá, Orichalá or Orixalá and, at the same time, attracting one form of Christological syncretism or another.

The Yorùbá believe that Olódùmarè shares with the Òrìṣà-ńlá his supreme or absolute authority at the point of creation. For this, Òrìṣà-ńlá is regarded as “Olódùmarè’s vicerent here on earth” (Idowu 1962, 73). Ìdòwù expatiates:

Òrìṣà-ńlá represents to the Yorùbá the idea of ritual and ethical purity, and therefore the demands and sanctions of high morality. Immaculate whiteness is often associated with him—this symbolises “holiness” and purity. ...For his sacrificial meals, the normal thing is the bloodless snail cooked in shea-butter...The water in his shrine should be changed daily with the

cleanest, clearest, water drawn very early in the morning from a spring. The person who draws the water must do so before anyone else has been there to disturb the spring. In the old days, the water-bearer must be either a virgin of unimpeachable virtue or a woman who has passed the age of child-bearing and has therefore ceased from sexual habits, and is of excellent reputation. All the way to and from the spring, the water-bearer must keep ringing a bell, to show that she is on a sacred errand and must not speak or be spoken to. It is enjoined upon the worshippers of Òrìṣà-ńlá that they must be upright and true: they must be clear in their hearts and behaviour like water drawn early in the morning from a spring that has not been previously disturbed (ibid.).

Besides, Òrìṣà-ńlá is eulogized, again in Ìdòwú's words, as "*Adimúlà*" which translates as "One who is held for safety", especially in terms of material possession (ibid, 74). Ìdòwú adds that, for making them prosperous and happy, the deity's supplicants often say:

*Ikú tí 'bá 'ni gbé'lé tí f'olá ran ni!
Aláṣẹ!
Ò-sọ ẹnikan-soso-d'-igba-èniyàn!
Sọ mí d'irún,
Sọ mí d'igba,
Sọ mí d'ọ̀tá-lé-l'égbèje èniyàn.*

O Death, You who domicile with a person and imbue him with nobility!
O Sceptre-Wielder!
O You who multiply only one into two hundred persons!
Multiply me into four hundred,
Multiply me into two hundred,
Multiply me into one thousand four hundred and sixty persons (ibid.).

Òrìṣà-ńlá is also regarded as androgynous, which implies that the deity does not have a permanent gender. On this account of a neutral gender or asexuality, people—especially his devotees—look up to the deity as one that has concerns for all human beings. In this regard, also, his choice of white objects is symbolic as white is believed to be a neutral color, representing a disposition to be impartial. Bearing the foregoing in mind, one is not surprised as to why the deity is often revered as a god of purity.

It is instructive to note that the above mythography consistently images Òrìṣà-ńlá as a being "without moral faults". This however leaves us with a troubling ambivalence of accepting as the more probable either the mythic

claim that Òrìṣà-ńlá molds “deformed” physical body as a way of punishing someone who has breached some taboo or someone whose ancestor has committed an offence, or the less popular claim that Òrìṣà-ńlá’s molding of “deformed” individuals is reflective of the deity’s ingenuity of fashioning physical bodies according to his own fancy. The first disjunct, recalling Elizabeth Barnes’ use of negative difference-maker, draws the idea that having anomalous bodily configuration is repulsive or something that makes one to be worse off. Accepting the first disjunct of our ambivalence would, therefore, amplify the futility of our continued intellectual voyage towards dissolving the stereotypical image of disability and assumptions associated with the recognition of the dichotomy between “normality” and “abnormality”. In contrast, accepting the second disjunct would visibly appropriate its derivatives, namely, Òrìṣà-ńlá’s reification of normalcy, a testimony to “his tolerance of pluralism” (Lawuyi 1992, 371) and his “interest in individual particularities” (Lawal 1985, 94). To dissolve our ambivalence therefore requires that we employ some principles of reasoning and, hence, two sets of propositions:

Proposition 1:

Premiss (i): Purity implies “being free from moral faults”.

Premiss (ii): Òrìṣà-ńlá is god of purity

Conclusion: Therefore, Òrìṣà-ńlá is free from moral faults.

More technically, we have the valid argument-form *Modus Ponens*:

$$P \supset q$$

$$P$$

$$\therefore q$$

As a valid argument-form, it reads that, given a conditional statement as a first premise, and the antecedent of the first premise as the second premise, then we can infer the consequent of the first premise as the conclusion of an argument. Note that, from Premiss (i) of Proposition 1, we can roughly draw such inferences which accord with Premiss (ii) as “being compassionate”; “creating differing bodily configurations to demonstrate his tolerance of pluralism” and “his interest in individual particularities”; “creating differing bodily configurations that are not meant to hurt individuals, but according to his own fancy”, implying Òrìṣà-ńlá creates only *good* bodily configurations.

Proposition 2:

Premiss (i): Purity implies “being free from moral faults”.

Premiss (ii): Òrìṣà-ńlá is god of purity.

Conclusion: Òrìṣà-ńlá both creates *bad* and *good* bodily configurations.

More technically, Proposition 2 gives us:

$$p \supset q$$

$$p$$

$$\therefore r$$

This argument form is not a legitimate proposition. Note that, from Conclusion of Proposition 2, we can draw a derivative: “hurting people”, which does not accord with either Premiss (i): *Purity implies “being free from moral faults”* or Premiss (ii): *Òrìṣà-ńlá is a god of purity*. More importantly, the Conclusion is irreparably tangential and does not follow from either Premiss (i) or Premiss (ii) as it conveys the impression that Òrìṣà-ńlá punishes or hurts “innocent” individuals whose forebears have been found guilty of some moral faults.

In light of the above, we can see that Proposition 2 is wholly faulty, leaving us with an admission, rooted in Proposition 2, that the creation of those we regard as “deformed” is not a result of Òrìṣà-ńlá’s mistakes (Bascom 1969, 81) and that Òrìṣà-ńlá most probably uses the creation of differing bodily configurations to communicate, as the superior artist or sculptor, his idea of normalcy in material terms. As such, we might be tempted to suggest that it is a rude blasphemy on the part of mortal individuals to question the ingenuity of the first artist from whom all artists derive their artistic or aesthetic appeals or reflections. Consequently, where – in a strand of creation myth offered by Judith Gleason—Òrìṣà-ńlá offers “the owner of buck teeth” the liberty to “blame” him “for not sufficiently covering them” (1971, 22), the word “blame” should not be read as indicting; rather, it should be read as a designation of authority to create, for instance, a short or light-skinned person who would have, in his own mortal illusiveness, preferred to be tall or dark-skinned, respectively. In this regard, perhaps, “unseeing” mortal individuals need some form of Platonic reminiscence to appreciate the material creation of the superior artist. A strong reading of this aligns with a Yorùbá saying that:

Onígègè ìsáájú ló ba gègè jé
Bóbá ʒe pé ó fi ń soje ni
Gbogbo ayé ibá mọ pé gègè kì í ʒàrùn.

It is the first bearer of goiter that disparaged it
 If he had flaunted it proudly
 The whole world would have known that goiter is not a disease

Adébáyò Fálétí's poem "Ìgbéyàwó Kan Ní Ìletò Wa" (cited in Olatunji 1982a, 47–51) adds more currency to the rendition of the above saying. In the poem, Fálétí presents us with Àkàndé, a village celebrity, who commands respect in his village, partly because of his generosity and sociability. Àkàndé bears an anomalous goiter which he has cleverly hidden from the public for a long time until the village's custom is modified to accommodate the ritual of dancing and socializing in broad daylight. As his time to take a new wife draws by, he makes clever efforts to convince the village chieftains to revert to the old custom of socializing at night. This proves abortive. During his marriage rites, which require that he dance in broad daylight, Àkàndé, facing the fear of shame and derision, refuses to join those who have "eagerly awaited an opportunity to reward him for his sociability and generosity" (Olatunji 1982b, 31). His attitude peps up a feeling of disconsolation in his first wife, Fúnmké, who approaches him:

*"...Şe bí ẹ rádẹtẹ, ẹ sì rí akúwárápá
Kí ni wọn yóò b'Ólórún Oba şe?
Njẹ kò sèniyàn tí yóò fi ó şẹşín
Bí o bá gbahun t'Ólúwa pè ní tire."*(Olatunji 1982a, 50)

"...But you see the leper and the epileptic
What would they question God about?
There is one who shall make fun of you
If you accept what God has allotted to you".

When it becomes apparent that Àkàndé is not ready to join his people outside, Fúnmké approaches him the second time:

*"...Gbígbe ni kí ẹ gbétijú tà,
E yojú sí gbangba
Kò sèniyàn tí yóò fi ó şẹşín
Bóo bá gbahun t'Ólúwa fún o..."* (ibid.)

"...You should abandon any sense of shame
Come into the open
There is one who shall make fun of you
If you accept what God has allotted to you..." (Olatunji 1982b, 32-33)

After this gentle appeal and persuasion, Àkàndé, obviously seeing wisdom in accepting his lot, comes to the open and begins to dance. Contrary to what

he has anticipated, however, the people who have come to rejoice with him do not treat him with odious derision.

Even if they overlook the suspicion around the relation of logic to matters of faith or religion and acknowledge the consensual effect of *eni-oòṣà* mythology, critics might argue that Àkàndé's story does not fortify our attempt to obliterate the assumptions associated with the recognition of the dichotomy between "normality" and "abnormality". They can add further that Fúnmké's words "*Ṣe bí ẹ̀ rádẹ̀tẹ̀, ẹ̀ sì rí akúwárápá / Kí ni wọn yóò b'Ọ̀lórún Ọ̀ba ẹ̀?*" ("But you see the leper and the epileptic / What would they question God about?") suggest only that having goiter is in the category of "defects" that make someone to be worse off. To face our critics then would require that we imagine or construct, using a parodic inversion of Richard Rorty's hypothesis of the Antipodeans (1980, 70–75), a human community of goiter-bearers. We can go on to say that, contrary to the community's valued aesthetic expectation, Àkàndé is the only person born *without* an anomalous goiter. In this context, the same scenario—having a feeling of shame and derision—would still ensue as his community would still, at least, regard him as "defective" for not having goiter! This hypothesis raises, following Julie Smart, a pivotal question of whether anyone ever knows what "normal" is (Smart 2001, chapter 1). Thus, in Fálétí's poem, Àkàndé's aesthetic anxiety only raises the issue of identity formation among persons with disabilities. This naturally leads us back to and also heightens our appreciation of the Yorùbá saying: *Onígègè isáájú ló ba gègè jẹ...*

Again, to flesh up Àkàndé's story and realize the leading concern of this essay, we see the need to complement the thrust of Elizabeth Barnes' paper, "Disability, Minority, and Difference," with two real-life anecdotes. The first, Panzarino, born with a rare disease called Werdnig-Hoffman Disease, was asked by some researchers to provide them with a blood sample with the intention of identifying the gene responsible for her condition and, if she provided the blood sample, preventing "persons who carry the gene from being born" (Woodcock 2009, 251). Panzarino refused to cooperate with the researchers on the basis that, by heeding their call, she would be contributing to the elimination of her kind (ibid.). The second, Bree Walker, an American actor and broadcaster, has ectrodactyly, or what is popularly called lobster claw, "a rare genetic anomaly in which fingers and sometimes toes are fused to varying degrees" (Mackenzie and Scully 2007, 337). Already having a child that had inherited the anomaly, she was invited to a radio phone-in program at the time she was carrying another child. When the presenter asked the participants whether it would be fair for Walker to have children at all when she knew that her children would most probably inherit the anomaly, the responses of many participants were those of disapprobation, in part because

they felt that the anomaly could be prevented through screening and termination (ibid.). According to Catriona Mackenzie and Jackie Leach Scully:

What was particularly intriguing about this case was the apparent inability of the callers to acknowledge as valid Walker's own subjective self-assessment of the impact of her impairment on her life (i.e. that it had not presented a major problem). Moreover, they also seemed unable to perceive any discrepancy between the presence of Walker on the show – as a “celebrity” and so, by conventional criteria, highly successful – and their conviction that ectrodactyly *must* have profoundly negative effect on life achievements and satisfaction (ibid.).

Shaped by the thought that disability is a pernicious social phenomenon, the excerpt above douses the force of the conventional thought that disability is a measure of inescapable deprivation and, therefore, espouses the ideal of positive identity formation on the part of persons with disability. A careful reflection on the mythography of Ọ̀rìṣà-ńlá is therefore not a feeble admission of our claim that differing bodily configurations are better conceived as works of art that demonstrate “a pluralistic world of abilities” (Reddy 2011, 303). For instance, such sayings as *arọ ni idènà òòṣà* (“the cripple is the gatekeeper of the gods”), *a kì í ọ̀mọ ọ̀òṣà ju àfín* (“one cannot be a more favored child of the gods than the albino”), and so on, are consistent with the Yorùbá belief that those we consider as disabled should rather see themselves as the *most* favored by the gods. The formation of this positive identity would reconstruct disability as a diversity to be affirmed and, by instantiation, reconfigure negative notions of institutional exclusion, enfeebling sense of shame, socio-economic limitations associated with disability.

Conclusion

In this paper, we examined the two popular extremes in disability studies, namely, the medical and social models of disability. While the former is essentialist in rendering disability as a fixed condition and as an individual problem to be confronted with medical intervention, the latter identifies it as a social problem that requires social intervention. The paper admits that the social model has recorded prodigious achievements, namely, dispelling uncritical assumptions that a disadvantage resulting from disability is necessary, explaining how social conditions contribute to the numerous disadvantages faced by the disabled individuals and, lastly, liberating the disabled persons by way of shifting attention from an individual's physical or mental deficits to the ways in which society treats them (Areheart 2011, 352). But the fact

still remains that the social model has always relied on the binary division between disability – which it sees as a social construction – and impairment – which it construes as physiological. By relying on this binary division in forging its formidable position, it is argued that the social model “unwittingly underscores the notion that disability has a biological essence” (ibid, 354). This conveys the impression that the dichotomous and reductionist paradigm of the medical model is still something to reckon with. Somewhat sympathetic towards the social model, the paper therefore confronts the paradigmatic notions, embedded in the medical model, of labeling bodily configuration as “normal” or “abnormal” and those who bear the configurations as “able-bodied” and “disabled,” respectively. It shows that, within the context of Yorùbá belief, disability goes beyond the realm of human beings and involves the active participation of Yorùbá deities, especially Òrìṣà-ńlá or Ọ̀bàtálá. Working around this cultural matrix, we have shown that, contrary to the conventional thought that Òrìṣà-ńlá molds “deformed” or “abnormal” human forms as a way of punishing certain individuals, the deity molds *aesthetically* differing human forms according to his own fancy and to communicate his idea of normalcy in material terms. In this way, the paper shows the limitations of the two models and questions the assumptions associated with the recognition of the dichotomy between “normality” and “abnormality”. However, critics, holding “the facile assumption that new knowledge about the world cannot be acquired through mythology” (Adegbindin 2014, 68), might discard *ẹ̀ni-òòṣà* mythography as sheer absurdity which does not accord with reality; the truth is that the *phronēsis* in the mythography is demonstrably placatory as it removes the assumptions associated with the recognition of the dichotomy between “normality” and “abnormality”. This, in turn, removes the worrisome currency of biology or “the body” from disability studies and offers new insights into how persons with disabilities ought to be conceptualized. By common-sense inference, therefore, this paper endorses the view that “normality” is indeed “a famously procrustean concept” (Sillers 1995, 48).

Works Cited

- Abímbólá, Wándé. 1976. *Ifá: An Exposition of Ifá Literary Corpus*. Ibadan: Oxford University Press.
- Adégbindin, Ọ̀mótádé. 2014. *Ifá in Yorùbá Thought System*. Durham: Carolina Academic Press.
- Anderson, Elizabeth. 1999. “What is the Point of Equality?” *Ethics* 109: 287-337.

- Anderson, Elizabeth. 2010. "Justifying the Capabilities Approach to Justice", in *Measuring Justice: Primary Goods and Capabilities*, ed. Ingrid Robyns and Harry Brighouse, 81-100. Cambridge: Cambridge University Press.
- Areheart, Bradely A. 2011. "Disability Trouble," *Yale Law and Policy Review* 29(2): 347-88.
- Aristotle. 1992. *The Politics*. Translated by T.A. Sinclair. Harmondsworth: Penguin.
- Awólàlú, J. Ọmósadé. 1979. *Yorùbá Beliefs and Sacrificial Rites*. London: Longman.
- Barclay, Linda. 2010. "Disability, Respect and Justice," *Journal of Applied Philosophy* 27(2): 154-71.
- Barnes, Elizabeth. 2009. "Disability, Minority and Difference," *Journal of Applied Philosophy* 26(4): 337-55.
- Bascom, William. 1969. *The Yorùbá of Southwestern Nigeria*. New York: Holt, Rinehart and Winston.
- Baynton, Douglas C. 2011. "'These Pushful Days': Time and Disability in the Age of Eugenics," *Health and History* 13(2): 43-64.
- Bedau, Hugo. 1967. "Egalitarianism and the Idea of Equality," in *NOMOS IX: Equality*, ed. J. Roland Pennock and John W. Chapman, 13-26. New York: Atherton Press.
- Blanks, A. Brooke and J. David Smith. 2009. "Multiculturalism, Religion, and Disability: Implications for Special Education Practitioners," *Education and Training in Developmental Disabilities* 44(3): 295-303.
- Bruce, Patricia. 2010. "Constructions of Disability (Ancient and Modern): The Impact of Religious Beliefs on the Experience of Disability," *Neotestamentica*, 44(2): 253-81.
- Couser, G. Thomas. 2005. "Disability, Life Narrative, and Representation," *PMLA* 120(2): 602-06.
- Davis, J. Lennard. 2006. "Introduction," in *The Disability Studies Reader*, ed. J. Lennard Davis, xv-xviii. New York: Routledge.
- Davis, N. Ann. 2005. "Invisible Disability," *Ethics* 116(1): 153-213.
- Harris, John. 2001. "One Principle and Three Fallacies of Disability Studies," *Journal of Medical Ethics* 27(6): 383-87.
- Ìdòwú, E. Bọ́lájí. 1962. *Olódùmarè: God in Yorùbá Belief*. London: Longman.
- Jenkins, Richard. 1991. "Disability and Social Stratification," *The British Journal of Sociology*, 42(4): 557-80.
- Johnson, Russel L. 2011. "Introduction: Health and Disability," *Health and History* 13(2): 2-12.
- Kudlick, Catherine and Douglas C. Baynton. 2005. *Journal of American Ethnic History* 24(3): 59-69.

- Lawal, Babátúndé. 1985. "Orí: The Significance of the Head in Yoruba Sculpture," *Journal of Anthropological Research* 41(1): 91-103.
- Láwuyì, O. B. 1992. "The Qbátalá Factor in Yoruba History," *History in Africa* 19: 369-75.
- Linton, Simi. 2006. "Reassigning Meaning," in *The Disability Studies Reader*, ed. J. Lennard Davis, 161-72. New York: Routledge.
- Lloyd, G.E.R. (ed.) 1978. *Hippocratic Writings*. Harmondsworth: Penguin.
- Mackelpang, R.W. and R.O. Salsgiver. 1999. *Disability: A Diversity Model Approach in Human Service Practice*. Pacific Grove, CA: Brooks/Cole.
- Mackenzie, Catriona and Jackie Leach Scully. 2007. "Moral Imagination, Disability and Embodiment," *Journal of Applied Philosophy* 24(4): 335-51.
- Morris, J. 1991. *Pride Against Prejudice*. London: Women's Press.
- Nilsson, Martin P. 1964. *A History of Greek Religion*. New York: W.W. Norton and Company Inc.
- Nussbaum, Martha. 1996. *Frontiers of Justice, Disability, Nationality, Species Membership*. Cambridge, MA: Harvard University Press.
- 2000. *Women and Human Development: The Capability Approach*. New York: Cambridge University Press.
- 2006. *Frontiers of Justice: Disability, Nationality, Species Membership*. Cambridge, M.A: Belknap Press.
- Qlátúnjì, Qlátúndé O. 1982a. *Ewì Adébáyò Fálétí, Ìwé Kinní*. Ibadan: Heinemann Educational Books.
- 1982b. *Adébáyò Fálétí: A Study of His Poems*. Ibadan: Heinemann Educational Books.
- Oliver, Mike. 2003. "Defining Impairment and Disability: Issues at Stake," in *Exploring the Divide: Illness and Disability*, eds. Colin Barnes and Geof Mercer, 29-54. Leeds: The Disability Press.
- Onken, Steven J. and Ellen Slaten. 2000. "Disability Identity Formation and Affirmation: The Experiences of Person with Severe Mental Illness," *Sociological Practice* 2(2): 99-111.
- Oosterlaken, Ilse. 2013. "Is Pogge a Capability Theorist in disguise? A Critical Examination of Thomas Pogge's Defence of Rawlsian Resourcism," *Ethical Theory and Moral Practice* 16(1): 205-15.
- Parrinder, Geoffrey. 1973. *West African Religion*. London: Epworth Press.
- Plato. 1955. *The Republic*. Translated by H.D.P. Lee. Harmondsworth: Penguin.
- Pogge, Thomas. 2002. "Can the Capabilities Approach be Justified?" *Philosophical Topics* 30(2): 167-228.
- 2010. "A Critique of the Capability Approach," in *Measuring Justice: Primary Goods and Capabilities*, ed. Ingrid Robeyns and Harry Brighouse, 17-60. Cambridge: Cambridge University Press.

- Rawls, John. 1999. *A Theory of Justice*, Revised Edition. Cambridge, MA: Belknap Press.
- 2001. *Justice as Fairness: A Restatement*. Cambridge, MA: Harvard University Press.
- Reddy, C. Raghava. 2011. "From Impairment to Disability and Beyond: Critical Explorations in Disability Studies," *Sociological Bulletin*, 60(2): 287-306.
- Rorty, Richard. 1980. *Philosophy and Mirror of Nature*. New Jersey: Princeton Press.
- Rose, M. J. 2003. *The Staff of Oedipus: Transforming Disability in Ancient Greece*. Ann Arbor: University of Michigan Press.
- Sen, Amartya. 1999. *Development as Freedom*. New York: Anchor Books.
- Shakespeare, Tom. 1992. "A Response to Liz Crow," *Coalition*, 40-2.
- Silvers, Anita. 1995. "Reconciling Equality to Difference: Caring (F)or Justice for People with Disabilities," *Hypatia* 10(1): 30-55.
- Smart, Julie. 2001. *Disability, Society, and the Individual*. Gaithersburg, MD: Aspen.
- Stein, Michael Ashley. 2007. "Disability Human Rights," *California Law Review* 95(1): 75-121.
- Terzi, Lorella. 2004. "The Social Model of Disability: A Philosophical Critique," *Journal of Applied Philosophy* 21(2): 141-57.
- Thompson, Rosemarie Garland. 1996. *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature*. New York: Columbia Press.
- Vehmas, S. 2008. "Philosophy and Science: The Axes of Evil in Disability Studies?" *Journal of Medical Ethics* 34(1): 21-23.
- Woodcock, Scott. 2009. "Diversity and the Elimination of Human Kinds," *Social Theory and Practice* 35(2): 251-78.