

TRANSFORMATION OF SOCIALLY CONSTRUCTED DISABILITY: SOCIAL PRACTICE OF DISABLED PEOPLE IN THAILAND

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with 1 figure and 1 table in the text

CONTENTS

<i>Summary</i>	255
<i>Zusammenfassung</i>	256
1 Introduction	257
2 Research Purpose	260
3 Research Method	260
4 Results	262
5 Discussion	273
6 Conclusion	275
7 References	276

Summary

The Critical Disability Theory was developed in the 2000s in response to the critiques of the Social Model of Disability. This study aims to make a theoretical contribution to the Critical Disability Theory as a field of disability studies in the Global South, with Thailand as the target region. The first objective is to use the Critical Disability Theory to understand the social and political aspects of disability, such as oppression and discrimination, through disabled people's experiences. The second is to show that people with disabilities can be the main agents in changing the society to realise equal rights, using the Critical Disability Theory.

This study consists of a literature review and field research. The literature review was conducted in Japan while the field research was conducted in seven provinces of Thailand – Chiang Mai, Ubon Ratchathani, Pathum Thani, Nakhon Pathom, Nonthaburi, Bangkok, and Chonburi – from April 2022 to July 2023. All the interviews for qualitative research were in-depth, with 61 respondents – 33 disabled and 28 non-disabled.

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The interviews revealed the social constructions of impairment and disability. Furthermore, they showed that people with disabilities accept themselves positively, support each other, and try to change society with their peers. Buddhist meditation is useful for people with disabilities to understand their situation. Disabled people's organisations are service providers for people with disabilities in the current public health system. People with disabilities expressed their political opinions and identities on social media platforms. In Thailand, people with disabilities alternate between gaining self-confidence and participating in society, thereby improving their capabilities for practical reasons and affiliations. In Thailand, empathy for the experiences and practices of people with disabilities is increasing as Thai society is facing rapid ageing, leading to a growing population of older adults with disabilities.

In conclusion, changing the conceptual understanding of the disability of people will promote independent living and reform the discriminatory structure against people with disabilities.

Keywords: Critical Disability Theory; Thailand; people with disabilities

Zusammenfassung

TRANSFORMATION VON SOZIAL KONSTRUIERTER BEHINDERUNG: SOZIALE PRAXIS BEHINDERTER MENSCHEN IN THAILAND

Die „Critical Disability Theory“ (Kritische Behindertentheorie) wurde in den 2000er Jahren als Reaktion auf die Kritik am Sozialmodell der Behinderung entwickelt. Diese Studie zielt darauf ab, einen theoretischen Beitrag zur Kritischen Behindertentheorie als Bereich der Behindertenforschung im Globalen Süden zu leisten, wobei Thailand die Zielregion darstellt. Das erste Ziel besteht darin, die „Critical Disability Theory“ zu nutzen, um die sozialen und politischen Aspekte von Behinderung, wie Unterdrückung und Diskriminierung, anhand der Erfahrungen von Menschen mit Behinderung zu verstehen. Zweitens soll gezeigt werden, dass Menschen mit Behinderungen mit Hilfe der Kritischen Behindertentheorie die Hauptakteure bei der Veränderung der Gesellschaft zur Verwirklichung gleicher Rechte sein können.

Diese Studie besteht aus einer Literaturübersicht und einer Feldforschung. Die Literaturrecherche wurde in Japan durchgeführt, während die Feldforschung in sieben Provinzen Thailands – Chiang Mai, Ubon Ratchathani, Pathum Thani, Nakhon Pathom, Nonthaburi, Bangkok und Chonburi – von April 2022 bis Juli 2023 stattfand. Alle Interviews für die qualitative Forschung waren Tiefeninterviews mit 61 Befragten – 33 Behinderten und 28 Nicht-Behinderten.

Die Ergebnisse der Interviews enthüllten die sozialen Konstruktionen von Beeinträchtigung und Behinderung. Außerdem zeigten sie, dass Menschen mit Behinderungen sich selbst positiv akzeptieren, sich gegenseitig unterstützen und gemeinsam mit Gleichaltrigen versuchen, die Gesellschaft zu verändern. Die buddhistische Meditation ist für Menschen mit Behinderungen nützlich, um ihre Situation zu verstehen. Behindertenorganisationen sind Dienstleister für Menschen mit Behinderungen im derzeitigen öffentlichen Gesund-

heitssystem. Menschen mit Behinderungen bringen ihre politischen Meinungen und Identitäten auch auf Plattformen der sozialen Medien zum Ausdruck. In Thailand schwanken Menschen mit Behinderungen zwischen dem Erwerb von eigenem Selbstvertrauen und der Teilhabe an der Gesellschaft, wodurch sie ihre Fähigkeiten für praktische Tätigkeiten und Gruppen-Zugehörigkeiten verbessern. In Thailand nimmt die Empathie für die Erfahrungen und Praktiken von Menschen mit Behinderungen zu, da die thailändische Gesellschaft mit einer raschen Alterung konfrontiert ist, die zu einer wachsenden Zahl älterer Erwachsener mit Behinderungen führt.

Abschließend lässt sich sagen, dass eine Änderung des konzeptionellen Verständnisses behinderter Menschen von Behinderung deren unabhängiges Leben fördern und zu einer Reform der Strukturen, die behinderte Menschen diskriminieren, führen wird.

Schlagwörter: „Critical Disability Theory“, kritische Behindertentheorie, Thailand, Behinderte

1 Introduction

1.1 Critical Disability Theory and Global South Disability Studies

The “Social Model of Disability”, which assumes that disability exists in society rather than in the human body, originated in the 1970s in the United Kingdom and the United States. As it spread worldwide, it was globally criticised by disabled and non-disabled academics and people with disabilities who have reached the conclusion that the Social Model has no relevance to real life (FLOOD 2005, p. 180), however, it played a significant role in shaping the Convention on the Rights of Persons with Disabilities (LAWSON and BECKETT 2021, p. 351). Since the 2000s, researchers in the United States have debated the “Critical Disability Theory”, based on the criticism of the Social Model of Disability developed in the United Kingdom. The theory states, “Critical disability studies view disability as a lived reality in which the experiences of people with disabilities are central to interpreting their place in the world, and as a social and political definition based on societal power relations” (REAUME 2014, p. 1248). A hallmark of the Critical Disability Theory is its attempt to view disabled people alongside other oppressed groups, based on race, ethnicity, gender, sexuality, class, and age (GOODLEY et al. 2019, p. 976).

Furthermore, since the 2000s, the criticism that developing countries in the South have been marginalised in global disability discourses and debates has led to the complex melding of global/local, North/South, and Westernised/indigenous knowledge, rather than Eurocentric and Americanised models of disability (GOODLEY 2017, p. 198). Disability studies in the Global South seek to integrate the framework of binaries (GRECH 2011, p. 89), hence, are important in the Critical Disability Theory. Recent research describes that global normative provisions, such as “inclusion” by the United Nations Convention on the Rights of Persons with Disabilities, are practiced locally and possess control over the system. However, the concept of inclusion is controversial as it exists in different historical and cultural contexts. With the analytical framework of heterogeneity and intersectional-

ity, the difference between disability and “being disabled” comes to the fore (KÖPFER et al. 2021, p. 11).

1.2 Characteristics of Southeast Asia and the Position of Thailand

In Southeast Asian countries, which are still developing infrastructure and social services, the meaning of disability differs from that in developed countries. Therefore, considering whether the Social Model of Disability and the Critical Disability Theory are applicable in the developing countries in Southeast Asia is meaningful for both research on disabilities and the lives of disabled people. With the adoption of the Convention on the Rights of Persons with Disabilities in 2006, the “Social Model of Disability” was integrated with the “Human Rights Model of Disability” and subsequently reflected in the legal systems and policies of developing countries in Southeast Asia. Among these countries, Thailand was one of the first to enact laws for disabled people. In drafting the Convention on the Rights of Persons with Disabilities, the “Bangkok Draft,” prepared by the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP), headquartered in Bangkok, Thailand, exerted a strong influence on the working group of the Convention on the Rights of Persons with Disabilities in the discussion of Article 24 (Education) (NAGASE 2012, p. 146–147). Thailand actively participated in international discussions and created systems, such as domestic legislation to implement international agreements.

According to CHIBA (2020), Thailand has the following characteristics: (1) Nationwide movement of disabled people, (2) Private coalitions across disability categories, (3) Disability movements influence policy, and (4) Relatively large number of disability research studies have been conducted. The “Independent Living (IL) movement” played a major role in (1) and (3). In addition, support for disabled people (e.g., provision of shelter, services, and activities in temple facilities), deeply rooted in Buddhist thought, has been culturally and historically provided in Thailand (ONOPAS and CONGBOONWASANA 2019, p. 32). The Sangha Law was enacted in 1903 and 1992 and states that disabled people are eligible for support in the social assistance programs of the Central Sangha Regulations (*ibid.*, p. 25, 30). Thailand is a good example of contrasting global and local conditions. By organising and analysing the Thai case within the framework of the Critical Disability Theory, this study attempts to add new perspectives to the discussion of the Critical Disability Theory.

1.3 Adoption of the Disability Model in Thailand

The Independent Living movement spread in Asia in the 1980s, however, it reached Thailand in the 2000s (CHIBA 2020, p. 63). In 2007, Thailand signed the Convention on the Rights of Persons with Disabilities and enforced the Act on Improvement and Development of the Quality of Life of Persons with Disabilities (“Persons with Disabilities Empowerment Act”). This Act highlights the rights of disabled people, emphasises their empowerment, and incorporates the importance of social participation and equal opportunities (FUKUDA 2010, p. 167).

Thailand has discussed the rights of women, disabled people, older people, and children since the 1970s. However, it was not until the 1990s that these rights and the prohibition of discrimination were legalised (PITUKTHANIN et al. 2013, p. 9). Movements that prohibit discrimination against people with disabilities include school education, legal employment, and a wide range of fields, including public services, infrastructure, and opportunities for social participation (ThisAble.Me 2020a). Using the analytical framework of Amartya SEN's capability approach (SEN 2002), previous research by Thai academics pointed out that there was unequal market accessibility due to insufficient government support (PITIDOL 2015), with limited freedom to discuss political issues in the public (PONGSWAT 2007).

Monthian Buntan, Senator and President of the Thailand Association of the Blind, and the foremost figure in the formulation of the Thailand Disability Empowerment Law, defined disability in Thailand as follows (WANKAEW et al. 2019, p. 94):

“The meaning of disability changes according to the conditions of the social environment. [...] Karma and individual and human conduct of all of us influence how we view disability. They are the conditions set by society. [...] Disability can be viewed as a violation of human rights. Solving the problem of persons with disabilities means redressing discrimination against human rights and reducing restrictions at the individual level, including access to unfair resource allocations.”

This definition reflects the Social Model of Disability and the human rights approach. The Social Model places disabilities outside the individual, in an oppressive and disabling environment (EDMONDS 2005, p. 13). Thai people with disabilities have adopted several approaches to the Independent Living practice, including Social and Human Rights Models. They have tried to build a society in which they could have social participation opportunities, similar to non-disabled people (SUKONTHAVIT 2023, p. 214), and live a dignified life (SRICHTSANUWARANON et al. 2023, p. 198).

However, for most people in Thai society, there are deep-rooted tendencies and values that explain disability as a “Religious/Moral Model” or “Medical/Genetic Model” (SAWADSRI 2009). The Religious Model portrays disability as a cultural perspective, developed over a long period through religious teachings. In this model, disabilities refer to strangeness, specialness, and different forms of misfortune or fate, as determined by Buddha (ibid.). In Thailand, 94.6 percent of the people believe in Buddhism (Central Intelligence Agency 2015). Buddhist monks and temples provide social services and assistance to disabled people because they are regarded as disadvantaged in society (ONOPAS and CONGBOONWASANA 2019, p. 30, 32). Attitudes toward disabled people, commonly seen in Thailand, are influenced by Buddhist teachings, such as pity and compassion (NAEMIRATCH and MANDERSON 2009). The Religious/Moral Model overlaps with the Charity Model, which recognises disability as a personal tragedy, with disabled people being objects of pity, portraying them as those who need “help,” “care,” and “protection” from non-disabled people (EDMONDS 2005, p. 11).

In contrast, the Medical Model views disability as a problem directly caused by disease, trauma, or other health conditions that require medical care and individual treatment by professionals (World Health Organization 2001, p. 20). The Announcement of the Min-

istry of Social Development and Human Security (MSDHS) regarding the categories and guidelines of disability, issued on April 30, 2009, legally determines the categories of disability. According to this report, difficulties in daily activities and social participation can be attributed to bodily defects. Therefore, people understand disability as a bodily defect, instead of a social barrier or obstacle, that may cause difficulties in daily activities and social participation.

Previous studies have shown that the Medical and Charity Models have outcomes, such as maximum self-care and income generation through vocational training, whereas the Independent Living paradigm establishes self-determination and a positive disability identity (DEJONG 2001; PUNPUING 2008).

Literature review found that the adoption or infusion of several disability models influenced both the definition of disability and the daily lives of disabled people in Thailand. Impairment is included in the scope of disability in both the Social Model of Disability and Critical Disability Theory. The former views disability as a socially created problem, instead of an individual's attribute, as described in the International Classification of Functioning, Disability and Health (ICF) (World Health Organization 2001). The latter considers that experiences of impairment can be transformed through social practices (TATSUMI 2021, p. 26). The Social Model of Disability may not be sufficient to understand the complex structure or nature of disability in Thailand. The perspectives of the Critical Disability Theory would help analyse these points.

2 Research Purpose

The present study aims to make a theoretical contribution to Critical Disability Theory as a field of disability studies in the Global South, with Thailand as the target region. The first objective is to understand the social and political aspects of disabilities, such as oppression and discrimination, through the narratives of disabled people. The second is to show that disabled people can be the main agents for changing society and realising equal rights, using the Critical Disability Theory.

3 Research Method

The Critical Disability Theory was developed in the 2000s. Disability Studies owe much to Critical Theory. Many scholars accept that the social relations of disability are embedded within an oppressive and discriminatory society (MEEKOSHA et al. 2013, p. 319). According to SZTOBRYN-GIERCUSZKIEWICZ (2017) Critical Disability Theory is adequate only if it meets the following three criteria – explanatory, practical, and normative. It should explain what is wrong with the current social reality, identify the actors for change, and provide clear norms for criticism and achievable practical goals for social transformation (BOHMAN 2005). GOODLEY et al. (2019, pp. 976–977) divided Critical Disability Studies into seven elements. Table 1 presents these seven elements and their relationships with Critical Theory.

Elements developed in disability study	(1)	Acknowledging the potency of foundational materialist analyses, known as the Social Model of Disability
	(2)	Recognising the contribution of feminist, queer, postcolonial, and critical race scholarship to the field
Elements influenced by critical theory (Explanation of what is wrong with the current social reality)	(3)	Taking the contemporary times seriously, which is widening the gap between the rich and the poor, and the globalisation of the guiding principles of late capitalism
	(4)	Be mindful of global, empirical findings. Analytical offering should be judged in terms of their relevance, reach, and fit with specific and general localities
	(5)	Adopting a position of cultural relativism, while speaking about the global nature of disability
Elements influenced by critical theory (provide achievable practical goals for social transformation)	(6)	Keeping in mind the view that any analysis of disability should not preclude other forms of political activism
	(7)	Maintaining a commitment to politically organise and contest disablism and ableism in the everyday lives of disabled people

Source: Developed by the author, referring to GOODLEY et al. (2019, pp. 976–977) and BOHMAN (2005)

Table 1: Key elements of Critical Disability Studies

The analytical framework of this research reflects three categories of Critical Disability Theory: 1) understanding disability beyond the binomial (individual/society), centering on the narratives of impairment experiences of people with disabilities themselves, 2) analysing the nature/structure of disability in global and local contexts, and 3) incorporating new social movements that collaborate with political activities and other fields into the analysis of disability. Critical Disability Theory reinterprets what is traditionally perceived as a disability by binding those who live with the experience of a disability to the process, in theory and practice, as agents of change (REAUME 2014, p. 1249). This paper attempts to make a significant contribution to Critical Disability Theory by discussing disabled people as active agents who change the definition of disability in society through social practice and movement, which has not been highlighted in the main elements of the theory.

The present study was approved by the Graduate School of Human Sciences, Osaka University, on March 3, 2022. It comprises a literature review and qualitative research. In-depth interviews were conducted with 61 participants, including 33 disabled and 28 non-disabled people, from April 21, 2022, to July 14, 2023. The main target research provinces – Pathum Thani, Nakhon Pathom, Nonthaburi, and Chonburi – were selected because they have disability service centres run by disabled people’s organisations that provide personal assistant (PA) services to disabled people. The criteria for selecting participants were personal assistants, users of personal assistant services, and staff of the disability service centre. This research selected people involved in PA services as the target

group because personal assistants work closely with disabled people and are best suited for observing the interactions between disabled people and society. In addition, interviews were conducted with four key informants in Chiang Mai, Ubon Ratchathani, and Bangkok to obtain a broader view of the research topics.

The author conducted 45 online and 26 face-to-face interviews regarding personal assistants for disabled people to analyse their perspectives on the transformation of the definition of disability. Consent was obtained from all 61 interviewees, using either a paper form or an electrically recorded oral statement. Each interview took at least one hour in Thai and was recorded on an electronic device upon the interviewee's agreement. Interview translations were double-checked by bilingual speakers proficient in both English and Thai. Discourse analysis was used to analyse the data from in-depth interviews to determine how the participants understood their lived reality through linguistic aspects. The qualitative data of people with socially constructed disabilities were thematically analysed using a conceptual framework derived from Critical Disability Theory.

4 Results

Based on interviews conducted during field research, the author investigated how disabled people described their impairment, how those experiences were linked to social disabilities, and how discrimination and social inequality against disabled people were created or constructed as a social structure. These illuminate the experiences, pain, suffering, and stories of disabled individuals who are often overlooked, from the perspective of the Social Model of Disability.

4.1 Socially Constructed Disability

4.1.1 *Physical (Impairment) Experience of Disabled People*

Critical Disability Theory suggests that impairment, regarded as a natural and unchanging fact (distinct from socially constructed disability), is based on social and cultural backgrounds. Historically, it has been a product of the modern period (TATSUMI 2021, p. 26). In modern society, productivity is emphasised for economic growth. The society tries to promote “a citizen that is ready and able to work and contribute,” which is called ableism (GOODLEY 2017, p. 57). Whether people can work has become a measure of disability. Even in contemporary Thai society, disabled people and their families talk about disabilities as equivalent to being unable to work.

For example, *A*, a 52-year-old man, lives in Nonthaburi Province and cannot work as a day labourer because of hemiplegia and dysphagia caused by a stroke, and lives on a disability pension. *A* said, “I can't do my job because I can't take care of myself.” *A* suffered from chronic diseases and economic hardships, lived in low-income housing offered by a local temple, and worked as a day labourer before he experienced impairment. The onset of stroke cut off his income. Economic hardships worsen patients' health and poor health

leads to further economic difficulties. People living in poverty, who work hard and have ill health, experience a downward spiral.

In Thailand, the retirement age for civil servants is 60 years; those over 60 years are defined as senior citizens. If a person suffers from functional impairment due to old age, they can apply for a disability certificate based on their doctor's certificate and become eligible for medical and social welfare services for disabled persons. For older adults, the boundaries between an individual's identity as an older person and as a disabled person are ambiguous.

Women *B* and *C* of the Karen¹⁾ tribe had deteriorated eyesight due to aging. *B* said, "I used to be able to see and go to work as a migrant worker, but now I cannot see in both eyes." *C* continued by saying, "My eyesight became weak in my 40s and 50s. Now, I have lost sight in both eyes." Although they have lost their eyesight due to old age and live at home, they support their families through household chores and traditional weaving. However, *D*, a young Karen woman who migrated to town as a traditional Thai massage therapist, said, "People with disabilities like us want a job", calling herself a "disabled person."

Although all three of them had a disability certificate, it did not determine their identity as a disabled person. *D* referred to herself as a disabled person, whereas the other two did not. In the same impairment situation and having a common ethnic and cultural background of the Karen tribe, their identity as a "disabled person" depends on their situation and context – particularly influenced by age, employment status, and social engagement.²⁾

E, a man in his 50s, became physically disabled due to a spinal cord injury in a traffic accident. He had spent his life confined to his home for 16 years since the accident. He reflected on his situation when he joined the Independent Living (IL) training and said:

I heard the word "phikan" about 100 times in IL training. I participated for half a day and left for home. It was far from home, and I couldn't stand it. I couldn't accept the "disability (phikan)". "Sick (puai)" was a better fit. After that, I went to IL training again. Two Japanese women were participating as IL leaders. I was impressed when I heard their story of "oppression (kotdan)." I stayed two nights for training. Then I started thinking if I could help disabled persons who were bedridden and afraid of society. Around that time, J (a member of the Chonburi IL Centre) called me and I decided to participate in the third IL training.

E's narrative shows that physical (impairment) experiences do not necessarily equate to disability. Rather, it resonates with the fact that the substance of disability is "oppression." *F*, a woman in her 30s, was a wheelchair user who commuted by a train. She said that she did not have to feel disabled if she could go anywhere, like non-disabled people:

¹⁾ Karen is with over 430,000 persons the largest hill tribe group in Thailand, belonging to the Sino-Tibetan language family group. They worship animism, respect their ancestors, and adhere to traditional rites and ways of living. Senior community members play a major role in solving conflicts in families and communities (UNCERD 2011, p. 7, 9).

²⁾ Interviews with *B*, *C*, and *D* were conducted during previous research on general disability service centres in Thailand (YOKOYAMA 2021).

I think Thailand sees people with disabilities as not people in general, but someone alienated from the society. [...] If there was a structure that was considerate of all people, and people using wheelchairs could go anywhere, go to any school, and be able to go to any company without being discriminated against. [...] If I could go to a pub, a market, or an amusement park like everyone else, people in society wouldn't think I was weird.

Her physical condition is considered an impairment when it is associated with insufficient social structure and prejudice. Her impairment is a result of social and political backgrounds, rather than a cause of disability. In her case, Critical Disability Theory is a useful framework to clarify her perspective on disability as it highlights social, political, and cultural production of impairment.

4.1.2 Oppression and Social Exclusion of Disabled People

Thai disabled people use the term “burden (*phara*)” when discussing their relationships with their families and caregivers. For example, *G*, in his 30s, who suffered a neck fracture in an accident, said, “Taking care of myself, such as going to the toilet, was a burden (*phara*) for my family, and I wanted to die when I drank alcohol.” The Department of Health under the Ministry of Public Health uses “*phara*” to define “being a burden,” stating that “The burden (*phara*) of care for social and family health problems can be reduced by decreasing the number of bedridden patients” or “one has to rely on others and become a burden for them when it becomes difficult to conduct daily activities by themselves” (Department of Health 2020, p. 3).

Being at home and cared for by family members or unable to support other family members makes disabled people feel like a “burden (*phara*).” Due to inadequate social support systems, this burden is borne by disabled people and their families. Disabled people experience difficult situations if their families are unable to take care of them. For example, visually impaired people leave their homes to reduce their family’s burden of spending money or taking care of them.

Apart from oppression through the concept of “burden (*phara*),” this research revealed several forms of oppression by the people surrounding disabled persons in Thailand. Many personal assistants trained and employed by the Ministry of Social Development and Human Security have a village health volunteer background; therefore, they tend to have an understanding of disabilities based on the Medical or Charity Model.

Some village health volunteers asked people with disabilities why they couldn't walk. Village health volunteers do not understand disability. Some people say, “Eventually, you'll be able to walk.” (H, a member of an Independent Living Centre)

Non-disabled people see people with disabilities as a means of accumulating virtue and as a tool to obtain self-satisfaction (Sabai Jai)³. People with disabilities think

³ It has been highlighted that “it is self-interest in the sense that doing altruistic things means accumulating merit to be in a better position in the next life” (GOHORI 2018, pp. 36–37).

that they can only eat by drawing the sympathy of others in their own unfortunate situation. (F mentioned above)

Since many personal assistants do not understand the concept of disability and follow the Medical or Charity Model of Disability, they pressurise disabled people to recover, or put them in an inferior position as a care and support receiver. This is regarded as oppression from the surrounding people (YOKOYAMA and PUNPUING 2023).

Generally, it is more difficult for disabled women to go out than disabled men. This is caused by families trying to keep women at home, and by a society in which violence against women is rampant. According to KARAIKSH (2016), while disabled women are seen as non-sexual in Thai society, the risk of sexual violence against them is 1.5 to 10 times higher than against non-disabled women. YOSHIMURA (2017, p. 131) cited the issue of sexual violence against Thai disabled women, saying, “Stories of sexual violence are not limited to people with intellectual disabilities, and there are numerous examples of victimisation, such as a blind woman who was selling lottery tickets at a temple being assaulted in the temple grounds, and a girl with a physical disability being assaulted by a male relative.” Perpetrators of sexual violence against people with disabilities can be outsiders or family members (THAITRAKULPANICH 2018).

Disabled people, confined to their homes, are unaware of their rights, which they can understand only by engaging with the society. Disabled people’s organisations visit homebound disabled people to provide them with the opportunities to learn about their rights. In the interviews for this research, there were several reports of the violation of the rights of disabled people, such as “Family members or strangers defrauding disabled people of disability pensions” and “Legally employed disabled people not being given work and being paid less than the minimum wages.”

4.2 Transformation of Disability

Critical Disability Theory argues that disability is both a signifier of inequity and a promise of something new and affirmative. This in-built contradictory quality encourages the study of disability (GOODLEY et al. 2019, p. 973). According to GOODLEY et al., disability politics, art, scholarship, and culture offer new ways of conceiving and living life, existing with others, and recreating communities that include, augment, and emphasise the qualities we all uphold as human beings (p. 973). In this regard, there are individual and social movements among Thai disabled people aimed at fostering a positive perception of their disabilities.

4.2.1 Understanding Disability Positively

In a society where disability is often perceived through a Charity or Medical Model and where disabled people face oppression and discrimination, it is challenging for them to foster a positive perception of their disabilities. *H* said that when a person becomes disabled, they are in a state of “to be discouraged (*tho tae*).” They suffer from loneliness by feeling

that “I am the only disabled person in the world” and “I cannot see my worth (*khunkha*) and potential (*sakkayaphap*).” Horizontal relationships or equal footing with other disabled persons enable the expression of emotions, that is, “to be open-minded (*poet jai*),” and provide opportunities to recognise their value and importance as human beings. It is a way for them to develop their “inner strength (*kamlang painai*)” to support the process of “acting without hesitation (*kla tham*).” *I*, a 65 year old man, currently working at the Independent Living (IL) centre in Ubon Ratchathani province in northeastern Thailand, said:

In 1994, at the age of 37, I was involved in a car accident that left me severely disabled with a C5 spinal cord injury. Bedridden for 15 years, I've never left my room on the third floor of my house. Through the Internet, I became acquainted with J from the IL Centre in Chonburi Province. The members of the IL Centre, including J, his wife K, and E, drove 600 kilometers to see me. After 15 years on the third floor, I was taken down to the first floor and taken outside in just one week. If they hadn't come, I think I would still be bedridden on the third floor. [...] It is important to see role models for people with disabilities. People with disabilities who have been at home for many years can learn how to get in and out of cars and how to use the toilet through IL training and can go out into the society and work.

I has a story of finding value. The IL movement enabled bedridden and withdrawn disabled people to participate in society, help each other, and help other bedridden and withdrawn disabled people. TANABE (2010, p.134) described how HIV-infected people in northern Thailand sympathised with patients who developed AIDS and formed peer groups. He described them as “an agent who perceives the suffering of others along with their anguish and responds sympathetically and emotionally.” In the case of *I*, he becomes an agent who strongly believes in the equal value or potential of other disabled people and works with them on an equal footing.

A single person cannot encourage the proactive actions of disabled people. Being open-minded (*poet jai*) comes from self-help groups. One can reaffirm one's self-worth through peer support. Values recognition and the application of inner strength are reinforced by actively participating in peer support and social outreach programs. Solidarity among disabled people and the proactive willingness to act, stemming from self-help groups, have become “group power (*phalang klum*)” that have led to social movements. However, in reality, solidarity through peer support may or may not materialise. Some individuals do not act, and not all the individuals head in the same direction. Some people think that loose solidarity and practice cannot bring about social change. However, while avoiding conflict with the existing system, it possesses the suppleness and strength to regenerate in other places. This is defined as “group power (*phalang klum*).”

While the discourse on disabled people emphasised the need to change people's awareness and social systems to eliminate oppression, some highlighted that understanding disabilities through Buddhist teachings developed their mental strengths.

I used to be short-tempered because of my severe disability. I couldn't control my emotions. Now before I go to bed, I ask my mother to turn on the preaching radio

program. I also live in a circulating society. Pain is good if you can do good to others with your pain instead of hurting them. Even if my neighbours don't talk to me, I try to talk to them as much as possible. It doesn't matter if you can walk or not. If you do good things, you will get good results in return. [...] I feel bad for myself when I think I want this and that. I don't have any goals, and I want to live a life that puts the least burden (phara) on my family. I want to help my family as much as possible. I may have listened to too many sermons, but I want to do my best every day and live in the present without setting goals. (L, male in his 30s, paralysed on his right side due to a motorcycle accident in his 20s)

I want to live a life of Buddhist Independent Living or Independent Living of the mind. I spend less time sleeping and do meditation. I ask myself, "Who am I worried about, what am I worried about, am I worried about myself?" I am gradually unable to answer. I gave up my body when I became disabled. But the mind is not yet so strong. I do [meditation] because death is near. I feel like I'm running out of time. (M, 63-year-old male, spinal cord injury in a sports accident while in university)

Until now, Thai people's view of disability is rooted in the Buddhist teaching that "disability is the result of actions in a previous life" (Japan International Cooperation Agency 2000, p. 30; CHIBA 2020, p. 89; CHANBOON and THONGYOU 2016, pp. 175–176; This Able. Me 2020b). However, disabled young people reject such old beliefs that link a disability with bad Karma or makes it a consequence of bad behaviour from the previous life (This-Able.Me 2020b). The idea that human beings are reborn and change according to their deeds (*Karma*) during their lifetime is called "Karma Samsara" (YORITAKA 2015, p. 36).

PARK (2012, pp. 219–220, 235) argued that Buddha did not preach about *Karma Samsara* that moves from the past to the present, and it would be desirable to propagate the idea of *Karma Samsara* that moves from the present to the future, that is, accepting the present disabilities, leading to overcoming them. In *L*'s words, we can see *Karma Samsara* from the present to the future. *L* mentioned that meditation made him realise that his body is a part of nature, releasing his anxiety and bringing peace to his mind. *L* accepted the idea that he could reduce the burden (*phara*) on himself and his family by introducing the idea of "knowing his limitations and being satisfied with what he has now" (WANKAEW 2001, p. 55). The interviews found that many disabled people learned various Buddhist teachings, apart from *Karma*, leading to empowerment.

Buddhism has a form of meditation called *Vipassana*. It allows one to calm down in the first stage (*Samati*) and reflect on one's life in the second stage (*Vipassana*). Social development cannot succeed without mental development (NOZAKI 2001, p. 136; NISHIKAWA and NODA 2001, p. vii). From *M*'s words, it is obvious that he adopted and practiced meditation techniques for his Independent Living (IL). NUSSBAUM (2000, p. 82) lists "practical reason" as one of ten important capabilities. Practical reason is defined as being able to form a conception of the good and engage in critical reflection for the planning of one's life. This entails protection for the liberty of conscience (*ibid.*, p. 79). This research found the possibility to enhance the capability of "practical reason" of a disabled person through *Vipassana*.

Some disabled people interviewed in this research mentioned that, in addition to Buddhism, people were influenced by Animism, the local and historical belief of the rural people in Thailand. They did not support the widespread idea of Animism, mixed with Buddhism, that believes past bad behaviour, such as “urinating at a wrong place” or “neglecting a shrine,” to be the cause of disability, brought by a spirit (*phi*) in the present day. Animism believes that the spirit (*phi*) is a concept of power that can act from outside and affect the internal relationship between the body and the soul (*khwan*). The loss of balance between the body and the soul appears as an illness (TANABE 2010, pp. 24–25). Previous research in Thailand found that spirits and ghosts can “cause” mental illness, as defined by Animism (SUWANLERT 1976; BURNARD et al. 2006). This old belief in Animism, mixed with Buddhism, is deeply rooted in the understanding of people, becoming an obstacle to a positive understanding of disability.

4.2.2 *Disabled People as Service Providers*

This section indicates that disabled people do not receive treatment or support, instead they move between support providers and receivers. Beyond the dichotomy between non-disabled and disabled people, we discuss what happens at the “material reality level” when disabled people become the support providers.

In Thailand, organisations for disabled people support them in local communities as part of the public medical services. The Independent Living (IL) centre’s support for disabled people has attracted public interest because it reduces the number of bedridden people. The National Health Security Office (NHSO) pays for the community living support provided by the IL centres. To be eligible for this scheme, the Ministry of Social Development and Human Security must accredit the Independent Living (IL) centres as disability service centres. They provide training and counselling services for disabled people living at home or in the community. There are ten IL centres in Thailand, four of which are registered disability service centres with the Ministry of Social Development and Human Security. In 2021, IL centres in three provinces – Nonthaburi, Chonburi, and Pathum Thani – registered and conducted activities (Hfocus 2022). The NHSO covers medical services and social participation and livelihood support activities initiated by disabled people, using the rehabilitation fund of the Universal Health Coverage (UHC).⁴⁾ It places the disabled people’s organisation on the service provider’s side. A disabled person who worked as a provider said:

Tomorrow we will go to the field to provide skill training for Independent Living to three persons. We conducted a lot of skill trainings in this year. Prefectural and local municipalities offices provided updated list of persons with disabilities. After screening, based on disability and age, the number of target persons eligible to receive a skill training was around 300–400 persons (in the province). But we don’t have the capacity to cover everybody. We set the target at 30 persons because it

⁴⁾ The information on the UHC schemes to be funded is based on interviews with the Japan International Cooperation Agency expert assigned to the NHSO (conducted online on December 15, 2022).

takes a long time to finish each person's training. It takes time for a trainee to feel familiar with us and "to be open-minded." (H, a member of a IL Centre)

It is difficult to incorporate the uncertain psychological element of "to be open-minded" into a system and evaluate the degree of achievement. However, without this foundation, it is impossible for disabled people to achieve Independent Living (IL) and have controls and choices in their life.

4.2.3 Application of Technology to Impairments

Through the development of science and technology, it is possible to assist disabled people in their physical functions and mobilise them. According to FINKELSTEIN (1980, p. 8) technology enables the most severely physically impaired to operate controls that allow them to live relatively independently within the community. "This technology is arguably changing the society in which we live, and with it, the social category of people we consider 'disabled'," said SHELDON (2004, p. 155). With scientific and technological developments, impairments and the definition of disabilities have changed. However, technology transferred from developed to developing countries is sometimes left unattended because it does not suit the situation in developing countries or benefits only a limited number of people.

Therefore, the importance of considering Appropriate Technology (AT) has been highlighted. According to KUNO and NAKANISHI (2004, pp. 196–197), AT can be explained as "easily available to many people, including poor people, with low cost and price, based on local resources (e.g. materials and human resources) and technology." Amid the COVID-19 pandemic, science and technology have accelerated and become more widespread as social distancing has been adopted as a new lifestyle. This section focuses on disabled people who live independently in a local city or rural area in Thailand and use tools to assist in their daily activities and mobility, based on the Appropriate Technology (AT) perspective.

E was infected with COVID-19 from August to September 2021, and his personal assistant wore personal protective equipment and a mask to help him shower. In July 2022, he infected him with COVID-19 for a second time. *E* gave voice commands to an Artificial Intelligence (AI) assistant, allowing him to control the appliances in his room (smartphone, computer, TV, air conditioner, and lighting). This allowed him to call a personal assistant in another room even when sleeping alone. It is difficult to say whether technology is available to all disabled people as it requires them to purchase electronic equipment and have knowledge of information and communication technology. However, this case of *E* demonstrates that technology can reduce dependency.

Similarly, *J* had a modified microbus that could be driven while the driver was seated in a wheelchair. All the seats were removed from the minibus, except for the passenger seat, the centre-left end (fixed), and the centre-right end seat (foldable). When *J* drove the bus, he used a lift from the back door to the board while seated in the wheelchair, and moved in the wheelchair from the rear to the front toward the driver's seat. After fixing the wheelchair to the driver's seat, his arm was fixed to the steering wheel with a metal fitting.

J said that by driving himself, “I don’t have to go out at someone’s convenience. I can go wherever and whenever I want.” *J* proved that movement restrictions were caused due to a lack of external resources, instead of the impairment itself.

In the case of *N*, a trolley with a ramp was attached to his bike’s rear so that the wheelchair could be loaded onto the trolley. Wheelchair users can board the trolley and hold the motorcycle handlebars while driving. In addition, *N* required assistance to transfer between the bed and the wheelchair. He lived with his 62-year-old mother who was burdened with transfer assistance. Therefore, a special order was created for a mobile lift, modified with an automobile hydraulic jack. He posted videos of the assistive devices on the Internet. This conveyed to disabled people how to live an independent life using technology and showed that dependency can be overcome with technology, regardless of the impairment.

4.2.4 Implementation of Political Reforms

One can trace the movement of disabled people to the history of the establishment of organisations for disabled people, enactment of laws, and awareness and political activities led by Independent Living (IL) centres. For example, the IL centre in Nonthaburi held a lobbying activity for a barrier-free public transportation environment in collaboration with the civil society, including a group of women and older adults in the 2000s. Social movements in developed countries, such as the United States and the United Kingdom, have evolved from the old style of marches, sit-ins, and public demonstrations to a new style of political action that attracts publicity and is carefully planned to influence opinion formers and the media (SHAKESPEARE 1993, p. 258; BARNES et al. 1999, p. 172). The story of a young Thai journalist, *F*, is a good example of whether the recent disability movements in Thailand were organised to contribute to political reforms or to express disability identities without seeking any political or economic benefits for disabled persons.

F is a disabled person with spinal muscular atrophy and a founding member of a web media, *O* (hereafter, *Media O*), which specialises in disability issues. *Media O* currently has more than 60,000 followers. It is popular among disabled people and is recognised as a platform where disabled people can speak out. Through *Media O*, *F* wants to deny the Charity and Medical Models of disability and spread Social and Human Rights models. Most images of disabled people in the Thai media are based on the Charity and Medical Models of disability. *F* depicts disabled people as they really are, rather than as pitiful beings. *Media O* changed the image of disabled people from “pathetic beings” and “objects of sympathy” to “claiming rights.” Disabled people raise their voices and demand their rights, supported by *Media O*. However, not all disabled people agree. Several disabled people think that “*Media O* doesn’t make me look pitiful and I am afraid that I can’t receive donations.”

However, *F* is clear about *Media O*’s political position. It is part of the political movement for disabled people to realise their rights in Thailand. It appeals to people in society, both disabled and non-disabled, for fair resource allocation, while being deeply connected to the lives and movements of disabled people in the real world. The information disseminated by *Media O* is not necessarily related to political demands. It covers various topics,

such as the culture, arts, and lifestyles of disabled people. However, *F*'s narrative shows that expressing a disabled identity cannot be unrelated to political demands. The disability community surrounding *Media O* proposes a new (disabled people's) movement that expresses their disability identity online and offline, while making political demands.

P, who used to be a staff member of the Independent Living (IL) centre, organised a mob in October 2020 to express his opinions on disability policy, and was featured in *Media O*. *P* said:

What comes after the empowerment of persons with disabilities through IL movement? We [the IL Centre] helped people with disabilities build self-confidence and have an Independent Living in society. However, the government does not provide opportunities for people with disabilities in some issues. [...] People with disabilities need to get a salary to recruit a personal assistant. Even though people with disabilities developed themselves, they are stuck as there is no system supporting the recruitment of persons with disabilities to live in a society. [...] The problems of people with disabilities are clear. They are poor, not able to have an education, and not able to access a hospital. For the young generation of people with disabilities, it is obvious that issues, such as LGBTQ, which are not directly related to disability, are also important. Therefore, I think people with disabilities should fight with all injustice in the society, even if it is not related to disability issues, rather than keep silent and wait for the social welfare that the government may offer.

4.2.5 Expression of Disability Identity

There is a stereotypical image of disabled people doing particular jobs, such as selling lottery tickets or singing songs on the streets. The founder of social media on disability, *F*, was not involved in the activities of disabled people's organisations before she started her business as she thought that the activities provided by the organisations were stereotypical and did not fit what she wanted to do. She stated that:

No one can decide what kind of job is appropriate for someone else. Do you think that autistic people can only conduct a job, which requires doing something repeatedly? Can they do anything else, such as a gardener or a vendor? Most people with disabilities are often told that "you cannot do this" or "you cannot go into that profession." It is hard for them to have an idea of the kind of job they want to do as they have never tried different things and the choices available are limited. Persons with disabilities are told that "you are suitable to do this job." Hence, persons with disabilities must follow choices made by other people.

She insists that disabled people can make their decisions and request the necessary government support to realise it. As mentioned earlier, the media becomes an essential tool for disabled people in Thailand to express disability identity and reform disability definitions. Apart from the media, there are different means to achieve those objectives.

Since 2019, an association of people with visual impairments in Chiang Mai has been working with Karen women in the same province who have lost eyesight due to old age to produce and sell handicrafts made from Karen textiles. The fabric originates from natural resources and traditions in the northern mountainous regions of Thailand. Traditional Karen weaving is performed by women. Visually impaired women can work from home and earn a living. The fabric produced by this association was used for uniform jackets by the local government banks. The purchase of “productions of people with disabilities” corresponds to the moral or charity model from the Buddhist perspective of the accumulation of virtues. However, this attitude has become less popular these days.

Through the production of handicrafts, such as Sashiko⁵⁾ and traditional textiles, and through the cultivation of low-pesticide rice, the association has tried to change the view that visually impaired people cannot work. The expression of Thailand’s disability identity cannot break out from the ablist framework of “can” and “cannot.” The disability identity cannot be unrelated to the evaluation of capitalist economic values, however, if disabled people proactively think about what they can do and actively challenge it, it can be regarded as an expression of positive identity, regardless of the values and evaluation criteria of “can” and “cannot.” For instance, *Q*, a member of the association, mentioned the importance of self-determination for disabled people and the negative effects of the decisions made by other people:

People with disabilities, impoverished families, or individuals living in remote or mountainous areas did not choose to be born into or live in such situations. They had to live in harder situations than others did, even though that is not their choice. If there were any chance for us to help them have a better life, it would be to enable them to choose their lives. We should not choose or decide their fates or the way of living. The life of disabled people may become worse (Yam Yae) when someone else decides how they spend their lives, irrespective of perfect plans or good intentions.

Organisations and associations of disabled people can collaborate with disabled people in various jobs or occupations for expressing their disability identity and fairness of capabilities. By expanding capabilities, such as emotions, symbiosis with nature, and control of the material environment, a person can lead a life that suits her. This leads to the expression of positive disability identities among the minority groups involved in the project. The project built an affiliation among minority groups, including disabled people, older women, and hill tribes, so that the minority groups could be recognised and have a bigger societal voice.

Q explained that the association can work with visually impaired people of different nationalities/religions/statuses. Some came from Myanmar and Laos to participate in the association’s vocational training. The association provided training for two Myanmar immigrants; however, ten Laos immigrants had to be excluded due to a lack of funding. They

⁵⁾ Sashiko (Japanese old style of embroidery) was introduced in Chiang Mai in 2018 as a part of a project under the “Thailand Association of the Blind”.

donated 20,000 Thai Baht to a visually-impaired Christian woman suffering from cancer in collaboration with a church. *Q* stated:

I try to stand on my own feet before I rely on a religion. There are Christians in the association. Christian teaching says that God helps us when we try our best. What happens if we rely on Buddha, but he does not exist? There are environments, communities, and families that can support us. I believe in Buddhism, but I think I would not succeed if I do not believe in myself.

They work with people of various nationalities and engage in different kinds of religious teaching, which influences the philosophy of their activities. Religious teachings interact with self-confidence and empowerment, however, it is not necessary to depend on religion to achieve those objectives. This may be achievable using other means, as stated by *Q*.

The association's flexible approach enables cooperation with various minority groups in the community. The exchange of experiences, information and situations between people with different identities has given rise to a new political movement, the so-called experience movement (MCDONALD 2004; SITTHIKRIENGKRAI 2016). The collective expressions of identities from different minority groups may politically influence the existing social systems and structures.

5 Discussion

5.1 Impairment Experience and Social Discrimination Structure

In this study, based on the analytical framework of Critical Disability Theory, we reexamined the meaning of disability from the narratives of disabled people and tried to clarify the situation of oppression and discrimination in society. Experiences of impairment were described as follows: 1) inability to work, 2) physical decline due to aging, 3) illness and injury, and 4) social structure. It has been shown that experiences of impairment were mainly socially constructed. Some disabled people experience difficulties in society because of their physical impairments. However, they did not want to be able to see or walk, as they did not think the impairment was a disadvantage. They understood that the experience of impairment in society was an obstacle when linked to discrimination, oppression, and exclusion.

The perspectives of being unable to work, ill, and a "burden (*phara*)" are created by non-disabled people. From the point of view of the people around them, it is difficult for disabled people to lead a dignified life. Disabled people are afraid of offending their families, which leads to further suffering and pain. The oppression of disabled people is due to the discriminatory structures (unequal distribution of resources) and "social barriers that hinder social participation" (HOSHIKA 2007, p. 21); non-disabled people create the discriminatory structure. Disabled people often have to endure financial and physical exploitation, and their experiences illustrate the connection between the daily pain and the discriminatory structure of society.

5.2 Positive Understanding of Disability Helps Disabled People Become Service Providers

The medical model of disability, influenced by Western medicine, and the model of charity and morality, derived from indigenous Buddhist beliefs, have greatly influenced both the Thai population's perception of disability and the medical and welfare sectors in Thailand. This leads to further (unconscious) discrimination and oppression. While some disabled people wish to adhere to the Medical and Charity Model, others seek freedom from oppression and peace of mind.

Freedom from oppression and peace of mind are the starting points of Independent Living (IL) before people achieve social participation and peer support. The conventional Buddhist teaching, "disability is the result of bad deeds in a previous life" does not give rise to freedom from oppression or peace of mind. Other teachings can support the mental strengthening of disabled people. The results of the present study emphasise the possibility of improving the ability of "practical reason" (NUSSBAUM 2000, p. 79) through meditation. Within the existing system of intricate Medical and Charity Models, disabled people skillfully use the social and governmental systems to create mechanisms to help each other. Peer counseling and IL skills training by disabled people in Thailand improves their capabilities and makes them a valuable resource for society as a whole. This service is available for anyone as needed. Disabled people who participated in the NHSO Independent Living (IL) skills training included patients discharged from the hospital and older adults with disabilities.

However, there are arguments for and against positioning Independent Living (IL) centres within the medical service delivery system of the National Health Security Office (NHSO), even among disabled people. According to TANABE (2003, p. 128), the field of practice is not in the system, rather in the field in which people participate. At first glance, the practices of IL centres appear to operate in a system, however, there are individual practices with emotional conflicts between people. The system is just a framework. The actual practice can be recognised as an action for emancipation, which attempts to gradually change the current system from within (POJMANN 2005, p. 74).

It is also important to work beyond the conventional framework to change the existing systems. Groups of disabled people actively incorporate technologies, such as custom-made modified motorcycles, nursing care equipment, and Artificial Intelligence assistants that operate home appliances with voice commands. They share information and skills related to these technologies through social media. These experiences become the empirical knowledge of disabled people and challenge the definition of "disability."

5.3 Changing Socially Constructed Disabilities through Empathy and Affiliation

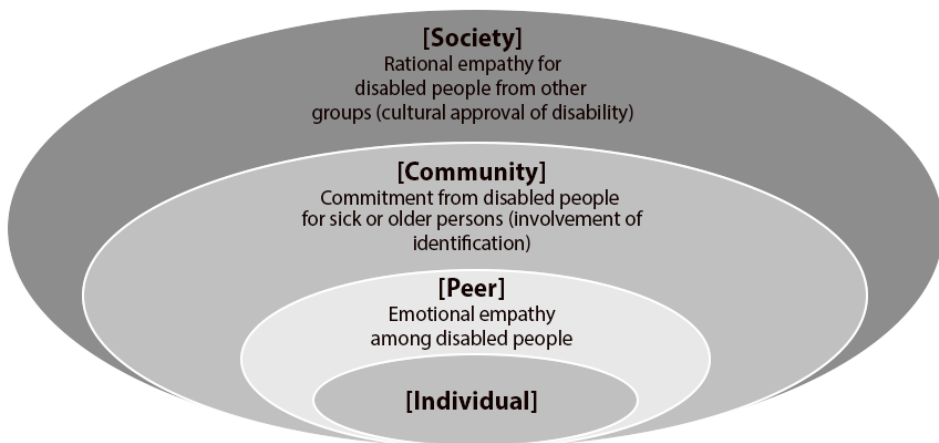
Media O is a good example of positive expressions of disability identity and political activism through social media. It advocates and consolidates the rights of disabled people, socially vulnerable people, and minorities, such as women and LGBTQIA+.

Changes in modern Thai society, such as the COVID-19 pandemic and the rapidly ageing population, have fostered interest in and empathy for disabled people's lifestyles. The

feeling of “patheticness (*na songsan*)” of village health volunteers toward disabled people is pity, instead of empathy. Empathy involves the ability to identify with the situation and feelings of another person. It incorporates affective and cognitive components, requiring the capacity to share in the emotional life of another and the ability to imagine how the world looks from another’s vantage point (GOODMAN 2001, p. 126).

Compassion has a vertical relationship, from the top to the bottom line of sight. Empathy affects horizontal relationships. KUMAGAYA states that creating a society that makes it easy to rely on horizontal human relationships would help disabled people become independent (Mainichi Shimbun 2023). Empathy, rather than sympathy, can increase the capabilities of horizontal affiliation and transform society into one where disabled people can realise their rights. The present research has demonstrated the situation in which empathy for disabled people is gradually generated when they take action or express their disability identity beyond the existing frameworks. This suggests that empathy may spread and lead to a change, from exclusion to inclusion.

Figure 1 presents a layered representation of the relationship between empathy and commitment. At the peer level, disabled people exhibit emotional empathy. In the community, there is involvement in identifying with others (SEN 2002, p. 215), and groups of disabled people support sick and older disabled people. At the societal level, other groups demonstrate rational empathy for disabled people.



Source: Author. Own Design.

Figure 1: Relationship diagram of empathy and commitment

6 Conclusion

This study clarifies how experiences of impairment and disability are socially and politically constructed. Social movements and political reform practices led by disabled people and the affirmation of positive disability identities are changing material and conceptual

“disability.” Through social media, disabled people can share their real images with society, which is not possible in the conventional Medical or Charity Models of disability. Disabled people seek fair rights and a way of life, including art, culture, lifestyle, sexual orientation, and the choice of death. The number of people empathising with disabled people has gradually increased. Empathy creates affiliation among people. This empathy is the key to seeing disability beyond the dichotomy between “disabled” and “non-disabled” or the “individual model” and the “social model” of disability.

The results are primarily based on interviews with personal assistant users and providers in disability service centres. Critical Disability Theory addresses a wide range of themes. It covers various topics, and further research should be conducted with suitable informants for each element of Critical Disability Theory.

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