Exploring Indigenous Disability Experiences in Taiwan
Three Case Studies

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ABSTRACT
The inclusion of CRPD principles in Taiwan’s Disabilities Rights Act in 2007 highlighted the need for culturally sensitive disability services for Indigenous communities. However, there's a gap in understanding how these communities perceive and address disability within their unique cultural contexts. Traditional approaches to disability in Taiwan’s Indigenous communities have evolved differently from mainstream society, influenced by varying degrees of colonial impact based on geographic location. To explore this evolution, the article presents three case studies: ethnographic records of Tao elders, writings by Amis author Lifok ‘Oteng, and the personal experiences of Paiwan blind poet Maljaljaves Mulaneng. These cases illuminate the complex relationship between disability experiences and historical developments in Taiwan’s Indigenous communities, aiming to offer insights into culturally appropriate services for Indigenous people with disabilities.

KEYWORDS
critical disability studies, Indigenous people with disabilities, colonialism and postcolonialism, culturally inclusive services, CRPD

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Introduction
In 2006, the United Nations General Assembly adopted the Convention on the Rights of Persons with Disabilities (CRPD) to ensure equal human rights and dignity for all individuals with disabilities. Taiwan, even though not a UN member, swiftly aligned with these standards. In 2007, Taiwan updated its existing “Law for the Protection of the Rights and Interests of Persons with Disabilities” to introduce the “Disabilities Rights Act”, incorporating CRPD principles. In 2014, Taiwan’s Legislative Yuan passed the “Act for Implementation of the Convention on the Rights of Persons with Disabilities”, officially embedding CRPD into domestic law. However, Taiwan faces challenges in providing culturally respectful services for individuals with disabilities from Indigenous backgrounds, given its diverse population. There has been little discourse on the cultural dimensions of caregiving and the perspectives on disabilities within Taiwan’s Indigenous communities.

In the recent report titled “Construction of a Culturally Safe Indigenous Long-Term Care System”, published by the Taiwan Indigenous Peoples’ Long-Term Care Alliance, a significant issue is brought to light. The report underscores that health policymakers and service providers frequently lack a comprehensive understanding of the culture and history of Indigenous peoples. This knowledge gap directly affects government healthcare policies, resulting in the insufficient integration of the crucial concept of cultural safety (Ru, 2020). This oversight has led to a significant shortage of support and resources allocated to Indigenous communities. Consequently, the development of culturally appropriate healthcare services is hindered, exacerbating the pre-existing disparities in the distribution of welfare among various ethnic groups. Furthermore, Indigenous individuals with disabilities face discrimination and social barriers within mainstream society, creating an additional “disabling” environment where they encounter insensitive language and societal challenges (Chou, 2023). In this context, the goals of the CRPD, particularly the provision of accessible community services, may not effectively address their most pressing needs.

To better understand how to provide suitable services for Indigenous individuals with disabilities, it is crucial to develop a constructivist approach to disability that integrates both the culture and life experiences of these communities. This article commences by examining traditional perceptions of disabilities and the historical impact of colonization on Taiwan’s Indigenous people. Subsequently, it presents three specific cases that shed light on individuals with disabilities within Taiwan’s Indigenous communities. These cases encompass ethnographic accounts of elderly individuals from the Tao community in Orchid Island, the narratives of Amis writer Lifok ‘Oteng (1932–2019), and the life story of Paiwan blind poet Maljaljaves Mulaneng (1956–). Following this, the study conducts an analysis of these three cases to unveil the intricate connection between disability experiences and historical developments. The primary aim is to gain a deeper insight into the experiences of individuals with disabilities among Taiwan’s Indigenous population, with the ultimate goal of identifying implications for providing culturally sensitive care to this community.
Conventional Views on Disabilities

Taiwan’s Indigenous communities encompass a diverse array of tribes and social groups, each possessing its own unique folklore and collective memories. These tales not only showcase the cultural richness of these communities but also offer a historical backdrop for comprehending their traditional viewpoints on ‘disability’. They provide valuable insights into the societal attitudes, beliefs, and perspectives regarding disabilities within these Indigenous societies. Moreover, these narratives highlight the crucial roles played by specific individuals, including shamans, healers, and community members, in providing support and care to individuals with disabilities.

For many Indigenous people in Taiwan, their legends frequently incorporate creation myths that involve narratives of close kinship marriages, sometimes making references to disabilities (Temporary Taiwan Customs Investigation Commission, 1921). For example, the creation mythology of the Tao tribe mentions the potential for blindness or deafness in offspring from such unions. Similarly, the legend of the Yuyu tribe recounts the birth of their original ancestors through the union of men from stones and women from bamboo. In subsequent generations, when siblings married, blind individuals were born. Only when cousins from different lineages intermarried did the birth of “normal” individuals resume. While these disability-related legends within Indigenous cultures can be interpreted as cautionary tales against close kinship marriages, they do not strictly adhere to the belief that the degree of blood relationship alone determines the normality of descendants. In the legend of the Sira do Raraan family from the Langdao tribe, for instance, the initial male offspring from stone and bamboo had no blood relationship but gave birth to four “blind” individuals before a “normal” child was born in the fifth pregnancy (Institute of Linguistics at Taihoku Imperial University, 1935). As these children grew up and married individuals from other tribes, they had two “normal” sons, gradually increasing the population (Inō, 1910).

These disability-related legends sometimes serve to differentiate or segregate ethnic groups (Yih, 1994). For example, among the Paiwan tribe, if siblings in an intermarriage give birth to a person who is blind, someone who is perceived to be “crippled”, or someone “afflicted” with smallpox, they would send the person with smallpox away to the flatlands and the other individuals to Taitung (a city in Taiwan), while keeping the healthy and able-bodied children for themselves (Institute of Linguistics at Taihoku Imperial University, 1935). Additionally, disabilities may also be used to justify prohibiting intermarriage between different social classes. For example, if the offspring of a union between a chief’s family and a commoner’s family are born with “only one nostril and half a mouth”, it may serve as a reason to forbid such marriages (Institute of Linguistics at Taihoku Imperial University, 1935).

The social conditions for individuals with different types of disabilities also vary among different ethnic groups. For example, among the Amis people, individuals with disabilities other than severe intellectual disability or severe mental illness have the same rights and responsibilities as the general population, as long as they are not extremely elderly (Temporary Taiwan Customs Investigation Commission, 1915a,
1915b). However, individuals who are elderly and frail (malitengay), women (regardless of age), and are individuals with mental illness and disabilities are perceived as lacking the capacity for action. The Puyuma tribe believes that prolonged illness without recovery is an important “sign experience” for becoming a shaman and will use bamboo divination (Lai divination) to determine if it is due to being chosen by ancestral spirits (Badai, 2009, 151).

The perspectives and coping mechanisms toward disabilities differ across various Indigenous groups. For example, the Amis categorize individuals into two groups. The first encompasses visible differences like cleft lip (ngocih) and blindness (pohaw). The second group comprises internal “disabilities”, which include behavioral difficulties (maca filakay), immoral acts like murder or assault (mariangay), and mental illnesses (maapaay). Regardless of whether these disabilities are inborn or developed later in life, they are perceived to be pathological (adada). In severe cases, a shaman is called upon for treatment (Huang, 2005). The shamans carry out rituals aimed at retrieving lost souls, pacifying unsatisfied spirits, and banishing elves or malevolent spirits. The ultimate goal is to restore social and cosmic harmony, thereby aiding the patient’s healing process.

Moreover, some legends depict disabilities as penalties for wrongdoing. An Atayal legend suggests that someone who murders their elder brother may face retribution in the form of a daughter with poor eyesight (Institute of Linguistics at Taihoku Imperial University, 1935). On the other hand, other legends portray that people with disabilities can possess unique powers. In an Amis legend, a blind widow mistreated by others has the capacity to fight back (Institute of Linguistics at Taihoku Imperial University, 1935). These stories emphasize themes of empowerment and self-defense for individuals with disabilities, showcasing their tenacity in the face of hardship.

Multifaceted Colonial Encounters
The colonial experience of Taiwan’s Indigenous people sets them apart from Indigenous populations in the Americas or Australia. In contrast to the Indigenous communities in the Americas and Australia, whose societies have evolved as a continuation of historical European colonialism, Taiwan’s Indigenous people have experienced colonial rule by various ethnic groups over the past century, including European, Japanese, and Han Chinese influences.

Prior to the 1620s, Taiwan was solely inhabited by Indigenous people. Based on linguistic evidence, they communicated in a language classified as “Austronesian” and were members of the “Austronesian ethnic group”. Throughout this period, occasional conflicts occurred between different tribes, but each tribe exercised complete control over its own territory. Starting from the 17th century, Taiwan witnessed successive arrivals of Spaniards, Dutch, Han Chinese, and Japanese individuals, leading to significant changes in the social and religious life of the Indigenous people. Between 1626 and 1642, the Dutch-controlled southern Taiwan, while the Spanish occupied the northern part, initiating their respective periods of rule. During the
In the Dutch colonial era, the New Gang tribe in southwest Taiwan was the first to embrace missionaries, whereas other Siraya tribes were forcibly converted to Christianity, facing suppression by the Dutch army. The Dutch translated the Siraya language Bible into Romanized script during this time, using it in land transactions and creating the unique “New Gang Documents” in Taiwanese history (Huang, 2012). However, the majority of Indigenous peoples residing outside the Dutch-controlled areas remained unaffected.

In 1662, the Dutch were expelled from Taiwan by the Kingdom of Tungning, and thereafter, the Qing Dynasty assumed control, governing the island until 1895. Throughout the two centuries of Qing rule, the significant influx of Chinese settlers led to the expansion of cultivated land, causing a gradual reduction in the living space and territories of Indigenous peoples. By the end of Qing rule, the territory governed in Taiwan had expanded to include the entire western plains and the northeast. This inflow of people brought with them not only demographic changes but also the introduction of traditional Chinese religious beliefs and medical practices to Taiwan (Chang and Su, 2014). In the late Qing Dynasty, Presbyterian missionaries started to spread Christianity in Taiwan. The plains Indigenous peoples, positioned on the fringes of Han culture and confronted with challenges in competing with the Han people, observed a substantial number of individuals converting to Christianity (Shepherd, 1993, 1996; Wang, 2017). At that time, the Catholic Church also conducted missionary work in Taiwan, particularly the Dominicans, whose influence was most significant in the Indigenous settlements (Huang, 2012).

In 1895, the Qing ceded Taiwan to the Empire of Japan. The Japanese invaders, driven by the desire to exploit the land and resources in the Indigenous living areas, disregarded the ownership rights of the Indigenous peoples to the land. During the Japanese occupation, the living space of the Indigenous people was further reduced to about one-eighth for the purpose of resource plunder, forcing them to abandon their traditional way of life and become a vulnerable ethnic group. The cumulative impact of these actions resulted in a profound and devastating loss of Indigenous life, leading to a decline in their populations (Huang, 2003). While cultivating Indigenous areas, the Japanese imposed many restrictions on the traditional way of life of the Indigenous people, prohibiting numerous traditional customs and hunting practices. With the loss of their traditional livelihood, Indigenous people were compelled to work as laborers and servants for the Japanese who entered their mountainous regions, often facing discrimination and abuse. Consequently, Indigenous people found themselves in a disadvantaged position in various aspects of society, the economy, and culture.

In the early 1900s, Japan initiated the assimilation and education of the Indigenous people in Taiwan. Key institutions driving this effort were the “Aboriginal Children’s Education” and “Aboriginal Public Schools”. The primary focus of the assimilation policy during this stage revolved around these educational institutions. Post-1916, public medical facilities and sanatoriums were gradually established, aiming to promote public health awareness and
comprehensive treatment (Chang and Wang, 2022). In the last decade of Japanese rule, a “Japanization movement” was proposed by the government, intensifying during the years 1941–1945 amidst Japan’s involvement in World War II. This campaign encouraged both Han Taiwanese and Indigenous people to speak Japanese at home and adopt Japanese names.

After 1945, following the departure of the Japanese, the Nationalist government implemented the “integration of mountain and plain” policy. This policy aimed to carry out cultural Sinicization and economic capitalization, integrating the mountainous economy into the overall production system of Taiwan to achieve comprehensive development. The influx of Han Chinese and illegal occupation of the reserve led to the loss of Indigenous land and a reduction in the survival and activity space of the communities (Lin, 2001). The accelerated process of industrialization further affected Indigenous communities, resulting in insufficient income from mountain and forest agriculture, making traditional hunting and slash-and-burn cultivation methods impractical. Indigenous youth thus have to engage in various physical labor roles, such as transporting goods, tying rebar, and working on deep-sea fishing boats, encountering a challenging environment marked by discrimination and prejudice. The influences of migration and modern lifestyles have resulted in a significant loss of culture, language, and ethnic identity. External influences such as Christianity, Chinese traditions, and Western culture have disrupted traditional Indigenous gender roles and age hierarchies, infusing new elements into their lives. Some Indigenous people have been influenced by the Han Chinese, either practicing ancestral worship at home, or even becoming spirit mediums or ritual masters in Han Chinese folk religions (Huang, 2012).

However, when observing such complex and diverse religious changes, one should not assume that traditional beliefs will inevitably disappear. Many Indigenous people who adhere to traditional beliefs can still be found. Some traditional shamans continue to practice healing and divination. Beliefs in spirits and taboos reveal their ways of understanding and interpreting the relationships between humans, nature, and the supernatural. Reverence for ancestral spirits, praying for bountiful harvests, abundant life, protecting the tribe, and appeasing the land are not only the central rituals of the grand harvest and annual festivals held by each tribe, but also reflect the Indigenous peoples’ understanding of the external environment (Huang, 2012).

The Tao Elderly

S (Sinan Maniruei): What happened to your eyes? What caused your blindness?

G (Grandma): It was your late uncle.

S: How was he?

G: He envied that I could find a lot of sea weeds and he couldn’t eat them, so he blindfolded me.

S: Did he cover your eyes with his hand?
G: Yes, he did it like this (demonstrated with her hands). He covered me like this, and I pushed [his hands] like this. My eyes were already covered by that time.

S: Now your eyes have healed, are you happy?

G: I'm not particularly happy. It's just a matter of seeing and going, so don't ask me if I'm happy or not.

The passage is extracted from the documentary "Facing the Evil Spirit" (2001), shot during the period from 1996 to 2001. It focuses on healthcare services for the elderly on Orchid Island, a small island off the southeast coast of Taiwan. The documentary’s director and interviewer, Sinan Maniruei, is a member of the Tao, the Indigenous community of Orchid Island. Beyond her identity as a Christian, she has undergone contemporary Western medical training and serves as a nurse at the local health center. She felt a strong need to provide home care for the elderly and sick who are considered to be afflicted by evil spirits. She thus mobilized the efforts of the church and local tribal communities, officially recruiting volunteers across the island since 1997 with the aim of implementing comprehensive home care for elderly individuals living alone and patients with serious illnesses. However, the fear of evil spirits rooted in traditional beliefs still prevails among the Tao people. Sinan Maniruei and the volunteers often face rejection from the patients themselves or their families.

In the Tao elders’ perspective, old age is viewed as a natural phase of life, and they embrace the belief that when their time comes, they won’t seek to prolong their lives but rather follow the natural course of events. Some elders may even opt for fasting as a means to hasten their departure from the world. Illness is interpreted as either caused by evil spirits or as a sign of the body’s natural decline. Orchid Island elders may request their children to build them a separate house to isolate themselves, aiming to avoid passing on any perceived bad luck to the next generation. The grandmother featured in the narrative, much like many Tao elders, attributes her health issues to evil spirits, leading her to resist modern medical interventions and experience estrangement from her family. Sinan Maniruei, leveraging her modern medical training and Christian faith, coordinates volunteers from the church and the tribe to provide home-based care for the elderly across the island, despite conflicting with traditional Orchid Island taboos. Through their efforts, the grandmother’s eyesight is restored. However, her response to regaining sight is unexpected; she comments, “I’m not particularly happy. It’s just a matter of seeing and going”.

There is also a notable non-compliance with medical advice among Tao people who have psychosocial disabilities, as highlighted in Tsai’s fieldwork on Orchid Island (2013). This research highlights that so-called “non-compliance behavior” is prevalent and stems from ritualized medical management within limitations of time and space, disparities between Han psychiatrists and Tao patients, and a lack of trust among Tao individuals in modern biopsychiatry. This prompts us to reconsider notions of illness, health, and healing, encouraging a critical examination of the dominant biomedical knowledge paradigm in psychiatry.
Among those registered at the Orchid Island Health Center who have psychosocial disabilities, more than half had developed symptoms while living on the main island of Taiwan (Tsai, 2007). The forced migration of the Tao young peoples between Orchid Island and the main island of Taiwan for livelihood reasons, represents an important aspect of collective social “anomie” for this minority group on the outlying island. The arduous process of leaving their hometown at an average age of 15 or 16, traveling without their parents to the predominantly Han Chinese society of Taiwan for education and work, and the various hardships and setbacks they face, have been found to impact negatively on their mental health and wellbeing.

What is striking is that on Orchid Island, irrespective of gender, individuals in their 70s and 80s persist in economic activities like venturing into the mountains or going out to sea – for as long as they are in good health. This includes the majority of those Tao individuals who have been diagnosed with mental illnesses. Most have been residing independently for extended periods. Many of these individuals continue to perform daily activities like farming and fishing, despite experiencing auditory and visual hallucinations. They manage to navigate mountains and visit the sea regularly, maintaining a satisfactory level of daily functioning over the past two decades. Therefore, within the tribe, individuals diagnosed with mental illness by psychiatrists are generally regarded as “normal” as long as they remain capable of working. Even if they experience symptoms like hallucinations or delusions, they are not treated differently or singled out in any special way by the community. The families of individuals with psychosocial disabilities typically oppose institutionalized treatment, like hospitalization and isolation, unless there is evidence that their family member might be at risk of harming others. They find hospitalization unacceptable as long as their family members do not present a direct threat to others.

**Amis Writer Lifok ‘Oteng**

Lifok ‘Oteng was born in 1932 during the Japanese colonial period (‘Oteng, 2000). After finishing elementary school, the Japanese police appointed him to work as a handyman in a Japanese teacher’s household. In July 1944, Lifok fell ill with a high fever, causing his right thigh to become inflamed and swollen. The inflammation eventually spread to his right chest and shoulder, leading to hearing loss in his right ear. Over time, various parts of his body, including his left knee, developed abscesses, and a prolonged illness led to a deformity in his back. His name, Lifok, translates to “abandoned, picked-up child” in the Ami language. This reflects a cultural belief that using disparaging or cursing language as a form of blessing might bring good luck and help avert an unfortunate fate (Tsai, 2017).

Initially, Lifok relied mainly on bamboo divination and dream interpretation to understand the intentions of kawas (supernatural beings) and diagnose the cause of his illness (Huang, 2008). Local elders believed unanimously that his condition was a spiritual and unique “disease” associated with the Huang family, passed down through generations. Lifok’s ancestors belonged to the noble Kakita’an class of the Amis tribe and held high status in tribal ritual activities. However, during the Japanese
colonial rule, these tribal ceremonies were abolished, and ancestor worship ceased. As a result, the Kakita’an family, responsible for these rituals, incurred punishment from the ancestors. To heal the “family sin” of the Kakita’an family, rituals of “consolation” and “redemption” had to be performed (‘Oteng, 2000). An integral part of this healing process involved the shaman extracting a Japanese coin from the most painful part of the patient’s body. Lifok’s family believed that their “family curse” was a result of the forced abolition of tribal rituals during the Japanese colonial rule. When Lifok fell ill, whether it was seeking treatment from Grandma Tali for his left ear or receiving misair treatment for foot pain from Grandma Ka’ofad and Grandma Ka’ofad, ancient Japanese coins from the colonial era were always extracted. Therefore, Lifok said, “Almost all the troubles were caused by these ancient Japanese coins. To end the troubles, it is necessary to expel those who play with curses from this world, otherwise the troubles will be endless” (‘Oteng, 2000, 69).

After falling ill, Lifok’s mother decided to take him back to her family’s ancestral home to avoid any potential interference from malevolent spirits (‘Oteng, 2006). During his severe illness, there were several taboos they had to observe. For instance, Lifok was not allowed to participate in weddings and funerals, he couldn’t share meals with outsiders, and visitors from outside were prohibited from entering his house. In the early months of 1945, to seek refuge from air raids, Lifok and his family took shelter in the mountains. Elders from the family helped carry Lifok on a stretcher up the mountains. By living in the mountains and forests, they believed they would be left alone by ancestor spirits or demons, allowing them to freely wash, cut their hair, and take baths without the constraints of taboos. The abundance of wild vegetables in the mountains provided Lifok with a nutritious diet. Outsiders, who were previously restricted from visiting Lifok, could now offer more support and comfort to him and his mother. However, upon returning to the tribe from the mountains, Lifok and his mother decided to reject further assistance from others and chose to live independently in the mountains once again (‘Oteng, 2000).

At that time, the main livelihood of the tribe involved farming, weeding, and pounding rice. Additionally, they would venture into the sea to collect sea snails, gather seashells, and catch mullet fish, or go to the mountains to catch crabs or collect rattan (‘Oteng, 2000). Unfortunately, Lifok was unable to participate in these activities. While everyone went to work, Lifok was left home alone, feeling lonely and bored. To help Lifok relieve his boredom, his mother asked their relatives and the village elders to teach Lifok handicrafts. Originally, Lifok’s mother hoped to let Lifok pass the time, but Lifok began making some income by weaving fishing nets, making bamboo chopstick tubes, carving pipes for smoking, and so on (‘Oteng, 2006). Consequently, he had to rely on weaving fishing nets and crafting bamboo chopstick holders, pipes, and other items as his source of livelihood.

In 1954, Lifok began to attend church meetings and studied the teachings. Lifok was more interested in the Presbyterian Church at that time, but his relatives unanimously agreed to join the Catholic Church. Compared to other churches, the Catholic
Church was more tolerant of many pre-Christian Ami customs, such as drinking wine during ceremonies and chewing betel quids, a type of smokeless tobacco. On October 17, 1958, Lifok was officially appointed missionary of the Catholic Church. In 1961, the Catholic priest encouraged villagers to organize their traditional ilisin festivals, which had been discontinued between 1957 and 1960. In the ritual, the worship of the Malataw (the Ami supreme god) by the village head was replaced by the worship of Jesus Christ by the Catholic priest. It was not until 1973 that Lifok resigned from his missionary work because of physical problems (‘Oteng, 2000).

Paiwan Poet Mulaneng
Maljaljaves Mulaneng, born in 1956 to the Paiwan Tribe in Daren County of Taitung, faced substantial challenges as an Indigenous person, particularly in the realms of education and employment. These challenges were further compounded by a worsening vision problem that severely limited his opportunities. After successfully completing middle school and qualifying for admission to an air force academy, Mulaneng tragically found himself disqualified due to vision problems. In 1979, at the age of 23, his life took a drastic turn when he suffered a concussion in a car accident, resulting in a two-month coma. Upon awakening, he had lost vision in his right eye and retained only 0.2 vision in his left eye. Confronted with a prognosis of complete blindness within five years, Mulaneng grappled with this daunting reality. Despite medical counsel to explore the world while he still possessed some sight, he felt the weight of limited time, both for survival and personal exploration (Mulaneng, 2010, 178–179). Upon returning to work, he developed a severe cough and was subsequently diagnosed with pulmonary tuberculosis. This compelled him to resign from his job, and he sought solace in the care of friends in Taipei, where he spent several months in recovery. As his vision continued to deteriorate, he demonstrated remarkable courage by enrolling in the Taiwan Blind Rehabilitation Institute to acquire skills in massage therapy, embarking on a journey of writing in Braille.

Reflecting on the experience of losing his eyesight at a young age, Mulaneng expressed a lack of particularly strong emotions, perhaps because he had already endured countless hardships, and blindness was just another layer of adversity (Mulaneng, 2010, 198). At times, he would silently question, “Why am I so unfortunate?” Yet, self-pity was a luxury he could not afford. Numerous other problems demanded his attention, and a recurring thought occupied his mind: “What will happen to my family, who depend on me for a livelihood?” (Mulaneng, 2010, 198).

The onset of blindness brought unexpected legal protection for Mulaneng in his pursuit of a career in massage, a privilege not automatically granted to Indigenous people like him. While providing massage was challenging for individuals with visual impairments, exposing them to deception and humiliation in their service, it still represented a respectable occupation with a comparatively secure outlook, especially when contrasted with the labor-intensive work that Indigenous people were often engaged in during that period.
Before losing his sight, Mulaneng had already begun contemplating the fate of Indigenous people, navigating the daily struggle to earn a living. Despite the challenges posed by blindness, Mulaneng’s commitment to caring for Indigenous people remained steadfast, with the adversity prompting him to contemplate this more deeply. In the Paiwan tradition, the concepts of Umaq (home), qinaljan (tribe), and regional identity are intricately woven into the fabric of the Paiwan language. The intertwining of family matters with tribal concerns fosters a society deeply rooted in the values of sharing and caring for one another (Kasirisir, 2016). Facing the daunting task of writing poems as a blind man with limited knowledge of Han characters, Mulaneng found inspiration in the tribulations of his Indigenous community (Mulaneng, 1987). In 1984, he commenced publishing his poems in journals, stating,

By expressing the pain of Indigenous peoples and my own through poetry, I feel as if I’m reestablishing a profound connection with my family, my community, and others who are also enduring hardship in their daily lives, despite being unable to see them. (Mulaneng, 1990, 25)


As a blind individual relying on massage for a living, I, Mulaneng, occasionally compose poems. Reflecting on my journey, I often ponder the alternate path my life could have taken had I not lost my sight. In the absence of blindness, my body might have been relegated to the harsh realities of a perilous job market, a dark and hazardous mining pit, or a distant fishing boat – much like my fellow ethnic compatriots engaged in arduous and undesirable labor […]. Had I not been blind and found myself in the labor market, I could have faced the grim possibilities of being buried underground in a disaster or sinking to the sea floor in a shipwreck. In such scenarios, I would have been deprived of the opportunity to think, feel sorrow, sense pain, taste bitterness and resentment, and engage in the act of writing poems. (Mulaneng, 1990, 25)

The massage job posed numerous challenges to Mulaneng’s writing endeavors. Living in the city, he found it impossible to sing loudly, hindering the full expression of his pain and the unrestrained manifestation of his joy. After getting married, Mulaneng attempted to save money by working irregular shifts, waiting for customers to come for massages. The work schedule was unpredictable, and every time he settled in for a long wait and took out his Braille board to write, a customer would inevitably arrive, disrupting his thoughts and emotions. The severe fragmentation of his thoughts and emotions proved to be a more significant obstacle to his writing than his blindness itself.

**Heritage, Disability, and Colonization**

A substantial body of literature highlights that Indigenous communities often perceive the term “disability” as unfamiliar and somewhat at odds with their traditional perspectives on impairments (Cooms, 2023; Bevan-Brown, 2013; King et al., 2014;
Lovern, 2017; Teuton, 2014). These disparities, both between Indigenous culture and the dominant culture and within various Indigenous cultures themselves, result in differences in how disabilities are defined, the perceived causes of disabilities, and what constitutes appropriate interventions. However, Indigenous cultures are not static or unchanging, but are in a constant state of evolution and redefinition. Colonialism and its associated social disadvantages have resulted in dislocation, the erosion of land rights, and disruption to traditional livelihoods within Indigenous communities. These challenges have given rise to various issues, including violence, substance abuse, mental health issues, and alterations in traditional perceptions of Indigenous peoples. The impact of colonialism varies depending on the specific location and the timing of colonization. Those residing in areas closer to western Taiwan have experienced more significant and earlier impacts from modern concepts of disability, while those farther away have successfully preserved traditional ways of life and thinking. At the individual level, the extent of these changes varies based on the age and gender of individuals with physical impairments.

What Is Disability?

While various Indigenous groups in Taiwan hold distinct perspectives and methods regarding impairments or abnormal physical conditions, the prevailing view among the majority of Indigenous people in Taiwan is that, as long as an individual can lead a “normal” life they are not considered to have disabilities. On Orchid Island, as noted earlier, individuals with mental illness actively participate in daily activities such as hunting in the mountains and fishing in the sea. Both their families and the community at large do not perceive them to be disabled, nor do they believe institutionalization is necessary. The elderly members of the community attribute conditions like blindness or declining health to the mischief of ancestors or deceased relatives, resulting in the elimination of the perceived need for nursing care or medical treatment. Whether it is considered a normal aging phenomenon or a mischievous act of evil spirits, there is no need for medical treatment. Whether their eyes can see or not is unimportant, and it does not matter if they have auditory hallucinations. Modern medical treatment that disrupts normal daily life is perceived to be unnecessary.

In traditional Ami society, individuals whose limbs were considered to be “normal” and who were capable of managing household tasks, could generally find a woman to marry them, even if they had impairments such as being deaf or having facial differences (e.g., cleft lip). However, if an impairment hindered an individual’s social role, a different scenario unfolded. As depicted, Lifok fell ill at a young age and could not walk, preventing him from participating in tribal and family affairs. In the matriarchal traditional Amis society, it is considered honorable for adult men to become “kadafo” (son-in-law) by marrying into other families. Men who remain unmarried beyond a certain age may face ridicule and shame (‘Oteng, 1998). Lifok’s difficulty in starting a family has consequently led to a decline in his mother’s status within the family.
While an impairment can indeed hinder an individual’s social role, it is often believed to be connected to the spirit world, with the notion that it may be a form of punishment for something that the individual or their family has done. Even when they are aware of the medical causes of their impairments, Indigenous people with impairments often place significant importance on the spiritual aspect. Acceptance, healing, and spiritual balance are key aspects that dominate the narratives concerning the experience of impairment within these communities.

The harm inflicted upon Lifok is seen as a consequence of not adhering to the wisdom and guidance of the ancestors during the Japanese colonial rule period. Even though Japanese rule has ended, Lifok’s suffering continues, so he can only rely on the shaman’s magic, such as *misair* or *maangang*, for treatment. These were cultural methods aimed at facilitating recovery by extracting the remnants of Japan in an attempt to alleviate his symptoms. However, the effectiveness of these treatments varied, yielding positive results at times and proving ineffective on other occasions. Thus, when Lifok experienced unbearable pain, he sought relief through a combination of traditional witchcraft practices, modern Western medicine, and acupuncture and moxibustion treatments from Chinese medicine practitioners. These treatments were pursued either simultaneously or alternately (‘Oteng, 2000). As such, Lifok’s perspective on illness and its treatment is a blend of traditional Amis shamanism, Chinese traditional medicine, and modern Western medical concepts.

Mulaneng’s visual impairment thwarted his ambition to attend a military academy, extinguishing his sole opportunity for upward mobility. Opting to work away from home, he encountered bullying and exploitation from employers. Concurrently, his brother engaged in laborious jobs, and his sister was coerced into prostitution. Mulaneng connects the loss of his vision with the unfortunate circumstances faced by his people, attributing it to the oppression from the dominant mainstream society. He considers it his lifelong mission to combat this oppression. He advocates for a departure from Han-centric ideology and criticizes the historical oppression of Taiwan’s Indigenous people by a government dominated by the Han ethnic group. In essence, the suffering experienced by the Mulaneng family extends beyond their personal destiny compared to that of their relatives; it also serves as a microcosm reflecting the broader hardships faced by the entire Indigenous population of Taiwan.

**Declining Family Support**

Indigenous communities around the world have developed unique approaches to caring for individuals with disabilities. One such model is the familialist support model, which places the family at the forefront and considers it the primary and most significant “caregiver” for individuals with impairments and those in end-of-life situations (Krakowiak, 2020). In this model, a person’s identity is defined by their reciprocal responsibilities rather than their rights, as is often the case in more independent cultures. Reciprocity ethics play a central role in establishing a balance or harmony among all relations to fulfill both the requirements of non-harm and assistance. In Lifok’s matrilineal society, for example, the primary responsibility for
caring for individuals with impairments falls on the mother and maternal uncles. On Orchid Island, it is believed that the elderly may be afflicted or influenced by evil spirits, leading their family members to construct a separate small house next to the main dwelling for their residence. This demonstrates how different Indigenous cultures have distinct and culturally specific approaches to caring for individuals with disabilities and addressing their unique needs.

However, the traditional Indigenous family support system collapsed due to the impacts of industrialization and colonization. Wars and coerced labor imposed on Indigenous people by colonizers, whether through direct force or indirect means, resulted in their displacement and triggered the disintegration of support systems within families and communities. Lifok’s older brother was conscripted to fight for the Japanese Empire, and after World War II, he was sent to fight against the Chinese Communist Party, tragically losing his life in China. Mulaneng’s siblings were in a state of upheaval and displacement, barely scraping by in the lower echelons of the labor market. When kinship is interrupted, distorted, or broken by external systems, the loss is grave and can lead to the loss of other things such as land, language, spirituality, and wellbeing (Larkin-Gilmore et al., 2021).

Conclusion
The Convention on the Rights of Persons with Disabilities (CRPD) advocates for global disability rights, but critics consistently express reservations about its applicability in diverse contexts, highlighting concerns about potential ideological and practical risks (Livingston, 2006). The lack of consideration for historical and political contexts in Western disability models may inadvertently perpetuate colonial power dynamics, reinforcing unequal relationships between the West and the Global South (Grech, 2015). In Taiwan, a substantial amount of disability research has predominantly centered on the dominant Han ethnic population. Such research often incorporates perspectives influenced by the Global North, leading to a bias in favor of promoting theories and practices in social work and social welfare that originate from northern regions. To address this issue, it is essential to establish a discourse on Indigenous disability that challenges not only the conventional Western understanding of disability but also the conventional understanding within the Han ethnic group regarding disability.

Disability studies have long acknowledged the influence of context – space and place – on the support systems and lifestyles of individuals with disabilities. Within the context of Indigenous peoples, space expands beyond specific locations like homes and institutions, encompassing various elements of the natural world – land, air, water, plants, non-human animals, and ancestors. These elements collectively shape the perception and experience of bodily differences. In Taiwan, the western region, where Mulaneng lived after losing his eyesight, had earlier interactions with Han Chinese, leading to quicker assimilation. Following this, Taitung, where Lifok resides in eastern Taiwan, experienced Han Chinese influence at a later stage. Orchid Island, located off the eastern coast of Taiwan, faced Han Chinese influence
even later. The individuals with psychosocial disabilities from Orchid Island developed their conditions after leaving their hometown to work in Taiwan, but could lead a normal life after returning to their homeland without relying on modern social welfare services or advanced medical care. On the other hand, Mulaneng, facing double discrimination in the city, lacks the support system he had before, but is comparatively more accepting of social welfare services.

The East Coast region had limited external transportation and had relatively little contact with the Han Chinese. There were no special economic crops, and population migration only became a common phenomenon in the 1970s. As a result, the region was less influenced by external factors at the time. Lifok experienced an improvement in his life when he and his family sought refuge in the mountains during the war. His diet improved, and his relationships with relatives became closer. The mountains provided abundant edible wild plants, which contributed to his improved physical health. Moreover, the absence of malevolent spirits in the mountainous region helped foster better relationships with his fellow community members.

The deprivation and conquest brought about by colonialism have resulted in the displacement of countless Indigenous people, a significant number of whom have become disabled due to the loss of their capabilities for survival. Therefore, the goals of disability studies and the Indigenous movement sometimes diverge. Disability studies stress integration, for example, whereas Indigenous research prioritizes self-determination and autonomy (Chou, 2023). In discussions about independence, these two perspectives may in fact focus on different levels. Individuals with disabilities may talk about self-determination at the individual level, while Indigenous self-determination operates at the group level, recognizing that individual advocacy may be ineffective when the entire ethnic group faces discrimination. Furthermore, the concept of rights in Indigenous communities may not align perfectly with the CRPD (Convention on the Rights of Persons with Disabilities). Differences in interpreting and applying concepts like Indigenous ownership and rights can exist. Therefore, when it comes to including “cultural safety” in social services and policies for Indigenous peoples, it’s essential for policymakers and service providers to have a deep understanding of the culture, social conditions, and history of Indigenous peoples. In the context of Indigenous welfare, there might be a greater emphasis on ensuring adequate social security (Article 28) rather than prioritizing community services.

Nevertheless, the complex and ever-changing connection between Indigenous cultures, disability, and colonization has an impact not just on marginalized communities but on everyone involved in these cultural exchanges. An illustrative case of this transformation can be observed in certain Indigenous rituals. Historically, these rituals were exclusive, but they have progressively become more inclusive by welcoming wheelchair users to participate in their dance ceremonies. This inclusivity represents a significant departure from previous customs where such integration was considered unacceptable (Chang et al., 2022). These shifts in cultural practices signify profound changes in both their meaning and the way they are carried out.
In conclusion, it is imperative to acknowledge the dynamic and diverse nature of Indigenous cultures, which continually adapt and evolve in response to changing circumstances. The experiences of Indigenous peoples and tribes in Taiwan have been significantly shaped by the intricate interplay of colonialism, political movements, and commercial activities. However, these influences vary among different ethnic groups and regions, underscoring the necessity for tailored approaches to welfare services. Therefore, the objective of this discourse is not to romanticize or oversimplify the Indigenous experience, nor is it to construct an all-encompassing argument. Instead, its purpose is to offer a narrative that enhances our understanding of the intricate network of intersecting oppressions faced by Indigenous communities.

REFERENCES


