Indigenous people with disability: intersectionality of identity from the experience of Indigenous people in Australia, Sweden, Canada, and USA[1]

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The authors of this paper have protested, fought, written extensively and represent the broader theoretical foundations of Indigenous and disability research by focusing on their standpoint perspectives informed by their ancestral spirits and knowledge. Based on our knowledge, cultures, and advocacy skills, this paper collectively explores and compares the intersections of Indigeneity and disability as an embodied identity in four countries: USA, Canada, Sweden, and Australia. This is accomplished by beginning with a brief synopsis of colonization to provide context and then examine the consequences of Western assimilation practices, including academic support of the Western status quo. The paper will then turn to the impact of both colonization and academic constructs on Indigenous epistemologies and ideas of self in disability dialogues. Finally, the paper will focus on Indigenous concepts of difference to not only advance Western disability discussions, but also as a way for Western dialogue to overcome its predilection to hierarchical binaries.

Keywords: Indigeneity; Intersectionality; Colonization; Imperialism

Introduction

As global Indigenous 'nations', 'tribes' or 'clans' are unique with varying histories, cultures, languages, and spiritualities, defining the term 'Indigenous' defies unification. The United Nations (UN) continues to struggle to obtain an agreed upon definition of Indigenous persons, in large part because there is no universal or essential aspect of Indigeneity. This challenge has led the UN (2009) to opt for a working definition of Indigenous peoples: 'communities, peoples and nations … which, having a historical continuity with pre-invasion and pre-colonial societies that developed on their territories, consider themselves distinct from other sectors of the societies now prevailing on those territories, or parts of them'. Assuming this definition, the UN Declaration on the Rights of Indigenous Peoples (UNDRIP) calls for the recognition and guarantee of Indigenous rights including those involving healthcare rights, both modern and traditional. Using the UN's working definition of Indigenous peoples, the World Health Organization (WHO) (2009) reported in 2010 that 370 million Indigenous people lived in 70 countries around the world. The WHO also reported that Indigenous people experience the

worst rates of mortality, poor health, chronic disease, and higher rates of disability than their non-Indigenous counterparts[2]. Both Indigenous scholars and States echo these findings, noting that the rate of disability is higher or estimated as similar in Indigenous communities in the USA, Canada, Sweden, and Australia as compared to their national counterparts (American Indian Disability Summit, 2019; Australian Bureau of Statistics, 2019; Statistics Canada, 2019; Uttjek, 2016).

As evidenced by these sources, issues of healthcare and disability in Indigenous communities are significant globally; however, scholarship continues to advance Western constructs and determinations, discounting any possibility of legalization involving Indigenous difference definitions and cultural orientations. This paper builds on the global movement of Indigenous advocates in disability scholarship, the ratification of the United Nations Convention on the Rights of Persons with Disability (United Nations General Assembly, 2007)[3,4] and the Declaration of the Rights of Indigenous Persons (DRIP) (United Nations, 2016). Based on our knowledge, cultures, and advocacy skills, this paper collectively explores and compares the intersections of Indigeneity and disability as an embodied identity in four countries: USA, Canada, Sweden, and Australia. This paper starts with a brief overview of the impact of European colonization on our traditional lands. We then explore the intersection between Indigeneity and disability, comparing each authors' homeland experiences. In this paper, we only refer to Indigenous people in our respective communities.

The authors

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John Ward, a Métis and Non-Status Indian from the Algonquin territory of Kitchi-Sibi, is pursuing a PhD in Education. His specialization is Indigenous holistic knowledge, ethics, disabilities, learning disabilities and dyslexia among Indigenous people in Canada. John has worked in the area of disability, primarily learning disabilities and dyslexia for the majority of his life, while engaging with First Nations communities to provide alternative education based on cultural understanding. John is empowered by traditional holistic knowledge as a way of building dialogue among Indigenous peoples within a colonial perspective. He enjoys wood, bone, and antler carving, as well as birch bark making and teaching youth, and above all passing on knowledge, and sharing who we are to make a difference within disability studies from an Indigenous perspective.

Colonisation, colonialism, and European imperialism

According to the WHO, Indigenous people globally experience the worst rates of mortality, poverty, health issues, chronic disease, and increased rates of disability as compared to their non-Indigenous counterparts. These global rates are reflected in Indigenous communities within the USA, Canada, Sweden, and Australia (American Indian Disability Summit, 2019; Australian Bureau of Statistics, 2019; Statistics Canada, 2019; Uttjek, 2016). Colonization is widely understood as a process whereby one ethnic or cultural group invades and occupies the lands of another. Quintero (2012) provides insight into 21st century colonialism as 'colonialism is generally considered to be a relic of the past, nearly 2 million people in 16 'non-self-governing territories' across the globe still live under virtual colonial rule'. Europe's self-perceived 'need' to conquer and colonize other lands over centuries was underpinned by a range of desires, such as resource prosperity, militarism, and global domination. European justification for colonization included, but was not limited to, European imperialism and Social Darwinism, the legacies of which continue to drive and 'normalize' Indigenous issues of poverty, poor health, chronic disease, and high rates of disability. In the Global South, the new culture that accompanied colonization also affected Indigenous people's culture (Schofield & Gilroy, 2015), changing their perception (Gilroy, Donelly, Colmar, & Parmenter, 2016; Ravindran, Brentnall, & Gilroy, 2017) involving living with differences. Indigenous peoples were thus dehumanized by colonial states with these same states using language that claimed the right to 'save' with 'benevolence' and 'humanize' Indigenous peoples (Moreton-Robinson, 2011; Tuhiwai Smith, 2012).

Much has been written about the coercion, military enforcement, round up quotas, and 'stealing' of children and young people under the guise of giving them an education (Adams, 1995; Child, 2000; Huff, 1997; Lavona Lovern, 2013; Reyhner, 2017; Warner, 2016).

Historically, forced assimilation of Indigenous populations included practices such as boarding schools, workhouses, incarceration, and orphanages (Gilroy, Ragen, & Meekosh, 2018; Lavalle & Poole, 2009; Lavona Lovern, 2013; Uttjek, 2013). While little education occurred in these institutions, what did occur, was the forced assimilation of Indigenous people into colonial ways of being, including the enforcement of Christianisation and Western capitalism (Fjellström, 1993; Schofield & Gilroy, 2015; Uttjek, 2016).

Examples of forced assimilation involving children are documented throughout Indigenous and Western scholarship. However, to give some context involving the impact of such practices, we offer some examples of State and Christian collusion. One such school was Skytteanska skolan in the Umesámi area in Northern Sweden (Fjellström, 1993). This school was moved from the Pitesámi area where it had been since 1619 and was established in the Umesámi area in 1632 as a school for Sámi children. In reality, the school was established to facilitate the Christianisation of the Sámi people, after the Church and King failed in their attempts (Hasselhuhn, 1988; Lundkvist, 1977). Schools such as this could take Sámi boys by force from their parents and educate them to become priests. These boys were then sent back to their homes to teach their people Christian and colonial beliefs. If the parents protested the taking of their children, they could be brought to 'justice' in court (Lundkvist, 1977). Within the authors' nations, Indigenous peoples were subjugated in similar boarding schools and abduction practices resulting in re-education, re-location, and classification issues, which were used by the government to limit access to traditional territory, foods, housing, clean drinking water, and traditional economics. As a result, many Indigenous people lost the ability to speak their traditional language and practice traditional rituals and healings, which impacted identity. Additionally, these practices contributed to a disconnection from community and family that continues to hinder sociocultural practices. The loss of culture and language have contributed to abuse, trauma, diabetes, alcoholism, substance abuses, and suicides (Lavalle & Poole, 2009).

The colonizer embodied the idea of eliminating children's Indigenous identity and replacing it with the colonial identity in order to 'civilize' or 'save' the child from her 'savage' ways (Lavona Lovern, 2013; Lavonna Lovern & Costello, 2013; Ward, 2021) by using methods such as cognitive assimilation (Battiste, 2013). The religious element used in the assimilation of children, reflected an attempt to change the children at an ontological level, by forcing them to adopt colonial ways of being. To attempt an understanding of this violent ontological shift, let us consider the ramifications of eliminating the Indigenous identities involving interconnectedness and the subsequent imposition of the Western ontology involving binary hierarchies. Indigenous communities tend to focus on a holistic and interrelated ontologies (Battiste, 2013), while Western constructs tend to employ hierarchical binaries such as 'good/bad', 'light/dark', 'developed/developing', 'civilized/savage', and 'abled/disabled'. This pairing of terms (and beings) establishes epistemologies involving preferential positioning. The binary imposes a valuing in which one of the terms (beings) is preferred, such as 'good', 'light', 'developed', 'civilized', and 'abled'. The other term (being) then takes the inferior or negative

position such as exhibited in the terms 'bad', 'developing', 'savage', 'disabled'[5]. The consequences involving the violent enforcement of Western ontologies and epistemologies on children can still be observed in Indigenous populations. Interestingly, the imposition of Western ways of being also opens the door for Governments to impose Western conceptions of mental and physical illnesses and disabilities. When one forces a child, or an adult, to completely reconstruct her identity and lived experience, various reactions seem less a mental illness, for example, and more a reasonable response to torture or abuse (Chae & Walters, 2009), as is commonly accepted in cases of 'Stockholm Syndrome'. This term refers to reactions among victims of kidnapping at a crime scene in Stockholm many years ago, where the victims developed, against their will, relations to the kidnappers in which the victims could justify the kidnapper's actions.

Colonisation and re/inventing Indigeneity

To understand the full impact of Western academic and government imposition on Indigenous populations as part of the process of colonisation, one need only look to the problem of defining who is and who is not Indigenous. This is not to say that debates over Indigeneity do not exist in Indigenous populations, but that these debates largely reflect imposed Western constructs of assimilation. The primary issues hindering the study that addresses disabilities and Indigeneity within a Canadian context are: 1) the lack of empirical studies; 2) engaging with First Nations, Inuit, and *Métis* studies that have primarily examined their own communities in grouping information without accurate details and 3) disability studies are primarily a Western-dominated field that appears to limit '3rd world views (Semali and Kincheloe, 2011, p. xi-xii). Meekosha (2011) states that "disability studies… have tended to ignore the lived experience of Indigenous, disabled people" (p. 670), which this paper has thus presented. Defining who is Indigenous, continues to involve both local and global discussions as mentioned in the introduction of this paper. Contrary to much common knowledge, a globally accepted or adopted definition of Indigenous peoples does not exist; the closest we have is the UN's working definition defined in the DRIP. Additionally, some countries have worked to establish a legal definition that resembles the UN's working definition. Australia (Carlson, 2016), for example, has a three-pronged definition of Indigeneity:

1. Australian Aboriginal or Torres Strait Islander ancestry; and
2. self-identification as an Aboriginal person or Torres Strait Islander; and
3. communal recognition by members of the Aboriginal and Torres Strait Islander community.

In Canada, those who qualify to be Indigenous are set in Section 35 of the Canadian Constitution Act of 1982, which declares that "Aboriginal peoples in Canada" include the Indian [First Nations], Inuit and Métis peoples". (S. 35, No 2., 1982). Therefore, to be considered as Indigenous, one must be referred to as either one of these three groups.

A person's request to be identified, under law, as an Indigenous person must be assessed by an

Aboriginal community-controlled organization using the above three criteria. The challenge with this approach is that many non-Indigenous people perceive Indigeneity as based on the level of melanin in a person's skin, stereotypical body features, and associated with poor living conditions in the bush or desert, rather than on Indigenous standards involving culture, language, and ancestry. In other words, for many non-Indigenous people, an Indigenous person must be black, black hair, and poor.[6] Although this is often understood within Australia, Canada, Sweden and the US, the approach to understanding who is 'Indigenous' as defined within Indigeneity, takes on a new approach within post-colonial contact and intermixing as such in Canada with the Métis (mixed-blood, half-breeds, Bois-Brûlés) with other references that reflect each different group(Bouchard, Marcotte, & Malette, 2020).

Similarly, U.S. understandings of Indigeneity are equally fraught with racial stereotypes, but also have designations that confer different rights on differing Indigenous populations. Federally recognized populations, for example, are allowed limited participation in resource and environmental decisions and development, although these rights are undermined by legally vague wording such as 'consulted'. While defining what is meant by 'being consulted' continues to be a source of racial tension, so too do the differences between Indigenous populations. Indigenous groups such as Hawaiian Natives and many Alaskan Natives, have no legal standing regarding land decisions or resource development as they are not federally recognized (Tsosie, 2013). Even the Canons of Construction, which require legal decisions to adopt Indigenous perspectives and understandings, fail to eliminate the legal government bias of American federal Indian laws. To complicate matters even further in the U.S., federally recognized Tribes hold different treaties with the government (Tsosie, 2013). Use of vague language, political designations, and legal jargon, many Indigenous populations have experienced 'paper erasure' (Gonzales, KertÉSz, & Tayac, 2007).

In addition to paper erasures, where populations and individuals failed to meet government standards for Indigeneity, populations were also subjected to various eugenic stereotypes and evaluations in all four countries represented here. For example, in the 1800s, a Swedish scientist travelled among the Sámi and measured their skulls and their length to categorize their characteristics. Swedish scientists, priests and nobles considered the Sámi to be '…childish wild ones…' (Fjellström, 1993, p. 20). In accordance with such attitudes, the Swedish Government established the State Institute for Racial Biology in 1922 to study Sami, ethnicity, and people with disability (Uppsala University Library, n.d.). The State Institute for Racial Biology was closed in 1958. However, its research was included in medical genetics research (Uppsala University Library, N.D) and continues to be foundational in justifying current policy decisions, such as keeping Sámi body parts that were taken from their graves, without permission from their relatives. Some, but not all of them have been returned to the Sámi people and reburied, and the Sámi Parliament has been working for many years to see that all remains are returned (The Swedish Sámi Parliament, n.d.). Gilroy et al. (2013) found that such practices happened in Australia specifically for disability research.

To counter such intrusions, the Sámi established a Parliament in 1993 specifying individuals with the right to vote in this Parliament (Sámi Parliament, ND). These conditions are based on and defined according to Sámi heritage and recognize the use of Sámi language within the family. However, issues have been raised because colonization practices of assimilation have caused many Sámi to lose their language, as colonization forbade the use of Sámi languages. While the Sami continue to assert their Indigeneity based on their own heritage, recognition of their determinations may vary within Western policies and culture.

Canadian determinations of Indigeneity, in fact, reveal three distinct Indigenous groups: First Nations, who live on or off-reserves; Inuit or Circle Polar Artic Peoples, who live on or off-communities; and Métis who live on- or off-settlements. Legal definitions act as a way of controlling the First Nations' population involving designations such as 'Indian Status', which is similar to U.S. blood quantum requirements that measure the percentage of 'Indian blood' an individual possesses. Every ten years, First Nations must reapply based on 'Indian Status' to maintain treaty obligations, and rights involving hunting, fishing and tax exceptions. Additional complexity occurs because Métis identity is recognized by the federal government in Western Canada (British Columbia to Ontario), but remains unrecognized in Québec and Eastwards, leading to conflicts and issues of legal and social inequalities (Lavalle & Poole, 2009).

One could claim that debates such as these involving Indigeneity are of marginal concern as is done in many legal and policy decisions. However, that would be to ignore human rights consequences of both academic scholarship and governmental programs. As academics and government officials collect data to make policy decisions, for example, it is important to note that how and what data is collected is not a neutral process (Taylor & Kukutai, 2016; Walter, Kukutai, Carroll, & Rodriguez-Lonebear, 2020). The lack of investigation into human rights violations on Indigenous populations because of Western biased data collection and analysis perpetuates the status quo in social injustices. Using Western methodologies on Indigenous demographics, not only silences the Indigenous voice, but often justifies ongoing stereotypes and discrimination. For example, unlike Australia, the Swedish Government is not allowed to collect statistics involving race, ethnicity, and disability, and therefore no such statistical data on Sami exists, which in turn hinders equity efforts. While qualitative research does exist (such as Uttjek, 2016), results from such studies cannot be generalized and meaning is not directly transferable to another context, as validity cannot be ensured, and informants represent their own views, which in addition may develop over time. They represent findings regarding for example situations and/or phenomena with in-depth information about studied issues, and with indications of phenomena and examples of prevalence (Strauss & Corbin, 1990). Qualitative data may also be valuable depending on context and basic issues. But without quantitative statistics, it could be difficult to make progress in government policies or academic scholarship where statistics are desired (Uttjek, 2016).

Similarly, Canada groups statistical data using a unified approach, for example demographics such as physical, cognitive, and mental disabilities are grouped together, which is evidenced in the national survey that provides a general understanding of all disabilities. This survey does not disaggregate social, cultural, educational, and demographic markers (Cloutier, Grondin, & Lévesque, 2017). These surveys also tend to exclude Indigenous peoples, by combining data with that of the general population. As with most global Indigenous populations, Canadian Indigenous communities are required to collect their own data, but this is then ignored by the government because it is generated using Indigenous methodologies rather than Western ones, and hence produces more qualitative rather than quantitative data (Assembly of First Nations, 2012 (March); DeCuir-Gunby, Chapman, & Schutz, 2018; Denzin, Lincoln, & Smith, 2008; Patel, 2016).

The lack of Indigenous methodology in data collection and scholarly investigation not only biases the results of these efforts, but often supports continued political, legal, and policy discrimination. Without specific Indigenous voice and methodology, data involving race, victimization, and disability impacts on Indigenous communities, hides the continuation of Western colonization practices. Evidence of inadequate data collection, interpretation, and dissemination involving Indigenous communities is documented in works such as 'Indigenous Data Sovereignty: toward and agenda and Indigenous Data Sovereignty and Policy' (Taylor & Kukutai, 2016). These works clearly evidence Western academic and political manipulation of data using vague language and Western methodology to control the narrative regarding Indigenous populations. This control continues colonial legacies of trauma and denies Indigenous sovereignty. In contrast, Indigenous methodologies offer not only Indigenous voices in their own narratives, but also an advancement on binary hierarchies. These advancements include solutions to the discriminations inherent in binary hierarchies by replacing them with ontologies and epistemologies that allow for understandings of 'different and equal', and involve and support social justice policies.

The imposition of Western constructs on Indigenous cultures has created a disassociation of self as Indigenous persons are forced to define themselves according to non-Indigenous standards and to adopt foreign ontologies and epistemologies. The forced assimilation has, in turn, caused much of the unwellness experienced by Indigenous individuals as they are no longer allowed to define themselves in relation to their communities, traditions, and spiritualities. The Western enforced dissociation of Spirit has led to what Heart (2003) and Linklater (2014) reference in their discussions on intergenerational trauma. Decolonizing or Indigenizing difference dialogue therefore requires a recognition of Indigenous concepts involving the interconnectedness of Spirit, community, and reciprocity (Avery & First Peoples Disability Network, 2018; John Gilroy et al., 2018; Shakespeare, 2002, 2013).

Natural democracy as found in Indigenous communities is a product of community dynamics

that flow from the interconnectedness and reciprocity of all beings, human, non-human, and Spirit. Individuals are then defined according to their place within their community and according to their adherence to their responsibilities according to their abilities. As differences exist in all beings and are part of existence, individuals are encouraged to come to balance with them. Coming to balance is not understood as a necessarily individual task, but often involves the reciprocity ethics of all beings, human, non-human, and Spiritual. Indigenous populations often report difference, even severe differences to be part of the reciprocity of teaching and learning stemming from understandings of Spirit (Ward, 2021). Indigenous Spirit orientation may be one of the most difficult for Western cultures to understand as the primary element of all things is Spirit and so becomes the primary orientation of existence for all beings, making wisdom rather than academic knowledge, the priority. Balance is therefore a product of spirit, while the ever-changing is a primary function involved in Indigenous existence. Wisdom that comes from difference is therefore of great value as each community member has unique qualities and abilities that allow for a more full and complete understanding of reality while also a variety of ways to find solutions and to deal with challenges of finding solutions and dealing with the challenges. Indigenous communities traditionally embrace this diversity of wisdom harnessing it to allow a wealth of lived experiences not otherwise accessible (Deloria, 2001, 2006).

Intersection with disability in Indigenous communities

There is limited international comparative exploration of the embodiment of disability by Indigenous people that is also led by Indigenous disability scholars. Much of what is written is in fact by non-Indigenous people with limited or no Indigenous input. There is agreement among Indigenous scholars around the world (Battiste, 2013; Gilroy, 2012b; Kaomea, 2001; Moreton-Robinson, 2000; Nakata, 2007; Tuhiwai Smith, 2012) that Western knowledge systems- that is scientific and quantitative knowledge systems produced by the colonizers (Global-north/metropole/west) and imposed on colonized peoples (global south/periphery)- has constructed and represented a version of Indigenous communities' reality with no real Indigenous input. Research on Indigenous peoples produced in the West has therefore been engaged in academic neo-colonialism, an approach to knowledge production that serves the interests of the colonial elite (Metropole/global north/West). Regarding disability scholarship, Gilroy (2012b) found that:

> There are volumes of knowledge, a whole epistemological library in fact, on Indigenous people with a disability. This knowledge is not owned by Indigenous people, rather this library operates as a resource for non-Indigenous researchers and government decision makers to legitimate themselves as the controllers and bearers of the 'truth' on disability.

A mass of global Indigenous scholars has engaged in scholarly advocacy, creating their own methodologies, in a fight to resist the superiority imposed by Western constructs such as

'normalized', which are taken for granted in Western data collection and knowledge production involving Indigenous peoples.[7] The concept of 'normal' and 'idealized' humans who think and act 'right', is based on ideas of colonialism, which may be seen as a version of imperialism (Tuhiwai Smith, 2012). Legislation, theories, and histories have been developed based on these ideas which claim that Indigenous peoples were uncivilized 'savages', not human or not fully human, meaning they were not able to invent, produce, or imagine anything civilized, including the creation of history itself. Such arguments were used to justify continued colonization and imperialism, along with domestication, extermination, and later, assimilation and genocidal policies. In order to 'civilize' and to Christianize Indigenous peoples, these peoples must continue to be forced into an education system founded on these Westernised ideas. In addition, Western science maintains a hierarchical system that categorizes and values beings, including plants and peoples based on their presumed hierarchical position (Tuhiwai Smith, 2012). In accordance with that, persons with culturally preferred abilities may become valued, while those without such abilities may become labeled 'disabled' and given a lower positioning that carries a great deal of negative baggage.

The ratification of the United Nations Convention on the Rights of Persons with Disability (United Nations General Assembly, 2007) and the Declaration of the Rights of Indigenous Persons (DRIP) (United Nations, 2016) recognizes the rights of Indigenous people with disabilities to self-determination and autonomy.[8] This is also true in Indigenous disability scholarly advocacy.

Although there is no word comparable with the English definition of disability in any traditional Indigenous community on a global scale, these communities are familiar with ability differences. The term 'disability' is an imposed term produced by Western agencies such as the United Nations. Similarly, the WHO (World Health Organization, 2002) has attempted to establish a globally accepted taxonomy of functioning, known as the International Classification of Functioning, Disability, and Health (ICF-DH), which failed to include the experiences of Indigenous people with disabilities during its development. Many governments around the world have chosen to utilize the ICF for data collection, research, and policy development. The ICF-DH was tested after its release for its cultural veracity in two small Indigenous communities in Northern Australia (Senior, 2000) and the Eastern and Western Cape of South Africa (Toni, 2007). The tests found that the ICF-DH does not acknowledge the unique experiences of the Indigenous peoples in these two regions. Senior (2000:23) concluded that the ICF-DH imposes a Western label and classification on Indigenous people 'even though they [Indigenous people] would never describe themselves in such a way' (Senior, 2000, p. 23). Similarly, Toni (2007) found that the concepts, terms, and scope of the ICF-DH are culturally disrespectful and derogatory to Indigenous people in South Africa, primarily because the tool was situated using Global North definitions and conceptualizations of disability. Furthermore, the development and testing/piloting of the ICF-DH rested on UN member nations, that is the governments that preference the desires of Western empires.

Similar impacts of Western policy biases can be observed in Canadian Indigenous peoples (First Nations, Intuit, and Métis) experiences of being labeled as disabled. These designations have been a method of controlling and limiting the Indigenous people's self-determination and sovereignty rights. Indigenous critiques claim that their people have been intentionally labeled as disabled in higher numbers to their demographic counterparts to control the population. According to Barnes et al. (2006), designations of disability increased victimization. This research argues that being labeled as 'disabled', exposes people, especially children, to increased victimization which 'increased [the] risk for developing psychological disturbances, that is, post-traumatic stress disorder and major depression' (Barnes, Josefowitz, & Cole, 2006). Additionally, many disability designations were connected to labels of laziness in residential schools and contributed to poor student performances (Alison, Annette, Vandana, & Diana, 2017; Barnes et al., 2006; Halseth & Greenwood, 2019).

Indigenous children who were exposed to neglect, abuse and violence in residential schools and government and religious institutions, exhibited substantially increased risk of serious mental and learning difficulties as well as other psychological difficulties that indirectly undermine education and employment prospects (Gilroy & Emerson, 2016). Often, these social and psychological 'intergenerational' traumas were used as a way of shifting blame onto Indigenous students by often non-Indigenous teachers. This was evident when students who struggled with a learning disability such as dyslexia were seen as condemned by the actions of their 'Indian parents' which included poor parental upbringing, alcoholism, and an inability to meet with teachers. These sociocultural differences were in fact a direct result of these Indian residential schools because White teachers abused Indigenous children by forcible reeducating their natural learning process abilities, many of which were based in the orality of non-colonial languages, strong family relations, and superior visual-spatial abilities that were not part of the colonial curriculum. This reprogramming of Indigenous children has contributed to their intergenerational school trauma, and also led colonial teachers and psychologists to label Indigenous people with disabilities and learning disabilities, a dynamic in Canada and other countries with a similar history of forced educational learning (Ward, 2021).

Ward (2014) argues that the use of disability labels in Indigenous populations exacerbates identity issues and increase 'gaps in services, such as social support, mental health/addictions, abuse, coping skills, caregiver stress', especially for those who are most at risk of social isolation. While there are no words comparable to the English collective noun 'disability' in Indigenous languages, Gilroy (2012) found that there are terms for specific 'handicaps' such as blindness and deafness in Australia, and similar terms were found among Sámi in Sweden and U.S. (Lovern, 2008; Nielson, 2012; Uttjek, 2016).[9] Gilroy et al. (2018) reviewed colonial news media, supporting the above Indigenous Canadian view that the concept of disability was imposed on Indigenous communities to criminalize, institutionalize, and oppress Indigenous people, forcing them to be dependent on colonial settlements.

Disability designations, then became another strategy to control Indigenous populations and contributed to a cycle involving high rates of chronic health conditions and impaired abilities in Indigenous communities (Lavonna Lovern & Costello, 2013; Smith-Morris, 2008). Although more research into this area is needed, the labels associated with disabilities, suggest a negative hierarchical orientation and have contributed to the continued stereotypes of Indigenous people as slow, uneducable, and incapable of advanced scholarship, which belie the continued image of the uncivilized 'savage', and which then contributes to the misinterpretations and stereotypical representations of Indigenous people in educational and social media and inhibit equality in academic, governmental, and social dialogues.

The West must value Indigenous knowledge and practice

The construction of Western knowledge, including the binary hierarchy, continues to negatively impact Indigenous communities and their understanding of difference. Traditional understandings of difference did not employ a hierarchical binary. Instead, differences were understood to be natural and necessary and in themselves not inherently positive or negative. Valuing was traditionally determined by an individual's adherence to community responsibilities, based on one's abilities and one's relations, rather than on biological or mental capacities. Additionally, there was no biological or mental preferential positioning within a community as wisdom is both individual and understood to be in flux (Cajete, 2000; Lavona Lovern, 2013; Waters, 2003). Because individual experiences were understood as ways of gaining various types of wisdom, differences in abilities were understood as contributing to a broader human knowledge system with no need to apply terms such as 'disability' and 'handicapped' with their negative positioning. Moreover, Indigenous cultures do not employ 'normalized' or 'ideal' orientations to any being, largely because perfection is not a quality of humans or non-humans, and because there is continuous change (Gilroy & Donelly, 2016; Lavona Lovern, 2013; Ravindran et al., 2017; Uttjek, 2016).

The Western model of disability focuses on three dominant philosophical approaches: the individual approach, the social approach, and the holistic approach. Indeed, this very construct of 'disability' is a by-product of Western constructions involving binary hierarchies, which endow the higher binary position (abled) with positive terminology and linguistics and the lower binary position (disabled) with negative terminology and linguistics. In so doing, a bias toward what Western constructs determine as the 'ideal normal', such as that propagated by the Diagnostic and Statistical Manual of Mental Disorders (DSM) developed by the American Psychological Association (APA), serves only the interests of the imperial elite classes. Indeed, when the DSM-5 was launched, no Indigenous person was consulted in its development (Bohanna et al., 2018; Bohanna et al., 2013; Fitts et al., 2019). The Society of Indian Psychologists confirmed this and pointed out that the DSM-5 was using the data from predominately White middle-class healthy and educated people from good families that

excluded Native American members which, in turn, increases false positives and outright mistakes in the diagnosis of Native American people with disability or mental health conditions (American Psychiatric Association, 2013; Gray, 2012). Indigenous ontologies and epistemologies do not embody the same ability/disability binary hierarchy and so do not de-construct 'human difference'. This means that to properly identify Indigenous health situations, there is a need to utilize our own lived experiences, or Indigenous ontologies and epistemologies (Wilson, 2008). Disability as a construct and as a bias thus continues to be part of the colonization/assimilation process. This same hierarchical binary is responsible for the dismissal of Indigenous discussions of difference and wellness, where physical or mental differences do not logically imply a power hierarchy.

It is then understandable that many American Indian, Sami, Australian Aboriginal and Torres Strait Islander communities have denied the existence of disabilities when State officials attempt to classify children as such (Gilroy, 2012a; Ravindran et al., 2017; Uttjek, 2016). According to Indigenous communities, these children are not disabled, they simply have no talent for book learning or lack a talent such as walking or seeing. The communities value their children for what they can do, not what a child cannot do, an attitude extended to all community beings both human and not-human (Lovern, 2008; Uttjek, 2016). Indeed, Indigenous communities have often valued differences either as allowing or encouraging learning and teaching within the individual and community, or as a way to better allow or focus the individual's talents (Joe, 1997). Individuals are then understood as able to learn in areas where they lack talents and teach from areas where they have talents.

For these reasons all beings, human, non-human, and spiritual, are valued. Even people living with, what the West would call 'severe disabilities', are valued for who they are and what they contribute to the community. There is no 'being' that is fully without abilities, even if their abilities are not easily understood (Patterson, 1997). It is often said that an extremely different body or mind requires an amazingly strong spirit and is therefore much admired. As Indigenous communities take Spirit seriously and understand all beings to participate in it, all beings are connected at a spiritual level allowing for community communication and cultural participation on a broader scale than just physical (Cajete, 2000). These types of communication and participation are often not accepted in Western science, academia, or government policies but are essential in Indigenous populations. American Indian traditions, for example, understand that responsibilities within an interdependent community establish a natural democracy that prioritizes equality and denies the devaluing of any being.

Carol Locust (Lavona Lovern, 2013) provides an anecdote of a young Indigenous man in the U.S. who was considered by non-Indigenous educators to be a slow learner within the Western education system and labeled as disabled. He had no history of anger or unwellness, and regularly collected money and lists on behalf of those who were elderly, unable to run errands, or could not walk. He would go to the village and get medicine and food and often helped with

cutting firewood and drawing water from wells. One day, non-Indigenous social workers came to his home and explained that he was 'disabled' and would be forcibly placed in a government administered disability accommodation facility. As the workers were taking him away, the young man became combative and was further labelled by the social workers as dangerous to himself and others and as a result placed in an institution for the violently disabled. The young man was extremely valuable, loved, and involved in his community. The imposition of Western colonizing ideals worked to devastate not only his life, but also the entire community as they mourned the loss of such a loving and beautiful individual (Lavona Lovern, 2013; Lavonna Lovern & Costello, 2013).

Views of difference inclusion can also be found in Sweden and Australia (J. Gilroy et al., 2018; Uttjek, 2016). Such views maintained that all individuals have skills and are significant in society and family. These individuals also have friends and community to support them, which often contrasts with Western cultures that rely primarily on formal service systems. Where such support was lacking, the Government engaged in forced assimilation processes. Most authorities and institutions for 'disabled' persons, were lacking the understanding of Indigenous concepts of difference and skills and so failed to offer adjustments to Indigenous cultures and languages. Moreover, government facilities are largely located far away from peoples' traditional lands eliminating the possibility of family involvement in institutional practices. Without the ability to understand non-Indigenous languages and customs, great misunderstandings could occur adding to the already stressful situation (Uttjek, 2016).

Resistance stories exist but are largely understood within Indigenous scholarship to illustrate cases involving the inability to 'civilize' or the presence of disabilities as mainstream scholarship tends to interpret the resistance as a biological or mental response rather than a spiritual response to colonization and assimilation. As the complexities and advancements of Indigenous sciences, mathematics, and cultural constructs continue to be ignored without logical argumentation, this institutional injustice will probably continue (De Plevitz, 2006). As noted above, differences are often considered to be gifts from the Creator as they allow for the accessing of different knowledge or wisdom. Peacemakers in the Huron tradition, for example, communicated with a stutter, but were essential to maintaining peace among the Iroquoian peoples. So too, individuals who are often considered disabled in the West are understood in Indigenous communities to simply use different means of communication such as sign language, hand talk, and body movement (Davis, 2010; Gilroy & Donelly, 2016; Ladd, 2003). These differing abilities then offered unique ways of understanding lived experience and lead to wisdom that is beneficial in community situations.

Indigenous resistance to Western knowledge systems on disability and disability services has resulted in Indigenous peoples establishing their own institutions for people with disability. For example, in Australia, the national network of Indigenous people with a disability is called the First Peoples Disability Network (FPDN) and serves as an advocacy lobby group. The FPDN

has been leading a social movement to empower Indigenous people with disability. Similarly, a network was also established in Canada, the British Colombia Aboriginal Network on Disability Society, which is a provincial organization that provides services to Indigenous people with disabilities, health services, and financial support, and which is mandated to combat all types of disabilities and learning disabilities (Statistics Canada, 2019).

Conclusions

The similarities found in this research involving Indigenous peoples in Australia, Canada, USA, and Sweden, does not imply any universal or essentialist claims regarding Indigenous concepts of difference. However, the similarities of understanding do offer a unique set of understandings and the potential to advance Western concepts of 'disability' beyond current academic and governmental dialogues. A traditional view among Indigenous peoples in this study is that individuals are not categorized as 'disabled', and are thus not placed in groups with other 'disabled' individuals in the welfare system (see e.g. Gilroy, 2012; Lovern & Locust, 2013; Uttjek, 2016). Instead, we could see indications for an inclusive disability standpoint among Indigenous peoples globally that acknowledges and values cultural and language diversity. Non-Indigenous communities can learn from Indigenous populations regarding ways to break with deficit conceptualizations of individual functioning and differences.

The dismissal of Indigenous ways of being and knowledge evidenced by Western colonial biases, places all things 'Indigenous' and 'disability' in the developing or inferior position. Interestingly, if one keeps the hierarchical binary, but redefines the terms 'developed' and 'developing' using Indigenous ideologies, then the hierarchical position is revered, leaving Western cultures and ideas of disability in the lesser position. If Spirit is taken seriously along with reciprocity and interconnectedness, Indigenous understandings of difference and wisdom then take the hierarchical superior position, while Western independent and individual understandings of disability take the inferior one. Hierarchical binary positions are then little more than cultural differences, and are neither necessary nor universal, making them no more than matters of perspective (Lavonna Lovern, 2017).

This paper has shown a deep insight into the intersections of Indigenous identity and disability identity. The experiences of Indigenous people with Western concepts of disability extend from the 1600s (in Sweden) to most recent 1788 experiences in Australia (Hasselhuhn, 1988; Lundmark, 2008; Ravindran et al., 2017). During these centuries, the colonizing elite classes have considered the Indigenous peoples to be animals unable ('disabled') to have an organized community and unable to develop their mental conditions, justifying colonization using phrases such as needing to 'save' Indigenous peoples from 'hedonism' using both the State and Christianity. Indigenous peoples, however, did not, and do not, consider themselves in need of 'salvation' or as experiencing phenomena such as disabilities. Historically, those who protested and did not obey the Church or the governing bodies of the colonizers, were threatened with punishments such as being burnt at the stake, community massacres, the stealing of their

children, and displacement from their lands, foods, and resources (Lavona Lovern, 2013; Lavonna Lovern & Costello, 2013; Lundmark, 2008; Rivas Velarde, 2018; Schofield & Gilroy, 2015). Current assimilation tactics are less obvious but continue in colonizer definitions of Indigeneity and the failure to include Indigenous voices in healthcare and government service policies. The colonial elites' attempts to define Indigeneity and disability, are dismissed by Indigenous nations. Indigenous kinship and belonging are defined within cultural and social norms underpinned by a history spanning millennia and even more ancient ancestral lore.

Our own family and ancestors' experience of colonization has deep roots in the experience of disability. Moreover, it is a myth that colonization has ceased or that Indigenous people with disability are not impacted differently; it continues on our ancestral lands every day and is rooted within our experiences of disability (Gilroy & Donelly, 2016; Grim, 2001; Waters, 2004). There is a long history in our four countries of our relatives being forced into residential institutions solely based on their Indigenous status and/or disability status as defined by the colonial elite (Trennert, 2002; Uttjek, 2016). This was because Indigenous peoples, especially women and those with disabilities, were often sterilized within residential institutions of education and in Indian hospitals without the consent or knowledge of the individuals. This occurred because of the Eugenics movement and because Indigenous peoples were wards of the state who had no legal rights under colonial laws. Our people can still be exposed to constant abuse, neglect, and exploitation at the hands of these institutions and their supporting governments. Western disability labels have brought people and families into this chaotic and stressful reality that need not exist. It is the impact of settler-colonial labels and hierarchical binaries that create disability challenges, not the existence of differences (Boksa, Joober, & Kirmayer, 2015; Bombay, Matheson, & Anisman, 2014; L. Kirmayer et al., 2007; L. J. Kirmayer, Gone, & Moses, 2014; Lavona Lovern, 2013).

What can be learned from Indigenous concepts of balance and wellness is that individual differences are natural and create opportunities for both individual and community balance leading to wellness. When understood in this way, differences can be understood like seasons, each having its own wisdom. In many Native American tribes, members who would be seen as 'different' in either a learning or appearance compacity would be considered as a "gift" and not as a disability (Nielsen, 2012: 3).:

> In some tribes, disability is not necessarily stigmatized, but rather is treated with acceptance and respect. The child [person] may be given special status as a messenger from the spiritual world or may be viewed as having 'differing abilities. In many tribes, there is no recognition that the child [person] has any limitations (Patterson, 1997: 239).

Notes
[1] This article was previously published in this DGS issue as 'Disability and Indigeneity: intersectionality of identity from the experience of Indigenous people at a global level'. No

changes have been made to content despite the change in title.

[2] These findings are supported by various stakeholders and policy declarations including UNICEF, the UN Permanent Forum on Indigenous Issues (UNPFII), and United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).

[3] Detailed analyses of the UN policies, the UNDRIP specifically, have been conducted by multiple Indigenous scholars. White Face and Wobaga (2013) for example critique the finalized version of the UNDRIP, claiming that the original Indigenous approved document was re-written to eliminate much Indigenous ontological and epistemological knowledge.

[4] The UNDRIP is one tool that Indigenous peoples in Canada rely on as they turn up the heat in Canada. However, there remain issues for example in the province of British Colombia in Western-Canada. Canada is in favor as a whole, but agreement is still needed on all matters concerning housing, education, and child welfare and that these must be addressed or face UN pressure. Disabilities are high in Canada, especially among the Inuit in the northern area, due to many factors that occurred within the last century.

[5] It should be noted that while references to 'developing' or 'underdeveloped' are common, the terms are also derogatory and appear to simply be replacement words for 'uncivilized' and 'savage'. Additionally, terms such as 'developing' and 'developed', require a referent. If one changes the referent from say technology to environmental sustainability, Indigenous (South) cultures seem to take the developed position, while the colonizing (West/North) inhabit the developing positions. Finally, it is interesting that the term 'developed' as it is used, implies that there is no more development that needs to be done, and which, like 'abled', implies a Western notion of 'ideal' or 'normal', that is a perfection of some sort.

[6] It is important to understand that there is no single definition of Indigenous. While agreeing to use the WHO/UN definition, as it allows a broad understanding, there are debates among populations claiming Indigeneity, regarding how it should be defined. It is important to note that each community is unique in history, institutions, language, and traditions, and so essentialism must be avoided in language and understanding. However, Indigenous community resemblances do allow for some generalizations so long as the limitations of these abstract generalizations are recognized (Lovern, 2017).

[7] It should be noted that Indigenous communities do not employ either 'idealized' or 'normalized' concepts of humans. Such concepts trace back to early Greek references and have been continued in the advancement of the binary hierarchy.

[8] Disability is referenced in the UN Sustainable Development Goals (SDGs), but is not itself a specific goal. Additionally, the UNDRIP only references sovereignty once, which allows for potentially negative applications in Indigenous communities. Finally, the UNDRIP did not 'give' rights to Indigenous people that they did not have. Instead, while appearing to give rights to Indigenous communities, it simply attempted to reestablish what colonization had taken away (Lovern, 2017).

[9] There are often no words for Western colonized disabilities and illness such as schizophrenia, depression, diabetes, or high blood pressure. It is not sufficient to say that before contact these experiences were simply called by other terms in Indigenous languages. For many Indigenous

communities, these phenomena did not exist before colonization. Diabetes was then introduced into many languages as 'sugars' or 'the sugars'. Evidence supports Indigenous understandings that such phenomena emerged post-colonization. One cannot simply dismiss the Indigenous evidence by saying 'they simply didn't know what the phenomenon was' or 'they simply called it by another name'. To do so, violates Western standards of logic as well as scientific and academic standards for scholarship.

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