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## Native American Worldview and the Discourse on Disability

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This paper argues that discussions of disability must include the same diversity in worldview as is reflected in the client population. Speaking from the perspective of Native American ontology and epistemology, the author argues that those who are considered by the dominant society as disabled might well find themselves subjugated and oppressed by that definition. The differences between a Native American worldview and that of the dominant culture is addressed. The case is made that if diversity in worldview and voice is not honored, disability-based oppression is replicated and reinforced.

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**ABSTRACT.** This paper argues that discussions of disability must include the same diversity in worldview as is reflected in the client population. Speaking from the perspective of Native American ontology and epistemology, the author argues that those who are considered by the dominant society as disabled might well find themselves subjugated and oppressed by that definition. The differences between a Native American worldview and that of the dominant culture is addressed. The case is made that if diversity in worldview and voice is not honored, disability-based oppression is replicated and reinforced.

A person is subject to the cultural constructs of the dominant paradigm without regard for whether or not she is defined as being a member of the dominant culture within society. In the case of disability issues, the dominant European model has defined and controlled the social construction of qualifying terms. Individuals that identify with a non-European culture are then faced with navigating a complexity of oppression in order to gain support or treatment. They deal with the difficulties of cultural integration based on the dominant views of disability and also with the difficulties of having a foreign cultural construction of physical and mental “normalcy” enforced. The individual is then forced into a position that may require the rejection of her culture, and definition of self, in order to comply with the dominant construction of being. The imposition of one culture’s conception of disability on a differing culture may, in fact, create disability when only difference occurs. Moreover, the designation that all cultures should be subsumed to fit within a single cultural paradigm may deny the opportunity for the subsuming paradigm to benefit from the knowledge of those being subsumed.

The expansion of the realm of reference to include multiple worldviews is essential to the advancement of disability studies. Currently, the studies of disability, and disability-based oppression, have been limited to Eurocentric worldviews. The expansion of the dialogue to include multiple worldviews offers the opportunity to fully explore constructed concepts involved in disability studies beginning with definitions of “normalcy”. Historically, the use of European worldviews as primary in academia was a result of colonization practices, which included acts of cultural genocide. (Grande, 2004, pp. 11-29) Grande lays out the historical components used in education, both officially and non-officially, to eliminate alternative knowledge systems from academia in an attempt to force indoctrination, assimilation and, in some cases, genocide. In both the colonial and the post-colonial era, culturally different ontological and epistemological data has been dismissed without analysis simply because it did not conform to the European paradigm. Recently, academics from non-European worldviews have started demanding that the post-modernist claims of inclusion be taken seriously. Post-modern thought requires that alternative worldviews be included, so long as there exists systemic internal consistency of epistemic claims.

Moreover, the promotion of one worldview as superior to another, according to the Eurocentric epistemic claims, should be allowed only if objective standards for verification are established to determine superiority. The introduction of multiple worldviews offers academics the opportunity to advance discourse in both feminist and philosophical discussions of social construction in general. This article is an attempt to involve worldviews, beyond that of the dominant European paradigm, in the ongoing discourse regarding the social construction, oppression and treatment of individuals labeled as disabled.

As this paper is constrained by obvious length requirements, the focus will be on a Native American philosophical position as it diverges from the European conception of disability. A word of caution must be given in that this article in no way speaks for all Native American people. There are over 500 federal and state recognized Nations/Tribes and many more that are not yet, or are no longer, recognized by state or federal governments. Each of these Nations/Tribes has differing ontological paradigms and differing cultural structures that follow from those paradigms. However, in an attempt to establish a dialogue, some generalizations will be made based on patterns and similarities.

### **Current Issues in Disability Dialogue**

Susan Wendell (2008) has demonstrated the need for feminist and philosophical discussions of disability. Her work has been pivotal in opening dialogue on disability issues to include a wider range of perspectives. Wendell's description involving socially constructed definitions has been the catalyst for expanding beyond the dominant models so that continued advancement of dialogue can occur. Her rather poignant remark that, "(u)nless we die suddenly, we are all disabled eventually" (p. 828) has ignited an increased effort to study disability oppression. Wendell examines the current definitions of ability and their connection to the "young and healthy" human, or to an idealized image of what a human should be. (p. 828) The conception of "able-bodied" in these terms would seem to exclude by definition a rather large number of the current population. Further, it is interesting to note that many of the issues involved in disability studies, and disability oppression, mirror discussions in the areas of race, class, gender and sexuality. Yet, as Wendell points out, feminist and philosophical discourse has been largely silent on disability issues.

Corker (2001) advocates for increased discussion of disability in her examination of European "masculinist dichotomies" that reinforce models of oppression including disability. (p. 35) She chronicles the efforts of Rosemarie Thompson (1997) and others in their attempts to eliminate the pathological approach, used in European paradigms that defines disabled bodies as "deviant" or biological "freakery". (p. 37) These definitions of disability as biological or mental abnormalities reinforces the cultural construct that those who do not fit the ideal human image are "other". Being "other" in this worldview carries with it a list of negative connotations including inferiority, deviance and weakness.

In both Corker and Wendell's articles, the dominant paradigm sets the primary mode of existence of a being as independent in the world. It is then left to the individual to overcome, fix or eliminate any physical or mental difference. Thus, the primary way of being requires the individual to conquer or control the physical or mental disability. The implication attached to the individual, who fails to overcome her disability, is that she possesses a weakness of character. The advancements in technology and medications have promoted the idea that there are options and opportunities for

those who will persist and seek treatment, which help to better approximate normalcy. Other constructs, that supports the view that people of strong character can overcome disability situations, can be found in the moral and religious theories that frame disabilities as challenges set before a person to help prove or develop her character.

The concept of character weakness is exacerbated by the belief that at least some disabilities are self-inflicted, which may be equated with the moral judgment of deserving the “punishment” of the disability. These arguments can again be seen as paralleling feminist and philosophical literature involving tendencies to blame the victim. The indication that mental and physical disabilities can be overcome simply through individual desire and willpower is an obvious oversimplification of culturally constructed power issues involving advantage and disadvantage. Wendell explains that many of the individuals sited by society as “disabled heroes” have benefited from financial and community support, which is not available to all disabled individuals.(2008, p. 83) It should be in no way inferred from these statements that those, who have made great personal strides and overcome personal disadvantages, should not be viewed with respect, only that these other individuals, who are not able to achieve similar levels of success, should not be viewed with disrespect or as being weak of character.

Wendell (2008) further addresses the implications involved in defining the disabled as “other”, suggesting that the practice establishes an individual-society disconnect that implies that treatment or adjustments are individual or “family problems”.(p. 830) In the not so distant past, individuals designated as disabled were kept at home and away from mainstream society. The family was expected to support the individual or to make up for what was “lacking”. Wendell points out that, “(m)any people still consider providing resources for disabled people a form of charity, superogatory in part because the disabled are perceived as unproductive members of society”.(2008, p. 830) The perception that assistance is superogatory is even more disquieting if, as Wendell suggests, age is to be considered a disability.

### **Alternative Worldviews and Disability**

In the interests of eliminating oppressive behaviors based on socially constructed ideologies, it would seem appropriate to consider these constructs from the perspective of multiple worldviews. In order to broaden the dialogue, the following section will examine the Native American models involving differences. Before addressing specific issues, an attempt must be made to flesh out what has often been the mistranslation and misinterpretation of Native American worldviews that has been perpetuated in many post-Colonization academic theories. While discussions of cultural frameworks and cultural competency are discussed in many academic settings, these discussions remain bound to Eurocentric ontological conceptions. Alternative conceptions of reality that do not fit within this paradigm are either realigned or dismissed. William Quinn (1985) navigates the issue of Indigenous cultural evaluation in his discussion of quantitative/qualitative elements of Native American metaphysics. He states that the dismissal of Native American metaphysical and epistemological claims is based “...on the erroneous assumption that a quantitative, technologic prowess is necessarily accompanied by a qualitatively superior ‘standard of living’.” (p. 355) For the Native American community, often the qualitative element involved in a positive standard of living is negatively influenced by quantitative or technologic prowess, as these have been defined in a European model. (p. 355) The difference between these two perspectives is in how the individual orients herself in the world. The acts involved in colonization have denied the validity of any

orientation other than that belonging to the dominant paradigm, which has delayed the expansion of knowledge beyond a single paradigmatic understanding.

An often-encountered problem in understanding Native American perspectives is that translation occurs in the paradigm of the translator, not in that of the translated. Words are translated, but the loss of cultural context obscures meaning. Coates (2005), in his consideration of comparative history, discusses the problems involved in the translation of Indigenous histories by non-Indigenous academics. Coates emphasizes the need to advance beyond a Eurocentric interpretation of differing cultural systems in order to accurately represent Indigenous knowledge. Coates goes on to give an example of the misinterpretation of history that often occurs in academics when the parameters of studies are defined in terms of the “centrality of nation-state and/or national government”. By setting the parameters to mirror the European model of society and history, many Indigenous communities are simply defined out of existence or deemed to be “primitive” structures.

For Native Americans, the worldview is one that involves an understanding of the wholeness of existence. Gregory Cajete (2000) refers to this concept of wholeness in terms of a science of interdependence. The foundation of interdependence involves the individual as located within the world and as part of the world with the understanding that all things are interrelated. In this way, the individual does not experience an independence of being as the primary mode of existence. Instead, the primary mode of existence is communal involving “all my relations”. (p. 86) “All my relations” includes all levels of interaction in existence including human, animal, plant, spiritual and elemental. Moreover, the individual experiences this primary mode as one of caring for the community. According to Vine Deloria Jr. (1999), “everything in the natural world has relationships with every other thing and the total set of relationships makes up the natural world as we experience it.” (p. 34) The ethical ramifications of the mode of caring obligates the individual, in both a negative and a positive way, to the community as a whole and therefore to all the members of the community. The negative obligation requires doing no harm, which is not an unfamiliar obligation in many worldviews. The positive obligation requires the individual to assist the community, and so its members, whenever and to the fullest extent possible. These obligations give rise to the traditional Native American practices that place a priority on the survival and betterment of the community as a whole, which is dependant on the survival and betterment of each community member. It is significant to note that the community of “all my relations” extends beyond the human to all aspects of existence including environmental and multidimensional scientific aspects of existence.

The orientation of existence as part of nature does not entail “eliminating uncertainty through the control of nature”, but rather supports existence as “moving creatively with the flow of events”.(Cajate, 2000, p. 17) Cajete goes on to identify interdependence to include theories of chaos, which allows that the Native American ontology be focused on the ability of the individual to harmonize or balance within the chaos. “This is the perception of Native science, for truth is not a fixed point, but rather an ever-evolving point of balance, perpetually created and perpetually new.”(p. 19) Cajete establishes that the Native American metaphorical mind that allows the individual to perceive and process multiple layers of changing reality does so in order to find balance in chaos. One of these multiple layers involves the understanding of energies and the relations of energies to each other and to all beings on a multi-dimensional level. Each individual is obligated to consider how differing energies, including those created as an aspect of her actions,

impact the existence of other beings within the community of all her relations. These energies may then impact the self or others by creating physical or mental differences, requiring that the negative and positive ethical considerations be invoked in the contemplation of all interactions. “Unless one is open to metaphoric thinking, Indigenous natural philosophy will remain mysterious because it has evolved from multileveled and multilayered symbols.”(Cajete, 2000, p. 45) The above statement of Native American worldviews explains why the translation of Indigenous language must include the entirety of the worldview and not just the words.

Metaphoric ontology denies the existence of a single perspective or interpretation of an event, symbol or word. The levels of understanding require the consideration of all involved, including all human and non-human participants. In many Tribes and Nations these considerations extend at least seven generations. Because of the complexity involved in understanding, a great deal of communication and thought are expended before making decisions, determining judgments or acting.

Further contained in the Native ontology is the idea that every element, including the human, is part of the “universe’s ordering principle” of creativity. Since nature is constantly changing, “normalcy” is an ever-changing process of coming to balance.(Cajete, 2000, p. 15) The determination of “normalcy” in health or wellness is dependant on whether or not the individual is in balance with all her relations. The existence of imbalance, also called disharmony, can then shift the relation of energies and allow for the occurrence of illness or unwellness. Imbalance can be caused by individual behaviors, situations involving nature, and the behaviors of other beings. Simply put, an individual can cause imbalance in herself by not sleeping well, not eating well or by acts such as smoking, alcohol or drug abuse. Natural occurrences such as drought or grasshoppers can also interfere with harmony, but so can stress from the acts of self or others. Whatever the reason, imbalance can change the energies and allow illness or harm to occur. An additional level of understanding that defines each being as composed of mind, body and spirit signifies the need to balance each component of the individual with the other components, as well as with the components of all other beings. The interdependence of individual and the community requires balance on all levels, with the understanding that perfection of balance cannot be achieved because of the constant element of change in nature. However, the importance of individual balance is part of the positive ethical obligation that each person has to all her relations as the wellness of the community of relations is integrally linked to the wellness of the individual. (Locust, 1986, pp. 13-20)

In light of Native American world orientations, it is not surprising that little attention is focused on an individual’s “disability” or “abnormality”. Carol Locust (1986) states that many Native languages do not have words or phrases that translate words such as “handicapped”, “crippled” or “disabled”.(p. 14) Instead, a person’s sameness within the community is what defines the individual. An individual with a physical or mental difference may be identified as having a difference, but the individual is not seen as “other” based on a “disability”. The difference becomes only one element of the individual’s existence, not the defining element. The individual is seen as an integral part of the community and able to fulfill her negative obligation to do no harm as well as his/her positive obligation of assistance. The value of the individual is not lessened because of a physical or mental difference. It is important to note that the equality of value extends to all beings regardless of differences, including those that the dominant model labels as mentally ill. The focus

of community assistance is then placed on the restoration of balance for both the individual and the community.

It should be noted that multiple layering of obligations, to all one's relations, in a constantly shifting world requires that both the individual and the community constantly assess the needs of those involved in any situation. The individual with increasing physical or mental differences will be offered increased community assistance with the understanding that she may limit or deny the assistance without negative judgments from the community. Similarly, the individual regaining balance will require less community assistance and will be able to offer increased assistance where it is needed. Specific acts and levels of assistance are determined by those involved and are understood to be changeable. The Native experience involving the continuous shift of nature precludes the use of rigid plans for the treatment of differences or unwellness since the underlying imbalance that allowed the unwellness will not be the same from individual to individual; moreover, the imbalance may shift within the individual over time.

The understanding of difference within the Native American cultures further excludes the idea that an individual should be negatively admonished because of a difference even if the individual is the cause of the difference. The recognition that an individual can cause a loss of limb or a state of addiction is not associated with a moral failing or character weakness in the individual. While a return to wellness is encouraged, the individual is not treated as having "failed". Within this framework, an individual is understood as having the right to be unwell or out of balance. Unwellness does not result in societal sanctions, either formal or informal. If there is a threat of harm to the self or to others, precautions are taken, but character judgments are not imposed. The individual, as a being, is separated from her actions and she is allowed the opportunity to restore balance in the future with the understanding that future balance does not eliminate consequences of past actions. The focus of "treatment" is on establishing the cause of the imbalance in the spirit, mind and body. It should be noted that the reinstatement of balance may entail learning to live with the physical or mental difference rather than the elimination of that difference. Balance is achieved in many cases by the acceptance of the difference and the establishment of both individual and community skills that allow the individual to fulfill her obligations to all his/her relations. As discussed earlier, truth and balance are ever changing and so require continued creative adjustment of each individual and of each community in order to adapt to a natural mode of chaotic existence.

By keeping the Native models of difference in mind, non-Native disability workers may gain an understanding as to why pre-set programs and treatments may be met with hesitation or complete denial. For these same reasons, the Native individual may seek treatment from governmental organizations or Western medical facilities, but may also seek the assistance of traditional healers. For many Native people, the existing governmental and medical programs are not sufficient to treat the underlying reason for the unwellness and so must be supplemented in order for wellness to be restored. Health and disability workers need not accept the Native ontology, epistemology or social constructs, but patient/client outcomes can be improved when these complexities of understanding are respected and added to treatment procedures and options. It is not uncommon for a patient, who does not experience respect for her worldview, to simply opt out of treatment entirely.

### **Continued Dialogue**

. As can be seen, the call for discussion on disability related oppression and issues of inclusion and



treatment can benefit from a multiple worldview approach. Cultures other than the dominant offer advancements in dialogues involving knowledge claims in general and, more relevant to this paper, disability studies in particular. Organizations such as Consortia of Administrators for Native American Rehabilitation (CANAR) are often dismissed as having no authoritative knowledge because they work with populations that academia has defined to be primitive. However, the efforts of individuals and organizations, both academic and non-academic that function within post-colonized oppressed cultures offer a unique insight into the power of unexamined social constructs. In many cases, the designation of “other” for these populations has required the advancement of knowledge in order to survive in the face of oppression and genocide. In the case of many Native American communities, survival required the metaphorical mind to completely embrace the ontology of interdependence. The inability to represent differing worldviews, properly translated in complete ontological and epistemological complexity, would seem no more than the disability of the translator, which in turn serves only to limit discussions into areas of oppression, such as disability oppression.

This paper does not assert a superiority of any given worldview, as such claims are unsubstantiated given the inability to establish independent, objective standards. Instead, the claim is simply that given the differing worldviews, and the knowledge that concepts of “normalcy/abnormalcy” and “ability/disability” are culturally constructed, it would appear logical to expand the dialogue to include a multiple worldview approach. This seems a modest claim, but in light of the post-modern landscape of academic and intellectual dialogue, it seems to be a rather important claim to make. Not only does the silencing of cultures represent a loss of knowledge in general, but it also represents a continued advancement of post-colonial oppression.

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