4 The birth of disabled people as ‘ambiguous citizens’

Biopolitics, the ethical regime of the impaired body, and the ironies of identity politics in Thailand

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Introduction

I remember well the day I first met Sak, a blind man in his 50s who earns a living as a singer in the streets of Bangkok. Our meeting took place at a market in a large government agency compound, which houses many government offices. As Sak sang, he periodically bent his head down, as if shy. He was holding a microphone in his right hand and a small wooden donation box in his left; on his back he was carrying a shabby-looking loudspeaker. At the end of Sak’s working day, I interviewed him and Thida, his wife.

‘Coming out to sing like this, are you not scared of being arrested by the social welfare officers or the city police officers?’ I asked Sak, posing a question to which I had been curious to know the answer. He responded, ‘I have never been arrested, but many of my friends have. Those who are arrested and thrown in a “public welfare shelter” are mostly accused of being “homeless beggars”, an illegal activity. If no relatives bail such people out, they may be stuck in a shelter for a long time. My friends tell me that it is very scary there.’ Sak paused, as if thinking of something. ‘At the shelter the fence is very high, and buildings separate the men from the women. When it is bedtime, the lights are switched off, and the attendants at the shelter drag their batons along the floor while patrolling and counting those staying there. They always keep their ears open, to hear if anyone dares to answer back, and if someone does, that person is beaten.’

He then told me that a few years before, the governor of Bangkok had launched a policy to “sweep up” the homeless people and the foreign beggars in Bangkok. However, blind singers found walking on pedestrian walkways or stationed on pedestrian bridges were also arrested by the officers. Sometimes, when the officers came to arrest groups of foreign beggars at the apartment blocks where the blind singers also lived, the blind singers were also arrested. Sak referred to this as the ‘arresting era’.
I planned to interview Sak and his wife again when I returned to meet them the next week. Unfortunately, I was unable to locate Sak and his wife at the market on the following Wednesday, nor any Wednesday after that. I did not know why they changed their location. I coincidentally met them many months later at a Monday market at a university campus. One day, a few months after we had reconnected, Thida revealed the reason why they had not returned to the Wednesday market where I first met them:

Sak thought you were a social welfare officer or a city police officer in disguise, trying to obtain information or secrets about *wong gan kon taa bot* [the blind people’s society], so he was scared of being arrested and sent to a public welfare shelter again. He was arrested once when he was a teenager. I am not sure if the story he tells of the shelter is about his friends or actually his own experiences, that he was violated and suffered a lot.

Sak’s suspicion was the result of the biopolitical changes that have taken place during recent years in Thailand; Didier Fassin calls this ‘the embodiment of history’ (2007) or ‘the embodiment of the past’ (2008).

This article is based on ethnographic fieldwork that I conducted among blind singers and musicians working on the streets of Bangkok between 2010 and 2011, as well as analysis of documents and interviews with representatives from governmental and nonprofit organizations in Thailand. My research documents a system of ethics that governs how the Thai population deals with people with disabilities, and how this system is related to a transformation in Thai state policies and the country’s economic and political context, as well as the discursive power of international organizations and the beliefs held by Theravada Buddhists. Due to this system of ethics, people living with disabilities are treated as political subjects and problematized as moral–political subjects. The Thai state categorizes disabled people in such a way so as to actually facilitate and guarantee their exclusion from society, in a contradictory form of inclusion–exclusion (Agamben, 1998), and in order to maintain a status quo in which good citizens are those with healthy, fully functioning bodies. Perhaps not surprisingly, this biopolitical inclusion–exclusion used by the Thai state—which places disabled people in the same category as homeless people, beggars, and prostitutes, all of whom should be confined to government-run shelters—conforms perfectly with the ideology of karma and the rhetoric of compassion used by Theravada Buddhism. According to this ideology, disabled people should be hidden within the home and wait for assistance, as objects of charity, in the name of humanitarianism and rhetoric of *ve-tha-na* (feeling of pity).
In this politics of life, people with impaired bodies become ambiguous citizens, as they are neither fully fledged citizens who deserve rights and recognition, nor are they noncitizens to whom the state can only provide humanitarian assistance. Moreover, their impaired bodies are viewed as ambiguous also, as they sit somewhere between the definitions of able bodied and disabled bodied, between fully productive, able-bodied citizens and non-productive, disabled citizens. Related to this are certain ironies inherent in the political struggle for humanitarianism among disabled people in Thailand—people who define their citizenship in terms of their legal rights, based on the politics of identity and human rights’ discourses.

Part I: The civil body project and biological discourse

During the Thai state’s nation-building era (1938–1957), disabled people did not fit into the new political order. The asymmetrical body of a disabled person did not conform within a system of nationalism whose key principle was based on a biological notion of a pure ethnic Thai race, which was thought of as the core of national identity and unity. A disabled body was considered not fit for military service and uncivilized in a civilized, nation-building era. Thus, disabled people were obstacles to the new political order, impeding the liberal-democratic nation in its quest to eliminate all traces of the former monarchical regime.

After the revolution that toppled the monarchy in 1932, the modern Thai state, by then under a new liberal-democratic regime, paid more attention to the biopolitics of the population. This was especially the case during the administrations of Field Marshal Por Pibunsongkhram, who was Thailand's prime minister for two terms, from 1938 to 1944 and again from 1948 to 1957. Under the Pibun regime, the Thai government attempted to cultivate and disseminate a new political, cultural, and ethical standard among its citizens (Suwannathat–Pian, 1995, pp. 102–151). Such sociocultural reforms were intended to transform ideologies and reshape the minds and habits of Thai people (Kawinraweekun, 2003; Puaksom, 2007), and were essentially centred on the bodies of its citizens. Davisakd Puaksom (2007, p. 176) states there were differences between the bodily ideologies of the old monarchy’s regime and the new regime of the liberal-democrats. The new regime not only applied medical knowledge in order to maintain a focus on the body itself, but also used disciplinary power to control the minds and behaviours of the population in all aspects of everyday life.
A state decree, Ratthaniyom, which came into effect in 1939, was issued to change certain aspects of everyday life in Thailand—the way people dressed, ate, slept, and worked, not only to promote the country as a civilized nation, but also to cultivate a new ethic of ‘Thai-ness’ in the minds of the country’s citizens (Suwannathat-Pian, 1995, p. 113; Kasetsiri, 2008, pp. 193, 200–201, 212–213). Ratthaniyom no. 10 demanded that Thai citizens divide their 24-hour schedule into three periods: work/normal activities, recreation, and sleeping. It also stipulated that people must not eat more than four meals a day. There was a one-hour break allowed for lunch, and people were to spend at least one hour exercising after work. The law also said people should sleep for six to eight hours a night, and spend their weekends doing activities that were good for both their bodies and minds (Puaksom, 2007, pp. 191–192).

Under the Pibun regime, nationalism was strengthened through the promotion of a ‘national identity’ and the creation of an imagined community of Thai-ness, both of which were based on a biological discourse in which the supremacy of the Thai race would lead to the destruction of other minority ethnic groups, inside or outside the country (Suwannathat-Pian, 1995, p. 106; Kasetsiri, 2008, pp. 185–186). This trend could also be seen in the art world, in which paintings and sculptures became more realistic and focused on lean, healthy, muscular, and strong bodies that matched the ideology of the nation-building programme (Prakitnonthakarn, 2009). It is clear that during this period, the image of a healthy body became inextricably linked with the identity of a good Thai citizen. According to the Thai nation-building ideals at the time, unemployed and homeless people were a hindrance; the government compared such people to parasites on the human body, as not only useless but also destructive (Puaksom, 2007, p. 193).

Eugenics was a key concept adopted by the government in order to control the quality of the population and to create new and improved future generations. Creating a population strong and healthy enough to become a productive labour force for the state’s manufacturing sector was deemed essential to the nation-building process. As a result, all citizens with hereditary or contagious diseases, or with disabilities, became citizens to be controlled, in order to prevent the infecting of new generations. Taking care of these people with diseases or disabilities was characterized as an ongoing burden for the government (Kawinraweekun, 2003, p. 31). According to the new ethical regime regarding the biopolitics of the population in Thailand, disabled people would become ‘biological citizens’ (Rose and Novas, 2005), with their citizenship linked to a biological discourse within Thai politics.
Social work as a technology of power

Under Pibun and his nation-building programme, not only was medical knowledge used to ensure future generations of capable and productive citizens, but social knowledge was also used to manipulate the bodies of citizens seen as ineffective and unproductive, and, therefore, unable to contribute to building the nation.

The Social Work Programme was developed in the belief that the well-being of the population depended upon social security. The Thai government at that time viewed social workers as a key tool in implementing policies that would take the country into the future, and created a training programme for them (Chotidilok, 1997, p. 451). Social workers were told to focus on and seek out particular target groups that the government considered helpless and therefore problematic (Poshakrishna, 1986, p. 44), namely the poor, the homeless, beggars, and people with disabilities. The rhetoric of compassion emanating from Theravada Buddhism supported the idea that social workers should help disabled people, based on humanitarian goals. One can see that both Buddhism and the Thai government viewed people with impairments as objects of charity.

At that time, the number of homeless people and beggars in Bangkok increased, and this was thought to negatively affect the population in general, obscure the civilized aspect of the nation's culture, and hinder the government's efforts to create a strong, disciplined, and progressive society (Department of Social Welfare, 1990, pp. 102–103). After establishing the Department of Social Welfare in 1940 to assist helpless people, the Thai government enacted the Beggar Control Act in 1941, which 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 should therefore be placed in government-run shelters.

Thailand's first government-run shelter was established in compliance with the Beggar Control Act in 1941 to accommodate those arrested by police officers for begging on the streets of Bangkok (Department of Social Welfare, 1981, p. 146). The shelters were essentially asylums into which beggars, the homeless, and the disabled were thrown, along with various other troublemakers and undesirable people. Such people were therefore kept from society, and prevented from causing disorder in it, though they were given the opportunity to learn new and desirable skills, enabling them to return to society as good, well-functioning citizens.

In Agamben's terms (1998, 2005), we can say that the government-run shelters in this era were constructed as 'states of exception'. Inside the
shelters, helpless and homeless people remained under the constant surveillance and regulation of the state. These people became ‘bare life’: subjected to a mixture of biopower by the modern Thai government and the moral doctrines of Theravada Buddhism. Their bodies formed the threshold between the biobody and the politicized body, or which Agamben called ‘zones of indistinction’. Their bodies were excluded by means of inclusion, through the power of state mechanisms and the supervision of Thai government officers, or in other words through the use of ‘exclusive inclusion’. By placing people with disabilities in these shelters, the modern Thai state was effectively classifying people living with impairments as ‘abandoned citizens’, just like beggars, prostitutes, and the homeless.

Sak’s tales of life inside the shelter and the power that government officers have over those who reside there clearly reflects the bare life experienced by people with disabilities at the hands of the modern Thai government. Life in the shelters underlines the ambiguous status of the disabled population and questions whether the disabled are valued by the country or not. If people with disabilities are not acknowledged as citizens, the government need only provide social welfare based upon moral reasoning. That is, humanitarianism and in the name of ve-tha-na. The social work programme employed by the government during the nation-building era can be seen as reinforcing the view that disabled people are objects of charity.

Both the Beggar Control Act—which categorizes people with disabilities as ‘helpless’—and the establishment of shelters for those ‘confined citizens’, resonate perfectly with the karma ideology of Theravada Buddhism. In Buddhist teaching on karma, disability is believed to be an individual tragedy and payback for bad karma accumulated in a previous life (or in previous lives). This belief requires disabled people to pay back their karmic debt as objects of charity, rather than being capable of actively earning merit and escaping their karmic destiny of being disabled (Riewpaiboon and Blume, 2009, p. xx). This view is confirmed by Kulapa Vajanasara’s (2005) review of popular literature from the era, which shows that the image of disabled people in Thailand was one of impairment resulting from sins committed in a former life; the disabled were depicted as helpless people who cannot do anything without the help of others, and as passive objects of charitable action. According to karmic ideology, people with disabilities should be hidden within the home as a family stigma, and should passively wait for assistance. There is no doubt that this Theravada Buddhist idea of disabled people as hidden objects is mirrored in Thai state ideology, in which disabled people should be confined citizens.
Disabled people as a human resource

Between 1970 and 1980, the Thai state was greatly concerned by the increasing number of people with disabilities. Disability was considered to be an outcome of industrialization, and was often referred to as the modernization disease. The government expressed real concern about the effect that the increasing number of disabled people might be having on the economy and on society as a whole (Office of the Prime Minister, 1980, p. 1). In other words, the government sought to reduce its financial burden of caring for the disabled. Both medical and technological knowledge were employed in the 1970s in order to bring disabled people back into the workforce, as a valuable human resource for the industrialization and development era (1957–1987), and simultaneously to enhance both social and economic security.

This was a clear change in the Thai government’s perception and treatment of disabled people. While they had been considered helpless or as disabled bodies during the nation-building era, in the new era of industrialization they were considered able-bodied and a potential resource that could be rehabilitated in order to join the manufacturing workforce. Through improvements in medical technology and rehabilitation techniques, people with disabilities were not only able to work and to look after themselves, but were also no longer seen as a burden on the state and their families (Office of the Prime Minister, 1980, p. 2).

During this period, the normalization medical model was applied to clarify the definition of disability, as well as to suggest approaches for prevention, treatment, and rehabilitation. For example, in 1976, a person with a disability was defined as ‘a person with physical and/or mental impairment(s) who is unable to practice daily activities, study, and work as other people do’ (Administrative and Legal Committee, 1976). The 1981 United Nations’ declaration marking the International Year of Disabled Persons heralded a significant turning point in the Thai state’s ideology and policies formulated with respect to people with disabilities. Following the UN declaration and influenced by the International Association of Persons with Disabilities as well as the World Health Organization, the Thai government produced a long-term plan for the rehabilitation of disabled people within four main areas: medicine, education, vocation, and society (Board of Event Organizers for International Year of Disabled Person, 1983, p. 113). Although each area was implemented differently, they shared the goal of ensuring that all disabled people became an active part of the industrialization process and could contribute to the development
of the country, thus lowering the national economic and social burden. It is clear that while people with disabilities during the nation-building era had been regarded as obstacles to the formation of a civilized nation, during the industrialization era, people with disabilities were viewed as potential resources for economic growth.

Disability as a metaphor for moral disorder and urban problems

During the industrialization era, disability was divided into three categories: physical, mental, and social. No longer was disability the result of bad karma, but rather the result of various medical issues. Physical disability included visible physical disabilities and chronic illnesses resulting in some degree of body malfunction; mental disability included mental illness and intellectual retardation; and social disability included inappropriate and/or abnormal behaviour, such as prostitution, begging, troublemaking, and crime. The government considered socially disabled people to be selfish, in that they created problems instead of being valuable members of the workforce and contributing to the economy (Social Welfare Division, 1983a, pp. 371-385).

As a result, social disability was seen as a symbol of social and moral disorder, particularly with regard to the social problems found in cities, and especially Bangkok. During this period, large numbers of people migrated from rural areas to Bangkok looking for work and a better life, and the government feared that these people, along with the disabled, would add to social problems in the city. Disabled people were often poor and uneducated, so the government assumed they would also be more likely to commit crimes and/or be more easily induced to commit violence (Theerabutrara, 1983, pp. 102–103). It might seem irrational to believe that disabled people would become big-city criminals, but this conclusion apparently reflected the inherited ideology of the time, that disabled people were vulnerable subjects.

During this period of rapid growth in Bangkok, people with disabilities were still placed in the same categories as the worst social and moral offenders: the homeless, beggars, and prostitutes. As a result, the Thai government established vocational training centres for people with disabilities in many provinces, in order to prevent rural disabled people from migrating to Bangkok and causing social problems and moral disorder (Social Welfare Division, 1983b, pp. 149–150).

At this time, disabilities were understood as medical conditions, and the government believed that advancements in medical technology and the effectiveness and efficiency of medical rehabilitation could restore
disabled people to the ranks of the working and able-bodied. However, the Thai government encountered a significant obstacle when it tried to implement a long-term plan for people with disabilities: the lack of accurate data concerning the number of disabled people in Thailand. This lack of data was a product of the ideology inherited from the nation-building era, which viewed people with disabilities as ambiguous citizens—neither citizens nor non-citizens—and so not counted. In addition, there were no regulations in place for people with disabilities, making it difficult to direct the implementation of the plan (Board of Event Organizers for International Year of Disabled Persons, 1983, p. 120).

Thus, in the era of industrialization, while disabled people remained ambiguous, they were given the additional and contradictory baggage of being considered both human resources and citizens at risk of causing social problems, and, therefore, useless in terms of productivity. Their ambiguity was reinforced by the fact that they were still placed in the same category as the homeless, beggars, and prostitutes, meaning that they too should be confined to shelters, rehabilitation centres, and vocational training centres. What’s more, the medical definition of disability as an individual tragedy continued to go hand-in-hand with the karma ideology of Theravada Buddhism. Disabled people living in this era embodied the contradiction between the karma doctrine’s perception of the disabled body as an object waiting for assistance, and industrialization’s demand for productive subjects. It is clear that the biopolitics practiced by the Thai state and contained within Theravada Buddhist beliefs were still intertwined and continued to reinforce one another, as would become manifest in ‘the laws of compassion’ introduced in the next decade.

Part II: The politics of compassion

In 1991, after almost two decades of preparation, the Thai state finally promulgated the Rehabilitation for Persons with Disabilities Act, the first law to define disabled people and their rights. The act was heavily influenced by the medical model of disability and a subsequent normalization of the medical rehabilitation approach. It defined a disabled person as ‘a person with physical, intellectual, and mental impairment or abnormality’ (Rehabilitation for Persons with Disabilities Act, 1991, pp. 18-28), thereby dropping the previous link between disability and social conditions.

Today, advocates for the disabled argue that the act and more recent legislation reflecting the humanitarian goals of Theravada Buddhism are
equivalent to ‘laws of compassion’, which aim to provide charity rather than empower those with disabilities (Boontan, 2000, p. 65). Advocates for disabled people say that prejudice and discrimination towards people with disabilities must be combated through legislation that guarantees their civil rights (Institute of Health Promotion for People with Disability, 2008, pp. 34–37). After the military coup of 2006, the leaders of certain nongovernmental organizations (NGOs) working for disabled people—as members of policymaking committees during the drafting of a new constitution—proposed adding the word ‘disability’ to Section 30 of the new constitution to disallow social discrimination against people with disabilities (Institute of Health Promotion for People with Disability, 2007, p. 8). Watchara Riewpaiboon (1999, p. 27), a Thai scholar who has participated in the fight against discrimination towards disabled people, argues that advocates for disabled people realize, through experience, that only equitable laws will ensure equal rights for people with disabilities in Thai society. Their fight seemed to bear fruit—sixteen years later, the act was revised and presented as The Persons with Disabilities Empowerment Act, 2007.

This revised act, which was created through a social reform movement led by NGOs representing the rights of disabled people, is based on a politics of identity strategy and a human rights discourse, both of which were influenced by international organizations, especially the World Health Organization and the International Convention on the Rights of Persons with Disabilities. Activists emphasized that a social model of disability was important, not just because it highlighted what needed to be changed in terms of the barriers, prejudices, and discrimination faced by people with disabilities, but also because it provided the basis for a stronger sense of identity (Petkong, 2005). The 2007 act clearly reflects the international emphasis on the social model. For example, the new definition of persons with disabilities no longer implies physical abnormality, impairment, or disease as invoked by the medical model of disability, nor individual sin committed in a previous life as influenced by the karma ideology of Theravada Buddhism. Instead, the new definition relates to social discrimination and/or physical environmental barriers, those that impair or prevent disabled people from being able to live independently (Persons with Disabilities Empowerment Act, 2007, pp.8-24). However, based on the identity politics and human rights discourse, people with disabilities who look like beggars are ignored in the act of 2007 because they do not conform to the emancipatory agenda for disabled people in Thailand set by rights activists. For example, the Thai Association for the Blind has persuaded
blind singers busking on street corners in Bangkok to sell lottery tickets, or to become traditional Thai massage therapists, with an aim of making them independent rather than begging and relying on philanthropy.

The ironies of the politics of identity

Although the politics of identity for disabled people in Thailand mainly aims to change the focus of the Thai government’s ideology from the provision of charity to the protection of human rights, and from rehabilitation to empowerment, and although the movement seems to have had success driving forward new definitions under Thai law, I believe the political movement is ironic in and of itself. While trying to free disabled people of the state’s limiting definitions, it has ended up reinforcing a categorization of disabled people that is based on a system of compulsory able-bodedness, where being able-bodied means being capable of the normal physical exertions required in a particular system of labour (McRuer, 2006, p. 8). In addition, the movement reinforces the social model’s dualism of impairment—which includes individual, physical and embodied experiences—and disability—which includes socially imposed disadvantages arising from cultural attitudes, the structural organization of institutions, and the design of public spaces (Corker, 1999).

I argue that the concept of impairment in Thailand is a construction of biopolitics, a historical legacy of Thai state ideology and biological discourse from each preceding era, reinforced by karmic doctrines and the rhetoric of compassion arising from Theravada Buddhism. Moreover, though the politics of identity strategy aims to create a collective identity for people with disabilities, it ends up conforming to the medical model, because what distinguishes the identity of such people from any other group is still their level of impairment. Inevitably, this aligns with the very medical model that the social model and human rights discourse attempt to counter (Bickenbach et al., 1999, p. 1182).

Conclusion

The social model for understanding disability is weak in that it regards an impaired body to be a neutral phenomenon, while disability is a social construction (see Abberley, 1987; Barnes, 1991; Oliver, 1990). There is no pure or natural body: the impaired body has no pre-social and historical existence free from biopolitics; it does not exist outside of discourses (Thomas,
On the contrary, impaired bodies are the product of both certain technologies of power and a biological discourse introduced by the modern Thai state, a product that conforms perfectly with institutional moralities drawn from Theravada Buddhism. Impairments are not only a biological fact, but also a discursive product, similar to the notion of sex. It is an effect rather than an origin, and a performance rather than an essence (see Haraway, 1991; Butler, 1993). For this reason, I also criticize the social model, which is strongly influenced by the historical-materialist philosophies of neo-Marxism, and which views power from the perspective of juridical conception—constructed as a fundamentally repressive force, and possessed by a centralized external authority such as a social group, a class, an institution, or a state, which reigns over others (Tremain, 2005, p. 9).

I argue instead for a post-structuralist approach, as influenced by the work of Foucault, who conceptualizes power not within individuals or social structures such as an institution, group, elite, or class in the historical-materialist sense of neo-Marxist philosophy, but instead operating in the everyday discourses of people (Foucault, 1978, 1982; Foucault and Gordon, 1980); it endeavours to control and monitor the social lives of people with impaired bodies, as has been the case on the modern Thai state era, in which contemporary biopower has left disabled people in the unenviable position of being considered ‘ambiguous citizens’.

Acknowledgements

This article was enriched by the conversations and discussions I had with Professor Stuart Blume, and Professor Bernhard Hadolt also played a significant role revising and editing my text. I am also extremely grateful to the Ford Foundation in Thailand for granting me a doctoral fellowship for the research on which this article is based.

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