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ALBINISM AND THE CONTINGENCIES OF STIGMA

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April 2010

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Acknowledgements

I must take this opportunity to express my gratitude for all those who have assisted the production of this work. I will always remember some wholly serendipitous moments, and characters, whom without I would have had to abandon this ship some time ago. Special mention must be made to Don Sawatzky and Vicky Ntetema who have always provided an expedient and positive response to my endless lists of questions. They must also be commended for the amazing work they are doing to combat the problems people with albinism face on a daily basis. I pray that the plight of people with albinism in sub-Saharan African improves dramatically in the near future. In addition, I must recognise the efforts and assistance provided by Médard Djatou and Jean Burke. I wish them the very best in their pursuits of this subject.

Closer to home, I thank the industrious staff of the Wellcome Trust and British Library for answering my every beck and call. Two gentleman, however, stand out and deserve particular praise. Dr. Guy Attewell, my tutor for the year, has been an excellent mentor throughout. With regards to this project, his insight and understanding of foreign and indigenous culture have proved invaluable. Last, but by no means least, I thank Dr. Michael Neve for backing this idea wholeheartedly from its inception. His enthusiasm and assertion provided all the ignition it required. Confident that I am speaking on behalf of all my peers, I wish to thank Dr. Neve for his tireless commitment to us all this year. I wish him the fondest of farewells.

Introduction

On June 24th 2008, Vicky Ntetema risked her life to expose to the world the growing threat that witchdoctors pose to people with albinism in Tanzania.¹ Upon hearing that witchdoctors were using the body parts of albinos in profitable remedies, Ms. Ntetema went undercover to investigate. Her investigation sadly proved that the situation was all too real. Posing as a businesswoman with the cover story of wanting to get rich, the BBC correspondent met with ten separate witchdoctors; a number of which promised to get Ms. Ntetema ‘a magic concoction mixed with ground albino organs’.² One offered the blood, hair, leg and palms of an albino for \$2,000. Local people use these magic charms, with the viscera of albinos as essential ingredients, to bring them success in love and business. The highly lucrative nature of their bodies puts persons with albinism at great risk. The act of exposing these crimes, through filming secret footage and the writing of the referenced article, also put the brave journalist’s life in jeopardy. The publicity Ms. Ntetema’s story generated meant that she had to immediately go into hiding having received a number of death threats. Despite the domestic and international attention this grave matter has received, the mutilations and killings of persons with albinism are still happening. Just last week, on April 13th 2010, I received the following e-mail from Vicky³:

“Said Abdallah attacked April 10 2010”

A forty-one year old man with albinism has been attacked and his arm chopped off in Merela village, Mvomero District, Morogoro Region some 300 kilometres west of Dar es Salaam.

The assault took place between 1400 and 1500 hrs yesterday 10th April 2010. My source on the ground informed me today about the onslaught. I have spoken to Said Abdallah.

Speaking from his hospital bed Said a farmer, told me that he was fetching firewood in the bush when two Maasai Morans (Maasai Warriors) he recognised asked him for tobacco. As

¹ Vicky Ntetema, “In hiding for exposing Tanzania witchdoctors”, *BBC News*, June 24th, 2008. Accessed online at <http://news.bbc.co.uk/1/hi/world/africa/7523796.stm>.

² *Ibid*,

³ I have received permission from Ms. Ntetema to include this story.

he bent down to get it from his plastic bag, the men hit him on the head with clubs. Said lost consciousness and the men hacked off half of his arm from below the elbow and left for dead. When gained consciousness he was in great pain and screamed for help. Villagers took him to the Morogoro Municipal Hospital where he is being treated. They could not trace Said's arm. How can he now support himself without the second arm? All his life he has been working on his farm of cassava, maize and potatoes which he would also sell for cash. Imagine what Said is going through right now! We will visit him in the hospital tomorrow and we will also go to the incident scene in the village as part of our fact finding mission. We are now aware of six survivors of the macabre killings. Thomas (32) in Musoma with one hand, Bibiana (12) with one leg, Mariamu (28) without both arms, Rukia (33) and Fatma (12 months) who sustained severe injuries on the head and leg respectively and now Said (41) with one arm. Look at the pattern! Four females and two males! God please END the Butchery and save Tanzania from these killers of ourbrothers and sisters, please!

Vicky

It is clear that the attitudes and beliefs regarding albinism held by a minority in Tanzania are having a wholly destructive effect on the lives of these people. My interest in the ways people with albinism are perceived in an African context, however, was first aroused whilst conducting some medical research in the Northwest subdivision of Cameroon.⁴ My colleagues informed me, having met a few people with albinism in my work, that these people had not always been as successfully integrated in the community as I had witnessed or safe from sacrificial use in ritual. It transpired that, upon the passing of a chief (locally known as Fon) of a village or compound, two albinos would be buried alive alongside the Fon to watch over his passage into the next life. Furthermore, whilst climbing the volcanic Mt. Cameroon in the francophone Southwest province, I was told that in the wake of an eruption, albinos would be culled to appease the angry mountain god.

⁴ George Collins and Thomas McLeod, "Tungiasis: A Neglected Health Problem in Rural Cameroon", *International Journal of Collaborative Research on Internal Medicine & Public Health* 1(1) (2009): 2-10.

When attempting to historicise this material, the nature of the subject matter, however, has a few intrinsic limitations that I will acknowledge here. Primarily, it has been difficult to determine a journey of transition from traditional stigmatizing beliefs to present day social liberation of these individuals. The reasons for this are three fold: firstly, many of the traditions or anecdotes that I have discovered have no temporal context. Upon speaking with Médard Djatou, an anthropologist and specialist in this subject from Cameroon, he said: “Concerning the historical aspects of albinism in Cameroon, it is difficult to have a general point of view because in every Cameroonian society, elders can tell you when the society have registered it first albino and those data can come only from orality, you will not see a book about (it)”.⁵ This is reinforced by my experiences in Cameroon. Although I was made aware of a tradition or folk tale, I was offered no insight into when these traditions began, or perhaps more importantly, when they ceased to exist.

Second, the scarcity of secondary source material telling the historical story of albinism in Africa has meant that a classic history of medicine approach was simply not possible. Thus far, prominent workers on the subject of albinism in Africa include Médard Djatou (aforementioned anthropologist examining the anthropology of the condition in Cameroon), Dr. Jennifer Kromberg (a physician and geneticist looking at the psychosocial problems of the condition in South Africa) and Dr. Charlotte Baker (a lecturer in French at the University of Lancaster with an interest in the representation of persons with albinism in French-African literature). Although their works provide historical examples of the traditions and beliefs associated with this condition in Africa, many of which I have adopted in the production of this work, providing a historical account has not been their primary focus. I have yet to come across one source documenting this subject matter from an explicitly historical angle and so I have had no option but to set up a medico-anthropological alternative by grounding these anecdotes in a sociological framework as provided by the works of Goffman, Jones et al and Mary Douglas. I hope the reader accepts my decision to proceed and

⁵ E-mail correspondence with Médard Djatou.

acknowledge that, through presenting the material in this format, I am providing an insight into the historical aspects of this condition in Africa, albeit in an unorthodox fashion.

The third problem lies in the fact that the stigmatization of albinos, in some cases, is very much still in existence, a 'living history' if you will. My research has shown me that persons with albinism in some African settings continue to be misunderstood and consequently stigmatized. Peter Mlebusi, Deputy Secretary General of the Tanzania Red Cross National Society, reflects this sentiment in his assessment of the 'humanitarian crisis of the Great Lakes noirs à la peau blanche'. He identifies that the present crisis is 'essentially fourfold' stating that: "One, it is a health problem because of the skin conditions associated with albinism. Two, we see it as a stigma and discrimination problem in the community. And three, there is the insecurity because of the mythology of the wealth that can be generated by selling parts of albino bodies...fourthly...there is a legal issue because of the painfully slow process involved in dealing with the killings." The focus of this dissertation is highlighted in his second provision.

The recent atrocities committed in Tanzania and the stories I heard in Cameroon are just two examples as to how persons with albinism have been or continue to be understood in parts of central and east Africa. Through the course of this dissertation, I will examine other traditions in an attempt to identify the factors that have contributed to the formulation of these attitudes and, in turn, what has led to the stigmatization, ostracism and even killing of albinos in the past and present. Examples from Malawi, Mali, Zimbabwe, Cameroon, Tanzania and the Congo contribute to this exploration. In evaluating the stigmatization of albinos in these regions, it has been most helpful to review and apply three theories on the subject of stigma and anomalous bodies. I will therefore demonstrate, examine and frame the aforementioned attitudes and traditions in the context of the works of Erving Goffman (*Stigma: Note on the management of the spoiled identity*), Edward E. Jones et al (*Social stigma: The psychology of marked relationships*) and Mary Douglas (*Purity and danger: An analysis of concepts of pollution and taboo*).

In light of a biomedical paradigm, where albinism is understood to be a 'group of genetic disorders of the melanin pigmentary system', the nature of these stories and crimes seem, at first, incomprehensible.⁶ We must, however, acknowledge that this is not a viable or helpful presumption when evaluating this story. The experiences that those with albinism face in the West, where the biomedical paradigm is dominant, are completely different from those in Africa; the two scenarios are simply not analogous. Persons with albinism in Africa are far more conspicuous where their characteristic white skin sets them immediately apart from the majority dark skinned population.⁷ Furthermore, persons with albinism in Africa are at far greater risk of developing skin cancer. In lacking the protective pigment, melanin, albinos are highly susceptible to the damaging effects of the tropical African sun.⁸ With fewer prophylactic provisions such as wide brimmed hats or expensive sun blocking lotions and a heavy economic dependence on farming, many albinos labour for hours unprotected, under the mercilessly bright sun. Finally, a World Health Organisation report has recently identified that in some African countries '80% of the population depend on traditional medicine for primary health care'.⁹ In light of this dependence on traditional medicine, we realise the extent of the traditional medicine market and therefore the room in which witchdoctors have to peddle remedies that use the body parts of people with albinism. The reasons I have just offered demonstrate the disparity between this condition in the West and its presentation in Africa. We must therefore proceed by temporarily abandoning a biomedical or genetic Western discourse and instead start to consider this condition in its appropriate setting. Mary Douglas sums this notion up in saying: "No particular set of classifying symbols can be

⁶ A. H. Robbins, *Biological perspectives on human pigmentation* (U.S.A: Cambridge University Press; 2005), 139.

⁷ Andrei Engstrand-Neacsu and Alex Wynter, *Through albino eyes: The plight of albino people in Africa's Great Lakes region and a Red Cross response (Advocacy Report)* (Geneva: International Federation of Red Cross and Red Crescent Societies, 2009), 8.

⁸ *Ibid.*, p.8.

⁹ WHO Media centre, "Fact Sheet No. 134: Traditional medicine", *World Health Organisation*. <http://www.who.int/mediacentre/factsheets/fs134/en/>.

understood in isolation, but there can be hope of making sense of them in relation to the total structure of classifications in the culture in question”.¹⁰

In summary, this dissertation looks to examine, through an analysis of the process of stigmatization, some of the beliefs that have been held in certain regions of sub-Saharan Africa with regards to individuals with albinism. I will first explore Erving Goffman’s definition of stigma and how this applies to the condition of albinism. Then I will explain the ‘six dimensions of stigma’ that Jones et al purport and demonstrate how particular traditions and attitudes from these African contexts show that this is a useful theory to assist the understanding of the stigmatization of people with albinism. Finally, I will show how some of the behaviours societies have adopted in response to the African albino reflect the five provisions Mary Douglas sets out in her work, *Purity and Danger*. But first, this process demands a brief, clinical description of albinism and a summary of the trajectory taken in the West, which has led to the biomedical understanding of this condition. We will see that, in whichever context, individuals with albinism have always inspired the onlooker to speculate on the essence of these beings. We will also learn that early Western efforts in describing this condition are not too dissimilar from those found in Africa and that the ‘early attempts at explaining the condition’ have ‘simply replaced one type of labelling- the freak of nature- with another, the medical diagnosis’.¹¹

Background: The Biomedical Understanding of Albinism

Albinism is the term used to describe a group of medical conditions that arise from a recessive genetic mutation that causes the deficiency or absence of a pigment known as

¹⁰ Mary Douglas, *Purity and Danger: An analysis of concepts of pollution and taboo* (Great Britain: Routledge & Kegan Paul Limited, 1966), Acknowledgements.

¹¹ Charlotte Baker and Patricia Lund, “A Visible Difference: Images of Black African People with Albinism,” in *Expressions of the Body: Representations in African Text and Image*, ed. Charlotte Baker (Germany: Peter Lang AG, 2009), 281.

melanin.¹² This condition is seen all throughout the animal kingdom ranging from rats to peacocks; all sharing a characteristic lack of colour leaving the organism 'white'.¹³ In humans, there are two main forms of albinism known as *oculocutaneous* and *ocular* albinism.¹⁴ The oculocutaneous type is more common than ocular albinism and is characterised by a lack of pigmentation of the skin, hair and eyes. Persons with ocular albinism usually have normal skin pigmentation but loss of melanin in the eyes. It is understood that melanin also plays an important role in the development of eye such as in the pigmentation of the iris and the development of the fovea (the region on the retina responsible for sharp vision).¹⁵ Consequently, all persons with albinism suffer with visual problems such as photophobia (heightened sensitivity to light often making daylight painful and avoided), reduced visual acuity, nystagmus and strabismus, which will be discussed in due course. This condition, however, has only been understood in these biomedical terms since 1909. What has remained consistent is the power of an albino to provoke thought or speculation. Individuals with albinism have fascinated explorers and missionaries for centuries. Appearing to be a strange and separate race, people with albinism were used in 18th and 19th century debate as proof or counterproofs for arguments concerning the origin of man and 'the variety of complexion and of figure among mankind'.¹⁶ Derived from the Latin *albus* meaning 'white', the term 'albino' reportedly emerged in the seventeenth century. Balthazar Tellez, a Portuguese explorer, is said to have initiated the term upon sighting a group of 'white Negroids' on the west coast of Africa.¹⁷ These sort of sightings formed the basis for what Karl Pearson et al, writing in 1913, termed 'one of the most persistent traditions we find

¹² Médard Djatou, "The 'Wrong' Colour? Representations and Perceptions of Albinism among the Bamileke of Western Cameroon," in *Expressions of the Body: Representations in African Text and Image*, ed. Charlotte Baker (Germany: Peter Lang AG, 2009), 121.

¹³ I would strongly recommend finding an image of an albino peacock.

¹⁴ A. H. Robbins, *Biological perspectives on human pigmentation* (U.S.A: Cambridge University Press; 2005), 139.

¹⁵ *Ibid.*

¹⁶ Rev. Samuel Stanhope Smith, *An essay on the causes of the variety of complexion and figure in the human species*, (Edinburgh, 1788), Preface.

¹⁷ Karl Pearson et al, *A monograph on albinism in man: Part I* (London: Dulau and Co., 1913), 16.

throughout this subject ...that there has existed somewhere at some time an albinotic tribe, race or even nation'.¹⁸

It is difficult to ascertain which descriptions were in fact referring to albinos but the following are often acknowledged for contributing to this tradition. As early as antiquity, Ptolemy, Pliny and Mela are believed to have been referring to albinos in their descriptions of 'Leucathiopes' or white Europeans.¹⁹ Furthermore, Joseph Jones records in 1869 how the Dutch gave albinos 'the contemptuous appellation of kakkerlakken, cockroaches, insects that run about in the dark'.²⁰ Arguably the most significant contributor to this tradition or myth is that of the 'founder of modern biology', Carl Linnaeus.²¹ Writing in 1758, Linnaeus submitted *Homo nocturnus* into the first twelve editions of his famous taxonomic work, *Systema Naturae*.²² Meaning 'man of the night', this title drew its inspiration from the albinos' inclination to remain in caves until twilight.²³ The avoidance of the midday sun, due to the severity of photophobia that many people with albinism suffer on a daily basis, serves as modern explanation for what must have been seen as curious or suspicious behaviour. In light of second hand reports and the works of the Elder Pliny, Linnaeus also identified 'albino Africans' as a separate human species, which he termed "troglodytes" (*Homo troglodytes*).²⁴ Linnaeus believed these people to be 'an intermediate between man and the apes'.²⁵

Many, however, rejected the view that people with albinism were a separate species or race. Instead, eighteenth-century scientists and naturalists such as Buffon speculated on the aetiology of this variation witnessed amongst mankind. He stated that: 'all white men, whom we find at such great distances from each other, form not a particular race, but are individuals

¹⁸ *Ibid.*, p.11.

¹⁹ James C. Prichard, *Researches into the physical history of man* (London: W. Phillips, 1813): 17.

²⁰ Joseph Jones, M.D, *Observations and researches in on albinism in the negro race* (Philadelphia: Collins printer, 1869), 15.

²¹ Karl Pearson et al, *A monograph on albinism in man: Part I* (London: Dulau and Co., 1913), 22.

²² W. Eugene Knox, "Sir Archibald Garrod's "Inborn Errors of Metabolism." III. Albinism", *American Journal of Human Genetics* 10 (3) (Sept. 1958): 253.

²³ A. H. Robbins, *Biological perspectives on human pigmentation* (U.S.A: Cambridge University Press; 2005), 139.

²⁴ Lisbet Koerner, *Linnaeus: nature and nation* (London: Harvard University Press, 1999): 87

²⁵ Karl Pearson et al, *A monograph on albinism in man: Part I* (London: Dulau and Co., 1913), 22.

who have accidentally degenerated from their original stock'.²⁶ He goes on to cite African albinos as an example as 'the production of whites by Negro parents...adds great force to this theory'.²⁷ To support this theory, Buffon argues that 'their (persons with albinism) comparative weakness of constitution, and...the extreme feebleness of their eyes' provide proof that albinos are simply 'degenerate individuals'.²⁸ Throughout the 19th century other aetiological theories emerged with many believing that the condition was acquired in 'insalubrious conditions' or 'produced *in utero* by psychic shock to the mother'.²⁹ Le Cart suggested that albinism is due to the absence of a substance he named "Ethiope Animal" whilst Rev. Samuel Stanhope Smith believed persons with albinism to be 'the accidental and diseased production of parents who themselves possess the full characters of climate'.^{30,31}

The present day biomedical model for understanding albinism, however, emerged at the start of the 20th century. In 1909, Archibald E. Garrod published the first version of his visionary work, *Inborn Errors of Metabolism*. Garrod included albinism as one of the examples he listed that he believed to be caused by a metabolic defect in development. By 1923, in light of the research scholars such as Karl Pearson et al and Bloch had conducted on the subject of albinism, Garrod revised his hypotheses regarding the cause of albinism and published the second edition of *Inborn Errors of Metabolism*.³² He acknowledged Bloch for placing 'the study of melanin, and of its formation, upon a new footing' and Pearson et al for their 'splendid monograph on Albinism in Man...(which) embodies practically all that is known on the subject'.³³ Garrod offered the following three hypotheses to explain the

²⁶ William Smellie, trans., *A Natural History, General and Particular* (London: Richard Evans, 1817), 280.

²⁷ *Ibid.*

²⁸ *Ibid.*

²⁹ W. Eugene Knox, "Sir Archibald Garrod's "Inborn Errors of Metabolism." III. Albinism", *American Journal of Human Genetics* 10 (3) (Sept. 1958): 253.

³⁰ Joseph Jones, M.D, *Observations and researches in on albinism in the negro race* (Philadelphia: Collins printer, 1869),20.

³¹ Rev. Samuel Stanhope Smith, *An essay on the causes of the variety of complexion and figure in the human species*, (Edinburgh, 1788), 156.

The effects of heat and climate were thought to make 'a prodigious change on the human constitution'.

³² Archibald E. Garrod, *Inborn Errors of Metabolism: Second Edition* (England: Oxford University Press, 1923), 31.

³³ Archibald E. Garrod, *Inborn Errors of Metabolism: Second Edition* (England: Oxford University Press, 1923), 31.

anomaly of albinism: “We might suppose that the cells, which usually contain pigment fail to take up melanin formed elsewhere; or that the albino has an unusual power of destroying melanin; or again that he fails to form it”.³⁴ In light of our current understanding of this condition, we realise the insightfulness of Garrod’s third suggestion. The details of the events that followed Garrod’s initial discovery throughout the 20th century are not appropriate for the purpose of this study. That story is a separate matter entirely and would make for a most interesting article. Garrod’s decision to include albinism in the original list *Inborn Errors of Metabolism*, however, has been hailed by W. Eugene Knox as ‘intuitive genius’ and serves as a useful marker for the point of transition where albinism was no longer understood to be sourced in myth but science instead.³⁵

The stigmatization of albinism in sub-Saharan Africa

I will now turn my attention to the evaluation of the stigmatization processes and the perceptions of people with albinism in the aforementioned sub-Saharan African contexts.

With regards to the field of stigma, there are fewer texts as widely well regarded than Erving Goffman’s *Stigma: Note on the management of spoiled identity*. First published in 1963, this text continues to provide a point of reference for anyone who is trying to deconstruct or understand the concept and workings of stigma. Rosemary Garland Thomson reflects this view regarding *Stigma* in saying: “Goffman’s work underpins this nascent field of disability studies in the social sciences... (his) stigma theory provides a useful vocabulary for placing disability in social contexts”.³⁶ In light of this, I have decided to use a section of Goffman’s notes in providing the foundations for further discussion and theory. I will provide here Goffman’s definitions of stigma and the social identity, the distinction between the

³⁴ *Ibid.*, p.33.

³⁵ W. Eugene Knox, “Sir Archibald Garrod’s “Inborn Errors of Metabolism.” III. Albinism”, *American Journal of Human Genetics* 10 (3) (Sept. 1958): 249.

³⁶ Rosemary Garland Thomson, *Extraordinary Bodies: Figuring physical disability in American culture and literature* (New York: Columbia University Press, 1997), 30.

'discredited' and the 'discreditable' and his proposed three distinct types or facets of discredited stigma.

The etymology of stigma, Goffman acknowledges, hails back to Ancient Greece. The term was originally used to 'refer to bodily signs designed to expose something unusual and bad about the moral status of the signifier'.³⁷ These bodily signs were often burns or cuts that had been administered to distinguish the possessor as a criminal, slave or traitor.

Consequently, such individuals were commonly avoided in public places. We see that the term today, therefore, carries much of its original meaning. A modern adaptation, however, is in its application or reference to the disgrace itself rather than the bodily evidence of it.³⁸

Goffman then goes on to discuss the construction of the 'social identity', which is heavily associated and embroiled in the realms of stigma. He suggests that society constructs categories in which we assign different individuals, depending on their apparent constitution. This feeds into specific social settings; arenas where we might expect to find certain categories of people. A dark ally conjures up images of a different breed of clientele that we would expect to find in a country cricket club for example. We are therefore equipped with a framework, shaped through routine and experience, which allows us to 'deal with anticipated others without special attention or thought'.³⁹ Those who 'do not depart negatively from the particular expectations', Goffman defines as 'the normals'.⁴⁰ People who do not immediately fit these predetermined categories, 'strangers' to Goffman, present an initial challenge to the system. The individual's appearance will first establish a loose association to a particular category. Over time, however, other facets will come to the fore that marks the person out as different or alien. The person is 'thus reduced in our minds from a whole and usual person to a tainted, discounted one'.⁴¹ Goffman therefore uses the term stigma to 'refer to an attribute

³⁷ Erving Goffman, *Stigma: Note on the management of the spoiled identity* (London: Penguin Group, 1990), 11.

³⁸ *Ibid.*

³⁹ *Ibid.*, p.12.

⁴⁰ *Ibid.*, p.15

⁴¹ Erving Goffman, *Stigma: Note on the management of the spoiled identity* (London: Penguin Group, 1990), 12.

that is deeply discrediting'.⁴² He also states, however, that these attributes are not finitely condemning. They are relative to the belief system or attitudes of a particular demographic and therefore should be examined in light of these relations and not as fixed entity in itself.⁴³

Goffman also identifies distinct types of stigma, which have different implications for the individual. Firstly, we should consider the differences between the 'plight of the *discredited*... (and) that of the *discreditable*'.⁴⁴ The *discredited* are individuals whose stigmatizing attribute is either already known or is immediately obvious to the present company. The *discreditable* are slightly different in their situation; their attributes are neither previously known or are not directly visible and so often go unperceived. Within these distinctions, Goffman says 'three grossly different types of stigma' can be identified.⁴⁵ Firstly, there are those conditions or blemishes that are considered 'abominations of the body'.⁴⁶ Such a title refers to various physical disabilities such as leprosy or dwarfism that are mostly experienced by *discredited* persons. Heavy scarring of the abdomen, however, serves as an example of how physical conditions could remain unseen and therefore can be *discreditable* too. The second type of stigma comes from the various inferences we make about an individual's character following the revelation of a particular record or blemish. On learning that someone is unemployed, one may be inclined to classify that person as lazy or lacking qualification. Often such prejudices are not grounded in truth. For example telangiectasias (small, dilated 'spider' veins commonly seen on people's faces) are frequently taken to be a hallmark of alcoholism and thus marking that individual with all the social fallout of having an alcohol addiction. Scant attention is paid to the fact these marks can result from acne or as a side effect of chemotherapy. The final type of stigma is 'the tribal stigma of race, nation and

⁴² *Ibid.*, p.13.

⁴³ *Ibid.*

⁴⁴ *Ibid.*, p.14.

⁴⁵ *Ibid.*

⁴⁶ *Ibid.*

religion'.⁴⁷ These are conditions or blemishes that can be transmitted through lineages and therefore have the potential to tarnish all members of a family with the same brush.

When one considers the situation of a person with albinism in an African context, the usefulness and insightfulness of Goffman's comments on stigma become immediately clear. Using Goffman's terminology, we can first identify that persons with albinism are 'discredited'. The stark contrast of their characteristic white skin to the rest of the dark skinned population means that onlookers immediately know of their condition or 'stigma'. Further, the three types of stigma Goffman identifies are seen to be applicable when we consider the nature in which people with albinism are perceived. Firstly, as we will see in later discussion, there are a multitude of cultures where albinism is considered an 'abomination of the body'. Writing about the Bamileke people of Cameroon, Médard Djatou comments: "prior to the arrival of Westerners in Cameroon, people with albinism were rejected or killed at birth because of their colour. Relative to the skin colour of black Africans in the region, people with albinism were regarded as being the 'wrong' colour and consequently considered an abomination by society".⁴⁸ Secondly, the person's character is sometimes brought into disrepute given the nature of the beliefs surrounding the origin of the condition. Many societies attribute the albino's condition to divine retribution for a wrong committed in a past life. Finally, we see that in some cultures, persons with albinism are seen as 'ghosts' or spirits of the dead and are therefore associated with a lineage of mystical deceased beings. Jeans Jacques Ndoudoumou, founder and President of the Association for the Defence of People with Albinism, embodies this notion in saying: "we are considered as mystical beings or ghosts who, because of bad behaviour, are punished by God and sent back into the human world".⁴⁹ Whichever type of stigma the onlooker attributes, consciously or subconsciously, to the person, each response will cause a degree of distancing between the

⁴⁷ Erving Goffman, *Stigma: Note on the management of the spoiled identity* (London: Penguin Group, 1990), 14.

⁴⁸ Médard Djatou, "The 'Wrong' Colour? Representations and Perceptions of Albinism among the Bamileke of Western Cameroon," in *Expressions of the Body: Representations in African Text and Image*, ed. Charlotte Baker (Germany: Peter Lang AG, 2009), 123.

⁴⁹ *Ibid.*, p.128.

societal norm and the albino. In some instances, all three variables will be influential in the perception of the individual and thus demonstrating a complex stigmatizing response.⁵⁰

The Six Dimensions of Stigma and their relevance to Albinism

With regards to this work on albinism, we have seen that Goffman's notes provide a sociological insight into the reasons why people with albinism are stigmatized. As a perceived physical 'abomination, morally blemished by the pervasive beliefs of their past and further tainted by their tribal association, albinos provide a further example which fits the authoritative Goffman 'mould'. Erving Goffman's pioneering work on stigma has also paved the way for many others to adapt, critique, develop or augment his initial hypotheses. This chapter centres on such an example.

Published in 1984, *Social stigma: The psychology of marked relationships* set out to 'provide a social psychological analysis of the stigmatizing process'. Through this process, the authors produced a most helpful summary of the key 'dimensions' of stigma found in most, if not every, stigmatizing condition⁵¹. The work emerges out of a series of group discussions held by the authors and therefore draws on the plethora of stigma theories available to them at the time of print. The authors acknowledge that, despite the fact 'many investigators have approached the problem...the research overall is very heterogeneous.'⁵² It is this issue of heterogeneity they wished to address in their production of *Social stigma*. Realising that 'there is a surprising degree of consistency in the dimensions of stigma held to be crucial to the investigators'⁵³, Jones et al homogenised the various approaches to stigma into six fundamental foundations or 'dimensions'. *Social stigma* therefore provides a cogent,

⁵⁰ Betty M. Adelson, *The Lives of Dwarves: Their Journey from public curiosity toward social liberation* (U.S.A: Rutgers University Press, 2005), 88.

⁵¹ Edward E. Jones et al, *Social Stigma: The psychology of marked relationships* (New York: W.H. Freeman and Company, 1984), vii

⁵² *Ibid.*, p.26

⁵³ *Ibid.*, p.27

summative account of the dimensions of stigma, forged from the dedication and conceptions of a number of authors. It is for these reasons that I feel this work provides a most useful framework and I will therefore use it to examine the various processes involved in the stigmatization of people with albinism. I hope the reader shares my opinion and thus feels such a decision is justified.

The six dimensions Jones et al put forward are: 'concealability', 'course', 'disruptiveness', 'aesthetic qualities', 'origin', 'peril'.⁵⁴ For the remainder of this chapter, I will explain each of these facets and demonstrate how they apply to albinism by providing various anthropological examples and deductions I have made myself given the nature of the condition. Before I embark on this pursuit, a few technicalities ought to be made aware of. Firstly, as the understanding of the dimensions of 'course' and 'disruptiveness' requires knowledge of the other dimensions, I have decided to reconfigure the order in which the dimensions are explained and discussed. Further, the terminology used in *Social Stigma* is slightly different to that seen in Goffman's *Stigma*. A feature therefore that has the capacity to cause the individual to be stigmatized is called a 'mark'. The mark 'may or may not be physical: it may be embedded in behaviour, biography, ancestry, or group membership...is potentially discrediting'.⁵⁵ This distinction therefore makes the stigmatized to be known as a 'marked' person and, those that Goffman called 'normals', as 'markers'.⁵⁶

'Concealability' is the first dimension Jones et al suggest as central in the construction of stigma. This dimension 'focuses on characteristics of marks that make some irrevocably obvious to all involved in a relationship, while others remain completely undetected to some participants'.⁵⁷ This echoes Goffman's work with his distinction between the 'discredited' and 'discreditable'. There are several facets of 'concealability' to consider. Firstly, this dimension suggests that marks are not fixed entities and are subject to the efforts that can be made to hide or diminish their impact on 'markers'. A useful historical example to

⁵⁴ Edward E. Jones et al, *Social Stigma: The psychology of marked relationships* (New York: W.H. Freeman and Company, 1984), 24

⁵⁵ *Ibid.*, p.6-7.

⁵⁶ *Ibid.*, p.8.

⁵⁷ *Ibid.*, p.27.

consider is that of President Roosevelt. Although his legs were paralyzed by polio, he was frequently presented to the American public as a fairly able-bodied man and thus his mark must have been relatively successfully concealed.⁵⁸

The visibility of a particular mark is also an important factor to consider when discussing 'concealability'. With regards to interpersonal interaction, the extent to which a mark is visible to the other person influences the magnitude of the impact it will have. Unsurprisingly the more visible the mark is, the greater the impact it will initially have on the 'marker'. The marker, however, is not the only one who is influenced by visibility. Jones et al include a study conducted by Comer and Piliavin in 1972 to demonstrate this point. The study examined the behaviour of physically disabled people in two different interactions; one with another 'marked' person and the other with a 'normal' or unmarked person (presumably heightening the sense of being 'marked'). The results were reportedly quite consistent and showed that 'when the blemish was known or salient, the marked individual behaved less competently-he was more tense and comfortable and acted in such a way as to alienate the other individual.'⁵⁹ This is fascinating as the behaviour of the stigmatized seemingly furthers their plight. By behaving in such a way that alienates the other individual, the marked are partly responsible for widening the gulf between the marked and the marker. The problem for the stigmatized is therefore self fulfilling and thus socially maintained by both parties. In highly visible conditions, the stigmatized finds oneself in a predicament as how to behave, frightfully aware that the other person knows of their stigma. A common pattern of behaviour of the marked is 'to disavow or minimize the blemish' and to try 'to persuade others that the unfavourable characteristics generally associated with its presence are not true'.⁶⁰

We acquire a further insight into how concealability shapes stigma if we consider the length and nature of the relationship. For those conditions that can be concealed, these stigmatized individuals are afforded a few options, which those with unconcealable marks are

⁵⁸ Edward E. Jones et al, *Social Stigma: The psychology of marked relationships* (New York: W.H. Freeman and Company, 1984), 28.

⁵⁹ *Ibid.*, p.32.

⁶⁰ *Ibid.*, p.33

not. If we consider this in light of day-to-day, transient or impersonal relationships, this must be hugely advantageous. The mark can be easily kept concealed and therefore the person can appear and live relatively normally with no need for any kind of revelation. Furthermore, the marker does not feel obliged to make 'special efforts' because of the person's condition.⁶¹

With close relationships, such as those with either family or lovers, these marks may not be as easy to keep hidden due to the greater chance of revelation through increased exposure.

These individuals can, however, often decide on when is the most appropriate time to reveal their mark. For some this has a significant impact on their life as 'they may have an opportunity to demonstrate their worth and humanity' before revealing their mark.⁶²

If we consider the lives of people with albinism in African countries such as Tanzania or Malawi, it becomes abundantly clear the relevance and significance of 'concealability'. For these people, amidst a population where the majority have dark skin, their pale skin immediately sets them apart. This extremely visible condition therefore provides them with very few options of 'concealment.' In terms of behaviour, we see that such visibility means that many people with albinism shy away or seek solitude and thus furthering the alienation they routinely experience. Three students from Nigeria, all suffering with albinism, confirm this tendency. Upon asking to describe their experiences of living with albinism, they all stated that 'they tend to withdraw from social situations to avoid being noticed'.⁶³ We see that, from birth, people with albinism are also deprived that aforementioned privilege as to when then they ought to reveal their mark. This means many are never given the opportunity to demonstrate their merits. Consequently, people with albinism are often at an immediate disadvantage in important areas of life such as employment. Djatou comments on this reality in saying that 'it is difficult for people with albinism to find employment because they are marginalised in society and surrounded by a particular set of beliefs or because they are

⁶¹ Edward E. Jones et al, *Social Stigma: The psychology of marked relationships* (New York: W.H. Freeman and Company, 1984), 34.

⁶² *Ibid.*, p.33.

⁶³ Bernice N. Ezeilo, "Psychological aspects of albinism: An exploratory study with Nigerian (Igbo) subjects", *Social science & Medicine* 29: 9 (1989): 1130.

perceived to be weak'.⁶⁴ This mentality is further reflected in the thoughts of a former businessman, A. Ndonko, who believes that people with albinism are weaker and that they 'lack vigour so that they are unable to do hard work'.⁶⁵ Such attitudes have wider and more serious implications. In being refused jobs, many people with albinism have to work as farmers or street vendors in the broad daylight putting them at a great risk of developing skin cancer.

Although 'aesthetics' is the third dimension of stigma that Jones et al suggest, I feel it is more appropriate to discuss it here. This dimension refers to 'what is beautiful or pleasing to the senses'.⁶⁶ Billboard advertisements or television personalities remind us on a daily basis of the cultural 'norm' of beauty. Whether we take the beautiful plumage of a peacock or the intricate markings of a butterfly, we see the importance of attractiveness in the location of a mate in all aspects of nature. With regards to humans, however, the authors acknowledge that 'we are a long way from understanding why one object is beautiful and another plain or actually ugly'.⁶⁷ Humans serve as particularly interesting example as our 'aesthetic judgements are in striking agreement' and therefore societal views as to what is beautiful quickly emerge and often remain unchallenged.⁶⁸ This means that some unfortunate people appear ugly to the majority of observers and are consequently strongly stigmatized. Jones et al refer to two studies that set out to identify the significance of an aesthetic factor in interpersonal relationships involving stigma. Siller et al labelled this factor "proximate offensiveness" whilst Vann et al termed this as "rejection of intimacy".⁶⁹ Whichever label you take, they are both useful in describing the nature and influence of aesthetics on interpersonal interaction. They both embody a notion of 'rejection, revulsion, and disgust to people marked

⁶⁴ Médard Djabatou, "The 'Wrong' Colour? Representations and Perceptions of Albinism among the Bamileke of Western Cameroon," in *Expressions of the Body: Representations in African Text and Image*, ed. Charlotte Baker (Germany: Peter Lang AG, 2009), 133.

⁶⁵ *Ibid.*

⁶⁶ Edward E. Jones et al, *Social Stigma: The psychology of marked relationships* (New York: W.H. Freeman and Company, 1984), 49.

⁶⁷ *Ibid.*

⁶⁸ *Ibid.*, p.50

⁶⁹ *Ibid.*

by certain conditions'.⁷⁰ Furthermore, this revulsion is deep-seated and consequently 'engenders a primitive, affective response'.⁷¹ It is this "gut reaction" that remains problematic for those with highly visible marks. Studies have shown that even by four months, children are seen to 'smile less when shown abnormal faces'.⁷² The identification of 'aesthetics' as a dimension of a stigma is therefore a double-edged sword: although it assists our understanding of the mechanics of stigma, it also immediately reminds us of a key limitation people face when trying to diminish the stigma of certain conditions. We must also look at the impact this has on the marked individual. It is widely understood that people who are stigmatized because of their appearance have lower self-esteem and their view of the world and themselves is 'coloured by their appearance'.⁷³ The 'aesthetics' of marked individual therefore not only elicit a negative initial response but also have long term implications on self esteem and in having to cope with the incessant rejecting behaviour of others.

Many people with albinism report the obstacle that their unique look presents when interacting with people, especially those of the opposite sex. A paper published in 1989 on the psychological aspects of albinism in a group of Igbo albinos demonstrates this first hand.⁷⁴ The researchers asked three individuals, two males and one female, to write essays on what it is like to have the disorder. The results found that, with regards to their physical appearance, 'all stated that their skin colour attracted name calling, ridicule, chanting from people around'.⁷⁵ One of the individuals had experienced pebbles being thrown at him by children whilst another stated, "one reference to his physical state will shatter all the man and fight in him".⁷⁶ Furthermore, all three subjects mentioned the effect their condition had on interactions with the opposite sex. Forums such as school discos demonstrate how "some

⁷⁰ Edward E. Jones et al, *Social Stigma: The psychology of marked relationships* (New York: W.H. Freeman and Company, 1984), 50

⁷¹ *Ibid.*

⁷² *Ibid.*, p.51.

⁷³ *Ibid.*, p.54.

⁷⁴ The Igbo people are an ethnic group from south eastern Nigeria.

⁷⁵ Bernice N. Ezeilo, "Psychological aspects of albinism: An exploratory study with Nigerian (Igbo) subjects", *Social science & Medicine* 29: 9 (1989): 1129-1131.

⁷⁶ *Ibid.*

people find it almost impracticable to dance with an albino of the opposite sex".⁷⁷ The two male subjects also noted the 'sexual problem of the albino' with one of the individuals declaring somewhat despairingly: "No girl will ever accept me. It is not good for a girl to mix with an albino".⁷⁸ Perhaps most interesting are the experiences of the female participant. Unlike the males, she had found that her appearance had not held her back from having boyfriends. Unfortunately, the story does not end as well or romantic as it first sounds. She later rejected the aforementioned partners because of 'their desire to exploit her sexually rather than relate to her affectionately'.⁷⁹ She goes on to discuss how these men were curious to see, touch and take her to bed "in anticipation of what it would be like to sleep with a European (Caucasian) woman".⁸⁰ It was even found that all of the subjects preferred 'non-albinos' in interpersonal interactions and thus further highlighting the significance the characteristic appearance of albinism has; both for those with and without the condition.

'Origin' is the dimension that refers to 'how the mark came to be'.⁸¹ Given the multifaceted nature of marks and their varying degrees of stigmatization, it is helpful to distinguish four different categories of origin, each with their own implications. These 'subdimensions' are as follows: congenital/ noncongenital causes, marks that originate during the course of life, the speed of onset and the liability of the afflicted individual in generating his or her mark.⁸² This fourth aspect, regarding the individual's responsibility, is considered by researchers as a strong factor in the stigmatizing process. Marked individuals who are not considered responsible for their blemishes are generally treated better than those who are seen to have played a role in the development of the mark.⁸³ A person who emits an offensive body odour serves as a useful example. Most would assume that the person simply had poor personal hygiene and therefore label them as lazy, inconsiderate or even homeless. Upon

⁷⁷ Bernice N. Ezeilo, "Psychological aspects of albinism: An exploratory study with Nigerian (Igbo) subjects", *Social science & Medicine* 29: 9 (1989): 1129-1131.

⁷⁸ *Ibid.*

⁷⁹ *Ibid.*

⁸⁰ *Ibid.*

⁸¹ Edward E. Jones et al, *Social Stigma: The psychology of marked relationships* (New York: W.H. Freeman and Company, 1984), 56.

⁸² *Ibid.*

⁸³ *Ibid.*, p.57.

learning that an incurable metabolic imbalance was responsible for the smell, the markers would be more sympathetic and understanding in their approach to the individual. Furthermore, we see that depending on where the responsibility for a mark is assigned also has an effect on the afflicted. It is reasonable to see how feelings of self-blame could be detrimental to the marked individual. Not only would this self-depreciation affect morale, it would be likely to make the marked person more fearful of being stigmatized.⁸⁴ Religion or divine forces are also often seen to be responsible for providing certain lots in life. For many it may be that 'religion serves the purpose of lifting the burden of personal responsibility for their afflictions'.⁸⁵ Such conceptions may, however, reinforce beliefs of markers that the person must have done something wrong in their former or present lives to deserve such a misfortune.

Returning to the first subdimension of 'origin' I mentioned earlier, it is important to note that conditions of congenital origin do not tend to evoke the same level of sympathy or understanding from the marker as blemishes that emerge through the course of life. Firstly, congenital marks are seen as 'more distant and alien to an observer' than noncongenital blemishes such as burns or scarring.⁸⁶ In addition, Siller et al found from their studies that there is some evidence to suggest that, "congenital disabilities are believed to inevitably lead to a warped personality development".⁸⁷ Jones et al sum up this distinct attitude towards congenital conditions in saying: "it appears...that to the general public, someone with a congenital deformity may be viewed as a monster both mentally and physically".⁸⁸ On occasion, we see that this attitude manifests itself whereby parents and physicians allow

⁸⁴ Edward E. Jones et al, *Social Stigma: The psychology of marked relationships* (New York: W.H. Freeman and Company, 1984), 60.

⁸⁵ *Ibid.*

⁸⁶ *Ibid.*, p.63.

⁸⁷ Jerome Siller et al, "Attitudes of the nondisabled toward the physically disabled", *Studies in reactions to disability* XI (May 1967): iv.

⁸⁸ Edward E. Jones et al, *Social Stigma: The psychology of marked relationships* (New York: W.H. Freeman and Company, 1984), 63.

deformed newborn infants to die.⁸⁹ We will see in certain instances of albinism, the abhorrence of such a birth can even result in infanticide.

An anecdote from Malawi, entitled *The Origin of Albinos (Chewa)*, serves as a useful example as to how the beliefs regarding the origin of albinism can colour the reputation of those with the condition.⁹⁰ Unfortunately, no information is provided as to how pervasive this belief is in Malawi. The very record of this story, published in 1985, means this anecdote has continued to be propagated and therefore affords some recognition. I will take this opportunity to briefly digress and recount this tale.

Set in a local village, a young boy falls in love with a beautiful girl. The respective parents approve of the young couple's wish to marry. Prior to the wedding, however, the pair had sexual intercourse. In doing so, they angered the gods who consequently punished them. The punishment was grave and resulted in their first child being born with no limbs or thorax, leaving just a head. Considering such abnormality, the elders of the village suggested that the first-born ought to be thrown into the river. The reasoning being that by feeding the crocodiles of the river, the gods would be appeased. The unfortunate parents followed such advice but to little avail. Their subsequent second and third children suffered a similar fate. In giving birth to yet another head, the mother finally decided to keep the child. In refusing to throw the child into the river, the husband and wife were banished from the village. Seeking refuge at the edge of a thick jungle, they built a house and began raising the 'head-child'.⁹¹

The head-child progressed through childhood and into adolescence. The parents were made aware of this transition through the development of teeth, the characteristic deepening of the voice and the growth of pubescent hair on the chin. Despite all that she had sacrificed and suffered, the devoted mother continued to care for her beloved son. Now as young adult, the son expressed an interest in marrying a woman. The mother informed her poor child that

⁸⁹ Edward E. Jones et al, *Social Stigma: The psychology of marked relationships* (New York: W.H. Freeman and Company, 1984), 63.

⁹⁰ Matthew Schoffeleers and Adrian Roscoe, *Land of Fire: Oral literature from Malawi* (Malawi: Popular Publications, 1985), 106-108.

⁹¹ *Ibid.*

no girl would be interested in being wife to a head. The young adult insisted, however, so the mother promised to take him around the local villages in a basket. The following day, the mother prepared the head and basket and set out on her journey. The mother bravely travelled between villages in search of a wife for her son. Unfortunately, to no surprise of the mother, her efforts were in vain as every girl was found unwilling. Fatigued and unhopeful, the mother decided to make her way home. The persistent, optimistic head requested that they try one more village so his mother, with nothing to lose, obliged.

The head instructed the mother to follow a path leading down to a small village, found on the banks of the great Bua River. Here the despairing duo found a young girl, who had been rejected in her first marriage, willing to marry the resilient head. The proud mother begged for her son's new wife to take great care of her beloved child and told her new daughter-in-law how the gods had been hard on her. The obedient new wife did as the head's mother had instructed and took her head-husband home where she cared for him. That night, however, something truly spectacular happened. At midnight, the head broke open and out arose an albino. Seeing that her dearly beloved now had a body and limbs, she embraced the transfiguration. At that very instant, she too turned into an albino. The other villagers, however, feared the albino couple and noone visited their house. Consequently, the couple did everything together, albeit alone. The couple eventually had children who were also albinos and therefore marking the origin of albinos. The authors, recording this oral tale in 1985, note that this behaviour was still seen and explained by this anecdote in Malawi: "this is why, down to the present day, albinos move everywhere with their wives".⁹² The closing sentence of the tale hints that these beliefs, at the time of print, were still held by some. The passage closes: "The gods are still punishing them, flaying them while they are in their mother's wombs because that first pair behaved badly before they were married".⁹³ This story ultimately makes individuals with albinism out to be the product of god's wrath, deservedly punished, for the wrongdoings of their distant relatives. It is not unreasonable to presume that,

⁹² Matthew Schoffeleers and Adrian Roscoe, *Land of Fire: Oral literature from Malawi* (Malawi: Popular Publications, 1985), 107.

⁹³ *Ibid.*, p.107-108

in light of this story, many must feel justified in ostracizing individuals with albinism on the grounds that these individuals are the result of misdemeanours and that god would not want anyone to ameliorate their situation.

Further beliefs considering the origin of albinism reflect this notion of divine retribution. In South Africa, upon questioning a sample of thirty five pigmented people and thirty five albinos, six of the latter thought that their condition was the result of 'laughing at albinos...chasing them...or being afraid of them' and thereby in turn were punished by God.⁹⁴ One pigmented individual thought that albinos were the result of the mother's use of bleaching creams whilst others thought the condition came from eating the wrong foods.⁹⁵ We see another fascinating explanation hailing from Malawi. Reporting as recently as October 2006, Stine Hellum Braathen and Benedicte Ingstad found that myths regarding the origin of albinism were still held and propagated by the society they studied. Upon interviewing a mother of an albino child, when asked why she thought she had given birth to a child with this condition, she stated: "Maybe it's an illness in me, that's why I gave birth to him...They call it 'Mwanamphepo'...it is an illness believed by old people ...Some people say I might have another baby, an albino also".⁹⁶ Further investigation into the nature of this illness found that, according to a local health worker, 'mwanamphepo' is a skin disease that can cause illness in the newborn if the mother is infected at the time of childbirth. A social researcher, however, informed the authors that 'mwanamphepo' is not a biomedical condition. It is, in fact, a condition relating to taboos whereby 'if a pregnant woman breaks a taboo this can cause mwanamphepo, which again can cause disease in the unborn child'.⁹⁷ Others believed that albinos were the result of a pregnant woman simply looking at an albino. It is thought the pregnant woman can prevent a child with albinism being conceived by spitting on the

⁹⁴ Jennifer G. Kromberg and Trefor Jenkins, "Albinism in the South African Negro. III. Genetic Counselling Issues", *Journal of Biosocial Science* 16 (1984): 104.

⁹⁵ *Ibid.*

⁹⁶ Stine Hellum Braathen and Benedicte Ingstad, "Albinism in Malawi: knowledge and beliefs from an African setting", *Disability and Society* 21 (6) (October, 2006): 604

⁹⁷ *Ibid.*

ground.⁹⁸ This belief and the practice of spitting on the ground were apparently reported by many of the subjects and thus indicating the pervasiveness of such attitudes.

'Peril' embodies the feeling of fear that certain conditions instil and reflects the threat that they seemingly pose to the general population.⁹⁹ This dimension is reportedly most apparent in cases of mental illness, culprits guilty of committing violent crimes and those with diseases that are believed to be contagious. These marks are prone to induce anxiety as they make markers aware of their own vulnerability. Studies have shown that when people see a marked person, it causes them to worry about developing that particular mark themselves.¹⁰⁰ This perilous aspect of a stigma unsurprisingly leads to the rejection and avoidance of the individual. This is especially significant in conditions that are seen as a danger of physical contamination. Here lies a problem that many marked people face as even conditions such as cancer or physical disability, which pose no actual threat, are frequently treated as if dangerous. This has obvious repercussions on the interaction between the marked and the marker. Gellman's research supports this notion as he found that parents "are reluctant to permit a close relationship between nonhandicapped and disabled children" as "unconscious beliefs that disability is contagious lead to segregation of the handicapped".¹⁰¹ As we have seen in the examination of the other dimensions, the possessor of the mark is also affected by such behaviour or attitudes. The marked person, through interpreting people's reactions and in their own understanding of the condition, may conceive their mark as a burden that is imposable on others. Frequently these individuals will relinquish old friends to prevent the awkwardness inherent in sharing their imposition.

This element of danger or threat is consistent with the reputation of the albino in certain cultures of Africa. In Cameroon, the Bakweri people believe that albinos turn all food into poison. A common custom among the Bakweri to avoid such danger, therefore, is to spit

⁹⁸ Stine Hellum Braathen and Benedicte Ingstad, "Albinism in Malawi: knowledge and beliefs from an African setting", *Disability and Society* 21 (6) (October, 2006): 605.

⁹⁹ Edward E. Jones et al, *Social Stigma: The psychology of marked relationships* (New York: W.H. Freeman and Company, 1984), 65.

¹⁰⁰ *Ibid.*

¹⁰¹ *Ibid.*, p.69.

out any food upon sighting an albino.¹⁰² This practice of spitting echoes the aforementioned precautions taken by pregnant women in Malawi. My experience in Cameroon found that food is used hugely in ceremony and in socialising with friends or guests. Being excluded from such a fundamentally sociable practice as eating, because of the danger one poses, reinforces the gravity and significance of possessing such a blemish. Furthermore, for the Mossi of Burkina Faso, the albino is not to be touched. This is primarily a prophylactic measure as any damage or hurt inflicted on the albino will result in something bad happening to one's family.¹⁰³ Although there is a sense of retribution here, it nonetheless demonstrates that the albino has the potential for harm and thus poses an apparent danger to the people. Recording his observations of tribal life in the lower Congo in 1908, J.H. Weeks noted that a newborn albino child is called an *Ndundu*. The child is believed to be an incarnation of a water spirit and is seen to have much power. He is much feared, rather than worshipped, for such endowment as the powers are thought to enable the albino to inflict rheumatism and humpback.¹⁰⁴ Finally, there is a belief that albinos are contagious. According to Vicky Ntetema: "people believe that if one touches a person with albinism, they will be infected with skin cancer and have sores and wounds all over their body".¹⁰⁵

The penultimate dimension of stigma that Jones et al proffer is the 'course of the mark'.¹⁰⁶ 'Course' focuses on the facets of the mark that determine the pattern as to how the mark develops over time. This is particularly apparent in conditions such as leprosy whereby the condition becomes progressively more visible and debilitating and therefore becomes supposedly more stigmatized as it develops. Conversely, the 'course' of a mark also entails those conditions that can spontaneously become less stigmatizing or disappear over time. Many teenagers, for example, suffer from acne in adolescence. By adulthood, however, these

¹⁰² Charlotte Baker and Médard Djatou, "Enduring Negativity: Literary and anthropological perspectives on the Black African Albino", in *Crossing Places*, eds. C. Baker and Z. Norridge (Newcastle: Cambridge Scholars Publishing, 2007), 67.

¹⁰³ *Ibid.*

¹⁰⁴ J.H. Weeks, 'Notes on some customs of the lower Congo people', *Folklore XIX* (1908): 422-423.

¹⁰⁵ E-mail correspondence with Vicky Ntetema, Bureau Chief of BBC Tanzania, in Dar es Salaam, Tanzania (April 15, 2010).

¹⁰⁶ Edward E. Jones et al, *Social Stigma: The psychology of marked relationships* (New York: W.H. Freeman and Company, 1984), 36.

seemingly defacing marks frequently diminish and thereby reducing their impact on the individual.¹⁰⁷ Within this dimension, a third category of conditions can be distinguished. These are those such as albinism or dwarfism that are 'relatively immutable and the passage of time does not greatly alter them.'¹⁰⁸ The studies of Shears and Jensema (1969) illuminate how the nature of the course impacts on the degree of stigmatization and the social acceptability of the individual. The aim of the study was 'to compare the acceptability of different anomalous or disabled persons in certain social situations' by asking a group of 94 subjects (made up of college undergraduates, graduates and psychiatric technicians) to rank 10 anomalies with respect to 'desirability in a friend and as a self affliction'.¹⁰⁹ The results found that those with conditions that were considered reparable were taken to be more acceptable than the individuals with irreparable conditions.¹¹⁰

When we examine this dimension, it is useful to look at the interplay with other dimensions such as 'concealability' and 'origin'.¹¹¹ For those conditions that are concealable, the course of the mark is of little significance. As there are no visible signs of the development or remission of the mark, in many ways the course has little impact on the markers or 'normals'. The stigmatization of highly visible conditions, however, is significantly influenced by the course that the mark takes. It is here where techniques such as surgical operations can be implemented to 'alter' the course as to ameliorate the situation for both the marked and the marker. It is important to distinguish here, however, between 'actual' changes that can be made to the course and the beliefs held by the markers as to how the condition will develop. Obese people and how markers receive them provide a useful example here. By shedding the excess weight, the rotund individual can make 'actual' changes to the course. Despite such potential for change, this may be of little consequence for

¹⁰⁷ Edward E. Jones et al, *Social Stigma: The psychology of marked relationships* (New York: W.H. Freeman and Company, 1984), 36.

¹⁰⁸ *Ibid.*

¹⁰⁹ Loyda M. Shears and Carl J. Jensema, "Social Acceptability of Anomalous Persons", *Exceptional Children* 36 (2) (October, 1969): 91.

¹¹⁰ *Ibid.*, p.95.

¹¹¹ Edward E. Jones et al, *Social Stigma: The psychology of marked relationships* (New York: W.H. Freeman and Company, 1984), 37.

the marker depending on what beliefs they hold. A marker who generally believes that obese people typically remain fat is more likely to treat a fat person more negatively than someone who considers weight loss common and easily achievable.¹¹² The 'origin' of a blemish also has several interesting nuances when examining the 'course of a mark'. Congenital conditions, for example, 'follow an inflexible course that cannot be changed'.¹¹³ Similarly, as we have seen, origin has several social implications depending on whether the person is considered responsible for the mark or not. The course is therefore affected by such attitudes as 'being personally responsible for causing one's own blemish will...determine what happens.'¹¹⁴

When examining attitudes regarding the course of albinism, the beliefs held regarding the end of an albino's life offer some insight. In a study conducted in 1984 to identify the adjustment problems and attitudes held by a South African sample towards albinism, it was found many believed that 'albinos do not die but disappear or 'vanish away''.¹¹⁵ It is interesting to note that many of the albino subjects themselves 'expressed doubt as to the circumstances of their deaths, so they too knew of the myth'.¹¹⁶ This belief is perhaps founded in the traditions of infanticide or kidnappings where albino children are suddenly removed and are seldom seen dying 'naturally'.

As I briefly mentioned in the explanation, albinism as a congenital mark has a relatively fixed course. From birth, the individual's skin is characteristically pale and this does not change or alter significantly as time proceeds. Some people with albinism, however, possess an enzyme called tyrosinase. This particular condition is called tyrosinase-positive albinism and these individuals can experience a slight change in the colouration of their hair and eyes over time. As the individual grows older, there is a gradual accumulation of pigment that leads to the hair and eyes developing a 'yellowish-brown hue' and the skin becomes 'less

¹¹² Edward E. Jones et al, *Social Stigma: The psychology of marked relationships* (New York: W.H. Freeman and Company, 1984), 38.

¹¹³ *Ibid.*, p.37.

¹¹⁴ *Ibid.*

¹¹⁵ Jennifer G. Kromberg and Trefor Jenkins, "Albinism in the South African Negro. III. Genetic Counselling Issues", *Journal of Biosocial Science* 16 (1984): 99.

¹¹⁶ *Ibid.*, p.103.

pinkish-red'.¹¹⁷ Furthermore, there are currently no surgical interventions or pharmacological remedies people with albinism can utilise to alter the appearance, and consequently, the course of their mark. Livingstone, however, did encounter one lady with albinism who had attempted to transform herself and her mark. Livingstone writes: "she was most anxious to be made black, but nitrate of silver, taken internally, did not produce its usual effects".¹¹⁸ Further speculation on the course of an albino's mark may consider the development of malignant skin lesions on the skin. Livingstone also remarked on the susceptibility of an albino's skin to sun damage in saying that 'their bodies are always blistered on exposure to the sun, as the skin is more tender than that of the blacks'.¹¹⁹ Certain reports claim that the chances of a person with albinism developing a squamous cell carcinoma, a type of skin cancer, are at least 'ten times as great as American Whites'.¹²⁰ Although there is no direct evidence to support this claim, I wonder whether the gradual accumulation of pigment or widespread development of skin cancer in albinos has any impact on how they are perceived. Does this help in dispelling beliefs that they simply disappear or would the appearance of a malignancy that seemingly picks out albinos exacerbate beliefs that these individuals die of mysterious or unique causes? From the material I have uncovered, both facets remain to be answered and therefore provide a potential avenue for further research or discussion.

The final dimension that I will examine is 'disruptiveness'. Similar to 'course' in its dependence on other dimensions, disruptiveness refers to the extent to which a mark 'hinders, strains, and adds to the difficulty of interpersonal relationships'.¹²¹ The degree to which a mark disrupts this interaction depends on its concealability, the danger that it poses and how displeasing it is aesthetically.¹²² In examining the disruptiveness of a number of blemishes, three common aspects have been identified. A mark is disruptive therefore if it 'makes

¹¹⁷ A. H. Robbins, *Biological perspectives on human pigmentation* (U.S.A: Cambridge University Press; 2005), 143.

¹¹⁸ David Livingstone, *Missionary travels and researches in South Africa* (London: John Murray, 1857), 576.

¹¹⁹ *Ibid.*

¹²⁰ Jennifer G. Kromberg and Trefor Jenkins, "Albinism in the South African Negro. I. Intellectual maturity and body image differentiation", *Journal of Biosocial Science* 6 (1974): 108.

¹²¹ Edward E. Jones et al, *Social Stigma: The psychology of marked relationships* (New York: W.H. Freeman and Company, 1984), 46.

¹²² *Ibid.*

appropriate interpersonal interaction patterns uncertain and unpredictable...stridently calls attention to itself away from other characteristics...(and) blocks or distorts the communication process'.¹²³ Examples of conditions that fit this bill include stuttering, mental illnesses and eye disturbances.¹²⁴ Disruptiveness is also interesting as a dimension of stigma in its seemingly imperviousness to attitude. Whereas a marker's attitude is significant in other dimensions, it seems to have little effect on disruptiveness. Taking the example of someone with an eye condition, no matter how informed or considerate the marker is, the eye condition will be no less disruptive.¹²⁵ It should be acknowledged that this characteristic has not been studied as comprehensively as the other dimensions in analyses of stigma and thus it is considered 'not as demonstrably fruitful in clarifying the role of stigma in interpersonal interactions'.¹²⁶ It does, nonetheless, shed some light on the stigmatizing process. I therefore feel it is justified in its inclusion in the six dimensions suggested by Jones et al and in this examination of albinism

When considering the stigmatization of albinos, the marked contrast in the colour of skin tends to predominate discussion. In light of Jones et al's suggestion, that certain marks are condemned due to the extent to which they disrupt the communication process, points to aspects of albinism that are seldom discussed with regards to social interaction; the characteristic visual problems of strabismus and nystagmus.¹²⁷ The visual problems experienced by people with albinism are thought to be due to insufficient levels of melanin leading to abnormal development of the eye. Strabismus, generally known as 'cross-eyed' or 'wall eyed', is a condition where the individual is unable to align both eyes simultaneously due to a muscle imbalance and is often characterised by a squint.¹²⁸ The level to which this interferes with the interpersonal interaction of albinos is demonstrated perhaps by a study on

¹²³ Edward E. Jones et al, *Social Stigma: The psychology of marked relationships* (New York: W.H. Freeman and Company, 1984), 46.

¹²⁴ *Ibid.*

¹²⁵ *Ibid.*

¹²⁶ *Ibid.*, p.45-46.

¹²⁷ The National Organisation for Albinism and Hypopigmentation (NOAH), "Visual Rehabilitation", http://www.albinism.org/publications/what_is_albinism.html (accessed April 13th, 2010).

¹²⁸ Optometrists Network, "About Strabismus", <http://www.strabismus.org/> (accessed April 13th, 2010).

the psychosocial aspects of strabismus. The researchers found that many of the subjects had 'difficulties...with interpersonal communication' as they had 'problems with "eye-contacting" individuals they wished to address' whilst others found that they had been 'accused of cheating, daydreaming or not paying attention because of their eyes'.¹²⁹ In addition, nystagmus is the 'regular horizontal back and forth movement of the eyes'.¹³⁰ I believe it is this symptom of the eyes that Joseph Jones, M.D, records as 'a constant tremulous dancing motion' in his description of albinism in the Negro race in 1869.¹³¹ A paper looking into the social function in nystagmus found that 'there is a strong correlation between visual and social impairment' and that 'children with nystagmus perceive social exclusion'.¹³² From both examples, we see that the visual disorders of nystagmus and strabismus, problems characteristic of albinism, are of significant debility in the communication and interaction with others. I must be careful here as these studies were set in a Western context and thus may not be entirely appropriate for the evaluation of stigmatization of albinism in Africa. They do, however, serve as evidence that these visual problems do fundamentally, physically as well as socially, impair the individual.

As we have seen, the six dimensions of stigma, as suggested by Jones et al, serve as a useful framework to examine some of the variables that feed into the stigmatization of people with albinism in these sub-Saharan contexts. The fact these individuals are highly visible and have no means of concealing their mark leaves them susceptible to stigmatization or discrimination in the work place. The distinctive aesthetics of these people, appearing repulsive or undesirable to many, offers another angle on this process of stigmatization. When we factor in the beliefs concerning the origin of this condition, the apparent danger these individuals pose and the beliefs regarding the course of the albinos' life or blemish, we realise

¹²⁹ John L. Keltner, MD, et al, "Psychosocial aspects of strabismus study", *Archives of Ophthalmology* 111:8 (1993): 1103.

¹³⁰ The National Organisation for Albinism and Hypopigmentation (NOAH), "Visual Rehabilitation", http://www.albinism.org/publications/what_is_albinism.html (accessed April 13th, 2010).

¹³¹ Joseph Jones, M.D, *Observations and researches in on albinism in the negro race* (Philadelphia: Collins printer, 1869), 5.

¹³² R.F. Pilling et al, "Social and Visual Function in Nystagmus", *British Journal of Ophthalmology* 89 (10) (October 2005): 1278–1281.

these too carry significant weight in dictating the ways people with albinism are received and to perhaps justify any ostracising or discriminatory behaviour against them. Finally, the dimension of disruptiveness casts some light on the impact of the visual problems inherent in albinism on interpersonal interaction.

Dealing with the anomaly that is albinism

Through the works of Jones et al and Erving Goffman, I have attempted to explain the nature of albinism as a 'mark' or stigma and have examined the process of stigmatization of this most fascinating condition in light of a theoretical, multidimensional framework. It seems appropriate now to consider the various methods adopted by societies when trying to deal with anomalies. More specifically, I will attempt to identify any parallels between the theory Mary Douglas proposes in her work, *Purity and Danger*, and the experiences suffered by many albinos in an African context. I must acknowledge here Rosemary Garland Thomson's work, *Extraordinary Bodies*, in the extension of this theory to the realms of disability, or in my case, albinism.

Purity and Danger, first published in 1966, is a polemical work that attempts to explain how society establishes conformity and unity through its proactive drive towards purity, away from disorder and dirt. Dirt is a central image to Mary Douglas' insightful work and therefore demands a brief explanation. Douglas uses dirt as a recognisable symbol to embody anomaly or 'disorder'. The image is appropriate in its entirety. Firstly, as recognised by both Goffman and Jones et al, stigmas or marks are relative, not fixed. We see this in *Purity and Danger*: "As we know it, dirt is essentially disorder. There is no such thing as absolute dirt: it exists in the eye of the beholder".¹³³ Using Douglas' tangible example of shoes is helpful to demonstrate this. We have no qualms in placing our feet in shoes, as they are not dirty in themselves. We may hesitate to place said shoes on a kitchen table though due

¹³³ Mary Douglas, *Purity and Danger: An analysis of concepts of pollution and taboo* (Great Britain: Routledge & Kegan Paul Limited, 1966), 2.

to the relative states of sanitation! This image of dirt, however, requires us to temporarily abandon modern notions of dirt being a potential agent of disease. If we simply reduce dirt to its original meaning of 'matter out of place', two conditions are implied: a set of agreeable, ordered relations and all that which lies outside.¹³⁴ We can therefore logically infer that dirt is the 'by-product of a systematic ordering and classification of matter, in so far as ordering involves rejecting inappropriate elements'.¹³⁵ Put more succinctly: "where there is dirt, there is a system".¹³⁶

It is the way in which society deals and responds to dirt that will provide the basis for the remainder of this chapter. Douglas refers to such action as 'pollution behaviour' and defines this as 'the reaction which condemns any object or idea likely to confuse or contradict cherished classifications'.¹³⁷ Furthermore, drawing on the familiar image of a proud homeowner, she states that 'dirt offends against order' and so 'in chasing dirt, in papering, decorating, tidying we are...positively re-ordering the environment, making it conform to an idea'.¹³⁸ Elements, therefore, that do not fit or conform to an idea are considered anomalous. It is illuminative to clarify something as anomalous as we are made aware of the outline to which it does not belong.¹³⁹ Taking this to a macroscopic level, by identifying which individuals of a society are marginalised as anomalous, we immediately realise the nature and ideals of that particular demographic. Douglas identifies that, on an individual level, we respond to these anomalous elements either 'negatively' or 'positively'. A negative response could either be to ignore or condemn the individual. To acknowledge the anomaly and try to make sense of it by creating a 'new pattern of reality in which it has a place' would be a positive response.¹⁴⁰ The latter is probably less common as it requires the individual to revise his original scheme of classifications, which draws considerable influence from those

¹³⁴ Mary Douglas, *Purity and Danger: An analysis of concepts of pollution and taboo* (Great Britain: Routledge & Kegan Paul Limited, 1966), 35.

¹³⁵ *Ibid.*

¹³⁶ *Ibid.*

¹³⁷ *Ibid.*, p.36.

¹³⁸ *Ibid.*, p.2.

¹³⁹ *Ibid.*, p.38.

¹⁴⁰ *Ibid.*, p.38.

around him and the standardised values of a community.¹⁴¹ The presence of an anomaly amidst a population therefore presents a dilemma for the culture's status quo. The anomaly cannot be ignored on a cultural level as this risks 'forfeiting confidence'. Similarly, as one can imagine, to revise such a rigid and established system of classification is not easy. It is here where Douglas has identified five provisions inherent in society for dealing with anomalous events. These are: reduction of ambiguity, physical control, avoidance, use in ritual and labelling the anomaly as dangerous. I will explore each of these provisions and provide, where appropriate, an example of such action in an African culture with regards to the cultural anomaly that is albinism.

The first provision that is reportedly seen in different cultures is to reduce ambiguity surrounding the anomaly. Douglas exemplifies this provision with the birth of an abnormal child. She states: "when a monstrous birth occurs, the defining line between humans and animals may be threatened. If a monstrous birth can be labelled an event of a peculiar kind, the categories can be restored".¹⁴² This perhaps helps to explain the plethora of names attributed to albinos throughout a number of societies in Africa. In bestowing albinos with this series of aliases, the wider community is arguably able to make sense of this peculiar being that they find amongst their population. Writing in 1987, Kromberg acknowledges that 'albinos are still referred to as *nkau* ("monkey") in southern Africa'.¹⁴³ 'Mzungu' (plural ~ 'azungu') is the most common address for persons with albinism in Malawi.¹⁴⁴ This title takes on different connotations depending on the different context in which it is used. Its application to persons with albinism, in sharing a similar skin colour, reflects the use of the same term used to refer to 'white westerners'. Ultimately, when used in labelling albinos, it is

¹⁴¹ Mary Douglas, *Purity and Danger: An analysis of concepts of pollution and taboo* (Great Britain: Routledge & Kegan Paul Limited, 1966), 38.

¹⁴² *Ibid.*, p.39.

¹⁴³ Jennifer G. Kromberg, "The Response of Black Mothers to the Birth of an Albino Infant", *American Journal of the diseases of children (AJDC)* 141 (1987): 911.

¹⁴⁴ Stine Hellum Braathen and Benedicte Ingstad, "Albinism in Malawi: knowledge and beliefs from an African setting", *Disability and Society* 21 (6) (October, 2006): 605.

a term of derision meaning, fundamentally, 'something different'.¹⁴⁵ In urban areas, other colloquial names include "Jeffrey Zigoma", a famous albino Malawian gospel singer, or 'napwere', which refers to a very wrinkly, light brown pea; the albino's sun-damaged skin perhaps reminding onlookers of the pea's furrowed exterior.¹⁴⁶ Furthermore, for the Bamiléké people of Cameroon, the whiteness of the albino marks him as part of the spiritual world of the dead. Consequently, they refer to albinos as *meffeu* meaning 'dead'.¹⁴⁷ Additional titles include *fogtab gâb* ('white' or 'chicken') or *bwongou* ('strange person'), further demonstrating attempts to classify these individuals as something different or even extra-terrestrial. The Bakweri people and Pahouins of central and southern Cameroon also share this notion in their terms used to describe albinos. To the Bakweri, albinos are known as *mongou* ('strange being') or *ko* ('a different being to others'). The Pahouins are little more explicit and see albinos as *nnanga kon* ('ghost').¹⁴⁸

Next, Douglas explains that physical control can be implemented to manage the existence of an anomaly. Douglas demonstrates this figuratively in her example of night crowing cocks saying that 'if their necks are promptly wrung, they do not live to contradict the definition of a cock as bird that crows at dawn'. Albinos in Senegambia, for example, were thought to be 'evil spirits and wizards' who were killed 'without compunction'.¹⁴⁹ In his book, *Missionary travels and researches in South Africa*, David Livingstone recounts a story of albino infanticide. Whilst stationed at Mabotsa, he met a woman with 'a fine boy, an Albino'.¹⁵⁰ The father of the child had demanded his wife to throw the child away but the mother defiantly kept hold of her offspring. Eventually, the mother grew tired of living apart from the father of the albino child. The father, however, still 'refused to have her, while she

¹⁴⁵ Stine Høllum Braathen and Benedicte Ingstad, "Albinism in Malawi: knowledge and beliefs from an African setting", *Disability and Society* 21 (6) (October, 2006): 605.

¹⁴⁶ *Ibid.*, p.606.

¹⁴⁷ Charlotte Baker and Médard Djatou, 'Enduring Negativity: Literary and anthropological perspectives on the Black African Albino', in *Crossing Places*, eds. C. Baker and Z. Norridge (Newcastle: Cambridge Scholars Publishing, 2007), 66.

¹⁴⁸ *Ibid.*

¹⁴⁹ Alexander H. Krappe, "Albinos and Albinism in Iranian Tradition", *Folklore* 55 (4) (Dec., 1944): 172.

¹⁵⁰ David Livingstone, *Missionary travels and researches in South Africa* (London: John Murray, 1857), 576.

retained the son'.¹⁵¹ Consequently, the mother took the child out one day and killed him. Livingstone speculates on the possibility of widespread albino infanticide: "From having met no Albinos, I suspect they are also put to death".¹⁵² He goes on to explain that the 'general absence of deformed persons, is partly owing to their destruction in infancy'.¹⁵³ For many, the birth of an albino child was believed to be a curse. In some tribes, if an albino child was found to have survived through being hidden or protected, they were 'hanged in public to remove the curse from the society'.¹⁵⁴ Additionally, in the French Congo, albinos used to be 'slain immediately after their birth' as they were 'held to be the incarnation of water sprites'.¹⁵⁵ Other reasons why albino children were killed include that they were seen to be the product of a mother's infidelity with a white man or, in Zimbabwe, even a 'tokolosh', a devil's imp who is said to be produced by witchcraft from a tree root and to live under beds'.¹⁵⁶ It is reported that, although the termination of albinos at birth is no longer a common practice, it still occurs in some African tribes such as the Maasai.¹⁵⁷

The third and fourth provisions I will only describe briefly as examples are provided in earlier text. The third provision is that there is a tendency to avoid anomalous individuals as this 'strengthens the definitions to which they do not conform'.¹⁵⁸ With regards to albinism, we have seen throughout this narrative attempts to avoid or ostracise persons with albinism. Pregnant women or people eating cannot even look at an albino person without spitting on the ground. The fourth provision identifies that anomalies may be labelled as dangerous. The process of attributing danger to an anomaly has the effect of removing the subject from

¹⁵¹ David Livingstone, *Missionary travels and researches in South Africa* (London: John Murray, 1857), 576.

¹⁵² *Ibid.*, p.576-577.

¹⁵³ *Ibid.*, p.577.

¹⁵⁴ E-mail correspondence with Vicky Ntetema, Bureau Chief of BBC Tanzania, in Dar es Salaam, Tanzania (April 15, 2010).

¹⁵⁵ Alexander H. Krappe, "Albinos and Albinism in Iranian Tradition", *Folklore* 55 (4) (Dec., 1944): 172.

¹⁵⁶ Donald G. Mcneil Jr., "Black, yet white: A hated colour in Zimbabwe", *New York Times*, February 9th, 1997. <http://www.nytimes.com/1997/02/09/world/black-yet-white-a-hated-color-in-zimbabwe.html?pagewanted=1> (Accessed March 31st, 2010).

¹⁵⁷ Alexander Alum et al, "Hocus pocus, witchcraft, and murder: The plight of Tanzanian Albinos" (International Team Project, North Western University of Law, 2009), 9.

¹⁵⁸ Mary Douglas, *Purity and Danger: An analysis of concepts of pollution and taboo* (Great Britain: Routledge & Kegan Paul Limited, 1966), 39.

dispute and also factors into the segregation and elimination of anomalous individuals.¹⁵⁹

Albinos, as in the Senegambian or lower Congolese traditions, can be seen directly to have special, dangerous powers as either wizards or incarnations of water spirits respectively.

Finally, Douglas suggests that the use or role played by anomalous individuals in ritual is a method utilised 'to enrich meaning or to call attention to other levels of existence'.¹⁶⁰ This is demonstrable in the central role albinos of a particular ritual seen in the Bamana (Bambara) and Maninka (Malinke) of Mali.¹⁶¹ To understand the nature of this ritual requires a full explanation of how an albino is perceived by these people.

Firstly, the Bamana and Maninka classify albinos as having an association with twins. This classification is sourced in 'a corpus of essential spiritual and cosmological beliefs and a mode of living' called *Bamayana*.¹⁶² This fiduciary framework involves the belief that 'nyama ('vital life force, energy, power') and *boliw* (sg. boli; 'ritual objects which are regularly given blood sacrifices') are central to life; the latter being an important reservoir of the former, replenished and empowered by regular sacrifice.¹⁶³ At the heart of *Bamayana* also lies a belief in a principal deity named 'Faro' and his role in creation. Faro is regarded to have assisted the Supreme Being, N'gala Bemba (also known as Pemba), in the second phase of creation; his role being to 'perfect the world, organize it, put it in equilibrium, and give it eternal life'.¹⁶⁴ Although sculptures and drawings vary in their depiction of Faro, the deity is commonly believed to be the 'original albino, having stolen his white face from Teliko, a lesser deity associated with whirlwinds'.¹⁶⁵ He is also believed to have impregnated himself and given birth to the first pair of twins. It is here where the association between albinism and twins is explained.

¹⁵⁹ Mary Douglas, *Purity and Danger: An analysis of concepts of pollution and taboo* (Great Britain: Routledge & Kegan Paul Limited, 1966), 40.

¹⁶⁰ *Ibid.*

¹⁶¹ James P. Imperato and Gavin H. Imperato, "Twins, Hermaphrodites, and an Androgynous Albino Deity", *African Arts* 41 (1) (Spring, 2008): Accessed as HTML so no page numbers available.

¹⁶² *Ibid.*

¹⁶³ *Ibid.*

¹⁶⁴ *Ibid.*

¹⁶⁵ *Ibid.*

At midday, when the sun is at its highest, the sky is referred to as 'the sky of Faro's anger' due to its bright white appearance.¹⁶⁶ For those who adhere to Bamanaya, sex is prohibited at noon, as it is believed it is this that results in the conception of an albino. Descended from the Faro ('the author of twinning') and resembling the sky under which they were conceived, the albino is considered a twin being. Having disrespected the temporal rules of sexual engagement, it is believed Faro responds and 'unifies twins in the woman's uterus and removes the colour of the skin'.¹⁶⁷ This disobedience also means that the albino child's 'ni' and 'dya', spiritual elements or essences inherited through reincarnation, remain separate.¹⁶⁸ In other human beings, these elements are usually linked. The Bamana also believe that, in addition to a 'ni' and a 'dya', each living being possesses a 'tere'. Reflecting the nature of Pemba, this is a 'positive force comprising conscience and character'.¹⁶⁹ This force is released at death as a powerful force called 'nyama'. Furthermore, each being also possesses a negative force called a 'wazo', which is 'manifested by ignorance and a range of undesirable character traits'. At roughly twelve years old, children are circumcised to release the 'wazo'. The 'wazo' is believed to reside in the clitoris and prepuce, hindering fertility. In losing their 'wazo', circumcision marks the transition of children becoming responsible adults in Bamana society.¹⁷⁰ Albinos, however, are thought to have 'uncontrolled wazo'. This proves problematic for the circumcisers who have to make special sacrifices to their family altars in order to protect themselves against the newly excised albino 'wazo'.¹⁷¹ It is these spiritual or metaphysical elements that establish an albino's role in Bamana and Maninka ritual.

Uncircumcised albino children, due to their unrestrained 'wazo' and powerful 'nyama', are offered as sacrificial victims to Faro. At the time of print, the authors said that this practice was still occurring. It is thought that the 'nyama' an albino child possesses is 'so powerful that no incantations need be pronounced during the sacrifice'. It is even considered

¹⁶⁶ James P. Imperato and Gavin H. Imperato, "Twins, Hermaphrodites, and an Androgynous Albino Deity", *African Arts* 41 (1) (Spring, 2008):

¹⁶⁷ *Ibid.*

¹⁶⁸ *Ibid.*

¹⁶⁹ *Ibid.*

¹⁷⁰ *Ibid.*

¹⁷¹ *Ibid.*

powerful in circumcised albinos who, despite being devoid of 'wazo', are also regarded as popular or worthy sacrifices. Parents who have children with albinism, therefore, always have to keep a watchful eye to ensure that they are not seized and sacrificed. Adults with albinism have also been offered in ritual but are more difficult to catch so are used less frequently. Finally, various body parts of an albino are believed to be rich in special powers and thus compound the risk of being used in ritual. The head, for example, 'assures a large family and prosperity' whilst the 'the hair brings riches'.¹⁷² Other components of a person with albinism considered valuable include bone marrow, which accordingly brings gold or copper and even the faeces are thought to bring a fruitful harvest. Digging up the graves of albinos has known to occur, as the Bamana believe that 'sitting on the interred bones of an albino assures that wishes are granted'.¹⁷³

In looking into some of the practices and ways people with albinism have been treated in the past, we see some consistency with the five provisions Mary Douglas offers in her analysis of how society deals with anomaly. The numerous appellations attributed to people with albinism serve to label and, in turn, make sense of these anomalous beings. Some cultures simply could not tolerate the existence of such a challenge and resorted to physical acts to subdue and control this strange variation. As we have seen throughout, people with albinism are often avoided, often because of a threat that they pose whether it be to the constitution of a developing foetus or to the integrity of the onlooker's food. Finally, people with albinism have been and continue to be used in sacrificial rituals, further delineating their different nature from the norm.

¹⁷² James P. Imperato and Gavin H. Imperato, "Twins, Hermaphrodites, and an Androgynous Albino Deity", *African Arts* 41 (1) (Spring, 2008):

¹⁷³ *Ibid.*

Conclusion

In closing, individuals with albinism have captured the imaginations of bystanders since antiquity. The characteristic white skin and sun fearing behaviour of these people has provided fecund ground for lengthy speculation on their nature and origin. Garrod's attempts to explain this condition scientifically in the first half of the 20th century, however, has led to the reconstruction of this disorder in the minds of a western audience, now firmly within a biomedical paradigm.

The story in parts of sub-Saharan Africa, however, has run a slightly different course. Persons with albinism continue to be stigmatized and, in some cases, assaulted for their highly distinctive colour of skin. In this work, I have attempted to explore this condition through the evaluation of the process of stigmatization and through the number of ways in which societies deal with anomalies. This process has illustrated that the stigmatization of these people is a multifaceted and complex problem. To simply supplant these traditions and attitudes with a biomedical explanation will not suffice when attempting to diminish the plight of these individuals. My remit here is not to offer any solutions or plans as how to reduce the stigmatization of people with albinism; I am simply not qualified to do that. Instead, in identifying the variables that have factored into the stigmatization of people with albinism in the regions discussed in this study, albeit using a western-derived sociological theory, this story perhaps sheds some light on how others could go about deconstructing these pervasive and destructive prejudices once and for all.

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