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Lifetimes

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By Susan Reynolds Whyte

“It’s only Veria who can bathe our old mama,” remarked mama’s daughter-in-law with gentle amusement. “Because Veria is blind. You know how modest mama is. She doesn’t want anyone to see her private parts.” Veria’s devoted care for her mother extends far beyond bathing. Recently she decided that those who stay with mama were neglecting her. She collected the old lady and installed her in the house that the Community-based Rehabilitation (CBR) project had helped build for her years earlier.

Veria’s story unfolds in eastern Uganda, but it could as well have happened in many other parts of the country, probably also in other parts of Africa. Veria was married with two children by the time she lost her sight in 1986. She is convinced that her co-wife blinded her by putting medicine in her hearth so that poisonous smoke killed her eyes. It was envy: for Veria was fertile, while the first wife bore no children. After that, Veria wanted to divorce and go home to her mother’s care, but her husband demanded that she stay, threatening that he would force her father to refund the bridewealth if she left. She continued to have children, her co-wife went away, and her husband was basically supportive until his drinking got out of hand (he operated a still, so the means of inebriation were ever at hand). By the time he died, she had given birth to eight children: four sons and two daughters alive, and two in the grave. It was a hard time for her as a widow. Her husband had sold most of the land, her younger children were sickly, and her son’s wife abused her. Six years after her husband died, a widower ten years her senior, a catechist, proposed to marry her. They wed in church (itself unusual these days, but as a catechist he set an example). They have been married eight years, and he encourages her to visit her married sons often (the nasty daughter-in-law has left). He imagines a future when he might die first and his land will go to his sons. She should prepare to make a home with her own sons.

Veria has had episodic encounters with interventions for disabled people. In 1997, ten years after she went blind, “some people from Kampala” came and taught her how to cook safely and move about with the aid of a white stick they provided. She understood (or hoped?) that they would provide some capital to start a small business, but that never materialized

and the white stick was lost when her mud and thatch house collapsed in a storm. Not a stick but a child has always been her guiding device when walking anywhere beyond her compound. Recently she asked me to get her a bicycle, so that the granddaughter currently staying with her can carry her for longer journeys.

Her identity as “disabled” was most pronounced from 2002 to 2005, when the Norwegian Association for the Disabled had designated Tororo as a Model District for CBR. Those were heydays of “groupism,” when people with disabilities were supposed to form groups in order to raise consciousness and receive support. Veria joined several groups: for the disabled in the sub-county, for disabled women, for the blind, for disabled members of the ruling party. She was active only for a while; the problems were always money to pay the membership fee and transport to attend the meetings. In any case, most of the groups seem to have died out. Of more lasting value were the material benefits she received through the CBR project: a pregnant goat and the corrugated iron sheets for roofing a house. With those sheets and the bricks and nails I bought for her, she achieved a three-roomed house on her dead husband’s remaining land. She lived there until she remarried and moved to her new husband, after which her youngest son kept the house. Now she has shifted her mother there, where her children and grandchildren can look after her old mama, and where it is closer for her to visit.

These chains of events, revealing as they do Veria’s efforts, constraints and intimate involvement with others, form an example of the temporality and scale of lifetimes. The time of lives is experienced and imagined both retrospectively and prospectively. She recalls her malicious co-wife, thankfully long gone, and takes advice from her kindly older husband about planning for the future. As a researcher and friend, who first met Veria when she was four years old, my lifetime has crossed hers intermittently. I have been able to update (M. Whyte 2013) on her changing situation and occasionally to help with bricks and school fees. Lifetimes contrast with the updates of fieldwork, the measured temporality of epidemiological change, the broad shifts of historical time, the episodic or cyclical time of interventions, the rhythmical time of regular treatment, and the habitual time of daily life (see also S. Whyte 2017). At points, the times of the Norwegian-funded CBR project and the anthropologist’s visits intersected with Veria’s lifetimes, and were able to contribute to her life projects. But their times were episodic and short term, while hers were cumulative and enduring.

Lifetimes are human scale. They are assessed according to the values, hopes and constrained possibilities of situated persons—situated first of all in relation to intimate others, but situated also at particular historical conjunctures of political economy, in relation to institutions and

interventions. Lifetimes are informed by the life projects that people pursue in these conditions—the endeavors that matter most to them as they make their ways through the courses of their lives. By their very nature as chronic conditions, disabilities must be routinized as part of life, which is also about very many other things. The plural form, “lifetimes” reminds us to look for the ways in which lives are intertwined. Veria has struggled for her children’s feeding, health and schooling, for a proper family house, and for her mother’s care. Her concerns have been to mobilize resources in order to grow in relationships and personhood (see Livingston [2005, 15] for a parallel concept of “building” in Botswana).

In contrast, project times, policy times and global health times are at different scales and involve different values. They might promote rights of political representation, awareness raising, prevention of disability, provision of assistive devices, availability of rehabilitation, improvement of access—important goals that are appreciated by people and families with disability. But the priorities of lifetime projects are often at variance. People like Veria are most concerned with the ways in which interventions might assist them in life projects, mostly in the form of cash or material benefits. The money and the white stick and the wheelchair and orthopedic boots have lives as well, depending on how they fit in with the lifetimes and life projects of disabled people. Some are cared for, some are neglected. A wheelchair may be sold if cash needs are great enough or a white stick may be lost and scarcely missed if a child is available. The house for which the CBR project provided a roof sheltered Veria for a period of her lifetime and now for a while allows her to accommodate her old mama.

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[“Disability from the South: Toward a Lexicon”](#) is a series edited by Michele Friedner and Tyler Zoanni. Contributors in this series consider what changes in theorizations of disability when research is located in places marked “Southern” and offer reconfigurations of keywords and concepts typically utilized in the study of disability.

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