

Claiming Spaces: Maori (Indigenous Persons) Making the Invalid Valid

Huhana (Susan Jane) Hickey

Identity is a shifting paradigm because of the constant movement between identities throughout our lives, depending on the context within which we are identifying ourselves. Once we identify, we place ourselves within a certain construct. When positioning within identity labels, multiplicitous experiences of marginalisation need to be accounted for in clarifying identity frameworks. Barile (2000) asserts that it is the multiple minority status of persons of minority ethnic identity with disabilities that positions them into multiple minority discriminatory experiences with greater limitations and discrimination than those with a single minority status identity. Barile (2000) also asserts that it challenges ethnic minority people with disabilities who work collectively and as a group where they are forced to work as individuals, often in isolation from their ethnic and cultural communities.

She states that:

Even with membership in five or more 'groups' the individual does not necessarily get his or her needs met because the groups are designed to address a single, or double identification of minority status. The combination of disabilities, social or ethnic backgrounds, gender or sexual orientation differences are not addressed by the groups.... The challenge then is to use new analytical tools, or adapt existing ones, to emancipate those experiences of multiple levels of discrimination due to their multiple minority status (Barile, 2000, 126-7).

For Maori with disabilities, there is the further complication of the non-validation or minimisation of impairment/ disability within Maori communities. Kingi and Bray (2000, p. 8) in their research on Maori disability identity stated that:

It's a disability to have your land taken off you, it's a disability to have your family dissolved and shifted to an urban environment...It's a disability to be told that you can no longer grow your own food so you have to get a job in a system that has been set up by white people for white people to try and survive. We're a group of people who are brown living in a white system set up by white people, that is a disadvantage and that doesn't make it easy... Just with Life. Like being old, it's a disability.

It is this very complex, multi-valent and intersectional nature of identity that creates the confusion and contradictions linked into the issue of indigenous and disability identity discourses. No single identity holds a higher position over another when it comes to placing ourselves into a construct, although this discourse encapsulates how these are socially constructed within indigenous communities. Professor Ngahuia Te Awekotuku puts it succinctly when she states that:

Frequently, all the contradictions of my life are harrowing, but I refuse to reject any one facet of myself. I claim all my cultures, all my conflicts. They make me what I am; they will shape what I am becoming (Te Awekotuku, 1984, p. 121).

Disability Identity: a Background

Disability identity has not existed outside of models of disability which range from the western dominated medical model of disability to the social model of disability. The difficulty in acknowledging the identity of disability is that with impairment comes the loss of identifying positively about oneself and having to adopt an identity which has terminologies fixed in deficit

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language. Disability identity is linguistically specific in its formation which has been socially constructed. As a result disability identity is complicated in defining elsewhere as an identity of 'other'. The process of 'othering' is applicable to identities that fit outside the concept of what was perceived as natural and leads to the negative fears around disability identity (Foucault, 1988; Hughes, 2000). Brown (2002, p.41) states that:

For the development of disability culture, history of disabled people has an important role to play. History occupies a significant place in the formation of group identity. However, until recently, history of disabled people has been ignored.

Brown argues that disability identity history has been ignored except through the medical aspects of disability where attention is given to disability from an objectification of the individual's identity based on medical frameworks (Brown, 2002). As other aspects of disability identity such as feminism and disability have developed so has the understanding of disability as an identity (Corker & Shakespeare, 2002; Foucault, 1988; Garland-Thompson, 2002; Morris, 1991, 1993; Oliver, 1996). The focus of this paper is on indigenous disability identity and it is in terms of these concepts that identity is discussed.

Indigeneity: Being Indigenous with Disabilities, Colonised and Westernised

The assumptions behind the phrase 'double oppression' make this an adequate starting-point when looking at impairment and disability within indigenous identity. There has been minimal research to define clearly what is meant by this or any other concept of the black disabled experience. As a consequence, the phrase 'double oppression' is rather empty; rhetoric has replaced clear thinking. The predominant concept of disability – which I shall call the norm – is that it is regarded as a personal tragedy needing medical attention. The idea is vigorously challenged by the disability movement. Likewise, anti-racist writers challenge what has become the norm within the philosophy of 'the new racism'. New racism has replaced this

rather straightforward form of prejudice and substituted a more sophisticated one. The idea is a response to the steady erosion of racist bigotry and practices that have been dominant. Rather than focusing upon skin colour, new racism attempts to use culture as the marker of difference. (Swain & Finklestein, 1999, p. 93)

In New Zealand, indigenous people with disabilities also have the added issue of facing greater discrimination because of their lack of culturally appropriate services and their social economic placement within society. Added to this is the overall lack of appropriate supports from the State for all indigenous peoples. Until indigenous people receive appropriate support, indigenous people with disabilities cannot expect to see improvements in their own status. The use of the term 'oppression' is not appropriate in this context as it holds a negative assumption that may not always be the case. 'Triple jeopardy', which also has an implication of negativity, has a slightly different emphasis. 'Jeopardy' implies that, while oppression may occur, all three identities have a historical foundation of marginalisation. Therefore, even if not oppressed by society, the identities alone have a component of marginalisation. With more than two marginalised identities already attached to the individual, if a third marginalised identity is added to the existing ones, then there is a triple impact of marginalisation which is very difficult for the individual to avoid. This triple impact is identified as 'triple jeopardy' (Durst & Bluehardt, 2001).

The issue of disability as a subject being applied to indigenous people with disabilities is a problem. The perception of disability by indigenous people with disabilities differs to the perception of disability held by non-indigenous peoples. Despite society's believing indigenous people with disabilities have a disability, there may be a difference in perception between the health and disability professionals and indigenous peoples who may not see themselves as having a disability (Gething, 1995). Gething identified a lack of clear statistical analysis to the variants he found in the personal definition of what constitutes a disability between the professionals and the aboriginal

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peoples themselves. Obvious impairments such as amputations or severe physical impairments are easily defined as a disability; it is the hidden impairments such as intellectual/learning or psycho-social which are often not seen as a disability by indigenous peoples generally. Many of the disabilities that affect us later in life are considered to be a normal aspect of the life cycle and are therefore not singled out or isolated as belonging to the disability identity for those people. "Disability is rarely seen as a separate issue, but is seen as part of problems which are widespread and a part of the life cycle" (Gething, 1995, p.81).

It is also relevant to note the cultural diversity that exists, which affects the definition, interpretation and attribution of factors constituting a disability. The term 'disability' does not exist for some cultural groups, and therefore they do not consider attributing this identity to a group of people. What could be viewed as a disability today differs between the different cultural and tribal beliefs of indigenous peoples. What the dominant western ideology may define as a disability may not be the same for different indigenous peoples.

For some indigenous people there is the belief that some impairments have a social or spiritual component which affects well-being and do not derive from a medical or physiological condition. Sadly, some indigenous communities do not encourage the participation of their tribal members with disabilities, hence the exclusion and isolation that often occurs for indigenous people with disabilities. Kiyaga and Moores in discussing deafness in the sub-Saharan region stated that:

Given the diversity of sub-Saharan Africa, there are exceptions to any generalizations. Beliefs about deafness in African societies range from acceptance and protection to rejection, including considerations of infanticide. Some beliefs common to most nations in the region have the unfortunate effect of increasing the likelihood of isolation and marginalization of people who are deaf. Many traditional beliefs characterize deafness as a manifestation of a mysterious fate,

perhaps God's will. Some societies pity children who are deaf and see them as burdens, dependent on their families and lacking the ability to be independent. This type of belief in the lack of capability of deaf children may by itself impede access to education. In other cases, cultural practices may result in the deaf child being hidden from public view because of familial shame over having a "handicapped" child who may bring misfortune upon the family. Such beliefs can lead to abuse, neglect, and abandonment, and deaf children's potential to contribute to the development of African nations is dismissed (Kiyaga & Moores, 2003, p.20).

An example of this exclusion for Māori with disabilities is the invisibility of identity leading to the lack of consideration where access is an issue. Some of the older marae have not been modernised or updated with ramps or sensory aids to assist anyone who has an impairment going to those marae. Some of the newer marae have addressed this with accessible toilets and bathroom areas and removing steps into the whare although there are still marae which have not, to date, been adapted. The Ministry of Health Māori Disability Services Directorate have a list of accessible *marae* which is posted on its website at: <http://www.moh.govt.nz>. The Ministry of Health Māori Disability Services Directorate's *hui* held in Auckland in June 2006, was only one of three, which did not cover the country, so many out-of-town Māori with disabilities who did not have resources could not attend. The *Ngati Kapo* advocacy group for Māori who are blind also raised the issue of their guide dogs on marae at *hui*, and objections were raised by the members of the local marae to having these dogs within the buildings. This is a common problem for *Ngati Kapo* members who assert their right to independence by having their guide dogs with them when they attend any *hui*. The objection to guide dogs on marae is often contentious with some citing the issue of allergic reactions to the dogs and other concerns. This opposition is not unique to one marae; it is an attitude that has prevailed for some time and not one that appears to be resolving in the short term. In 2007, five *hui*

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have been arranged at which Māori disabilities issues will be raised; as yet, only dates are mooted with venues to be advised. Concerns have been raised as to access issues and broader representation to include rural Māori with disabilities and other key stakeholders. It could be deemed that the lack of sovereignty for indigenous peoples has led to the invalidation of their indigenous with disabilities. As Davies points out:

“Insofar as colonization involves subjugation and disempowerment of a people, it is not radically different from other forms of oppression, including those rooted in gender, race, class and ability. It is true that different forms of oppression generate different relations and distributions of power: configurations that are rooted in the specific histories and the political context of those oppressions. However, it seems reasonable to presume that there are certain affiliations and similarities that cut across the diverse forms of oppression” (Davis, 1997, p367).

Added to the identity of being a colonised indigenous person is the issue of whether or not this alone gives rise to the argument of having a triple jeopardy component. It could be argued that indigenous persons, as a singular identity, already experience higher rates of poverty and less probability of employment than non-indigenous people. Indigenous people with disabilities have the added pressure of worse statistics for them because their disability further impedes their opportunity to gain effective employment.

Full participation in society means having a full and meaningful involvement with economic, social and leisure activities. Unfortunately for many indigenous peoples, due to the economic factor this is denied. Indigenous people with disabilities face further marginalisation because as a person with a disability it is highly unlikely they will be employed, or will even access their health and equipment needs to be able to participate in employment. Therefore they face the double jeopardy of both identities. In relation to statistics for Māori with disabilities in obtaining

employment and identifying with an impairment, the latest trends and data of the Work in Progress report (2004-2005) show Māori have:

...the highest age-standardised rates of impairment. Compared with non-Māori they tend to have more severe impairments at younger ages. Māori are also more than twice as likely to report an unmet need for transport costs. Half of all disabled Māori had a total annual income of \$15,000 or less. Over a third had no educational qualification considerably higher than their non-Māori counterparts (Minister of Disabilities Issues, 2005, p. 81).

The report also found that 25 percent of Māori with disabilities who live in households had reported an unmet need for health services, (compared to 14% of non-Māori) which is significantly higher than the fourteen percent of non-Māori with disabilities who have reported an unmet need. It does seem reasonable to expect that if significant equipment and health needs are unmet, then a disparity will exist. It is also reasonable to assert this marginalised group would not be able to fully participate in society as per the objectives of the New Zealand Disability Strategy (2001). This is also consistent with Māori who do not identify with a disability whose health and employment statistics do not equal those of non-Māori. Having an unmet need was particularly high for younger Māori (15-24 years) where the rate was almost double that of their non-Māori counterparts. Fifteen percent of Māori with disabilities had an unmet need for special equipment, compared with 11% of non-Māori with disabilities' (Minister of Disabilities Issues, 2005).

Indigenous people, people with disabilities and women face numerous obstacles participating fully in society as indigenous people, as people with disabilities, and as women. This is despite programs set up over the years to address these issues and reduce the marginalisation. As indigenous peoples face marginalisation generally, it is not unreasonable to assume their participation in society is limited. Unless indigenous people address the concerns of indigenous people with

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disabilities, there will continue to be multiple marginalisation, denying full access to cultural life and activities within their own communities for the members with disabilities at a much greater level than for other groups. When looking at the multiplicitous nature of identity in being indigenous, a woman, of lower economic status and living with a disability, I would consider Spivak's statement, that:

...The pattern of domination is here determined mainly by gender rather than class. The subordinated gender following the dominant within the challenge of nationalism while remaining caught within gender oppression is not an unknown story...For the (gender-unspecified) "true" subaltern group, whose identity is its difference, there is no unrepresentable subaltern subject that can know and speak itself; the intellectual's solution is not to abstain from representation. The problem is that the subject's itinerary has not been left traced so as to offer an object of seduction to the representing intellectual...the question becomes, How can we touch the consciousness of the people, even as we investigate their politics? With what voice-consciousness can the subaltern speak? (Spivak, 1999, pp.272-3)

Religion is another strong component of Polynesian identity post-colonially. The Old Testament, in particular, plays a large part in influencing how Māori view Māori members of their *whānau* with disabilities, and the influences of the Bible account for the still active movements of *Ringatu* and *Ratana* which arose out of times of conflict and loss. When missionaries came into New Zealand, they brought with them a biblical teaching that opposed the practice of the *tohunga* and the belief in many *atua*, and involved a new process evidenced today in many practices that influence *Māori tikanga* such as *karakia* (reciting chants), *waiata* (song, chant, psalm), *himene* (hymns) and *whaikōrero* (formal speech, oratory).

Unlike the traders, who were motivated only by commercial gain, the missionaries were the cutting edge of colonisation. Their mission

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was to convert the Māori from heathenism to Christianity and from barbarism to civilisation. Underlying this mission were ethnocentric attitudes of racial and cultural superiority (Walker, 2004, p. 85).

While it is true that Māori were affected by these new colonial influences, it could be that Māori also selectively and consciously took control and selected what appealed to them. Examples of this are the *Ringatu* and *Ratana* religions that began to thrive among Māori, combining the Old Testament Bible and traditional practice in their teachings. Whatever the case may have been, there is no mistaking that the missionaries became effective in changing pre-colonial beliefs by providing medical care to Māori while teaching them the Bible. They challenged traditionally held beliefs of sickness and changed many ways of thinking in Māori culture, which still today has a mix of traditional and Christian beliefs. This has played a large part in the thinking around indigenous persons with disabilities today, in that religion, in particular the Old Testament, plays a part in the role of excluding indigenous people with disabilities from their cultural community (Elsmore, 1999). This influence still permeates Māori cultural identity, and it is this influence that continues to divide the thinking of Māori around impairment today.

Conclusion

It is an issue of evolving our belief system when indigenous peoples with disabilities seek not only inclusion within their communities but also the ability to be validated both as indigenous persons and as persons who have specific needs needing accommodation and complete acceptance not merely tolerance because they exist.

Email: huhana@gmail.com

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