Black Disabled People and Mental Health: Intersectionality of Racism, COVID-19, and Disability. An Autoethnographic Journey.

By

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Abstract

Mental, physical, and emotional health are essential for everyone to enable the totality and completeness of one's health and well-being to enhance quality of life. Mental health is one of the deep-rooted issues in the racialized community. Among Black disabled people, mental health is among some neglected areas in research. Generally, there is a lack of culturally appropriate mental health promotion and advocacy for Black disabled people. Due to my professional experience in the health, social services and community non-profit organisations, I was motivated to utilize auto ethnographic methodology to explore my personal experiences, thoughts and ideas regarding the intersectionality of race, COVID-19 and disability and how these interconnected factors affect the mental health of Black disabled people. In this study, I performed reflective examination of my ideas and thoughts revealing how race, COVID-19 and disability have negatively impacted mental health of Black disabled people. I also relied on my own memory of events from my interaction with disabled people, participant observation field notes and research dairies as data collection techniques. Within my stories, I addressed how Black disabled people experienced racism and COVID-19 as a dual pandemic that impact mental health. As the growing awareness of negative impact of the pandemic on Black disabled people widens, I provided readers with possible strategies and recommendations that might solve the impact of racism and COVID-19 on the mental health of Black disabled people. I recommended that mental health training package, toolkit and resources about Black disabled people should be widely distributed and used by everyone who want to embark on the critical journey toward greater awareness, implementation of human rights and efficient creation of an inclusive society.

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Chapter One

Introduction

Globally, disability is a universal concern not only for disabled people, but for everyone. We are all likely to experience disability either through poverty, an armed conflict injury, congenitally or through aging (Bickenbach, 2011). Even without experiencing a disability directly, we may have friends or family members who may deal with impairment at some point in their life. Issues such as quality of life and mental health as perceived by disabled people should be a priority concern for every human group. Disability can be perceived in two ways: "as a medical construct and as a social construct" (Baffoe, 2013, p.187). When disability is interpreted as an illness or impairment, it is viewed as occurring in an individual's body or mind, and when interpreted as a social construct, it is seen in terms of the socio-economic, cultural, and political disadvantages resulting from an individual's exclusion (Government of Canada, 2003, cied in Baffoe, 2013). Given this understanding, disability could be impacted by physical, cognitive, visual, and environmental factors in society.

According to the World Health Organization's (WHO) Global Disability Action Plan 2014-2021 report, "disability is a global public health issue, human right issue and developmental issue" (WHO, 2015, p.1). The report reveals,

> Disability is a health concern because people with disability, throughout the life course, face widespread barriers in accessing health and related services, such as rehabilitation, and have worse health outcomes than people without disability. As a human rights issue, adults, adolescents and children with disability experience stigmatization, discrimination and inequalities which lead to violations of their rights and dignity. Finally, as a development issue because disability and poverty reinforce and perpetuate one another explaining the prevalence of higher disabled people in developing countries.

The WHO emphasizes that disabled people face numerous physical, social, systemic and attitudinal barriers which affect their mental health (WHO, 2015). Disabled people in the Black community are likely to experience intersecting layers of discrimination and social exclusion as a result of their dual identities as members of a disabled and racialized subculture, and this has adverse effects on their mental health.

The growing issues of police brutality, systemic racism, sexism, institutional discrimination, ableism, and other forms of prejudice have energized the understanding of intersectionality (Giwa et al., 2020; Meng et al., 2015; Ontario Human Right Commission, 2017). To elaborate, in Canada, the 2017 Ontario Human Right Commission Report (OHRC) confirmed,

> For many years, racialized communities have spoken out about their deep mistrust of public institutions such as police, corrections, child welfare agencies and others. These are the very institutions we have entrusted to protect us and help us with highly sensitive issues, and which often respond to the needs of the most vulnerable people in our society. Yet, for racialized peoples, too often the trust they should feel is overridden by the lived experience of racial profiling, such as being unfairly singled out for surveillance, scrutiny, investigation, and disproportionately harsh treatment. (OHRC, 2017, p.3)

Similarly, Meng et al. (2015) investigate racial profiling of Black youth in Toronto and correlated racial profiling to urban disadvantage theory. The authors found that due to racial profiling,

> Black youth were subject to disproportionately more stops for gun-, traffic-, drug-, and suspicious activity-related reasons than their White counterparts. Moreover, the finding show that Black youth were more likely to be stopped due to drug-related reasons in neighbourhoods that were less disadvantaged and where more White people resided. (p. 134-135)

Crenshaw (1989) reveals that “the intersectional experience is greater than the sum of racism and sexism” and particularly that “any analysis that does not take intersectionality into account cannot sufficiently address the particular manner in which Black women are subordinated” (p. 140). The term ‘intersectionality’ implies the experiences of interconnected factors that affect a person. The concept was first introduced by legal scholar Crenshaw (1989) who pursued a deeper understanding of how single-axis studies and legal policies, especially around race and gender aspects, failed to properly account for the perceptions and forms of discrimination frequently faced by black women. An intersectionality approach also reveals that race and gender are additive components that reinforce one another in several ways (Mullings & Schulz, 1999). Intersectionality is “associated with the interconnected factors between social difference and identity (examples; race, class, gender, ethnicity, disability, geography) and forms of systemic oppression (examples; racism, ableism, sexism, classism) at the micro and macro level in forms that are interdependent and complex” (Hankivsky, 2011, p. 16). Commenting on the root of racism in the community of people with disability, Soldatic and Grech (2017) indicate that one of the basic supports of slavery and ‘white supremacy’ has been based on physical imprisonment of Black people who were considered unfit in the ranks of society and psychological welfare. To explain further, the authors confirm that throughout history, racialized groups continue to be informed that they are mentally inferior. “Racism creates the conditions that limit the life opportunities for those seen and marked as other” (Bernard & Smith, 2018, p. 150).

The mental health of any population is affected by several factors. Some of these factors may be biological, such as biochemical imbalances, or psychological, such as cognitive differences. According to the social determinants of health model, the social, political, cultural, and economic systems and structures have a strong influence on the mental health of the disabled community. O’Sullivan and Bourgoin (2010). listed twelve social determinants of health that are likely to affect Canada’s population. These include: income and social status; social support networks; education and literacy; employment and working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; biology and genetic endowment; health services; gender; and culture. However, despite the evidence of the impact of intersecting layers of racism, discrimination and ableism, no scope review has been conducted on the effect of these factors on the mental health of disabled Black Canadians. Hence, Bernard and Smith (2018) reveal

> [C]riminalization of racialized minorities is a traditional practice that remains an integral part of our criminal justice system and clearly a human rights issue. This is because, where differential treatment exists, so too does the value that some are not worthy of the same basic rights awarded to others. Hence, refusing to collect data that would undermine the claim that Canada is a beacon of diversity and acceptance allows this targeted discrimination to exist unchallenged. (p. 150)

Williams et al. (2019) conducted a systematic review and synthesized literature on the impact of institutional racism enshrined in the formal and informal everyday institutional practices affecting the health of black American minorities. The result reveals that the two most basic factors that are associated with racism and poor health are lack of access to education and quality jobs. Similarly, Nnorom et al. (2019) confirm that most research on health studies are biased against Black women in Canada. The authors believe that the healthcare systems in Canada rarely collect systematic data about race and ethnic origin. Hence, it is quite difficult to analyze the inequalities of health associated with a Black population in Canada. Again, even though Black disabled people are within the working class, they usually have little access to proper accommodation and services that help them to participate in the society (Diverlus et al., 2020, p. 184). In addition, the National Disability Institute (2020) add that because of COVID-19, 20% of disabled people were unemployed in May 2020 and 35% of Americans with disabilities lost their jobs whilst others were adversely affected by race, gender, and poverty. This clearly shows that black disabled people are not only affected by racism, but also their plight has been exacerbated and compounded by the COVID-19 pandemic. It seems the fundamental problem with research on mental health among the Canadian population is that it tends to approach the Canadian population as if it were homogenous. Hence, there are enormous gaps in the research characterized by a complete failure to address diversity and mental health among racialized groups, which engages gender-based analyses and prioritizes intersectionality more generally.

Motivation for the Study

This research is born out of my history of activism with mental health movements in Ghana. In 2014/2015, I was a volunteer community mental health officer at Juaso District in Ghana. As part of my job, I was responsible for promoting the mental health of the Juaso District. I worked with youth with intellectual disabilities to develop a learning model that is consistent with their learning spaces. Learning space here is defined as the physical environment or computer-simulated location that enhance youth engagement and provides youths with the requisite resources for learning. Hence, my role was to provide the youth with physical, affective, and cognitive materials that would motivate and encourage active social participation. In fulfilling my job requirements, I mapped the youths with intellectual disabilities to the available metal health resources available in the community. To explain further, I provided youths with intellectual disabilities some relevant information and resources such as mental health toolkits, access to community recreational centers, access to financial support institutions and contact lists of guidance and counselling coordinators to help improve their mental health.

I was very happy to work in this position because it provided me the opportunity to work and learn together with my friends and younger parents who could not advance in their education due to their disabilities. My position helped me to deconstruct the belief that persons with intellectual disability are incapable of learning. I developed broader, newer, and wider horizons of life experiences with the disabled community which helped me to approach persons with disabilities with a learning attitude.

During community outreaches, I observed that even though disabled persons in this community were demonstrating excellent psychomotor skills and abilities, the misinterpretation, and misjudgements about their abilities by their parents and the community members limited their participation in the economic productivity of the community. For example, I recognised that the deep-rooted values and beliefs that persons with intellectual disabilities are from rivers or 'gods' and hence must be killed, have evoked post traumatic stress and anxiety among disabled students in the community. In my interaction, I noticed that youths with intellectual disabilities were greeted every day with the trauma of being ostracised and banished.

In addition, it was extremely difficult for youths with disabilities to find a husband or wife owing to family and friends' discouragement. Even though being unmarried is socially unacceptable in the Juaso District, the community members erroneously believed that women with disabilities cannot get pregnant. Some of the community members were also of the view that even if disabled women get pregnant, they will give birth to socially unfit children, as Elizabeth's (participant actual name is changed to protect her identity) story exemplifies:

> My stepfather used to mentally and physically abuse me. He his friends and family come for visit; he hides me in the bedroom. He does want people to know that his one of his family is deaf. According to him, it a disgrace and shame to have a blind son or daughter.

Further conversation with Elizabeth revealed that she sometimes deliberately excludes herself from participating in the social programs to escape discrimination and social ridicule. Elizabeth's quote confirms that most families of people consider disability as a curse, shame and disgrace in the society.

In a conversation about the discriminatory attitude of some of the Juaso Community members, Frank highlights emotionally stressful experiences:

> Due to my visual disability, the community sometimes neglects me. Because I am blind, they assume and believe I can do nothing. Sometimes, people stare at you and assume depressive facial expression as if I am not a human being. Sometimes, my father sends me to the football field, and people question him about why he is bringing [me] to the field. Observing the discriminatory and stigmatised attitude toward disabled people in the community, I felt a responsibility to advocate for persons with disabilities.

I urged my outreach team to educate the community on the devastating impact of negative attitudes on disability. I organised seminars and community fora to educate parents and members in the community on intellectual disabilities and the impact of negative community attitude on the capabilities of persons with disabilities. In addition, I advocated that community members embrace non-judgemental attitudes and develop broad understanding about disability. For instance, I encouraged community leaders to develop inclusive and accessible programs that take into account the understanding of diverse types of abilities. I organised a community forum to address the misconceptions about the strength and abilities youth with disabilities.

My previous positions and voluntary participation in community mental health projects motivated me to conduct this study among Black disabled people. For instance, in 2019-2021, I worked as a research assistant on a two-year provincial project titled “Towards Positive Change to Promote Mental Health and Wellbeing for Black Canadians in Manitoba.” As part of my job description, I was tasked to gather information on the social determinants and intersectionality of mental health among Black Canadians. In addition, I was expected to collect all surveys during project forums through focus groups and review data collection methods with Mental Health Promotion Ambassadors (MHPAs).

Finally, I was tasked to conduct focus groups based on experience and findings in the environmental scan. From the environmental scan and the literature review conducted in the context of this project, I identified a clear gap in research in relation to the scope review on the social determinants of mental health inequalities among Black Canadians with disabilities. The United Nation report on 2020 reports,

> Persons with disabilities experiencing intersectional and multiple discrimination as a result of their gender identity, age, ethnicity, race, sexual orientation, origin, location and legal status, among other factors, will experience a heavier burden of the immediate and long-term economic and social consequences of the pandemic. (UN, 2020, p. 8)

In addition, I work as support worker, Independent Living and Transition Facilitator and outreach driver in some support agencies in Winnipeg. In these organisations, my roles are to develop professional and supportive relationships with youth experiencing homelessness, staying in outdoor locations or different places not intended as housing throughout Winnipeg. In addition, I develop individualized care plans in collaboration with youth addressing short-term and long-term goals. I provide on-going case management support to assess progress and ensure treatment plan outcomes are met or changed as needed. Again, in a proactive manner, I identify barriers that restrict and develop strategies that facilitate the youth's ability to meet identified goals. I provide resources as needed to youth seeking services in a way that ensures that the client is an informed decision-making participant. Finally, I work collaboratively with a multi-disciplinary team within the organization to coordinate support for youths. Meeting with youths in the community and/or in their homes.

From my observations and conversation with healthcare workers, I realized that most of the medical professionals and workers had misconceptions of what constitutes an impairment, illness, and mental wellness. From my environmental assessment through interviews, direct observation, and simple data analysis, I observed that even though these support agencies pride themselves with supporting deinstitutionalization of disabled people, they only view this as a locus of care, employment, and financial opportunities. In a conversation, Daniel (actual name is changed to protect participant identity) lamented, “Community healthcare workers believe that providing me with medical services waste time. They don’t give me the needed attention. My presence seems to bother them and makes them uncomfortable.”

In relation to my observation above, Milligan (2005) draws our attention to how we should view deinstitutionalization. The author believes that rather than viewing deinstitutionalization as a form of care for disabled people, the society should be cognisant of the ways social settings and structures in which disabled people reside and interact create inequities and systems of oppression.

Another problem is the silencing of voices of disabled people in studies conducted on mental health (Slee, 2001). Even when they are consulted, researchers have been unwilling to centre those voices in studies, preferring instead to ‘speak for’ Black disabled persons. Few, if any studies present perspectives that look through the lens of Black disabled persons themselves. Many begin with the presumption, moreover, that disabled people are invariably individuals experiencing poor mental health. This is partly owing to the persistence of problematic concepts such as ‘normal’ and ‘objectivity’ in medically based mental health studies. Abdillahi and Shaw (2020) confirm,

> The ways in which health and mental health outcomes are measured at a national level may not reflect how different communities understand and talk about health and may marginalize different ways of knowing and creating knowledge. Hence, not all sources of health data collect information on racialized identities, or other important intersecting identities, such as sexual orientation, gender identity, and immigration status. (p. 8)

In addition, so-called ‘experts’ continue to assess the mental wellness of disabled people, including Black Canadians with disabilities employing the instruments of dubious reliability.

For instance, Brisenden (1986) writes,

> The word "disabled" is used as a blanket term to cover many people who have nothing in common with each other, except that they do not function in exactly the same way as those people who are called "normal". Consequently, this large number of people are considered "abnormal". We are seen as "abnormal" because we are different; we are problem people, lacking the equipment for social integration. But the truth is, like everybody else, we have a range of things we can and cannot do, a range of abilities both mental and physical that are unique to us as individuals. The only difference between us and other people is that we are viewed through spectacles that only focus on our inabilities, and which suffer an automatic blindness - a sort of medicalized social reflex - regarding our abilities. (p. 3)

At the end, Matanga (2008) insists that disabled people are forced to fix themselves and to adjust themselves to the assumptions, policies and programs designed by non-disabled persons. Matanga (2008), developing a cross-disability discussion of institutional discriminatory practices against persons with disabilities in Zimbabwe and Canada, reveals,

> Since time immemorial people with disabilities have been isolated, ostracized, and relegated to charity, medical, psychological, rehabilitation and, recently, to a few integrated institutions. These austere institutions are administered by able-bodied professionals who are, in most cases, insensitive to the needs of their clients. Public policies have not reflected the interests of handicapped people. Yet even current policies that attempt to incorporate the interests of people with disabilities are designed and implemented by able-bodied professionals in ways that force the handicapped to try and fit themselves into the able-bodied world. (p. 172)

The author further points out that in many developing countries like Ghana, "the treatment of the disabled is also serious, especially regarding access to schools, workplaces, and other public institutions. Not providing access to these places is viewed by the able-bodied public as natural, unavoidable, and justifiable" (Matanga, 2008, p. 175).

The informal preliminary studies were done to move away from the popular policy "never *for* us, always *with* us". This is where researchers develop their own research topic and present it to the disabled community to be part of the study. For instance, Wolpert (1976) call our attention to the exclusion of persons who experience mental and physical disability from mainstream activities and research. For instance, Matanga (2008) reveals a troubling trend among researchers who use disabled people as research participants:

> In an attempt to meet research requirements, the researchers simply went to the disability community, hand-picked a few people, and presented them to the government as participants. After using them to secure funding and to gather data, they discarded them. These handicapped people were not acknowledged in publications, nor were they financially compensated for their time and ideas. (p. 195)

Hence, Hahn (1985) concurs with Wolpert's (1976) and Matanga's (2008) assertion and argues that in order to develop a holistic understanding of issues affecting disabled people, we must understand not only the social factors, but also the experiences, perceptions, and opinions of persons with disabilities. Although, Hahn's (1985) argument focuses only on those with physical disabilities, it is of equal relevance to consider black disabled people.

I analyze my own experiences and stories related to the topic and offer recommendations within this subject. I offer my reflections, ideas, and thoughts on this topic as a close associate of disabled people. Despite my experiences, I argue that the true experiences of disabled people on this topic is gained through the lens of Black disabled people. Black disabled people, in my opinion, are the true producers of knowledge and expertise of their own experience. However, in writing this project, I do not position myself outside of such experiences because my father has experienced varying degrees of categorisation and social exclusion for 20 years as a visually disabled person. Hence, through an autoethnographic approach, I am proposing that it is important to consider the disempowering and frustrating social systems and structures that hinder persons with disabilities from contributing to the society.

Socio-Cultural Context and Disability in Ghana.

The concept of disability can best be explained within the historical, social and political systems of Ghana. Historically, many communities in Ghana in the pre-modernism believed that disability was punishment from the gods, rivers, spirits, and demons to people who have offended the gods. This resulted in the use of pejorative and stereotyping labels and discrimination against people with disabilities. For instance, children with learning disabilities were perceived as ‘children of the rivers and forest’ and, in the past, they were returned to the forest or to the rivers under the guise of helping them “to go back to where they came from” (Avoke, 2002, p.2). In other communities, persons with disabilities – especially children – were killed and this was justifiable by laws of the communities (Gadagbui, 1998). Avoko (2002) confirmed,

> Children with disabilities noticed at birth were often killed outright by dipping their heads into buckets of water. As a result, it was considered a taboo to have children with disabilities, and consequently many were left in the forest to die. (p. 773)

Whereas in other communities, persons with disabilities were accepted, in some they were treated as less human and denied the right to participate in communal activities. In some tribes in Ghana, Avoke (2002) reveals,

> There is a proverb among the Logba speaking people of Ghana that suggests that “individuals with disability, especially those of a physical nature do not sing war songs”. Underlying such

> beliefs are the notion that people with physical disabilities, and those with a range of other disabilities, are not permitted to participate in wars. Wars and military demands in Ghana in the past resulted in healthy individuals being regarded as an asset to communities, but many people with disabilities were eliminated as they were not considered healthy and normal. (p. 771)

Betcher and Wangila (2016) reveal how pre-colonial Christianity and modern Christianity explains the issue of disability. The writers gave several instances from the bible that demonstrate how Jews, the Romans and Yoruba communities perceive disabilities. Betcher and Wangila reiterate that the Christianity has sometimes been seen as a portentous visitation from the divine. The sixteenth-century Christian theologian bible suggests that Jacob's limp, a result of wrestling with a night visitant (Genesis), resonates with the historic sense that disability Martin Luther suspected that disability might be a test of Christians' strength to love through aversion and anxiety (Betcher & Wangila, 2016). Comparably, disability is perceived in Yoruba communities where Obatala, the deity, tasked with the responsibility of creating humans, got himself drunk in the process, thus yielding disability as a social challenge rather than a symptom of sin. These examples begin to insinuate the diverse refractions of "thinking with disability and troubling the singular western notion of disability as deficiency" (Betcher & Wangila, 2016, p. 119).

The authors argued that in the light of modern Christianity, disability is seen as a disorder that needs to be cured. The concept of medical miracle was introduced in the article to explaining the supernatural intervention in the lives disabled people (Betcher & Wangila, 2016). Religion is one of the pivotal ways that society makes meaning of the world and their position place in that world. According to Imhoff (2017), religion shapes cultural images of the concept of disabilities. For instance, Kafer (2013) revealed that "pillow angel" was a term used for children with developmental disabilities who are subjected to medical treatments to hinder the prevalence and incidence rate of the disability.

The writers traced the history of this belief from the fall of man. The Christian literature believes that man's sins committed against God by obeying the craftiness of the devil brought numerous curses on man. Some of these curses, according to the literature, manifested in the deviation in the body of man. Some categories of physical disabilities such as leprosy, blindness and deafness were seen as marginalized groups of people in the society. Disabled people were kept at the outskirt of the society waiting for their healing. Others were found on the roadside begging to meet their basic needs. For instance, from the biblical one can recall the popular verse "the blind see, the lame walk, the deaf hear" as the miraculous work of Jesus' ministry in the Christian gospels (Matthew 11.5; Luke 7.22). Based on these narratives, disability is seen as a social deficiency. Many societies still hold the religious concept of disability. This ideology is predominant in the global south (Betcher & Wangila, 2016).

However, Betcher and Wangila (2016) fail to demonstrate some of the positive dimensions of religion in the lives of persons with disability. Various studies in disability research reveal that person with disabilities experience comfort, esteem from peers, and a sense of belonging through their association with religious groups (Avoke, 2002; Vaccaro et al., 2015) For instance, through qualitative data collection procedures, these researchers show that religion positively affects persons with disabilities way of life and improves their mental health. It also restructures the social behavior, freedom from worry and guilt, personal competence and control, and open-mindedness of persons with disabilities in the society.

Betcher and Wangila (2016) write,

> We cannot emotionally escape shared bio-affective social flesh. Thus, we cringe at the guillotine amputation of another. Religious practitioners can be as stricken with avoidance as culture at large. Religions drawing on such ancient practices as carrying the pain of another

> (Buddhist tonglen), corpse meditation to traverse enculturated disgust, and alternative accounts of beauty might help stretch the ethical breadth of living with alterity without inducing panic attacks. (p. 127)

Religious practices have both positive and negative dimensions of disability. However, it is the hegemony existing in the religious setting that negatively serves as attitudinal barriers affecting persons with disability. Puchala (2005) provides a succinct description of how these barriers are demonstrated through cultural of hegemony in the society. The author writes “hegemony connotes the domination of the weak by the strong, the many by the few. It implies the institutionalization of privilege, consequent in- equality in the distributions of various values, and the injustices inherent in in- equality. Hegemony is therefore a condition in human relations to be resented, rejected, and removed (Puchala, 2005, p.571).

Many African countries believe that disability is a sin from the Supreme Being. This means that disabled people need to pacify their sins committed against the Supreme Being. Similarly, such negative perceptions are held by many Ghanaians. The introduction of Christianity led to what Avoke (2002) calls the ‘survival of the fittest’, which placed persons with disabilities in a dependent position as they were considered incapable of protecting themselves. Children with impairments are kept at home by their parents because they are afraid of unfavourable views in the community (Opoku et al., 2017).

For instance, in a video financed by British Broadcasting Corporation on the experiences of persons with disabilities in Ghana, the participant similarly demonstrates a similar concern. It is vivid from the video that persons with disabilities in Ghana are kept in prayer camps, missionaries, and churches to be healed by the pastor. Sadly, these persons are chained and kept in bondage to prevent them from escaping. It is also common to see people with disabilities been prayed for in the public against their wish.

Although the notion about disability has changed over time due to education, migration and urbanisation, varied views are still held on the causes of disability in Ghana. Disability is frequently seen in Ghanaian society as a curse or punishment and can also be linked to witchcraft, sorcery, juju, and magic (Frimpong & Kwakye, 2021cited in Agbenyega, 2003, p.5). It is not surprising that persons with disabilities are frequently taken to the shrines, churches, and mosques to seek treatment for their conditions.

The belief and attitude of Ghanaians on disability have influenced how disabled people are treated in the society. To elaborate, Naami et al. (2012) write,

> Persons with disabilities in Ghana struggle with poverty and disablism in the Ghanaian society. Low societal expectations of their capabilities combined with architectural barriers, limited access to transportation, lack of information, inadequate medical systems, and few social welfare benefits propel people with disabilities into poverty. (p. 192)

Opoku et al. (2018) identify impediments in education, training, employment, and the physical environment in their research. People with disabilities, in general, do not receive adequate education that prepare them for appropriate employment (Opoku et al., 2018). For instance, one participant reveals that persons with disabilities' "inability to access education was mainly due to restrictive physical environments that were not modified to cater for the disabilities and the lack of financial support to pursue further education" (Opoku et al., 2018, p. 16).

Regarding education, children with physical disabilities are separated into special schools which is due to negative perceptions about disability and unavailable accommodations in regular schools (Naami & Nayashi, 2012). Even at the tertiary level, where infrastructure is available to support persons with disabilities, they may encounter challenges related to accommodation, course work and hostile treatment from other students. Evidence suggests that in 2013, there were only "ten qualified Speech Language Pathologists in Ghana" (Crowley et al., 2013, p. 53). In addition, research indicates that there is a shortage of trained educators who are equipped to work with children with disabilities in special schools (Opoku et al., 2017).

Due to prejudices and stigma as well as poor quality of education, persons with disabilities are unlikely to obtain productive employment (Naami & Nayashi, 2012). Opoku et al. (2018) reiterate that "In Ghana, negative cultural perceptions about the work capacity of persons with disabilities mitigate against their efforts to find gainful employment" (p. 16). The government is required by law to provide career training that enhances the employment opportunities of disabled persons, yet these chances are few (Sackey, 2015). For example, Naami et al., (2012) confirm

> Lack of knowledge about disability issues among government officials contributes to the unemployment of women with physical disabilities. Government officials mostly relate disability to accessible buildings, ignoring other important aspects of disability such as dialoguing, making available information about disability, and educating the public about disability issues. (p. 196)

Consequently, this has resulted in unemployment among persons with disabilities in many communities in Ghana. With reference to Lengnick-Hall et al. (2008), some firms in many countries believe that hiring a disabled employee may result in a loss of customers. It is interesting to note that the issue of employment also has gender dimensions in the Ghanaian society. Naami et al. (2019) argue that disabled women have distinct challenges compared to men with disabilities including joblessness and social isolation due to the patriarchal nature of some societies which lead to poverty. Given the feminisation of poverty and lack of government assistance, many disabled women turn to begging on the street (Grech, 2011; Naami, 2015; Naami et al., 2019).

Currently, more disabled people in Accra, the capital city of Ghana, are begging on the streets as a source of income, and some disabled Ghanaians have justified begging as full-time labour (Naami, 2015). Several studies (Naami, 2015; Naami et al., 2019; Sackey, 2015) have shown barriers that prevent persons with disabilities from occupying traditional, political and community positions. For example, when Dr. Henry Seidu Danaa, a disabled lawyer in Ghana, was nominated for a government position as Minister for Chieftaincy and Religious Affairs, some local chiefs objected to his appointment on the grounds of disability (Sackey, 2015).

The Persons with Disability Act 2006 (Act 715) was enacted by parliament to provide for rights such as access to public places, buildings, welfare benefits and free healthcare (Oran, 2019). However, architectural barriers, lack of access to transportation, information, and access to medical services as well as social welfare benefits have impacted negatively on the well-being of persons with disabilities (Naami et al. 2019). After several years introducing the Ghana Disability Act 2006, it appears that the physical environment has several debilitating barriers, such as steps, which limit wheelchair users' movement. Similarly, Critics of the Ghana Disability Act 2006, Asante and Sasu (2015) confirm,

> [Even though] the Persons with Disability Act, 2006 (Act 715) makes it mandatory for all buildings to which the public has access to be fitted with disability-friendly facilities to make them accessible to persons with disabilities, eight (8) years after passing the Act 715, it is as if the law does not exist, as many of the public buildings built post-2006 remain inaccessible to the persons with disabilities. (p. 64)

Health care barriers are also concerns identified by many scholars in literature on disability in Ghana. Persons with disabilities, for example, will not learn about medical conditions such as

HIV/AIDS and other communicable diseases due to their inability to access formats such as Braille for the blind or technologies to access these information (Evans et al., 2016). Many impaired children come from low-income households which are unable to afford adequate medical care (Anwar, 2017).

According to Geurts and Komabu-Pomeyie (2016), disability rights organizations in Ghana have a long history with the Ghana Association of the Blind and Ghana National Association of the Deaf, dating back to the 1960s. They spoke with disability rights advocates from the Ghana Blind Union and the Ghana Federation of the Disabled, among others. Participants with sensory or physical disabilities reported physical and cultural barriers that were disabling. For instance, in an interaction with persons with disabilities who had been disrespected, one participant reveled,

> Yes, you feel it because even the intonation, or the action [is detectable]. Maybe the person is in front of you, you are calling the person, and the person may not mind you. But you feel a shadow, as if something is standing in front of you. To me, I feel like a big shadow is in front of me. (Geurts & Komabu-Pomeyie, 2016, p. 87)

People with disabilities were viewed as pitiable, charity-seeking, reliant, and vulnerable. Interpersonal barriers and disrespect were common because of cultural stereotypes and the incorrect assumption that people had secondary impairments. For instant participants confirmed that “many people avoid associating themselves with individuals with disabilities because of an entrenched belief that disability can spread and affect their own family as well as themselves” (Geurts & Komabu-Pomeyie, 2016, p. 90).

Aim of the Study

The overall aim of this autoethnographic study is to explore personal experiences, thoughts and ideas regarding the intersectionality of race, COVID-19 and disability and how these interconnected factors affect the mental health of Black disabled people.

Research Question

How do my own ideas, reflections and thoughts regarding race, COVID-19 and disability impact the mental health of Black disabled people? Within my stories, I seek to address how Black disabled people conceptualize mental health. In my own experiences I ask about the possible strategies and recommendations that might address the impact of racism and COVID-19 on the mental health of Black disabled people.

The specific research questions of the study are:

1. How is mental health conceptualized and experienced by Black people with disabilities?
2. What is the intersectionality and impact of race, COVID-19 and disability among Black disabled people?
3. How do Black disabled people cope with the intersecting factors of race, COVID-19 and disability and how do these affect their mental health?
4. What are some possible recommendations that might help to mitigate the possible impact of intersectionality that they experience owing to their positioning within configurations of social, economic, cultural and political circumstances?

Chapter Two

Conceptual Review

The Concept of Mental Health

Mental health is an essential and crucial element of wellness (WHO, 2018). Health can therefore be defined as the complete state of social, physical, and mental wellness and not the absence of a mere infirmity (WHO, 2018). Characterizing health is critical to talking about and conceptualizing mental wellness and public emotional well-being, an area with much discussion and some contention over ongoing years. WHO (1986) defines health as “not the object of living, but a resource for everyday life” (p. 1). This perspective sees health as a means of living well. It is also seen as a state of comfort whereby individuals recognize their own capabilities, can handle the usual pressures of life, can work effectively and efficiently, and can make an impact in society.

> Mental health is intrinsic and instrumental to the lives of all people. It influences how we think, feel and act. It underpins our ability to make decisions, build relationships and shape the world we live in. Mental health is also a basic human right. (Freeman, 2022, p. 11)

WHO (2010) defines mental health as a state of balance among the cultural, physical, social, psychological, and spiritual factors both within and with the environment. Their description of mental health is in line with the biopsychosocial model of health, which expatiates on the connection among social, psychological, and physiological factors in health, and their influences on one another (Chigangaidze, 2020). Notwithstanding, some authors believe that substantial study of this viewpoint on mental health is ridiculous because it leaves the greater part of members in the society unfortunate often (Smith, 2008). A greater percentage of people are described as possessing poor mental health.

Huber and Stephens (2001) define mental health as the individuals’ capacity to adjust to their circumstances. This however considers the abstract components of wellness. Mental health is neither quantifiable nor objective which makes individuals see it as an impediment of the more general meaning of well-being. In the view of Goldner et al. (2022), mental health is “the capacity to participate meaningfully in daily life and presence of factors such as capacity to enjoy yourself” (p. 2). The Public Health Agency of Canada (2016) defines mental health as the ability of each of us to experience, think, and behave in ways that improve our ability to enjoy life and cope with challenges. Fusar-Poli et al. (2020) argued that “strengthening of good mental health has received much less empirical research than the prevention of poor mental health and mental disorders” (p. 34). The authors’ interpretation was that “no overall conceptual framework for promoting good mental health has been validated, resulting in lack of coherent view among researchers. Hence, on a pragmatic level, there is no consensus of what exactly good mental health is” (Fusar-Poli et al. 2020, p. 34).

Research shows that the interacting factors of social, economic, political, and spiritual factors under which Black disabled people live, grow, age and work are important in shaping their mental health (Abdillahi & Shaw, 2020). The authors write, “Black Canadians experience health and social inequities linked to processes of discrimination at multiple levels of society, including individual, interpersonal, institutional, and societal discrimination. The impact of these experiences throughout a lifetime can lead to chronic stress and trauma” (Abdillahi & Shaw, 2020, p. 2). Arday (2018) agreed: “The oppression faced can often be a precursor to mental illness and this becomes compounded for many individuals from black and minority ethnic backgrounds required to be continuously resilient in the face of enduring institutional racism” (p. 4). As Abdillahi and Shaw (2020) rightly reiterate, “Black Canadians who experience unfair, unavoidable and systemic inequalities are likely to experience inequalities in their health conditions” (p. 2). For example, Arday (2018) revealed that there is a “failure within existing mental health research to ensure that all sections of society are equally represented” (p. 2). This is because, “research in this area repeatedly fails to acknowledge the salient differences in how ethnic minority groups experience mental health in comparison to an entire population" (Rugkåsa & Canvin 2001, cited in Arday, 2018, p. 2).

The concept of mental health points out that mental health is judged from individual perspectives. Hence, it will be generally wrong for non-disabled people to judge Black disabled people as having poor mental health due to their impairment. For instance, Sarpong (2020) conducted a study on the relationship between Africultural coping strategies, minority stressors (racial minority stress, disability related stress) and perceive stress level of Black American student with disabilities. Utsey et al. (2000) defined Africultural coping strategies as "African American coping behavior that culturally manifest in the conceptual framework of a worldview that is inherently spirit based and a reality characteristic of people of African descent" (p. 197)

The authors sampled 123 students who identified themselves as Black/African Americans enrolled in two Midwestern universities (n = 39 with disabilities; n= 84 with no disabilities) (Sarpong, 2022). The researchers discovered that Black students with disabilities reported higher levels of perceived stress compared to those with no disabilities. Racial minority stressors and the societal barrier component of disability related stressors were positively associated with perceived stress significantly. Finally, Africultural coping did not moderate the association between racial minority stressors and perceived stress nor the one between disability-related stressors and perceived stress.

However, unfavourable environmental factors can negatively affect the mental health of Black disabled people. As Abdillahi and Shaw (2020) argued, "discrimination at various levels of society, including individual, interpersonal, institutional, and societal discrimination cause health and social inequities for Black people" (p. 2). The Ontario Human Rights Commission (2005) characterized prejudice as a philosophy that either straightforwardly or by implication states that one gathering is innately better than others. These factors may transparently be reflected in racial jokes and slurs, disdain or wrongdoings. However, it tends to be profoundly established in mentalities, values and cliché convictions (Golash-Boza, 2016).

The Concept of Ableism

Ableism is a network of beliefs, processes and practices that produces a particular kind of self and body that is projected as the perfect, species-typical, and therefore essential and fully human. In other words, “disability is cast as a diminished state of being human” (Campbell, 2001, p. 44). This implies that any kind of self or body other than the ‘normal’ is considered as a diminished state of being human. Thus, a person considered as normal must match the physical criteria set by a specific group in society (Harpur, 2009; Giese & Ruin, 2018). Davis (2016) provides an illuminating description of how “normalcy” is understood in our time:

> We live in a world of norms. Each of us endeavors to be normal or else deliberately tries to avoid that state. We consider what the average person does, thinks, earns, or consumes. We rank our intelligence, our cholesterol level, our weight, height, sex drive, bodily dimensions along some conceptual line from subnormal to above average. We consume a minimum daily balance of vitamins and nutrients based on what an average human should consume. Our children are ranked in school and tested to determine where they fit into a normal curve of learning, of intelligence. Doctors measure and weigh them to see if they are above or below average on the height and weight curves. There is probably no area of contemporary life in which some idea of a norm, mean, or average has not been calculated. (p. 3)

Brzuzy (1997) posits,

> [D]isability is produced by the way we have constructed our world–literally, how we build our buildings, and figuratively, how we define difference. Higgins claims we “make disability” and that this must be kept central to the focus of discussion when we attempt to define disability,

> study disability, work with people with disabilities, or explore the impact of social policy decisions for people with disabilities. (p. 84)

Ableism is a collection of assumptions and practices that devalue and discriminate against persons who have physical or mental disorders (Nario-Redmond, 2019). In relation to disability, ableism can be perceived as a pervasive system of discrimination and exclusion that oppresses people who have mental, emotional, and physical disabilities (Rauscher & McClintock, 1997). It is based on the societal perception that non-disabled bodies are effective, natural, and efficient as compared to the disabled bodies (Campbell, 2012; Pieper & Mohammadi, 2014).

Historically, ableist ideas have been used in conjunction with sexism and racism to oppress women and certain ethnic groups on the basis that they lacked the physical and/or mental capabilities (Dolmage, 2017). Ableism has been used by various social groups to justify their elevated level of rights and status in relation to other groups (i.e., women were viewed as biologically fragile and emotional, and thus incapable of bearing the responsibility of voting or owning property.

Campbell (2008) highlights a relevant testimony on how ableism is produced in the society. The author reveals that,

[F]rom the moment a child is born she/he emerges into a world where she/he receives messages that to be disabled is to be less than, a world where disability may be tolerated but in the final instance is inherently negative. We are all, regardless of our subject positions, shaped and formed by the politics of ableism. (p. 151)

Campbell (2008) agued that,

> Cultural practices of shaping bodies can affect the aetiology of “typical” human functioning. We can see likenesses and distinctions in the ways disabled people and other subaltern groups

> are named, enumerated, dis-enumerated, partitioned, stigmatized and denied attributes valued in the culture. (p. 152)

Ableism ignores the richness and potential of disabled peoples' lives and exaggerates their pain, suffering, dependence, tragedy, and cure (Friedman, 2010). In most societies, the disabled life is considered less worth living, or the disabled people are less valuable and even sometimes expendable. Impaired bodies are regarded as abnormal, deviant, inferior and even sub-human (Campbell, 2008). Campbell (2013) argued,

> The disabled person is rarely viewed as a normative citizen, rather as a (vulnerable) minority, an afterthought and hence "special interest" group or an actuarial nightmare due to a perceived lack of identity cohesion. Disabled people are made partial citizens given the availability of economic reservations on equality claims in ways that would be unthinkable if the accommodations were gender or race related. (p. 13)

Ableism explains how society is designed, creating obstacles to not only the flourishing but also the very survival of some people while producing opportunities for others (Wieseler, 2020). Here persons with disabilities access to education, training and employment, participation in community development programmes, and roles in community leadership are limited to only the "abled" people (Munsaka & Charnley, 2013). In developing countries, evidence suggests that disabled persons are often subjected to a wide array of social injustices such as social marginalization and the denial of basic human rights (Downing, 2011). Additionally, in some societies it is better for a child to walk than roll, speak than sign, read print than read Braille, spell independently than use a spell-check, and hang out with nondisabled kids as opposed to other disabled kids (Hehir, 2002).

Campbell (2008) opines that disabled people, unlike other minority groups, have had fewer opportunities to develop a collective consciousness, identity, or culture, let alone interrogate cultures of ableism.

> Abelists see impairment (irrespective of "type") as inherently negative which should, if the opportunity presents itself, be ameliorated, cured or indeed eliminated. The processes of ableism induce an internalization which devalues disablement. (Campbell, 2008, p. 154)

According to Friedman (2010), disabled people are socially devalued. Social devaluation produces many negative effects for disabled people. For example, disabled people are often patronized, made fun of, and avoided. Barnes (1992) argued that "besides reinforcing the notion that disabled people are helpless, pitiable, and unable to function without protection, these stories reinforce, albeit implicitly, the Eugenic conviction that the 'natural' solution to the problems associated with impairment is a violent one" (p. 11). There are stereotypes that are either associated with disability in general, or they are associated with specific impairments or chronic health conditions. Disabled people experience negative treatment because their bodily abilities do not fit the cultural preference for what has been constructed as species-typical normative ability functioning (Wolbring, 2012):

> The discourse around ableism leaves the impression that it is about species-typical versus sub species-typical body-related (physical, mental, neuronal, cognitive or behavioral) abilities and that ableism is a dynamic that plays itself out between people who adhere to normative species-typical body-related abilities and people labelled as not having these normative abilities. (Wolbring, 2012, p. 78)

Onken and Slaten (2000) analyze the pervasive nature and extent of the debilitating sense of shame associated with how society perceive disability as well as how disability identity, pride, and culture have emerged to combat such humiliation. The authors critically analyzed two independent research studies. The first study was based on how persons with mental disabilities conceptualized and prioritized the services and support in the society. The second study involved interviews of 30 people with mental disabilities who participated in a support job programme.

The researchers found that medical diagnoses of the participants contributed to their experiences of devaluation from the society (Onken & Slaten, 2000). For instance, one respondent testified:

> I have been ashamed ever since I've been diagnosed. I just don’t tell people. I don’t know how they’re going to treat me or if they’re going to look at me strangely or something like that, so I don’t tell people. Right away I think they stereotype you and assume you’re crazy and you’re not stable and that you’re going to be acting weird or something like that. They just don’t know how to deal with that. They figure you’re not like them, you’re not normal. (Onken & Slaten, 2000, p.3)

Hahn (1986) revealed that like paternalism,

> [ableism] enables the dominant elements of a society to express profound and sincere sympathy for the members of a minority group while, at the same time, keeping them in a position of social and economic subordination. It has allowed the nondisabled to act as the protectors, guides, leaders, role models, and intermediates for disabled individuals who, like children, are often assumed to be helpless, dependent, asexual, economically unproductive, physically limited, emotionally immature, and acceptable only when they are unobtrusive. (p. 130)

Society’s pervasive negative attitude about disability often makes the world an unwelcoming and inaccessible place for disabled people. Disabled persons mostly remain “excluded from the labour force” (Jammaers & Zanoni, 2020, p. 3). The authors employed multiple case-study design to explore how disabled workers engage with such socio-ideological control and the types of discourses and material practices that employers used to regulate the identity of disabled workers. The authors collected 65 extensive in-depth interviews. 30 were with disabled employees with a wide variety of impairments ranging from visual, mobility, hearing, psychosocial, to various chronic illnesses, two of whom held a managerial position; 23 with able-bodied managers of disabled employees; four with HR able-bodied managers; two with able-bodied occupational doctors; and six with able-bodied trade union representatives (Jammaers & Zanoni, 2020). The authors found that “organizations deploy discourses and material practices that distinctly regulate the identity of workers with different embodiments, rather than steering all workers towards embodying the same normative ideal of the employee” (p. 15).

Barnes and Mercer (2005) added that the disabled community face significant barriers in obtaining employment. The authors argued that “a significant proportion of disabled people between 55 and 64 years of age have been moved into early retirement. Even where disabled people do find paid employment, there is clear evidence of vertical and horizontal segregation” (Barnes & Mercer, 2005, p. 534). According to Jones (2006) persons with disabilities are half as likely to be hired compared to their non-disabled counterparts. In the education system, De-Matthews (2020) observed that students with specific disability labels continue to be removed (segregated) from general education and instruction and denied the social opportunities to participate in most school activities. Ableist assumptions harm students when the services they receive focus on their disability instead of their abilities and strength. “Students with disabilities encounter more academic, attitudinal, and physical barriers while attending lectures than students without disabilities” (Mbuvha, 2019, p. 59).

Disabled people are often seen as a burden, a problem, a drain on the system that makes no civic contribution (Campbell, 2012). Ableism reflects the sentiment of certain social groups and social structures that value and promote certain abilities, for example, productivity and competitiveness, over others, such as empathy, compassion, and kindness. This preference for certain abilities over others leads to a labelling of real or perceived deviations from or lack of ‘essential’ abilities as a diminished state of being, justifying various forms of labelling (Wolbring, 2008).

The Concept of Racism

Bulhan (1985) explains racism as a system of oppression that is based on racial categories and domination that designate one group as superior and the other(s) as inferior, and which then uses these perceived differences to justify inequity, exclusion, or domination. Racism is a “global hierarchy of superiority and inferiority along the line of the human that have been politically, culturally and economically produced and reproduced for centuries by the institutions of the capitalist/patriarchal Western centric/Christian centric modern/colonial world system” (Grosfoguel, 2016, p. 10).

Race is a constructed social category, designed to stratify people and establish meaning in a social context. Racism is often used synonymously with prejudice (Lee et al., 2019), stereotyping, discrimination (Bowser, 2017) and bigotry. Racism can be conceptualized as a set of basic social-psychological processes underlying the psychologies of individuals applied to the context of race (Salter et al., 2017). Fleras and Elliott (2000) define racism as “a doctrine that unjustifiably asserts the superiority of one group over another on the basis of arbitrary selected characteristics pertaining to appearance, intelligence and temperament” (p. 52).

According to Salter and Adams (2013), racism can be considered as a cultural-psychological and socioeconomic phenomenon consisting of patterns of historically derived and selected ideas and their material instantiation in institutions, practices, artifacts, and other manifestations of ‘mind-in-context.’ Racism is a “system of structuring opportunity and assigning value based on physical properties such as skin colour and hair texture, unfairly disadvantages some individuals and community and undermines realization of the full potential” (Jones, 2002, p. 9). Jones (2002) highlighted that "racism unfairly disadvantages some individuals and groups and damages their health and mental health. Its effects range from daily interpersonal interactions shaped by race to race-based opportunities for good education, housing, employment, and more. It is reflected in disparities in, but not limited to, health, wealth, income, justice, and voting" (p. 9).

According to Grosfoguel (2016), racism occurs through the "marking of bodies" (p. 11). With this marking system, some bodies are racialized as superior and other bodies are racialized as inferior. Those subjects located above the line of the human, are considered as superior, live in what is popularly called the "zone of being," while subjects that live on the inferior side of the demarcating line live in the "zone of non-being (Grosfoguel, 2016, p. 10). Racism encompasses a "web of economic, political, social, and cultural structures, actions, and beliefs that systematize and ensure an unequal distribution of privilege, resources, and power in favor of the dominant racial group and at the expense of all others" (Svetaz et al., 2018, p. 3).

The people classified above the line of the human are recognized socially in their humanity as human beings and, thus, enjoy access to rights (human rights, civil rights, women rights and/or labour rights), material resources, and social recognition to their subjectivities, identities, epistemologies and spiritualities. The people below the line of the human are considered subhuman or non-human; that is, their humanity is questioned and, as such, negated (Fanon, 1967). Bois (2007) chronicled a legacy of white supremacy and pseudoscientific research attempting to prove people of African descent were inferior to justify segregation. White supremacy and pseudoscience have also been used to segregate Mexican Americans from educational opportunities (Valencia, 2012). Many district and school leaders in the early and mid-twentieth century subscribed to eugenics, believing that Black, Latin, American Indians, Asians, and White ethnic minorities (e.g., Irish, Italians, Russians, and Jews) were inferior (Bois, 2007).

Race generally is seen as a socially built method of judging, grouping and making contrast among individuals for example, skin tone and hair surface. From this understanding, racism can be understood in the form of generalization, segregation or bias among members in the community (David et al., 1996). According to James (2008),

> [P]ublic “awareness” of racism that is being promoted is more about the racism that is evident in individuals’ attitudes, ideas, and actions, and not that which exists in the policies and regulations of institutions and the society as a whole. (p. 98)

Racism is the resultant effect of separation, generalization and bias based on unreasonable social practices, perspectives, or convictions (Allport, 1954).

To explain further, segregation is characterized as a specifically inappropriate pessimistic conduct toward individuals from an objective gathering that includes denying “people or gatherings of individuals’ fairness of treatment which they may wish” (Allport, 1954, p. 51). Svetaz at al. (2018) in similar agreement writes, “Racism encompasses three related but separate aspects: prejudice (emotional bias), stereotypes (cognitive bias), and discrimination (behavioral bias)” (p. 2). Dovidio and Gaertner (2010) explained,

> [P]rejudice refer[s] to an emotional reaction to another individual or group based on preconceived ideas about them. Stereotyping is the projection of an individual’s thoughts, beliefs, and expectations onto another individual without first obtaining factual knowledge about them. Discrimination is the action of denying equal rights based on prejudice and stereotype. (cited in Svetaz et al., 2019, p. 2-3)

Racism, then again, is seen as the organized cooperation of specific sorts of generalizations, biases, and separation. Annamma and Morrison (2018) revealed that, within the educational system,

> whiteness and ability bestow profits to those that claim those statuses and disadvantages those who are unable to access…Once individuals or groups of students are positioned as less desirable, they are barred from access to curriculum that is engaging and accurate, pedagogy that is responsive and ingenuous and relationships that are authentic and hopeful. (p. 72)

Several researchers showed that there are two sets of racism (Jones, 2006; Bauer, 2014; Golash-Boza, 2016). Bauer (2014) posits that “among the various conceptualizations of racism, some scholars emphasize individual (and group) processes concerning racial prejudice, while others address more collective, societal dynamics, and an analysis of power differentials” (p. 6). Individual racism, being the first, identifies with the combined activity of individual generalizations, biases, and separation to support inconsistencies between individuals from diverse groups. The second is institutional racism, which alludes to the unintentional or intentional control or lenience of institutional approaches (i.e. admission criteria, survey charges) that unethically limit the chances of a specific group of individuals (Song, 2014; Golash-Boza, 2016).

As per Jones (2006), individual racism is firmly linked with racial bias. Even though the bias for the most part has been conceptualized as a mental, bias scales regularly incorporate things concerning the characterizing components of racism. At the point when one gathering applies the ability to characterize social qualities for the public, social prejudice happens (Allport, 1954). Such bigotry includes not just an inclination for the way of life, legacy, and estimations of one’s own gathering (ethnocentrism), yet additionally the inconvenience of this culture on different gatherings.

Several anti-racism scholars have broadened the scope of racism beyond the individual level to include institutional and cultural racism (Grosfoguel, 2016; Shiao & Woody, 2021; Wren, 2001). For example, during the eighteenth and early nineteenth century, most racist practice in Europe and its colonies was grounded in religion, being based on the perceived cultural superiority of Christendom

(Wren, 2001). Cole and Virdee (2006) call our attention to overt and covert racism. The authors describe “overt intentional racism as a form of racism based on biology or genetics, whereby people are declared inferior on racial grounds such as racist name calling in schools.

According to Guess (2006), racism is rather a component of social setting connected to diverse power relations within ethnic and racial groups and not an attribute of minority groups. According to a comprehensive study by the Canadian Broadcasting Corporation (CBC), in the year 2000, more than 460 people have died due to police violence and systemic racism across Canada. Out of this population, 70 percent who died were living with a mental health condition or symptoms of drug abuse (Jamah (year) cited in Diverlus et al., 2020). Despite this stunning evidence of police violence and brutality against disabled Black people, studies with Black people are rarely explored (Phelan et al., 2008; Diverlus et al., 2020). For instance, Mueller et al., (2019) adopted the DisCrit theoretical framework to conduct a selective review of three reports on the relationships among ableism, violence, and disability as an intersectional identity. The authors found,

> [U]p to half the people killed by police in the United States are disabled, and almost all well-known cases of police brutality have involved a person with a disability. Yet media coverage of police violence largely fails to note disabilities when Americans are injured or killed by law enforcement. (Mueller et al., 2019, p. 714)

Institutional Racism

Racism is systematically present in institutions such as law, education, and sport (Edwards, 2013). Generally, institutional racism comprises the diverse influence of laws, policies, and practices for certain racial groups. Huber & Solorzano (2020) define institutional racism as “formal or informal structural mechanisms, such as policies and processes that systematically subordinate, marginalize, and exclude non-dominant groups and mediates their experiences with racial microaggressions” (p. 7).

Bailey et al. (2017) introduce the term "structural racism" to explain diverse influence of laws, policies, and practices against certain racial groups. The authors define structural racism as

> interconnected institutions, whose linkages are historically rooted and culturally reinforced. It refers to the totality of ways in which societies foster racial discrimination, through mutually reinforcing inequitable systems (in housing, education, employment, earnings, benefits, credit, media, health care, criminal justice, and so on) that in turn reinforce discriminatory beliefs, values, and distribution of resources, which together affect the risk of adverse health outcomes. (p. 1454)

According to Emirbayer and Desmond (2015) institutions play an important role in interpersonal and structural racism. They symbolize sites where the mediation and attention of interpersonal racism and structural levels of demerits are seen (Phillips, 2011; Bailey et al., 2017). In a discussion about institutional racism, Desmond et al., (2016) summary on the beating of Frabk Jude is worth citing in full:

> On October 23, 2004, Milwaukee police officer Andrew Spengler hosted a housewarming party in a middle-class white neighborhood. Several police officers attended. After 2:30 a.m., Frank Jude and Lovell Harris, both black men, arrived at the party as guests of two female college students. The group of four began to feel uncomfortable and left the party, returning to the truck in which they had arrived. But before they could pull away, at least 10 men surrounded the truck and accused Jude and Harris of stealing Spengler's police badge. Spengler and several other off-duty police officers began beating Jude about the face and torso while another pinned his arms behind his back. When Jude collapsed to the ground, the officers kicked his head. A pair of on-duty officers arrived around 3:00 a.m. (Jude's female companions had called 911 before partygoers seized their phones.) One uniformed officer, Joseph Schabel, stomped on

> Jude's face until he heard bones breaking. The other on-duty officer watched. An off-duty officer picked Jude up and kicked him in the crotch with such force his feet left the ground. Another took one of Schabel's pens and pressed it deep into Jude's ear canals. Another bent Jude's fingers back until they snapped. Spengler put a gun to Jude's head. Jude was left naked from the waist down lying on the street in a pool of his own blood. At 3:09 a.m. other on duty officers arrived at the scene. Jude was taken by police wagon to the emergency room, where the admitting physician took photographs of him. (p. 4)

Despite the stunning evidence of racism, Younis (2021) reminds us that "it appears difficult to sustain the thought that institutions can be racist, in that their structures both facilitate and legitimise racist outcomes" (p. 1834). Analyzing the impact of institutional racism on mental health, Chou et al. (2012) write,

> [W]hen public spaces are sites of surveillance, intimidation and frequent hostility by the police or by ordinary citizens, then the structure of social situations, such as even leaving one's house and speaking in public, are filled with stress, anxiety, and fear. (Chou et al., 2012, cited in Lazaridou & Fernando, 2022, p.176)

In addition, Knowles and Prewitt (1968) argue that "institutional racism involves denying individuals, based on race, access to the political, educational and economic systems and institutions which are the legitimate means used to earn a living and pursue upward mobility in the society" (cited in Oliver, 2001, p. 4). The authors noted that institutional racism has the tendency of creating social problems such as unemployment, poverty, lack of vocational training, substance abuse, property crime and interpersonal violence. Institutional racism involves the combined forces of polices, practices, or procedures entrenched in bureaucratic structure that systematically leads to unequal treatments for groups of people. In this environment discrimination and disparity are often tolerated as normal (Social Work Policy Institute, 2014).

Racism can be perpetuated by institutions including legal systems that deny people equal protection under the law because they are deemed racially inferior. For example, in the United States, Areheart (2008) posits that Black Americans continue to suffer from police brutality and incidents of racial bias by judges and other legal decision makers. For instance, Boykin et al. (2020) reveal,

> Black people are in a state of extreme psychological and physiological crises. The grotesque image of a white police officer using his knee to asphyxiate George Floyd, who was repeatedly crying out that he could not breathe and begging for his deceased mama, stirs even the most staid black person into feeling great depths of despair. Raging within black people are feelings of anger, anguish, anxiety, fear, sadness, and a never-ending oscillation between all of these emotions daily. (p. 2)

Discrimination is another means of creating or maintaining racial dominance, which Shiao and Woody (2021) broadly define as strategies that withhold access to goods, positions, spaces, or relationships from certain individuals. The most formal of these strategies is legal discrimination, particularly in the denial, differentiation, or withdrawal of citizenship rights, but also in the quotidian practice of state administration, for example, the work of county clerks in denying marriage licenses to interracial couples.

Oliver (2001) calls our scholars to consider the impact of cultural racism on the lives of racialized populations. The author argues,

> In contrast to much of the existing literature which assumes a link between institutional racism and violence, the position argued here is that while it is important to consider how blocked access (structural violence) to opportunity creates social pressure which provides a context and

> catalyst for the occurrence of violence. The concept institutional racism as it is generally defined does not provide an adequate description of the of racism as a social practice. Thus, it can be argued that movement toward a comprehensive analysis of the relationship between racism and violence perpetrated against and by African Americans must consider the effects of cultural racism. (Oliver 2001, p. 4)

Cultural Racism

Racism is more than just words or actions. It also includes the invisible barriers, big and small, that can prevent people from doing as well in life as others simply because of their cultural background. Taking a cultural-psychology approach has important implications for understanding the topic of racism beyond individual bias (Salter et al., 2017). Oliver (2001) explains cultural racism as the way the white majority has structured and elevated its culture to glorify European physical characteristics and to denigrate the physical characteristics and achievements of non-white people. Hence, in this study, I attempt to offer personal narratives on how cultural racism negatively affected the mental health of disabled people. However, this is not to deny the fact that other racialized groups have not been subject to racism. They certainly have. However, I limited my analysis to Black people with disability to direct the scope of the research. This implies that the primary goal of cultural racism is to diminish the cultural images of the non-white minority groups (Riggs, 1986).

The early minstrel shows were constructed around the creation of characters and routines in which African Americans were portrayed as ignorant, childlike, promiscuous, foolish, and violent. This has led to the generalized acceptance of racist folklore and stereotypes as being truthful portrayals of African Americans (Fredrickson, 1971). Powell (2000) argues that the belief in the superiority of White cultural knowledge has provided the fuel that “fires individual racist acts and provides justification for rules and regulations that are designed” (p. 9). The author offers an example of how Americans perceive beauty: tall, thin, good hair (e.g., straight, not nappy), and light skin. This notion has led to the feeling of inferiority of the black physique (Powell, 2000, p. 9).

A significant example of cultural racism as a social and institutional practice is given by Oliver (2008) which involves the conspicuous absence in most elementary and high school social studies curricula (in the America and most white-dominated cultures) of a substantive discussion of the contributions of Africans and African Americans to the development of human civilization. Powell (2008) affirms that students in America are constantly bombarded with these subliminal messages at a very young age, which makes students acquire certain standards that are used to define beauty, language, or behaviour.

Oliver (2001) argues that the infusion of racial bias and stereotypes that are related to African Americans were also infused into American society through the creation and dissemination of practical artifacts used during daily routines. For example, citing Goings (1994), the author revealed that in United States, there is a long consumer history involving the construction and dissemination of stereotypical black images as a means of advertising and promoting both manufactured goods and services (Oliver 2001).

Oliver (2008) argues that the predominance of lynching and hate crime in America in the 1800s was a common response directed toward African Americans whom southern whites sought to intimidate or punish for violation of the existing racial codes. The beliefs, attitudes, and social practices characteristic of cultural racism were salient in the construction of motives and justifications to lynch African Americans. De Lima et al. (2019) posit that black people in Portugal are convicted more for being black. They further observed that Black people are strikingly overrepresented in the prison population. They affirmed that black people are incarcerated at a rate of more than five times that of whites. Williams and Mohammed (2013) argue that cultural racism, at the societal and individual level, negatively affects economic status and health by creating a policy environment hostile to egalitarian policies, triggering negative stereotypes and discrimination that are pathogenic and fostering health-damaging psychological responses, such as stereotype threat and internalized racism.

Racism and Covid-19

A range of medical conditions has been recognized as associate outcomes of racism to birth defects, cardiovascular disease, among others (Paradies, 2006; Williams & Mohammed, 2009; Pascoe & Smart, 2009; Shavers et al., 2012). According to Pradies (2006), most of the studies examined segregation rather than discrimination. Otiniano, et al. (2014) studied the gender differences in some perceptions about racism. Findings showed a difference in the perception of Black African American women and the whites of racism (Otiniano et al., 2014, p. 9).

Mental wellness integrates our social, emotional, and cognitive wellbeing. It affects how we act. Additionally, it determines how we settle on decisions, handle issues, and other such behaviour. Psychological wellness is important at each phase of life (i.e. from immaturity and youth through adulthood). Albeit these terms are used interchangeably, there is a difference between dysfunctional attitudes and poor psychological well-being. A climate that respects and safeguards essential, common, party-political, financial and shared rights is significant to psychological wellness. Without the security and opportunity given by these rights, it is hard to keep an undeniable degree of psychological well-being. According to Weist & Murray (2008), cited in O'Reilly, (2018, p. 648) explicit approaches to advance psychological wellness include:

a. Intervention of early childhood (for example, provision of conducive milieu, early learning opportunities, supportive and responsive interactions)
b. Supporting learners (i.e.. elementary abilities, projects, and child advancement programs).

c. Building programmes responsive to student, school and community needs, and building connections between resources.
d. Reducing barriers to student learning through programmes based on evidence.
e. Ensuring efforts are sensitive to developmental and diversity interdisciplinary relationships in schools, strong teams and coordinating mechanisms.

Racism and explicit institutional prejudice prompt racialized well-being disparities through various pathways, four of which are explained. In the first place, prejudice adversely impacts well-being through pressure, including the pressure of racial segregation. Second, bigotry limits financial freedoms. Third, prejudice limits admittance to cultural assets, including medical care. At long last, people may adapt to prejudice through taking part in undesirable well-being practices. Further insights regarding the pathways are depicted in the important areas underneath. Hudson et al. (2022) argued that "inequities in both COVID-19 morbidity/mortality rates and COVID-19 vaccine access are instead symptomatic of the long-standing problems of structural racism that have plagued the U.S. for centuries" (p. 2). The authors conceptualized racism and COVID-19 as a 'dual pandemic' that affected majority of Black people. The authors believed,

> [T]he concept of dual pandemics describes current conversations around racism and race relations by framing them as a product of the unique convergence of the COVID-19 pandemic and a series of highly publicized instances of police violence. In addition, the use of the dual pandemics terminology describes the ways in which COVID-19 has laid bare the deeply entrenched structural racism that pervades all U.S.-based social systems. (Hudson et al., 2022, p. 2)

Chapter Three

Theoretical Orientation

This section provides understanding on medical model of disabilities, social model of disabilities, intersectionality and disability justice theory reported by researchers. The theories influences scholars on the approach to study and analyze disability issues.

The Medical Model of Disability

The medical model indicates that there are norms, or standards, that define acceptable functioning in human beings. People with anomalies who cannot be made functional according to the norm via assistive devices, surgery, treatments, or other means, are considered ‘‘disabled’’ (Rothman, 2010). For example, there is what is considered normal vision, and any degradations to proper vision, which may cause total loss of vision or blindness, becomes an abnormal condition that needs medical attention. The standards for these are grounded in a conception of what constitutes normal vision. The medical model is used in regulating access to services and programs to people who meet medically established criteria for being considered outside the norm, and thus ‘disabled.’ Thus, “in the medical model observations concern the body, its functions and malfunctions, observations about health conditions and deviations from health conditions” (Michailakis, 2003, p. 212).

This medicalization of disability ensures that people with disability rely on the expertise of professionals to have access to support services (Barnes et al., 1999). Brisenden (1986) confirms the following:

> The limited parameters of the medical model have been passed on to other professionals and to people with disabilities themselves, leading to unimaginative responses by service providers,

> and to low expectations on behalf of themselves by those who have a disability. Disabled people still suffer from being viewed and defined within this medical model, with its implication that someone will – and should – always be in and out of hospital. This way of looking at things ignores the sociological and psycho-logical aspects of disability. It ignores the fact that frequent hospitalization and medical treatment is in itself one of the most disabling factors about being disabled. We should instead look at life as a whole and allow people with disabilities to take decisions for themselves based on many other factors as well as medical ones. (p. 5)

Thus, people with disabilities become passive recipients of services provided by trained medical professionals. (Rothman, 2010)

Michailakis (2003) reveals,

> In the medical model, impairment is being viewed as a limitation of the individual, a limitation that is thought to be compensated through rehabilitation. The medical model has been criticised because it reduces the importance of political, economic and social factors. In a kind of reductionist approach it assigns the individual's physical, intellectual or mental conditions as the primary factor, the only point of departure. (p .210)

The medical model proposes that a person with a disability lacks capability, which suggests the need for care and attention (Barnes et al., 1999). According to this view, a person's disability is his/her own personal misfortune devoid of social cause or responsibility (Areheart, 2008). Given this understating, the medical model has the capacity to label the disability community by stressing the impairment is a personal problem within disabled people resulting in their exclusion from the mainstream society (Brzuzy, 1997).

Previous studies have revealed that disabled people have been connected to negative stereotypes in the past, implying that disabled people are pitiful and miserable (Payne, 2006). Furthermore, the medical model implies that the disabled person's autonomy is restricted as a result of the impairment. As a result, if medical practitioners are unable to heal or rehabilitate the individual, she or he is seen as someone with a limited ability to engage in society. The medical model views medical experts or specialists as professionals with the authority to correct or cure disability (Woodhams & Corby, 2003).

> In fact, the medical definition or model has to a great extent contributed to placing us outside society, in special institutions and ghettos. We describe a place in society, participating as equal members with something to say and a life to lead; we are demanding the right to take the same risks and seek the same rewards. Society disables us by taking away our right to take decisions on our own behalf, and therefore the equality we are demanding is rooted in the concept of control; it stems from our desire to be individuals who can choose for themselves. (Brisenden, 1986, p. 7)

Despite the usefulness of the medical model in explaining disability, it has been criticised for placing emphasis on the impairment at the detriment of the disabled person and suggesting that persons with disabilities are helpless to do something about their impairment. Scullion (2010) argues that the "medical model has contributed towards an environment that promotes the devaluation of the worth and citizenship of people on the basis of their disability status" (p. 6). The author further argued that since the medical model of disability resorts in labelling and tagging of impairments and the disabled person, it does not promote equal opportunities to the disabled.

Rothman (2010) argues that the medical model is limited in its definition of a disability because of disabled persons' ability to overcome their impairment. According to Rothman (2010), this model puts the blame squarely on the individual when a physical impairment cannot be overcome. The medical model reveals that the “obstacles to participation on equal terms are situated, accordingly in individual, since it is the individual who lacks certain capacities that are necessary to attain autonomy” (Michailakis, 2003, p. 210). The medical model focuses on the individual’s physiological traits that differentiate disabled persons, rather than the common societal obstacles that unite them.

Rothman (2010) suggests that the medical model focuses on physical difference: people whose bodies do not work or act differently, utilizing a concept of ‘‘normal’’ from which some people differ. People with disabilities in general are still often considered somewhat apart from the rest of society, outside the norms, and unable to function in the ways that society demands. Shyman (2016) argues that out of this conception of ‘normal’ emerges a seemingly axiomatic version of what one ‘‘ought to be,’’ able-minded and able-bodied, while any aberration from this standard is to be considered abnormal and disadvantageous, making treatment and rehabilitation of the utmost importance. Retief and Letšosa (2018) note, “For medical professionals who adhere to the medical model of disability, persons with disabilities should play the ‘sick role’ properly if they desire to receive continued help and support” (p. 3).

Within the medical model, all impairments, whether bodily or mental, are individual problems that need to be addressed (Shew, 2020). The medical model ignores the contexts, histories, identities, and social factors that have shaped the category of disability, instead pushing ideas of cure and proper performance back on individual disabled people. Another pitfall of the medical model is that “disabled people should play the ‘sick role’ properly if they desire to receive continued help” (Areheart, 2008). The author shared that attempting to find a cure for disabilities is certainly not per se detrimental. In fact, seeking a cure for certain disabilities is quite reasonable since many will die from their respective disabilities if a cure is not found. This is especially the case with muscular dystrophy. However, overemphasizing the need for a cure while simultaneously neglecting the social dimension of disability is damaging.

Disabled authors argued that the medical model does not help to change societal attitudes but rather perpetuates the belief that disability is a personal problem that requires medical attention (Terzi, 2004). Brzuzy (1997) explained,

> The medical model views disability from a functional limitations perspective. This is the most accepted view in our society. This model assumes that a defect in physical, mental, or emotional capabilities is present and limits a person's ability to perform “normally” in society. Disability is seen as the inability to perform activities, such as eating, bathing, dressing, due to an impairment. Handicap is seen as the disadvantage one confronts in social settings due to a disability. (p. 86).

Participation in society for persons with disabilities is likely to be difficult at best and impossible at worst if the impairment is a substantial contributor to inequality. The social model has been used by commentators and disability activists to criticize the medical model in an attempt to change attitudes among disabled people and claim that it is the solution to the problems they face.

Social Model Theory

The social model addresses the limitations of the medical model by introducing the social and environmental factors that explains disability. The social model is “the total antithesis to the medical model which views disability from a functional limitations perspective” (Brzuzy, 1997, p. 86). Whereas the medical model facilitates medical solutions to adjust the individual to fit society, the social model focuses on adjusting the social environment to fit individuals. Disability, as interpreted by the social model, is caused by discriminatory societal attitudes and environmental barriers arising from the inequality and oppression of individuals with impairments (Anthony, 2011). As Grue (2016) writes, "Disability, however, is a label that is not associated with a single physical difference. If anything, it is associated with social structures and arrangements – above all, with social marginalisation and programmes that are intended to compensate for such marginalisation" (p. 960)

According to the social model, it is these societal attitudes and environmental barriers, not intrinsic characteristics, which 'disable' the individual, preventing them from participating fully and meaningfully in society. Barriers can be physical, social, economic, political, or cultural (Low, 2001). The social model denies that innate impairment has any causal relation to disability (Anthony, 2011). The model explains disability because of environmental, social and attitudinal barriers that prevent people with impairments from maximum participation in society (Amponsah-Bediako, 2013). Some of those barriers are impairment specific; for example, blind people might have information barriers, people with mobility restrictions might have access barriers and deaf people may have communication barriers.

The social model argues disability is something that is socially constructed. Disability is made by physical, hierarchical and attitudinal hindrances and these can be changed. This model asserts that disability is a result of environmental barriers (Burns, 2017). Brzuzy (1997) argues that, according to the social model,

> environmental factors place barriers on persons with disabilities. In this model, the focus is taken away from the individual. The individual is not personally at fault. The problems experienced by people with disabilities are caused from being members of an oppressed minority group, and therefore of being denied equal rights based on disability. (p. 85–86)

This gives us a dynamic and positive model that mentions to us what the issue is and how to fix it. Brzuzy (1997) provides an excellent example of this model:

> While steps in a public building can be accessible to some, they can be limiting to a person with a physical impairment. However, a ramp is accessible to all, inclusive of those with and without physical impairments. With a different way of perceiving our environment, impediments can be eliminated. (Brzuzy, 1997, p. 86)

Davis (2016) writes,

> The social model demonstrates that the problems disabled people face are the result of social oppression and exclusion, not their individual deficits. This places the moral responsibility on society to remove the burdens which have been imposed, and to enable disabled people to participate. (p. 217)

The model indicates that the discrimination disabled people face is not an unavoidable result of that impairment but caused by societal organisation. For example, in accordance with the social model, research confirms that the Social Determinants of Health model used by the World Health Organization and Centers for Disease Control and Prevention broadly conceptualizes environment as "the complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities. These social structures and economic systems include the social environment, physical environment, health services, and structural and societal factors" (Hammel et al., 2015, p.579)

The social model does not only assert that disability is a result of environmental barriers, it clarifies how societal practices handicap disabled people. Mostly referred to as 'barrier-approach,' the social model gives a map that investigates the barriers that brings about disability and how they can be minimized or removed. Tregaskis (2002) highlights some key hindrances from a social model perspective, including:

a. Actual hindrances: These are obstructions connected to the physical and constructed climate and cover a gigantic scope of boundaries that forestall equivalent access, like steps, restricted halls, and entryways, out of reach latrines, unavailable lodging, poor lighting, poor seating, broken lifts, roads, and public spaces.

b. Attitudinal boundaries: These are social perspectives and suppositions about individuals with disabilities that clarify, legitimize, and propagate bias, separation, and avoidance in the public eye. For instance, suspicions that individuals with specific disabilities cannot work, cannot be autonomous, cannot have relationship, should not have children, need security, are ‘kid-like’, are ‘hazardous’, ought not be seen on the grounds that they are disturbing, are scroungers, and so on.
c. Data hindrances: These are obstructions connected to data and correspondence. For example, absence of arrangement of hearing acceptance circles, sign language translators for Deaf individuals, and data in various open configurations like Easy Read, plain English, and large text style.

As part of the tenants of the model, disability stems from the failure of society to adjust (provide adequate infrastructure and support) to meet the needs and aspirations of a disabled minority. The model proposes that people with impairments encounter specific and explicit form of exclusion under modern capitalism and suggests that social inclusion will be achieved once the exclusionary capitalist system is replaced by a more equitable social system (Tregaskis, 2002).

Shakespeare (2010) draws the dichotomy between impairment and disability. Whereas the former is physiological, the latter is social construct. The social model does not focus on the deficits of the functional, physiological, and cognitive abilities of the impaired individual; rather it focuses on the oppressive structure of society, and the negative social attitudes encountered by disabled people throughout their life (Lang, 2000). The social model asserts that, if the problem (which prevents the disabled from participating fully in society) lies with society and the environment, then it is society and the environment that must change (Amponsah-Bediako, 2013).

Hall (1995) emphasises that people with physical disabilities are disadvantaged by the attitudes of society more than by their loss of function. Proponents of the social model argue that the experience of being a disabled person consists largely of encounters with physical, institutional, and attitudinal barriers that inhibit full participation in mainstream life (Areheart, 2008).

Tregaskis (2002) has the view that analysis grounded in the social model has had many positive outcomes, challenging disabled people and enabling them to make sense of their experience in a way that explains it is not their own fault that they face discrimination and social exclusion. The author further argued that it is the society that is responsible for that exclusion because the society has failed to develop and maintain flexible and adaptive structures which have created a docile workforce. The social model emphasises the need of the individual, arguing that society must create an inclusive environment for the disabled to play a role. It focuses on strategies that could be adopted to eliminate barriers and improve inclusion. The model also recognises the attitudes of society that create barriers and identifies proactive actions to remove them. The social approach to disability demands an identification and analysis of the social, political and economic conditions that restrict the life opportunities of those living with impairments.

Similarly, the social model empowers disabled individuals to accomplish autonomous living. It establishes a scope in the public arena to counter the impacts of separation and mistreatment. The model reveals discussion surrounding fitting and open data, satisfactory pay, proper and open well-being and social consideration arrangement, open climate and transport framework, sufficient arrangement of specialized guides, hardware, individual help and equivalent freedoms for business, accessibility of comprehensive preparation and training, self-backing and companion counselling.

It is sometimes argued that regardless of approaches like Universal Design, the idea of a world wherein individuals with disabilities are liberated from natural obstructions is difficult to operationalize.

It is believed that in metropolitan settings, numerous obstructions can be moderated, albeit notable structures can only be adjusted with significant effort. Be that as it may, facilities are now and again contradictory since individuals with various disabilities may require various arrangements Even individuals with a similar disability may require different arrangements. Some persons with visual impairment access text in Braille, others in large print, tape recordings, or electronic documents. Michailakis, (2003) argues,

> [D]isability is culturally, socially, economically and politically constructed. Hence, disability becomes equivalent with oppression by social and institutional structures within which certain physical, emotional and intellectual differences are identified and treated in a certain way. From this perspective economy, governmental policy, state authorities and institutions are key factors in the formation of structures that oppress disabled people. (p. 211)

The social model of disability is dynamic and compelling in that it centres around obstructions and answers for such boundaries and, in doing so, outlines a way to deal with the incorporation and balance that is helpful for society and not simply impaired individuals. Berghs et al. (2019) contended that disabled individuals need a more grounded social model that goes about to the general public which empowers and guarantees their access to equal participation. Finkelstein (1988) likewise composed a basic story of a town intended for wheelchair clients to show the way that social model reasoning turned the issue of disability on its head. Notwithstanding, the social model has attracted some criticisms. Opponents of the social model claimed that the model has “ignored the experience of impairment in the lives of disabled people, down graded the importance of medical treatment, and ignored social difference around, for example, gender, minority ethnic group status, sexuality, social class, and age" (Shakespeare & Watson, 2002 cited in Barnes & Mercer, 2005, p. 531).

Disability Justice Theory

Disability justice is the structure of the social development to end ableism related to finishing different frameworks of oppression. Disabled, queer and trans ethnic minorities have joined and supported the advancement of the disability equity system since 2005, which Sins Invalid has explained in a booklet, *Skin, Tooth, and Bone – The Basis of Movement is Our People: A Disability Justice Primer* (Sins Invalid, 2016, p. 5, 12). The theory has emerged as an "attractive conceptual frame of reference for describing the range of struggles for the inclusion of people with disabilities in countries across the world" (Onazi, 2020, p. 9). The disability equity development separates itself as a takeoff from the disability rights development which centers around social liberties inside the liberal practice. This arising system has ten standards, each offering openings for development builds: The first, intersectionality, says that people are numerous identities, and they all affect us. They are not just disabled. They are also each coming from a specific experience of race, class, sexuality, age, strict foundation, geological area, migration status, and that is only the tip of the iceberg.

Disability justice is "a political movement and many interlocking communities where disability is not defined in white terms, or male terms, or straight terms. Disability justice centers disabled people of color and everyone who is marginalized in mainstream disability organizing" (Piepzna-Samarasinha, 2018, p. 22). Similarly, Onazi (2020) pointed out that a disability justice approach informs society of the following:

> Independence is not simply defined as a physical attribute, but refers to the ability to exercise agency, freedom, self-help, self-discipline, personal responsibility and to exercise a range of

> lifestyle choices open to a person with a disability, including what type of services disabled people would require to integrate and fully participate in community life. (p. 10)

The concept of 'intersectionality' was first presented by women's activist scholar Kimberle Crenshaw in 1989 to portray the encounters of Black women who experience both bigotry and sexism in specific ways. This suggests that every individual has numerous characteristics, and that every person can be a site of advantage or mistreatment. The mechanical operations of abuse and how they yield move contingent on the qualities of some random institutional or relational collaboration; the actual experience of incapacity itself is being molded by race, sex, class, sexual orientation articulation, authentic second, relationship to colonization, and that is only the beginning.

The second is administration of the constituency. At the point when we talk about ableism, bigotry, sexism and trans misogyny, colonization, police brutality and so forth, we are not looking to scholastics and specialists to tell us what we are lifting, tuning into, perusing, following, and featuring the viewpoints of the individuals who are generally affected by the frameworks we fight against. By focusing the initiative of those generally affected, we keep ourselves grounded in true issues and discover imaginative techniques for obstruction. We know that to really have freedom we should be driven by the individuals who know the most about these frameworks and how they work.

Disability equity can just develop into its potential as a development by adjusting itself to racial equity and trans-freedom, jail cancelation, natural equity, against police fear, Deaf activism, fat freedom, and different developments working for equity and freedom.

Capitalism is contingent on wealth gathering for some (the white ruling class), at the expense of others, and inspires competition as a survival means. The nature of our disabled body-minds means that we resist conforming to 'normative' levels of productivity in a capitalist culture, and our labor is often invisible to a system that defines labor by non-disabled, white supremacist, gender normative standards. Thinking through the lenses of disability justice "allowed us to approach accessibility in a plural, critical way that resists a one-size-fits-all approach" (Jones et al., 2022, p. 2).

"With sustainability, we learn to pace ourselves collectively and individually for long-term development. We value the teachings of our bodies and experiences and use them as a critical guide and reference point to help us move away from the urgency and into a deep, slow, transformative, unstoppable wave of justice and liberation. Recognizing wholeness stresses that everyone has the fullness of life and history, and these are composed of our own sensations, thoughts, sexual fantasies, emotions, quirks, and perceptions. Persons with disability are whole people" (Jones et al., 2022, p. 2).

In cross-disability solidarity, committed members honor and value the involvement of all community members, even and especially those who are most often left out of political conversations.

We are building a movement that breaks down separation amongst persons with chronic illness, physical impairments, and people with mental health disabilities, neurodiverse people, people with intellectual or developmental disabilities, D/deaf people, blind people, people with environmental injuries and chemical sensitivities, and all others who experience ableism and isolation that undermines our collective liberation.

The enormous colonial development of Western European growth brought about the understanding of interdependence within our societies. The nature of interdependence stresses on liberation of all persons and sees the environment to be integral to liberation. Needs of accessibility can be et confidentially through a cooperative, or in community, contingent upon individual needs and group capacity. This view emphasizes shared responsibilities for an individual's access needs without compromising their integrity.

With collective liberation, persons with multiethnic, mixed class and multi-gendered, move together across the sexual spectrum leaving no one behind. This view stresses the need for the eradication of discriminatory institution and social practices that exclude disabled individuals. Proponents of this view stress that disabled persons must not be dependent on others for major life assistance without their own agency being respected. Annamma (2017) describes the essence of disability justice theory in this way:

> Disability justice is not to replace other frameworks, but to be integrated in our fights against the systems of colonialism, white supremacy, cisgender heteropatriarchy, and capitalism as each of these contributes to a normative standard and punishes those that do not meet those standards. An integrated disability justice framework recognizes that it is not enough to simply say no to mean words or ignorant people. Instead, it is a purposeful weaving of issues of disability into our resistance projects by including multiply-marginalized disabled people as leaders in movements. We can work toward this intersectional approach to dismantling entrenched inequities by committing to disability justice. (p. 1050)

A recent critique of the disability justice movement was that it focuses generally on the white with physical disabilities, excluding others. Grue (2016) argued,

> [P]ower situation is particularly relevant to the broad category of disability, which expressly connotes marginalisation, alternatively oppression and exclusion. As far as I am aware, the disability movement has not produced, nor disability scholars described an understanding of disability that connotes disability-specific positive valuation. (p. 959) Delete this quote. Summarize the ideas.

Hence, Annamma (2017) cautioned,

> Through the emergence of critical voices, an increasing number of scholars have begun to acknowledge that those with disabilities are marginalized. Yet, it is not enough to list disability

> as one more in a list of targeted identities. Recognition is ancillary and should not be equated with solidarity. Though necessary, identifying how disability is socially constructed with race and how these constructions as "less than" result in inequitable outcomes, it is not an end. (p. 1048)

Intersectionality

The term 'inter-sectionalist' was coined by Kimberle Crenshaw in the mid-1990s through her work distinguishing interesting and intensified encounters of segregation for Black women in the USA (Crenshaw, 1989, 1991). In recent years, cross-disciplinary scientists and specialists have created inter-sectionalist theory to apply a wide scope for societal matters and investigate the converging idea of numerous characteristics, individual histories and social frameworks of force in assorted and evolving settings (Carbado et al., 2013; Collins, 2015). Also, intersectionality was promoted by grassroots associations, activists, and researchers who all through the 1970s and 1980s exposed basic ways that sexual orientation and race are neglected, and the extent of abuses faced by the women of racialized community in the USA (Collins, 2015).

Understanding the causes of inter-sectionalist theory is significant for expanding on its application, and for recognizing and investigating potential ways that multiple factors can combine to impact identities (Hankivsky & Christoffersen, 2008; Reid et al., 2012). Hankivsky and Christoffersen (2008) write, "Intersectionality is a theory of knowledge that strives to elucidate and interpret multiple and intersecting systems of oppression and privilege. It seeks to disrupt linear thinking that prioritizes any one category of social identity.dd a direct quote" (p. 275).

Dr. Lamondre Pough, a Black person with physical disabilities, provides us with a clear description of intersectionality of race and disability when he introduced the topic for discussion during an international conference organized by the International Labour Organisation (ILO) in November 12,

2020. The conference was on *"Intersectionality between Disability and Black Lives Matter."* Pough narrated,

> In every society, we have the first largest minority group in the world that anybody can join at any time. The second group is known by the way people and community treat them. The first group has fought for their right to be seen as a civil right. The second group organized their movements called 'Black Lives Matter'. But we have people like me who belong to both groups, where I must fight for my right as a disabled as well as advocate that my life as a black person. (ILO, Webinar Conference, 2020)

Black disabled people are likely to face double barriers as disabled and as a black person. Regardless of this variety, key suppositions control work supported by the inter-sectionalist model. To begin with, classes of personality should be perceived and investigated as reliant (Weber & Parra-Medina, 2003; Hankivsky & Christoffersen, 2008; Collins, 2015). This reverberates with the critical work in the fields of autoethnography and the social creation of infection, which feature ramifications of social imbalances identified by nationality, sex, and sexuality on wellbeing for individuals across financial positions (Krieger, 2001). Inter-sectionalist theory reveals that a person's encounters cannot be perceived similarly to disengaged parts of their personality, but instead encounters are impacted by numerous characters that interconnect and associate (Crenshaw, 1989). As Hankivsky and Christoffersen (2008) elaborate,

> [A]n intersectional perspective does not simply add social categories to one another in an attempt to understand diverse experiences. Instead, the methodology for an intersectional paradigm seeks to uncover the convergence of experiences, including multiple forms of discrimination and oppression. (p. 276)

In supporting the presumption that numerous characteristics should be perceived according to one another, interconnection theory thinks about the way personalities and social frameworks of force differ across time, geographic, political, and social settings (Hankivsky & Christoffersen, 2008; Kapilashrami et al., 2015; Collins, 2015). This features the significance of investigating the neighborhood and nuanced understandings and developments of personalities and their connections inside explicit settings when endeavoring to address disparities. Individual accounts, lived experiences and encounters vary comparatively to individual life stories, characters and social settings (Collins, 2015). The last key suspicion of inter-sectionalist theory is an emphasis on propelling social equity (Weber & Parra-Medina, 2003; Hankivsky & Christoffersen, 2008; Collins, 2015).

In summary, medical model assumes that disability is fundamentally located within the individual and as a result, strategies to cure must focus on rehabilitating the affected person. Rehabilitation efforts are aimed to ‘fix’ the disabled person and restore functioning to an ‘acceptable’ or ‘normal’ level. This requires the individual to adapt to social and environmental structures in an effort to fit within the mainstream paradigm (Anthony, 2011). In effect, the medical model ignores the external environmental and social barriers that can affect people with disabilities. On the contrary, social model explains that disability is a cultural (environmental) construct, and not a consequence of an individual’s physical and/or cognitive differences. The social model shifts the cause of disability to the collective responsibility of society as a whole (Llewellyn & Hogan, 2002). It seeks to remove barriers which prevent disabled people from participating in society, accessing work, and living independently. The disability justice theory explains that an individual’s capability should match his/her worth in the society (i.e., individual worth is tied to liberation of all persons).

Intersectionality posits that disability should be seen as human rights issues, not just as barriers in the society. However, critics of the disability justice movement believe that instead of the movement listening to and increasing the voices of people with disabilities, they use it to improve their professions. Again, Hankivsky and Christoffersen (2008) argue,

> In terms of a health determinants framework, examinations of health inequities that are reduced to any one single determinant or marker of difference would be viewed as inadequate for understanding the various dimensions that are always at play in shaping and influencing social positions and power relations. (p. 276)

Finally, intersectionality emphasizes the connection between diverse multiple categories. It also examines the complexities of connection between social groups (Bowleg, 2008). This, however, aids in the understanding of how social systems and numerous characteristics intersect to create distinctive experiences of discrimination. More importantly, the intersectionality model gives room for respondents to share their experiences and not respond to questions on the specificity of how cultural factors affected experiences.

Chapter Four

Methodology

Autoethnography

Ellis et al. (2011) characterize autoethnography as a technique which consolidates attributes of personal history and ethnography. They describe autobiographers as regularly expounding on revelations, that is, minutes that had a critical effect on the essayist's life, while ethnographers attempt to create comprehension of a culture. In the blend of the two, Ellis et al. (2011) express that "when specialists do autoethnography, they reflectively and specifically expound on revelations that come from, or are made conceivable by, being important for a culture and additionally by having a specific social personality" (p. 276). From this point of view, composing includes reflection and thinking. It is a focal piece of autoethnography.

As Adams et al. (2015) contend, composing is a method of coming to know an encounter better or in an unexpected way. Broadkey (1996) testified that "auto-ethnographers invite researchers to see themselves and everyone else as human subjects constructed in a tangle of cultural, social and historical situations and relations in contact zones" (p. 29).

Custer (2014) characterized autoethnography as a style of self-portraying, composing and subjective examination that investigates a person's extraordinarily educational encounters in relationship to social and social foundations. Jones (2013) adds that autoethnography is not just a method of thinking about the world; it has become a method of being on the planet, one that requires living intentionally, inwardly, reflexively. It asks that we inspect our lives as well as consider how and why we think, act, and feel as we do. It asks that we re-evaluate and modify our lives, settling on cognizant choices about who and how we need to be. What is more, it simultaneously looks for a story that is confident, where writers at least keep in touch with them as overcomers of the story they are living. Reed-Danahay (2017) sees autoethnography as a class of composing that puts the scientist's self as a storyteller in a social setting. Holt (2003) added that, "by writing themselves into their own work as major characters, auto-ethnographers challenged accepted views about silent authorship, where the researcher's voice is not included in the presentation of findings" (p. 2).

Delgado (1989) reminds us that stories are a relevant autoethnographic tool in research:

> [S]tories humanize us. They emphasize our differences in ways that can ultimately bring us closer together. They allow us to see how the world looks from behind someone else's spectacles. They challenge us to wipe off our own lenses. Telling stories invests text with feeling, gives voice to those who were taught to hide their emotions. Hearing stories invites hearers to participate, challenging their assumptions, jarring their complacency, lifting their spirits, lowering their defenses. Stories are useful tools for the underdog because they invite the listener to suspend judgment, listen for the story's point, and test it against his or her own version of reality. This process is essential in a pluralist society like ours. (p. 2440)

There have been numerous cases of autoethnography in subjective exploration where authors have been guaranteed explicit advantages from utilizing the technique. One of its principal benefits is that the class permits someone else's encounters of and on the planet to rouse the pursuer to consider their own encounters, so these might be decontextualized taking into account how the 'other' has encountered life and culture (Bochner & Ellis, 2016; Chang et al., 2013). Moreover, by utilizing autoethnography the analyst may likewise be viewed as trying to comprehend 'oneself' to comprehend more completely the 'other'. They are appearing, as opposed to telling (Ellis, 1999). Autoethnographic composing can serve to make an individual's lived experience available to other people and progress comprehension of a specific issue or marvel (Blalock & Akehi, 2018; Johnstone, 1999).

Hegelund (2005), for instance, utilized test writing to investigate her own insight of youth injury, disgrace, shunning, and fatherly sexual maltreatment when her mom separated from her dad. In this manner, for example, autoethnography might be believed to challenge the objectivity and 'authority' of the analyst. It underscores the specialist as a situated subject both inside the book and the more extensive social, political, and recorded settings in which they exist. In opposition to certain understandings, this implies it is not just an individual record of self-seeing; it is information that is encapsulated inside the connections and settings that the analyst works inside (Okely, 1992).

Similarly, as with other exploration techniques, there are constraints to autoethnography. In the main occasion, as the technique utilizes the scientist's 'self', it expects them to utilize specific characteristics and abilities. Being set up to compose and distribute personal work requires the essayist to have adequate boldness to uncover what is typically kept hidden and carry it into the public field (Dudley, 2006). This type of composing might be viewed as unsafe in that it requires a huge utilization of self-revelation and trustworthiness, which might be upsetting or hard for the analyst (Johnstone, 1999). First-person accounts likewise present a danger to the crowd where perusing of the story brings about awkward emotions, distinguishing proof or bits of knowledge with respect to the audience (Bochner & Ellis, 1996). The cycle of autoethnography further requires the analyst to encounter weakness, review past encounters and feelings, and have the option to consider and express them in a reminiscent manner (Ellis & Bochner, 2000; Wilkins, 1993).

Teachout (1985) cautioned members of the "abled bodies to pay attention to stories in other to enhance their own reality because reality is not permanent" (Delgado, 1989, p. 2439). In addition, Delgado (1989) remarks, "Listening to the stories of outgroups can avoid intellectual apartheid. Shared words can banish sameness, stiffness, and monochromaticity and reduce the felt terror of otherness when hearing new voices for the first time" (p. 2441). It should be perceived that expounding on oneself additionally presents limitations regarding understanding the ‘other’. As a type of translation, it does not permit us to totally see the inward existence of another. It is essentially a translation of such (Tierney 1998).

Delamont (2007), composing as a humanist, presents some contentions against autoethnography: “[autoethnography] cannot fight familiarity, it cannot be published ethically, the mode of autoethnography is not analytical but personal ‘anguish’ that are deviated from the sociologist’s claim for empirical orientations” (cited in Das & Mullick, 2015, p. 267). This investigates excuses crafted by reflection, the benefit of making the recognizable unusual, and the way toward dissecting one’s own encounters in a social setting in a way that can give comprehension of issues others may be confronting. Although autoethnography as a research method can be an

> unknown and difficult tool for novice researchers to use, it is an instrument through which researchers can explore and portray the culture where a phenomenon is being experienced. This cultural knowledge can help in the understanding of the interpretation derived from participants’ accounts and the “reality” presented in studies where this approach is used. (Méndez, 2014, p. 285)

Ellis and Bochner (2000) cautioned researchers about the difficulty in using autoethnography as research method. The authors write:

> Autoethnography is amazingly difficult. It’s certainly not something that most people can do well. Most social scientists don’t write well enough. Or they’re not sufficiently introspective about their feelings or motives, or the contradictions they experience. Believe me, honest autoethnography exploration generates a lot of fears and doubts and emotional pain. Just when you think you can’t stand the pain anymore, well, that’s when the real work has only begun. Then there’s the vulnerability of revealing yourself, not being able to take back what you’ve

> written or having any control over how readers interpret it. It's hard not to feel your life is being critiqued as well as your work. It can be humiliating. And the ethical issues. Just wait until you've written about family members and loved ones who are part of your story. (p. 738)

Similarly, Patton (2015) shares his challenges in writing about a Grand Canyon Hike with his son:

> The struggle to find an authentic voice—authentic first to me, then to others who knew me, and finally to those who did not know me—turned what I thought would be a one-year effort into seven years of often painful, discouraging writing. And I was only writing about a 10-day period, a Grand Canyon hike with my son in which we explored what it means to come of age, or be initiated into adulthood, in modern society. My son started and graduated from college while I was learning how to tell the story of what we experienced together. To make the story work as a story and to make scattered interactions coherent, I had to rewrite the conversations that took place over several days into a single evening's dialogue, I had to reorder the sequence of some conversations to enhance the plotline, and I had to learn to follow the novelist's mantra to "show, don't tell," advice particularly difficult for those of us who make our living telling. More difficult still was revealing my emotions, foibles, doubts, weaknesses, and uncertainties. But once the story was told, the final chapter of the book, which contrasts alternative coming-of-age/initiation paradigms, emerged relatively painlessly. (p. 233).

Organisation of the Research Data

In this study, the researcher depicted experiences from participant observation, as I worked with disabled people in my undergraduate study and workplaces. During the composition of my autoethnography, I relied on my own memory of the events in my interaction with disabled people.

Again, I drew many experiences from memories, educational diaries and documents analysis to connect with the wider social context.

The importance of participant observation field notes, research diaries and memory in the ethnographic process has long been recognised. Several autoethnographers have adopted interviews, participant observation notes, document analysis and research diaries in their research (Sparkes, 1996; Mayan, 2001; Morse & Richards, 2002; Ettorre, 2005). Sparkes (1996), for example, pulled information about himself from medical records, diary extracts, and media articles to discuss his sporting career and the chronic illness that ended it.

Ettorre (2005) also used a diary, a letter, publications, and medical laboratory data to support her understanding of her disease and admitted that remembering is a necessary aspect of the analytical process. For discussions regarding his teaching method, Holt (2001) used data from his reflective journal. Duncan (2004) also evaluated her professional work using a thorough reflective notebook, as well as e-mails, notes, and sketches. For example, Margaret Mead, the renowned anthropologist, recognised the significance of her footnotes, stating that it was her extensive knowledge of her field of study and her unique consciousness that enabled her to observe and record parts of daily experience that no one else could (Mead, 1977, cited in Sanjek, 1990).

Kirwer (2021) adopted eternal data, personal memory data and self-reflective data to bring understanding and meaning to her past professional practice at the American Psychological Association (APA) and explored how ableism in American Psychological Association professional practice resulted in disablist practices that upon reflection caused harm and trauma.

Doloriert and Sambrook (2012) assert that autoethnographers may write on their experiences outside of higher education, notably their work experiences previous to entering higher education. Sparkes (2000) told an example about how his published autoethnography was used in an undergraduate lecture, stating that his students did not consider it as research. When asked if it would be considered as research if someone else had interviewed Sparkes, collected his medical records, diary extracts, and newspaper stories, assessed the data, and written it up, the class responded yes. According to Coffey (1999), memories of being there and of the social players in the field are collected during ethnographic research. Even if interview transcripts and field notes or, in the case of autoethnography, diaries and journals are available, they are merged with headnotes, which are field memories (Coffey, 1999). Similarly, Ottenber (1990) argues that the ethnographer alone carries around in his or her head far too many impressions, scenes, and experiences from a field of research.

Ensuring Quality in Autoethnography

Patton (2015) and Richardson (2000) propose substantive contribution, aesthetic merit, reflexivity and expression of reality as criteria for ensuring the quality of an autoethnographic study. For instance, regarding reflexivity, Patton (2015) asserts that the following questions must be asked: "[H]ow has the author's subjectivity been both producer and a product of this text? [I]s there adequate self-awareness and self-exposure for the reader to make judgements about the points of view?" (p. 232). Richardson (2000) adds, "Do authors hold themselves accountable to the standards of knowing and telling of the people what they have studied?" (p. 254).

I have had the opportunity during my graduate program to have extensive time to be reflexive not as an event but as a continual evolving process. To ensure progressively ethical practices, I questioned myself and practiced reflexivity during the process of this research. As a black immigrant, I continue to question not only my belief about disability and racism, but also the various practices against persons with disabilities that influence my encounter with disabled people.

In addition to reflexivity, Méndez (2013) drew attention to the evaluation of subjective interpretation:

> [T]he subjective interpretations may arise from personal narratives opposing the positivist view of research which aims at presenting an objective account of the truth. The personal and emotional involvement of the researcher in autoethnography contrasts with the distant and objective role of researchers' goals in a positivist stance. It is because of this that evaluating autoethnography is not a straightforward task and it seems that a general consensus has not been reached. (p. 284)

According to Paton (2015), substantive contribution highlights how the research "contribute[s] to our understanding of social life" (p. 232). Richardson (2000) provides autoethnographers with the following questions when ensuring subjective contribution: "Does the writer demonstrate a deeply grounded (if embedded) human-world understanding and perspective? And how has this perspective informed the construction of the text?" (p. 254). In this study, I adopted autoethnographic study to unpack the practices of racism and barriers in the society that oppressed and marginalized disabled people. This study stimulates the thinking of readers and begins a discourse on the intersectionality of race, COVID-19 and disability using various autoethnographic methods.

The potential benefit of the study is consistent with the assertion of Méndez (2014):

> I believe, it is the potential of autoethnography to contribute to others' lives by making them reflect on and empathise with the narratives presented. Through reading a cultural or social account of an experience, some may become aware of realities that have not been thought of before, which makes autoethnography a valuable form of inquiry. (p. 282)

In this current study, I consider that the intersectionality between racism and COVID-19 would have a beneficial or practical goal for all persons with and without disabilities.

Ethical Considerations

When organising autoethnographic writing, Chang (2008) cautioned that there are some hazards to avoid: overemphasis on narration rather than analysis and cultural interpretation; excessive concentration on self in separation from others; inappropriate use of the title autoethnography; and a lack of ethical norms when it comes to others in self-narratives. In this current study, I took an active role in creating, reconstructing, and selecting the title and the themes that were sufficient in scope and richness to highlight the connections between my narratives and the contexts in which they relate to the intersectionality among racism, COVID-19 and disability.

According to Doloriert and Sambrook (2012), varying degrees of self/other combinations in autoethnography lead to distinct ethical considerations when writing, evaluating, publishing, presenting, and examining autoethnography. The first is protecting the participants within the ethnos of the study; the second is relational ethics of those family, friends, and coworkers mentioned in the autoethnography; and the third is autoethnographic ethics of revealing the autoethnographer's identity both during the review process and for publication. Therefore, in this research, I ensured anonymity by using pseudonym in place of the actual names of people in the stories I shared. Medford (2006) suggests that, in autoethnography, it sometimes appears appropriate, even important, to abbreviate, edit, or otherwise adjust our personal stories in our writing.

Méndez (2013) proposes that "writing autoethnographically entails being ethical and honest about the events described as well as the content of words expressed by all the people involved in these events" (p. 283). Hence to achieve honesty and accountability, I was open in outlining the research processes used in order to achieve an accountable research process. Throughout the research, I expressed my positionality and made reflective notes.

Limitation of the Study

Flemmons and Green (2002) stated that when selecting autoethnography, you have to decide if you are to put yourself out and evaluate the implications on personal identification. Similarly, Ellis (2007) shares in this ethics of the “I” that in autoethnography our personal lives, once publicised, become open to attack and rejection by readers. The process of documenting and analysing the stories were difficult due to the emotional cost of reopening moments where I felt distressed. Hence, in this research, many times, I revised, deleted, reassessed, and moved away from the narratives as the process evoked many feelings of guilt, shame, and vulnerability among the people that I am writing about (Kirwer, 2021).

Other researchers have criticized autoethnography for creating tensions, contradictions, conflicts, and differences of interpretation about what the criteria are and about the meaning and quality of particular pieces of published research which should not cause undue anxiety (Sparkes, 2000). Despite this limitation, I acknowledged the current presented stories and themes in a manner that would minimize contradictions, different interpretations and understanding in the minds of readers. Another limitation of the study is the focus on only Black disabled people and not the general population of the disabled community. This could have offered a comprehensive understanding of the experiences of intersectionality of race, COVID-19 and disability among the broader disabled community.

Chapter Five

Presentation of Findings

Experiencing Disability and Mental Health

It took a strong drive for me to talk about what I am uncomfortable sharing. The reason is not because I do not like to share how my experiences with how disability influences my mental health, but rather this topic is rarely discussed in the Black community. However, mental health is one of the deep-rooted issues in the racialized community. I am the last born of six siblings. One of the most relevant events in my family is that we grew up with a father with a visual disability. That changed my perception of disability in many ways. As my father lived with visual impairment, he experienced limitations in seeing clearly. Even though he can do most things independently, in some few instances he requires the assistance of another individual. Once, at bedtime, I asked my father about his experience living with visual impairment. With a soft tone, my father narrated: “My partial sightedness has had a great influence on all aspects of my life. One thing that I am sure about when growing up is that my lifestyle would have been something totally different than what I have now.” He touched my hand and continued,

> The question that continues to hit hard on me is, how would my life have been without visual impairment? But let me assure you that I am a person who is content with whatever I have. This is not an implication that I am in desperate need of a miracle. However, the attitude of society and their negative comments remind me of my vulnerability. This makes me sad sometimes.

Sometimes, reflecting on this story as a child, I wished society would understand my father and relate with him based on who he is as a hardworking farmer and responsible father. There was not a time or day that my father allowed us to go to bed hungry. I can certainly say that our family was the happiest in our village. I must admit that most of the time, as a family, we may not immediately have access to what we want, but our father taught us to be satisfied with what we have.

The events that mostly impacted my mental health was greatly based on how the people treated my father and my family. This made me depressed and preoccupied with anxiety. As a child, I internalised the societal belief of disability as a tragedy and a sign of a curse from our ancestors. Growing up, I recalled that the fact that I cannot change my father to become as ‘normal’ as everyone else affected the way I even see my worth as his son. In that period, my mental health issues arose. This continuous self-blame leads to the belief that I am actually worthless. In most of those periods, I would prefer to not mingle with others much. This could include my parents and close family members. I preferred not to talk and not to explain myself to anyone. I began to accept that I belong in the darkness, and that is how life must be for me no matter how hard I try. In the process of all these, many negative mindsets began to pop up in my mind. The more persistent these thoughts became, the more I see the need for assistance because I value all the inputs of family members and the love, they have shown to me.

Mental health is one of the deep-rooted issues in the racialized community. Mental, physical, and emotional health are essential for everyone to enable the totality and completeness of one’s health and well-being to enhance quality of life. Generally, most of the non-disabled community assumes mental health to be when a person is well in the mind, in the physical body, socially stable and he or she does not have any visible disease in the body. For the disabled community, mental health is a state of well-being in which people feel good about themselves, are aware of their strengths, are capable of coping with the stresses of life, and that despite the pressures of daily life, work properly and efficiently and contribute to their societies. Also, mental health is about improving individual and community competencies and assisting them in achieving their self-determined goals and objectives.

In one of my experiences with John, a non-disabled mental health worker in Ghana, he indicated that people with disability are more susceptible to mental disorders due to their unique genetic traits. They judge the mental health of disabled people from medical diagnoses and reduce the life of a disabled person to a simple diagnostic manual. Regrettably, in most countries where I have worked with disabled people, nowhere is mental health and well-being of disabled people given the same weight as their physical health. Instead, persons with disabilities have largely gone unnoticed or unappreciated in these countries.

During my regular visits with the disabled community, a young man living with multiple sclerosis indicated that his mental well-being is usually impacted by the social and the physical environment. He indicated,

> Each of us whether disabled or without disabilities, we are more likely to improve our mental health through consistent good interaction with our immediate environment, engaging with our family members, colleagues at work or schools, our neighbors and going to work. But for me, most of the time I do not get the opportunity to move around to have these social engagements.

This implies that social isolation or a lack of strong social relations and lack of physical mobility is likely to affect my mental health.

One day, during my social work in Juaso district, I remember having a conversation with a young man living with hearing impairment. Talking about mental health and disability, he revealed,

> As a deaf person, who is either born deaf or became deaf. You realize at some point you are different. You noticed the barriers that you faced on a daily basis. This could have been due to communication, whether you are a sign language user or a lip reader. You missed out on vital information. Growing up you may have felt left out of the family, or even it affected your

education. This may have presented problems at work, college or you may have wondered about the possible barriers you may face in the future, maybe no one in society is helping you, or you've even suffered abuse. All of this may have given you a negative view of being deaf. Perhaps you feel that all this happening because I am deaf. But remember it's not your fault, it's their fault! Did you have a choice in being deaf? No. You can't become hearing. But those around you can change, they can provide you better access, such as communication. Remember, it's those around you that create these barriers that make your life difficult, not the other way around. It's important to realize that it's these attitudes that make you feel that deaf people aren't good enough, that make you feel embarrassed about being deaf, that make you wish you were hearing, it's these attitudes that affect our mental health, but the problem is them, not you.

My Experiences at Cape Coast School for the Deaf and Blind

A thorough analysis of Ghana's educational system revealed that, despite the country's extensive educational institutions, there are only 16 basic schools for the hearing impaired, most of which are located in regional capitals, and only high school to service this enormous population (Mensah, 2022). According to the Ghana Association of the Deaf, the hearing-impaired population of Ghana, numbering 110,625, does not have opportunity to "quality education, due to the lack of resources to ensure their effective and active participation in educational institutions" (Ghana Graphic Online, p. 1).

I never knew, and even if I knew, little attention was paid to the negative treatment of disabled people in the deaf and blind society until I found myself in the midst of persons with auditory and visual impairment. It was in the month of November 2012 that my dad told me to find a way to learn the sign language so that I can communicate with deaf student on Sundays at church to help them understand the teachings of the Bible.

Though, I had no idea about lifestyle and how person with auditory impairment interacted in the society, I was enthusiastic and little bit curious to learn. I began visiting Cape Coast School for the Deaf and Blind which is a special educational institution that the Government of Ghana has created. I met the school's authority and I was granted the permission to learn from the students. The assistant head assigned the brilliant students among them to me. Even though the students have impairments varying one from another, I observed that these impairments did not place limitation on their intellectual capacities, level of reasoning and problem-solving skills.

On my first day at the school, I went first to a hall which was on the first floor of a multi-floor building. I was late on my first day, so I chose a seat right at a corner. In the class I met Gabby, a nice gentleman who introduced himself as a student who is also in the school to learn. Unbeknownst to me, he was the teacher who teaches the tutors who have been admitted to study sign language. Time passed and the moment fled, I kept attending the class until I became somehow conversant with some basic words with which I was able to communicate with the students.

It was during these times that I began to meet the assistant supervisor assigned to me. She took me around the school and at the end we ended up at the school's dining hall. A lot of students were gathered there waiting to be served at allocated dining tables. She made me sit by her among her peers. As I sat, I began to think about how accommodating and friendly the environment was. I observed that the student is mentally stable and physical sound. I realized that these students have developed their own mental health strategies to take care of themselves. Quickly, I came back to myself and moving from my thoughts glanced back once more to see these handsome and beautiful people surrounding me.

After dining, my friend introduced me to some of her colleagues who were full of joy and gladness hesitated not to give me handshakes and warm welcome. They asked for my name, and I finger spelt my name. Right after the spelling of my name, they gave me a sign for my name. Living with them was so heartwarming and enjoyable. The sense of humour they possessed, how they share and support one another, oh! Let me reserve the others for another day, it was beautiful. They became close to me that anytime I visited the school they would quickly run to call their friends that I have arrived so she should come and teach me.

Victory, as her name was, would come and then take me to one of the classrooms and begin to teach me. In the class, I wrote some words I thought I would need to know in their sign language. I sign after her to make sure I have got the correct signing right. Then in my book, I write how the signing is done close to the word she had taught me. At other times she will take me around and as she signs, she helps me to understand.

A funny incident occurred in my initial studies with her: We were moving around the school when we got to the boys' dorm. She beckoned that I should wait, but looking at the sign language, I perceived that she was calling me, so I was trying to walk to her when she started laughing at me. She, knowing I have misconstrued the language, quickly changed it to something more familiar to my culture of which I understood. This teaching and learning went on for a couple of days, then into weeks and later months.

Victory came with another brilliant boy whom I never knew all those times I was visiting. Victory was in Junior High School three, whereas the new student she introduced was in Junior High School two (2). His name is Gabriel. I was dumbfounded because the boy was so handsome to look upon. Gabriel was a muscular young boy who at the time I knew him was at the age of 17. I really liked him so, until today he is my friend. We sometimes chat and video chat on global economic issues and entertainment news. Gabby took me to his friends and introduced me to other friends in the school. I met lot of them, and the surprising thing was the talent demonstrated. Christian, one of them, stout and energetic young boy was very good at barbering and hair dressing. I once sat under a tree, and he shaved my hair for me.

With the teaching and learning, both Victory and Gabby did the perfect job. Within two months, I was better at the sign language. I could now communicate and chat happily. On a Friday afternoon, as usual, I went to the school about the time of dining. I met my friends, and we went to the dining hall. After the dining, we stood on the porch, and it was there again that something amazing happened. Two students with visual disabilities who were excited after the lunch were hurriedly stepping out of the dining hall. The students with excitement jumped from the top of the stairs and landed perfectly on the ground with no hurt and they continued their way to their dorms with happiness. At first my heart skipped for I knew very well the consequence of jumping a stair with my eyes closed. Another observation was that students with visual disabilities were familiar with the school environment so much and so well that they walk about without support. I chanced upon one disabled student who was playing the piano very beautifully. In front of him was another excellent girl who stood in front of him and sang beautifully.

Not quite long after I had come to know the sign language, I started teaching my two best friends how to write essays in English and also how to solve math questions. As I began, I realized that the way of signing is same way as writing essays. We met again to teach and to learn and Gabby told me about his dream to become a doctor. We began to discuss and see our way forward in achieving such wonderful dream. I asked, “Which secondary school can you attend to commence the achievement of your dream?” Well, I noticed that there was only one government school that he could attend and that was Mampong School for the deaf in the Eastern Region of Ghana. The other thought was, even if it were possible to be a doctor, in which hospital will he work in? Has the country provided for an opportunity as this? The response to these questions there were only “Head shakes and No.” Gabby commented that such barriers are the issues we encounter daily. No matter how we try, it was like the hurdles are extremely high to jump over. Gabby within these contemplations said that his uncle was planning get him to study abroad. We continued our studies and then closed for the day. Our studies continued until Victory completed schooling. But before she completed, I was amazed at the great performances she was always pulling.

Now, Victory, as we often call her, was with the cultural troupe. She was the best dancer at the time of her basic education. How does she hear? We all know the answer: she uses the vibrations of the beating drums and the other instruments. She was a great leader. Most of her mates looked up to her as a role model that they cherished very much. In academics, she was the best. When her result came, she performed better and higher than other students in Ghana who were not disabled.

My last moment with Gabby was an interaction we had on the very last day we met when he was writing his final paper. I was with my final year students from one of the reputable private schools. After his completion, we had a few times on phones video chatting and Whatsapping until he entered the secondary school. From observation, I noticed that students with disabilities have a sense of humor and are very appreciative. Many of them like to be with people who understand them and have affection for them. Students with disabilities repel from those who mock them, call them names and try to intimidate them. They feel uneasy in such environment and thus reject all groups of such kinds and get attached to themselves.

In terms of accessibility, the Cape Coast School for the Deaf and Blind building is designed in a manner that rarely relates to the needs of students with visual and auditory disabilities. From an interview conducted by Amoah, a reporter at My JoyOnline in Ghana, the headmaster at the school lamented,

Some of our blind students come with injuries because of the nature road they easily fall. Many of our blocks have not seen renovations for years. Our students are crammed in the classrooms, and this has adverse effect on our academic activities. (Kwadwo, MyJoy Online, May 2021)

In a vivid picture, the Convention on the Rights of Persons with Disabilities (CRPD) training guide emphatically provides countries, including Ghana, with strategies to implement accessibility. For instance, the training guide reveals,

> Making accessibility (and equality) a reality means dismantling the barriers that hinder the effective enjoyment of human rights by persons with disabilities. Accessibility enables persons with disabilities to live independently and to participate fully in all aspects of life. Accessibility is important in all areas of life, but in particular in the physical environment, such as buildings, roads, housing and so on, transport, information and communications, and other facilities and services open to or provided to the public. (Training Guide, CRPD, 2010, p. 16)

My field observation demonstrates buildings that did not consider body differences. For example, Gabby shared that during high school in Ghana, students in wheelchair face several environmental challenges. They have to either push themselves to school or a friend needs to assist with pushing the wheelchair to the lecture halls on second floor. Within the school, students with autism are sent to regular class to have a special education with some specialists in various institutions. In such institutions, some children or adults stigmatized students with autism and even make fun of them. As I was walking to an auditorium, I witnessed some group of people mocking an autistic person. They intentionally sang songs and laughed their hearts out.

I remember Gabby telling me about a student who rose through all the educational levels and achieved a great posterity in his academic life. He had opportunity to work in the government sector during the tenure of a particular party in the country. When that party lost to their opponents during election, the friend was sent home. This shatters dreams and sometimes makes persons with disabilities feel they are liabilities. However, I have seen in Accra, the capital of Ghana, several hardworking disabled people selling in wheelchairs. In this respect, it is essential for the Ministry of Education to revisit the design of some of the infrastructure in the school in other to make classrooms habitable to students by making infrastructure accessible and usable.

Disability and COVID-19.

The coronavirus (COVID-19) disease outbreak worldwide undoubtedly has wreaked havoc on societies all over the globe. Most disabled people have encountered additional stresses because of the COVID-19 disease outbreak and its complications. Persons with pre-existing health conditions, such as diabetes, heart disease, hypertension, obesity, and lung disease are said to be more likely to contract COVID-19, which puts them at risk for severe and life-threatening illness and death. For disabled people who have these underlying health conditions, their chances of contracting COVID-19 and facing its complication are even worse. The effects of the pandemic forced governments, health officers and policy makers in almost all parts of the world to implement policies and strategies that will help control the spread of the disease. As a result, the Manitoba government in Canada implemented states of emergency with stay-at-home and lockdown guidelines to control the spread of the COVID-19 pandemic.

The restrictions in the province of Manitoba forced me to derive greater sources of my mental wellness from my home. The inscriptions or pictures on my wall, the decorations and arrangement of my room were some of the ways I derived my mental wellness. These lockdown and stay-at-home policies, although scientifically essential, dramatically altered my social environment and contributed to a major financial crisis in my life. The positive aspect was that I spent most of my time with my disabled tenants and learned more about how the apartment accommodates their disability. Even though most of these experiences have been presented in most of my academic assignments, I would like to share them again since for many of us, the home has become one of the working environments in this pandemic period.

During the COVID-19 pandemic, I lived in a five-storey apartment located at University Crescent close to the University of Manitoba community. For the purpose of anonymity, I will not provide the exact location of the apartment. My decision for choosing this apartment is because it is able to accommodate me for who I am. My home serves as a reflection of my personality in the outside world. My home allows me to connect with the social, economic and recreational activities around. In other words, a place that offers me comfort, security, peace and a sense of belonging. Furthermore, the closeness of my apartment to the grocery stores, fitness center, mechanic shop for my car and banking were the major factors that influenced my choice of my apartment. The parking lot is a large open space that can accommodate over two hundred vehicles. Adjacent the daycare school is the laundry room. The ground floor is where the office is located.

Living in the same apartment with a fellow Black Canadian with visual impairment, I witnessed that he is always searching for accessible and useable apartments. I noticed that due to the COVID-19 pandemic, he confirmed his desire to get a place that can allow him to independently connect with the home and enjoy a sense of personal satisfaction. The reason is that in terms of accessibility, the apartment is not suitable for accommodating and supporting disabled people. The sad observation is that despite the two hundred and thirty large parking spaces dedicated for non-disabled residents, three of the spaces at the parking lots are reserved for disabled people. This informs disabled people that they are not welcomed in the apartment. Most of the time, you will see non-disabled tenants parking their cars in front of the ramps at the two main entrances. I once saw one disabled person waiting for a tenant to move his car that was parked in front of the ramp. In a personal communication with the disabled person who was wondering what to do, she lamented; That is why I enjoy staying in my room without moving out the whole day. People are insensitive to the needs of disabled people. I blame the management of this apartment because they do not disseminate information to the tenants on areas in the apartment designed for disabled people.

I once worked with my friend who is a tenant with mobility impairment to put his request in writing to the house manager, but nothing was done about it. We notified the house management that the apartment needs accessible parking lots that connect to the accessible entrances. Accessible parking lots can be constructed and dispersed to enable disabled tenants, seniors and visitors who are living with disabilities to park their cars close to the entrance of their room. However, instead of embracing our suggestion and considering our request, the management ignored our suggestions. As confirmed by Harrison and Davis (2001), poor architectural design of the home can impede effective self-management of disabled people. This is because when designing the home, the impaired body is rarely taken into consideration. For instance, Oldman and Beresford (2000) observed that the physical design of housing normally makes children with physical disabilities dependent on the adult to move around. In Ghana, for instance, during the pandemic, residential buildings accommodating disabled people lack reliable internet access. making it even more difficult for them to receive up-to-date public health guidelines, education, information and recommendations as well as accurate and timely information about COVID-19 and its preventive measures and protocols for a cure. Due to this uncertainty, inaccurate information, and lack of timely and accurate information, disabled people and those in minority racial groups that live in poor neighborhoods can have an increased the risk of contracting the COVID-19 infection and getting the stresses that come with it. The lack of reliable internet access can make it more difficult to access social and economic support systems of government. Judging from the experiences of disabled people during the pandemic, it was clear that many apartments have failed to incorporate support for disease conditions, illness and impairment as part of the human conditions that may affect tenants. Clearly the treatment of disabled people during the pandemic did not permit the expression of the beauty in disability and the self-image of disabled people.

Moreover, during this pandemic, medical discrimination has been a challenging reality for disabled people. For some disabled people, their conditions may require that they have their regular medical checks at health facilities. The COVID-19 pandemic placed a high burden on health workers and health facilities in many countries across the globe. Hence, most health professionals pushed disabled people who need regular check-ups to the peripherals in terms of medical treatment, creating additional stress and trauma for disabled people. In addition, their pre-existing health conditions may become more chronic or severe due to the stresses that come with the lockdown and the necessity of health care provision during the pandemic. A recent study by the National Disability Institute (2020) in US reports COVID-19 policies dissuade disabled people from fair health care. To provide a broad overview of the challenges faced by disabled people, Ebuenyi et al. (2020) highlight some of these challenges in the wake of COVID-19. This includes:

1. Inability to wear face masks because of well-being risks: Some people will be unable to wear a standard surgical or procedure mask because the manufacturer does not consider persons with respiratory difficulties. For example: instances of hazardous condition together with the face

cover influence an individual's capacity to inhale; compounds manifestations identified with pressure issue; causes tangible over-burden, sensations of panic or outrageous nervousness; and presents a correspondence obstruction by blocking lip readers.

2. Not including disabled people in the treatment of COVID-19. Before the start of the pandemic, there was an irregularity in executing strategies which permitted frontline workers to go to disabled people. Thus, many may have encountered unfavorable effects of not getting intensive health care.
3. Unavailability through telehealth tools: For the individuals who are visually impaired, telehealth apparatuses aid practicality with specific projects, for example, screen readers for those with intellectual disabilities, the devices might be hard to explore; for deaf individuals or those with hearing loss, getting to the data through (ASL) mediators and additional captioning might be inaccessible if not planned for.
4. Negative outcomes: The brilliant guideline on COVID-19 has been to restrict connection with others. However, as could be expected, this can be hard for the individuals who want additional help or demand a parental figure for persons with physical disabilities (Hendrickson, 2020).
5. Absence of admittance to testing sites: Predominantly, for the individuals who are shut in and require assistance to travel, securing safe transportation to testing sites might be close to outlandish (Ebuenyi et al., 2020).

COVID-19 has impacted the lives of disabled people in the areas of social security, jobs, economic consequences, government funding, and in other ways. Disabled people are among the most marginalized in most countries, with higher rates of poverty, victims of crime and harassment, as well as limited access to medical care, education, transportation, and jobs. This has been further negatively worsened by COVID-19.

The Intersectionality of Race, COVID-19 and Disability

I understand intersectionality to be the intertwining effects of multiple oppressive structures and the structural inequality that people of minority group face. Minority groups include women, black people, and disabled people. For instance, Jashinsky et al. (2021) argued that “individuals who are oppressed on multiple levels will experience crisis and trauma such as a global pandemic differently from those who do not experience multileveled marginalization” (p. 317). In addition, other scholars confirmed that African Americans and American Indians have the highest rate of experiencing environmental and attitudinal barriers reflected in economic disparities and racial discrimination in the United States (Krieger, 2012; Turner, 2013). First, a personal experience shared by Sarah, a Black Canadian with disability cited in Diverlus et al. (2020), confirms that intersectionality is real in the disability community:

> To some, being disabled meant being fetishized for my Blackness and desexualized because of my disability. It meant never fitting into the disability communities around me because of my Blackness, making it harder for the white disabled people around me to ignore their role in the project of white supremacy. For a long time, I believed I was struggling to stay rooted because the ways people had chosen to interact with me vary so much that I would have to engage in a twisted game of role playing in order to get through the day. (p. 179–180)

Furthermore, Stefan, a Black person living with quadriplegia, shared his story of racism and discrimination during a conference organized by the United Spinal Association on September 2, 2020. He indicated that he was once in a relationship with a lady. He could not meet her family, not because he was disabled, but because he was a black man. He thought his disability would be a major factor, but his racial class was a major factor (United Spinal Cord Association, 2020).

Through experience, I have realized that disabled individuals from racialized backgrounds seem to reside in settings that are conducive to the spread of the pandemic. Individuals with disabilities from racialized backgrounds are likely to experience poor mental health due to the challenges in accessing medical supplies which may affect their mental health (Balkhair, 2020; Campbell et al., 2009; WHO, 2020). Several studies have shown that COVID-19 increased psychological discomfort across the world (Goldmann & Galea, 2014; WHO, 2020). Goldmann and Galea (2014) propose that the pandemic harms the mental health of disabled people because of the lack of a supportive social network and socio-economic resources.

In addition, some disabled people revealed a higher degree of social distancing as compared to their non-disabled counterparts (O'Sullivan & Bourgin, 2010; Balkhair, 2020; WHO, 2020). These experiences intensified feelings of loneliness in response to physical distancing measures. The studies further show a great relationship between social loneliness/isolation and increase in health problems, and heart disease (Balkhair, 2020; WHO, 2020). Additionally, policies around rationing of medical care intensify biased attitudes towards persons with disability during times of crisis (Priestley & Hemingway, 2006).

Owing to the movement and travel restriction put in place during the lockdown, informal assistance from family and acquaintances has been lacking. Social distancing has further worsened the case of Black disabled people as many are afraid to get close to them due to fear of contracting the disease.

In an interaction with the disabled community in Ghana, a mother of a disabled son complained to me that other kids and some people in her neighborhood tend to run away from her son because they think that due to his disabilities, he is more vulnerable to COVID-19, and when they get close to him, they will contract it as well. The lockdown and the social distancing have oftentimes left Black disabled people without food, medication, and shelter and, in some cases, unable to bathe, cook, or eat due to lack of facilities. Disabled Black people are not able to work during the COVID-19 and this has negatively affected their finances.

In Ghana, where I usually connect with my few disabled friends, during the lockdown the government brought financial relief and stimulus packages in the form of money to support some businesses and households, but disabled people who are severely negatively impacted by COVID-19 were left out in the stimulus packages. The only social support disabled people had from the government, as reported by disabled people, was the free electricity and water for three months from October to December 2020. This having been done--which is a commendable effort by the government--I think that disabled people should be given a special stimulus package to assist them against the adverse impact of COVID-19. Some disabled people had lost their business due to the COVID-19 impact. As I touch base with a woman with hearing impairment, a dressmaker in Ghana, she lamented about a dwindled source of income because during the lockdown people were not travelling to anywhere, not coming to her shop to sew new dresses.

Before the COVID-19 outbreak, racial stereotyping leading to discrimination against minority groups continue to be a priority topic for discussion. When volunteering as a council member at Manitoba League of People with Disabilities (MLPD) in 2021, I have had experience with many Black disabled people where members in the society have discriminated against them regarding marriage, employment and housing accommodation. Black disabled people who find themselves among the minority ethnic group appear to be vulnerable to discrimination, first because of their tribes and second because of their disability. For example, a Black person with disabilities in such communities may be refused marriage by people in majority ethnic groups in Ghana. People will often not buy food from disabled people who are selling it due to the societal misconception that some forms of disability come because of sin or a curse on the family of the disabled persons. This negative assumption about disabled people seems to negatively affect how people relate to disabled people in most Ghanaian communities.

During the COVID-19, a Nigerian international student with disability told that after conducting an interview with a Canadian Communication Center, the organisation was satisfied with his performance and indicated to employ him. The organisation invited him to come and sign his document to commence work. When he appeared at the office, the human resource management indicated that they cannot offer him the job. The fascinating aspect of his story was that he applied because the company has employed his "white" colleague with disabilities and non-disabled people from the racialized community. He could not understand whether it is his disability or his racial identity or the COVID-19 pandemic that prevented him from being employed. Sometimes, most Black people with disability cope with these intersecting factors to succeed in their daily life. This flat mate has to cope with unemployment in Manitoba for two years until he finally decided to do voluntary work for a non-profit organisation where they saw his capability and employed him.

As Imafidon (2018) wrote in his book *African Philosophy and Otherness of Albinism*,

> There is always an uneasiness about being different from others within a community of selves. No matter the nature of the dissimilarity, the state of being different and unconventional, radical and regularly confronts the differing subject. Being black in a dense white-community, being white in a densely black-community, being a Christian in a customarily Muslim society, being blind among thousands of persons who can see and striving to live a moral life in a highly morally bankrupt society are instances of otherness that constantly confronts minority groups in the society (p. 2).

How Disabled People Cope with the Intersecting Factors of Race, COVID-19 and Disability

In one of my experiences, a Frank (not real name) with a disability shared a fascinating story. Dan revealed that he has been living with Cerebral palsy his whole life. The condition has made him to move, accomplish tasks and meet dealing within his own time. He can express himself at a level where he finds less challenges in getting people to comprehend most verbal messages he conveys. However, every educational institution in Ghana was unable to accommodate his disability. Teachers and colleagues were unable to comprehend what he writes down. For this, from the primary to the senior secondary school levels, he was mostly marked down. After his secondary education, he learned how to type with a computer. His typing was a bit of a problem but that only needed a matter of constant practice and time.

Getting to the tertiary level of education, the need to use a computer was high. He met new lecturers each semester. This was not the same situation as in his pre-tertiary levels whereby he could spend more than a year with the same teacher. There was not going to be enough time for the new lecturers to become familiar with his handwriting. This went against him drastically in his academic performance. Secondly, there already was a resource center which had a computer laboratory for students with special needs on campus. Hence, Fran took advantage to write all his assignments, quizzes, and end of semester examinations with a computer in the laboratory to save himself from all stresses associated with writing with the hand and its associated challenges. This, he indicated, has been one of the best decisions taken in his tertiary education ladder. If other individuals with disabilities of similar severity can utilize the digital tools similar to that of their experience, Frank believes there will be more names to be mentioned on public avenues in the future with regards to the abilities of individuals with limitations.

Furthermore, disabled people deal with their challenges through encouragement from community members. They will share their joys, hardships, and frustrations, as well as give empathy and encouragement to one another. Families may also discuss their struggles and experiences with racism and disability discrimination with others. Many members of such groups are often seen in our communities advocating and fighting tooth and nail to ensure their children get the care they need. Families and disabled people in my community believe that there is a need for them to have just a place where they could be unafraid to share their perspective, struggles, challenges, fear and experiences with those who understood them. Those who understand them better themselves, so by coming together they can voice their experiences and challenges. By so doing, they are not only advocating for their rights, they are also being able to process joint pain and assist one another in healing.

Another way they deal with living with a disability and racism is to rely on others for financial assistance. When they become financially independent, they can better deal with their challenges. If you have money, you can try to alleviate some of the difficulties faced by families and disabled people who find themselves in racial minority groups. Money aids a persons' ability to deal with problems and relieves tension. In addition to the increased costs of raising a child with disabilities, these families are oppressed by poverty centered on racial prejudice. Once they get money to afford better accommodation and decent standard of living, they would not be at the mercy of others to beg for alms, which often leads to stereotyping. In Ghana, to solve this financial challenge most disabled people and their families rely on faith-based organization such as churches, mosques and non-governmental organizations for financial support. To many such individuals, faith plays a big role in helping them deal with the challenges that come with their disabilities and racism.

How people respond to stressful circumstances, such as the COVID-19 pandemic, is influenced by several factors, including context, support networks such as family or friends, financial status, health and emotional background, culture, and many others. For some of the disabled people in my neighborhood and those who are mates in university, creating connections with others during the pandemic has helped them deal with the challenging moments of the COVID-19 lockdowns. They discuss their concerns and feelings with us during the lockdown because we are people they can trust. This has helped them deal with the stress of COVID-19 by maintaining social ties with us, hence helping them take care of their mental well-being during periods of increased social distancing. The calls we give them and social media chats make them feel loved and more socially connected. They do not feel lonely or disconnected. Another way they deal with the COVID-19 situation is making contact with local or faith-based groups. For example, there is a guy in my class who lives with auditory impairment. He always receives support from his local church during the COVID-19 pandemic. My church has also set up a unit that supports disabled people even during the pandemic. They provide not medical help but psychological counselling to disabled people and provide education in the form of skills, learning and scholarship, and financial assistance for themselves and their families.

Chapter Six

This section provides recommendations based on the findings of the study. Among several recommendations, the study recommends introduction of a national policy in Ghana that enhance national development of issues affecting persons with disabilities in Ghana. In addition, the society needs to re-orient her mindset on the capability and contributions of persons with disabilities to the economic growth of Ghana. Education and media awareness on the ensuring participation and empowerment of persons with disabilities in Ghana should be practiced.

Recommendations

Language and cultural barriers, high prices, discrimination, administrative obstacles, failure to affiliate with local health-financing systems, unfavorable living conditions, and a lack of knowledge about health entitlements are all likely to be encountered by Black Canadians. For example, most refugees and migrants experience poor access to health care services, including health promotion, mental health services, disease prevention, treatment and care, as well as financial protection (WHO, 2019c). Even though the infection rate in the poorest neighborhoods is twice that of the richest neighborhoods in the United States (Thorson et al., 2020), racial and ethnic inequalities are the most significant. The post-pandemic era would almost certainly see a rise in healthcare needs and the prevalence of disabilities. Although evidence of COVID-19's long-term effects is still scarce, current data and awareness from other respiratory diseases suggest that COVID-19 patients can suffer short- and long-term disabilities (Sabatello et al., 2020). Pandemics disproportionately affect the most disadvantaged, and the COVID-19 pandemic is no exception (Sabatello et al., 2020). In addition, the persistent entertainment of discrimination and abuse of human rights of disabled people in our societies calls for a deeper understanding of issues confronting disabled people.

Usually, when proposing policy direction, non-disabled professionals and experts are consulted to propose solutions for responding to disability issues. On the contrary, the evidence of consistent problems or challenges faced by disabled people in the society reveals the limitation in the numerous policies and strategies recommended by non-disabled experts. Longmore (2003) reminds us in *Why I Burned my Book*:

> Disabled people are not who or what we have been taught to assume they are. The experiences of disability are not what we have been told. Much of the reigning social thought about disability is distorted. Most of the conventional wisdom about disabled people is wrong. The power of the medicalized perspective has masked or distorted the presence of disabled people in contemporary society as well as historical record (p. 2).

To provide accurate and practical solutions, it is relevant to report some stories and recommend ideas from disabled people on solving the issues on the interconnected impact of racism, COVID-19 and disability among disabled people. I recommend that nations give the political will by allocating funds to disabilities to help fight the discrimination and stereotypes disabled people face. I believe that the best way inequalities and discrimination among minority groups can be fought is to have them empowered through access to education and skills training to equip them with knowledge and the skills needed for work. When this is done, they become independent and they would not depend on others or beg for alms to cater for themselves, which will reduce discrimination.

Disabled people are more likely to be excluded from COVID-19 responses. Governments must take urgent action to adopt adequate policies to assist disabled people, who are more vulnerable to COVID-19, in maintaining and protecting their quality of life. Disabled people need tailored assistance in the event of a loss of income Governments can make services available to disabled people, including direct assistance in relaunching their businesses in some cases. It would also help to encourage disabled people to have more flexible work arrangements, including the availability of assistive devices and other equipment that allows them to work from home. Disabled people should be involved in decision-making, preparation, execution, and evaluation of national COVID-19 responses, which should be based on high-quality relevant data made accessible to policymakers and charitable stakeholders. For instance, in my country, Ghana, the government has established a disability fund, of which they give financial assistance to disabled people in the country through all the districts and municipal assemblies. Though this is a commendable effort by the government, I recommend that the government increase the money allocated to the funds. I believe that the best way to make disabled people truly happy and independent is to give them livelihoods through offering them permanent jobs. That way, when pandemics like COVID-19 come, this person will be better placed to deal with the difficulties that come with it.

The government of Ghana should also enact laws that criminalise racism and discrimination against disabled people. This will help reduce the stereotyping and its associated discriminations against disabled people. Ghana’s government should pass more stringent legislation to protect disabled people from stigma and mistreatment. Setting up healthcare facilities in rural areas could help older people feel less fearful and anxious, particularly during periods of crisis, such as the COVID-19 pandemic. On-time payments and a potential increase in the insurance fund could help the elderly disabled people maintain their financial stability through tough times. The need for structured treatment in rural Ghana to ensure continuity of care for older disabled people in both good and bad times remains pressing.

As rightly indicated by Shuaib Chalklen, UN Special Rapporteur on Disability of the Commission for Social Development in 2017, “The situation of persons with mental health conditions who are living need urgent attention. We need to raise awareness of the situation that they face and commit ourselves to fighting for their dignity and rights" (WHO, 2017, p. viii). In addition, Articles 2.2 and 12 of the International Covenant on Economic, Social, and Cultural Rights (1966) acknowledge everyone's right to the highest attainable standard of physical and mental health, regardless of race, color, sex, language, faith, political or other opinion, national or social origin, land, birth, or other status. It is clear, as stated in Objective 1 of the Mental Health Action Plan, that mental health leadership and governance must be improved (WHO, 2017). The Mental Health Action Plan advises, "Policies, plans, and legislation for mental health should comply with commitments under the Convention on the Rights of Persons with Disabilities and other international and regional human rights conventions," (WHO, 2017, p. 15). This implies that government should ensure equitable access to resources, information and services by every member in the society. Institutional, structural, systemic and interpersonal racism is a threat to mental health promotion and hence requires urgent confrontation and eradication.

However, it is noteworthy to understand that correcting intersectionality is not about correcting a single population. This implies that countries, professionals, scholars, members in the society must collaborate to figure out the gaps in the social justice system and the manner to fill these gaps (Sarah, 2020). Also, discussion about racism, disability and COVID-19 should not become a 'blame game'. For example, there are some white people who do not join the oppressed group to control the racialized communities. In other words, most "white" people do not agree or practice "white supremacy" in their daily interaction with people of color. Hence, caution should be considered when discussing racism in a society.

Finally, to eradicate the adverse impact of racism, COVID-19 and disabling environments among disabled populations, professionals, researchers, and allies of disability community should approach the disabled community and develop an attitude of controlling their own ego and listening to the disabled community. The first step of ensuring respect for the rights of Black disabled people is to recognize the biases in our thinking as non-disabled people. Listening to and understanding the life experiences of disabled people provides practical solutions to solve the problems of discrimination, stereotyping, microaggression and negative impact of COVID-19 among disabled people. The voices of disabled people provide responses that better enhance equitable society and total participation. Furthermore, an understanding of the social constructions of disability can provide the historical and contemporary contexts for the marginalization of disabled persons in the society. This paradigm shift is asking non-disabled persons to view disability differently, and to work against the dominant perception of disability as an individual problem which needs to be cared for, cured, rehabilitated or segregated.

Beiser and Hou (2016) suggested possible strategies for solving some common discriminatory practices against visible minorities. The authors write,

> [P]roviding health and social services to help repair the mental health damage of premigration experience, combating discrimination, recognizing the diverse sources of antirefugee feelings, overcoming antirefugee discrimination, combining antivisible minority activities with public education programs by demonstrating demographic and economic advantages accruing from immigration and enlisting government and media to explain the legal and moral responsibilities to refugees, as well as to counterbalance and contextualize antirefugee discourse. (p. 469).

They can be done through public discussion and education on ways to overcome discriminatory practices against visible minorities. For instance, Nina Condo the current Executive Director of Elmwood Community Resource Center in Winnipeg, Manitoba, Canada, on February 24, 2023, held a round table presentation for the staff of the organisation on how to identify and avoid racial attitude and discrimination at the workplace. As part of the presentation, the staff had discussion and shared their personal experiences of racial practices. The presentation and educational seminar helped the staff to recognize that racism continues to exist among many organisations. The presenter highlighted the need to recognize our previous experiences that can cloud our personal biases and judgment of individual behaviour in the society.

Chapter Ten

Conclusion

Globally, millions of persons with disabilities encounters barriers in the society. These barriers negatively affect their participation and access to socioeconomic services such as health services, employment services, education and basic needs. The medical model has made non-disabled people believe that disability needs to be cured and treated. Although some of these attitudes are gradually fading away from the society, Ghana, continue to hold this perspective about persons with disabilities. Persons with disabilities in Ghana are kept in prayer camps and churches to be healed by the pastor and spiritual leaders. Sadly, at these centers, it seems that persons with disabilities are chained and kept in bondage to prevent them from escaping.

Discrimination and racism have led to school drop out of Black disabled students. Educational drop out of Black disabled people negatively impacts their skills development which increases their unemployment rate. In believe that the rippling effect of societal and economic oppression on Black disabled people is the persistent increase in poverty.

The stories presented in the study call for increased policy and implementation strategies about issues concerning persons with disabilities. From the stories shared, the importance of improving literacy and advocacy for the respect for human dignity in the society. Black disabled people should be treated based on who they are and what they can do, not based on their inabilities or their impairment.

The study demonstrates that investing in persons with disabilities, as well as barrier elimination policies in education, work, and the wider environment makes economic sense. Even though these stories may be the experiences of other minority groups, sharing such stories challenges the negativity and prejudice that surrounds the treatment of minority groups in the society.

It is essential to know that accepting people in a setting of mutual understanding is what it means to respect individual difference and practice inclusion. Despite certain visible and obvious distinctions, all Black disabled people have the same rights and dignity as everyone. Hence, I suggest that research, policies and programs which consider development and application of accessible projects beyond the academic walls and keen support of cultural diversity should be implemented. At a time when Black persons with disabilities are encountering dominant cultural discrimination, racism, and recovery from the anxiety from global pandemic, this project serves an example of how stories can help us to understand the impact of intersecting factors of COVID-19 and racism on Black persons with disabilities.

Finally, the study employed autoethnographic methodology to explore the experiences of racism, COVID-19 and disability among Black disabled people. Hence, to offer conclusive evidence on the topic, other quantitative methods and case study techniques can be employed to ascertain the impact of racism, COVID-19 and disability on the mental health of Black disabled people.

on the intersectionality of disability, racism, and COVID-19 on black disabled people. My stories and experiences on this topic are not toolbox of interventions on how to treat racism and mental health among disabled people but a call to action to address all the barriers in the society that hinder the wealth and power of black disabled people. These barriers include environmental factors such as university atmosphere, inaccessible work environment, inaccessible transport systems, inaccessible apartments and washrooms; psychological barriers such as people’s emotions and attitudinal responses towards disabled people; political barriers that reflect on how rules and regulations are designed to favor non-disabled people; and cultural barriers such as negative beliefs or values about disabled people. In summary, even though issues facing black disabled people are not new, there are few research available to demonstrate it relevance to policy makers. The currently project is conducted to propel a discussion and to invite our understanding.

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