ความเชื่อเรื่องกรรม วาทศิลป์ของเวทนา และการเมืองแห่งความสงสารต่อคนพิการในสังคมไทย

Karma, the Rhetoric of *Wethana* and the Politics of Compassion for People with Disabilities in Thailand

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บทคัดย่อ

บทความชิ้นนี้วิพากษ์การผสมรวมกันระหว่างความหมายทางวัฒนธรรมที่เกี่ยวข้องกับความพิการในสังคมไทย โดยเฉพาะอิทธิพลเรื่องกรรมและวาทศิลป์ของเวทนาหรือความรู้สึกสงสารจากความเชื่อพุทธเถรวาทในฐานะส่วนหนึ่งของศีลธรรมเชิงสถาบันกับอำนาจชีวการเมืองที่ถูกสร้างจากนโยบายของรัฐบาลไทย และอุดมการณ์ทางการเมืองในระดับโลกแนวคิดสิทธิมนุษยชนที่เป็นผลผลิตจากองค์กรนานาชาติ ที่ได้สร้างการเมืองของความสงสารต่อคนพิการ ซึ่งกรอบคิดทางการเมืองนี้ใช้ประเมินความเป็นมนุษย์และหยิบยื่นคุณค่าและความหมายของชีวิตให้กับคนพิการในสังคมไทย ภายใต้การเมืองของความสงสาร คนพิการถูกปฏิบัติในฐานะองค์ประธานทางการเมืองและถูกทำให้กลายเป็นปัญหาทางศีลธรรม พร้อมกับมีมุมมองต่อคนพิการในฐานะบุคคลต้องได้รับการสงเคราะห์ทางสังคม อีกทั้งคนพิการควรที่จะต้องถูกควบคุมไว้ที่สถานสงเคราะห์คนพิการในนามมนุษยธรรมและคนพิการเป็นบุคคลที่น่าสงสารควรที่จะต้องถูกจำกัดพื้นที่ไว้ที่บ้าน ไม่ให้ออกมาใช้ชีวิตข้างนอกด้วยความคิดเรื่องเวทนาคนพิการ บทความจะชี้ให้เห็นว่าการเคลื่อนไหวทางสังคมการเมืองในประเด็นที่เกี่ยวข้องกับคนพิการในสังคมไทยเพื่อท้าทายการเมืองของความสงสารต่อคนพิการ ซึ่งได้สร้างการกีดกันทางสังคมให้กับคนพิการ ภายใต้กรอบคิดการเมืองของอัตลักษณ์ แบบจำลองทางสังคมของความพิการ และแนวคิด

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สิทธิมนุษยชน การเคลื่อนไหวทางสังคมการเมืองภายใต้กรอบคิดดังกล่าวเพื่อนิยามใหม่สถานะความเป็นพลเมืองของคนพิการและสิทธิทางสังคม รวมทั้งนิยามใหม่ความหมายทางสังคมเกี่ยวกับคนพิการที่ถูกขับเคลื่อนจากความเชื่อพุทธเถรวาท โดยเฉพาะแนวคิดเรื่องกรรมและวาทศิลป์ของเวทนา บทความวิจารณ์ว่าการเคลื่อนไหวดังกล่าวดูเหมือนจะประสบความสำเร็จในการช่วยนิยามใหม่คนพิการที่ถูกตราไว้ในกฎหมาย แต่ความพยายามผ่านการเคลื่อนไหวดังกล่าวย้อนแย้งในตัวเอง กล่าวคือในท้ายสุด มันสนับสนุนการผลิตซ้ำระบบการกีดกันคนพิการผ่านกรอบคิดการเคลื่อนไหวต่อสู้ ที่ยังคงตั้งอยู่บนพื้นฐานระบอบคิดหลักการมองร่างกายที่สมบูรณ์แบบคือร่างกายที่ต้องมีสมรรถภาพ

คำสำคัญ: คนพิการ ความเชื่อเรื่องกรรม วาทศิลป์เวทนา การเมืองของความสงสาร

Abstract

The research for this article examined the merger of cultural meanings related to disability in Thailand, and in particular, the influence of karma theory and the rhetoric of *wethana* (‘feelings of pity’) as part of institutional morality derived from Theravada Buddhism, the bio-politics created by Thai government policies and global political ideology as produced by global organizations in relation to human rights. All of these elements contribute to the creation a framework of a politics of compassion in Thailand that can be used to evaluate humanity and give specific values and meaning to the lives of people with disabilities in Thailand. Because of this politics of compassion, people living with disabilities are treated as political subjects and problematized as ‘moral objects’, who are simultaneously viewed as ‘objects of social charity’ – those who should be confined to government-run shelters in the name of humanitarianism – and as ‘pitiful objects’ – those to be hidden from view and confined to their homes in the name of *wethana*. The political and social movement that has emerged in Thailand to challenge this politics of compassion, a political framework that socially excludes those in Thailand who have disabilities and

is based on the politics of identity, the social model of disability and the human rights approach, is also described. This framework is used to define disabled people's citizenship status and legal rights, as well as to redefine the cultural meaning of disability derived from Theravada Buddhism, and in particular, karma ideology and the rhetoric related to *wethana*. Criticism is provided regarding how the movement seems to have had some qualified success in helping introduce a new definition of disability and disabled under Thai law, but such efforts appear to be ironic since they continue to reinforce a system of exclusion enforced upon persons with disabilities. While trying to free persons with disabilities from the limiting definitions of the past, the movement only reinforces the Thai government's categorization of persons with disabilities based on a system of compulsory able-bodiedness.

Keywords: People with disabilities, Karma ideology, Rhetoric of wethana, The politics of compassion

Introduction

In Thailand, many disabled people live under cultural prejudice, social discourse and medical definition. Disability development programs rely heavily on a quantitative approach and biomedical concepts. Policy formulation and decision-making processes have been based on quantitative information gathered from national household surveys. The concepts employed in interview surveys to define who is disabled and what their needs are, have been narrowly medically defined (Riewpaiboon & Blume, 2009: xxiii). In traditional Thai society, powerfully influenced by Buddhist practice, most people with disabilities are supported by their families and by a number of charitable organizations, however, they have to live their lives quietly with little social integration. Influenced by the Buddhist teaching on karma, disability is believed to be an individual tragedy as a way of paying back bad

karma the person accumulated in past lives. For instance, being blind from birth results from the bad karma of making a bird loses its eyes. Buddhist belief in merit-making and the theory of karma not only makes disabled people confine themselves, but also turns people with disability into objects of charity rather than being seen as people who are actively capable of making merit and escape from their karma of being disabled. This view of people with disabilities as pitiable, as objects of charity, as existing on the margins of society, is reinforced by representation of the disabled in Thai novels, television dramas and films. The stereotypical disabled person depicted is usually crippled and socially excluded or hidden in the limited space of a house (ibid: xx).

In rural areas, there is cooperation between medical officers and family or relatives of female disabled people with cognitive impairments to force contraception on such women who are deemed sexually violence-prone and vulnerable to becoming pregnant (Sherer, 2009). Children in rural areas who are born blind cannot receive schooling as there is no special school for the blind there and regular schools are not willing to accept them. In addition, career limitation is another problem faced by the blind as they have little to no choice in pursuing a vocation. This is a situation comparable to that of homeless people. Government policy tends to make it worse for blind people as there are rigid regulations. For example, the Ministry of Public Health refuses to issue a Thai traditional medical practice license to blind people because they do not think they can practice the same as sighted physicians. This discrimination has brought protests from an association of the blind. At present, blind people can work only as street-side traditional massage providers. This study reveals how the phenomenon of discrimination and social exclusion of people with disabilities is a product of the rhetoric of wethana and the politics of compassion.

Thailand's framework and policy on disabled people have changed continuously. In the past, emphasis was placed on providing social welfare through charitable organizations and special schools. This reflects an attitude towards disabled people as being helpless and in need of special aid. However, between 1977 and 1987, Thailand's framework and policy changed significantly as there was an initiation of schooling for the disabled with non-disabled students in the same classroom. Moreover, career rehabilitation for disabled people was provided. Disabled people were welcome to work side by side with everyone else in the workplace. In 2007, a law on the promotion and development of the quality of life of disabled people was enacted with the aim to promote attitudes towards disabled people as ones who can live by themselves like other people in society.

Although there have been improvements to eliminate cultural prejudice towards the disabled and to enhance a good quality of life for them, nevertheless it has become apparent that laws cannot provide significant help because, in reality, some state policies towards the disabled contradict what is stated in the law. An example is the annual budget policy to provide monthly stipends for disabled people. This policy is criticized by many disabled activists in that it shows Thailand still has a policy framework of social charity instead of establishing a fundamental structure that assists an easy living for the disabled (Kata, 2016). These policies do not help disabled people to be free from the history of cultural prejudice.

This study examined the merger of cultural meanings related to disability in Thailand, and in particular, the influence of karma theory and the rhetoric of *wethana* ('feelings of pity') as part of institutional morality derived from Theravada Buddhism, the bio-politics created by Thai government policies and global political ideology as produced by global organizations in relation to human rights, all of which contribute to the creation of a framework of a politics of compassion in Thailand. The politics of compassion

is the politics of everyday life. Under this political regime, politics of compassion is used as a political mechanism to evaluate humanity and give specific values and meaning to the lives of people with disabilities in Thailand. As a result of the politics of compassion, people living with disabilities are treated as political subjects and problematized as 'moral objects' and simultaneously viewed as 'objects of social charity' – those who should be confined to government-run shelters in the name of humanitarianism – and as 'pitiful objects' – those to be hidden from view and confined to their homes in the name of *wethana*. This research relied on the interpretation of laws related to people with disabilities, government regulations, research and other academic documents.

The Cultural Meaning of Disability in Thailand

The word for disability in Thai is *phikan*, the literal meaning of which is 'physically handicapped' or 'to have a physical defect', with the term having negative connotations. The cultural meanings related to disability in Thai society, as highlighted by Bhensri Naemiratch and Lenore Manderson, are influenced by Thai views on bodily statuses, which are based on two philosophical principles: the five aggregates (in Pali, *khandha*, and in Sanskrit, *skandas*) and indigenous notions of health and illness. The five aggregates consist of two major parts: (i) *rup* or the physical form of the self (in Pali, *rupa*) and (ii) the four non-physical forms of the self, consisting of (1) *winyan* (in Pali, *vinnana*), awareness and consciousness, (2) *wethana* (in Pali, *wethana*) feelings, which can be either physical, psychological, or both, (3) *sanya* (in Pali, *sanna*), memory and perception, and (4) *sangkharn* (in Pali, *sankhara*), which is various mental formations, activities and volitions. The indigenous notions of health and illness are derived from Ayurvedic humoral theory in which the body is comprised of four basic elements: earth, water, air and fire. Conventional understanding is that earth and water are formed first within the

body, while air and fire are formed later in life. Traditionally, Thai concepts of the 'perfect' or 'normal' body rely on the presence of all 32 components of earth and water, with local understandings being informed by the idea that any incompleteness owing to the absence of one or more of these components will lead to disability (Naemiratch & Manderson, 2009).

Buddhism is essentially centered around the Thai moral world and the ethics present in Thai society. Buddhism's institutional moralities dominate everyday ethical practices and the ways in which moral and good lives are led by Thais. In Thai Buddhist society, people generally justify their present status on the basis of karma, that is, that one's present condition is determined by past conduct. This belief is derived from the Buddhist doctrine that life is a chain of rebirths (Ratanakul, 1996). Based on the influence of Buddhist karma, disability is seen as an individual tragedy, as payback for the bad karma a person may have accumulated in past lives (Schumm & Stoltzfus, 2007). Views on disability are also affected by Thai people's belief in ghosts and supernatural beings (Rukwong, Chirawatkul & Markovic, 2007). The Buddhist belief in merit-making and the theory of karma not only leads to disabled people being confined, or confining themselves to their homes, as payback for their karmic debt, but also results in a view of disabled people having a spiritual deficiency, which means they are forced to suffer in chaos and isolation (Schumm & Stoltzfus, 2007). This framework treats people with disabilities as objects of charity, as evidenced through Thai charitable organizations, rather than seeing them as people capable of actively making merit and escaping their karma retribution of being disabled.

In Thailand, the family is regarded as the main institution responsible for providing care to disabled people (Riewpaiboon & Blume, 2009). In their study on middle-aged women living with disability in the northeast of Thailand, Pensri Rukwong, Siriporn Chirawatkul and Milica Markovic (2007) show that Buddhism teaches people with disabilities, and their families, to be

patient and accept their own fate, and that this approach enables disabled women to cope more easily with the painful reality of their life. Other studies in Thailand have shown how the gender roles prescribed by local culture can reflect the lived experiences of middle-aged women living with disability (Rukwong, Chirawatkul & Markovic, 2007; Rukwong, 2008).

The Thai social representation of disabled people sees them as having impaired bodies based on medical criteria, being those unable to survive on their own, and therefore, in need of help from others. According to karmic theory, people with disabilities should be hidden from view within the home, retained as a family stigma while waiting for assistance as passive objects. This view of people with disabilities, as pitiable objects of charity and confined to the margins of society, is reinforced by the representations of disabled people within Thai novels, television dramas and films. The stereotypical disabled person is depicted as crippled and socially excluded or hidden within the limited confines of a house. Kulapa Vajanasara (2005) has reviewed Thai literature on the disabled, which states that people's disability is the result of sins committed in a former life and sees the disabled as helpless people who can do nothing without the help of others; as passive objects of charitable action. Thanomnual Hiranyatheb (2008) argues that the way in which the meaning of disability is produced in Thai literature has changed in accordance with social and cultural factors, as well as Thai government policies on the disabled over different periods.

Buddhist principles state that people and things exist only in relation to everyone and everything else; no person or thing is fully independent (Ratanakul, 1988). As a result, Buddhist institutional moralities and ethics aimed at maintaining individual and social harmony state that all humans should interact with each other in a mentally appropriate and emotionally mature manner. Bhensri Naemiratch and Lenore Manderson (2009), conducting fieldwork in rural villages across northeast Thailand, found that

Buddhist principles related to a virtuous existence, and in particular *songsan* (feelings of sympathy and pity), play an important role in social and community responses to disability, as well as feelings toward disabled people in general in Thailand. In contrast, people who have disabilities do not want anyone to feel *songsan* toward them; they perceive *songsan* as being similar to *somphet* (which literally means 'pitiful'). I would argue that, in fact, the everyday language used in Thai society sees *songsan* and *wethana,* or feelings and sensations of pity, as interchangeable. The Dictionary of Buddhism by P.A. Payutto states that a sensation or feeling is one of the five aggregates or groups of existence that form corporeality, these being feelings or sensations, perceptions, mental formations and consciousness. *Wethana* can be divided into three groups: pleasure, pain and neither pleasurable nor painful feelings (Payutto, 1995). For example, when we see a physical entity or hear a sound that makes us feel happy and contented, it is called *suka wethana,* and when it makes us feel unhappy or discontented, it is called *tukka wethana.* When neutral feelings are aroused, it is called *ubeka wethana*. However, Jamnong Tongprasert (1985) reveals that the everyday terms used to describe sensations by Thai people convey different meanings from the original Pali and Sanskrit words because of official Theravada Buddhist doctrine. Therefore, *wethana* is only used to refer to sympathy for a painful sensation; for example, if a person sees a young girl begging on the street and says, "I feel *wethana* for the girl", this means that the girl is pitiful or deserving of sympathy, probably because she has been abandoned by her parents and has had to become a beggar. Thus, it is evident that *wethana* is used by Thai people to refer only to negative feelings of pity and sympathy.

Theravada Buddhist doctrine, which regards disabled people as helpless and weak, as people who should be pitied and offered sympathy by others, has contributed to the creation of a system of exclusion in Thailand, one that governs-over people with disabilities. This system of exclusion also

plays an important role in determining how Thai people deal with the disabled in general. There is no doubt that the theory behind karma and the rhetoric contained within *wethana* derived from Theravada Buddhist principles that see disabled people as 'hidden' and 'pitiable objects of charity', have been mirrored by Thai governments regarding policies related to the disabled. Such policies tend to view the disabled as objects of social charity who should be confined to government-run shelters as part of a humanitarian approach. For example, after the Thai Department of Social Welfare was established in 1940 to assist 'helpless' people, including the disabled, the Thai government enacted the Beggar Control Act in 1941. This legislation stated that beggars in Bangkok, as well as the elderly and disabled, and especially the mentally disabled who begged along roadsides in Bangkok, were not self-reliant and had nobody to look after them, and therefore, should be confined to government-run shelters. Both the Beggar Control Act, which categorized people with disabilities as 'helpless', and the establishment of shelters for 'confined citizens', resonated perfectly with the karma ideology of Theravada Buddhism. Moreover, the citizenship status of disabled people in Thailand is ambiguous; should they be seen as state citizens who deserve the same rights as any other or should they be seen as non-state citizens, to whom the government should provide social welfare in the name of humanitarianism? (Kata, 2014; 2017)

It is clear that Thai government policies regarding disabled people and Theravada Buddhism's moral doctrines are intertwined and continue to reinforce one another in Thailand, a fact manifested in the Rehabilitation for Persons with Disabilities Act 1991. This act has been criticized by activists for the disabled in Thailand as representing a "law of compassion", one that resonates with *wethana* and mirrors Thai government policy, and which harks back to former policies aimed at providing social charity based on karma, rather than the establishment of a structure that promotes equal and fair

living standards for the disabled based on a human rights discourse and principles of human dignity.

Disabled People as Moral-Political Subjects

Over the years, the disability development program in Thailand has drawn heavily on the medical model of disability and biomedical concepts of disease and disability. In turn, the policy formation and decision-making processes have been based on quantitative information gathered from national household surveys. The concepts applied in these interview surveys to define who are disabled and what their needs are have proved to be narrowly and medically defined (Riewpaiboon & Blume, 2009). Moreover, the questions used in such surveys have tended to be quite specific and negative in tone, excluding many disabilities or degrees of disability. For example, “mentally retarded” and “insane” are usually used as the only cognitive disability categories, while “armless”, “legless” and “paralyzed” have tended to be the sole locomotion disability categories used. The restrictive nature of these questions might account for the very low number of disabled people reported in Thai censuses (around 0.3 percent) (King & King, 2011). Reviewing disability and rehabilitation issues in Thailand, Theeraphong Bualar argues that disability rehabilitation policies have been formulated based on a “top-down approach”. Therefore, views of disabled people have not been incorporated into the policy-making process, mainly because the government has always seen disabled persons as beneficiaries, instead of stakeholders. As a result, disability policy has been bureaucratized and the policymakers often believe they are helping disabled people, rather than working with them. Theeraphong states that at the heart of the top-down approach is the assumption that people with disabilities need and want to be cared for (Bualar, 2010).

Thailand's approach toward and policies related to disabled people have changed over time, with a struggle taking place in this globalized era between the Thai government and those groups representing people with disabilities to develop a meaningful understanding of disability and the disabled. The government has attempted to retain the same definition of disability, one based on the medical model, while disability groups have attempted to redefine disability based on a social model and human rights approach as influenced by international organizations and especially the WHO. According to the social model, disability is the result of social discrimination, something that prevents people with impairment from living independent lives. These advocacy groups have even fought for legal changes to be introduced and have created social movements to re-imagine the social representation of disabled people in Thailand, one which uses the politics of identity as a political strategy. Nevertheless, the Thai government has been able to use its power and ingenuity to monitor and regulate people with disabilities, and, in particular, disabled beggars and disabled people who work on the street as blind singers.

The Politics of Compassion

In 1991, after almost two decades of preparation, the Thai government finally promulgated the Rehabilitation for Persons with Disabilities Act ('the 1991 Act'), the first law to officially define disabled people and their rights. The 1991 Act was obviously heavily influenced by the medical model of disability, with the medical rehabilitation approach subsequently normalized. The 1991 Act contained the first explicit definition of a person with disabilities, defining them as "*a person with physical, intellectual, and mental impairment or abnormality*" (Rehabilitation for Persons with Disabilities Act, 1991), and so dropped the previous link between disability and social conditions. Later, the Ministry of Public Health

promulgated Ministerial Regulation 1994 No. 2 pursuant to the 1991 Act, breaking down disabilities into five categories: (i) *Impairment of vision*, (ii) *Impairment of hearing or communication*, (iii) *Impairment of physical ability or mobility*, (iv) *Impairment of mental ability or behavior* and (v) *Impairment of intellect or learning ability*. These five categories clearly and rationally described the characteristics of disability based on medical parameters. The law meant that disabled people would in the future be diagnosed and evaluated by specialized physicians, who would define the type of disability present and refer patients for further medical rehabilitation as necessary

However, more recent enactments of the 1991 Act have not only emphasized the human rights of a person with disabilities, but have also protected their right to receive rehabilitation. The changes stipulate that all public buildings and vehicles should be equipped with devices to facilitate access for disabled people and encourages employers and private entrepreneurs to employ qualified persons with disabilities under a ratio scheme. However, it should be noted that all these changes can be viewed as acts of charity, rather than as reflecting the protection of human rights among people living with disabilities.

Many disabled activists in Thailand argue that the 1991 Act, in which disabled people are defined according to medical criteria, as well as other, more recent legislation that reflects the rhetoric of *wethana*, are equivalent to “laws of compassion” that focus on providing charity rather than empowering those with disabilities (Boontan, 2000). They also say that cultural prejudices and social discrimination shown toward people with disabilities must be combated through legislation that guarantees human rights and human dignity (The Institute of Health Promotion for People with Disability, 2008). Therefore, after the military coup of 2006, the leaders of certain non-government organizations (NGOs) working on behalf of disabled people as members of policy-making committees during the drafting of a new

constitution proposed adding the word ‘disability’ to Section 30 of the new constitution to protect social discrimination against people with disabilities so that this section read as follows:

> *Unjust discrimination against a person on grounds of difference in origin, race, language, sex, age, disability, physical or health condition, personal status, economic or social standing, religious belief, education or constitutionally political view, shall not be permitted* (The Constitution of the Kingdom of Thailand, 2007).

The representatives of those NGOs advocating on behalf of people with disabilities explained that the reason why the word ‘disability’ was added to the Constitution of the Kingdom of Thailand 2007 was to reflect the fact that disability is not a physical condition or disease, but is instead based on both an individual’s personal attributes (physical and health) and the result of external factors, such as the barriers resulting from social and cultural prejudices. It was also argued that without the word ‘disability’ being added, disabled people in Thailand could not be confident that their rights and dignity as human beings would be protected and that they would not be discriminated against (The Institute of Health Promotion for People with Disability, 2007). The new definition of disability that was proposed was influenced by The International Convention on the Rights of Persons with Disabilities and was supported by all the relevant interest groups and associations working on behalf of people with disabilities, who also urged the government to adopt the convention.

In 2007, the 1991 Act, a “law of compassion” according to disabled activists in Thailand, was revised and presented as The Persons with Disabilities Empowerment Act 2007 (‘the 2007 Act’). This law, which was created in response to a social reform movement led by disabled activists

representing the rights of disabled people, is based on a strategy of politics of identity and human rights discourse, both of which have been influenced by international organizations, especially the WHO, and global legislation, in particular, the International Convention on the Rights of Persons with Disabilities. The social model of disability has also been promoted since this law was introduced, to motivate the political and social movements influenced by the politics of identity in Thailand. Disabled activists have said that the social model is important, not just because it highlights what needs to be changed in terms of the barriers, cultural prejudices and social discrimination faced by people with disabilities, but also because it provides the basis for a stronger sense of disabled people's identity (Petkong, 2005). The 2007 Act clearly reflects an international emphasis on a social model. For example, the new definition of those with disabilities no longer implies physical abnormality, impairment or disease as specified by the medical model, nor individual sins committed in a previous life as influenced by the karma ideology of Theravada Buddhism. Instead, the new definition relates to social discrimination, social exclusion and/or physical and environmental barriers that impair or prevent disabled people from being able to live independently. According to Section 4 of the 2007 Act:

> *Persons with disabilities mean persons who encounter certain limitations in performing their daily activities or social participation due to their impairment in vision, hearing, mobility, communication, mind, emotion, conduct, intellect, learning or any other impairment along with various difficulties, and specially need some assistance to enable them perform their daily activities or social participation same as ordinary persons* (Persons with Disabilities Empowerment Act, 2007).

Moreover, the human rights approach is also clearly alluded to in the section entitled the Promotion and Development of Life Quality, which is identified as the:

> *Rehabilitation of disabled persons, provision of welfare, promotion and protection of their rights, support, of their autonomy, human dignity and equality same as others, their full and efficient social integration under the environments accessible and usable to them* (ibid: 8-24).

However, based on the politics of identity strategy and on human rights discourse, people with disabilities who look like beggars are ignored by the Thai social movement because they do not conform to the country's emancipatory political agenda, one set-up by disabled activists. For example, the Thai Association of the Blind tries to persuade blind singers busking on street corners in Bangkok to sell lottery tickets or to become traditional Thai massage providers, the aim being to change the social representation of disabled people in the wider Thai society. The idea behind this is to prevent disabled people from acting like beggars waiting for others to offer philanthropy or objects of charity based on karma and *wethana*.

Although the 2007 Act mainly aims to change the focus of the government's ideology from the provision of charity to the protection of human rights, and from rehabilitation to empowerment, government policies pertaining to people with disabilities still contain elements of the old, charity-provision ideology. An explicit example of this is the subsistence allowance given to disabled people since 2010, which the government encourages disabled people to apply for. By registering with the relevant authorities in their residential area, disabled people can receive a monthly payment of THB 500. This program was introduced to resolve the problem of not having any

accurate statistics regarding the number of disabled Thai citizens, as the government expects the program to help populate its database of registered disabled people resulting in more effective policymaking (The Institute of Health Promotion for People with Disability, 2010). This approach has been criticized by activists for the disabled and by Thai scholars as being a clear indicator that the Thai government is heading back towards the old ideology based on charity since they would rather see the budget used to provide social welfare to the disabled. Furthermore, this approach is also viewed as political propaganda used by the government to garner support from the general population (ibid: 22-27).

The Beggar Control Act as a Technology of Surveillance

Recent Thai governments have continued to use surveillance on and apply regulations to disabled people, although using different political mechanisms than previously. During the nation-building era, and subsequent to the Beggar Control Act of 1941, people with disabilities who acted like beggars in Bangkok were viewed as causing social and moral disorder and so needed to be confined to government-run shelters specifically established to train such people to be good citizens. In recent times, Thai governments have used a more ingenious power mechanism to continue their surveillance of the disabled, encouraging people with disabilities to register with the responsible authorities in order to become 'legal' beggars in the city.

The social movement set up on behalf of disabled people was formed when a number of associations working with the disabled called for the National Legislative Assembly of Thailand to consider revisions to the Beggar Control Act of 1941, proposing that the key clauses related to the prohibition of begging activities should remain, but that "freelance street performers" (in Thai, *wanipok*) such as blind singers and musicians, be clearly separated from this definition. Under this proposal, freelance street

performers who wished to perform in public areas would have to contact the relevant local authorities for permission and then would be entitled to receive the appropriate care, protection and empowerment offered by the government. Those who could not work and fend for themselves, such as beggars, the elderly, people with disabilities, the mentally impaired and the sick, would be referred to government-run shelters. Beggars who did not fall into any of these categories would have to contact employment officers for further assistance.

However, after the election of 2008, these proposed revisions to the Beggar Control Act were not passed by the new government, and instead, the Ministry of Social Development and Human Security put forward a different version, which was then approved by the new cabinet. Under the new Beggar Control Act, as drafted by the government authorities, those who wished to become beggars would have to register with the local authorities and meet the following criteria:

> *Citizens of the Kingdom of Thailand: Persons with either physical and mental impairment which limit the choice of career by which to earn a living; elders without a caretaker; and homeless people who cannot earn enough money to survive*.

Moreover, this act also included punishments for those who sought to take advantage of beggars, such as gangsters who could cause problems for others and society.

The proposed law was vehemently opposed by groups representing people with disabilities, as well as Thai scholars and social activists, because they found the sentence "*those who wish to be beggars shall be persons with disabilities"* offensive, as it showed that the government would not provide opportunities for disabled people to access alternative occupations.

In other words, the proposed law completely ignored the human dignity of those with disabilities by forcing them to become beggars. In addition, it was felt that the beggar registration process would result in an increase in foreign begging gangs or human trafficking rings being formed throughout the country (The Institute of Health Promotion for People with Disability, 2009). Government officers at the time stated that the main reason for the beggar registration process being introduced was to control beggars and determine the precise number of beggars in the big cities (The Institute of Health Promotion for People with Disability, 2009: 44). The issue of foreign begging gangs and human trafficking rings, which had spread throughout Bangkok and other big cities in the country, was to be addressed by the changes to the previous act, namely that to become a qualified beggar you had to be a citizen of Thailand.

Although the Thai government has since enacted the 2007 Act, the aim of which is to eliminate cultural prejudice towards the disabled, and in particular, the reliance on karma ideology and the rhetoric of *wethana*, plus to enhance disabled people's quality of life and their legal rights, it has become apparent in recent years that the laws are limited. In reality, some Thai government policies towards disability contradict what is in the latest legislation, such as providing monthly stipends to disabled people. Added to this, the political ideology espoused by the Thai government has remained unclear on matters related to the disabled, particularly in terms of whether to offer them charity or empower them. One example of this has been the unsuccessful attempt to form a social movement as supported by the Thailand Association of the Blind, the aim of which is to distinguish 'beggars' from 'blind singers' and to treat the singers as freelance street performers.

Discussion and Conclusion

This article describes the politics of compassion that is used in Thailand to evaluate humanity and give specific values and meanings to human life, and, in particular, disabled people's lives. This moral-political form represents an interrelation between two kinds of doctrine: *neo-liberalism* and *institutional morality,* which are rooted in different philosophies, but reinforce one another. Neo-liberalism views modern subjects as 'agencies' who have freedom and autonomy, meaning that any disabled people who oppose this moral-political ideology are labeled as "vulnerable subjects" and classified as helpless people (Scully, 2014). The institutional morality created by Theravada Buddhism, which incorporates karma ideology, believes that being born disabled represents retribution for sins committed in a previous life. According to this moral doctrine, disabled people are passive objects worthy only of pity and who should simply wait for assistance from others. In other words, the politics of compassion framework in Thailand is the result of a mixture of specific cultural meanings related to disability as influenced by Theravada Buddhism, karma and the rhetoric of *wethana*, and also the political framework in modern Thailand, which is based on neo-liberalism.

Within this political framework, people with disabilities are excluded through a double movement of inclusion-exclusion, carried out in the name of political neutrality, humanitarianism and moral reasoning, along with Thai ethical obligations that allow various technologies of power to work, to render borders irrelevant in the name of a higher moral injunction and to prevent and relieve the suffering of others. Furthermore, within this 'politics of compassion' framework, people with disabilities in Thailand have become 'ambiguous citizens', as they are neither recognized as fully-fledged citizens with a corresponding set of legal rights, nor are they non-citizens for whom the state will only provide humanitarian assistance.

The political and social movements for persons with disabilities in Thailand mainly aim to change the focus of the Thai government's political ideology, from the provision of charity to protecting people's human rights, and change the approach from rehabilitation to empowerment. Although the movement seems to have had some qualified success in helping introduce a new definition of disability and disabled under Thai law, these efforts seem ironic as they continue to reinforce a system of exclusion enforced upon persons with disabilities. While trying to free persons with disabilities from the limiting definitions of the past, the movement has ended up reinforcing the Thai government's categorization of persons with disabilities based on a system of compulsory able-bodiedness. Being able-bodied means being capable of the normal physical exertions required in a particular system of labor (McRuer, 2006: 8) and is based upon on the 'proper body' regime inherent in modern Thailand. This means that the movement has implicitly accepted the norms related to abnormal bodies used by Thai society to define people with impairments. In addition, the movement has ended up reinforcing the dualism of the social model that makes a distinction between impairment as a biological dysfunction and disability as process of social exclusion.

It can be argued that the impairment concepts used in Thailand represent not a state of neutrality without history or pre-social existence, but rather a composite of bio-politics, the historical legacy of a political ideology and the biological discourse used by Thai governments during each era. The product of this composition fits perfectly with Thai institutional moralities drawn from Theravada Buddhism. In the social model's dualism there is no pure or naturally impaired body and an impaired body is not naturalistic and has, in essence, a pre-social and ahistorical existence which is free from bio-politics, and thus, exists outside of discourse (Thomas, 1999; Tremain, 2001;

2002). In Thailand, biological discourse and institutional moralities have co-created a regime based on proper bodies of citizens.

Moreover, even though the strategy of a politics of identity aims to create a collective identity for people with disabilities, such strategy ends up conforming to the medical model approach because what distinguishes the identity of such people from any other group is still the nature of their impairment. Inevitably, this aligns with the very model (the medical model) that the social model and human rights discourse attempt to deny because the movement regards impairment as having the same philosophical foundation as the medical model, which views impairment as a biological entity (Bickenbach et al., 1999: 1182). In a similar vein, Bill Hughes and Kevin Paterson (1997: 330) state that although the social model seems to struggle with the medical model, in fact, these two models share the same philosophical platform, one that sees impairment as a biological entity. Furthermore, Marian Corker (1999) applies the "deconstruction" of Jacques Derrida to criticize the dichotomy of the social model, which distinguishes between impairment and disability. Corker asserts that this dichotomy co-exists and cannot be separated as dualism. Although the social model seeks to deny that it is similar to the medical model, both models accept impairment as representing "biological foundationism"; both models view impairment as a natural state that can be objectively established, free from the biological discourse of biopower. Corker further insists that stable conditions and natural states of impairment based on the biological foundationism that the social model uses act in opposition to its political agenda. However, defining impairment based on biological foundationism, which views the impaired body as a stable and natural condition, seems to ignore the fact that people who live with impaired bodies have many varied experiences within their social life. Therefore, by necessity, the political-social movement based on identity and influenced by the dichotomy of the social

model, which needs to make a clear definition of people with impairment in order to overcome the complexities of their experiences and build collectivity, has to reinforce its opposition to the medical model by gathering all people with impairment into the same group. This implies that the social model accepts the concept of an abnormal body, which Thai society itself uses to define people with impairment.

Therefore, the political-social movement as a political strategy, rooted in the politics of identity and minority group approaches, reinforces the characterization of persons with disabilities created by the bio-politics from the beginning, while also reinforcing the system of exclusion constituted by modern Thailand and the institutional moral doctrines emanating from Theravada Buddhism, all of which the movement initially sought to challenge. Under a form of identity politics, based on biological foundationism and the dualism of the social model, bodying experiences disappear and the opportunity to mention the complexity of bodily sensations under a system of exclusion is lost (Desjarlais, 1992: 29; Hughes and Paterson, 1997: 335). In other words, we can no longer understand the body as the source of existence that generates and shapes subjectivities in a specific mode of being-in-the-world (Csordas, 1990; 1993; 1994).

The Thai social movement may have tried to bring 'legal citizenship' to persons with disabilities; however, it did not bring 'humanization'. The humanization desired by people living with disabilities cannot be formulated by regulations because it involves the relationship between people with disabilities and other people in society on an everyday level. Furthermore, Reinders (2008) suggests that the social and political movement for people living with disabilities, which depends on a human rights discourse, has not been sufficient because the rights of persons with disabilities will only be effectively safeguarded when supported by other ethical obligations not directly related to those rights, such as the principle of 'friendships'. For

example, people with disabilities may have human rights as specified in law, but they will still require assistance from others in order to carry out their daily activities and this assistance cannot be claimed through legislation since such assistance depends on 'others' being prepared to assist them. Therefore, 'citizenship' and 'humanization' of persons with disabilities are not equivalent concepts.

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