TRANSITIONAL PROCESS TO INDEPENDENT LIVING OF PERSONS WITH PHYSICAL DISABILITIES

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ABSTRACT

The objective of this research was to study the transitional process to independent living of physically disabled people in two patterns, which were : 1) passing through transition with training, and 2) without training. The process of transition was studied in 4 dimensions: 1) mental and psychological dimensions, 2) a behavioral dimension, 3) social and family dimensions, and 4) an environmental dimension. This qualitative research was conducted in role model groups of disables who achieved independent living following the two groups of patterns mentioned above. There were 4 people in each group. The data were collected by various methods such as home visits, in-depth interviews, life history studies, and observation. Data analysis was performed by content, environment, and facility analyses. The results of the research indicated that the process of transition to independent living was formed by multiple processes, which involved the acceptance of disability, the rethinking process, adaptation for disability, empowerment, goal setting by themselves, skill training for their goals, and working to achieve the target goal. The appropriate environment and facilitating equipment included family and social support, which were essential factors for their transition. The goal achievement processes helped them to discard despair as well as to restore their confidence and self esteem for independent living. Both groups had different processes. The group provided with training had a process of peer counseling and skill training by disabled role models, but the group without training had a process of crystallization of thinking and re-thinking by themselves, since they received opportunities to take on new roles with their disabilities. The disabled organization and society helped them to take on new roles continuously. In conclusion, independent living is the goal to be attained and trained for no matter how severe the disability is. It is a continuing challenge, in the Thai social context, to proudly bring the disabled person back into society with a life that has value.

KEY WORDS: TRANSITION /PHYSICAL DISABILITY/INDEPENDENT LIVING

228 pages

กระบวนการเปลี่ยนผ่านสู่การดำรงชีวิตอิสระของคนพิการด้านการเคลื่อนไหว
TRANSITIONAL PROCESS TO INDEPENDENT LIVING OF PERSONS WITH PHYSICAL DISABILITIES

สายสุนีย์ ทับทิมเทศ 4836865 SHPE/D

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คณะกรรมการที่ปรึกษาวิทยานิพนธ์: ศุภวัลย์ พลายน้อย(กศ.ด)., กิตติพัฒน์ นนทปัทมดุลย์(ปร.ด.), จิตประภา ศรีอ่อน. (ปร.ด.)

บทคัดย่อ

การวิจัยนี้มีวัตถุประสงค์เพื่อศึกษาถึงกระบวนการเปลี่ยนผ่านไปสู่การดำรงชีวิตอิสระของคนพิการด้านการเคลื่อนไหว2 แบบคือ 1.) รูปแบบที่สามารถเปลี่ยนผ่านได้ด้วยการฝึกอบรม ตนเอง และ 2.)รูปแบบที่ไม่ผ่านการฝึกอบรมพิเศษ โดยศึกษากระบวนการเปลี่ยนผ่านใน 4 มิติ คือ1.)มิติด้านความคิดและจิตใจ 2.)มิติด้านพฤติกรรม 3.)มิติทางสังคมและครอบครัว และ4.)มิติด้านสิ่งแวดล้อม วิธีวิจัย เป็นการศึกษาวิจัยเชิงคุณภาพในกลุ่มคนพิการต้นแบบที่ประสบความสำเร็จในการดำรงชีวิตอิสระ 2 กลุ่มดังกล่าว จำนวนกลุ่มละ 4 ราย โดยศึกษาเจาะลึก เก็บรวบรวมข้อมูลหลากหลายวิธีทั้งการเยี่ยมบ้าน การสัมภาษณ์เจาะลึก การศึกษาประวัติชีวิตและการสังเกต ส่วนการวิเคราะห์ข้อมูล ใช้การวิเคราะห์ข้อมูลเชิงเนื้อหา จากข้อมูลการสัมภาษณ์เจาะลึกและการศึกษาประวัติชีวิตและวิเคราะห์ข้อมูลจากการสังเกตและการเยี่ยมบ้านมาประกอบการพิจารณารวมทั้งวิเคราะห์ถึงสิ่งแวดล้อม สิ่งอำนวยความสะดวกต่างๆที่เอื้อแก่การดำรงชีวิต ผลการวิจัย พบว่ากระบวนการเปลี่ยนผ่านสู่การดำรงชีวิตอิสระนั้นเริ่มจากการยอมรับความพิการ เปลี่ยนวิธีคิดใหม่ ทำใหม่, การปรับตัว การเสริมพลัง การกำหนดเป้าหมายด้วยตนเองและฝึกทักษะหรือทำงานเพื่อไปสู่เป้าหมายที่ตนกำหนดให้สำเร็จ ทั้งนี้สิ่งสำคัญคือการได้รับการสนับสนุนจากครอบครัว องค์กรคนพิการ สังคมและมีการจัดสภาพแวดล้อมและสิ่งอำนวยความสะดวกให้เหมาะสมกับความพิการจึงทำให้คนพิการเหล่านี้สามารถดำรงบทบาทใหม่ได้อย่างต่อเนื่อง กระบวนการทำให้คนพิการประสบความสำเร็จเป็นกระบวนการที่ทำให้ช่วยให้หลุดพ้นจากความท้อแท้สิ้นหวังและทำให้เกิดความมั่นใจในการดำรงชีวิตและมองเห็นคุณค่าในตนเอง โดยคนพิการที่ได้รับการฝึกอบรมฯจะมีกระบวนการให้คำปรึกษาฉันท์เพื่อน การพบคนพิการต้นแบบ และการฝึกทักษะเป็นกระบวนการที่ทำให้เกิดการยอมรับความพิการและปรับวิธีคิดใหม่ ส่วนคนพิการที่ไม่ได้รับการฝึกอบรมฯนั้นมีกระบวนการตกผลึกและเปลี่ยนวิธีคิดใหม่ด้วยตนเองจากการได้รับโอกาสจากครอบครัวและสังคมเพื่อให้มาดำรงบทบาทที่เหมาะสมกับความพิการ สรุป การดำรงชีวิตอิสระเป็นแนวคิดที่สามารถนำสู่การปฏิบัติได้จริง แม้จะมีความพิการรุนแรงก็ตามเป็นกระบวนการที่ท้าทายในบริบทสังคมไทยที่จะทำให้คนพิการสามารถคืนกลับสู่สังคมได้อย่างภาคภูมิใจ

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CHAPTER I
INTRODUCTION

1.1 Background and significance of problem

The globalization, Thai social structure, economy and way of life was changed from agricultural society to industrial society. It effected to the people that had risk for working within polluted environment, and the high technology. Including the number of elderly people had been increased, which came together with sickness and disabilities. Thus, the number of the persons with physical disability had been increased and had dependency condition on other people, family and society. Since 1982, 25.5% of the persons with physical disabilities were found. Later in 1986, 1992, 2001 and 2006 the number were continuously increased to 26.6%, 42.7%, 46.6% and 48.4% respectively (Ministry of Social Development and Human Security, 2007: 4; National Statistical Office, 2001: 9-27; Suwit Viboonlayapholprasert, et al., 1997: 20).

In 2007, it found 1.9 millions disabled persons(2.9%). 94.7% of them were the disabled persons that had problem in performing activity. 21.0% had problem in taking care of themselves or problems in their routine activity. (National Statistical Office, 2008: 20) The major causes of the disability were not congenital disabilities such as diseases, accident and aging (41.3%, 18.3% and 17.2% respectively) (Banlu Siripanich, 1983: 25). Since United Nation had announced year 1981 to be International year of Disabled Persons. Thailand as one of the members had proceeded the activity for the disabled persons. In 2001 Thailand had received FDR Award (Franklin Delano Roosevelt International Disability Award), which showed the appreciation for dedicating to the disabled persons continuously, especially in initiating new law and policy to facilitate the disabled persons during 19th century starting in 1981, government started to aware of the right and opportunity of the disabled persons, so they arranged activities in the International Year of Disabled Persons. Later in 1991, government had announced Rehabilitation of Disabled Persons

Act in 1991 and action plan for rehabilitation of disabled persons (1997-2001). It conformed with National Economic and Social Development Plan No. 8 that conducted under the vision of “Disabled person is national resources, rehabilitation is an investment”, in order to develop human resource so that the disabled persons could live full rate life in the society. (Kazemikaitiene, 2010: 1-3). It emphasized on rehabilitation in 4 aspects, which were medical, education, profession and social aspects. Later on Thai government had determined the national plan for disabled persons’ quality of life development in 2001-2006 that emphasized the participation of every sector in supporting the advancement, right, justice and equality of the disabled persons. Presently, the national plan for disabled persons’ quality of life development no. 3 in 2007-2011 emphasized in mechanism of cooperation for disabled persons in international level, supported the strengthening of the organization and network of the disabled persons, accessible environment and access of information.

From the analysis of disabled caring paradigm from past to present, we found that the rehabilitation paradigm was an important process in taking care of physical disabled, which included medical rehabilitation and vocational training. Nevertheless, this paradigm was determined and evaluated by physician and medical personels such as nurses, occupational therapist, and physiotherapist. Sometimes, they evaluated these disabled persons as dependent, must follow the treatment of physicians and unable to make decision for their daily lives or perceived as having insufficient knowledge and needed to follow physicians. Later on this paradigm could not be further explained since these disabled persons had shown that If they could practice special skill and eliminated all obstacles for living, they could do like normal people. These had led to change to independent living paradigm.

Independent living paradigm was the social paradigm that perceived the disabled lack of opportunity or incompetent due to the environments could not facilitate their independent living. The disabled persons should set their own target, problem solving and determine their way of living by themselves. Peer counseling was the way to solve the problem, they should consult and encourage each other including support in managing the personal and environmental facilities for independent living (Garben, 2001: 23). Independent Living was the philosophy and social movement of the disabled persons that appealed for self decision making, equal opportunity and self

respect. It did not mean that the disabled persons had to do everything on their own or did not need any help from other or would like to be alone. They only wanted alternatives and daily life control like normal people. They would like to growth up in their family, study in the school nearby, get on a bus with their neighbors together, work in the field that they graduated, have family or even responsible for their own lives, think and speak for themselves (http://en.wikipedia.org/wiki/Independent_living.).

This concept was widely accepted in Europe and America. They issued law to financially support in establishing the independent living center (http://www.independentliving.org/docs6/ratzka200302b.html). Besides, there was a report about cerebral palsy that the advance technology in rehabilitation medicine, the support from family, laws and the facility environment, were related to independent living success in medium to severe disabled (Murphy, et al., 2000: 807-811). Later, this concept had been spread to other countries. Japan was the first country that brought this concept to practice and expanded it in 1984 until the condition of living and social status for the Japanese disabled persons were better and they did not feel useless in the society. From this success, the Japanese disabled persons expanded this concept to other countries in Asia included Thailand.

The social movement of this concept in Thailand started from Lt. Colonel Torpong Kulkanchit in 1992 in the fifth General Assembly Meeting of the Disabled, in Chiang Mai Province. Later on their representatives were sent to train about independent living in Japan every year continuously. Until 1997 Sirinthorn Rehabilitation medicine center had arranged seminar on independent living in Thailand for the first time and the independent living center was opened for servicing. Later in 2001, the Japan International Cooperation Agency (JICA) had put the course of independent living practice in training curriculumn of the Asia-Pacific Center on Development of People with Disabilities: APCD and support for strengthening the community base rehabilitation project, that was Independent living pilot project in 3 provinces; Nakorn Prathom, Chonburi and Nontaburi provinces for 3 years during 2002-2004. It was considered as case study in Asia Pacific Region**.** Presently, these successful disabled person from independent living had returned to work for the disabled organization and drive for the movement of this concept continuously and strongly.

During this development, it found that the disabled persons who could achieve transition for independent living. It had 2 patterns; First pattern, they achieved the transition to independent living by attending the training in pilot project in 3 provinces that Japan had transferred the knowledge and concept since 2002. This achievement made them come back to work in the disabled organization and they moved this concept continuously and strongly. Second pattern, they could be success by themselves and by not attending any special training course and they could receive the rewards for the disabled persons of the year from The National Council on Social Welfare of Thailand. The main selection criteria that conform with this concept was the ability to rehabilitate themselves with their effort, not surrender to the destiny for the disability, able to live in the society happily and perform social services too (The National Council on Social Welfare of Thailand, 2008: 41).

However, the knowledge of the independent living in Thai social context was insufficient and limited. It should be further studied on how these disabled persons could pass through transition and walked out of despair. What were the processes for achievement? Even though these disabled still lived in the middle of social culture that believed disability was pity and needed assistance, including the insufficient of public welfare for the independent living, for example, the ramp for wheel chair disabled to travel, public utility such as lavatory, public transporter that could not be used because it lack of internal facility. Apart from that the management of the disabled care was mostly referred to rehabilitation in medical term that had the concept of recovering the disability to be able to function, so, most of the severe disabled persons that could not be treated had not been taking care to be able to live with the disability happily. Then, how could these disabled persons achieve the transition, it was an interesting question.

Thus, in order to understand the process of transition to independent living in both groups, this research has the objective to study the process of transition to independent living of the person with physical disability who could achieve the independent living in 2 patterns; 1) the pattern that could pass through transition themselves, and 2) the pattern that could pass through transition by training. The research had studied the process of transition in 4 dimensions; 1) Mentality and

psychological dimension, 2) Behavioral dimension, 3) Society and family dimension, 4) Environmental dimension. The concept of transition from Chick & Meleis (1986: 237-257) was applied in this study. This transition theory was an opening system that had human responding process, which was a complex process that consists of 3 phases;

1. Ending phase: the phase that the individual found the present life had been ended. The disabled persons that could not move their arms and legs like before, it would lead to the end of the period that life used to be and role used to play, which created confusion and worried of the future.

2. Neutral phase: the phase that the individual tried to adapt themselves to normal condition. The disabled who passed through the first phase for a certain period will face with problems and changes in order to adapt with their disabilities. However, some people may not be able to accept the disability and could not pass through the second phase. Then they would suffer with their disabilities.

3**.** New Beginning phase: the phase that the person was ready to accept and play a new role of independent living.

Moreover, researcher also considered the process of transition to independent living by integrating the concept of sociology and psychology, which could be divided into 4 dimensions as follows;

1. Mentality and Psychological dimension. It was considered the concept of self-image, self concept, self esteem, critical concept, hope and bio-power.

2. Behavioral dimension. It was considered the bio-power concept, empowerment and adaptability.

3. Family and Society dimension. It was considered the social support concept.

4. Environmental dimension. It was considered the concept of social support.

This result was the multidisciplinary knowledge that combined medical knowledge, sociological and psychological knowledge together to explain and search for the way to support independent living of the disabled persons. This knowledge may be guide to determine the policy for physical rehabilitation of the disabled

persons and to support the appropriate independent living in Thai social context. This knowledge would benefit for the organization in determining and developing the program and services in social and public utility aspects and to support independent living of the disabled persons to live happily. This result let the society perceives the importance of independent living for applying this concept in Thai social context.

1.2 Research objectives

1.2.1 To study the process of transition to independent living of persons with physical disability who could achieve independent living in 2 patterns; 1) the pattern that the disabled persons could pass through transition by themselves, 2) the pattern that the disabled persons could pass through transition by training, which was studied in 4 dimensions; 1) Mentality and psychological dimension; 2) Behavioral dimension; 3) Society and Family dimension; 4) Environmental dimension.

1.2.2 To study the factors related with the process of transition to independent living for persons with physical disability.

1.3 Scope of the study

This research was a qualitative research that studied the process of transition to independent living of the physical disabled persons that could achieve and the society accepted them. There were 2 patterns; 1) The pattern that the disabled persons who could pass through transition by themselves by selecting the persons who received award of disabled persons of the years by The National Council on Social Welfare of Thailand in 2003-2008. 2) The pattern that the disabled persons had attended the training in pilot project for independent living in 3 provinces; Nonthaburi, Nakornpratom and Chonburi province.

1.4 Definition of terms

1.4.1 Persons with Physical Disability mean the disabled of 1 or 2 arms or

1 or 2 legs or half body paralyze or paralyze from neck through arms, legs, chest and toe.

1.4.2 Independent Living mean living like normal people, that had an opportunity to make decision themselves in daily living and able to choose activity to perform by themselves. The only limitation should be the same as normal people but it did not mean living by themselves or living alone but emphasized in decision making by themselves, had the right and opportunity to choose the way of living, including emphasis in helping themselves as much as possible. If they could not do by themselves, the personal assistance would be the helper.

1.4.3 Process of transition to independent living mean the process that the persons could transit from burden on others to change to independent living. So they could think, make decision and perform activity by themselves or having assistant in certain period. This process was a complex process that had different procedure depending on each person. It could be transit back and forth according to the changing condition. It was started from the beginning of disability, living with the disabilities and developed to achieve independent living. Each step had the different supporting process; this study considered the concept of sociology and psychology in 4 dimensions as follows;

1.4.3.1 Mentality and Psychological dimension. It was considered the concept of critical condition, self-image, self concept, self esteem, hope and bio-power.

1.4.3.2 Behavioral dimension. It was considered the bio-power concept, empowerment and adaptability.

1.4.3.3 Family and Social dimension. It was considered the social and family support concept.

1.4.3.4 Environmental dimension. It was considered the social and environmental support concept.

1.5 Contribution of this research

1.5.1 This new knowledge was multidisciplinary context that integrated the knowledge of medical, psychology and sociology, could assist the disabled persons for

independent living and able to depend on themselves, which could lead to development of disabled persons' quality of lives and family. Independent living should be the gap of rehabilitation process of them that would be the major process in developing capability of the disabled persons.

1.5.2 This knowledge would benefit to disabled organizations for determining the programs and services in social and medical aspects to support the independent living of the disabled persons and to develop self-esteem and dependence on themselves.

1.5.3 This knowledge could be the guideline in determining policy in rehabilitating and developing the capabilities of the disabled persons in multidisciplinary teams that, public health, education, social and occupational field in order for the disabled persons to live with other people in the society happily**.**

1.6 Research framework

This study was explored the transition in the disability and sickness areas, so the framework of transition theory (Chick & Meleis, 1986: 237-257) was used as guideline for this study. This transition theory was an opening system that had human responding process since the antecedent events that created instability or disconnectedness in the society, which was a complex process consists of 3 phases as followings;

16.1 Ending phase, the phase that individual found the present life had been ended. The disabled persons could not move their arms and legs like before, would lead to the end of the period that life used to be and role used to play, which created confusion and worried of the future.

1.6.2 Neutral phase, the phase that individual tried to adapt themselves to normal condition. The disabled who passed through the first phase for a certain period would face with problems and changes in order to adapt with their disabilities. However, some people may not be able to accept the disability and could not pass through the second phase will suffer with their disabilities.

1.6.3 New Beginning phase, the phase that individual ready to accept and play a new role. When the person could accept and face with problems and disabilities,

then they would enter the new condition with hope, target determination, and personal skill practice in new role of independent living.

Besides, the process of transition was considered according to sociology and psychology theory in 4 dimensions that has relationship with independent living as following;

1. Mentality and Psychological dimension. It was considered the concept of critical condition, self-image, self concept, self esteem, hope and bio-power
2. Behavioral dimension. It was consider the bio-power concept, empowerment and adaptability
3. Family and Society dimension. It was consider the social support concept
4. Environmental dimension . It was consider the social support concept

From theory of transition (Chick & Meleis, 1986: 237-257), researcher applied this theory in flexible studying according to the information received from attending field for Thai social context as showed in the following diagram 1;

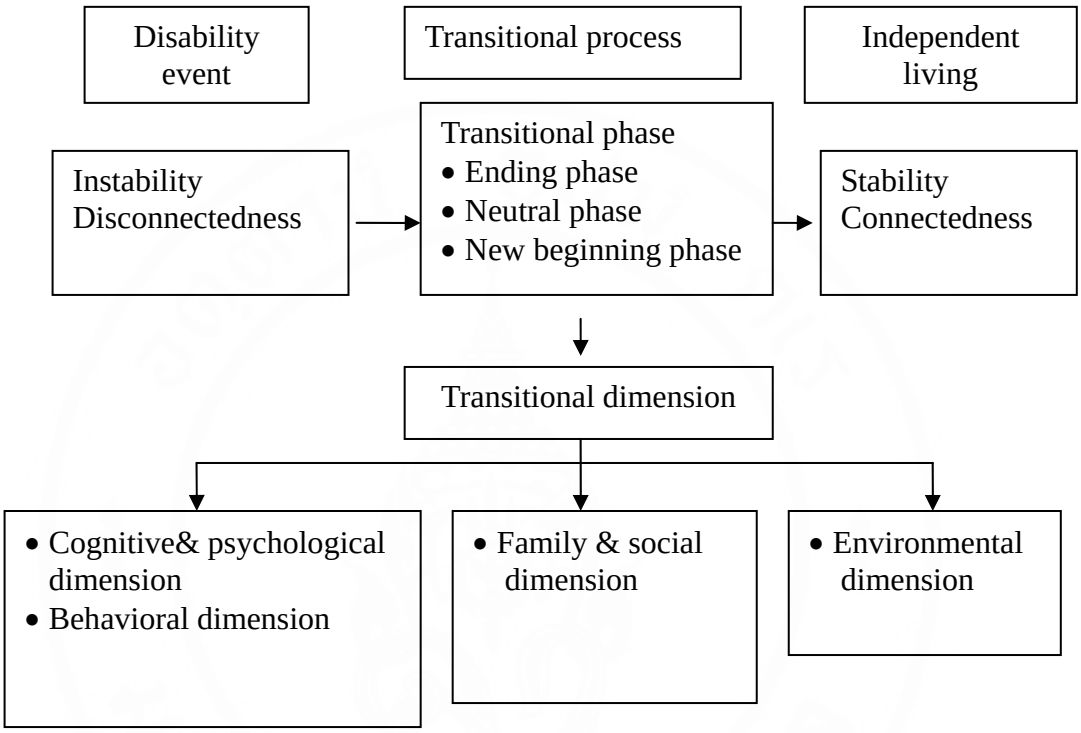


Diagram 1 Framework of transitional process to independent living of persons with physical disabilities

CHAPTER II
LITERATURE REVIEW

From the review of concept, theory and related research were found many interesting issues and researches, which could be summarized as following;

2.1 The increasing number of persons with physical disability: Incidences, impacts and care

2.2 Disabled care: Past to present

2.2.1 The disabled persons in the society: Lessons from Japan

2.2.2 The disabled persons in Thai society: Past to present

2.2.3 Paradigm shifts: Rehabilitation to independent living

2.3 Independent living of the disabled persons

2.3.1 Meaning of independent living

2.3.2 Background of independent living concept

2.3.3 Independent living: Who and How

2.3.4 Independent living program

2.3.5 Pilot project of independent living: Results

2.3.6 Model of disabled independent living

2.4 Social discourse and bio-power

2.5 Transition to independent living

2.6 Dimension of transitional process to independent living

2.6.1 Mental and psychological dimensions

2.6.2 Behavioral dimensions

2.6.3 Social and family dimensions

2.6.4 Environmental and facility dimensions

2.1 Increasing number of persons with physical disability: Incidences, impacts and care

The statistic shown that the number of disabled persons had been increased but the quality of life had been decreased. The result of survey from National Statistical Office in 1986 found the number of disabled persons totally 0.74%. Later in 1991, the number of disabled person was equal to 1.85% or approximately 1 million people. The survey also found that the ratio of disabled person tended to increase more than 2 times (Suwit Viboonlayapholprasert, et al., 1997: 18). The survey report in 2001 found the number of disabled had been increased to 1.1 million people (1.8%). From this amount, there were 5.1 hundred thousand people (46.6%) were persons with physical disability and 6.6 hundred thousand people (60.3%) were in working age or at the age of 15-60 yrs. However, there were only 1.5 hundred thousand persons who were physical disability had been registered, which implied that part of these disabled persons had not received benefits from governmental sector. If it considered the disabled person's quality of life through education, career, work and income, it was found that their quality of life were lower than normal people. 93.4% of disabled graduated primary education or had no education.71.5% of the disabled persons that were more than 15 years old had no career or work. In 2007, 64.8% of them had not employment and 19.4% worked in agriculture, fishery, industry and labor. Thus, most of them (57.2%) had low income (lower than 7,000 baht) (National Statistical Office, 2007: 6).

The number of persons with physical disability tended to increase continuously. Since 1982, the number of persons with physical disability were 25.5%. Then, in the year 1986, 1992, 2001 and 2006 the number of them were continuously increased to 26.6%, 42.7%, 46.6% and 48.4% respectively (Ministry of Social Development and Human Security, 2007: 4; National Statistical Office, 2001: 9-27; Suwit Viboonlayapholprasert, et al., 1997: 20). In the year 2007, there were 1.9 million disabled, which was equaled to 2.9% of general people. Within this group, 97.9% of them had problem with movement and 21.0% of them had difficult self care

(National Statistical Office, 2008: 20).The main reasons of the disabled persons came from accident, sickness and decrepit, which could be separated to disabled in missing legs and arms from accident and sickness 32.6% and 33.6% and disabled-paralysis from diseases, accident and decrepit 41.3%, 18.3% and 17.2% respectively (Bunlu Siripanich, et al., 1997: 15-27). In which less of these disabled could be physical rehabilitation to normal condition. However, the important thing was the process to help these disabled persons to live with their disability happily.

The globalization, the changing of Thai social structure, economy and way of life from agricultural to Industrial society that has the risk in working with polluted environment, and the changing of technology including the number of population in which the number of elderly has been increased which comes together with sickness that could lead to disabled of arms and legs. Thus, it could be said that the number of persons with physical disability has been increased. This created the dependency condition on other people, family and society. Moreover, the disability had direct and indirect effect to the society. It means that the disabled persons had direct impact not only in losing their capability due to the limitation of their disability but also the direct impact to their mind in losing their identity, and self-esteem. So we mostly found them disappoint, despair, bored, losing self-confident and pessimistic, which could lead to abnormality both physical and psychological. For example wound in stomach, stress, depress, and may leads to commit suicide. Apart from that they became the burden of family and supervisor in taking care of their daily life. It decreased family income and increased in expenses, which could create conflict in family. Therefore, we could found depression in both disabled and their supervisor. Moreover, it inevitably had an impact to the economy of the country. For example there were 6 hundred thousands of the disabled persons who were labor force, but could not worked, which caused the country to lose this amount of income and had to responsible in managing the social welfare system including medical treatment, education, rehabilitation paradigm, career and all facilities needed for living. Presently, governmental sector could not take care all of these disabled so it had affected to the quality of life and affected to the lack of people in terms of intellect, knowledge, capability and workforce in developing the country (Kittiya Rattanakorn, 1988: 41-45).

The disabled persons, although lost part of their bodies, they still had another organ to use. Why do we overlook and not give them a chance to play their roles in the society such as applying for the compulsory education, hiring for the appropriate position or even expressing their opinion. These were the lost of individual capabilities from the disadvantage and underprivileged of the disabilities, which was considered as Social Pathology (Suwit Viboonlayapholprasert, et al., 1997: 9)

From the present condition, it could be implied that the disabled persons were the second class citizen that had not been taken care and had no potential development until they were expel from the society and became dependency. Therefore, the development of disabled persons' capability is necessary for bringing back potential to the society. Society should also take care and facilitate the disabled persons so that they could be able to live in the society like normal people and learn to depend on themselves, not being burden to the society. It could lead to the determination of public policy that will help the disabled persons to live independently.

2.2 Disabled persons and social care: Past to present

2.2.1 Disabled persons in the society: Lesson from Japan

In the past 2 decades, the disabled persons in Japan did not accept as in the present. Before the World War II, the disabled persons were mostly taken care by their family. Until 1960, their parents had requested the government to build disabled welfare center for taking care of them when they were old or died. After World War II, when the economy was recovered, government had seen the important of the disabled persons so they arranged the welfare for them, especially for those disabled who were the victims of war. They started to recover the career for the disabled persons and built permanent residences by separating from their families. However, most of them still hiding with their families and being separated from the society. Some of them lived in the welfare center that filled with strict rules and regulations. They were oppressed and must obey the officers that were infuriated, had limited

rights and had been violated. For severe disabled child, some soaked with piss or feces and had bad smell. Some found parasite egg in wound, their parents had to sign for the operation of the disabled persons in advance so they had become the guinea pig or victim of the medical advancement. Besides, there was a rule to operate the hysterectomy for female disabled so it would be easier to take care them.

In 1972, the group of labors and university students had protest the government for the disabled persons for a year. Later the government paid attention and determined that they could choose whether to stay in the welfare center or with their families. That was the starting point for them to live independently in the community. Aoi Shibu, the first school for the cerebral palsy disabled, was the pioneer in changing and leading the community. There was a case that mother killed her disabled child at the age of 2 because of the sympathy, which was not guilty. Until Aoi Shibu had been a leader for social movement to stop killing those disabled and turned to take care them. The disability was considered as destiny rather than the death that mother would give them. Finally, they succeeded to make the society aware of promoting for better living.

Later Aoi Shibu, had brought out the concept of independent living in the society in 1970 and started considering the independent living instead of having disabled welfare center. They were supported to have personal assistance for severe disabled persons. They gave scholarship for the disabled persons to observe the independent living in the United States and it was the starting point in practicing for independent living. In 1986, the independent living center was first established in Tokyo suburb. It was managed in business type that had service charges for independent living program, peer counseling, personal assistances, and social and behavioral practices. Until 1991, there was an establishment of disabled persons' council to cooperate for expanding the independent living centers and becoming the network of them. They could manage organization by the disabled persons. The independent living centers were expanded from 10 to 90 centers in Japan until it was accepted by the public sector and became important services in the society. Later the social movement of the right of the disabled persons still continues especially the issue of transportation system, the right advocacy in the disabled welfare center and the expansion of the service to the mental disabled group and Intellectual deficiency

people (Hayashi & Okuhira, 2001: 855-869).

2.2.2 The disabled persons in Thai society: Past to present

The evolution of the disabled persons in Thai society was not much different from Japanese society but the social movement for Thai people was still slower than Japanese. Presently, Thai people believed in supernatural and claimed that the disabled persons came from their sin, fate, past life or deed that affected to the baby in the womb. They also explained the disabilities in terms of cultural deviation that:

> "Congenital Disabilities comes from fate or former life sin"
> "It is because of his destiny that made him not like others and it is our sin that had to take care of him." (Suwit Viboonlayapholprasert, et al., 1997: 96)

The globalization had lead us to the borderless world where technology and information from all around world had been exchanged to each other easily. It changed the way of life, culture and society to be industrial society that filled with competition. Thai society also had a rapid changed especially in the disabled person who could not follow to these changes. It caused them to be underprivileged, lacking of opportunity to access any social service. However, in Thai culture, most of them were taken care by their family.

In 1981, the United Nations had announced the international year of disabled persons in order to remind the world population to aware of the equal human rights and opportunity in the society and it must follow universal declaration of human rights. It could be said that the globalization had benefit to the Thai disabled because Thai government by Department of Public Welfare had registered to be member of International disabled rehabilitation organization. So there was an exchange of information to make the first plan for welfare and rehabilitation of disabled persons (Watchara Rewpaiboon, 1999: 25-26). Since then they had been taken care more by society. However, most of them lived in the rural area, that they lost the chance to receive the social service until today and were separated from the society by intentionally and unintentionally of their family because they believed that

the disabled persons were the incompetent persons who could not help themselves, lack of opportunity to think and could not make decision by themselves, no chance to work and access to public transportation service like normal people.

Later, the society had defined the disability as not only disability made them lack of opportunity, but also the environment and society. The surrounding environment had obstructed the disabled persons from accessing the social care. Thus this concept will emphasize in developing their capabilities to be able to help themselves. In reality, they did not want to be the burden of family and society. If they had an opportunity to rehabilitate themselves and live independently, they would be able to work as normal. However, the environment still obstructed their living, for example, the ramp for wheelchair on the road or sky train not available for them. Thus, the social concepts showed that the disabled persons was not definitely incompetent but since the society and environment were not available for them, it made them lack of the opportunity to use any disabled facilities and social services.

Due to the international social movement for the disabled persons, the concept of independent living from Japan and The United States had broadcasted to Thailand under the cooperation of JICA. The training course of independent living was determined in Asia–Pacific Center on Development of people with disabilities, APCD. The independent living project was conducted in the communities of 3 provinces; Nakornpathom, Chonburi and Nontaburi provinces during 2002-2004. Presently, it has been expanded to Bangkok, Pathumthani and Jantaburi provinces, which helped them to develop their capabilities like ordinary people.

2.2.3 Paradigm shifts: Rehabilitation to independent living

The analysis of disabled caring paradigm from past to present, we found that in the past most people perceived the disabled persons as defected, unable to live by themselves and must depended on other forever. Later, that paradigm could not explain everything, when the disabled persons could succeed and overcome their disabilities. It was shift to rehabilitation paradigm, which was the most important paradigm that included medical rehabilitation. Nevertheless, this paradigm was determined and evaluated by physicians and medical personnel such as nurse, occupational therapist, and physiotherapist. They evaluated the disabled persons that

were still dependent and must follow the physician and still could not make decision for their daily living. They may perceive that some of the disabled persons had insufficient knowledge and needed to follow the physicians.

Yet, this paradigm could not be further explained since these disabled had shown that although they were disabled but If they had special practice and eliminated all of the obstacles for living, they could do everything like other people. This had led to new paradigm, independent living, which was totally different from the rehabilitation for disabled person.

Rehabilitation was the medical paradigm that medical and clinic defined the disability as physical and psychological defect, unable to work, inappropriate decision making, and no motivation in living with others. The problem of disability was personal problem that occurred from physical and psychological defect that should be treated merely by physician, so they were only the patients who must receive medical treatment. The disabled had less opportunity to make their own decision. The guideline to problem solving, daily life assistance and work depended on the consideration of physician and medical personnel whether or not they wanted it. This paradigm had separated the disabled who was not severe to attend the program but the disabled who was considered as severe and no way to treat would be appointed for checking only the symptoms but no other better services.

Independent living paradigm was the social paradigm that perceived the disabled lack of opportunity or incompetent due to the environments could not facilitated their independent living. The disabled persons should set their own target, problem solving and determine their way of living by themselves. Peer counseling was the way to solve the problem, they should consult and encourage each other including support in managing the personal facility for independent living as shown in table 1 (Garben, 2001: 23)

Table 1 Comparison between rehabilitation and independent living paradigm of the disabled persons

Issue	**Rehabilitation paradigm**	**Independent living paradigm**
Definition and views of the problem	-Perceived the disability as defect of bodies and must rehabilitate to normal condition. -Lack of skill in working and profession - Adaptability Defects - Lack of motivation for personal management	- Must depend on each professions and other people - Insufficient service and support - Technical and environment barrier - Economical barrier
Scope of problem	- Personal Problem	- Problem of environment and rehabilitation
Role in Society Problem Solving	- Role of patient - Treat and consult by professional such as physicians, nurses, other therapist	- Role of Consumer - Peer consultant - Right Protection (Advocacy) - More self help - Consumer Control - Elimination of barriers
Controller -Targets and impacts	- Professional - Daily Activity - Employment - Social Adaptability - Motivation - Treatment	The disabled persons as consumer - Determine personal direction - Environmental management - Social and economical productivity

(Garben, 2001: 23)

Thus, Independent living was the paradigm that challenged in Thai society. The point of view of the disabled persons was changed from that views of

perceiving as pity and should be helped, to independent living. How the independent living would be conducted in Thai Society was the most interesting question.

2.3 Independent living of the disabled persons

2.3.1 Meaning of independent living

Independent living was the philosophy and social movement of the disabled persons that appealed for self decision making, equal opportunity and self respect. It did not mean that the disabled persons had to do everything on their own or did not need any help from other or would like to be alone. They only wanted alternatives and daily life control like normal people. They would like to growth up in their family, study in the school nearby, get on a bus with their neighbors together, work in the field that they graduated, have family or even responsible for their own lives, think and speak for themselves (Kamonpan Panpuang, 2006: 10-49).

The definition of independent living was the control of one's life and acceptability to choose someone to make decision for them in some aspects of their daily life (http://www.bcm.edu/ilru/html/projects/international/23-definitions.htm.), which consisted of managing activities in each day, participation in the community and make decision by themselves as much as possible. Independent living should not be defined in terms of living on one's own, being employed in a job fitting one's capabilities and interests, or having an active social life. These are aspects of living independently. Independent living has to do with self-determination. It is having the right and the opportunity to pursue a course of action. And, it is having the freedom to fail and to learn from one's failures, just as non-disabled people do (http://akmhcweb.org/recovery/ Independentliving.html.).

Another meaning of independent living was the living like general people; making decision that impacted to their lives and choosing the activities by themselves. The only limitation should be the same as those normal ones. Independent living did not mean living on one's own but emphasized on self-determination, which means the rights and opportunity to choose the way to behave, including learning on other mistakes. Independent living for disabled person means

the opportunity to help themselves as much as possible.In order to live independently, the disabled persons must managed and overcomed these obstacles. If succeed, it would benefit to every party in the society whether employer, employee, spouse, parents, politician, and taxpayer. The major obstacles for independent living were such as no ramp for wheelchair disabled and lack of the facilities. These obstacles should be rearranged to facilitate them for independent living so that they would not be other's burden. (http://www.aota.org/ Consumers/ What is OT/PA/ Articles /HomeMod.aspxasp. aspx.).

2.3.2 Background of independent living concept

This concept derived from the bias behaviors to the disabled persons especially those who were the severe case. They were perceived as incompetent and separated from the society. General people were perceived as more capable than the disabled so they tried to control, decide or determine the way of life for the disabled persons. For example, severe disabled persons were excluded from the rehabilitation program, had no opportunities to employ without reason, and law restricted the disabled to work in public sector and state enterprise. So, there were groups of severe disabled persons who could not enter the rehabilitation program and did not have any other services for them. Then this group with severe disabled who was the university student as a leader who would like to expand their choices of living from being treated by family or health care team to community-based self help group. They established Berkeley center for independent living in California, The United States.

Later, the United States government had arranged the same service for the underprivileged and issued law to support the establishment of independent living center, which was different from other social services, which were

1. The service was emphasized on participation of consumer and disabled persons in determining the direction and services.
2. Consumers determined the target of services.
3. The service must eliminate the physical barrier in the society for them.
4. Basic service must consist of information service, independent living skill practice, peer counseling and rights protection

Later, this concept had been spread to other countries. Japan was the first country that brought this concept to practice and expanded it in 1984 until the condition of living and social status for the Japanese disabled persons were better and they did not feel useless in the society. From this success, the Japanese disabled persons expanded this concept to other countries in Asia included Thailand.

The United States and other European countries provided service of independent living for the disabled persons (http://www.independentliving.org/docs6/ratzka200302b.html). These services were the teaching and practicing of adaptability and how to live independently in the community. The teaching program might cover the routine life activity, reading, writing for communication, personal management, their rights protection or even cooking and home management (http://www.aota.org/Consumers/What is OT/PA/Articles/HomeMod.aspxasp. aspx). The study indicated that 67% of Cerebral palsy (CP) disabled could live independently; 33% were not in the welfare center, 53% could work as employee, and 22% had sufficient income. It could be seen that although they could overcome the disabilities to be able to work, many of them had problem about the insufficient income (Murphy, et al., 1995: 807-811). The study of Anderson and group (Anderson, et al., 2006: 46-56) evaluated independent living of the disabled at the age of 24 and above. They found the disabled (24-36 years) could live independently were increased from 64% to 90%. 64% of them could work and 84% were satisfied with their lives. The factors that related with independent living were physical independence and career.

The factors that related to the employment were gender, nationality, independent living, movement and cognitive independence. The factors that related to the life satisfaction were career and fewer pressure ulcers. There was a report about cerebral palsy that the advance technology in rehabilitation medicine, the support from family, laws and the facility environment, were related to independent living success in medium to severe disabled. (Murphy, et al., 1995: 807-811). The social movement of this concept in Thailand started from Lt. colonel Torpong Kulkanchit in 1992 in The fifth General Assembly Meeting of the Disabled, in Chiang Mai Province. Later on their representatives were sent to train about independent living in Japan every year continuously. Until 1997 Sirinthorn Rehabilitation Medicine center

had arranged seminar on independent living in Thailand for the first time and the independent living center was opened for servicing. Later in 2001, JICA had put the course of independent living practice in training curriculumn of the Asia-Pacific Center on Development of People with Disabilities: APCD and support for strengthening the community base rehabilitation project, that was independent living pilot project in 3 provinces; Nakorn Prathom, Chonburi and Nontaburi province for 3 years during 2002-2004. It was considered as case study in Asia Pacific Region.

2.3.3 The disabled person with independence living: Who and How

The disabled persons with independent living means the disabled who had freedom in thinking, had self confident , had responsible for living , decision making and were not limited right by the other. Factors related to the independent living as follows;

2.3.3.1 Knowing their disabilities and taking care of their health and disabilities not to be more severe or affect to their health

2.3.3.2 Ability to accept their disabilities and had in another point of view “how to live with the most valuable although he was disabled”

2.3.3.3 Ability to self help in routine of life or travel to other places and ability to think or request for help from others when could not do something by themselves.

2.3.3.4 Having self confident that the disabilities were an ordinary thing not to be ashamed and hide. They must dare to appear in every place like normal people, dare to talk, dare to express opinion and build relationship with other people.

2.3.3.5 Having other skills that support their independent living for example planning, unpredictable problem solving, other skills for performing activities in which some activities may have returns or become career profession, financial management, having couple life, home management and cooking, etc.

2.3.3.6 Having self-esteem, perceiving independent living as more beautiful than living dependently, analyzing whether which skill they lack of or which should be practice first and how to overcome the disabilities (Kamonpan Panpuang, 2006: 11-12)

Independent living did not mean living freely each day without obligation since there were many things that they needed to do and if they did not try to do by themselves, they would be considered as having incomplete independent living. It was known that the disabled persons had their responsibilities as an exchange of freedom from independent living program. Thus, the disabled persons had to realize that independent living was not easy and they had to do, think and make decision by themselves(JICA, 2004: 37).

Independent living of the disabled persons derived from 4 basic ideas;

1. The disabled persons were not the one who must be in the welfare center but they must live valuably in the society.
2. They were not the patients that must be treated and not a child that their parents must take care.
3. They were self controller who was able to tell their expectation when they needed help.
4. The disability was not only an obstacle for them but also the pessimistic of the society to the disabled persons (JICA, 2003: 24-25).

So, the disabled persons must search for knowledge and experience by themselves in order to live independently. In case of having role model disabled person, they needed that role model to teach the way to live independently. However, currently there were independent living program in Japan and The United States that they pay for this training course but they must manage themselves for independent living (JICA, 2004: 101).

2.3.4 The independent living program

The independent living program started from peer counseling by role model disabled persons in order to empower them to independent living. Later, they must make decision to participate in the development program by themselves. Personal assistance was considered to support for severe disabled persons for independent living, as the following procedure;

Step 1 Preparation for Skill practice program

This step was to understand about independent living and provide information concerning the rights in laws and benefits of the disabled persons. Peer

counseling was conducted by the role model disabled persons who had achieved independent living in order to adjust attitude and way of living, especially goal setting.

Step 2 Disabled Independent Living Program

After the disabled persons had set their goal, both target disabled and the role model disabled person would set weekly activities together.

Step 3 Independent Living Skill Training

After setting the independent living program, they started the individual plan during 12 weeks. The activities were arranged to let the disabled persons had an opportunity to meet the society, other disabled person and people in the community. At the same time gave opportunity for the community to participate in Disabled life development plan and the arranged activities. Meeting was arranged to listen to the obstacle of disabled person, personal assistant and committee in order to solve the problem together.

Step 4 Self-assessment after skills training

After completed the skill training for 3 months, the committee evaluated their skills in this project by using the same assessment form as the assessment before the training in order to see the development including the interview for their feeling whether they had freedom in thinking and decision making concerning their living or not and what will be their next goal in life. This independent living program consisted of many important methods, which were 1) Peer counseling, 2) Personal assistance, 3) Advocacy (JICA, 2004: 99-100) as following;

1. Peer counseling

It was the management of the disabled persons who had the same disability and experience to counsel the target disabled and heal the mentality of each other. Most of them had mental pressure from their disabilities and it became wound in their heart, which affected to the acceptability of their disabilities and relationship to people in the society. Thus, Peer counseling is one of the key services organized around these principles, providing an avenue for dealing with a variety of issues within the context of a peer relationship. Most independent living centers have some type of peer counseling as a part of their overall program. (Linda, et al., 1987: 1-10).

It could help to heal the wound in their heart and strengthen their morale and motivate them to live independently by themselves . The purposes of peer counseling were as follows; (JICA, 2004: 25)

1.1 The peer counselor provides a role model. The counselor is a disabled person who is living an independent lifestyle and is working in a professional role.

1.2 The peer counselor serves as an important link between the client and services which are provided through the independent living center, or through a variety of other resources within the community.

1.3 The peer counselor, drawing on personal experiences, provides training in a wide range of independent living skills (Linda, et al., 1987: 1-10).

Peer counseling was method to develop social skill and communication skill especially for those who had problem in speaking to the welfare center officers or parents since they had no experience in making decision by themselves or even after came out living independently, they still not familiar in expressing their opinion. Peer counseling must listen to their problem and give advice. Besides, peer counselor must empower the disabled persons to overcome their limitation and disability.

2. Personal Assistance Services

Personal assistance means that the disabled could exercise the maximum control over how services were organised and custom-design their services according to their individual needs, capabilities, life circumstances and aspirations. (Ratzka, 1992: 1).

Most of the people misunderstood that it was enough for the personal assistance to help and take care of the disabled persons, but actually the role of the personal assistance was to stimulate and empower disabled persons both physical and psychological aspects. There were many temporary personal assistants for the disabled persons, which arranged by both public sector and private sector. It could be categorized by the disabilities into 3 types as follows;

2.1 Disabled persons in the welfare center

2.1.1 Disabled persons who planed for independent living and need assistance service during participating in independent living program and when they would like to go outside.

2.1.2 Disabled persons who had no plan for independent living but need assistance only when going out about 5-6 time/year.

2.2 Disabled persons who lived with family

2.2.1 In case of elderly parents or inconvenient in taking care, they need assistance in sometime by counting in hours/day for example, bathe, prepare to go to hospital or go to work.

2.2.2 Need assistance when they would like to go out 1-5 time/month, which was the most popular assistance.

2.3 Disabled persons who lived independently and not severe disabled may need assistance 3-5 hours (Codihira Independent Living Center, 2004: 33).

3. Advocacy

Advocacy was the perception of the rights and dare to insist in it, understanding of disability right in the society including the protection and appealing for the right in case of violate or discrimination. If study the history of disability, we could see the evolution of the assistance for the disabled person. It has similar change in each country, which was charity. Later there was a rehabilitation concept. It was clearly seen that social rules on this concept was based on culture and social understanding that the disabled persons did not participated. So the disabled persons had no opportunity and equal rights in the society. Although some regulations did not limit the disabled persons, since no facilities for the disabled persons, it caused some of them not receive that rights. The clear examples were the road, building, and transportation that the wheelchair disabled could not access because there was no ramp, no elevator or appropriate toilet. So advocacy was important for them. There were many types of disabled advocacy;

3.1 Personal advocacy. Disabled persons who supervised by family

but they did not pay attention to the needs, feelings and mentality of the disabled persons. It was necessary for the welfare center to be mediator to create understanding in their family. However, any actions concerning the disabled persons and family were delicate issue that their family needed to be aware and understand but not feeling of anger, dispute or disagreement.

3.2 System advocacy. As already mentioned, rules, regulations, laws and cultures were set before the disabled persons were strong enough and it was accordingly set by the people who were not disabled persons. So some rules were not appropriate, incorrect, inequality or discriminated. **(**Hayashi & Okuhira, 2001: 855-869) System Advocacy should be conducted by social movement (Kamonpan Panpueng, 2006: 66-76).

2.3.5 The result of pilot project for independent living in Thai society

The result of the pilot project in 3 provinces, which were Nonthaburi, Nakkornprathom and Chonburi provinces during 10 months, it found that 67% (31 of 45 people) of participants got the peer counseling, skill training and advocacy for independent living program. It could change their point of views from perceiving themselves as incompetent to self esteem and hope to live as valuably (JICA, 2004: 101). As participant mentioned;

> "I have been staying home for 16 years and telling my mother that do not tell anyone that you have me in the house. I do not want to talk to anyone because it is useless. No one could help me. I am disabled and must stay home but after I participated in this project, I felt ashamed that I have been home for more than 10 years. I should have been come out and have done something. Now I can use the computer and joined the committee..."
>
> (JICA, 2004: 101).

> "I used to think of committing suicide but now I changed because I could win over myself, I could study what I loved and would like to make my life better and would like other disabled to have the same opportunity like us…"
>
> (JICA, 2004: 101).

The result of the project implied the capability of the independent living program that could empower the disabled persons to be qualified person of the family and society. The independent living could be their new choice to develop their capability for the acceptance in the society. It would lead to the fulfillment of services in developing the quality of the disabled persons (JICA, 2004: 101).

2.3.6 Model of independent living

In other countries, there were many models, especially for residence. We found that independent living in developed countries like as United States and Sweden, the disabled with independent living was separated from family. (http://www.independentliving.org/docs6/ratzka200302b.html.). Their parents will look for new residence and provide something to facilitate them. In 3-5 disabled persons with similar disability, they stayed together by sharing personal assistant to facilitate in some period of time. In the context of Thai society most persons with physical disability were living with their family or spouse even though some had passed the pilot training project and able to live independently in certain level. Because family was essential bases in Thai culture, the policy for taken care of the disabled was not appropriated like the welfare policy in the developed countries and the environment condition did not facilitate for independent living. Thus, Independent living for Thai disabled was different from western social context.

2.4 Social discourse, bio-power and disability

The understanding of bio-power and knowledge in the modern society had an effect to the independent living of the disabled persons. It was another interesting point that Foucault had been studied, that was as follows;

2.4.1 Social discourse and disability

Foucault mentioned that social discourse was the blending of power and knowledge. It was the power to determine what was the truth and morality. He believed that what we saw true was only part of what had been built and made believe that it was true until people perceived that it was. The reality was not the thing that was on the outside,

when the man found it and accepted that it was reality. But the reality was the production and management by the discourse for the society to follow and believe that it was knowledge and discourse that was naturally truth, not had been built. Not only the discourse but also the relationship with the status and role of the presenter in the social was mechanism and technique in producing reality. So, if the truth was the discourse that had been built, the decision whether which was true would happen under the power. Thus, Truth was happened under the frameworks of power (Foucault, 1977: 55-62). If we looked back to social discourse of the disability, we found that the social discourse derived from medical knowledge that defined the disabled persons as incompetent, incomplete, abnormal, impairment, separated from other or different. So, western society perceived the disabled persons as a child that could not help themselves or a defect product, unnatural, not interesting, pity, unproductive and exclude out of the society.

The image of the disabled persons in the society was labeled as the lost of capability, devalued in the society, made others against, hated and fear. Thus the normal people had power to determine the regulation and control the disabled living until they became dependent and separated from the society (Anderson & Kinchin, 2000: 1163-1173). So, the social discourse had impacted to self-concept, personal value, working, disabled capability development and independent living of the disabled persons. For example, the determination of exclusion criteria of severe disabled persons for the employment and rehabilitation because of the inability to be recovered as target without other service. Although the disabled persons could not avoid this social discourse, the important thing was that they should not be under this power. They should turn to find their remaining capability and think of how to develop it appropriately. If the disabled persons could change this perception, it would help to develop their mentality and psychology to easily overcome the disability and social discourse.

2.4.2 Bio-power and disability

Foucault mentioned about the new type of power that was the disciplinary power, which replaced sovereign power of the King in the past. It was the power inside the person that was controlled by punishing in public to show the disciplinary

power to make other people fear. The disciplinary power derived from the professional knowledge in the modernity period. In 17-18 century, disciplinary power had been widespread in every level of the society and the surveillance, the categorization, and the intervention by the social professional were more efficient than the old type of power (Foucault, 1975: 1-73).

This bio-power was one type of power that control over bodies, which consisted of 2 levels; first, the power affected on individual body and second, the power that had directed effect to all population. It was the power in the modern period that controlled the body to docile by producing a set of knowledge to explain in order to make the body as a subject for inspection and surveillance. It was controlled by the invisible power behind the professional. Foucault thought that the most successful power should be able to hide its mechanism as much as possible. (Foucault, 1977: 55-62). There were 2 types of bio-power or power over human body.

1. Anatomo-politics of human body., It was the smallest branch of power directed to body of individual in which the body was seen as machine that had the status of producing, and being controlled by disciplinary power until it was docile and able to utilize as needed .

2. Bio-politics of population. It was the power over the population. States would mostly control and intervene the part that concerned with economic and social that owned by states, for example, communication diseases that caused the decrease in efficiency or the increased aging population that state had to expand their social care to the elderly, so they would set up policy, laws and discourse to build authority power. For example, the medical power could to control the daily life of the patients through medical surveillance. It was the invisible power but could force people to control their body as determined by physicians. Apart from medical power to individual, it spread to wide range of population by determining the health and hygiene policy and targeting for good health. It was considered as the medical power to control the bodies of population that they could not see. They were controlled without questioning or disputing by medical power. (Foucault, 1975: 1-73).

The disability was another example of medical model to define and force it. It effected to the way of life and working of disabled persons and made them depending on others. It means that medical model, in anatomy and physiology term,

explained the disability as the result of dysfunctional of human organs. It was the clinical identity to intervene or manage the symptoms and disabilities in order for the treatment and rehabilitation. The concept of medical process based on the assumption that the disability was part of the person and the person must adapt oneself to the society, so, the disabled persons must recover their capability to follow the expectation of the society where people called “Normal” or must recover the disability to be nearly normal. At the same time, the severe disabled persons will be determined by the group of professional to be incompetent and separate from the society because of inability to recovery. The social welfare system was built based on the normal people that it was not necessary adjust the social structure for the disabled persons; instead the disabled persons must adapt themselves to the society of normal people. This was inevitably affected to their life and behaviors of various types of them, which led to social evaluation and determination. This had affected to the disabled persons that they must depended on the others. They were forced to become inferior, poor and minority group in the society. Thus, they were lack of opportunity, unable to access to social service and separated from society, including the environment condition had obstructed the disabled persons to access the social service like normal people.

Besides, the medical knowledge that categorized and separated the normality from abnormality also had impacted on the disabled persons’ way of life. In the late 17 century, Foucault had written a book called “Madness and Civilization”. He pointed out the concept of categorizing the social abnormality by imprisoning all abnormal people, which included the madness, beggar, prostitute, jobless and the poor together. Hospital was not only the place for medical treatment, but for practicing these people to work and produce. During that time, the capitalism and trading was booming, so labor and production were the key of capital. Foucault commented that this evidence was the result of the definition. The expected society was the society that everyone must work for productivity. The laziness and inactive people were the cause of decline and messy. The insanity was the most practical of unreasonable people that must be controlled and imprisoned not to live with normal people in the rational world. (http://www.scribd.com/doc/13625319/Madness-and-Civilization-by-Michel-Foucault-1965)

The disabled persons were facing with the same fate in defining as incompetent and abnormal, for example, the medical power had defined the severe disabled person as unable to rehabilitate so they were separated with no other services. Such actions had been accepted without questioning of right or wrong. So these disabled were left by the society. Moreover, the categorization of abnormality also had affected in working. Foucault explained bio-power or power over body as the technique to manage with the body of individual by using disciplinary power, starting from producing a set of knowledge to explain and made the body as a machine for production and must control body to follow the expectation of the society until it was docile and able to utilize as needed, (Foucault, 1975: 1-73) for example, medical knowledge that used to explain disability as abnormal, incompetent, and unproductive compare to normal people so they were marginal group that had no opportunity to work, no income or insufficient, poor, separated and left as burden of family and society. Not only had the society been thinking like this, but the disabled persons themselves also, without questioning. However, we found some group of the disabled persons could have freedom from this medical power and could control their bodies to do what they desired. They could have independent living and self decision making. Human body was another aspect that sociologist and humanist interested in. This study brought the human body aspect to explain the transitional process to independent living by understanding and absorbing experience through embodiment in building civilized body (Saipin Suputhamongkol, et al., 1998: 40-49). Civilized body was the concept of Elious who studied the process of converting human body in biological and sociological term to civilized body. During 17-18 centuries, through kingdom's court and high-end society that could naturally adapt their bodies and became civilized body. They will practice and force the body to do what they desired in order to be civilized. It means the body would be capable in reasoning, self-control, emotional control and able to check the activity by themselves, which was the opposite of uncivilized body that was controlled by emotions, without reason. It responded to the personal need without limitation and caring of others. The same as when the kingdom's court established the detail of tradition in managing human body to separate according to the status and role in the society. It was to show that the actions in the kingdom's court were the prototype that was higher than others.

The civilized body occurred from the fear of being attack in the society that was out of control, so it changed the individual behavior from external control to internal control and developed to civilized body, which had 3 important processes as follows; The first process was the socialization to rearrange the natural body by using advanced technology, for example, building toilet to keep the body secret. The second process, the civilized body would be able to control themselves through logical thinking and separated the part of body that could be controlled .The third process, civilized body was socialized the body and self concept, which Ellious told that body, emotion and action were shaping by the process of civilized body and consideration about their body and self perception that differ from others (Saipin Suputhamongkol, et al., 1998: 40-49).

The process of civilized body had been continuously developed. It could change each organ in terms of biology to become civilized body. The independent living of physical disabled was the same as in developing the disabled body to civilized body by controlling their bodies logically. For example, the physical disabled who could live independently needed to pass the socialized process as follows;

1. Training defected body by using technology and provide facilities for independent living in order to live with their disabilities, for example, he could not use their arms and legs but he could use their month to blow the wind for clicking mouse to use the computer or someone could use his mouth to drive their wheelchair.

2. Civilized body had self-control. Their actions based on logical thinking and could control the body. The disabled persons could not eat by themselves. if they continuously practice, they would be able to do it, even though the disabilities were still with them.

3. Body, emotion and action were shaping by the process of civilized body and consideration about their body and self perception that differ from others (Saipin Suputhamongkol, et al., 1998: 40-49).

The same as the disabled persons with independent living, needed to fight with their disabilities and identity to be recovery. So it could be mentioned that they had the power to determine the role of their body like normal people then the body was controlled to civilized body.

2.5 Transitional process to independent living

Everyone had transition from one condition to another in each period of life time because they had growth and development from childhood to teenage, from teenage to adult and elder or from woman to wife. The transition may occur in terms of role, health and sickness, for example, from healthy person to disabled person or chronic illness person. Although the transition could not be avoided, we could prepare and protect what may occur, which would help getting through transition happily. (Farida Ib-rahim, 2003: 176-179)

Chick & Meleis (1986: 237-257) mentioned that the transition was an open system that had the responsive process toward events. It was changing from antecedent events with instability in life or disconnectedness to outcome events with stability and connection. The transition may occur in various forms;

1. Developmental transition. The transition from childhood to teenage or old age

2. Situation transition. The change occurs according to the situation of life such as situation of working or learning.

3. Health and illness transition. The change occurs according to diseases and illness that the individual had adjusted their way of living such as persons with cancer or HIV infection.

4. Organizational transition. The change occurs according to organizational changes such as new leader, new management system, and new working system reformation. The transition to independent living of the disabled persons was health and illness transition from the ability to performs activities in routine life to unable to lift their arms and legs or must depend on others. However, some of them were able to transit to live nearly the same as normal people even though the disabilities still exist. This transition had challenged Thai social context that perceived the disabled persons as incompetent and must be assisted. In order to consider which events would be transition, we must consider from the following characteristics; 1) The event occurred in process, 2) The event had changed the way of living, comfort, reputation, honor and identity. 3) The individual perception during the transition. The perception of event was good then the transition would be good though its process was difficult and complex. 4) The perception. When the transition

occurred, the individual must accept it prior. 5) Pattern of responsive to the incident, the individual with transition will change in self-concept and self-esteem and will be able to maintain the same role. 6) The transition dimension was complex. It was considered from its period, scope of complexity, concentration, backward and forward of change and the result of the transition. This result could be predicted or had clear scope.

Chick & Meleis (1986: 237-257) explained transition as complicated process, which consisted of 3 phases that conform with the transition process to independent living of the disabled persons, which were;

1. Ending phase. Individual found the present life and living had ended. The disabled persons who could not move their arms and legs like before, would lead to this phase that life used to be and role used to play, were ended. They would confuse and worried of the future**.**

2. Neutral phase. Individual tried to adapt to normal condition in order to cope the next phase. The disabled persons as well tried to adapt with their disability. However, some people may not be able to accept the disabilities and could not pass through the second phase, which will suffer with their disabilities.

3. New beginning phase. Individual was ready to accept and play the new role. When the disabled persons could accept and confront with problem and disabilities, then they would pass to the new condition with hope, target setting and personal skill practice for taking new role of independent living.

The transition of individual had similar process. Each individual had different transition process and would transit to different target destination. Some may achieve but some may not. They may change backward and forward depending on the changing condition. The transition may be easy or difficult depending on 2 factors, as followed;

1. Personal Factor. It was consisted of mentality process, psychological and behavior process that must be changed, as followings;

1.1 Meaning process of individual transition could result in positive and negative. If the disabled persons perceived disabilities as only the lost of function in some organs not the disabilities of whole life, it will result in adaptability and easily leads to transition.

1.2 Expectation. The expectation of transition related to stress. If the transition occurred as expected, the stress will be reduced. However, the individual expectation must conform to the society expectation. Most of the disabled persons were disappointed when the disabilities did not disappear but if they still hope to live with disability, it was possible to create transition.

1.3 Level of knowledge and skill. It was necessary for transition. The knowledge and skill was necessary for self-development to get through the transition completely, for example the arms and legs disabled needed the knowledge and skill to take care themselves and manage their bodies, so that they could function with the disabilities.

1.4 Level of planning – The preparation to separate the issues of problems, other resources and concerned people to facilitate during the transition period. If individual had good planning, it would help the transition to be easier and complete. The disabled persons also needed to plan on how to manage the remaining resources including family support in order for transition to independent living.

1.5 Emotional and physical maturation was an important factor to make the transition easier. The report indicated that stress, emotional pressure, worried, insecure, role confusion, fear of role failure, and low self-esteem, usually occurred during the transition (Farida Ib-rahim, 2003: 176-179). Especially the self-esteem was important for the disabled persons to recover. They could set goal in their lives and developed themselves for independent living.

2. Environmental factor was the factor that supported the transition to be easier and more comfortable, for example, ramp inside the house or in many public places could facilitate the independent living of wheelchair disabled. So the wheelchair disabled could access to other places.

The result of transition may occur in 4 forms; 1)Transition to recover (Restoration), 2) Maintain previous condition (Maintenance), 3) Transition could be prevent (Prevention), 4) Support better condition (Promotion). The successful process of transition would lead them to be stable and connected life. The process of transition is showed as following diagram2;

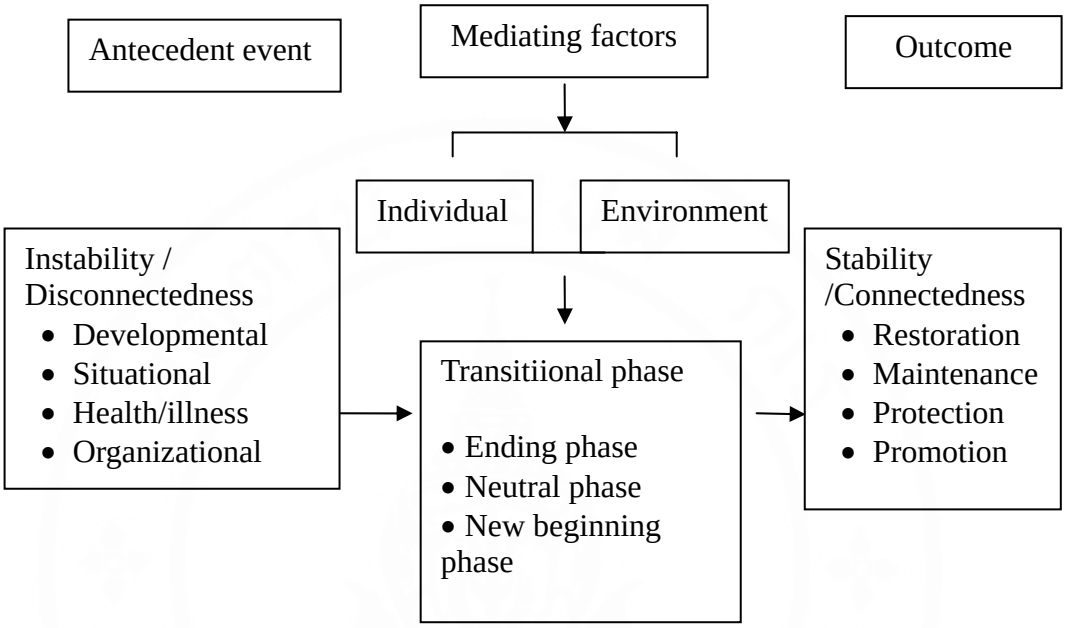


Diagram 2 The relationship between factor and outcome of the transition

(Chick & Meleis, 1986: 246)

From the mentioned transition concept, it could be said that transition to independent living was a complex transitional process of health and sickness. The dimension of mentality, psychology and behavior of the disabled persons were changed. The perception of the disability changed to positive, disabilities acceptance and to adaptation of living for independent living, as the following;

1. Transition by defining the meaning of disabilities in the positive ways, which means perceiving the disabilities as the lost of some organ not the whole life.

2. Transition with hope; hope to live with the disabilities though some organ could not be functioned. These hopeful disabled persons had more opportunity to get to the expected transition more than the hopeless disabled persons.

3. Transition with knowledge and skill development. The independent living disabled persons definitely need to have knowledge and expected skill development such as the disabled person with no hands and arms but they could use

their mouths to draw pictures. Then, they must have knowledge and skill development in painting by using mouth continuously.

4. Environment, ramp is a necessary environment for wheelchair disabled to help them to move like normal people.

5. The disabled needed life planning, how to manage the remaining resources and family support in order to transit to independent living. The result of transition may be in different forms; the complete transition, incomplete transition, and no transition.

Then, how we know if the transition was successed. The important indicators of transition were 1) The feeling of happiness, which showed the ability of adaptation, managing emotion or better quality of life and self-esteem improving. 2) The ability to stay in new role happily. 3) Good relationship between individual, family members and others.

2.6 Dimension of transitional process to independent living of persons with physical disabilities

Thai culture, values, and social factors perceived the disabled persons as pity and need to be helped and inevitably dependence. So the disabled persons with successful transition to independent living must go through complex process and must resist to these culture pattern and difficult social factors. Their way of life should be considered as role model that needed attention.

This result must be seriously studied and would be the guideline to promote other disabled to become successful.

Researcher had reviewed the concept and theory concerning sociology and psychology, which found 4 dimensions of transition as followed;

2.6.1 Mentality and Psychological dimensions

2.6.2 Behavioral dimension

2.6.3 Family and social dimensions

2.6.4 Environmental and Facility dimensions

2.6.1 Mental and Psychological dimension

It could not be refused that disabilities was the crisis in one's life. Caplan had defined crisis as the condition of losing personal emotional balance when facing with dangerous incident that could not be avoided or solved. So, when the disability occurred in the family, it would be crisis in both individual and family because of the difficulty in routine life and works.

The responsiveness of crisis occurred in sequence from shocking or unacceptable of the disability to be confusion, depression and hopelessness. If they could change and accept their disabilities, they would be able to live with the disabilities happily. Leavitt (1990: 447-453) had divided the crisis into 4 stages that;

1. Stage of shock. It was the stage that the person aware of the impact of the event; felt shocked, unbelievable and refused. This stage may take a minute or hour or longer.

2. Stage of escaping or confusing. The persons will have strong feelings; anger, hopeless, conflicted, depressed, confused, disappointed, and deeply regrets

3. Stage of accepting or recovering. The individual started to accept and tried to find the way to solve the problem again. Their thought were settled, no confusion and could solve the problem efficiently.

4. Stage of adapting or restoring. The individual could adapt and control the situation and lived appropriately.

Thus, the responsiveness of crisis for the disabled persons had relationship with the process of transition to independent living in mental, psychological and behavioral dimensions. In the first stage of the disability, they had confusion, depression and hopeless in life until they found that it was not unavoidable and they must confronted it. Later they could accept their and tried to find ways to solve it. Finally they could live independently and make decision by themselves. However, every disabled person could pass the transitional process successfully. Some may stuck at the first stage and had depression, some may pass the stage of acceptance but the condition of environment did not facilitate for transition so they might turn backwards to the earlier stage of transition.

It could not be refused that persons with physical disability may lose self-

image, especially those who used to have good image or reputation. Self image had relationship with pride and self-esteem. It means that the person who like and satisfied with their physical appearances, they usually proud and had high self-esteem. On the opposite side, the persons who had abnormal desire physical appearance, they would have lower level of pride (Hamcheck, 1978: 128). Besides, image also related with self-concept, feeling of the person's posture, efficiency in working of each organs, sexual performance, health and the acceptability of self image by others, The society perceived the disabled as incompetent or low efficiency, it would lead them to lower or negative self image(Price, 1990: 21, 57).

The acceptance of self image was considered as part of accepting oneself that the person had already compared with the self image in their mind. Whether similar or different, it created the acceptability in different ways. It may occur in positive or negative. At the same time, the reaction of other people also had an impact on the acceptance of self image. For example, the disabled persons knew that others perceived them in negative way; they would be worried and perceive their self image negatively or thought that they were valueless and unable to accept their self image. Thus, the acceptance of self image that changed was very important in adaptation and living. Especially, the disabled persons that accepted their self image, they would had higher self-esteem (Darling-Fisher, 1985: 73). The disabled persons would accept their self image or not, it depended on the following factors;

1. The self image was toward the damaged organ, for example, male would pay attention to sexual organ, arms and legs but female gives importance to face, finger and breast(Rambo, 1984: 280). Ray found that female patients with breast operation will be depressed, worried and keep out of society more than the patients who cut gall bladder (Ray, 1997: 373-377). The people who lost external appearance had impacted to the psychological more than the people with lost of the internal organ (Karnjana Jamphatom, 1989: 116)

2. Receiving assistance, morale and other supports – good support would help the disabled persons to control themselves and solve problem but if there was no or insufficient support, it would result in stress and worried

3. Attitude of others, if surrounding people had good attitude towards the disabled persons and provided them an opportunity, it would result in

acceptance of self image more (Darling-Fisher, 1985: 73)

4. The definition of the changed image, if the disabled persons defined their disability as the lost of some organ, but other part could work properly, then the changed image from disability would not have any impact to the capabilities of the disabled persons. On the contrary, if the disabled persons defined it as the lost of capabilities or incompetent, then it would decrease their self-esteem and unacceptable of self image.

5. The ability to face problem. If the person could face problem and succeed, it would result in more acceptance of self image. (Darling-Fisher, 1985: 73)

6. Period of time . if the changes of self image occurred suddenly, it would result in harder to accept than the changes that happened slowly. (Darling-Fisher, 1985: 73).

7. Age . self image was the result from experience in each period of life. Teenage or young people will response to the changes of image better than the older people

8. Personality. The person who proud with their image a lot, when it was changed, the reaction would be more severe than the person who was less proud with their image.

9. Gender. Male and female had different concerns when discussing about the changing of image. It depended on the structure and role in the society. Image of female emphasized on the functioning of organs that represented femininity, but male emphasized on the success of work more than physical appearance (Compton, 1973: 53-65).

The changes of self image had impacted on Persons with physical disability. It effected to their pride and acceptance, including the adaptability to the disabilities that occurred. It also effected to the transitional process to independent living of persons with physical disability. So, this studied had chosen only the persons with physical disability that happened later, not from birth.

Every society in the world had divided and labeled on the disabled persons that was not capability. At the same time, the capitalism society came in with an intention to produce and compete. So, the disabled persons had the tendency to be

devalued, could not be competed and separated from their society. Besides, social discourse defined as the separation, hated or decreasing of value in human. Foucault (1977: 55-62) mentioned social discourse was the blending of power and knowledge. It was the power to determine what was the truth and morality. He believed that what we saw true was only part of what had been built and was made and believe that it was true until people perceived that it was truth. The reality was not the thing that situated on the outside and when human found it and accepted that it was true but it was the production and management by the discourse until the society leaned and believed that the knowledge and discourse was naturally truth (Penchan Cherer, 2006: 78-107).

The social discourse that derived from medical ideology had defined the disability as incompetent, incomplete, abnormal, impairment, separated from other or different. So, western society perceived the disabled persons as a child that could not help themselves or a defect product, unnatural, not interesting, pity, unproductive and against the society. The image of the disabled persons in the society was dawned the capability, devalued in the society, made others against, hated and fear. The disabled persons had been determined the regulation and had been controlled to become dependence and they were separated from the society (Anderson & Kinchin, 2000: 1163-1173).Thus, social discourse had impact on self-concept, self-esteem, working, disabled person capability development and independent living of disabled persons. We could see from the determination of recruitment qualification and the separation of severe disabled person because they could not recover as determined target without other service. Although the disabled persons could not avoid this social discourse, the important thing was the disabled should not be dominated by this social discourse. They should review that disability was the incompetent in some part, not the whole life. They should turn to look at their remaining capability and developed it appropriately. If the disabled persons could change this perception, it would help them to develop their mentality and psychology to overcome the social discourse.

Apart from that, the self concept also had relationship with the independent living of the disabled persons. Roger (1951: 136) mentioned that self-concept was the perception of oneself, to perceive their personality, capability, relationship with other people and environment. Fitts (1972: 9) defined self concept as the feeling, thoughts, believes, values, and perception about oneself in physical,

emotional and social. Self-concept was developed according to age and maturity, which could be positive or negative depended on the environment. (Ratana Tongsawat, 1994: 23) The person who had positive self concept will have good personality and openness because they had experience to be accepted and success. The person, who had negative self-concept, usually worried, anxious and misperceived. In general, each person had adaptability mechanism, but if he did not adapt, he would feel valueless, and had negative self concept.

The lost of self concept was an important experience. We usually find in our life and it had impact to our way of life. This lost could occur in many forms. It might happen suddenly, unexpected and lost only some parts or many parts or all, whether temporary or permanent. It affected to the feeling of self ; self-devaluation, decreased in self-respect and low self esteem (Ratana Martkasem, 1984: 21). The lost of self-concept was the important factor of depressed, and self-hatred. The person with loss of self had followings behaviors;

1. Criticize themselves negatively for example, stupid, bad
2. Feel less competent, usually avoid or ignore in adapting or making things better
3. Physical symptoms such as high blood pressure, fatigue or risk for drug addiction and unable to work.
4. Destruction and anti-social behavior.

The lost of body whether in shape, role or performance of the organ would lead to the lost of mentality. It had impact to the psychological and roles in the society, culture and environment. For example, the persons who lost arms and legs would change their self-concept and unable to take role in the same condition, such as, the role of head of family.

Psychologist said that self-concept had effected to the behavior and adaptability of the person. If self-concept was stable, the person would adapt themselves effectively, had self confident, proud and not inferior. If the person had negative self-concept, they would be inferior, lack of confident and emotional instability. Thus, if the disabled persons had positive self concept or self-esteem, they will make good planning in their life, which conform with concept of Fitts mentioned that the positive self concept see the world in wider angle and according to reality,

had secure personality, live in the society happily, eliminated the difficulty and pressure in daily routine life appropriately, perceiving the success and values in living and believing that they could live better than the persons with negative self concept. As indicated in the study, the disabled persons in 5 provinces; Udonthani, Sakonnakorn, Khon khan, Nakornpanom and Loey had negative self feeling such as sad, depress, inferior and lack of self confident , so the opportunity to develop capability was decreased. The disabled persons had lower level of self-dependency (Kawee Tangsubutra, 1990: 46; Komin Chaonatai, 1988: 1-3). Self-concept and social support had positive relation with self dependent in economy of the disabled persons (Sukanya Viboonpanich, 1993: 136).

The disabled persons must confront with the social belief, which were the strength of mind and their capability in living. They must have a strong heart, diligent and should show potential of works so that the society would accept the capability (Hallum, 1995: 12-50). So, self concept had relation with their independent living and should be further studied on how they lose their self and how to recover. This transitional process had relation with the concept of hope. Synder (1994: 535-542) had mentioned in the concept of hope that it was the continuous process of cognitive set that consisted of the power of intention to perceive success and plan their way of life and goal. It was emphasized on goal-directed thinking. It had been divided into 3 parts, which were;

1. Goal. It could be object, experiences, or achievement that the person desired

2. The power of intention. It was the intention and perception of capability to proceed to the setting goal, for example, the thought that I can.., I will try…, and I am ready to do it. This power of intention not only helped to achieve goal, but also help to cope with obstacles that may occur.

3. The power of pathway. It was the finding of the way to achieve goal. The individual, who had good pathway, would be able to appropriately adapt and conduct their goals and overcome the obstacles.

Synder (1994: 535-542) mentioned that factors that had impacted on the level of the person’s hope were;

1. Cognitive ability. It was the ability to manage the events and

get to the expected goal.

2. Social support. It was the things that received from relating with others, which would lead to assistance in tangible, psychological response, emotional support and social acceptance.

3. Physical health, the person who was healthy would have morale to find a way to achieve goal

4. Successful experience of oneself in the past. It was the important factor to drive and support the person to have hope.

The hope was the cognitive process that the disabled persons could set goal for achieving. Therefore, to support the disabled person to have hope was like giving a compass for them to walk to the appropriate destination with their desire and conform with the disabilities so that they could live in the society again.

The transitional process in mentality and psychological dimension was an important factor as the first step to motivate the disabled persons to reconsider their lives. It started with acceptance of their image and disability, self-esteem, look across the viewpoint and social discourse and hope for life in the future in order to recover. This process helped them to recover their cognition and mentality to be ready for independent living.

2.6.2 Behavioral dimension

The transition process in sociology and psychology aspects could be explained in many concepts, such as bio-power concept, empowerment and adaptability as follows;

Bio-power was another concept that had an impact and relation with transition process in behavioral dimension. It means that bio-power was one type of powers that Foucault suggested the power over bodies, which emphasized on the individual body and the whole population. It was the power to build discipline from the knowledge of professional in modern society. In 17-18 th century, this power was widespread in every level of the society (Foucault, 1975: 1-73)

Foucault mentioned that medical gaze was an important tool to control human bodies until it became docile body (Foucault, 1975: 1-73). Physicians developed the method to control the daily life of the ordinary people by using the

process of medical gazing that made human became an object, which could be active and passive at the same time. It was an invisible power that could force individual and population to be disciplined at all time. For example, medical knowledge power in the modern period could force the body of individual to follow without questioning by determining health and hygiene policy and sanitation. These were the power to control the bodies without questioning.

The disability was another example of the medical power that professional defined and it had effects to the way of living and working of the disabled person and made them depending on others and become another edge of the group. It means that medical model, in anatomy and physiology context explained the disability as dysfunctional of human organs especially severe disabled. It was the clinical identity to intervene or cope with the symptoms and disabilities in order for treatment and rehabilitation. The clinical process will manage the usage of medicine and operations.

The concept of medical context based on the assumption that the disability was a part of the individual life and they must adapt oneself to the society and environment that based on the normal people. So, they must recover their capability to follow the expectation of the society that people called “Normal”. They must recover the disability to be nearly normal though they knew that it was impossible. At the same time, the severe disabled will be determined to be incompetent and separate by the group of professional because they could not achieve to rehabilitate. The social welfare system was also built base on the normal people, so it was not necessary to adjust the social structure for the disabled persons. So the disabled persons must adapt themselves to live in the society of normal people. This was inevitably affected to their living and behaviors. It led to determination, affect and obstacle for the disabled persons. Finally, they depended on others and forced to become inferior, poor and minority of the society. Thus, they were lack of opportunity, unable to access the social welfare service and separated from the society. Including, the environment conditions was obstructed the disabled persons to access the social service like normal people.

In the late 17th century, Foucault had written a book called Madness and Civilization (http://www.scribd.com/doc/13625319/Madness-and- Civilization-by-Michel-Foucault-1965). He pointed out the concept of categorizing as abnormal, all

abnormal people were imprisoned. The abnormal people included the madness, beggar, prostitute, jobless and the poor together. Hospital was not only the place for medical treatment, but for practicing these people to work for production. During that time the capitalism and trade was booming, so labor and production were the key of country development. Foucault commented that the detention and separation of abnormal people was the result of the definition, especially in capitalism society that expanded rapidly. The expected society was the society that everyone must work for productivity. The laziness and inactive persons were the cause of decline and messy. The insanity, which was the most practical of unreasonable people that must be controlled, imprisoned, they should not mix with normal people in the rational world (http://www.scribd.com/doc/13625319/Madness - and - Civilization – by - Michel-Foucault- 1965).

The persons with physical disability were facing with the same fate to be defined as incompetent and abnormal. For example, the medical power had considered the severe disabled persons as unable to rehabilitate so they were separated and had no other services. These actions had been accepted without questioning whether right or wrong. So these disabled were left by the society. Moreover, the categorization of abnormality also affected their works.

Bio-power was explained as the power over body by using disciplinary. This power started from producing a set of knowledge to explain and made the body as a machine for production. The body must be controlled to follow the expectation of the society until it became docile organ and generated benefits (Foucault, 1975: 1-73). For example, medical knowledge explained disability as abnormal, incompetent, and unproductive when it was compared to normal people. So they were excluded with no opportunity to work, no income or insufficient income, poor, separate and left as burden of family and society. Not only the society had been thinking like this, but the disabled persons also thought like this without questioning. However, there was another group of disabled that did not think like this and had success in transition to independent living. They could manage and control their bio-power and body, which was not easy and had a complicated process.

When the persons with physical disability had hope, definitely, they needed empowerment from surrounding people to achieve it. From the review

literature, we found that the process of empowerment was the basic process in supporting the disabled to independent living. This empowerment helped drive their intention to achievement. The empowerment was process of interpersonal relationship to develop capabilities and personal living (Price, 1988: 21-57). It was the process to empower and support the capability to control lives (Gray, et al., 1990: 1-9).The study of Gibson (1991: 354–361) divided the process of empowerment into 4 stages as follows;

Stage 1 Discovering reality. The persons were encouraged to accept and understand their situation. In this stage, they may response in 3 aspects; emotional, cognitive, and behavior.

Stage 2: Critical Reflection. The individual tried to carefully review the situation in order to make decision and manage the problem appropriately. They could understand their problem, find out the alternatives, considerately review and get new aspect. When they could solve their problem and their self would be developed too. In this stage, the sense of personal control was developed by re-thinking and realizing the strength in their mind, competency and confident in their capabilities. They dared to make decision and take care themselves. It could be said that this stage was an important stage that led to decision making for appropriate actions and helped them to perceive the sense of bio-power. When they passed this stage, they would be strong, competent and had more power for transition.

Stage 3: Decision making for appropriate activity. The individual could make decision themselves to control and interact with other to exchange information. Later, they would make decision for selecting the best appropriated actions for themselves. The persons would have various alternatives and select an appropriate one for their lives.

Stage 4: Holding on with the efficient behavior. This was the final stage of empowerment process after they chose the way to behave effectively. After they had succeeded, they would have confident, empowerment and the ability to maintain the behavior for the next problem solving.

The empowerment had been used in various aspects. The method or strategy was different depended on the goal and environmental factors as following;

1. Useful knowledge and information. The individual must

perceive and understand the concerned situation correctly and have enough knowledge and information to act.

2. They should be counseled, advised and guided appropriately .

3. They should provided resources to support and to facilitate.

4. They should participate in decision making, goal setting and alternatives.

5. Positive evaluation. They should be feed back with positive evaluation for motivation and willpower.

6. They should accepted the individual, promoted self esteem and accepted their capability.

7. Group support was the process that each perceived problem differently and understood problems various aspects. It would influence in making decision and viewing of problem, which may direct to problem solving.

This empowerment could be applied in peer counseling, information sharing, and rights protection including participation for decision making, goal setting and positive evaluation. The feedback of empowerment may motivate and create morale for further actions. It was believed that the disabled person, who had been empowered, could have the consideration for selection, goal setting and plan for actions by controlling themselves. This empowerment was another step to support their adaptation to independent living.

Adaptation concept was another interesting concept, which considered as the interaction between human and environment. It resulted in 4 dimensions of behaviors;

1. Adaptability in physical integration. It was the behavior to response to the basic needs and physical stability. When there was a disability, the physical was adapted to response the basic needs.

2. Adaptability in self-concept. It was related to the belief and feeling including the physical self. It was included the perception of sensing, personal self, moral ethical self, self consistency, self expectation, and self esteem. The adaptability in this aspect was important for transition to independent living because before the disabled persons could stand up, their positive belief and feeling towards themselves were emerged prior.

3. Adaptability in role function. The role in social led to create stability and acceptance in the society. The individual who lost some part of their organ was definitely lost their role functioning, so they must adapt the role according to their disability appropriately.

4. Adaptability in interdependence. If the dependency between oneself and others was appropriated, it would lead to mental and social stability. The defect of adaptability was found in two behaviors, which were;

4.1. Behaviors of Inappropriate dependency on others were behaviors of excessive need for assistance. We mostly found in certain disabled persons who had excessive dependency behaviors.

4.2. Behaviors of Inappropriate self-dependency was behaviors of refusing to ask for assistance from other, although, they could not self help completely.

The individual would be able to adapt or not, it depended on 2 factors; 1) the level of severity of stimulant or level of changes 2) level of personal adaptability (Farida Ib-rahim, 2003: 176-179). The disabled persons must pass the process of adaptation on the lost of bodies. It depended on the severity of disability and the ability to adapt themselves. The adaptation of emerged by re-thinking to cope it and performing appropriate role functioning according to their disability and independent living.

2.6.3 Family and social support dimensions

Social support was another concept in supporting the disabled persons to success in transition. Social support was a multi-dimension structure, which consisted of positive communication that made people bond to be part of the society and exchanged. and it means the support in social psychology, tangible, financial and labor that the person received from social networks (Tilden & Weinert, 1987: 120-132). Thoits(1982: 74-148) explained the social support according to Kaplan's concept as the level of basic social needs of the person, which occurred from relating to each others in social group. They had divided the support according to the basic social needs into 5 types as followed;

1. Emotional Support. It means the information that made the

individual believed that he received love and care, which mostly a close relationship and deeply bonded

2. Esteem Support. It means the feeling that indicated the person has value, accepted and valued by others

3. Social support or network. It means the action to indicate the person as a member or a part of social network and bonded

4. Information support. It means giving advice in solving problem or feed back about behavior and action of the person.

5. Tangible Support. It means assistance in objects, financial or services.

There was a report indicated that the disabled persons had low support from the society. The social support had positive relationship with self-dependency of the disabled persons in terms of economic (Sukanya Viboonpanich, 1993: 136). For the social support in arranging the environment to facilitate their transportation, the research indicated that the disabled persons who used wheelchair will travel by taxi, personal vehicles and pedestrian, respectively.

It was because the ramp could not completely facilitate them to the target destination, so they had to turn to use taxi or personal vehicles instead. The result from facility evaluation of public transportation indicated that pedestrian that most people use for traveling, had not been provided appropriately and it was not standardize so the number of wheelchair disabled used it for their travels was low. It indicated that the travels in society for disabled persons had been limited (Anun Siripruksa, 2003: 1-9).It had both direct and indirect effects for independent living of the disabled persons. In conclusion, the social support was an important factor for adaptability and living of the disabled persons. However, in Thai social context, most of the disabled persons received support from the society inappropriately.

The disabled persons will pass the transitional process to independent living successfully or not needed to receive emotional support, acceptability and esteem in both cognitive and behavior. Acceptance of the disabled persons to be part of the society and give opportunity to participate in the society including information support, tangible support and labor support to facilitate them, especially family support, had the major role in developing their capability.

Kanita Tewintarapakdee (1997: 62-64) mentioned the role of family was important for rehabilitation of Thai disabled persons. Family was the first unit and had important role in creating the capability in life planning to success and happiness according to each capability. Family should accept the real condition, understood clearly about their roles and functions on the disability. In reality, for the first time that they found their member was disabled, they must be sad, disappoint and hopeless.However, the parents must have confident that the modern technology could rehabilitate and recondition them to avoid disabilities complication. For the first step, parents must adapt themselves by reducing sorrow, anxiety and doubt of members in the family, which may require different period of time, depended on the attempt and wisdom to learn. They needed to use consciousness and wisdom to search for the remaining potentials in order to rehabilitate and substitute the lost function.

Guideline for family to practice towards the disabled persons were as follows;

1. Accept the real condition. The parents and family members must understand and accept their disabilities together for cooperation to adapt them appropriately

2. Study and look for cooperation and assistance from organization that provided rehabilitation service in medical, education, occupation and social as appropriate with the disability and their family.

3. Morale, suggestion, training, stimulating development, acceptance and adaptability were essential for them. They should receive opportunity to develop their potential, educational support, learning social regulation and discipline, and learn to give and take in order to live in the society happily.

Independent living in the developed country such as the United States and Sweden, in the definition of culture, independent living must separated from family and their parents will look for new residence and provided something for them. Some group would stay together in the same house which had 3-5 persons together and shared personal assistant to facilitate in some period of time.

In the context of Thai society, most physical disable persons were living with their family or spouse even though they were able to live independently in certain level. In the context of Thai culture, the state welfare policy for the disabled

persons was not ready like the policy in the developed countries and the environment condition did not facilitate for independent living. Thus, independent living for Thai disabled was different from western social context.

There was a research concerning the working condition, the understanding and attitude of consultant service providers for the disabled persons in 53 public and private sectors. The result found that the first priority urgent need of the disabled persons was the understanding from family members. Most of the disabled persons lived with their relatives, had good relationship with family but the financial problem was the most dispute issue. Approximately half of them were worried when they participated in the society and they were ashamed of their disability (Tawee Chausuwan, 1997: 180-239). Therefore, relationship in family, good behaviors of family members, accessibility of social service, training and psychological support were the important factors to support them to achieve the goal of independent living.

2.6.4 Environmental and facility dimensions

The social model that emphasized on the opportunity and accessibility of social service of disabled persons through social oppression theory had pointed out that not because of the disability that made them lack of opportunity in the society, but because of the environment that caused them to lack of opportunity, disadvantage, unable to perform activity and access to social service like normal people. (Penchan Cherer, 2006: 78-107)

It could not be refused that the present environment and facility was built on the basis of normal people who had 2 legs, 2 arms, 2 hands, a brain and normal sensing system. So, the disabled persons were unable to survive because the condition was not facilitate but if there was an arrangement of the facility to conform with the disability, then the disabled persons would be able to survive in the society. For example, in the western society like Sweden, Netherlands and Denmark, they promoted and supported in every aspect both public and private sectors by participating in determining the policy, welfare management to support for independent living, including residence, recruitment, education and others.

In Sweden, there is a law determined that in making new building must prepare facilities for the disabled persons, elderly and patients. Government also

provided budgets for personal assistance of severe disabled, home health care service, and other facilities. They arranged apartment and provided facilities so that the disabled persons could have independent living in both daytime and nighttime. Moreover, public transportation service also provided for wheelchair disabled to travel freely by underground train, taxi services, and van (http://www.independentliving .org.docs6/ratzka200302b.html.) In Netherlands, they provided residence for them in townhouse for staying together in group. The residence for them was designed to merge 2 homes into one for the disabled persons to stay with family and have facilities and shared personal assistance. (Tate & Lee, 2001: 88-112)

In Thai society, the policy and welfare system was determined to facilitate but there were no follow up to make it happened, for example, the law to determine that building must have facility for the disabled persons and elderly such as ramp, handled in public lavatory and the door must be wide enough for the wheelchair disabled. However, we still found that many new buildings did not have facilities as determined by law. There was a research indicated that wheelchair disabled would travel by taxi, personal vehicles and pedestrian respectively. This might because of the ramp could not completely facilitate them to the target destination, so they had to turn to taxi or personal vehicle instead. The result indicated that pedestrian that most people use for transportation had not been sufficiently improve and was not standardize. So the lesser wheelchair disabled could travel. It means that the space for the disabled person had been limited (Anun Siripruksa, 2003: 1-9). It had both direct and indirect effect for the independent living. Thus, the facilities and environment in Thai social context did not promote the independent living of the disabled persons as it should be. So, in this study, the environments were studied both inside and outside of the house such as ramp, handle, table and wheelchair but it was not included the major facilities and environments that government still could not provide or proceed.

In conclusion, the transitional process to independent living was a complex process that could develop backward and forward according to the experience of the persons with physical disability. It was related with psychological, behavioral, family, social and environmental dimensions that could be either supporter or obstacle for transition to independent living. This research has the objective to study the transitional process to independent living based on the

sociological and psychological concept in 4 dimensions as follows;

1. Transitional process in mentality and psychological dimension: acceptance of disability, self concept, and self-esteem

2. Transitional process in behavioral dimension: searching for alternatives, decision making, goal setting and skill practice according to goal

3. Transitional process in social and family dimension: family, social and community support.

4. Transitional process in environmental dimension: facilities and environment both inside and outside of the house.

CHAPTER III
RESEARCH METHODOLOGY

3.1 Type of research

This research was studied to understand the transitional process to independent living of the persons with physical disability, who could achieved the transition. They were divided into two groups, which were; 1) Disabled group who could achieve the transition by attending the training and become committee in independent living center. 2) Disabled group who could achieve transition by themselves and the society accepted.

The transitional process to independent living was the social phenomenon that had special concept and differ from natural phenomenon that scientific process or positivism research may not be able to access the fact. This social phenomenon was complex because it involves with mentality and disability especially self-esteem, decision making, acceptability and adaptability. It was a dynamic change depending on the perception and environmental condition of them in interaction with other people and concerning with family support. This had relationship with independent living. They were the limitation of positivism, so it may not be able to access to this fact.

However, qualitative research was the study that emphasized overall social phenomenon that had many aspects, at the same time, not stick to one aspect. It was the multidisciplinary study of the social and social science phenomenon to understand it and to study in-depth for social context and culture. It was emphasized on psychological factor and mentality factor that was behind human's behavior, especially behaviors of role model persons that helped the disabled to overcome the disability and stand up in the society.

This qualitative research was conducted to understand the facts by using case study to approach with in-depth fact (Santhatsana Sermsri, 1993: 60-107). So, this research used role model disabled persons as case study for transitional process. Not only they could achieve but also the society accepted them. It was interesting and

challenging issue in Thai social context. Presently, there was no study about the mentioned process for Thai disabled persons even though some group could achieve to independent living. This study not only intended to be descriptive study, but also explanatory study. The process of transition to independent living was not easy and the important thing was that quantitative research could not access this fact in depth. It was necessary to use qualitative research through storytelling to understand and to access knowledge and fact in-depth.

3.2 Ethics of research

This research was assured in human research ethics by ethics committee of Mahidol University. Researcher had considered about the ethics in human research as prior by considering and performing according to the following principles;

3.2.1 Consent to participate in this research.

This research considered and emphasized on the decision making to participate in this study. Before starting the research, researcher will explain the objectives of this research, research question and data collection. This conduction required tape recorder to analyze the data and told the positive and negative impacts for them. After the samples accepted to participate in this research, then they signed the inform consent to participate in this research.

3.2.2 Confidentiality

The researcher considered confidentiality of the samples as prior by not mentioning real name, surname, address and workplace of the samples. The researcher tried to prevent any impact or damage that may happen directly and indirectly. Tape recorder of these interviews was also confidential. It will not be broadcasted or published in the public. It will be terminated within 1 month after completed the process of research and publishing.

3.2.3 Respect for the rights of the samples

The researcher considered privacy as major issue such as starting from the

time to interview, home visit, making appointment; date, time, location and methods by decision and determining of the samples. The issue that had impact to the feeling of them, researcher would ask for permission and convenience for telling. If they refused to answer, researcher will skip the issue until they were ready. Researcher will stop the interview immediately if the third person comes nearby or when they did not want to interview to keep confidentiality and privacy of study group.

3.2.4 Accuracy of data

After completed the report of this research, researcher had sent the report to the samples for correction. If there was an error, researcher will correct it without any exceptions. The disabled told me that after reading this research, he felt like sharing experiences each other. They could see other disabled life and looked back to themselves with more acceptance and understanding. It created morale to fight with their future life with self-esteem and confident

3.3 The sample

The persons with physical disability may be congenital and not congenital anomalies. Now the disability without congenital had increasing incident especially disability from accident and the working age group of population. It caused them to lose capability for work. It has an effect to psychological condition and role in the society

The physical disabled was the first group in Western society who could achieve independent living and became the role model in social movement. Thus, this study aimed to study the persons with physical disability that could achieve independent living, which was the case study that considered as role model of transition that completed itself. It has not been studied in Thai social context before, so independent living concept would be in-depth understood.

This research did not aim to study in generalization like positivism research or quantitative research but it aimed to develop knowledge and in-depth explanation of independent living phenomenon; especially persons with physical disability. Researcher holds to the principle of qualitative research that if data was repeated or the

same as one before or its as pattern, it was the saturation point of the data that was sufficient data for this study.

Thus, the size of samples will be flexible number according to the data received. It was considered to the time, resources, and facility in researching. According to the suggestion of Creswell (1998: 165-167) mentioned that not to choose sample more than 4 persons for case study to support the concept and considered flexibly according to the knowledge and fact received from data. So, this research has determined the size of study group into 2 groups with 4 persons each including role model disabled persons, which total 8 persons as following;

3.3.1 The disabled persons who could achieve transition to independent living by attending training in pilot project in 3 provinces (2002-2004) which were Nonthaburi, Nakornprathom and Chonburi province. After the project ended, they still work for the other disabled in the center of independent living center in that province. The sample was selected from life history and general characteristics that similar as the second group. Besides, the address of this sample that researcher could visit at home, which total 4 persons. The guidelines for consideration are as following;

3.3.1.1 Mr. Fhasai is a severe disabled person who could use the remaining organ, which is chin to move the handle of electric wheelchair to go out and used chin to click mouse on the computer.

3.3.1.2 Mr. Arthit is a severe disabled person from chest to toe who has perseverance and not surrender to destiny and disability until becomes one of the disabled person who has participated in determining National policy of disabled persons.

3.3.1.3 Mrs. Rintarn is a severe female disabled person, which female disabled is less. Her disability is from chest to toe.

3.3.1.4 Mr. Torsaeng is a severe disabled person for hand, arm and leg. His family is a farmer, which has low to middle level of income.

3.3.2 Disabled persons who could achieve transition to independent living by themselves, they did not attend special skill training. They were accepted or honored by society as role model disabled persons and received award from the National Council on Social Welfare of Thailand. Its criteria were considered by life

history, the ability or attempt to fight without surrender to destiny and disability or the ability to rehabilitate themselves to live in the society happily or the ability to perform social service or the role model disabled (The National Council on Social Welfare of Thailand, 2008: 41). The samples were selected from life history and general characteristics that similar as another group. Besides, the address of this sample that researcher could visit at home, which total 4 persons. The guidelines for consideration are as following;

3.3.2.1 Mr. Tree is a severe disabled person who could produce wheelchair for bathing.

3.3.2.2 Mr. Patapee is hemi-paresis disabled person who is an ordinary villager, living in agricultural society. He could gather disabled persons in the province more than 90 persons to have vocational training during the beginning of achievement.

3.3.2.3 Mr. River is lower part of body disabled person who does not give up and attempt to continue educated until graduated master degree.

3.3.2.4 Mr. Meka is a disabled person who lost his leg and his arm and leg were distorted. He was a soldier who sacrificing for the nation and received good welfare.

3.4 The sample approach

The study aimed to search for knowledge and fact about the transitional process to independent living in role model group of the disabled persons. So the case study is determined as approaching in the role model disabled persons, which consisted of 2 steps that;

Step 1: The sample finding

Since the samples were the disabled persons who could achieve independent living by training or not, so the criteria for choosing these samples were important issues. Thus, this research method was determined into two groups according to prior evidence as follows;

1. The disabled persons who could achieve independent living

through training in the pilot project for independent living in 3 provinces (Nonthaburi, Chonburi and Nakornpathom). After this project finished, they still gathering and form up committee of the independent living center in the mentioned province to work for developing other disabled in their community to achieve independent living like them and also advocate the right of the disabled other, including calling for driving policy for the disabled persons in the society. Researcher had an opportunity to study their works for a certain period. I understood them and they intimated and rest assured me, so it was convenience to approach them and to find these samples.

2. The disabled persons who could achieve independent living but not through training. Researcher selected from life history that passed the selection process to be disabled persons of the year by the National Council on Social Welfare of Thailand during 2003-2007. These criteria was life history that : 1) The attempt to fight without surrender to destiny and disability. 2) The ability of rehabilitation by themselves for living in the society happily. 3) The ability to perform social service 4) Becoming the role model disabled for the others (The National Council on Social Welfare of Thailand, 2008: 41). Researcher received data and had good cooperation from professional of this council.

Step 2 Data collection

This case study of the disabled persons who could achieve independent living was studied through story telling of life history during the transitional process to independent living. This study did not aim only to know the phenomenon but also its explanation (Chai Potisita, 2004: 167). These data collection methods were as following;

1. Home visit that researcher could access to the life of the physical disabled and make them relaxed when telling story. Researcher also used nursing profession in taking care of their health and family to approach and created credit while visiting.

2. Life history was the approach to the fact that happened in their life and understood the transitional process that related to the persons and the culture covered them.

3. In-depth Interviews that the approach to the data that the samples

may not mentioned during the storytelling but it concerned and related to the transition or may be overlooked. Researcher picked up this mentioned issue to review and interviews so that the data would be more intense and in-depth.

4. Participation observation was the approach that not only learning the life of the disabled persons but also their culture (Chai Potisita, 2004: 302-325). However, interviews and take note may do together with the observation (Supang Jantavanich, 2007: 47). The environmental observation was both internal and external of their house that was also important issue and necessary for analyzing the transitional process.

3.5 Data collection

3.5.1 Home visit

Home visit was one form of services for health at home, which researcher used this technique to apply for this study. Knowledge of nursing and health care profession was applied in health and hygiene protection for them and family during visiting. It brought about rest assure and good relationship for approaching of their facts. However, home visit must be allowed by the disabled at first. During the visit, technique of storytelling, in-depth interview and observation simultaneously were also used for approach.

3.5.2 Life history study

Biography study was method to investigate external factor such as cultural, environment and internal factor such as self concept, hope and empowerment. These methods were used to understand and to explain why phenomenon occurred, why think like that, and what motivation. Life history study helped researcher to see the interplay between persons and culture.

So life history study differed from biography that tells when the people born, what performance and work, but no consideration about the relationship between the people and culture (Supang Jantavanich, 2007: 113-114). In this study, life history of the disabled persons who could achieve independent living in both groups, were

collecting by interview and note taking of them in primary data and secondary data. The secondary data may be published partly in the newspaper, report of public sector and the disabled person's book (Supang Jantavanich, 2007: 117-118).

Life history study was a delicate and complex work that needed to understand their context. Researcher needed to build good relationship and rest assure until they disclosed their personal lives. Researcher used the principle that "This study aimed to understand the achievement of transition that occurred, which is what they proud of and is the role model behavior for other disabled person to learn and imitate. Besides, the achievement should be published for the society to perceive it. At least it would change the way of thinking and traditional thinking in treating the disabled persons. It will be guideline in developing capability of the disabled persons in the future."

Researcher believed that these samples would have similar thinking, which could lead to fully participate in the research. Researcher needed to use technique of in-depth interviews in order to approach to attitude, believes, values and value of life. The interviews were both official and unofficial interviews. The accuracy of data were checked by observing its reasonability or checking it from concerned persons or repeat the same question in different agenda to make it more accurate and reliable. During data collection, researcher may tape-recorded or photograph. Besides, researcher informed this collection, then the samples must sign the inform consent prior for the confidentiality, safety and protection according to research ethics.

3.5.3 In-depth interviews

This method was the interview that was flexibly, naturally and unofficially talks during home visit. The samples must sign consented before home visit and let the disabled person choose the appropriate location for talking. It was expected to take at least 30-40 minutes in each talk so it is necessary to choose the place that they were convenience, comfortable, and appropriate for the disability and safety. The interview will start with the issue that appreciated the achievement. It made them feel proud. Researcher aimed not to emphasize the quantity or number of evidence but wanted to understand the phenomenon of their real life and the social around them.

This interview was conducted in the supplement issues from life history

story which proceed according to questions guideline as following;

1. History of the disability and the existing potentiality

1.1 Source of the disability and severity

1.2 Treatment and rehabilitation

1.3 Capability before and after the disability.

2. Living on their disability: before and after

2.1 General living

2.2 Education and training

2.3 Work and career profession

2.4 Health and risk behaviors

3. Empowerment process that helped to achieve the transition to independent living in the following dimensions

3.1 Mental and Psychological dimensions were the acceptability of the disability, self-concept and self-esteem

3.2 Behavioral dimension were determination of target in life, finding for alternative to be better, decision making and skill training as target goal.

3.3 Social and family dimensions were family support social and community support

3.4 Environmental dimensions were the environment for facility and support both internal and external of residence

4. Outcome of the transition to independent living

4.1 Effect of the living and income

4.2 Psychological effect

4.3 Social effect

4.4 Satisfaction in their life

The population characteristics were the factors that related to the transitional process, such as age, gender, marital status, income, education, disease/medical diagnosis, prior working and after the disability, disability period and ability to take care themselves. Not only the samples but the family and concerned people were interviewed such as the disabled person supervisor, their parents or concerned relatives, especially the person whom they mentioned or whom related to the transition to check the accuracy of the triangulation data.

3.5.4 Participated observation

Participated observation was the process that researcher observed the phenomenon that happened and occurred naturally without any control or modification. Participated observation was the observation that researcher involved and interacted directly to the study disabled person. Researcher had relationship and stays closed to them until they trust and cooperate. Not only the issue that researcher studied but researcher must study culture and living of the people in this group (Chai Potisita, 2001: 302-325). Besides, the interview and note taking were used together (Supang Jantavanich, 2007: 47).

This observation was the method to collect supplement data that concerning the daily life and the way of living including interaction with family member. As such researcher had used experience of home visit and nursing profession in taking care of both disabled and their relatives. This was another way to approach and build reliability. Besides, environment that assisted and obstructed for them to independent living must be observed too. The behaviors, the posture, the intonation, and the emotion of teller were the important to observe and take note in order to clearly understand the cultural context. The good relationship between researcher and disabled persons and family to build trust was important to access the facts.

3.6 Data and quality control

The data checking is done to ensure the reliability of the data, the completion and evaluation the quality of the data whether it is suitable to bring to analyze and to answer these research questions.

3.6.1 Checking the reliability of data

Qualitative research usually has been questioned on how reliable was the presented data. It was a challenge and important issue to create reliability in the research. So it needed to present lively and carefully, which was differ from quantitative research (Supang Jantavanich, 2006: 23-43) as mentioned below;

3.6.1.1 In-depth of life history of the case study was approached to the mentality and psychology and understand behavior and the transitional process to independent living to ensure the reliability of the data, researcher had determined for checking data by disabled persons. They could reject or accept or suggest this report. Whyte (1984: 113-124) said that if the samples read and suggested the result of research, it will be strong re-corrected by samples again. It was accepted and had more reliability.

3.6.1.2 Data triangulation was the method for checking the accuracy of data as follows;

1) Informant checking, it was checked by asking the repeated question or similar question in different period of time.

2) Data triangulation, it was checked by variety resource of data such as parent, friend and supervisors.

3) Methodological triangulation, checking by variety methods for collecting data such as in-depth interview, observation and home visit.

3.6.2 Completion and quality of data checking

The data from life history by telling may have deviation of fact in 3 levels, which were as following;

3.6.2.1 Story teller may not remembered the incident so he will tell what he think has happened, which may be over exaggerate

3.6.2.2 Story teller may tell the fact of the incident but has personal biased, which caused him to perceive only his point of view that he thought important.

3.6.2.3 Story teller may intend to tell deviated from the fact so that researcher would receive new information as they want, which called as untruthful storytelling (Supang Jantavanich, 2007: 23-43).

Whether the deviation or distort of storytelling data, it would be in which level, researcher had been checking the storytelling as follow;

1. Researcher considered the possibility of the story. If it is not reasonable or not particular, researcher will ask the question about its possibility, including finding more data to check whether the story has happened or not.

2. Checking the creditability of teller and asking the concerned persons.

3. Checking the reliability from the bias of teller

4. Comparing data from another teller including checking from reliability.

3.7 Data analysis

In analyzing data, used content oriented from in-depth interviews, life history, data from observation and home visit for consideration. The environment and facilities for living was considered together.

Qualitative data analysis was the process of disciplinary data, to find out structure and meaning. It was a delicate process, no clear step, take time and creation. The analysis did not proceed as straight forward. It was to interpret the part of saying or words that indicated the relationship of evidence, to create theory from the primary data (Supang Jantavanich, 2006: 35).Qualitative data analysis may be called as the process to manage data in order to make it useful. It was the interpretation and explanation of the theory from the data. (Chai Potisita, 2004: 351).

Qualitative data analysis was prior organizing of data by varieties sources of data to the document, which had order, system, accuracy and reliability. Then, the data would be organized into small unit and encode it, which called as data reduction. It was to shorten the data to be more precise and easy for searching the pattern of the phenomenon and its meaning and find the conclusion of evidence. The analysis was done continuously all steps such as data collection to data analysis and conclusion of the research. Thus, the analysis was three processes, which were; 1) Data organization 2) Data display 3) Finding, conclusion, interpretation and data accuracy checking as explained below;

3.7.1 Data organization

Data organization consisted of two aspects that physical and content organization.

3.7.1.1 Physical Organization by decoding the storytelling from tape recorded, in-depth interview, the note taking, data from observation, these data were managed to system for searching and usage of data.

3.7.1.2 Content Organization was selection of the parts of data that had important meaning for encoding instead of long contents. Its encoding was kept by system and more precision.

3.7.2 Data display

The encoding data was grouping according to the relationship of data. It was linked together for understanding the phenomenon and answered the research questions. These data was analyzed to the pattern of evidence and made data tell the story.

3.7.3 Conclusion and interpretation

The conclusion and interpretation indicated the discovery of essence of meaning, pattern and relationship of factors concerning the transitional process according to objective of this research. These finding were meaning, explanation, implication and policy to perform in the future.

The accuracy checking of this research, researcher used external checking by sending this report of primary research for the samples to read and consider the correction of the interpretation and conclusion. These conduction had good collaboration of them and they responded for this re-correction.

CHAPTER IV
RESULT: PHASES OF TRANSITIONAL PROCESS TO INDEPENDENT LIVING

This research result was presented according to the determined objectives as follows;

4.1 General characteristics of these samples and independent living characteristics.

4.2 Three phases of transitional process to independent living of the disabled persons.

4.3 Similarity and difference of the transitional process for both groups.

4.1 General characteristics of these samples and independent living characteristics

There were many questions regarding how severe disabled persons could have independent living. First of all, I would like to mention about the definition of the independent living as follows;

Independent living does not mean the living that is independent, fun and without obligation but there are many things that the disabled persons must do and if they refused to try to do it by themselves, then it would not be considered as completely independent living. So it is customary that the disabled persons had responsibility as an exchange for their independent living. Thus, the disabled person must be aware that independent living is not easy. The important thing is they must do, think and decide it by themselves (Codihira Independent Living Center, 2004: 52-53).

Independent living person means the disabled person who had freedom in thinking, had self confident, and able to responsible for their living by making decision by themselves. He did not limit to determined by others in what to do or not

to do just because they were disabled (Kamonpan Panpueng, 2006: 5-10). Independent living related to the factors as the following;

1. Ability to know and understand their disability, they are able to take care themselves appropriately for controlling it not to be more severe.

2. Ability to accept the present disability condition, It did not mean "Why I have to be like this?" "Why must me", but they were able to perceive that "How could I live with this body and become the most valuable person"

3. Ability to help themselves in routine life such as they would like to go out then they are able to think or find the way to ask for help from other people. When they could not do by themselves, they could ask the other to do it.

4. Having self-confident and thought that their disability or abnormal figure is an ordinary of difference and no need to be ashamed or hided and dare to appear themselves in places, talk, express opinion and build relationship with the other people.

5. Having other skills to support their independent living such as planning skill, problem solving skill, skill for doing other activities in which many activities may have returns or may be the way to earn for living, financial management skill, having couple life, housing management, cooking skill and etc.

6. Having self-esteem that independent living is more beautiful than living by depending on others. Then analyze whether which skill they still lack of and which skill should start practicing first to overcome their disability (Kamonpan Panpueng, 2006: 10).

This result found that the disabled person who could achieve independent living had 2 patterns of transitions;

4.1.1 The disabled group who could pass through transition to independent living by training (The names of the disabled persons as the following were assumed names.)

4.1.1.1 Mr. Fhasai: Valuable living on the disability (Age 39)

Mr. Fhasai is Thai male, small figure and thin. He is disabled from shoulder to toe with atrophied arm and leg from not using for more than 20 years. He

sleeps on the patient bed with full facilities including his computer beside. He uses his chin to move the mouse of computer quickly, with his fresh looks and welcoming for visitors. Even though he has disabled body from below shoulder to toe (C4 fracture) from car accident since he studied in Grade 9 (Mathayom 3) in 1986 and got treatment at Rachvithee hospital before returned home and stayed for 16 years.

During the first period, he was ashamed, refused to meet anyone and used to commit suicide but not success. Then, in 2006 the opportunity for him, when his relatives had met their disable's friend at the eyeglass shop and persuade him to participate in the Independent living center. At first, he did not interest but when his friend persists many times and he would like to have disabled friend so he decided to try. During the training, there was peer counseling, which made him feel that others understood him simply. Finally, with his capability and opportunity, he was able to work as a committee in the independent living center to help many other disabled persons to stand up, feel proud and had self-esteem.

Independent living characteristics: Presently, he has self-confident, freedom in thinking, speak lucidly, make decision by himself, self-esteem, even though he has a severe disability. He has a personal assistant to facilitate. Now, he is a secretary general of Independent Living center who is able to be trainer in field work and help other disabled persons.

4.1.1.2 Mr. Sun: Even disability, what is difficult, I will achieve it (Age 43)

He is Thai male and a bit shabby. He had accident when he was 18 years old during the welcoming ceremony of freshman of Royal Police Cadet Academy. There was a push to fall of the boat in the shallow water at Pattaya beach, which caused an accident that his head hit the sand ground since 1982. He broke his neck bone (C5 fracture) and caused him to be disabled; paralyzed chest and below, weak arms but could lift, hand and leg could not be used. However, he persevered to study law until graduated and continued study computer until able to write database program. He started to work the small jobs at home about 1 year until he was confident to earn for himself. Later his computer's teacher persuaded him to help his

friend and became manager of computer's school. He received salary around 8,000 baht, which made him proud.

Later, in 1998 his disabled friend persuaded him to work at Thailand disabled person association. In 2000, he became manager of disabled person foundation who worked with the reparation of wheelchair. In 2002, he participated in the pilot project of independent living in 3 provinces (Chonburi, Nonthaburi and Nakornpathom). With his working experiences, he had an opportunity to be one of the committee and manager of the independent living center in 2005 by receiving support from public sector continuously such as rehabilitation fund , development fund, public welfare department, health care promotion for disabled person planning fund, and currently received support from provincial management organization and district management organization .He had participate in this field of work to connect with public service and participate in determining policy concerning disabled persons in Thai society. This is an example to prove that "Although disabled, I can work, especially difficult thing that no one could do"

Independent living characteristics: Presently, he has self-confident, freedom in thinking, speak lucidly, make decision by himself, have self-esteem even though he has severe disability, responsible for himself by having personal assistant to facilitate him. Now, he takes a role of representative of the disabled person in determining the policy concerning the disabled persons. He lives with his family and has a personal assistant.

4.1.1.3 Mrs.Rintarn: Learn and accept this disability with commitment heart (Age 37)

She is Thai female who has beautiful face, disabled arms, legs and body (C5 fracture) from car accident with her kid who had just born in Jantaburi province since 1992. This created a burden to her parents in taking care. Sometimes, she wanted to commit suicide but she could not do it because of her disabilities for more than 10 years. Later on, she had a chance to register for disabled person history through radio broadcast and Office of public health in Nonthaburi province. From this point, it was an opportunity for her to participate in the pilot project of independent living center for severe disabled persons in 3 provinces. It was a turning point of her

life to have an opportunity to participate in independent living skill training, peer counseling and received news and information concerning the disability and the right protection. Finally, she achieved the training and met with role model disabled person, learnt and accepted her disability until she could practice her hand to type computer, use electric wheelchair by herself and lived in the society. She is one of the committee of the independent living center who can answer clearly and confidently that if some disabled comes to meet her, she will try to make them stand up like her.

Independent living characteristics: She has self-confident, partly responsible for her life by having her daughter as a personal assistant in some period. She can make decision by herself and have self-esteem. Now she lived with her family, her sister and brother in law who give opportunity and freedom in thinking and working for her.

4.1.1.4 Mr. Torsaeng: If role model disabled do it, I will also do it. (Age 35)

He is Thai male with both of his legs has atrophied. He can lift up his arm but both hands and fingers are deformed from motorcycle accident the since 1997. 5 Years later, there was a pilot project for independent living in Nakornpathom province and he was persuaded to participate in the project. He had an opportunity to participate in Independent living training, peer counseling and met with role model disabled person. From the perception that he could not work before, when he met the role model disabled person could do something. He could change the thinking process that he could do although he was disabled. So he started to practice skill for independent living until his body could successfully do and socialize. Finally, he became the committee of independent living center that could help the disabled persons to stand up in the society. He became the trainer and role model disabled person. Now he had expanded this concept and opened more the independent living center.

Independent living characteristics: Presently, he has self-confident, freedom in thinking, making decision by himself, and having self esteem as he said;

"Now I feel that I live as a normal people, and I satisfy with what I am. When I waked up, I have activity to do, no need to wait for help that sometimes get and sometimes doesn't. Someone may think only help themselves at home or someone may think of having work to do but I am thinking for the other disabled persons to stand up like me"

4.1.2 The disabled group who could achieve independent living by themselves, not attended the special training program.

They were able to help other and the society accepted and honored as The disabled of the year from The national council of Thailand since 2003 until present.

4.1.2.1 Mr. Tree: Change perception, change life (Age 52)

Mr. Tree is Thai male with big figure and obesity who has very short hair. He is disabled from shoulder to toe, unable to move his body, able to lift his left arm a bit but it was numb. He used to work as a public health officer in Ponepisai district, Nongkai province. Then he resigned to open a drug store. His intention was to do social service, so he took the sport project against drug addiction in adolescent. He started to teach judo for them. While teaching, he had accident. His head hit the floor and caused the broken at neck bone (C4 fracture). He was taken to Srinakarin Hospital, in Khonkhan province. On the first day, physician thought he would not alive so he had just observed the symptoms until he survived in the next morning. So on the next day, he was treated by pulling his head for 21 days. Then he was moved to Chulalongkorn hospital. With the medical progression after operation, he could move his arms and lift them above his head but still could not use his hands and need to have the physical therapy at Sawangkanivart Convalescence center, Samutprakarn province.

When he returned home, with his big figure and weight, he must hired 3 personal assistants. The life that must depend on others all day, made him despair, bored and lack of care from his wife and he became depress. His sister had warned him that

"You must love yourself first. I had paid a lot for your treatment. You must use your body that was left for useful of life, Do not keep sitting in grieved"

(Mr. Tree's sister, Interview)

From his sister's view, who had benevolence and always gave money to support for his treatment and tried to seek for physicians to treat him and care, so it made him change the way of thinking "although my life would not be long, I don't want to be the burden of my family". So he looked for the way to reduce the expense of his care, especially for 3 assistants (5000 baht/month/person; 3 persons total 15 thousand baht/month) by inventing transferring machine. From having 3 assistants to lift him from bed and took a bath, it decreased to 1 person. With his brain, ideas and direct experience of disability, he could communicate with his 2 technicians to build and produce wheel chair with hydraulic and stainless steel for his bathing and toilet. With the capital that he brought from his sister's money to pay for his assistant, he took it to hire the technicians instead and buy the equipment for producing it completely. Thus, it helped him to have pride, and self confident. Later, he invented other equipments for disabled, such as tricycle for disabled persons, exercise machine like bicycling for the disabled person, wheel chair for transferring disabled person using hydraulic system, Tilt table machine that could transfer patients and could adjust level of the patient to stand up. Presently, he has the shop to design the assistance machine for elderly patients and disabled persons. He has 2 subordinates and supported by Sirindhorn foundation in ordering 100 tricycles to distribute to disabled persons in 2008. Later, he was the disabled person of the year 2008.

Independent living characteristics: Presently, he has self-confident, freedom in thinking, positive and innovative thinking. He makes decision by himself and has self-esteem. Now he separated to live alone so that he could move or transfer himself easier by having assistant to facilitate sometime. He dared to reveal himself and show his work by sending his life history to the National council of social welfare of Thailand for consideration. Finally, he received rewarded as the disabled person in the year 2008.

4.1.2.2 Mr. River: Happiness occurred from helping other disabled to stand up and getting career profession (Age 32)

Thai Male with tall figure, who had tumor at spinal cords since he was 3 months old. He had operations for 9 times but it was getting worse. Later he had car accident and his spinal bone was broken (C5 fracture) at the same position when

he was 20 years old. It caused his lower part of the body disabled, 2 legs were atrophied. He had an opportunity to study computer at the disabled person foundation. With his perseverance, he could overcome his disability and achieve Bachelor Degree in business administration and accounting and Master Degree in Information Technology. He have worked at this foundation since 1997 and helped the disabled persons to have computer knowledge and become their career profession. Presently, although he had been offered to work in Oil Company of airline with higher salary, he refused and chose to work for the foundation with pride and self-esteem. He is happy to help the disabled persons to have career profession. He is the chief of Administration division of the foundation and became the disabled person of the year 2008.

Independent living characteristics: Presently, he has self-confident, freedom in thinking and making decision. He responsible for himself and has self-esteem. Now he lives separately at the dormitory of the foundation where wheelchair could access throughout. However, during holidays, he still drives the car for his family and he did not need to have personal assistant.

4.1.2.3 Mr. Meka: Warrior life, if not corpse, then disabled (Age 50)

Thai male with tall figure, he used to be a soldier at the border of Cambodia and stepped on the mine in 1992 and became disabled because he lost his left leg above his knee, lower part of his right leg was distort and severe injured at his left arm. He was treated at Phramongkutklao hospital more than 2 years. Since he was a soldier, he got used to the loss of lives and disabilities during he had sent his friend back home or sent back for treatment. He always joked with his friends that “Warrior life, if you are not a corpse, then disabled” .It indicated the acceptability of the disability due to his career profession that made him used to the disability. While he was still in the hospital, he had a smart way of thinking that “We already lost part of our body, our arms or legs but our brains still works. We must find a work that stationed”, so he decided to study computer that veteran organization provided.

Later he had an opportunity to work at Saijaithai foundation. With his experience, he had helped and protected the right of the disabled veteran for more than 5 years and worked with the disabled veteran. So he was selected to be president of

disabled association and disabled council. He formed physical disability international association council and became the president of this council. He was selected to the disabled person of the year 2003.

Independent living characteristics: Presently, he has self-confident, freedom in thinking, and positive thinking. He makes decision by himself and has self-esteem. Now he has lived with his wife and daughter and works for the disabled association by having his wife as personal secretary and consultant. He could drive and confident to go anywhere that disabled person requested to help them.

4.1.2.4 Mr. Patapee: Though disabled, there are many things he could do it. (Age 44)

Thai male with tall figure, he had a car accident that caused spinal cords broken (C6 fracture). He became paralyzed lower part of his body and both legs when he was 27 years old. During the first period of disability, he was despair, hopeless and became the burden of his parents. His girlfriend left him so he drank alcohol, smoked, self indulge, and left his hair very long, long beard and never walk out of his house. With his former capability of making scientific frame, the teacher at non-formal education center gave him opportunity to teach his student. His students called him “teacher”. It makes him feel that although he is disabled, he could do many things. Finally, he was proud and returned to have self-esteem. He had expanded to other disabled persons. He grouped the disabled person in Ang-thong province until succeed. He became president of this group in teaching career profession for the disabled persons such as to make scientific frame and invention from coconut shell. Finally, he became the committee of career recovery for disabled persons in Ang-thong province and became the chairman in career profession division in the disabled person association. He was selected to the disabled person of the year 2008.

Independent living characteristics: Presently, he has self-confident, freedom in thinking and positive thinking. He makes decision by himself and has self-esteem. Now he separated from family to live in Bangkok and always visits his parents. He could responsible for his life without having any personal assistant. He is confident in working, speaking lucidly and dares to express opinion in public and became the trainer for the disabled persons.

Conclusion: The disabled group who participated in pilot project were severe disabled persons that started to be disabled at the age of 16–23. Most of them were disabled from car accident. Every disabled person received training after disabled for more than 10 years. However, since the pilot project was established in 2002 so the mentioned period did not indicated the period that the disabled person could have real independent living. It is the period that they started to participate in this pilot project, in which this period is longer than 10 years. So, it means that these disabled persons already had experienced of the disability and accepted it in certain level already. We found one person who was disabled for 6 years. 2 out of 4 used to work before the disability but most of the disabled group who received rewards from the National council of social welfare 3 out of 4 did not have severe disability such as lower part paralyzed. There was only one person who was a severe disability. The age of starting the disability was 25-46 years old, which was older than the first group. There were 3 out of 4 used to work before disabled and everyone was rewarded as role model disabled person after disabled for 7-19 years.

Overall, more than half of the disabled person 5 out of 8 had car accident. Apart from that they were disabled from soldier career, diseases, and other accidents and disease, which most of them were male and there was only 1 female. They were in the middle age (more than 30 years old) who graduated secondary level to master degree level. Now, there are 2 out of 8 earn monthly salary, and 5 out of 8 earn money from working in the disabled organization both monthly and periodically such as trainer fee and periodically products selling. Except one person who is independent dealer. All of them work concerning with computer except one person. Family members of all disabled persons support them directly and indirectly. 4 out of 8 must have full personal assistant that is an employment and has monthly salary. There is only 1 person must have assistant in some period of time and 3 persons did not need personal assistant, which are not severe disabled person. From this result, it could be mentioned that two sample groups have the independent living characteristic according to the 6 independent living factors, including the living that similar to normal people as showed in Table 2.

Table 2 Sample characteristics and independent living characteristics

Name	Disability type	Independent living characteristic	Role and performance
Group 1 The disabled persons who achieved independent living through training.			
Mr. Fhasai Male, Age 39, Graduate M.6, Single, Car accident at the age of 16.	1.Disabled: from below shoulder to toe, use chin to move the mouse of computer and control wheel chair 2.Participate the project after disabled for 16 yrs.	1.Know the disability and take care of his health 2. Accept the disability 3. Help himself in his daily life 4. Have self-confident 5. Have other skills to supplement independent living 6. Have self-esteem	1.Role Model disabled person who helped other disabled persons to stand up especially severe disabled person. 2.Trainer of independent living center 3.Honorary Secretary of Independent Living Center
Mr. Sun Male, Age 43, Graduate M.6, Single, Accident fell of the boat, his head hit the sand ground when he was 19 years old.	1.Disabled: more than half of the body: chest, hands, arms and legs could not be moved. 2.Participate the project after disabled for 17 yrs.	Have 6 characteristics as mentioned	1.Used to be computer teacher and computer school manager 2.Used to be manager of disabled foundation 3.Presently, chairman of independent living council center
Mrs. Rintarn Female, Age 37, Graduated M5, Single, Car Accident when she was 20 yrs old	1.Disabled: hands, arms and both legs 2.Participate the project after disabled for 11 years	Have 6 characteristics as mentioned	1.Work concerning computer 2.Make and sell gel candle and teach the disabled person 3.One of the committee in independent living center in the province

Table 2 Sample characteristics and independent living characteristic (cont.)

Name	Disability type	Independent living characteristic	Role and performance
Group 2 The disabled group who achieved independent living by themselves			
Mr. Tree Male, Age 52, BachelorDegree, Married, Accident from Judo when he was 46 yrs old	Disabled: Weak Arm Leg, and hands	Have 6 characteristics as mentioned	1.Invent tricycle, transferring wheel chair, Tilt Table bed, exercise machine for disabled person 2.Received reward of inventors 3.Disabled person of the year 2008 after disabled for 7 years
Mr. Patapee Male, Age 44, Graduate M6, Single, Car Accident when he was 25 yrs old	Disabled: Lower part of body; hands and arms can be used	Have 6 characteristics as mentioned	1.Teacher at non-formal education center 2.Grouping the disabled person and established club and profession skill practice 3.Chairman of training division at disabled association 4.Disabled person of the year 2008 after disabled for 19 years
Mr. River Male, Age 32, MasterDegree, Single, Car Accident when he was 25 and tumor in his brain in 3 months old	Disabled: lower part of body: hand and arm can be used	Have 6 characteristics as mentioned	1.Computer teacher for disabled persons 2 Persevere to study until graduated Bachelor degree and Master degree 3. Can drive a car 4.Dedicated himself to teach computer for disabled persons to work more than 200 persons 5.Disabled person of the year 2008 after disabled for 7 years

Table 2 Sample characteristics and independent living characteristic (cont.)

Name	Disability type	Independent living characteristic	Role and performance
Mr. Meka Male, Age 50, Graduate military, Married, Disabled from military service; bomb splinters when he was 32 years old	Disabled: left leg above his knee was missing, right leg was distort, left arm was distort	Have 6 characteristics as mentioned	1.Used to work at SaijaiThai foundation 2.Used to be president of disabled association in Thailand several times 3.Used to be president of Disabled council 4.Establish international council of person with physical disability and become the president 5.Used to be disabled person of the year 2003 after disabled for 11 years

4.2 Three phases of transitional process to independent living

Phase 1 (Ending phase): Step into the despair and hopeless

It is the period that the person found that his foremost life and living has ended. It created confusion and worried of the future. The disabled persons as well, when they found that their arms and legs could not move as usual, they would be confused, worried, sad and despair as what had happened to Mr. Fhasai who is disabled from shoulder to toe. The only organ that can move is chin so his life became to be depended on others. He could only stay home without doing anything, he could not do until he confused, and drowsy and try to commit suicide by taking pills but it failed. From the life path diagram, we found that both groups had similar process to phase 1. The starting point was their disability that they could not perform the same responsibility, losing self identity and less bio-power to control body and must depend on others. They would feel disappointed and despair. Someone used to commit suicide but not succeed (Diagram 3)

Phase 2 (Neutral phase): Their adaptation and ready to step forward

It is the period that the person tried to adapt to normal condition. The disabled persons who passed through the first phase for a certain period will face with problems and changes. There are many people who could and could not achieve the transition. If they achieved, they would step to Phase 3. Some may go back to phase 2 or 1 and some may transit backward and forward between phase 1 and 2.

From the life path diagram of the disabled persons, we found the transitional process of both groups in phase 2 had both similarity and difference. It means that group 1 who had been trained had a clearer process, starting from giving information about the disability and their rights, peer counseling to create understanding and acceptability, meeting the role model disabled persons, skill practicing by goal setting in short term (3 months).

The disabled persons will determine the target by himself and work to their target by receiving empowerment from role model disabled persons and team. If they have severe disability, the team will provide personal assistant. When they could achieve their target, their mind will be recovered, have self-esteem and have confidence and ready for independent living. **The second group** of disabled persons who had not been trained will have their transitional process. Their mind was cured, changed their way of thinking, and had positive and innovative thinking. Some determined target by themselves, had profession practice, and received an opportunity to have new role and responsibility until became successful in certain level. Their remaining potential that returned to use was important especially their wisdom. The family support in physical, psychological, equipments, facilities and environment were also need for their achievement. The achievement will create pride, and self-esteem as shown in diagram 3.

Phase 3 (New beginning phase): Sustain to the new role

In this period the person ready to accept and take new role and dare to face problems and disabilities with hope. The transitional process for each one took time differently. Some may achieve and some may not. Some may return. It depended on their situation. The outcome of transition is the stability and connectedness (Chick & Meleis, 1986: 237-257)

From the life path diagram, it found that all members in the first group who had been trained, had an opportunity to work in the disabled organization and independent living center, which was the new role that not only help other disabled but also rehabilitate their physical and psychological function. As Mrs. Rintarn told me that she had an opportunity to work in the independent living center with the role model disabled person. She saw him worked with computer, so she tried to do like him and he intended to train her. Finally, she could work with the computer and communicate with others by using e-mail even though her hands were weak as shown in diagram 3.

For the second group of disabled persons that was not trained, 3 out of 4 persons also had similar new role to work in disabled person organization. Only one, Mr. Tree, has his shop for inventing equipment for disabled person and general stainless steel work. He has 2 subordinates. Even though he is a severe disabled, he did not surrender to his disability and destiny. He uses his wisdom to work by having person assistant and subordinates to help making his dream to succeed. He periodically received support from the society such as from Sirinthorn Hospital Foundation in ordering 100 tricycles for the disabled person as shown in diagram 3.

4.2.1 Turning point of transitional process

It is the point that makes the disabled person change, re-think and overcome the despair to adapt to phase 2 and reconsider to live with the disability. These turning points are;

1. Accept to live with the disability and pursue the achievement
2. To meet with role model disabled to help recovering the bio-power and empowerment
3. Achievement from self-determined target
4. Support from family and society
5. Opportunity to work or stand in the society
6. Self-esteem and self-confident
7. Participation in Pilot project

From diagram 3, which showed life path of the samples, we found disabled persons in both groups had both similar and different turning points. It means that in the first group that was trained, all of them said that their turning point was the participation in the pilot project but the changing time was not clear since the transition in mental and psychological is a complex issue. The changing occurred little by little with the new thinking that "Disability is not that the body could not function, but because of the environment could not facilitate for the disability so they lack of opportunity and advantages". The process of peer counseling, skill practice and work with the disabled person made them proud and have self-esteem as supervisor of Mr. Fhasai said that;

> "Mr.Fhasai became successful because he attended in this group and work in the independent living center. He hardly stays home but goes out to work like normal people. It made him proud, had self-esteem, highly confident especially when talking with other people, which is differ from the past that he did not want to do anything, irritated, angry and rude. The more he goes out, the more tired the supervisor is"
>
> (Supervisor of Mr. Fhasai, Interview)

> "I don't know when it changed but it happened little by little since I joined the pilot project and attended the peer counseling, and practicing self determined target. I have determined to make identification card in the upcountry and must catch a train by myself. Finally, I successfully made it by having support and morale from teamwork and role model disabled person. They supported the equipment and personal assistant including they gave an opportunity to work in the center. I learnt to type computer and now I am fluent and able to contact other via email"
>
> (Mrs. Rintarn: disabled: both arms, and legs, Interview)

Transitional process is not absolutely smooth. There were many obstacles but Mrs. Rintarn did not give up and ready to go on because she wants to see other disabled person happy like her. Even though she could live comfortably, she still

continues working patiently but there may be some discourages in certain period when faced with obstacles.

For the second group who did not train, the turning point started from staying with their disability for a certain period until it was crystallized and accepted it. Some determined the target, worked hard until success, and received an opportunity from society such as the case of Mr. Tree who has sister to continuously support for his care until he reconsidered to determine the new target in his life by inventing wheel chair for bathing to reduce his sister's expenses and return for her benevolence. Mr. River had an opportunity to work in the foundation. Mr. Patapee had an opportunity to teach how to make scientific frame to student at non-formal education center. Mr. Meka intended to study computer until became successful and had an opportunity to work at Saijaithai foundation. So, the turning point of the second group of disabled person is their intention in performing target as they determined and received an opportunity from the society to leave some space for them to work and return to their society. This achievement made them proud, confident and had self-esteem but if we asked when did the turning point happened, they could never tell because it happened little by little in changing their way of thinking and became perseverance and not surrender to the destiny as shown in diagram 3.

4.2.2 Reverse point of transitional process

The transitional process is not a beautiful and straight forward path from phase 1 to phase 2 and end with phase 3. Life goes on even sometimes we stumble and face with obstacles until it reversed back from phase 3 to phase 1 or 2. Thus, there is an interesting issue that how can the successful disabled persons could reversed, what made him reverse to be weakened and how it reversed as shown in diagram 3.

This result found that the process made the disabled persons reverse back to be weakened and hopeless were

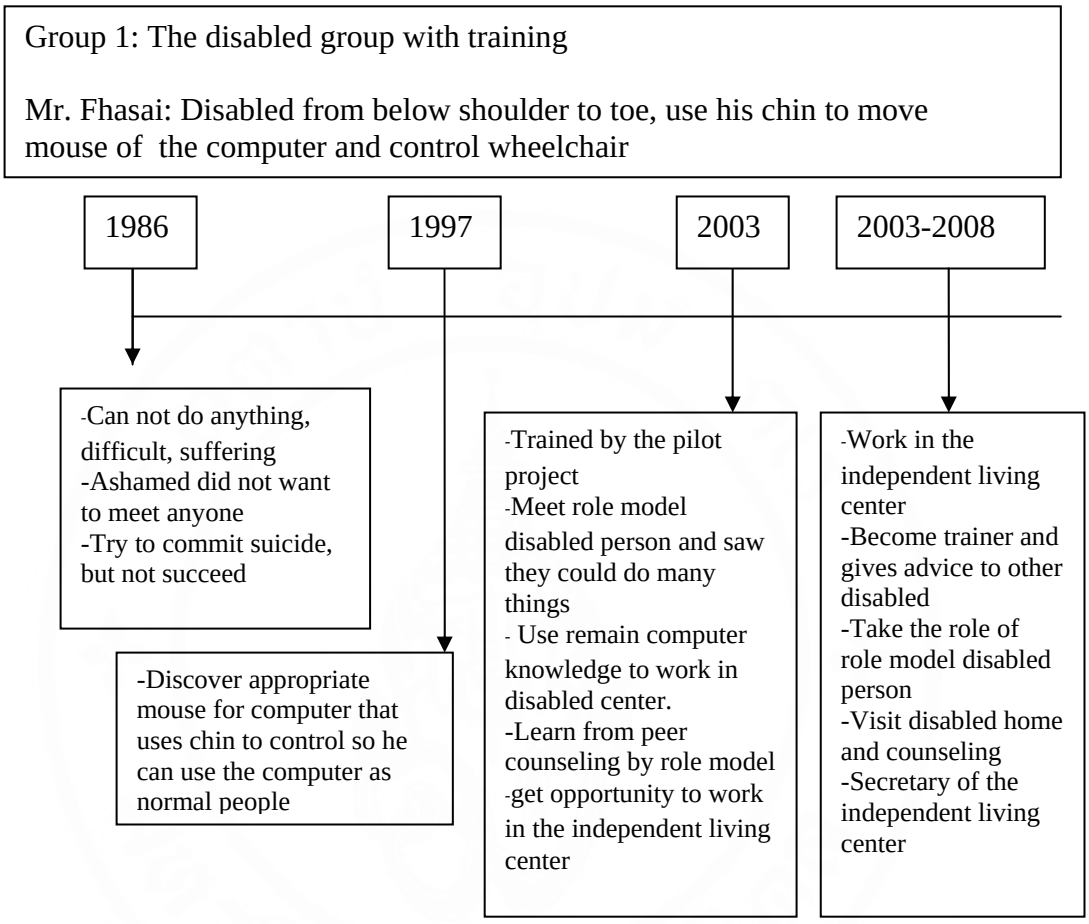
1. Difficulty from disability
2. Complication from sickness
3. No personal assistant (for severe disabled person)
4. Conflict in family
5. Denied by the society

As Mrs. Rintarn had told herself “Can’t stop”. She told about what made her continued her works even if there was an obstacle and felt weakened but it happened for a while and faded away.

> “One thing that makes me could not stop working even though I faced with many obstacles for example after I came back from exhibition at Muang Thong Thani, my assistant called a taxi but the driver refused to accept me because he knew that he had to pick up the cart and put it in the trunk and the disabled person had the urine back, which he afraid that it will split in his car or cushion so he refused to accept them.”
>
> (Mrs. Rintarn: disabled both arms and legs, Interview)

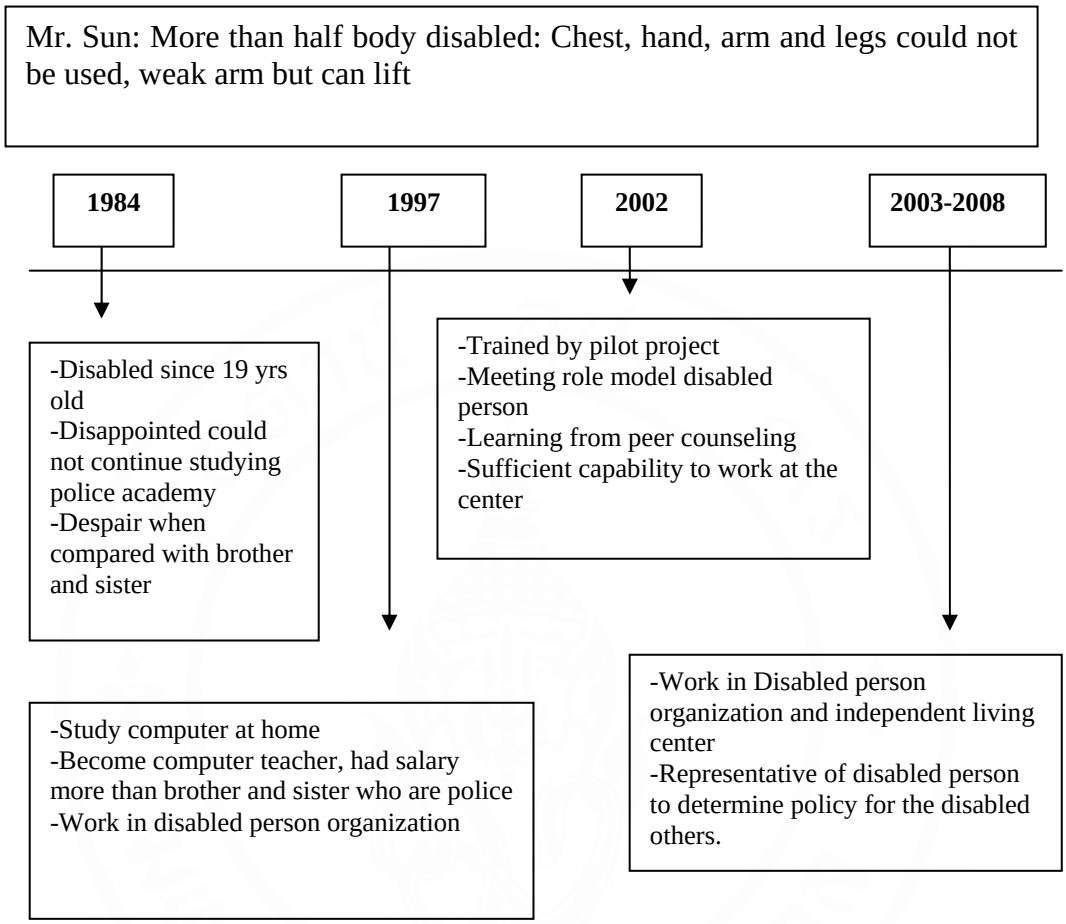
This showed the obstacles from society rejection and unacceptable of the disabled persons. Although she could live happily, she could overlooked these obstacles and work hard. Sometimes, she may feel weak but it is only a short period and fades away. However, some disabled person may heal their withdrawal by talking to disabled friends to empower each other. This is the distinctive point to make them draw back their transition.

> “Sometimes, I was discouraged that I have no personal assistant because some work had come back to hurt me for example, when I have to sit on the wheelchair for a long time or a whole day. I am afraid that it will cause bed-sore. Sometimes I think I should stay home and doing nothing. Nowadays sometimes I feel discouraged so my daughter said “Mother, you don’t have to be worried if no one picks you up. You just stay home and don’t need to struggle”. I told her that “it is not like what you think. I can’t stop. I can’t really stop”. It is like an investment. I invested a lot and I want to see the returns. This is not about the money but I want to see the disabled person happy. In the past, I used to be kept at the back of the house. I don’t want them to be like that. I want to see them smile and live in the world outside and feel happiness that we feel.”
>
> (Mrs. Rintarn: disabled both arms and legs, Interview)



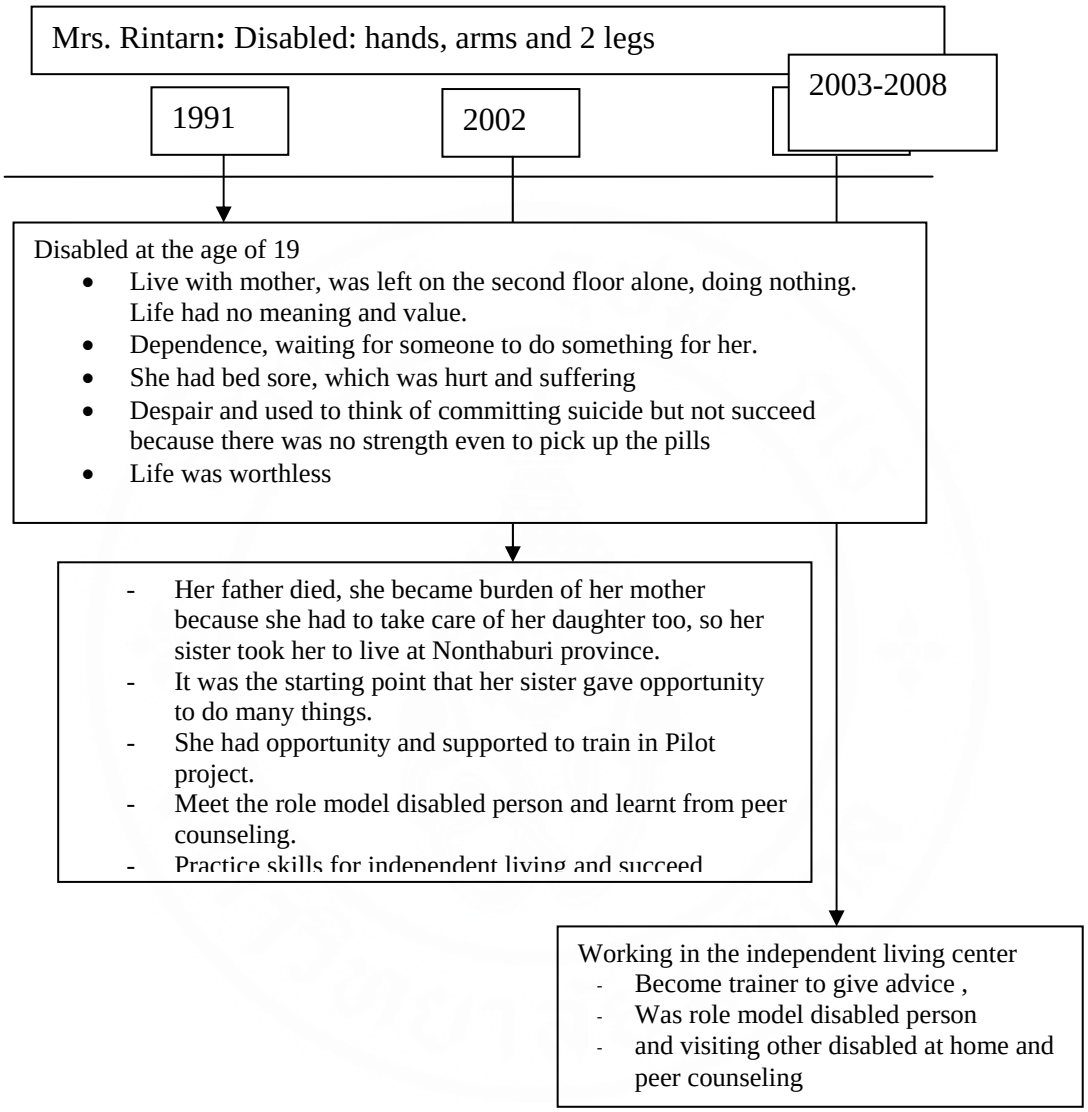
Turning point	- Meet with role model disabled person and learn to work in the independent living center - Have an opportunity to work in the disabled person organization, become role model disabled person, give advice to disabled friend until become successful and accepted, which help recovering bio-power and empower to create pride, self-confident and self-esteem -
Reversing point	-The difficulty from disabilities - Complication from disability that occurs periodically, such as bed sore, urinary infection that nearly the cause of death

Diagram 3 Chart of life path of two groups of disabled persons



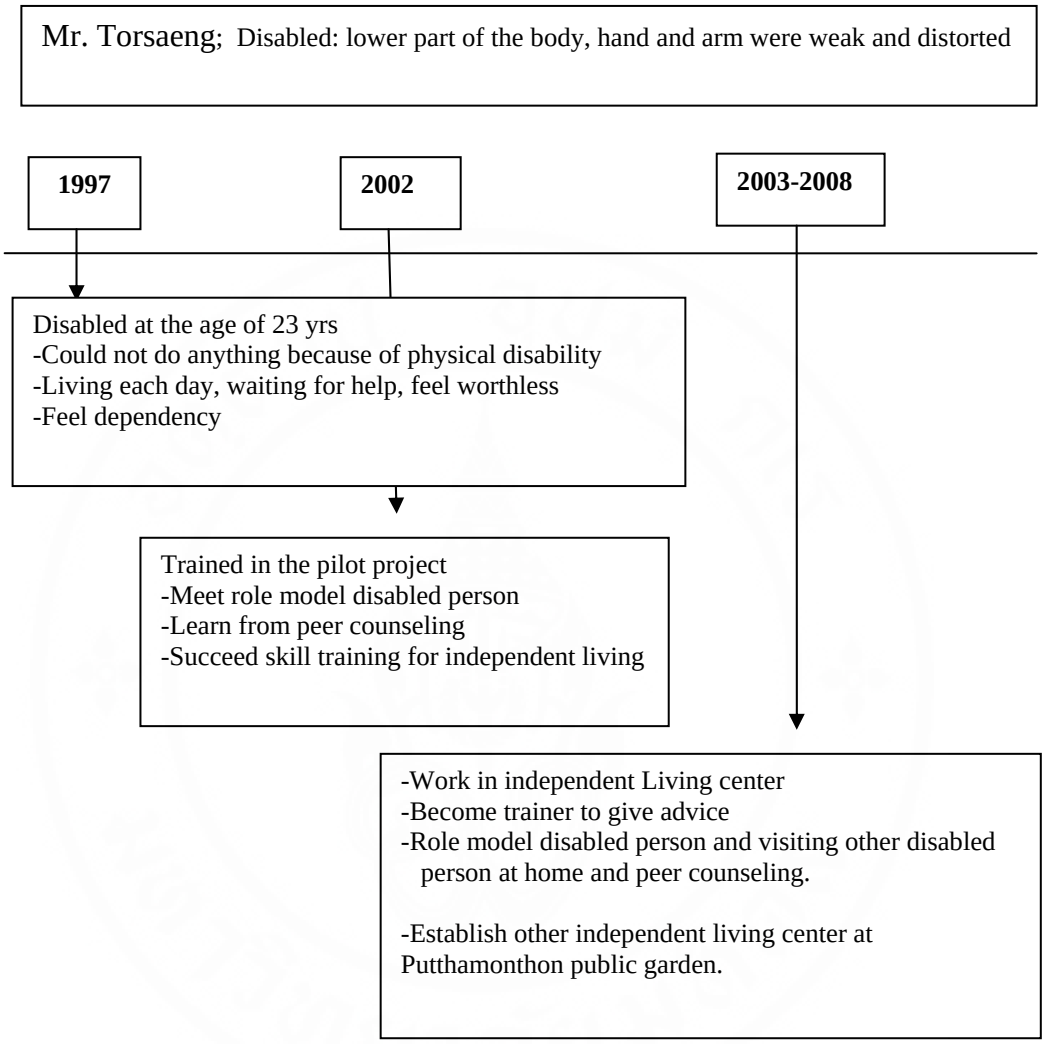
Turning point	- Perseverance in working, learned computer from teacher at home until able to become the teacher and had salary. - Had an opportunity to work in the disabled organization. -Had achieved their goal and brought him to be proud, confident and had self-esteem. - Become trainer and role model of disabled person.
Reversing point	-Weakened when there was no personal assistant and nothing could be done. Sometimes he tried to fight with such feeling. -When there was a conflict with parents and colleagues -When there was a complication of the disability like bed sore, and urinary infection

Diagram 3 Chart of life path of two groups of disabled persons (cont.)



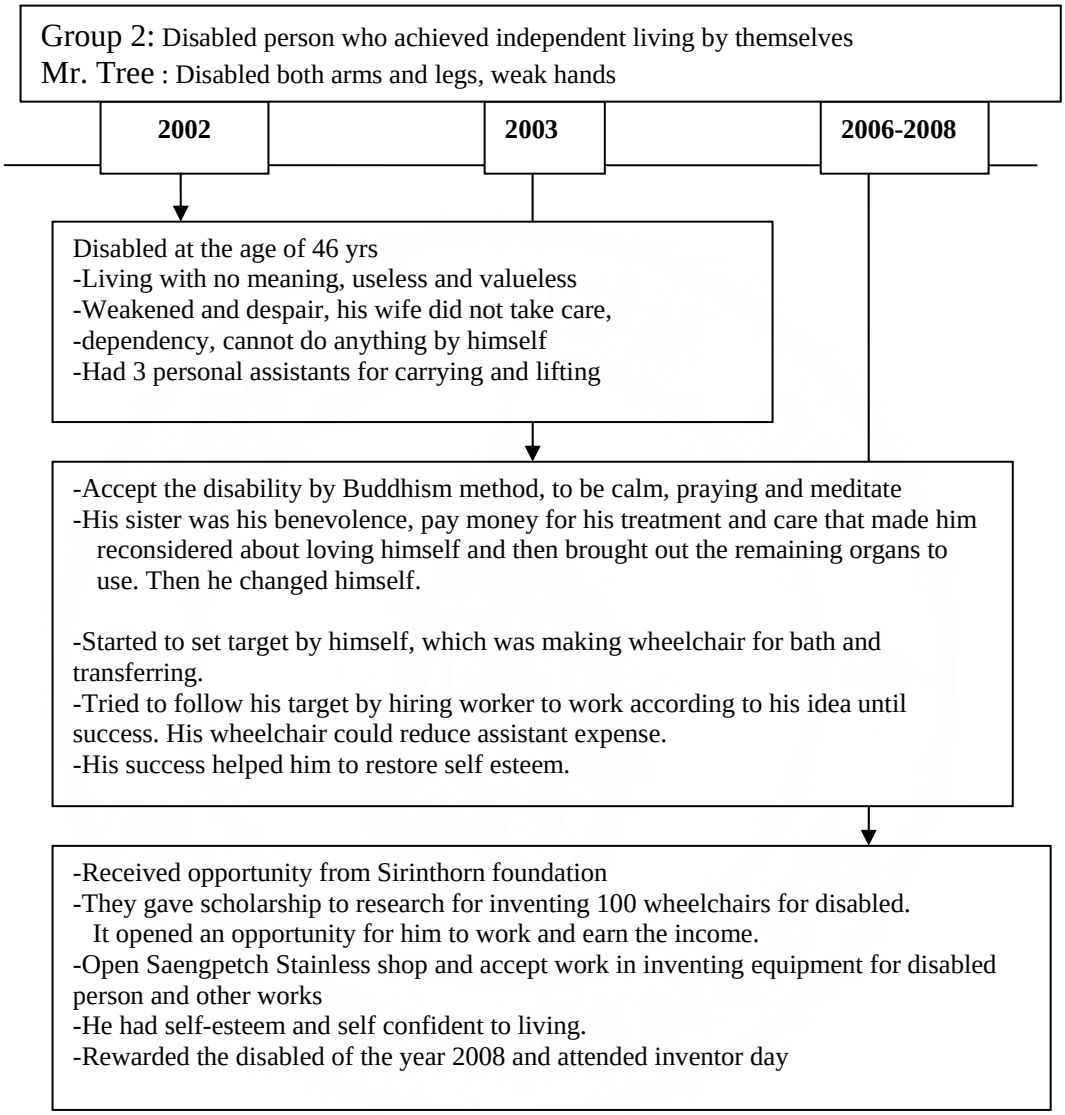
Turning point	- Meet with role model disabled person who was more disabled than her but could do many things so she compared to herself and turned back to recover bio-power and empowerment until succeed in skill training and follow the target - Have an opportunity to work in disabled person organization and become successful so she proud and has self-esteem -
Reversing point	-Weakened when there was no personal assistant or no one pick up to work -When there was a complication from disability and bed sore -When she was refused by the taxi because they afraid of splitting of urine

Diagram 3 Chart of life path of two groups of disabled persons (cont.)



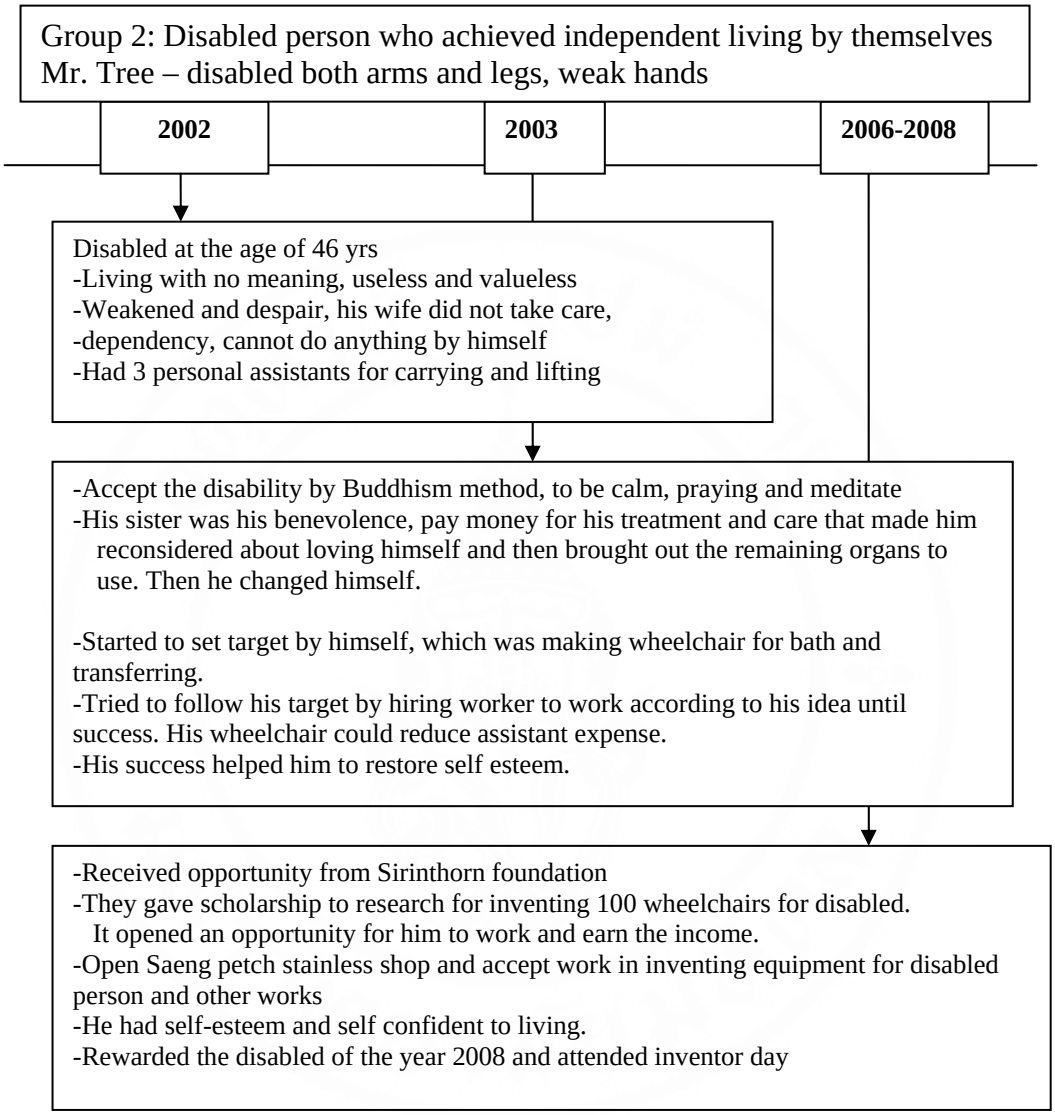
Turning point	-Meeting with Role model disabled person who had similar disability but he could do many things that he could not do so he come back to reconsider and recover his bio-power and try to do the same until successful. It created self-confident which equal to recovering bio-power and self-image -Successful in skill training and meet the target, create pride and self-esteem -Proud to work in disabled person organization and had self-esteem
Reversing point	-When there was a complication from disability and bed sore -When he was refused by the taxi When he faced with obstacles and difficulty from disability

Diagram 3 Chart of life path of two groups of disabled persons (cont.)



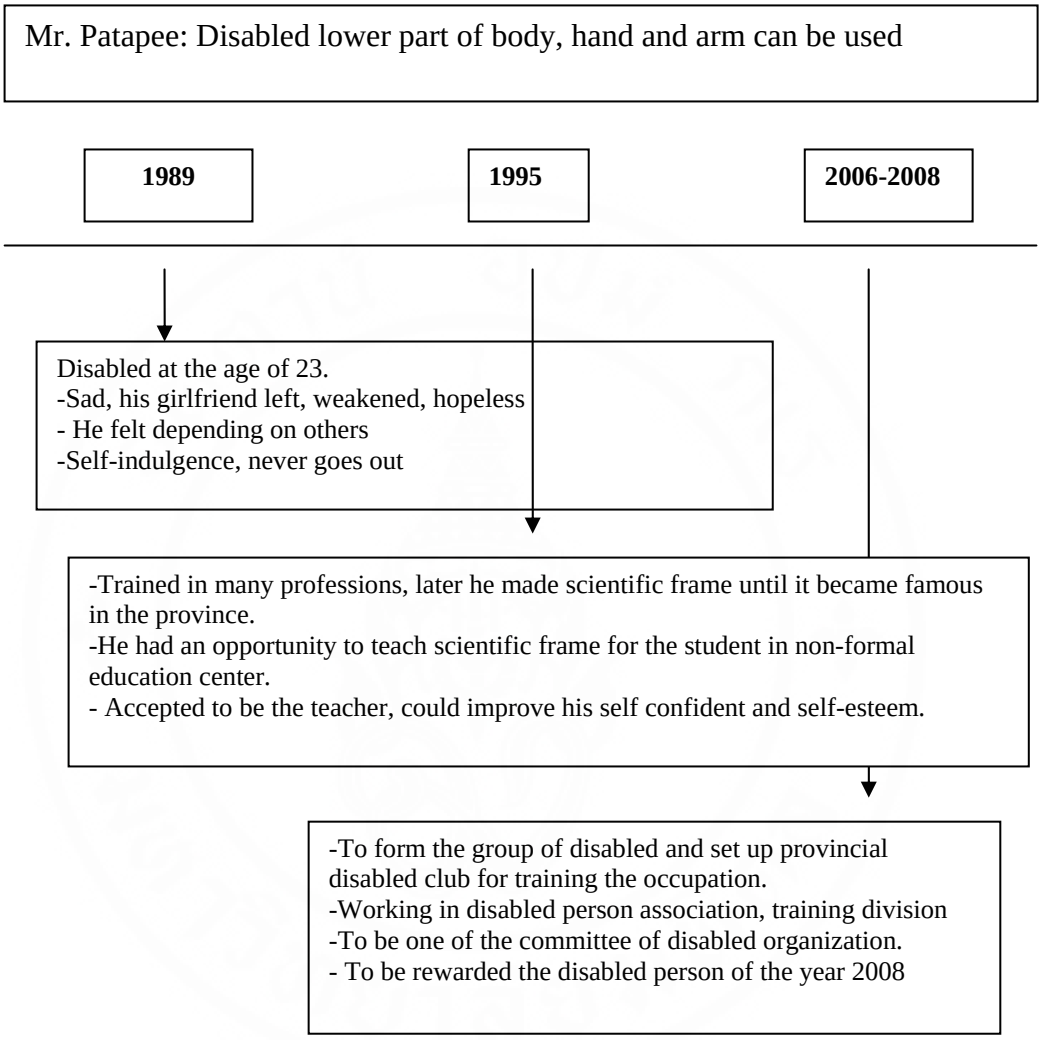
Turning point	**-From his sister's matter , he could re- think from weakened to stand up in the society. This re-think was to use the remaining organ to create innovation for reducing his sister's expense** **-He succeeded in making wheelchair for bathing as target. It could not only recover his self confident and self esteem but it could also recover his bio-power in controlling his body.** **-Empowerment and Support by family and society could improve his self-confident, pride and self-esteem too.**
Reversing point	**- Reaction of his wife to reject his disability made him weaken and discourage.** **- Relationship between him and his wife was worse.** **-The sickness from disability: bed sore, urinary infection that sometimes need to be operated.**

Diagram 3 Chart of life path of two groups of disabled persons (cont.)



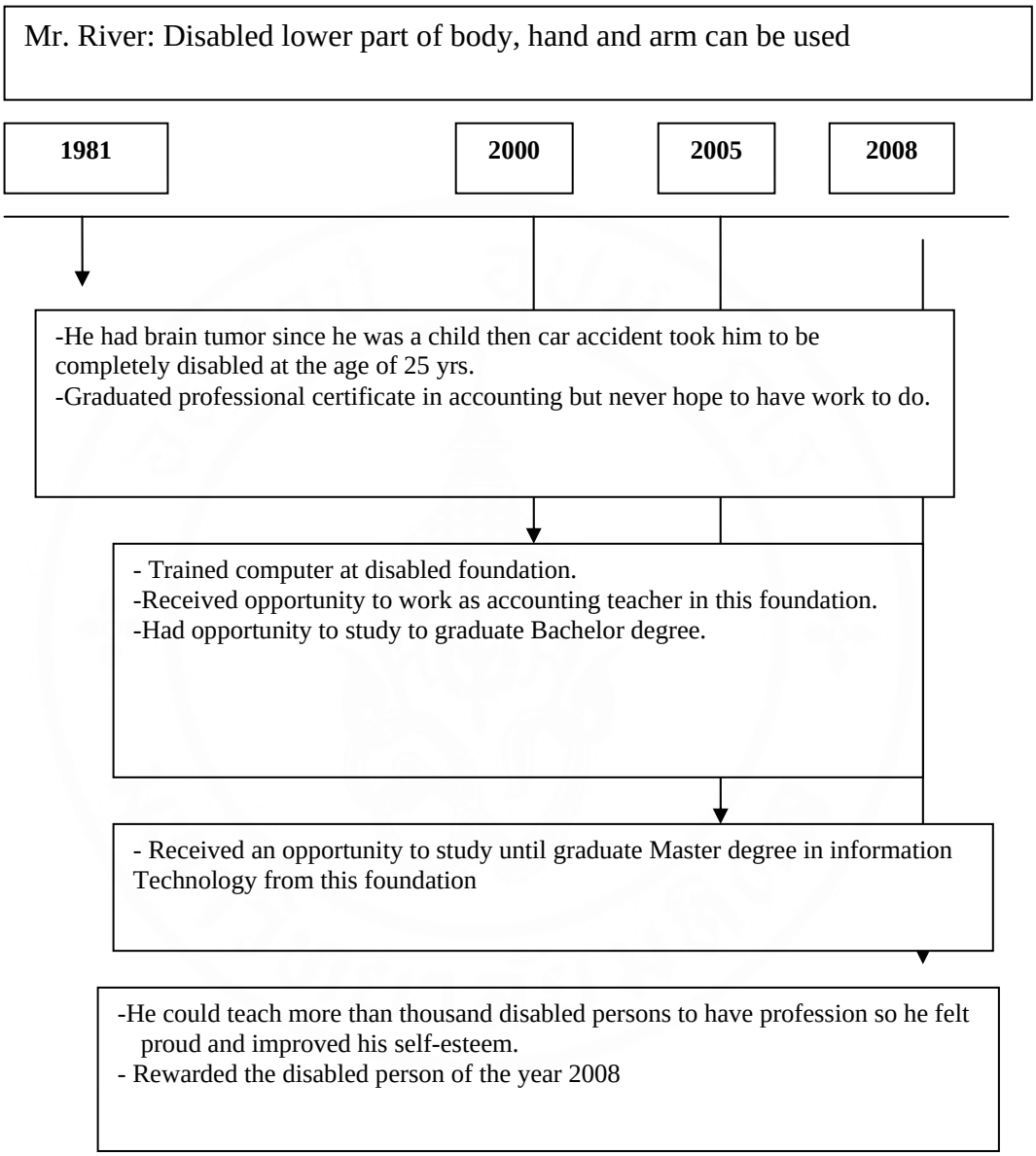
Turning Point	**-From his sister's matter , he could re- think from weakened to stand up in the society. This re-think was to use the remaining organ to create innovation for reducing his sister's expense** **-He succeeded in making wheelchair for bathing as target. It could not only recover his self confident and self esteem but it could also recover his bio-power in controlling his body.** **-Empowerment and Support by family and society could improve his self-confident, pride and self-esteem too.**
Reversing point	**- Reaction of his wife to reject his disability made him weaken and discourage.** **- Relationship between him and his wife was worse.** **-The sickness from disability: bed sore, urinary infection that sometimes need to be operated.**

Diagram 3 Chart of life path of two groups of disabled persons (cont.)



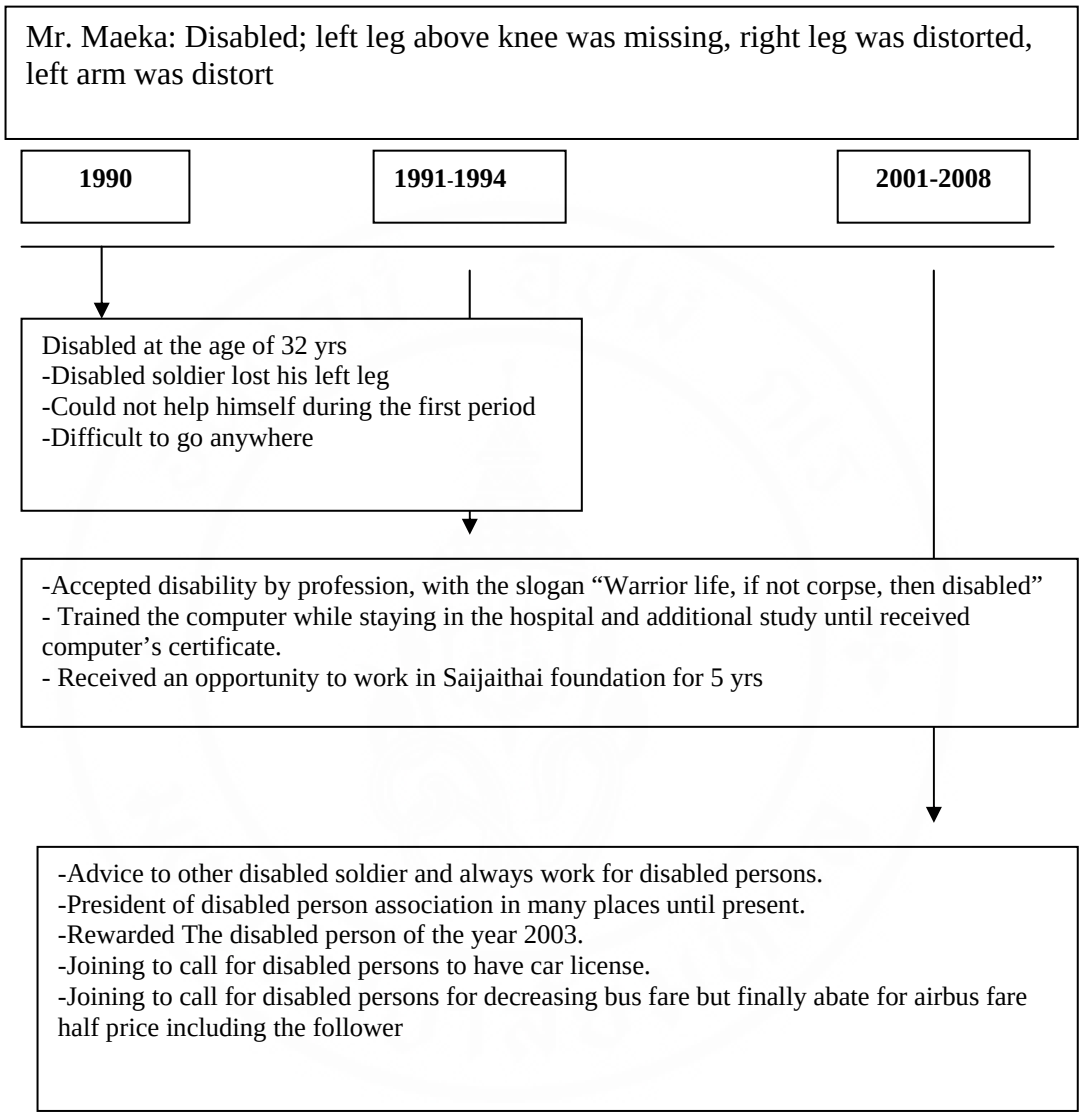
Turning point	-Successful in making scientific frame, became famous in Ang-thong province -Had opportunity to be teacher to teach student of non-formal education center. - Accepted to be a teacher, could improve his self- confident and self-esteem and felt proud.
Reversing point	-To be discouraged from disability sickness and complication from sitting on the wheelchair for a long time and it became bed sore later. -The sickness from disability: bed sore, urinary infection that

Diagram 3 Chart of life path of two groups of disabled persons (cont.)



Turning point	-Received an opportunity and acceptability from society to become accounting teacher at the disabled foundation even though never thought that former knowledge could be used. It is the recovery of bio-power that we could control body to do it. It helped him to have pride, confident and self-esteem.
Reversing point	-Discouraged from sickness and complication. - Environment was not available for disabled person to study in the university but sometimes his friends helped him.

Diagram 3 Chart of life path of two groups of disabled persons (cont.)



Turning point	-Accept the disability by soldier's profession. -Finding for appropriate choice by training computer from state welfare since staying in the hospital -Attempt to have additional computer training until received certificate and work in Saijaithai foundation. He helped other disabled persons and advice disabled soldier and other until accepted by the society
Reversing point	-When faced with obstacles and difficulty from disability -Complication from the disability

Diagram 3 Chart of life path of two groups of disabled persons (cont.)

4.3 Similarity and dissimilarity of transitional process between 2 groups

This research found that two groups of disabled persons had similar transitional process during phase 1 and phase 3 but there were both similarity and difference in phase 2 as follows;

Phase 1 (Ending phase): Step into hopeless and despair

Nobody wants to be hopeless and despair, disabled persons too, do not want to be despair but they were because of the society that made them fell into such condition. Not only the disability they had, the environment and facility were not available for them. Family and society still did not understand how to manage them to stay with their disability. In addition, culture, belief and medical management that come together with the social discourse had identified disability as incompetence and unable to work. It makes the society and the disabled themselves believed that it is true until they lose their physical, psychological, role and responsibility, identity, self-confident and self-esteem. Finally, they were suffering, dependency, despair and hopeless. The result of research found that two groups of disabled persons received medical treatment in hospital and had similar physical rehabilitation before sending to convalesce at home. Physician will periodically appoint for physical check up.

At the same time, every patient tried to find other treatment with their hope to recover. As the doctor said for the disability, there were many other treatments, like traditional doctor, monk doctor, and massage doctor as believe and hearsay by neighbor. As the time passed, these treatment did not make any changes, the disability did not improve, both patient and family started to discourage in finding other treatment and became despair and hopeless. However, life goes on. Some may receive good care from family, some only treat to live safely, some were left alone because family member had work to do and some were left with only necessary equipment for living and lack of psychological treatment. So, both groups of disabled person became dependent, hopeless and despair. Some were depressed and tried to commit suicide but These are the stage of losing bio-power because of its severity, they could not succeed. Some afraid to socialize, indulged, and identity, which could mostly found in Thai disabled persons.

Phase 2 (Neutral phase): Adaptation period to step forward

This result found that both groups of disabled persons had similar transitional process as following;

1. Perseverance, tolerance, and not surrender to obstacles or disabilities as Mr. Sun who worked hard and returned home late until his mother worried about his complication. His father wrote in the diary that

"This son is not modest"

"Why he worked so hard. It's already dark, why still not coming back"

"You should come home earlier"

(Trained group: Mr. Sun : disabled hands, arms and legs, Interview)

Moreover, the observation of environment in his bedroom also found that there were many books in his working area. If we did not know him, we would never believe this is the room of the person with hand, arm and legs disability.

2. The achievement of disabled working that they set goals by themselves, for example Mr.Tree set goal to invent wheelchair for bathing for himself so that he could transfer easier and reduce the expense of personal assistant. Mrs. Rintarn set goal to make indentification card in upcountry that she must travel by train, even if her arms and legs were disabled. This achievement emerged by their perseverance, family support, personal assistant to facilitate and environment with available for disability.

3. Support from family and society. In Thai social context, the family is the basic requisites which is important for family members' especially disabled person.

Mr. Sun had been supported by his family in developing every form of capability such as self-rehabilitate at home by using his Tilt table machine and hired teacher to teach computer at home. Later he became expert and could be teacher and he had career and work to earn more income than his brother and sister who are police. It made him proud and improved self-esteem.

4. Empowerment was an important process that supported by family, role model disabled person and society. It starts from phase 1 reality discover,

which is an attempt to make the person accept the disability. Phase 2 Critical reflection, which is the review, skill practice and to understand the incident that occurred in order to make decision and manage the disability, which leads to rethinking, adaptation and find new alternatives. For examples; Mr.Torsaeng's mother had attended the pilot project training by herself .She wanted to see this process. If it helped her son, she would came back to stimulate him to participate in this project. Finally, he participated and had success for the independent living. At the same time, the society that was independent living center, had given an opportunity for him to work. He provided these concepts for the other disabled until he could establish new independent living center at Phuttamonthon, Nakornphathom province.

5. Opportunity from society was an important process for the disabled person to show their capability as Mr. River had an opportunity to be teacher at the foundation. Even though he thought that no one would hire the disabled to work, but with this opportunity, he had successfully worked and graduated Master Degree. He even refused to work in the company that offered higher salary but selected to work for the disabled persons.

6. Continuously working was an important process to bring out the achievement of the disabled persons to make them felt proud, and confident. We found that all disabled had an opportunity to work with the disabled organization continuously. It was like a step of ladder to walk to independent living.

7. Personal assistant was an important factor for the severe disabled persons both hands, arms and legs such as Mr.Tree who used his brain and wisdom to invent wheelchair for bathing by himself. He had a steel shop. He had one personal assistant and two workers to help working according to his idea. Mr.Fhasai could use his only chin to move the mouse of the computer to work and make a phone call through computer and small talk, which is an important role in disabled organization.

8. Environment and facilities was the things to facilitate the disability. We could not be refused that if there is no ramp, disabled persons with wheelchair could not move forward by themselves, especially for severe disabled persons. The facilities available for them are such as hand grips, arm grip, pen pointer for computer, wheelchair that uses chin to control forward, backward, turn left or right

and cushion to prevent bed sore. Thus, these facilities help them to step over the disability and help them to live independently.

The difference of the transitional process of two groups in phase 2 were disabled persons in group 1 who attended training in Pilot project had passed the process of peer counseling, skill practice, met the role model disabled persons, having right protection, and giving information to facilitate the disabled persons. These important processes helped the disabled persons to step out of the despair and hopeless. It was the different point from the disabled in group 2 who had not attended training. They had to use the process of crystallization in mentality, psychology and behavior by themselves and receive support from family and society to push them to success. Absolutely, this group took more time than the first group and they must bring out their former capability to reuse. So, we could see that the disabled in Group 2 would have more time of transition and mostly had prior working experience or former education to reuse. Therefore, such dissimilarity made both group had different transitional process, in which the first group had shorter period of transitional process than the second group.

Phase 3 (New beginning phase): Sustain the new role

This result found that the new role for two groups of disabled persons was working in the disabled organization to help other disabled for recovering profession, capability improvement and right protection. It was the new role that they do with their heart even though have no returns. They only hoped to help other disabled persons to relieve their suffering. Besides, these opportunities had increased their skill, confident and improve their self-esteem. Working in disabled organization, also formed the disabled network, which could lead to join and determine the policy for disabled persons.

There are many interesting issue for the disabled person who could achieve transition by attending the training such as how they could attend the training. How and what the process restore them from despair to self-esteem as follows;

1. How to attend the pilot project

It was amazing that the disabled person, especially severe disabled, how

they knew and participate in the pilot project, and what had happened, it was interesting issues. It found that the methods to participate were different but one similar thing was that they wanted to know and to make friend with the persons had similar disability as them.

1.1 His friend persuaded to participate in this project

Mr. Torsaeng had motorcycle accident in 1997 and the disability was hemiparesis,weaked arms and deformities of hands. He stayed home doing nothing, only eats and sleeps. He needed someone to carry in order to move and only hope to get back to work.In 2002, his friend persuaded to attend the pilot project. At first he felt like Mrs. Rintarn who participate the project that he only wanted to have friends who had the same disability. However, the results of this project made his family more confident by allowing his mother to see what they were doing until she was confident that the project could help her son to stand up. His mother told us that:

> "At first, I was not sure that he could really help himself so the project asked me to attend the training for 2 days and 1 night. I have seen that many disabled persons who had more severity than my son but they could eat by themselves even though it is not exactly. My son was less severe than them so she believed he could do like them. After come back, I persuaded and encouraged him to participate in this project. At the beginning, he was very shy and he did not want to go out, and did not believe whether he could do it or not. I have to urge him to try so that he could have friend. Finally, he agreed to participate."
>
> (Mr. Torsaeng's mother: Lower part of body disabled, Interview)

This content showed that Mr. Torsaeng who had been disabled for more than 10 years, used to train in many projects but it was not continuous and failed. So even his disabled friend persuade him at home, he did not interested. Even his mother was not sure it would work but his mother had attended the project to see each activity and became confident in it. So she came back to persuade her son to attend this project. However, in the first period, he would like to join it because he only hoped to have friend that was disabled like him.

1.2 Mass media was channel to easily access

Mass Media was one of the channels in the society to help them. Mrs. Rintarn listened to radio broadcast and had an opportunity to talk with DJ (Disc Jockey) until he could coordinate with the Office of public health in Nonthaburi Province and this was the starting point for her. Later she was selected to participate in the Pilot project of independent living which was a new concept from aboard (Japan) that came to try out in 3 provinces (Nonthaburi, Chonburi and Nakornprathom). It made her life changed;

Mrs. Rintarn told us that she was disabled because of the car accident since 1992. Her neck bone was broken (C5 fracture). She was treated at Phraprokkao (Rama VII) Hospital Jantaburi. After the treatment, she could move her shoulder but cannot lift her arm and cannot move her hand. Later she was moved to Aranyaprated Hospital, Noppharatn Hospital, massage doctor, local doctor or even monk doctor but it was not recovered until she got bed sore at her hip and coccyx. She had an operation at Priest hospital and convalesces at Sawangkaniwas. She was trained to use pen and write a little and make cross stitch. After returned home to stay with her mother in Chonburi, with the environment that every member's work including her 4 months daughter, she became burden to family so she was kept on the second floor for more than 10 years and did not really go out. Until her father died, her sister took her to take care in Nonthaburi province in 2002.

> "When I moved to Nonthaburi province, during the first period, I have not registered in the disabled registration so I contacted through radio broadcast of Mr. Jakapan and talked to him. He sent my profile to Nonthaburi office of public health so I successfully registered in the disabled registration. Later I wanted to have scholarship to do cross-stitch so I proceed to loan with Office of public health but they refused because it was not break-even. Later the pilot project came in; the officer visited my home and suggested me to attend the pilot project. My first intention was to have friends because if I stay home, I cannot do anything. My sister and brother-in-law agreed and let me participate. So, I had an opportunity to meet and talk with role model disabled (Mr.Torpong and Mr.Ton) who visit me at home. I went out more often to participate in this activity and

skill training by personal assistant."

(Trained group: Mrs. Rintarn: disabled hands arms and legs, Interview)

From the above content, it indicated that radio broadcast was an easily access mass media for the disabled persons. So, communicating through radio was useful for them to successfully registered. This point was an opportunity for her to participate in the pilot project. Besides, her family; her sister and brother-in-law gave her opportunity and empowered her. She only hoped to meet with disabled friends like her. It means that most of the disabled persons wanted to meet disabled friend that similar to them even though they did not know each other before, so friend was one type of the social supports.

2. Process of skill practice in pilot project

This result found that disabled persons who could achieve transition by training, would have similar training plan or attend similar independent living program that had the procedure starting with peer counseling, which done by successful role model disabled persons. Later, it led to decision making by themselves and self-development. During the first period, personal assistant was provided to support, empower and to be morale for them to depend on themselves. Going out of the house could help them escape from despair and hopelessness and there was an individual plan. They could set goal and achieved by themselves as follows;

Step 1 Get ready for skill practice

It is the process to understand the independent living and gives information about the rights of the disabled persons , peer counseling, to meet role model disabled to advice for daily living, Besides, it was the process of adjusting the way of thinking about disability and set short term goal by themselves for 3 months.

Step 2: Set program for independent living

After determined target and procedure, they must set up daily and weekly activity in detail by having role model disabled persons as consultant.

Step 3 Practice according to determine program

After completed skill practice plan, the disabled persons would follow their plan during 12 weeks. They tried to achieve their goal by having empowerment from role model disabled and the adjusted environment. However, personal assistant was provided for severe disabled person and role model disabled person will help them as necessary or solve the problem that occurred.

Step 4 Evaluation of their skill practice

After program finished, their skill practice will be evaluated to compare before and after practice, including asking about the feeling towards the program. They had opportunity to determine their life goals and daily activity by themselves with role model disabled person as consultant. The mentioned practice process has similar issue for transition of both groups as follows;

3. Peer counseling in the pilot project and empowerment of role model disabled persons

Peer counseling was the counseling of the disabled person who has similar experience to help healing each other and to exchange living experience on disability. Most of them had been oppressive and it brought psychological trauma, which had effect to acceptability of their disability and connectedness. So peer counseling was the way to heal their mental and empower them to live independently. (Brown, 2005: 1-10).The objective of this peer counseling was to recover their self-confident, to build relationship, to stand on their identity and to aware that disabled person was part of the society and could service the society like normal people Thus, Peer counseling was important in developing the socializing skill, communication and problem solving in daily living. It could also empower them to overcome their disability.

4. Personal assistance for severe disabled person

Severe disabled person needs personal assistant to facilitate in working and living. Personal assistant means the person who received wages from the disabled persons, who hired to do what they could not do. Personal assistant was different from family member or people from the welfare center that the disabled person was the

employer who could order his personal assistant to do things immediately and do not need to be afraid or waiting Besides, personal assistant also has the role to stimulate and support the strength of physical and psychological of the disabled.

CHAPTER V
RESULT : DIMENSION OF TRANSITIONAL PROCESS TO INDEPENDENT LIVING

Transitional process was an open system that had human responsive process. It was changed from the instable or disconnected situation to stable and connected situation (Chick & Meleis, 1986: 237-257). So, the disabled person who changed from dependency and separation from the society to be able to live in the society like normal people, it was also the process of transition. However, the transition could not occur in 1-2 days, it took more time and had complex process. The achievement of transitional process depended on each person and environment. It did not mean every disabled person could completely achieve the transition since it was a complex process. In this research, the transitional process was presented in 4 dimensions, as follows.

Dimension1 Mental & Psychological Dimensions: Acceptability of disability, self-concept, self esteem.

Dimension2 Behavioral dimension: goal setting, alternative searching, decision making and skill practice.

Dimension3 Social and family dimensions: support from family, social and community.

Dimension4 Environmental dimension: Facility inside and outside of the house

Since the transitional process in mental and psychological dimension and behavioral dimension occurred relatively, so the result will be presented in both dimensions simultaneously. Besides, the transitional process in each dimension had same 3 phase of transition. Thus, researcher would like to present the transitional process in each dimension according to the phase of transition, as the following:

5.1 Phase 1: Ending phase

5.1.1 Mental, psychological and behavioral dimensions

5.1.2 Family and social dimensions

5.1.3 Environmental dimensions

5.1.4 Factors related to the transitional process

5.2 Phase 2: Neutral phase

5.2.1 Mental, psychological and behavioral dimensions

5.2.2 Family and social dimensions

5.2.3 Environmental dimension

5.2.4 Factors related to the transitional process

5.3 Phase 3: New beginning phase

5.3.1 Mental, psychological and behavioral dimensions

5.3.2 Family and social dimensions

5.3.3 Environmental dimension

5.3.4 Factors related to the transitional process

5.1 Phase1 (Ending phase): Discovering reality and step into the despair and hopeless

Phase 1 was the period that the persons found that his prior life and living had ended. The disabled person could not move their arms and legs like before. Their prior life and role had lost and ended and it led to confusion and worried of the future. The study found that when the persons perceived their disability, they would be confused, denied the disability, worried, depressed and despair. The issues concerned with the changes of mental, psychological and behaviors are, as follows;

5.1.1 Mental, Psychological and behavioral dimensions

5.1.1.1 Discourse and belief that led to the weakness of bio-power

Foucault (1975: 1-73) explained bio-power or power over body as the technique in using the power to manage the body of individual to have disciplinary. It started with the production of one set of knowledge to explain and make the body to be seen as machine that had the status in producing and controlling the body to be docile and utilized, such as medical knowledge that explained disability as abnormality, in-competency, and inability to produce as much as normal people.

Not only the society thought like this but also the disabled persons thought like this too, without questioning. With the belief of retribution or sin, it had determined the mental, psychological and behavior, which effected to the bio-power over their bodies. So they could not do anything, even though other organ was not normal. They thought that their whole lives were disabled so they must depend on others as shown in the following case study:

> "When I left the hospital, doctor said I will be disabled throughout my life. I had been treated for 6 months and my mother asked the doctor to stay home. Everyone around me wanted me to recover so they tried to find the alternative medicine for me, such as massage doctor and holy doctor. Until 2 years, I was not recovered. I was a burden to other and living without heart. People around

me talked about retribution that someday it would be recovered. After I pay back all my sin, I will be able to stand up. I listened to it every day, so I believed it and did nothing. If I sit, I will fall down, so I dared not do anything."

(Trained group: Mr. Torsaeng: Lower part of body disabled, Interview)

This content reflected the denial process, unacceptable of disability during the first period. When the doctor said he will be disabled throughout his life, his mother had lose her bio-power to control and turn to other treatments; holy water doctor for 2 years. Finally, she found that it was not succeed so she stopped finding other treatment. She started to accept the disability because there were not appropriate way out together. She believed of retribution that disability occurred from sin. So, it made him lost his bio-power to control his body and never think of helping or managing himself. When he needed anything, he would call other to help. It showed that the mental power that controlled the body was weaken until he felt that he could not do anything. The belief of retribution and disability stayed with Thai society long time ago. They too believed their disabilities as their sin in the past and must be reimbursed as follows;

"During the first period of disability, I was weakened and thought what sin that caused me to be disabled. I prayed all the time to pay all my sin in this life and not to pay in my next life."

(No trained group: Mr.Tree: hands, legs and arms disabled, Interview)

Bio-power or power over body to control the body to be docile by producing set of knowledge to explain until the people believed and followed without objection. It was the invisible power behind knowledge and beliefs (Foucault, 1975: 1-73). Bio-power had effect to the way of life especially for disabled person. This result found that both groups of disabled persons had changed similarly in mental and psychological and behavior as follows;

"When I was disabled, I can't do anything. The urine runs out all the time and could not be controlled and had to fleet enema every day. I also faced the

couple's problem. My wife never took care and left me with the hired assistant until I was despair, living each day without a will and depressed."

(No trained group: Mr.Tree: hands,legs and arms disabled, Interview)

This case study was shown the bio-power that started with the weak mentality until he neglect and could not control his body to do what he wanted. He needed to wait for others help. He needed to hire 3 personal assistants to lift his big and heavy body to take care, which created dependency condition. Moreover, he had to face with family problem so he was depressed, despair and hopeless during the first period of disability. Another similar case study was;

Mr. Patapee, age 44, had accident of car turn over when he was 25 years old. It caused his spinal bone was broken (C6 fracture) and became paralyzed the lower part of body. His two legs were numb, could not walk and must use wheel chair. Because of his fate, he felt weakened and despair because he thought that when he was disabled, he could not do anything and girlfriend left him. His debtors also disappeared. Some returned the money but most did not .With the physical and psychological pressure. His bio-power became weak and felt ashamed with their self image until he dare not going out. He said that

"Before became disabled, I was a land agent and loaner. The business was prospering. I had girlfriend, both wife and minor wife. When I was disabled, everything disappeared whether money, townhouse that must be sold, my house was seized by the bank because no money to pay, some debtor returned money but most did not, some disappeared especially my girlfriend left me. I had to stay home and was taking care by my parents. I tried not to think much, and not stress, but it was difficult. I was weakened but never think of committing suicide. I dare not going out. I went out only to see doctor. The wedding ceremony or ordination that I used to go for blessing on the stage, I didn't want to go anymore. I started to drink alcohol, smoke and self-indulge. I leave my long hair and beard uncut until my neighborhoods were shocked."

(No trained group: Mr.Patapee: Lower part disable, Interview)

The content revealed his role and responsibility were lost, especially when his wife left him and his income and money were lost. Finally he felt weakened and his behaviors were deviance. He indulged himself, drank alcohol and smoke to ridicule his life. He did not try to solve the problem and not used his remaining organs even though his hands and wisdom still good. This show that not only the mentality but also bio power were weakened and he could not control his body. Finally, he became dependency to always wait for help from family during the first period. Beside, the word “E-ngoy” was considered as social discourse that normal people or her mother used to call the disabled persons intentionally and unintentionally. The mentioned social discourse decreased his bio-power too. He said that;

> “My mother thought I was only disabled person, I was burden for them to take care. She used to call me “E-ngoy” to make me feel inferior all the time and left me alone on the second for my safety.”
>
> (Trained group: Mrs. Rintarn: disabled hands arms and legs, Interview)

5.1.1.2 “The I and The Me” I perceived me as “The I” and other perceived me as “The Me”

There were 2 types of perception, 1) “The I” it was the perception in the view of myself such as disabled persons could not move their arm, leg and hand, So they perceived themselves as incompetent and unable to do everything. 2) “The me”, it was the perception in the view of the others perceived me. The disabled person would think what the others perceived of his disability. It may be correct or not. The perception of “The I and The me” had effect to them both directly and indirectly as follows;

> “During the first period of disability, I could not accept it even I would not like to looking in the mirror, or meeting with the others. Though someone visited me, I will pretend to sleep. I felt bad that I could do nothing. It was suffering and filled with doubt. I used to try to commit suicide by not eating anything and took a lot of sleeping pills but it was not success. My family, my father and mother

had taken good care and took me outside periodically. I am afraid of other's people sight when they stared at me and looked me as if I was a monster."

"But when I participated in the pilot project, they took me outside more often. When I went out with other disabled persons, I felt less ashamed as if I had friend. It made me know that what I used to think, they looked at me as if I was a monster was not right. I thought of that monster by myself but the others look at me differently. Most people perceived that we sat on strange wheelchair. If I went to Phramahatai center, less people would look at me like this but if I went to Bangkok, more people would look at me and appraised me. It made me became more confident."

(Trained group: Mr. Fhasai: disabled from shoulder to toe, Interview)

The perception of "The Me" that other perceived their disability as monsters, It made him feel that he feared of other perception to reject him but when he went outside with other disabled persons in group, it made him changed his perception to better views and had more confident.

"When I went outside with my sister or family, I felt strange. For example, when I went to department store and someone looked at me, I felt why, am I a monster? But if I went with the disabled friends, I would feel more confident. if you wanted to stare, just stare, I did not care.. Sometimes, I thought sarcastically that I am a human. You are also human. Why can't I come out like other? I hope you would not be disabled like me."

(Trained group: Mrs. Rintarn: disabled hands arms and legs, Interview)

Mrs. Rintarn perceived "The Me" that other looked at her as if she was a monster but when she had group of disabled friends, she was more confident. It showed the power to control her body or bio-power. Even though she did not do anything, only dare to show herself in public.

"From having reputation, and power, when I became disabled, everything disappeared. I was ashamed, dare not going out to see my girlfriend and she refused to see me. She always said "I am busy" and she will see me at home but she never came. It made me felt valueless but presently I did not feel that I was disabled. I could do everything by myself; took a bath, got dressed and cooked meal. I participated in the meeting by using wheelchair. In the past, I used taxi to get to the meeting. When the security officer saw me, he did not know me, he chased the taxi away but now they nearly lift me out of the taxi."

(No trained group: Mr.Pathapee: disabled lower part of body, Interview)

This result showed that the former self-image that used to have reputation and power were disappeared. So, he perceived himself "The I" as incompetent, ashamed and dare not going out during the first period. Presently, he could do everything by himself until accepted by the society to become the committee for the disabled person in the province. So, the feeling toward himself "The I" had been changed. He said "I did not feel that I am disabled, I can do everything. "At the same time, he perceived that other looked at him as valuable "The Me" that said "Now, the security officer nearly lifted me out of the taxi." It showed the recovery of bio-power to do many things if it was only arrange the environment to facilitate the disability. From the observation data, we found that he had arranged his house for his wheel chair to be able to access to do everything like normal people in both houses in Bangkok and Singburi province such as his bed, lavatory and kitchen that he could cook by himself

5.1.1.3 Losing former role and responsibility to dependency condition

Since their physical organs could not take the former role and responsibility, so it made them become dependency even if he did not accept it.

"At first, when the doctor said I may be disabled, I thought why it happened to me. Then, I looked at myself, in the past I can do everything but now I must depend on other all the time. I felt uncomfortable, weakened and did not want to

live. I used to think of committing suicide but I could not do it because of the severe disabled condition. If I asked other for the pill, no one would give it for me."

(Trained group: Mrs. Rintarn: disabled hands arms and legs, Interview)

This result showed the lost of role and responsibility, self-identity and dependency on others that made her weakened and wanted to commit suicide.

Mr. Tree told us that during the first period of disability from former role of head of family and leader of his commercial shop, now he lost it and must depend on his wife to separate income from his drug store. The relationship of husband and wife started to fade away.

"I was disabled, could not do anything but open my mouth waiting for food. I could not even help myself. I stayed in hospital more than 3 months, only rub my body but never took a bath so when I came out of the hospital, the first thing I did at home that was taking a bath. I needed 3 personal assistants to lift me up. It was so awkward and could not control my urinary system. I must worn pampers. My maid had to wash my penis and fleet enema every day. I felt bad because I used to be head of the family and the owner of the drug store but now I had nothing."

(No trained group: Mr.Tree: hands, legs and arms disabled, Interview)

5.1.2 Family and Social dimensions

After the disabled person perceived their disability, the sadness was inevitably occurred. Besides, there were family, social and environmental factors to determine the disabled person to step into despair and hopeless.

5.1.2.1 Family was like bitter and tonic pills

Mrs. Rintarn told me that she was disabled from car accident in 1992 and her neck bone was broken (C5 fracture). She was treat at Phrapokklao hospital, Jantaburi. After the treatment, she could lift up her knee and her shoulder but could not lift her arm or move her finger. Later she was moved to treat at Aranyaprathed

hospital, Noppharatn hospital, massage doctor, local doctor, and monk doctor but it was not recovered. Later, she had bed sore at her hip and coccyx and must had operation at Priest hospital before sent to recuperate at Sawangkaniwas rehabilitation center. She was trained to use pen, could write and made cross stitch. When she returned home to stay with her mother in Chonburi province. Her house had not been arranged for the environmental condition for disabled so she was burdened to her parents who were old including her 4 months old baby. She was kept on the second floor of the house for more than 10 years and rarely went out. Until her father died in 2002, her sister brought her to stay in Nonthaburi province. Her life experience reflected the dimension of family and social which had positive and negative affects to the transition of the disabled person.

> "When I leaved the hospital to stay with my mother in Chonburi, I was really in the house and was kept on the second floor. I rarely went out more than 10 years. I lived each day with no morale, weakened and sometimes she thought of committing suicide but I could not do because my hand could not pick up things or if I asked other to pick up the pills to eat, no one would do it. Until my father died in 2002, my sister took me to stay in Nonthaburi."
>
> (Trained group: Mrs. Rintarn: disabled hands arms and legs, Interview)

> "My mother thought I was only disabled person in the house, a burden for them to take care. She used to call me as
> "E-ngoy" to make me feel inferior and left me on the second floor for her safety"
>
> (Trained group: Mrs. Rintarn: disabled hands arms and legs, Interview)

The result revealed "E-ngoy", which was one of the discourses toward perception of the disability as incompetent and to decrease her self-esteem. The parents perceived disability as burden to take care. This was another lesson of life to reflect dimension of family, social, culture and belief in the society that decreased self-esteem of the disabled person, in which we often see. However, after she moved to live with her sister in Nonthaburi, it showed the dimension of family and society to promote the capability of the disabled person. As mentioned at the beginning that Mr.

Tree faced with family problem in not taking care mentally including dependency condition. So, he was weakened and had depressed mood. Family was an important factor but because his daughter was working aboard so he felt alone. After researcher visited him at home, we found that he lived alone in the house that wheelchair could access . At the side of the house, it looked as if it was another house that no one lives in.

> "First year of disability, my shoulder to toe, could not move my body and legs but could lift my left arm but still weak. Until sixth year to present I could move my left and right hands, and shake my body but still weak hand and must use wheel chair. During the first period, I was weakened because I used to work but now I could not. I had one child graduated Bachelor degree from Chulalongkorn University, Faculty of Chemical Science and continued Master Degree and Doctoral in England. Presently, he is a researcher about the antivirus in Scotland. My wife is one year younger than me. She was like living in the different world. She did not take care or look after me. I had 2 houses. One was a townhouse opened as drug store. Another house made of wood for disabled person like me. If asked whether my wife took care or not? No. Did we break up? No. Did she leave me? No. We lived in different house, so I compared family as bitter and tonic in one pill"

> "If asked whether my wife took care or not? No. Did we break up? No. Did she leave? No. We lived in different house like unknown person. I used to ask her to buy some delicious food. She bought it and asked other to send it to me. Since I was disabled, she never touched me so I compared family as poison drug."
>
> (No trained group: Mr.Tree: hands, legs and arms disabled, Interview)

This content reflected family had positive and negative effects to the disabled person so he compared it to poison. Actually, researcher believed it was not solely poison but only bitter pill with tonic inside because his wife may not accept the disability but she did not refuse that it happened and still responsible for his monthly expense as he told;

"My wife resigned from teacher to work in the drug store instead of me. She separated her income to be my monthly expense. Sometimes, I called her to buy food but she asked other to send to me. She never touched me more than 6 years. I dare not touch her too. I used to ask her whether she would take care of me. She said I could not. It was too long. I asked her the second time on father's day when my daughter came to visit me. She insisted the same answer. I lived by myself and not related to her even I received the reward of disabled person of the year from Her Royal Highness Princess Soamsawalee but she did not interested it."

(No trained group: Mr.Tree: hands, legs and arms disabled, Interview)

5.1.3 Environment and facility dimensions

From the social model that gave important to opportunity and access to social service of the disabled person through social oppression model revealed that not because of the disability that made them lack of the opportunity in the society but it was the environment that made them lack of opportunity, disadvantages and unable to access the social service like normal people (Penchan Cherer, 2006: 78-107)

This result reflected during the first period, these disabled persons were seen as incompetent and could not do anything. It included the inner-outer environment of the house that could not facilitate for them so they would be weak and hopeless faster. The social model pointed out that not only the disability made them unable to work, but also the environment that could not facilitate the disabled person to live in the society.

5.1.3.1. Safe place but not facilitate the disability

As mentioned earlier that Mrs. Rintarn was kept on the second floor of the house and rarely go out. If you close your eyes and imagined how lonely it was for more than 10 years. While her parents thought the second floor of the house was the safest place and most appropriate at that time. After she moved to her sister's house in Nonthaburi (present) which was a single house, she lived on the ground floor at the back of the house. There was a ramp to her bedroom and wide bathroom but the

door was not wide enough for the wheelchair to get in, so her daughter had to lift her up when she needed to take a bath. So if she stayed on the wheelchair, she could travel in and out as usual even though the disability still there.

> "During the first period, I was left on the second floor of the house alone. Every day I stayed in rectangular room because my parents afraid it was not safe. I had to wait for help so I felt valueless and sometimes wanted to commit suicide"
>
> (Trained group: Mrs. Rintarn: disabled hands arms and legs, Interview)

5.1.3.2 Expansive bathroom

Mr. Sun, age 45, had accident fallen of the boat and his head hit the sand ground until his neck bone was broken when he was 18 years old since he was a freshman student in royal police cadet. Although he was lucky that his mother was a nurse and always took care until present but the environment during the beginning of the period was not ready for independent living.

> "After leaved the hospital to stay home during the first period, the environment of my house was not built for the disabled person. The clear example was the bathroom, which had small door and the wheelchair could not pass so it was an obstacle in living. However, life goes on, so I took a baht outdoor since it was a single house and had some area. I used the yard to be my bathroom for more than 5 years. Later, we built the bathroom outside of the house that had wide door for wheelchair. The area inside the bathroom was wide enough for the wheelchair included the facility inside"
>
> (Trained group: Mr. Sun:disabled hands, arms and legs, Interview)

5.1.3.3 Environment made me disabled

Environment was compared to eye curtain, which we overlooked and accepted and tolerated on the disability without refusing or disputing that environment was an obstacle for living. We often saw it in Thai society especially during the first period.

"Although my physical was incomplete, I was disabled lower part of body, hands, arms, and legs, I could work. Only using wheel chair, I could go anywhere but the environment became an obstacle. I could not go to the second floor or elevated area without ramp, modern public bus or sky train. Elevator for disabled person was provided only in some station. The station that did not provide elevator, I could not go. The environment in the country could not facilitate like other country so the disabled person could not access the public services."

"Even ATM box in front of the shop, I could not use it because there was a footpath, a step ladder and some were placed too high. I wanted to buy some shampoo. The shopkeeper nearby told me that any type of Sunsilk could be used but I did not like it. I wanted to choose but I could not. Unlike in Tesco Lotus, there were facilities for the disabled persons to access, even the bathroom. It helped the disabled person to live in the society."

(No trained group: Mr.Pathapee: disabled lower part of body, Interview)

"After I helped myself until I was able to work for the disabled center and became the committee in the province, I tried to fight for facilities in new building but it was objected by normal people. "The province had the project to build new city hall so they cut the budget in building the ramp. I asked them to make the ramp." The officer refused me and said that;

"Only you(Mr. Pathapee) used the ramp, other disabled persons would not use it. It was not worth for the investment. Few years ago, there were less disabled person came out to society. There was no registration of the disabled person in the society but nowadays this ramp was used for multi-purposes such as cart, the disabled, the elderly and the patients."

"I used to take the disabled persons and the elderly to broadcast at channel 3 and 7 in program of "Wongwien Cheevit" to show their trouble but some officer

begged not to broadcast because it destroyed the reputation of the unit. I asked him if you saw someone in trouble, why you don't help."

"The elevator did not open on the second floor and I had to go to community development center on the second floor. I could not go there even though there was an elevator. I thought the governor should not order to cancel stopping at the second floor but he should order to punish by deducting the salary for the persons who stop it at the second floor because this order caused trouble for the disabled, patients, and elderly."

(No trained group: Mr.Pathapee: disabled lower part of body, Interview)

Mr. Tree told about his obstacle from environment in his house that could not facilitate him. However, he tried to adapt and managed the environment for the independent living. He could work as normal people with positive thinking.

"During the first period, I was trouble from the environment because my house was townhouse opened as drug store. There were a lot of stuffs. I had to take urine catheter periodically on the second floor, which made as ramp. I thought why I had to go upstairs to do it because the first floor was more comfortable. So I bought a new house in rural area that had lots of space and built 2 houses. The first house was a normal house for my wife, and the second house had one floor that I could live and my wheelchair could access. However, the first house was permanently closed because my wife refused to live in this house. So I lived alone in the second house with my assistants. The bathroom was wide enough for the wheelchair to access and he could work at the area beside his house comfortably. The environment was not an obstacle anymore. Besides, he had hand grips, arm grips and computer pen pointer for his weak hand to work."

(No trained group: Mr.Tree: hands, legs and arms disabled, Interview)

5.1.4 Factors related to transitional process in phase 1

Transitional process to independent living of the disabled person had many related factors. The factors were not sorted in step but it would overwhelm and interrelated in each life time period.

From the mentioned transitional process dimension, the factors related to the transition to independent living of the disabled person in this period was as follows. ;

5.1.4.1 Personal factor

They were bio-power, social discourse, acceptability of disability and the lost of former role and responsibility. During the first period of disability, all disabled persons would not accept the disability that occurred since it made them lose self-identity, bio-power and role responsible until they became dependent on others. Their self-esteem was decreased to be weakened and hopeless.

5.1.4.2 Family factor

They were family support. In Thai social context, most people perceived disabled persons as pity and needed help so it mostly found that family would take care for their living but still lacked of support to stand up for themselves.

5.1.4.3 Social and economic factor

They were discourse, beliefs, pity, and income status. The culture and belief about the disabled persons were concerned with fate and pity that had positive and negative effects. It made them accepted that it happened because of fate that they had to pay or some person may belief that it was unavoidable. So they would accept their disability easier. Acceptability could lead to correction or doing nothing until became weakened. Besides, family income factor were related that everyone had to work, so most of them were left alone in the house. Some were looking on the ceiling alone until hopeless was increased and led to depression and commit suicide.

5.1.4.4 Environment and facility factors

From the observation, it found that during the first period, the environment was overlooked. The disability was solved on the individual and disability. It was built only for normal people who had hands, arms and legs so the disabled persons could not live by themselves whether inside or outside of the house.

5.2 Phase 2 Neutral phase: Period of adaptability and ready to step forward

5.2.1 Mental , psychological and behavioral dimension

It was the period that the individual attempted to adapt to normal condition. They passed the first phase for a certain period would face with problems and changes. Their transition could be success or not success. If they achieved, they would step into phase 3 but if not they may reverse to phase 1. Some may transit back and forth between phase 1,2 and 3 (Chick & Meleis, 1986: 231-237). This transitional process had adapted in the method of thinking, mind and behaviors as follows.;

5.2.1.1. Acceptability, bio-power and goal setting led to achievement

Acceptability of the disability was an important and difficult process. If the individual had an opportunity to meet the role model disabled persons including target setting, the acceptance would be increased and led to be achievement easier. For example, the case of Mrs. Rintarn who attended skill training program, she started with peer counseling and goal setting by herself. She had told about the activities in this program that;

> “I had joined to group of similar disabled persons, which made me understand that it was not only me that could not do anything. When I saw Mr. Tor (role model disabled person) who was disabled like me. His hand could not be used, spoke unclear but why he could do so many things. So, it widen my perspective that the first step, I must accept my disability condition and thought whether

what to do each day and time management, such as how long can I take a bath, who will pick me up at my house. I must be ready so I must manage my time more."

(Trained group: Mrs. Rintarn: disabled hands arms and legs, Interview)

The result had pointed that the opportunity to meet the role model disabled person, could help her to think out of the frame that not only me but there were more severe disabled person who could do more. It made them accepted the disability and thought of managing themselves easier. Acceptability was one of the periods of adaptability in critical condition that the disabled persons must dare to face it by accepting it and found the solution to live with the disability happily. From the joking slogan "Warrior life, if it was not corpse, then it would be disabled". It showed the prior acceptability of their disability. It may be due to the soldier career that had potential risk including he used to see his friends and subordinates had a bomb exploded to them. It made him accepted his disability faster. While he was treating in the hospital, he never stopped thinking. He set his target while he was at the hospital whether what he should do next and chose the work that suitable with his disability, which was computer. This was because he could not use his legs, including the good welfare provided for the veterans that he could access easily and trained while treating. His bio-power was recovered so he tried to learn computer as an addition until received certificate, even though he had to travel from Lopburi to study in Bangkok by himself. Finally, he was accepted to work in Saijaithai foundation, which was the first step of his achievement.

"I got used to the picture of my subordinates stepped on the bomb and I used to said joke that "warrior life, if not corpse, then it would be disabled". When I am disabled then I accepted to live with it faster. After 5-6 months, when I could sit on wheel chair, I started to think of what to do. I received pension only 6,000 baht. I should not only stay like this but find additional work. So, I started to think if I worked with computer, I did not have to walk because my legs could not work, it would be great. So, I applied the computer course that provided from

veteran organization during the treatment. Then, I had additional training until received certificate and worked in Saijaithai founsation, which was my first step to success."

(No trained group: Mr. Meka: disabled left leg was missing, Interview)

When there was a disabled person in the house, the expense was inevitably increased. It started with the first question whether who would take care them because every member in the family had work to do, especially single family that must hire someone to take care. Mr. Tree told us that;

"Before passing the first step, it was very difficult. I had to set goal in life first. I used to think why I had to be in grieved so I considered and set goal myself "to reduce my sister's expense in hiring personal assistant to take care total 3 persons/day". Then, I started from myself in invention the transfer machine for decreasing the expense of assistance from 15000 baht/3 persons decreased to 5000 baht/one person. This was my first achievement that made me proud and stand up."

(No trained group: Mr.Tree: hands, legs and arms disabled, Interview)

After Mr. Tree adjusted his way of thinking and set goal to reduce the expense of assistant by inventing transfer machine. He used his brain and hired workers to do according to his imagination, which finally succeed. It became innovation to be proud and was the first step to overcome the weakness and despair.

5.2.1.2 Role model disabled person and empowerment.

The opportunity to meet the role model disabled person was another method to help them to accept their disability and saw the concrete model to live with the disability. It could be motivated to follow the model. Mrs. Rintarn told us about the first period when role model disabled person visited her home that;

"When I participated in the skill training program, I met many role model disabled persons. I saw they could do it even though they were disabled like me,

like Mr. Ton. He was my first image when he visited my house. At first, I thought he was retarded (severe disabled and spoke unclear) and we could not understand each other but when we talked more often, I found that he was so clever and intelligent. Mr. Ton continued his Bachelor degree. I felt good about him. Later, I met with teacher, Mr. Phop. He taught about how to transport from home to the disability center. I learnt computer skill from him even though I had no knowledge at all."

(Trained group: Mrs.Rintarn: disabled hands arms and legs, Interview)

The content showed that Mrs.Rintarn learned from her perception and skill practice of role model disabled person. It made her able to travel to work and had computer skill.

"He tried to make me thought by myself. He never said you could do or not. He only said if you thought you could just try to do it. When I faced problem, he would give us advice and morale. When I wanted to continue learning, he said that you just tried and if I had a problem in contacting, then he will give advice me and morale. When I went to make identification card, I had to go by train both trips and must have assistant to lift me up and walked upstairs. Could I sit on the couch of the train for a long time? It was not a short period but 3-4 hours. Finally, I passed. When I succeed, I felt that I wanted to do more."

(Trained group: Mrs. Rintarn: disabled hands arms and legs, Interview)

The result indicated that role model disabled person was not only the model of learning but also helped empower. They gave opportunity to think openly, no objection, gave morale and advice so their way of thinking, mentality and behavior had been changed. This achievement was the starting point to build confident and self-esteem and eliminated the weakness and hopeless.

Another interesting case study was Mr.Torsaeng who had motorcycle accident in 1997 and disabled from below chest. He was treated at Sirirach hospital for 6 months but his mother requested to treat at home. The doctor said he would be

disabled forever. His family wanted him to recover so they took him to massage doctor, traditional doctor, and ghost doctor for 2 years but he was not recovered. He stayed home only to eat and sleep. When transferring, he needed someone to lift up. He hope only how to get back to work.

After I met the role model disabled person (Mr.Nipon) who visited my house and had peer counseling and attended skill training, it widen my perspective;

> "He was disabled like me but he could get off and get on the bed by himself, eat and lift himself up when tired. Actually, I may be able to do it for a long time ago but I felt that I could not. I stayed alone with the disability. Everyone surrounded me always said I did not have to do anything and they did it for me. I had not tried. When I needed something, I just called others but the role model disabled, he stayed alone, get in and out of the car by himself, when tired, he just slept whenever he wanted. So after I came home for 2 days, I tried to do what he did. How to lift and how to do? It strengthened me. If he could do, why couldn't I."

> "The role model disabled stayed alone, get in and out of the car by himself. When he was tired, he would sleep whenever he wanted. When I returned home, I tried to do what he did for 2 days and found that it was not that difficult to change. I only saw how he lifted, only this, it strengthened me even though I had not talked with him so much."

> "After I met with the role model disabled, I could help myself more. I did my routine life; eating, brushing my teeth by not using the fastener because I had no strength. Later I started to use spoon and presently I could do like usual. After I got out of the house more often, I could use the wheelchair by myself. I lifted my arm without falling down. Part of my development came from the participation in drawing skill training that I had to lift up the brush. It developed and the role model disabled person also taught me"
>
> (Trained group: Mr. Torsaeng: Lower part of body disabled, Interview)

It was unbelievable that meeting with the role model disabled person could create inspiration to Mr. Torsaeng. He could learn how the role model disabled stayed with their disability. Until he developed himself to do many things that he never thought he could do. At the same time, his bio-power was recovered to control his body more even though the disability was still exist.

For the disabled persons in group 2 who could stand up by himself, only Mr. River who had an opportunity to meet with role model disabled persons who inspired him in learning about driving. He told that:

> "While I was teaching at the disabled foundation, I saw my student who was disabled like me but he drove his car. So I asked him how he could do it. He advised me about driving and the adjustment of the car to match with the disability. I tried to drive by having him as a teacher. He gave me morale and my family also supported and bought me a car. Finally, I had the driving license and adjusted the car to match with my disability. I chose wheelchair that could fold and light weight. Nowadays I could drive my car and take with my father and my mother to go out so disability was not an obstacle anymore"
>
> (No trained group: Mr. River: lower part of body disabled, Interview)

Mr. Patapee and Mr. Meka never met with role model disabled persons but they were the role model disabled person themselves because of his role and responsibility. Mr. Meka told that:

> "I had an opportunity to work for HRH Princess Sirinthorn in Saijaithai foundation and I gave advise to many disabled veteran who had problem with salary and welfare. I studied law to help them, correct and follow up about their right."

> "I had an opportunity to work in Phramongkut Hospital to advice for psychological rehabilitation and became role model for disabled veteran on how I achieved to overcome the disability"

(No trained group: Mr. Meka: disabled left leg above knee lost, Interview)

Another role that Mr. Meka took was role model disabled person to build learning environment and empower the disabled veterans. At the same time, his bio-power was recovered to control his body to play his new role. It also opened the space for the disabled person to also increase their bio-power. So it was another form of bio-power development.

5.2.1.3 Skill training was the first achievement that made the disabled person had more self-esteem

The result found that the disabled person in group 1 had attended skill training, peer counseling and advocacy. They had goal setting that advised by role model disabled person. They were empower and gave morale to overcome the obstacles. If they were severe disabled, they would have personal assistant to assist. This first achievement would made them proud and had self-esteem as the following case study;

> "In the skill training process, I could decide and manage myself. My goal was 1.) I would continue study 2.) I would like to have my new identification card (ID card) in the upcountry and 3.) I wanted to study computer. When I talked to the role model disabled person, they never refused or rejected me and they empowered me to feel more confident, dare to think, and dare to make decision. They would advice and support morale until I achieved my goal. It increasingly brought back my self-confident"
>
> (Trained group: Mrs. Rintarn: disabled hands arms and legs, Interview)

Skill training was another process in the pilot project that made the disabled persons think and set goal by themselves. The important thing was not to refuse or judge whether it was good/not good but respected their decision. The role model disabled persons would give support, advice and morale. The disabled persons were empowered to achieve their goal. This achievement was only a tiny goal for the normal persons but for the disabled person, it was considered as the first step to pull

them out of the hopeless and despair and had more self-esteem. Besides, there were goal setting whether what to do. During the first 3 months of training, Mr. Torsaeng set the goal to farm the chicken and paint pictures. He started from contacting to the unit by himself to make a loan for 20 thousand baht to farm chicken. (He had to pay back 400 baht/month x 60 months)

> "Chicken farming helped me to have activity to complete each day. I had to wake up in the morning to feed the chicken and have my nephew to help me. Although I was disabled, could not walk, I could use my brain for planning the feeding and selling the chicken. I had to go out and contact the concerned person with my personal assistant. After completed the program, Even though the profit from feeding chicken was not so much, it made me have more self-esteem and more self confident, which was much worth than the money I received. For the painting, I was in the group of 4-5 persons. During painting, we also shared our experiences, which made me see others who were worse and we could understand the concept little by little. It helped me dare to make decision and had self-confident."
>
> (Trained group: Mr. Torsaeng: Lower part of body disabled, Interview)

This result reflected that the achievement of the skill training process that Mr. Torsaeng could do. No one would believe that the disabled person both hands, arms and legs could success in chicken farming. The chicken farming according to the target determined helped him overcome the despair to make him felt that he had something to do every day. Although the profit from feeding chicken was not much, this process made him have more self-esteem and confident.

5.2.1.4 Working helped increase skills and self-esteem

This result found that the arrangement of environment to facilitate the disabled person to work according to the goal setting by having assistant to support and help them. They could learn to achieve their goal even though that achievement was so little for normal people. However, the severe disabled person perceived it as he

could do it and this achievement could help them overcome the hopeless, despair and stand up in the society as the following case study;

Mr. Fhasai told that after he was disabled at the age of 18, he tried to manage and stay with the disability by having family to support and take care for more than 10 years. He had an opportunity to stay with his relative at the same age and saw they play computer game. I wanted to play too. Finally, he found the mouse that could use his chin to move, which matched with his disability. Finally, he could use the computer like normal people.

> "At first, I lived each day like other kids. After I had participated in the pilot project, I had a chance to bring computer knowledge to work in Phramahatai disabled organization. This work helped me to widen my perspective. I had more computer skill. Now I work on the website to share my experience, advice, suggest to the disabled persons. Working increased my skill in receiving telephone through computer without picking up the phone like normal people. I used only my chin to click mouse to communicate through internet. I hoped other disabled person would not suffer as I used to be."
>
> (Trained group: Mr. Fhasai: disabled from shoulder to toe, Interview)

> "He had headphone to listen to the sound on my bed and had personal assistant to help as necessary. He usually went to work at the Phramahatai independent living center by using wheel chair that uses his chin to move as he wanted. He was one of the severe disabled persons who could stand up in the society to work for disabled person organization. This work helped him to have more self-confident, pride and self-esteem and he had an opportunity to help other disabled."
>
> (Mr. Fhasai, Observation.)

This result showed that Mr. Fhasai had used his former capability to work for the disabled person organization and the work could increase his skill to do things although he was disabled both hands and legs and had personal assistant as necessary. Besides, he had facilities to help contact and relate to other by using his only organ,

which was chin to control the wheelchair and click the mouse to communicate through computer. It showed the mentality dimension affected on refusing to yield and overcoming his obstacles.

Normally, it was true that working could increase skill of everybody but since the disabled persons were despair and hopeless, how they could work and had increased their skill. This result found that every disabled person in the group could work and increased their skill differently, for example, Mr. Tree could stand up and invent wheel chairs to move himself from one place to another for bathing. This work increased the skill in thinking and changing various design of the products like tilt-table machine and tricycle for the disabled person. Finally, he could open a shop for himself and named it “Saengpetch Stainless shop” to produce the equipment to help the disabled person. He had 2 workers who were technicians who helped him.

> “After I worked more and more, my weak hand and arms turned to help me working. Now it had more strength without having to do any physical therapy”. The continuous working helped him to recover his disability without needing the physical therapy.
>
> (No trained group: Mr.Tree: hands, legs and arms disabled, Interview)

5.2.1.5 Education and training were another source of achievement

In the present society, education and training helps people to have knowledge and capability to work and this work helped the disabled person to stand up in the society, such as the case of Mr. Meka who trained computer and had additional studied until received computer certificate. He could use this certificate to apply for a job even though he never used computer before.

Another case from Mr. River, his parents only wanted him to continue studying without clear goal. They never thought that he would ask them to work as a teacher in the Promotion and Development of the Disabled person foundation. He taught accounting as the first subject, which he graduated from high vocational training. With his working skill and perseverance, he was promoted to study until graduated Bachelor Degree in business administration, with first honor and received

scholarship from the foundation to continue master degree in information technology. He had a goal to motivate the disabled person back to the society and labor market. Besides, the computer skill helped him to learn by himself through the website until present. He was the chief of the education division of this foundation. He could promote the more than disabled students to work and had occupation. This work helped him to have more pride and self-esteem.

> "Any helps would be worth than money if any helps made the disabled persons have opportunity to work and had occupation for living."
>
> (Grandfather of Mr. River, Interview)

5.2.1.6 First achievement was the turning point of self-esteem

The result found that after the disabled persons could achieve the determine target, they had more confident and had more self-esteem even though their disability was still there as Mr. Meka who never had computer knowledge before. He received an opportunity from Veteran Welfare Organization of Thailand to provide training during the treatment at Phramongkut hospital. He thought it was the only chance to work after disability because he could not walk and needed to use the wheelchair and working with computer could be stationed so it was the suitable work for his disability. He received the opportunity to work at Saijaithai foundation. It was considered as the first achievement that made him able to work again by receiving the divine grace from HRH Princess Sirinthorn to help for the residence and work and this was the turning point of his life.

> "When I completed studying computer, Saijaithai foundation announced for recruiting veterans to work. So I could immediately work. At that time, I was in Lopburi and the lady-in-waiting of HRH Princess Sirinthorn helped me to move to Bangkok. Then, my life was changed. I worked for 5 years and this was my starting and turning point to make me see that even though I was disabled, lost my leg, I still had my brain."

"I worked in Saijaithai foundation for 5 years and this was the starting and turning point to make me see that even though I was disabled, lost my leg, I still had my brain. If I was not disabled, I would be only old sergeant and now I had more opportunity to service the society"

(No trained group: Mr. Meka: disabled left leg above knee lost, Interview)

The achievement from work and appraised by people was the turning point to recover the bio-power to make the disabled person had more morale, self-esteem and more confident.

"In the skill training process, I had made decision and managed myself. I wanted to continue study and make identification card in the upcountry. I wanted to study computer. When I talked with the role model disabled person, they did not refuse or reject, which made me more confident, dare to think and make decision. They advised and gave morale me be success to independent living."

(Trained group: Mrs. Rintarn: disabled hands arms and legs, Interview)

"Teacher from non-formal education center saw me make scientific frame, which was very boom during that time. He persuaded me to teach his students. When I taught and the students called me "teacher" and they respected me like one of their teachers, I was very proud and had self-esteem."

(No trained group: Mr.Pathapee: disabled lower part of body, Interview)

"I reviewed my work what I have done and what to do tomorrow and try to solve the problem that occurred. It made me forget about my disability. If I always thought that I could not do, then I could not do so."

"I invented innovation for the disabled persons. It made me have more morale and more self-esteem. If I died, I would not have any opportunity to do goodness. When I thought like this, I wanted to do good things continue during

the remaining time. Even though I was disabled, I could designed and asked my subordinate to do"

(No trained group: Mr.Tree: hands,legs and arms disabled, Interview)

Presently, Mr. Tree opened a shop "Saengpetch Stainless" to produce stainless work and equipment for the disabled persons.

5.2.1.7 Going out of home

If talking about going out of home, the society would see it as normal but less disabled persons received such opportunity. Going out became the way to open their perspective and it had impacted to their mentality. The training process of the pilot project had process of persuading the disabled persons to go out of their house and had peer counseling. It was the starting point to widen their perspective to make them felt that they could do it.

"I was treated for more than one year until it was getting better. I needed to use wheelchair and my wife shoved it out of the hospital. It had psychological effect. I had an opportunity to see the outer world like seeing the miracle in my life as if I would never see it forever. I also had a chance to cross the road to study computer, to meet other disabled and talked with them. I was very happy and it opened my mind to accept disability more."

(No trained group: Mr. Meka: disabled left leg above knee lost, Interview)

"I think going out of the house to work could overcome the disability. My feeling changed. Sometimes, I thought I was not disabled person. Going out of the house empowered me. For my job, I must go to many hospitals for selling the equipment for the disabled person that I produced. Now I had to responsible for my two workers."

(No trained group: Mr.Tree: hands, legs and arms disabled, Interview)

"I went out of my house to Phutthamonthon with the role model disabled person. We discussed about the disability and peer counseling. It made me feel good and understand each other easier."

(Trained group: Mr. Torsaeng: Lower part of body disabled, Interview)

5.2.2 Family and social dimensions

5.2.2.1 Family like as a nourished drug

The support from family and society was an important process that helped them ready in the mental and psychological dimension and stepped forward. It was another view to show that family was like a nourished drug.

Mr. Torsaeng had motorcycle accident in 1997 and disabled from chest and below. He was treated at Sirirach hospital for 6 months and his mother requested to treat him at home. The doctor said that he will be disabled throughout his life. His family wanted him to recover so they brought him to massage doctor, traditional doctor and ghost doctor for 2 years but it was not better. He stayed home doing nothing, only eat and sleep. He became a burden because he needed someone to carry in order to move. He only hoped to get back to work. In 2002, his friend persuaded him to attend the pilot project. At first he felt like Mrs. Rintarn that he did not believed it. He only wanted to have friends who had the same disability and this project made his mother more confident by allowing his mother to see their activity of this project. When she joined with this project, she assured that it could help her son to stand up. His mother told that:

"At first, I was not sure that he could really help himself so the role model disabled asked me to attend the training for 2 days and 1 night. I had seen many disabled persons who were more severe than my son. They could eat by themselves even though it was not exactly. After came back, I persuaded and supported him to participate in this project. At the beginning, he was very shy, did not want to go out, and did not do anything. I had to urge him to train in this project so that he could have friend. Finally, he participated in this project

and success."

(Mr. Torsaeng's mother, Interview)

This result showed that even though Mr. Torsaeng was disabled for more than 10 years, his family still hoped that he would be better, when he was persuaded to participate in the pilot project, his mother immediately accepted even if she was not sure about it. Then, she asked to see whether what kind of activities that the project offered. When she saw that it was a good and suitable project for her son, she encouraged him to participate until he was success. Thus, this was another chapter to show that family was like a nourished drug.

Mr. Sun's mother used to be a nurse so he was taken care and rehabilitated his health since the beginning. He had many facilities for the independent living such as the hand grip for typing computer, arm grip and tilt table. Although he was disabled, he received good care from family. His parents looked for computer teacher to teach him at home until the teacher could see the capability of him and persuaded him to teach computer at his school. He even had salary more than his brother who was a policeman. Presently, he still receives good care, love, warmth and support from his family to work in the disabled foundation continuously. This achievement was inevitably support by his family, which was considered as a nourished drug.

Mr. Patapee and Mr. Tree also took care, supported and taught to live with the disability by their family until they could adjust their way of thinking.

"Taking care was not only the role of father or mother but it was because of love. Mother loved and cared, his relatives did not disguise him. They gave morale and empowered me. Even though I was tired, I never complained because I afraid that he would think that because of him that made me tired. Family members were the most important morale"

(Trained group: Mr. Torsaeng: Lower part of body disabled, Interview

"My sister saw me sitting alone, with despair and hopeless, so she taught me that you should love yourself, rethinking and reworking. So, I brought the money that

my sister gave as an expense for my personal assistants total 3 persons (15 thousand baht/month) to invent wheel chair for taking bath and lift me up to transfer to another place. With my first invention, I became successful."

(No trained group: Mr.Tree: hands, legs and arms disabled, Interview)

In Thai social and cultural context, the policy to take care of the disabled person was not ready like welfare in other developed countries. The public environment could not provide for the independent living of the disabled person to live in the society like normal people. However, Thai family played the important role in developing the capability of the disabled person (Kanitha Tewintarapakdee, 1997: 62-64). Even though, they had strong mind, changed their ways of thinking but they could never achieve it if they did not have support from family and society, which had the transitional process as the following case study. After Mrs. Rintarn succeeded in skill practice, she had an opportunity to participate in the independent living center in Nonthaburi. Later, her mother started to understand and changed her mind

"Mother changed her mind from thinking that I was a burden to take care because I went out to perform activities with my friends more often. Staying home became strange things for me but I had to find a chance to tell her what I did so that she would not misunderstand that I went out for fun. I told her that I went to help disabled friends and sell products, now she changed her mind."

(Trained group: Mrs. Rintarn: disabled hands arms and legs, Interview)

The result revealed that after she had independent living, or achieved her work, her mother had changed her mind from used to call her as "E-ngoy" and thought that she was a burden to take care, now that her mind was changed. Mrs. Rintarn's experience reflected the family and social dimension that gave opportunity for the disabled person to perform activity outside the house and it created morale and confident.

5.2.2.2 Belief, fate, pity and moral with the disability

Culture and belief in Thai society about the disability was not

changed even time passed, especially about fate, sin, pity, merit and meditation. These were related with the disability as Mr. Torsaeng had the concept of independent living and refused to receive the merit that filled with a pity;

> "While I was waiting for the driver in front of the Phra Pathom Chedi, there was an old person gave me 500 baht. I said "No, No". But she said "Never mind, I do merit". When the driver arrived, he told her that "No, thank you he hired me to visit this places". I thought that if she said take this money to do things for other disabled persons, I would accept it but she did not say this I refused to accept the money to show her that disability was not a bad thing."
>
> (Trained group: Mr. Torsaeng: Lower part of body disabled, Interview)

> "The first step of achievement was not easy, it needed meditation. Use the moral to calm the mind then the wisdom would occur. Nowadays I would think of what to do today, what to do tomorrow. Sometimes, I had to think of the Buddhist facts; birth, old, sick and dead were normal. Buddhism principle could be used forever"

> "I started with meditating my mind and reviewed what I would do today and tomorrow as well. If there was a problem, I would try to solve until I forgot about my disability. If I thought that I was disabled and could not do anything, it would pull me down. For my family, I used moral to lay down the problem"
>
> (No trained group: Mr.Tree: hands, legs and arms disabled, Interview)

The content reflected that normal people still perceived disability with pity and sympathy, which they did merit or donate usually wish that they would not be like that. While Mr. Torsaeng started to think that disability was not a bad thing and had to live with it, he accordingly to refuse this actions that reflected the pity through meritorious deeds. He wanted the society to perceive disability in another perspective by support them to stand in the society. So, if those meritorious deeds filled with support for the disabled person to stand up, he would not refuse to accept that intention even though at first he used to be despair and only hoped that this sin would end soon.

Mr. Tree told about bringing the Buddhist doctrine to be the principle in accepted and recovered process by perceiving the truth of life, which was born, old, sick and dead that no one would get away. So, when the disability occurred, we should have consciousness to accept it by praying and meditating to create wisdom and problem solving. It was the starting point that led to the recovering of psychological and behavioral to overcome the despair by Buddhist doctrine**.**

5.2.3 Environmental and facility dimensions

The social model of the disabled person that pay attention to the opportunity and access to the social service of the disabled persons was viewed through the social oppression theory that pointed out not only the disability but also the environment that made them lack of opportunity in the society and disadvantage or unable to perform the activity and access to the social service like normal people (Penchan Cherer, 2006: 78-107).

5.2.3.1 Wheelchair could access, then we would not be disabled

From home visiting of Mr. Sun, which was a single house that wheel chair could access from the entrance to the bedroom. Inside the bedroom, there were also facilitates for him to work and live. The bathroom outside the house was wide enough for the wheelchair to access. It was unbelievable that his personal room would have so many academic textbooks like the working room of university professor. The case of Mr. Patapee who mentioned about Tesco Lotus superstore that provided facilities for the disabled persons to access according to the new law that had requirement of building as follows;

> “Tesco Lotus had facilities for the disabled persons to access even in the toilet. Only this, the disabled persons could live in the society.”
>
> (No trained group: Mr.Pathapee: disabled lower part of body, Interview)

It showed that environment was an important factor to help the disabled persons to live like normal people. For the person with physical disability who must

use wheelchair needed to have ramp and wider entrance. Only had these things, they would not be disabled anymore because they could access anywhere like normal people.

5.2.3.2 The facility for their living

Whoever thought that severe disabled persons both hands, arms, and legs would be able to work. If they had appropriated facilities, they could do things.

Mr. Fhasai's home, the only single house in Chonburi province that had the room in front of the house that wheelchair could access. In the room, there was a bed that had computer on it and was ready for usage. The mouse was placed near his chin for moving. The bathroom was wide enough for the wheelchair to access and had the electric pole for lifting up and transfers his body from bed to the wheelchair. However, he still needed personal assistant to help all the time and his family to support the expense. Presently, he works at Phramahatai independent living center happily. His assistant told us that;

> "When he goes outside, I would be very tired because I had to drive a car for him to work. If I sent him to Phramahatai it was alright because there were many people to help me but if he went to unfamiliar places, I had to look for someone to help me. I would park the car nearer and asked the other peoples to lift up him but I had to see whether they would want to help us or not."
>
> (Trained group: Mr. Fhasai: disabled from shoulder to toe, Interview)

This result reflected even though he was disabled from shoulder to toe and the only organ that could move was his chin, had personal assistant, mouse of the computer and appropriated wheelchair, but the disability was not an obstacle in his life anymore. He could work like normal people though it was not so smooth because the environment was build on the basis of the normal people. However, Thai society still supported in lifting Mr. Fhasai up as requested by his assistant and these results were similar to Mr. Sun and Mr. Tree as follows;.

"Even though Mr. Sun had both weak hands that could not grasp things, he could work with computer by having facilities such as hand grip, arm grip that looked like soft weir to hold. It helped him to control the car by making the arm grip at the steering wheel, automatic gear that used hand and arm to move and hand brake. So if there were enough facilities, the disability was not a problem anymore."

(Mr. Sun, Observation)

"Mr. Tree as well, even if he had weak hands but he could type the computer by using hand grip, arm grip and pointer for keyboard. He had bath cart that could access the bathroom like normal person that he invented by himself"

(Mr. Tree, Observation)

5.2.4 Factors related to the transitional process in phase 2

The mentioned dimension of the transitional process had the factors related to the transitional process to independent living of the disabled persons in this phase as follows;

5.2.4.1 Personal factor

It were acceptability of the disability, recovery of bio-power and opportunity, changing the way of thinking and perseverance of the disabled person themselves

5.2.4.2 Family Factor

It was family support which empower to participate in this project and in their social. The parent and his family would offer the facilities to be independent living.

5.2.4.3 Social and economic factor

It were role model disabled persons and friends, social support, financial status of the family, training which consisted of peer counseling, skill practice, advocacy and received of information.

5.2.4.4 Environment and facility factor

It were the ramp for the wheelchair, electric wheelchair, hand grip, arm grip, pen pointer for computer. The mentioned factors could not be solely explained but they were related as explained in the 4 dimensions of the transitional process above;

5.3 Phase 3 New beginning phase: How to take new role

5.3.1 Mental, psychological and behavioral dimensions

This was the period to enter new role that the person ready to accept, play the new role and faced with the problem and disability with hope. The period of time in transitional process of each person would be different. Some may achieve and some may not. Some may change backward and forward according to the changing condition. The result of the transition may occur in 4 patterns; 1. Restoration; 2.Maintenance; 3. Prevention; 4. Promotion. In order to tell whether achieved such transitional process or not, there must be stability and connectedness (Chick & Meleis, 1980: 237-257). The result of the research found that these disabled persons could achieve independent living for certain level, could play the new role confidently, lived with other happily and successfully overcome the despair and hopeless.

This was the period to enter the new role that the person ready to accept and play the new role, dare to face with problem and disability with hope that differ from the past. It was the hope on the disability to come back to work or connectedness.

Group 1 The disabled person with training in the pilot project

The achievement in the training process of the pilot project brought out confident and self-esteem, including an opportunity to work in the disabled person organization, which made them, discovered their new role, which was to help other disabled person to walk on.

> "When I participated in the pilot project, it changed my thinking, and feeling toward the disability. Now, I was not so suffering with the disability, but felt more value. I had a hard time for 18 years already; I did not want other to be like me so I stood up and worked at the center. It had an effect to many disabled people to stand up and had morale. The role in working at the center had strengthened my independent living. I would never go back and lived like the old day to live valueless, using internet each day and waiting for the day to die anymore"
>
> (Trained group: Mr. Fhasai: disabled from shoulder to toe, Interview)

This result pointed out that Mr. Fhasai accepted his disability and discovering his new role in working at the independent living center. At the same time, the role of working had strengthened him to overcome the despair. This was the answer of the severe disabled person in the pilot project who used to think of committing suicide and dare not looking in the mirror. Presently, he used his chin to move himself and work with computer. He could coordinate and communicate with others through computer telephone call or giving information and news through internet. Both disabled persons and not disabled persons or the person who used chin to move himself could go anywhere they wanted. I had an opportunity to become role model disabled person to help other disabled persons see, imitate and stand up in the society, which made me proud and had self-esteem. The mentioned case study could be concluded that the disabled person who could have independent living could played the new role completely, which created stability and connectedness.

The result found that the disabled persons with independent living could accept their disability, play the new role, and dare to face with problems and disability with the hope to return to the society, in which the period of transition would be different for each person. We mostly found that they were disabled when they were younger than 30, so they would accept and perceive the disability for more than 10 years. However, when they had an opportunity especially from the pilot project in 2002, they attended to learn and it changed their way of thinking, feeling and behavior and could play new role to live like normal people. They could determine and make

decision and work with others, even though the disability still existed. If the pilot project came in earlier, the acceptability would occur earlier.

The new role that these disabled persons had an opportunity to take was to work in the disabled person organization. These organizations accepted the disabled persons in certain level. This new role made them confident in independent living, more self-esteem and proud. As the case of Mr. Fhasai, his personal assistant told us about his achievement that;

> "He had an opportunity to stay in the group of the disabled and worked in the independent living center. It made him felt proud, which was not different from the normal people. He had high self-confident especially when he talked with other people. Now, he rarely stayed home but went out to work at Phramahatai center everyday"
>
> (Personal Assistant of Mr. Fhasai, Interview)

After the disabled persons completed the training, the independent living center would like to extend this concept. So they gave opportunity for these disabled to take part in the committees, which Mrs. Rintarn was one of them. She could take the new role from working at the center or the disabled person organization.

> "Now, I could think and decision by myself and my goal at the moment was to help the disabled persons. I used my experience to be the role model and used my mouth to wake them up from the despair like I used to be. Now I could say that I am happy to work even though I received small amount of money, only enough for eating but I wanted to continue, I can't stop."
>
> (Trained group: Mrs. Rintarn: disabled hands arms and legs, Interview)

At the beginning of the participating in the pilot project, Mrs. Rintarn only hoped to meet with disabled friend, not staying alone at home but after participated until achieved the goal setting of making the identification card in the upcountry and studied non-formal education for secondary school with perseverance until graduated,

she had an opportunity to be the committee in the independent living center in Nonthaburi. She had met with other role model disabled persons, worked outside the house, had peer counseling for other disabled persons, home visiting, working in the community and helped the disabled person to overcome the despair and hopeless. She felt that she could bring back her self-esteem and self-confident to work even though she received the return that could not count as money but she told herself that "she could not stop". She also told us about what makes her continued her works even if there were many obstacles;

> "One thing that made me can not stop working even though I faced with many obstacles for example after I came back from exhibition at Muang Thong Thani, my assistant called a taxi but the driver refused to accept the disabled persons because he knew that he had to pick up the cart and put it in the trunk and the disabled person had the urine bag. He was afraid that it will split in his car or cushion. He said he had to return the car because his shift ended and it often occurred."
>
> (Trained group: Mrs. Rintarn: disabled hands arms and legs, Interview)

This showed the obstacles from the working, society rejection and not acceptance of the disabled persons but she could overcome these obstacles.

Group 2: The disabled person without training.

They also had discovered new role in the disabled person organization, which was to help the other disabled to overcome the despair and hopeless and return to the society, such as Mr. Tree who invented the equipment and facilities for the disabled persons, Mr. Meka who was the chairman of the disabled association who helped many types of disabled persons in advocacy, and participate in determining the policy for supporting their vocational training. Mr. River had an opportunity to work in the airline company that paid more salary but he refused and chose to work in the disabled organization to build the computer personnel to the labor market in the society to have career, income and not the burden to the society and family because

Thai society perceived the helping as doing merit, and it would return them to overcome the disability.

> "I had an opportunity to work in Oil Company at the airport, which paid more salary than the foundation. I used to come back to ask my students that one day if I was not here. When I said it, they were about to cry. Then, I called to consult with my grandfather. He said whatever made you happy, I would be happy too, but I proud with what you did now. At the moment, you had a chance to transfer your knowledge to the person who had less opportunity than you and they could use that knowledge for helping themselves it would be better than you had more money and you donated it because it would be disappeared in the short period of time but if you gave them knowledge, it would stick with them forever and they could use it for their career. If we were talking about the disabled person, what do we think of? We would think of beggar, lottery seller, which you said you did not like it because they could do more. Finally, I decided where I should work to benefit the society the most."

> "Happiness was not always occurring from money but it could occur from helping the disabled person to find career or stand up in the society. This was the new role that I proudly received."

(No trained group: Mr. River: lower part of body disabled, Interview)

Mr. Patapee told us about his experiences to overcome the disability at the first period until became vocational trainer for the students in non-formal education center. Not only this, but it was related with the disabled persons and led to the new role as follows;

> "Later on, the public sector did not have enough budgets. I went to teach at the non-formal education center but did not receive the money, but I still went. There was only a car to pick up and sent back. Until one day I talked with my students and asked whether there was any disabled person nearby their home or not, you can persuade them to study with me. They answered that there were

disabled person who would like to study but he could not come. If there was someone who could brought them here, they would come. So, the director of the center advised to group up the disabled persons in the village and arranged vocational training. At first, I grouped up 99 disabled persons; some lost their legs, some were polio, some could not walk, and some crawl out of the pickup. Although it was very difficult, they tried hard to come. My tear was falling down when I saw them. I thought that I could not sit still so I established the disabled person's club in Angthong province and I was elected to be the chairman of this club. Provincial public welfare and wife of governor as committee had also donated 500–1000 baht as the capital to arrange vocational training and home visit."

(No trained group: Mr.Pathapee: disabled lower part of body, Interview)

Mr. Pathapee saw other disabled in the same province still suffering, it made him see the difficult time of other disabled person and he could not ignored. He could see his new role in helping other disabled and formed the club for disabled person in the province. It was the starting point for him to work and performed social services. Later on there was a vocational training center for the disabled person by joining with the provincial management organization until it was accepted and had an opportunity to work in the disabled organization in the position of the head of vocational training division in disabled association. He also participated in the meeting and became the trainer in the general meeting at Impact Arena, Mueng Thong Thani and he had dinner with the former Prime Minister.

5.3.1.2 Regaining self-confident and self-esteem

This result helped to see the steps of transitional process started from home visit of the role model disabled person, the process of goal setting or acquiring hope, the empowerment process and peer counseling. It helped widen the perspective of the disabled persons, which could lead to the recovery of bio-power to control the body to perform things. Finally, the disabled persons could make an achievement that they determined goal by themselves. These actions had changed their way of thinking,

mentality and behavior to have self-esteem and confident in performing things little by little.

The opportunity from the society, appreciation and respect made the disabled person increased their self-esteem, proud and had more self-confident. The new role as a teamwork in the independent living center in the pilot project, they could go out to work, home visit of disabled and advocacy including giving advice in living for them to overcome the despair and hopeless. Such performance had brought back their self-esteem to be more confident in performing things more and received honor and appreciation. These things had empowered them to help other disabled to stand up like them. There was a lesson from a severe disabled person who used to think of committing suicide but the pilot project had pulled her up to overcome the disability with self-confident and self-esteem, which all of the disabled persons said the same thing that;

> "Now, I felt confident and had self-esteem. If I had an opportunity to help other disabled persons, I would feel proud and more confident"
>
> (Trained group: Mrs. Rintarn: disabled hands arms and legs, Interview)

> "I taught the student at non-formal education center to make the scientific picture frame. The student called me "teacher" and respected me like teacher, it made me more proud and self-value"
>
> (No trained group: Mr.Pathapee: disabled lower part of body, Interview)

5.3.2 Family and social dimensions

5.3.2.1 Continuous support from family

Even though the disabled persons just passed the period of despair and hopeless, but the transition from phase 1 to phase 3 needed to receive family support to push them to success as follows.;

Although, Mrs. Rintarn was taken care in traditional style that she was kept on the second floor alone, where her mother thought it was the safest place, on the contrary, it made her walked into despair and hopeless faster. Later, her father

was dead but it became an opportunity for her to move to live with her sister. She was supported by her sister in non traditional style. So she had opportunity to be participated in the pilot project and empowered. Finally, she could success in training. She could work with the disabled organization at the independent living center in Nonthaburi province. Her mother understood more about the disability and changed her mind.

> "My sister supported me to participate in the project and worked at the disabled organization. When I went out to perform activity with friends more often, rarely stayed home. Presently, my sister would felt strange and ask me whether you did not go anywhere. I must find an opportunity to tell them what I was doing so that they understand me that I worked to help the other disabled or to sell the products of organization. They listened and appreciated and morale"

> "My mother changed her mind and re-thinking that I was not a burden. I could go out to perform activities with my friends more often. Staying home became strange things for me but I had to find a chance to tell her what I did so that she would not misunderstand that I went for fun. I told her that I went to help disabled friends and sell products. Finally, she understood me and understood my disability."
>
> (Trained group: Mrs. Rintarn: disabled hands arms and legs, Interview)

This result revealed that after they had independent living, or achieved the work, her mother had changed her mind from used to call her as "E-ngoy" and thought that the disabled person was a burden to take care, now that thought was changed. Mrs. Rintarn's experience reflected the family and social dimension that gave opportunity for them to work outside the house, while it could help her to have more morale and confidence.

The new role of Mr. Pathapee started with the role of leader; the head of the disabled club in Angthong province as follows.;

> "I was lucky to have relatives, and parents who love and care. They were my inspiration to work in the society. No one forbade me to do but they concerned. My mother said "Can you do it? There were lots of disabled persons (more than 90 people). You were also disabled" But every time they came to my house, my parent and my relatives would help me to provide food for welcome them"
>
> (No trained group: Mr.Pathapee: disabled lower part of body, Interview)

Mr. River was another case study to show that his family, especially his grandfather, would teach him to be a good person, sacrifice, had positive thinking and had self-valued in the society. It made him refused to work in the famous company that gave more monthly salary to choose to work as computer teacher for the disabled persons to have career and vocation. Besides, his parent and relatives supported him to continue his education, financial support and morale support.

> "He said whatever made you happy, I would be happy too but I proud with what you did now. At the moment, you had a chance to transfer your knowledge to the person who had less opportunity than you and they could use that knowledge for helping themselves it would be better than you had more money and you donated it because it would be disappeared in the short period of time but, if you gave them knowledge, it would stick with them forever and they could use it for their career. If we were talking about the disabled person, what do we think of? We would think of beggar, lottery seller which you said you did not like it because they could do more."
>
> (No trained group: Mr. River: lower part of body disabled, Interview)

Mr. Meka as well, he was cared and supported by his wife since he was in the hospital until completely took a new role.

> "I had my wife who always beside and took care me since I was in the hospital for 2 years. Even though I told her not to stay with the disabled person like me but she never leaved me. Now I am working in the disabled organization that I

established and she work as my personal secretary to take care and to be a consultant throughout my life."

(No trained group: Mr. Meka: disabled left leg above knee lost, Interview)

5.3.2.2 Social support: The opportunity was not locked

The social support may occur in many forms whether in emotion, acceptability, valuable, acceptance and tangible support. The result found that social support was one of the processes in facilitating the disabled persons for independent living as in the pilot project. The project had helped the certain amount of severe disabled person to stand up but the training was not ended only this but they could still continue to work under the social support. The disabled person who was not trained also received social support to live in the society as follows;

Mr. Tree received opportunity to produce tricycle for the disabled persons, which was supported by the research project of Sirinthorn Rehabilitation Center. It was considered as one of the social support that hardly saw in Thai society. Mr. Patapee had an opportunity to be a teacher in non-formal education center, which made him proud, and this was a lesson that family and social had pushed them to be success.

"The pilot project gave opportunity for the disabled persons to become success in skill practice and worked in the disabled center continuously. At the same time, the disabled persons would join to work together and looked for the capital in the society to support the disabled organization such as the capital from Ministry of Social Development and Human Security, local management organization."

"Teacher from non-formal education center saw me make a scientific picture frame, which was very boom during that time, so, he persuaded me to teach his students. He gave me remuneration of 250 baht per day and provided for my traveling by picking up and sending back. The students called me "teacher" and respected me as a teacher. I was proud and felt valuable. My weakness and despair were disappeared."

(No trained group: Mr.Pathapee: disabled lower part of body, Interview)

5.3.2.3 Leader role that was unavoidable

Less disabled persons could achieve and stand up in the society but some could success to overcome and became the leader of the disabled person. It was also the role to help the disabled persons to live valuably forever. As Mr. Meka started to work in Saijaithai foundation before became the chairman of the disabled person association and other disabled person organizations. Mr. Pathapee could have independent living because of leader role of the disabled person organization that helped in vocational training. It helped them to earn money for living, not became the burden to the society and requested for justice for the disabled person. We could see that the new role of the disabled person filled with thought and hiding hope that their roles were considered as doing merit in Thai social context for a long time.

> "After I worked with computer at Saijaithai foundation more than 5 years, I had an opportunity to help the veteran to have works to do and helped them about law that I interested and searching for knowledge. If anyone had problem about law, I would help them to follow up whether salary or welfare for the veteran. Later I thought that I was a disabled veteran who fought for the nation. I had honor and respected. I should help other disabled person apart from the veterans. This was my inspirations to work as the chairman of the disabled person association of Thailand and participated in determining the policy for the disabled person such as to make identification card, driving license for the disabled person and the welfare of reducing the fare price especially for Thai Airways airline."
>
> (No trained group: Mr.Pathapee: disabled lower part of body, Interview)

Mr. Pathapee had an opportunity to group the disabled persons in Angthong province toestablish vocational training in the community.

> "I saw other disabled had more trouble that some were polio and could not walked. It made me wanting to do something for them. Finally, I established

disabled person club in Angthong province and I was the leader of the club, which was the starting point for me to stand up and worked for the society."

"After I had done many things and saw other disabled who were more difficult. Some were violated. As the role of leader of the disabled club, I had to fight with the public sector about the regulation to recall for justice even though I did not have permanent work except the scientific frame or writer. I had uncertain amount of income. When it was not enough, I had to borrow from my relative or my parents too."

(No trained group: Mr.Pathapee: disabled lower part of body, Interview)

5.3.3 Environmental dimension

Environment and facility was the important factor in maintaining the new role for independent living. From the observation data and home visit, we found that not because of good income status could build all these things but to apply what they had and to build the environment to facilitate the independent living as follows;

"The ramp from the parking area to the bedroom, it helped facilitate the disabled with the wheelchair to access easily. The bed that consisted of the personal computer that could click by his chin was the available for the severe disabled like Mr. Fhasai. His assistant only put the earphone in his ears; he could call the telephone by himself by dialing through the computer, talk and listen with small talk. Nowadays, he worked with his brain, experience and effective chin."

(Mr. Fhasai, Observation)

"Thai traditional style house with space under was arranged with ramp and smooth ground for the wheelchair. Even the cooking area was arranged by using simple material, high table for the wheelchair to get in. So Mr. Pathapee could cook for himself and transfer in the house easier. Although the road in front of his house was filled with laterite and sandy soil that was not smooth, the wheelchair could be able to pass."

(Mr. Pathapee, Observation)

5.3.3.1 Arm and Leg disabled person could drive

Many people would doubt how the arm and leg disabled person could drive a car. Definitely, if we perceived the disability in the traditional perspective, we would not receive any answer. However, if we perceived that it was the environment that made them disabled, then they would have opportunity to improve the facility for their disability as Mr. Sun. He told that he saw the role model disabled person (Lieutenant colonel Torpong already passed away) could drive to work and persuade him to try out but he had to adjust the environment in the car. At first, he was not confident that he could, but one day the crisis that there was no driver caused him to drive it himself.

> "At first, I saw Lieutenant Colonel Torpong (role model disabled person) could drive and persuaded me to try but my family was not support. My father was so angry when he knew that I practiced driving. He refused to talk to me. My mother said "I dare not sitting in your car". Until I had to work outside and my driver did not come (because he had to help his wife sold food and take care of his disabled child). I sat and looked at the car could not go out to work. Later, I planned to practice driving myself. Firstly, I asked my colleague who was an engineer in Thai Will factory for modifying car for disabled persons, where I used to work in this factory. The car was modified from manual system to automatic system, power steering wheel, and electric slide window. I could not catch the steeling wheel so I had to make a weir that stick to the steeling wheel and placed my hand on that weir and tight it. Then I could use the steeling wheel. My father and my mother knew what I was doing. When the car was ready, I started to practice driving with my girlfriend until I was confident and took an exam for the driving license myself. After received the license, I showed it to my father but he never sat on my car. My mother was proud and always asked me to drive for her."

> "My father and my mother did not support me. My father was so angry when he

knew that I practiced driving. He refused to talk with me. My mother said "I dare not sitting in your car".

(Trained group: Mr. Sun: disabled hands, arms and legs, Interview)

This content showed their love and care that was hiding because they thought it was dangerous for the disabled person to drive, so they did not accept Mr. Sun to drive the car. It found that if there was an arrangement of the facilities for the disabled person, they would be able to do like normal people. He could drive a car after he was disabled for 20 years. Even though he was confident in driving, but he still had problem about the payment of the expressway. You can imagine if you were disabled person who had weak hand and arm, what you would do.

"I used to ask Mr. Torpong (role model disabled person) how to do it. He told that he used his mouth to pass the banknote to the collector, but for me, I tried to be brave to tell the collector that I was disabled and asked him to come down and pick up the money."

(Trained group: Mr. Sun: disabled hands, arms and legs, Interview)

From the wording "I tried to be brave" showed that Mr. Sun was not confident that the society would accept what he was doing but after he received good support from the collector. At the same time, his bio-power had developed to negotiate with other. Thus, it could be concluded that environment and facilities were the important factors for the disabled person in independent living. The mentioned environment could be arranged and done even if it was hard such as driving. Mr. Sun could do it even though he was disabled both hands and legs.

5.3.4 Factors related to the transitional process phase 3

From the dimensions of mentioned transitional process, it could be told that the factors that related with the transitional process to independent living of the disabled person in this period were;

5.3.4.1 Personal factor, which were opportunity, working, and perseverance of the disabled person.

5.3.4.2 Family factor, which was support them in holistic approach.

5.3.4.3 Social and economic factor, which were social support, financial status of the family.

5.3.4.4 Environment and Facility factors, which were ramp for the wheelchair, electric wheelchair, hand grip, arm grip, computer pen pointer for the person who had weak hand, arm and leg.

The factors helped the disabled persons to maintain the independent living continuously. They were the opportunity to work, which most of the disabled person would work in the disabled person organization. The mentioned factors could not be explained individually because they were related as explained in the transitional process in 4 dimensions.(Table 3)

Table 3 Dimensions of transitional process to independent living

Group 1 The disabled persons with training	**Group 2 The disabled persons without training**
Phase 1 Discovering the truth: Step into the despair and hopeless **Dimension 1 and 2 Mental, psychological and behavioral dimensions**	
Discourse and belief led them to weak bio-power.	
"When I left the hospital, people around me talked about the retribution that someday it would be recovered after you pay all your sin, then you will be able to stand up again. I listened to it every day so I believed it and did nothing but slept in bed because I could not sit. If I sit, I will fall down, so I dare not to do anything. (Mr. Torsaeng, Interview)	"During the first period of the disability, I was weakened and thought what sin that caused me to be like this. I prayed all the time to pay all my sin in this life and not to pay in my next life" (Mr. Tree , Interview)
"My mother used to call me "E-ngoy". It made me feel inferior all the time" (Mrs. Rintarn, Interview)	
"The I and The Me": the self perception, I perceived myself as I (The I) and other perceived me as me(The me).	
"In the first period of disability, I could not accept it even look into the mirror, meeting with people or when someone visited, I will pretend to sleep. I felt bad that I could do nothing. It was suffering, and filled with doubt. I used to try to commit suicide by not eating anything and took a lot sleeping pills but it was not success. My family, my	"From having reputation and power, when I became disabled, everything disappeared. I was ashamed, dare not going out to see my girlfriend and she did not want to see me. She always said "I am busy and will see you at home" but she never came. It made me feel valueless."

Table 3 Dimensions of transitional process to independent living (cont.)

Group 1 Trained disabled persons	**Group 2 Not trained disabled persons**
father and my mother took good care and took me out periodically. I afraid of other's people sight when they looked at me as if I was a monster. (Mr.fhasai, Interview)	(Mr. Pathapee, Interview)
"But when I participated in the pilot project, they took me out more often. When I went out with other disabled persons, I felt less ashamed as if I had friends. It made me know that what I used to think they looked at me as if I was a monster was what I thought myself. Most people perceived that we sat on a strange wheelchair and if I went to Phramahatai center, less people would look at me. But if I went to Bangkok, more people would look and appreciate us. It made me became more confident. (Mr. Fhasai, Interview)	

Table 3 Dimensions of transitional process to independent living (cont.)

Group 1 Trained disabled persons	**Group 2 Not trained disabled persons**
From losing former role and responsibility to dependency condition	
"When the doctor said I may be disabled, I thought why just me. Then, I looked back at myself. In the past, I can do everything but now I must depend on others all the time. I felt uncomfortable, weakened, and did not want to stay alive. I used to think of committing suicide but I could not because of the severe disabled condition. If I asked someone for the pill, no one would give me." (Mrs. Rintarn, Interview)	"I was disabled, could not do anything but open my mouth waiting for food. I could not even help myself. I stayed in hospital more than 3 months, only rub the body but never took a bath. So when I came back home, the first thing I did was a bath. I needed 3 persons to lift me up. It was so awkward and could not control my urinary system. I must worn pampers. My maid had to wash my penis and fleet enema every day. I felt bad because I used to be head of the family and the owner of the drug store but now I had nothing. (Mr. Tree, Interview)

Table 3 Dimensions of transitional process to independent living (cont.)

Group 1 Trained disabled persons	**Group 2 Not trained disabled persons**
Dimension 3: Family and Social dimension	
Discourse and belief in family reduced the value of life.	
"My mother thought I was only disabled person in the house, a burden for them to take care. She used to call me as "E-ngoy". It made me feel inferior and left me on the second floor for safety" (Mrs. Rintarn, Interview)	
Family liked as bitter pill "My mother thought I was only disabled person in the house, a burden for them to take care. She used to call be "E-ngoy" to make me felt inferior and left me on the second floor for safety" (Mrs. Rintarn, Interview)	"If asked whether my wife took care or not? No. Did we break up? No. Did she leave? No. We lived in different house like unknown person. I used to tell her to buy some delicious food. She bought and asked other to send it to me. Since I was disabled, she never touched me so I compared family as poison." (Mr. Tree, Interview)

Table 3 Dimensions of transitional process to independent living (cont.)

Group 1 Trained disabled persons	**Group 2 Not trained disabled persons**
Dimension 3 Environment and facility dimension	
Safe place but not facilitate the disability	**The environment caused the disability**
"In the first period of disability, I was left on the second floor of the house alone. Every day I stayed in the rectangular room because my parents afraid it was not safe. I had to wait for help so I felt valueless and wanted to commit suicide" (Mrs. Rintarn, Interview)	"Although, my physical was an obstacle, I was disabled lower part of the body; hands, arms and legs. I could not work, only used wheelchair and the ramp I could go anywhere but the environment became an obstacle. I could not go to the second floor or elevated area without ramp, modern public bus or sky train. Elevator for disabled person was provided only in some stations. The station that did not provide elevator, I could not go. The environment in our country could not facilitate the disabled persons like other country so the disabled persons could not go out" (Mr.Sun, Interview)

Table 3 Dimensions of transitional process to independent living (cont.)

Group 1 Trained disabled persons	**Group 2 Not trained disabled persons**
Extra large bathroom	**Barrier of environment**
"After leaved the hospital to stay home during the first period, the environment of my house was not built for the disabled person. The clear example was the bathroom which had small door and the wheelchair could not pass so it was an obstacle in living. However, life goes on, so I took a bath outdoor since it was a single house and had some area. So, I used my yard to be my bathroom for more than 5 years. Later we built the bathroom outside of the house that had wide door for wheelchair and the area inside the bathroom was wide enough for the wheel chair included with facility." (Mr. Sun, Interview)	"Even ATM in front of the shop, I could not use because there was a footpath, a step ladder and some were placed too high. I wanted to buy a shampoo. The shop nearby told me that any type of Sunsilk could be used but I did not like it. I wanted to choose but I could not. Unlike in Tesco lotus, there were facilities for the disabled person to access even in the bathroom. It helped the disabled person to live in the society" (Mr. Pathapee , Interview))

Table 3 Dimensions of transitional process to independent living (cont.)

Group 1 Trained disabled persons	**Group 2 Not trained disabled persons**
Phase 2 Neutral Phase: Period of adaptability and ready to step forward	
Dimension 1 and 2 Mental, psychological and behavioral dimensions	
Acceptability of the disability and goal setting led to achievement	
"I attended group of similar disabled person, which made me understand that it was not only me that could not do anything. When I saw Mr. Torpong (role model disabled person) who was disabled like me. His hand could not be used and spoke unclear but why he could do so many things. So, it widen my perspective that the first step, I must accept my disability condition and thought whether what to do each day and the time, such as how long can I take a bath, who will pick me up at my house. I must be ready so I must manage my time more." (Mrs. Rintarn, Interview)	"I got used to the picture of my subordinates stepped on the mines. I used to joke that "warrior life, if not corpse, them it would be disabled". Now I am disabled so I accepted to live with it. After 5-6 months, when I could move, I started to think of what to do. I received pension only 6 thousand baht. I should not only stay like this but find additional works. So, I started to think if I worked with computer, I did not have to walk because my legs could not work, it would be great. So I applied the computer course that provided by veteran organization while I was treating. Then I had additional training until received certificate and worked in Saijaithai foundation,which was my first step to success." (Mr. Meka, Interview)

Table 3 Dimensions of transitional process to independent living (cont)

Group 1 Trained disabled persons	**Group 2 Not trained disabled persons**
Role model disabled person helped them to learn and to empower.	
"When I participated in the skill training activities, I met many role model disabled persons. I saw them to do something even though they were disabled like me. Mr. Ton was role model and he visited my house. At first I thought he was retarded (severe disabled and spoke unclear) and we could not understand each other but when I talked more often, I found he was so clever and intelligent. Mr. Ton continued his Bachelor degree. I felt good about him. Later, I met with teacher Phop. He taught about how to transport from home to Nonthaburi center. I learnt computer skill from him even though I had no knowledge at all." (Mrs. Rintarn, Interview)	"While he was teaching at the foundation, he saw his student was disabled like him drove the car to learn by himself. So I asked him how he could do it. Then, his students advised me about driving and the adjustment of the car to match with the disability. It helped me to help myself more and tried to drive by having my student as a teacher. He gave morale and my family supported morale and bought me the car. Finally, I had the driving license and adjust the car to match with my disability. I chose wheelchair that could fold and lightweight. Nowadays I could take my father and my mother to go out. So disability was not an obstacle anymore" (Mr. River, Interview)

Table 3 Dimensions of transitional process to independent living (cont.)

Group 1 Trained disabled persons	**Group 2 Not trained disabled persons**
Working helped increase skill and self-esteem	
"At first, I lived each day like other kids but after I had an opportunity to participate in the pilot project, I had a chance to bring computer knowledge to work in Phramahatai disabled organization. My perspective was widened by this work. I had more computer skill and now I work on the website to give advice, suggestion and bring the knowledge of disabled person from his experience to be the media in teaching. Presently, I could work in the disabled organization, which helped me had more self-confident, pride and self-esteem." (Mr. Fhasai, Interview)	"After I worked more and more, my weak hand and arms returned to more strong. Now it had more strength without having to do the physical therapy". (Mr. Tree , Interview)
First achievement was the turning point of self-esteem	
"In the skill training process, I had made decision and managed myself. I wanted to continue my study and make identification card in the upcountry. I wanted to study computer. When I talked with the role model disabled persons, they did not refuse or object. It made me more confident, dare to think and make decision with their	"I worked in Saijaithai foundation for 5 years and this was the starting and turning point to make me see that even though I was disabled, lost my leg, I still had my brain. If I was not disabled, I would be only old sergeant but now I had more opportunity to

Table 3 Dimensions of transitional process to independent living (cont.)

Group 1 Trained disabled persons	**Group 2 Not trained disabled persons**
support. The role model disabled persons advised and gave morale until it was success and my self had turned back." (Mrs. Rintarn, Interview)	service the society" (Mr. Meka, Interview.)
Dimension 3: Family and social dimension	
Family was the same as a tonic	
"Taking care was not only because of the role of parent but also because of my love. Mother loved and cared, your relatives did not disguise him. We gave morale so he would not be weakened. Even though I was tired, I never complained because I afraid that he would think that because of him that made me tired. Family members were the most important persons to give morale" "At first, I am not sure that he could really help himself so the project asked me to attend the training for 2 days and 1 night. I have seen that many disabled persons who are more severe than my son but they could eat by themselves even though it not exactly. After came back, I persuaded and supported him to participate this project.	"Taking care was not because of the role of father and mother but it was because of love. Mother loved and cared, your relatives did not disguise you. We gave morale so he would not be weakened. Even though I was tired, I never complained because I afraid that he would think that because of him that made me tired. Family members were the most important morale" "My sister saw me sitting alone with despair and hopeless, so she came to teach me to love myself and reconsider by myself. So, I brought the money that my sister

Table 3 Dimensions of transitional process to independent living (cont.)

Group 1 Trained disabled persons	**Group 2 Not trained disabled persons**
At the beginning, he was very shy, did not want to go out, and did not care whether he could do it or not, I have to urge him to try so that he could have friend. Finally, he accepted to join with this project" (Mr. Torsaeng's Mother, Interview)	With my first invention and that amount of money, finally I could succeed." (Mr. Tree , Interview)
Belief, fate, pity and moral with the disability	
"While I was waiting for the driver in front of the Phra Pathom Chedi temple, the old person gave me 500 baht. I said "No No". But she said "Never mind, I do merit". When the driver arrived, he told her that "No, thank you. I was hired to take him to visit this". I thought that if she said that please take this money to do for other disabled, I would accept it but she said to do the merit. It showed that she did not want to be like me. I refused to accept the money to show that disability was not a bad thing." (Mr. Torsaeng, Interview)	"The achievement of the first step was not easy, it needed meditation. To use moral to calm the mind and the wisdom would occur. Nowadays I would think of what to do today, what to do tomorrow. Sometimes, I had to think of the truth of life that were; birth, old, sick and dead. Buddhism principle could be used forever" "I started with meditating my mind and reviewed what I would do today, tomorrow. If I had problem, I would try to solve until I forgot about the disability. If we thought that we were disabled and could not do anything, it would pull us down. For my family, I used moral to lay down the problem" (Mr. Tree, Interview)

Table 3 Dimensions of transitional process to independent living (cont)

Group 1 Trained disabled persons	**Group 2 Not trained disabled persons**
Dimension 4: Environment and facility dimension	
The facility helped for good living	
"Mr. Sun had both weak hands, could not grasp things, but he could work with computer by having facilities such as hand grip, arm grip that looked like soft weir to hold. It helped him to control the car by making the arm grip at the steering wheel, automatic gear that used hand and arm to move and hand brake. So if there were available facilities, the disability was not a problem anymore." (Mr. Sun, Observation)	"Mr. Tree as well, even if he had weak hands but he could use the computer by hand grip, arm grip and pointer for keyboard. He had bath cart that could access the bathroom like normal person that he invented by himself" (Mr.Tree's house, Observation) " Like in Tesco Lotus that had facilities for the disabled persons to access even in the toilet. Only this, the disabled person could live in the society." (Mr. Patapee, Interview)

Table 3 Dimensions of transitional process to independent living (cont)

Group 1 Trained disabled persons	**Group 2 Not trained disabled persons**
Dimension 1 and 2 Mental, psychological and behavioral dimensions	
Regaining self-confident and getting more self esteem.	
"Now, I felt confident and had more self esteem. If I had an opportunity to help other disabled person, I would feel proud and more confident" (Mrs. Rintarn, Interview)	"I taught the student at non-formal education center to make the scientific picture frame. The students called me "teacher" and respected me as a teacher, it made me proud and had more self value" (Mr. Pathapee, Interview)
Dimension 3: Family and Social dimensions	
The family was as a good assistant	
"My sister encouraged and supported me to participate in the project and work at the disabled organization. I went out to perform activity with friends more often, rarely stayed home. So it would be strange if I stayed home. They would ask me whether not go anywhere. I had to tell them what I was doing so that they understand that I helped other disabled or selling things that the disabled did it. They appreciated and gave morale" (Mrs. Rintarn, Interview)	"I was lucky to have relatives, and parents who love and care. They were my inspiration to work in the society. No one forbade me to do but they concerned. My mother said "Tid, can you do it? There were lots of disabled persons (more than 90 people). You were also disabled" But every time the disabled persons came to my house, my parents and my relatives would arrange food to welcome them" (Mr. Patapee, Interview)

Table 3 Dimensions of transitional process to independent living (cont)

Group 1 Trained disabled persons	**Group 2 Not trained disabled persons**
Social support: The opportunity, the society open it	
"The pilot project gave opportunity for the disabled persons to be success in skill practice and worked in the center continuously. At the same time, they could group to work together and find the capital in the society to support their center such as the capital from Ministry of Social Development and Human Security, local management organization and provincial management organization." (Mr. Sun, Interview)	"Teacher from non-formal education center saw me made scientific frame, which was very boom during that time, so, he persuaded me to teach the students. I received 250 baht per day. The student called me teacher and respected me as teacher. My weakness and despair were disappeared." (Mr.pathapee, Interview)
Dimension 4: Environmental and facility dimensions	
The ramp from the parking area to the bedroom that the wheelchair could enter easily. The bed that consisted of the personal computer that could click by his chin. His assistant only put the earphone in his ears; Mr. Fhasai could call the telephone by himself from dialing through the computer, talk and listen to small talk. Nowadays, he worked with his brain, mouth and effective chin. (Mr. Fhasai, Observation)	Thai traditional style house with space under was arranged with ramp and smooth ground for the wheelchair. Even the cooking area was arranged by using simple material, high table for the wheelchair to get in so Mr. Pathapee could cook for himself and transfer in the house easier. Although the road in front of his house was filled with laterite and sandy soil that was not smooth, the wheelchair could be able to pass. (Mr. Pathapee, Observation)

CHAPTER VI
DISCUSSION

The research result and finding were presented as follows;

6.1 Transitional process to independent living of the disabled person

6.2 The different of the transitional process of the disabled person who attended and not attended the training

6.3 The turning point and reversing point of the transitional process

6.4 Research Finding

6.4.1 Independent living of disabled person in Thai social context

6.4.2 The independent living could be trained

6.4.3 Pattern of transition to independent living of Thai disabled persons

6.1 Transitional process to independent living of the disabled person

The result found that there were 3 phases of the transitional process to independent living of the disabled persons, which conformed to the transition theory (Chick & Meleis, 1986: 237-257), that explained the characteristic of the transition into 3 phases as follows;

Phase1: Ending phase**.** It was the period that the person found former life and living had ended. It created confusion and worried about the future.

Phase 2: Neutral phase. It was the period that the person tried to adapt themselves to normal condition to be ready to step into the next phase.

Phase 3: New beginning phase. It was the period that the person ready to accept and play the new role.

Two groups of disabled who could achieve transition had the similarity in physical disability but it was different in process of transition. It revealed that group 1, the disabled persons who could be success in transition by training in the pilot project that brought the concept of independent living from Japan to try in 3 provinces; Chonburi, Nonthaburi and Nakornprathom provinces and group 2, the disabled persons who could be success in transition by themselves, did not pass the special training. In this dissimilarity, there were similar and different processes of transition and the transition did not last forever. There could be success and reversal to phase 1 or phase 2, it depended on life situation that changed in time, their opportunities and concerned persons. The process of transition of both groups were presented in 3 phases that conformed and differed from the theory and social concept as following issues;

6.1.1 Phase 1 (Ending phase): Step into the despair and hopeless

It was the first phase to perceive the disability, combined with the social belief and social discourse. The disability was perceived as incompetent, dependent and burden. Some may be called as “E-ngoy”. This discourse and losing roles and responsibility, made them lost their self-confident and self-esteem. At the same time, medical model, which was the main paradigm, was determined by physician and

medical personnel to perceive disability as the physical and psychological defect, inappropriate decision making and lack of motivation in living with other. Disability was a personal problem that needed medical care so they took role as the patients who must obey and follow the physicians. Accordingly, they had less opportunity to make decision by themselves. The guideline for solving problem depended on the physician and the professional group to consider for only rehabilitation. This perception was explained that the body was as a machine that needed to maintenance when it broke and aimed to correct biological mechanism, only the part of the body that was broken. They did not perceive the patient as the person who needed to responsible for their sickness and disability (Garben, 2001: 20-38). This goal was to recover the disabled organ to normal organ. They believed it would help the individual to have good quality of life as usual. Finally, the severe disability was not recovered and was excluded.

The result found they received treatment and medical rehabilitation, then came back home to live in the environment that did not facilitate, lack of facilities equipment and environment, so the disability were an obstacles, it made them a burden and incompetency as determined by medical treatment as truth. The discourse about medicine is one of the social power that Foucault mentioned the power from producing a set of knowledge to explain and made the body became the machine that medical power could control the body to be docile (Foucault, 1975: 1-73). At the same time, the disabled and family also thought the same without questioning. They not only lost part of their organs, but also prior role and responsibility of head of family and work including reducing the self-identity, self-confident and self-esteem (Hamcheck, 1978: 128). Thus, they would step into the despair and hopeless and some may think of committing suicide (Nuchanart Buntumphol, 1998: 38-43). Even though the disability occurred only in some part of the organ, but they still had brain and other organs to work and use.

The process that led the disabled person to despair and hopeless could be explained according to bio-power and social discourse concept as follows; Bio-power was another type of power that Foucault (1975: 1-73). mentioned the power controlled the body to be docile by producing a set of knowledge to explain in order to make the body as a subject for inspection and surveillance. It was controlled by the

invisible power behind the knowledge of professional. It would be the most successful power, if it could be able to hide its mechanism not to be seen as much as possible. As the medical power, it determined and controlled the daily life of the patients through inspection process, which was invisible power determined by physician. The patients would be docile, not refuse or question. The bio-power and the disability could be explained as follows;

Power from the knowledge of the professional became the social discourse that Foucault (1977: 55-62). mentioned the discourse was the blending of power and knowledge to determine what was the truth and morality. The truth was not situated outside and when human found it as truth but in reality it was the production and management of the truth by the discourse until the society followed and believed that this knowledge was truth. Disability also was a medical discourse that mentioned the disability as incompetency and unable to work. It was the medical knowledge that both disabled persons and the society accepted and believed docilely. The disabled person used this knowledge to suppress their bio-power and caused them to unable to work. So, we mostly found the disabled persons not even tried to help themselves or control their body to work or not even think that they still had remaining capability to work. Therefore, we found they were suffering, despair and hopeless from the mentioned bio-power and discourse.

The crisis theory mentioned as it was the stage of losing emotional balance when facing with the severe and inevitable problem. The responsiveness of crisis was divided into 4 stages, which were 1) Shocking Stage 2) Escaping or confusing stage 3) Accepting or recovering stage 4) Adapting to normal condition stage. (Leavitt, 1982: 1-5) In this result, it found that the disabled persons who stepped into shocking stage would not believed in what had happened with them, especially when they faced with the accident and it had immediate effect without preparing. So, they refused the truth that happened and all said the same that “Why the disability had to happen with them” Some could not accept what had happened when the time passed, the disability did not recover and they must see it every day. Then, they would step into crisis stage 2 (escaping or confusing stage). In this stage, they had bad mood angry, confused, sad, despair and weakened. It led them to be depressed during the first period of disability.

While their self-image were changed whether in posture, efficiency of the organ, health, or reputation, definitely during the first period of transition, the individual did not accept their self-image, which effected to lower of pride and self-esteem (Hamcheck, 1978: 128-133). It could be explained from body-image theory that when we lost some part of the body, it effected to the imagination of the disabled person. They would have the imagination or picture of the event in the past that was difficult to accept it. The inferior-complex theory indicated the defect of the body organ was the cause of deviance emotion. They felt inferiority if there was a comparison with others. Therefore, the disability had effected to their self-image and mental strength that could lead to loss of self (Nuchanart Buntumphol, 1998: 38-43).

Sickness and disability was the condition that threatened the self-identity that they could not follow the social standard and unable to perform duty as usual, losing self-control and ruin of self. In this situation, Bury (1982: 167-182) had determined as biographical disruption that it was the process that the sickness interfere or obstructed the living and it made their self changed according to the symptoms and severity of the sickness and disability. It had an effect to the relationship with others. While Chamaz (1983: 168) believed that chronic sickness and disability affected to the loss of self, confident and self esteem. The individual must live with the disability all day. Their lives were limited, alone, dishonor and became burden of other people, which Keller (2004: 1-15) reported that to disclose oneself was the prediction of loneliness and devalued of life of the disabled persons.

The concept of symbolic interaction mentioned the individual had capability in thinking, making decision and choosing the action as the status of action person. It consisted of their self that had freedom and established within the person by reflecting the imagination of feeling toward their self (The I) and the feeling that other had toward them (The me) in the structure of social and cultural context. It was explained that the disability had an effect to the loss of self. The experience of sickness and disability had impacted on the identity and depended on the severity of the disability, definition of the disability and the impact from the label of the society. The patients would think and imagine about themselves in the future, such as “could I walk?” “If I could not lift my arms, then…”. These things would circulate in their thought back and forth all time. The other research reported that most of the disabled

soldiers felt losing of power, control and unable to determine what they satisfied and could not predict the result that happened with them in the future (Nuchanart Buntumphol, 1998: 38-43). It also found conform result that the disabled person in 5 provinces; Udornthani, Sakonnakorn, Khonkhan, Nakornpanom and Loey, still had negative attitude toward themselves such as sadness, weakened, inferiority and losing self-confident. It reduced the opportunity to develop their capability. Most of them lived and took care by their family members. They needed support in many aspects such as economic, medical treatment and counseling. They had poor self dependency and poor participation in the community. (Komin Chaonatai, 1988: 1-3) and most of them had lower dependency on themselves in term of economic, they had good self-concept but low support from the society. Besides, it found self-concept and social support had positive relation with self-dependency. (Sukanya Viboonpanich, 1983: 136). There was a report indicated the disabled persons who had vocational practice at the vocational recovery center during the first period, were lack of self-confident, dare not express opinion, felt inferiority and the social did not accept them. So they would be kept in their house because they ashamed of their neighbor and society (Piliwan Chatmaneeruk, 2003: 87-96). It conformed to this research result that both groups of disabled persons perceived them as valueless or losing self-confident and pride and did not let them went out of their house during the first period. Some may pretend to sleep when they knew that their friends visited, not socialize, self-indulge left their hair and beard uncut for years. Some told their mother not to tell anyone that she had disabled in her house.

6.1.2 Phase 2(Neutral phase): Adaptability and ready to step forward

How could they pass the transition? and were there any differences in achievement of the transitional process of both groups? It was an interesting question. Even the disabled could not tell when they transit to phase 2. This process occurred little by little. It penetrated into their routine life in the way of thinking, feeling and behavior. Transitional process of both groups consisted of acceptability, adaptability, creating hope or goal setting and behavior to pursue the goal. The first achievement made them have more self-confident, pride and self-esteem. The family support, empowerment and the arrangement of the environment to appropriately facilitate the

disabled person inside and outside of the house were essential for them. However, it depended on the situation of each disabled person, which we still could not find the pattern of transition in phase 2 whether which came first. What we found was the process that interacted and could not be explained by one theory. It was the process that happened and overlapped with other theories, which could explain the changes as follows;

6.1.2.1 Acceptance, adaptability, self-assistance and regaining the last capability were the starting point of transition

It was another process to help them passed through life crisis and overcome the despair and hopeless by started with accepting and adapting to the disability. It conformed to the crisis concept that crisis was the state of losing emotional balance when facing with the severe and inevitable problem that passed stage 1(shocking stage) and stage 2 (escaping or confusing stage) then stepped into stage 3 (accepting or recovering stage) and stage 4 (adapting stage). Both groups most of them were disabled more than 10 years and they inevitably accepted the disability. After they had been searching in every form of treatments and found that it still existed, they must adapt to live with the disability as they saw the role model disabled person and searching for former capability. It conformed to the adaptability concept of Roy (1991: 6-34) that mentioned adaptability was an open system of human that could adjust the environment in order to maintain the balance and stability in life. There were 4 aspects of adaptability;

1. Adaptability in physical integrity
2. Adaptability in self concept, which concerned with the belief, feeling toward themselves and self Esteem
3. Adaptability in role functions
4. Adaptability in interdependence

This result found that some had physical adaptability by practicing self care according to role model disabled persons such as Mr. Torsaeng and Mrs. Rintarn. Mr. Tree had invented the equipment for physical therapy by himself. There was an adaptability of self-concept to perceive their self and think what other perceived them (The I and the me). The adaptability of role function and interdependence will be

mentioned in phase 3 of transitional process. It conformed to the concept of symbolic interaction, which explained the individual in micro level that the individual had the capability in thinking, making decision and choosing the action as the status of action person, which consisted of self that had freedom and establish within the person by reflecting the imagination of feeling toward their self (The I) and the feeling that other had toward them (The me) in the structure of social and cultural context

However, when the time passed and the disability still remained, it made the disabled feel despair, hopeless and loss of self but some may restored their self by accepting the disability, adapted to live with it, help themselves and recovered the capability with appropriate approach to the disability, especially the young disabled persons, who was ready to develop themselves and reflected the need to create new hope by eliminating the sickness and turned back the world of truth in order to build self power that had their own ideas and free from the medical power It would lead to acceptability and lived with the disability. Their time and expectation would determine to go on. The physical and psychological support of surrounding people to empower them was needed. So, the important factor for them to overcome disability was the power of mind to fight with their self, to build hope for the future and to search for alternatives to pursue the determine goal. The self-acceptance and self-esteem were the important basis in helping the disabled person to have morale, strength of mind and create adaptability and self-recovery to take care of their selves in certain level. It also conformed to other study that found the disabled persons with employee, could work, self care and not a burden of the family and society. For the rehabilitation center, the disabled employees could work and help themselves to find career by using the remaining organs (Uttapong Sanguanduen, 2004: 14-17).

6.1.2.2 Empowerment and bio-power recovery by role model disabled help them to overcome the despair and hopeless.

Presently, there is a concept about modeling that believed the effective modeling could create new expected behavior and restrict the unwanted behavior, which had the foundation from social learning theory. It was believed that the individual had the capability in learning symbols and there was a tendency to integrate themselves with social factors. It effected to the behavior in terms of

imitating the model who had more capability. They took these behaviors from the model to be their behavior, that behaviors included decision making, adaptation and the other behaviors (http://psychology.about.com/ od/developmentalpsychology /a/sociallearning.htm). There were 3 types of modeling;

1. Live Model
2. Symbolic Model – model that presented through medias such as radio, television and cartoon
3. Instruction – such as book and texts

The individual must pass the 4 steps process in order to learn and imitate the behaviors of the modeling, which were;

1. Attention Process, it was the process to make decision to choose what to receive from modeling and imitate that behaviors of model.
2. Retention Process, it was the process to collect behaviors from observation and kept in symbolic, which may occur in imagination or language, so it created imitate behavior both immediately or after and with or without modeling
3. Motor Production Process, it was the process of changing the symbolic in retention process to actions, which the behavior could be improved or corrected until satisfied.
4. Motivation Process, it was the process of observing the results that occurred from the modeling. If the result was satisfied, the imitation would occur.

Besides, Bandura concluded that modeling had impacted on the observer as follows; (http://psychology.about.com/od/developmentalpsychology /a/sociallearning.htm)

1. It helped to build new behaviors. If it was the behavior that they had never seen before, the observer would collect and build in new behaviors.
2. Observer may combine their experience with the behavior of the modeling to develop new idea or behavior.
3. Seeing the modeling, created emotional inclination
4. Affording to act as modeling would create imitation easier

The role model disabled person was not only modeling for imitating, but they also had influence to the inspiration and recovery of bio-power. This bio-power would manage their organ to recover as they saw the role model could do. It showed

that even though the organ was disabled, it could work. Although he was disabled equal or more, it created inspiration and re-thinking and doing. When the bio-power was recovered together with their perseverance, it helped them achieved the determine goal. It conformed to this study that the role model disabled persons were important role in the transitional process in both groups that role model was not only the live model, but also helping bio-power recovery that could control the body and physical and psychological rehabilitation. As an example of Mr. Torsaeng who had an opportunity to meet the role model disabled person. Only saw them, it could inspire him to recover his bio-power and tried to practice according to the role model disabled person. He had learnt, tried and practiced. Finally, he could overcome the disability and this was the turning point. For the case of Mrs. Rintarn, Mr. Fhasai, Mr. Tree and Mr. Sun who could control their weak hands to type the computer and work although it was slower than the normal people.

6.1.2.3 Family support was an important assistant

Family was important in supporting the morale to create pride, problem solving including performing activities together. This result found that all disabled persons received good support from family consistently. Family support was compared to the tonic drug to heal their mental. They also provided facilities for the independent living. Family in Thai society had different culture from family in European countries and The United states. When their sons grew up and able to help themselves, they will separate from family, which included the disabled person too. However, the public welfare helped to provide facilities for them to live in the apartment alone or in group that had service and training for independent living (Tate & Lee, 2001: 88-112).

However, Thai public welfare did not like in Europe and The United States. Most of them still took care by their family according to their income status, love and care. Even though some were treated inappropriately from family, the result had indicated that behind the achievement of the independent living of the studied disabled persons, everyone received good support from family and society though in some period of time; some was not well treated from their family. It conformed to the study of Thai disabled person in the Northeastern region that found most of them lived with

their family but their skill was poor in depending on themselves. It was necessary for both disabled persons and family to receive support in economic, treatment and counseling. It also conformed to the study that found the acceptance, morale, and support from family of the disabled person could reduce their problem. Members and relationship in family had influenced in confronting problems for the disabled persons and their self-dependency (Kesorn Phantu, 2000: 31-37).

6.1.2.4 Empowerment and personal assistant

Empowerment supported the individual to have more confident and self esteem. (Phakason Sonwai, 2005, 52-56). They would feel the power inside themselves, positive thinking, energetic, motivated, and ready to do for achievement. They would search for alternatives and flexibility. They had high responsibility for themselves, organization and their society. The empowerment helped them to promote their capability and had freedom in making decision about treatment and living. It was the process of life development of the person who had less power to have strong power, self confident, self determinant and self-esteem (Dherisa Sinakom., 2006, 68-69).

Thus, empowerment was a way to develop the capability of the disabled person in psychology, identity and physical. As we could see from the learning experience of the disabled person, it changed from no education, low self-esteem and hopeless to become new person that the society gave opportunity to learn more. It helped them to stand up and fight with their inner self and empower to face the truth world. So, the identity would change too. Developed self lead to determine hope and control of life more and changed to the new person who could overcome the disability and develop their potentiality. It conformed to this result that the disabled persons in the study, especially severe disabled with both arms and legs would have personal assistants to assist and empower them to first achievement that inspired them to go on.

6.1.2.5 Goal setting and working lead to be achievement and recovering self-esteem

Synder (1994: 42-50) mentioned that hope was a continuous process of cognitive set that consisted of agency to perceive the achievement and pathway to

the goal. Hope consisted of 3 parts that;

1. Goal. It may be tangible, experience and achievement that the person expected to receive it.

2. Agency. It was the intention and perception of the ability to proceed to the goal such as the idea that I could…I will try…I am ready to do…This agency not only pushed to the goal but also overcome the obstacles that may occur.

3. Pathway. It was the guideline and method that led the individual to success. Only hope and agency may not lead to success, it needed to have other factors, which were 1) wisdom to manage the situation to achieve determine goal 2) social support from family, community and concerned persons to assist in tangible, material, psychological power, emotion and social acceptation 3) each personal health and 4) former experience that promoted to achievement as goal setting. There was a report indicated the goal setting both short term and long term had impacted on the attempt to change themselves for the persons with physical disability (Smith, 1989: 1-10) and created motivation to pursue the goal (Dixon, et al., 2007: 230-240)

This result found that the disabled person who could achieve the independent living, needed to have hope. They must determine goal setting as the first step, which would be the hope of the disabled person determined by themselves that not by others, supervisors or parents. Such as the case of Mr. Tree hoped and set goal to produce the facilities to substitute the personal assistants to reduce the expense each month. Mr. Meka also never stopped hoping. He rather hoped on the basis of his disability. He could not go back to be a soldier who could run or walk to fight with the enemy but he changed his target to start learning computer until achieved and got back to work in Saijaithai foundation and other disabled person organization to help other disabled person to receive basic needs according to law by having his wife as personal assistant throughout his life path. Mr. River as well, even though he studied continuously without thinking of finding job or career to have income but one day he made his family surprised by asking permission to work as accounting teacher for other disabled persons. This was not his only hope, he could continue studying until graduate Master Degree, though he had obstacle in transporting and getting to classroom that did not facilitate the disability but society, his friends helped him to overcome.

All disabled persons who attended training in the pilot project, must passed the peer counseling and skill practice training, which the mentioned procedure, must set goal to do during 3 months by themselves, with advice and empowerment from role model disabled persons such as in case of Mr. Torsaeng. He could set goal of chicken farming. Normal people would think it was impossible for the disabled hands and legs but within 1 year, he used his brain to think and plan for raising chicken and for getting loan. He must travel by wheelchair to contact concerning organization for loaning and to find the market to sell the chicken. He could feed the chicken by having his nephew as assistant. Finally, his little hope came true with the support of family, personal assistant and role model disabled person. The achievement of chicken farming was not the profit like normal people but what the disabled person received had more value than the profit. He received the recovery of his bio-power, self-esteem and self-confident.

First goal setting of Mrs. Rintarn was to make the identification card in her hometown in upcountry and she must travel by train for several hours. No one would think the hope of the disabled hands, arms and legs could come true. This achievement needed the support from family, personal assistant and role model disabled persons to give morale, advice and empowerment but the most important thing was they needed to use their wisdom, and intention to overcome those obstacles and disability.

This achievement became the supporter for their empowerment to bring back their self-esteem. It was to inspire them to go on even if the disability still existed. It conformed to the study of Smith (1989: 1-10) that indicated the goal setting both short term and long term had impacted to the effort to change their self. There was a report indicated that self-esteem was the process that the persons perceived their selves and evaluated to act (Piriwon Chatmaneelerk, 2004: 104-106).So, self-esteem could help them to strengthen their mentality and have self confident in living with happiness and valuable.

This result found the achievement of both groups could help them to have more self-esteem and more confident to step forward even though the disability still existed. It was the inspiration to make them play a new role and go on. It was found that almost all of the disabled persons stood up and work for the other disabled because they did not want the other disabled to have the same destiny as them. So, we

found these disabled persons were success; some were role model disabled person, some were chairman of the disabled organization, some were leader or committee in independent living center who proudly played new role.

Besides, the achievement that helped them to stand up, also made them struggle of self and recover bio-power. They had changed from thinking that they could not work to thinking that they could do whatever they wanted by having personal assistant. Besides, by having appropriate environment and facilities, they could live with their disability. This achievement had helped to improve their self and recovering bio-power. The disabled person perceived their selves better and had more confidence in doing other things, so the despair and hopeless disappeared without noticing.

6.1.2.6 Opportunity: Education, training and going out

Opportunity is an important that everyone is searching for, especially the severe disabled persons who were neglect and overlooked by the society. They could achieve the transition because they received opportunity from family and society. This result found the first point that they could do fastest and easiest was to persuade, support and lead them to go out of their house. So, going out of their house was the first achievement for the disabled persons to widen their perspective and see another aspect of disabled person society. It was the inspiration for them to achieve the transition. Going out of the house was one of the strategies of the pilot project which attempted to help them released their worried, old culture and perspectives. When the disabled person could walk out of the house, it was an achievement to stimulate them to see concretely that; “He could do it. He could come out of the house even though he was severe disabled.”

As the case of Mr. Torsaeng, Mr. Meka and Mrs. Rintarn including Mr. Tree who had an opportunity to perform activity outside of their house happily. Besides, the important opportunity they received was the education and training. From the result of this study, we found Mr. River received opportunity to work and continue his education until graduated Master degree even though the disability still appeared. So, the education and training was another method to help them to be successful and worked with others.

6.1.2.7 Environment and facilities were necessary for the transition

From the concept of social model that perceived the disability in term of opportunity and access to the social service through social oppression Theory. It pointed out that not the disability made them lack of opportunity, disadvantage and unable to do like normal people, but because of the environment that could not facilitate and made them lack of opportunity and disadvantage (Penchan Cherer, 2006: 78-107). It devalued them to become dependent, underprivileged, poor and minority group of the society (Anderson & Kitchin, 2000: 1163-1173). Although there was a law concerning the arrangement of facility inside the building to facilitate the disabled person in working, the organizer could not follow because this expense did not worth for investment of the company.

However, the result found that the physical disabled, who achieved the independent living, had received the facilities and environment arrangement for the wheelchair to access and no obstacles in living. Even if their hands, arms and legs could not work, but if they had the hand grips, arm grips to artificial legs; it would make that organ able to work as usual. As the case of Mr. Fhasai who used his chin to control the wheelchair and move computer mouse very quickly and received telephone through computer. Mr. Sun had weak hands, arms and legs but he had facilities that he bought or applied it for himself such as hand grips, arm grips, the object for catching sterling wheel of the car and wheelchair that modified some part to get in and out of the car easier. Thus, if we could eliminate the obstacle from the environment and facilities, the disability would not be an obstacle for them anymore. They would live like normal people.

Phase 2 was the period of adaptability to be ready to step forward. It was very difficult periods for the transition. They must not only adjusting, re-thinking for themselves and their family but also building the environment to facilitate them. They could apply independent living concept and social model to be another perspective of their disability which was differed from the medical rehabilitation as follows;

Independent living concept conformed to the social model concept, which perceived the disability as not only caused them unable to perform things or underprivileged, but because of the environment and society that made them lack of

opportunity and disadvantage. They until unable to perform like normal people. The environment also became an obstacle to access the social service. At the same time, goal setting and problem solving should be determined by themselves. They should not be perceived as patient who needed to do according to the profession but they should be perceived as consumer who had an opportunity to choose to receive appropriate service. They should make decision by themselves. The guideline in solving the problem should not only be the medical treatment but the psychological healing like peer counseling, helping themselves by eliminating the obstacles from the disability and advocacy of the disability to receive as it should be. The disabled person should have the power to make decision by themselves (Garben, 2001: 23-31).

At the same time, this result found that all disabled persons who attended training from the pilot project had the same way of thinking that conformed to the concept of independent living. For example some mentioned that they just disabled but they could work. While the disabled person who did not attended training, had adjust their way of thinking that disability was the defect of some part of the organ, so they should utilize the remaining organ as much as possible and set the goal by themselves. As the case of the disabled person who did not attend training could utilize this wisdom and experience to invent the equipment and facilities and it became the career path. Some lost his leg and could not work as usual, so he tried to study computer, which did not need to move this body much, until he could successfully work in the disability organization. Besides, they must adjust the environment to facilitate their living with the disability happily. It conformed to the study of Blomquist (2007: 296-309), which found the disabled persons who leaved the hospital for more than 2 years, 51% of them could work and 26% could fully work (38 hours/week). Another study found the patients with brain injury who attended the community program could have the independent living within the first 1-2 years (Johnston & Lewis, 1991: 141-154; http://www.geminizorg.nl/cms/publish/content/ showpage.asp? pageid=315)

6.1.3 Phase 3 (New beginning phase): Remaining new role

After achieved phase 2, if they did not keep on such achievement then it was meaningless. The result found that both groups, 7 out of 8 persons received an opportunity from the society to work in disabled organization and another had his own

career. Every disabled person adjusted their role functioning to conform to their disability and brought their difficulty to rehabilitate for other disabled persons, especially in psychological rehabilitation, which led to more self-esteem and returning to the society. Supporting to achieve their determine goal could empower them to have more self-esteem and morale to overcome the despair and hopeless without the psychiatric treatment. There was a support for them to work in the society continuously.

This result found the disabled organizations were an important to promote them to continuously work until they became successful. These disabled persons will become the role model disabled persons in developing the next generation of them on and on until they became the value human resources for the society. It conformed to the study of Montha Piboonvorasak(2003: 1-3) that found the disabled organizations had the new role of rehabilitation, advocacy, social support and cooperation.

6.1.3.1 Remaining the new role on their disability

The adaptability was mentioned as the interaction of human and environment. Adaptability consisted of 4 behaviors; 1) Adaptability in physical integrity, it was the behavior that response to the basic need and physical stability 2) Adaptability in self concept, it was the adaptability concerning the belief and feeling toward themselves and self images. It was the feeling from personal self, moral ethical self, self expectation and self-esteem 3) Adaptability in role function, it was the expectation to show their role functioning to create social stability and accepted by other people and 4) Adaptability in appropriate interdependence between depending on themselves and on others (Farida Ib-rahim, 2003: 176-179).

Besides, the new role functioning on the disability had strengthened their bio-power. They started from the role of managing themselves, and extended the scope to others. This result found that every disabled person not only recovered their physical, but also the self-concept and bio-power, which created more self-confident and self-esteem. The adaptability of self and role had expanded the bio-power by performing new role functioning in the disabled organization. They could help other disabled persons to recover and stood up, especially psychological healing and advocacy. They considered their difficulty as the basis to understand each other easier

as Mr. Meka, who tried to study computer until received certificate and apply for working in Saijaithai foundation for more than 5 years.

His experience had been developed to the election of the disabled organizations and foundation management too. Now, he was the founder of international physical disabled council and the president of the council. Besides, Mr. River dedicated himself to be computer teacher for the disabled persons in the disabled foundation. He did not choose to work in Oil Company of the airport that pay higher salary than this foundation but he chose to work in this foundation with the hope to transfer knowledge and opportunity to create vocation for the disabled person. It was worth more than money. Mrs. Rintarn, Mr. Sun, Mr. Fhasai and Mr. Torsaeng were severe disabled persons who stood up and worked for other disabled persons in the community and were one of the working groups in the independent living center. Who would ever think that severe disabled person could stand up and invented equipments for rehabilitating himself such as tilt-table machine, transfer machine from bed to wheelchair to take a bath, tricycle for disabled person and exercise machine for disabled person. He could also open a shop “Saengpetch stainless” for producing equipments for the disabled and other stainless steel work. He had 2 technicians to be his hand and leg and he used his brain to invent the equipment even though the disability of hands, arms and legs still stayed with his life.

6.1.3.2 Support from family, society and personal assistant help performing the new role

It was undeniable that social and family supports were methods to help them for independent living. Thoits (1982: 145-159) explained the social support according to concept of Kaplan as the level of basic social needs of the person that occurred from interacting with other people in the society. It consisted of support in 5 aspects which were 1. Emotional support 2. Esteem support 3. Social support or network 4. Information support and 5. Tangible support

This study found every disabled person received support from family as the basis and 5 aspects of social support. The important thing for the severe disabled persons in the pilot project was having personal assistant as Mr. Fhasai, severe disabled person hands, arms and legs, could use his chin to move the mouse to work

and received telephone call through computer including controlling his wheelchair but personal assistant was necessary for him. Mrs. Rintarn, disabled hands, arms and legs, had her daughter as personal assistant, electric wheelchair and notebook to work and communicate, transport to her target destination. According to Western society and Japan the concept of independent living, personal assistant was one type of social service in taking care of the severe disabled person in short term and long term, to motivate and support both physical and psychological aspects. These personal assistants received income which the disabled persons were the employer so they could order the assistant to work as they determined without waiting or being considerate. So, this service helped the disabled person to perform activity as they wish.

However, in Thai social context, there was no welfare for the personal assistant; we found the research that indicated family would take the role of personal assistant as the study of disabled person in the North-eastern region family in 5 provinces; Udornthani, Sakonnakorn, Khonkhan, Nakornpanom and Loey provinces found that most of them still lived with their family and received help in many aspects such as economic, medical treatment, care and counseling . It also found that relatives could help them in adapting with the vocational environment faster or better than the persons who had no relatives (Napaporn Koysomboon, 1980: 42). However, the study of Tawee Cheusuwan(1997: 180-239) found that most of them lived with their relatives, had good relationship with family but the financial problem was the most dispute topic in their family.

The disabled life was dynamic like normal people. The result found the disabled persons who achieved independent living, when they faced with the obstacles that effected to their physical and psychological, the transition may reversed to phase 1 or phase 2 again, but such condition may not be as difficult as the first phase if they were empowered and supported by disabled friends, family and society appropriately.

6.2 Similarity and dissimilarity of the transitional process of the disabled persons who attended and not attended the training

The result found the transitional process in phase 1 and phase 3 had similar pattern of transition as mentioned but the transitional process in phase 2 had both similarity and dissimilarity.

The similar part were the starting point of the transition from acceptance of the disability then adjusted the way of thinking that disability was only part of the body and should utilize the remaining capability. Then they determined short term goal by themselves on what and how to do by receiving support from family or society and empowered by concerned person especially role model disabled persons. They helped the disabled persons to learn and adjust their environment and facilities.

The important thing was to help them to go out of their house, which could widen their perspective, not staying in the rectangular room. Going out of the house was the method that they could achieve easily. Working would help them to increase the skill of living and have more self-confident. These things helped the disabled person to achieve the independent living. The disabled in group 1 who achieved transition by attending the training said the opportunity to participate in the pilot project training helped them to achieve the transition. If they did not received such opportunity, they would still live with their disability desperately. While the disabled in group 2 could wake up and stood up in the society by themselves with the complex process. They must think by themselves such as set goal, developed their skill, determined goal with continuously support from family. Including the arrangement of environment and facilities were essential. The first achievement empowered them to go on until they did not feel that their disability was an obstacle anymore.

The dissimilarities of transition process were that group 1 who attended training consisted of the processes as the following; 1) Peer counseling that helped them to accept their disability and lived with it. They would adjust the way of thinking that the disability was only occurred in some organ of the body but the remaining body could function as normal. 2) Skill training process. It was the process to practice the disabled to rethink, set goal and conduct according to their goal by having personal

assistant as helper and the role model disabled would empowered them. When this conduct was success, they would have more confident. 3) Providing the facilities and environment for the disability and giving opportunity for the disabled person who achieved to continuously work for the independent living center.

For group 2 who did not attend training, would have the transitional process from adjusting the way of thinking and crystallizing their thinking by themselves. It started from accepting the disability and utilized the former capability to apply with their disability. They received support from family to achieve their goal and worked with their disability including the arrangement of environment and facilities for independent living. In the severe case needed to have the personal assistant. The important thing was the promotion to be morale and struggle of self with empowerment to go on and recovered their bio-power until they did not feel that disability was an obstacle. As they said “Just disability but I could still work”. Besides, we found most of group 1 were younger than the group 2 who did not attend training. The perfection in mentality, psychological and experience must be sufficient to stand up by themselves. Besides, we found group 2 who did not attend training was less severe than group 1. This was because the pilot project would choose the severe disabled persons to participate the training to conform to the independent living concept. For the period of transition, group1 that attended training used shorter period than group 2 but it could not be mentioned clearly for how long because it was the process that absorbed little by little. Group 2 used longer time due to the crystallization process of thinking and experiences but group 1 could learn with the role model disabled persons and had clear pattern of training, which helped to adjust their way of thinking faster.

6.3. Turning point and reversing point of the transition

6.3.1 Turning point.

It was the point that made the disabled persons changed from phase 1 to enter phase 2 for adaptability, rethinking, and redoing to live with the disability. These turning points were;

1. Acceptance to live with the disability.
2. Perseverance to conduct their goal
3. Role model disabled help them recovering the bio-power and empowerment
4. Achievement followed the determined goal.
5. Support from family and society
6. Opportunity to work
7. Self-esteem and self-confident
8. Participation in the Pilot project

This result could not indicated when the turning point occurred and occurred from which factors but it was the process that gradually occurred, which could be explained with the following theory;

Disability was considered as a crisis that the disabled persons would response in 4 stages; Stage 1, shocking stage. When they know that they were disabled, they just refused to believe in what happened and questioned why it happened to them. Stage 2, Confusing, and Escaping stage. They would angry, confused, despair and depressed. Stage 3, Accepting stage. The person started to accept and tried to solve the problem. Stage 4, Adaptation stage. They tried to adjust both behaviors and environment. So the acceptance to stay with the disability was considered as one type of crisis responding to the disability (Leavitt, 1982: 447-453). In order to step into the accepting of disability or self-image, it was necessary to receive help, morale and support from family in order to face with the disability, so, the acceptance of self-image of the disabled persons was important in adapting and living (Darling-Fisher, 1985: 73).

Meeting with role model disabled person was considered as the turning point that could be explained by modeling concept. It was believed that the effective modeling could create new behavior, which based on the social learning theory that the person will receive data from role model behavior to make decision, apply and imitate. It started from the decision making process to choose the behavior of the modeling to retention process. The disabled person could also observe from the role model disabled person and remembered what they did and try to imitate or motoring

production process until able to observe the satisfaction result and became motivation process (http://psychology.about.com/od/developmentalpsychology/a/sociallearning.htm) Besides, the role model disabled person was the turning point that inspired the disabled person to recover their bio-power or power in managing body to be docile (Foucault, 1975: 1-73). This result found that the former disabled person who perceived their arms and legs could not work but when they met with the role model disabled person who had similar disability could do many things, it helped them to recover their bio-power. At the same time, role model disabled person could empower them through the skill practice process and made them achieved their determine goal. It considered as the turning point for the disabled person to have more self-esteem and self-confident. Besides, the turning point also related with the hope of the person.. Hope was the continuous process of cognitive set, which consisted of goal, Agency that was the intention and perception of the ability to proceed to the goal and pathway that was the guideline and method that led the individual to success (Mathis, et al., 2009: 42-50). In this result , the disabled persons who had hope would set their goal which fully intention to proceed and pathways. The role model disabled persons were as the pathways, they would help them guide methods that led to be success. Thus, the turning point was not easily occurred but it gradually occurred by absorbing the mentality, psychological and behavior, which could not be explained by only one factors.

6.3.2 Reversing point of the transition

We knew that the transitional process was not a gorgeous process. It was not occurred in straight line from phase 1 to phase 2 and end with phase 3. Life goes on but sometimes we stumbled and obstructed until it must reverse from phase 3 to phase 1 or phase 2, so there was an interesting issue on how the successful disabled person could reverse. What made him reverse to be weakened and how it reversed.

The result found that the process that made the disabled person reversed to be weakened and hopeless were ;

1. Difficulty from disability, which were the difficulty in transferring, transportation, dependency condition in some period, environment and expense in transportation

2. Complication from health and sickness from working outside of the house and sitting on the wheelchair for a long time and it created pressure ulcer and bed sore. It was suffering and painful. Some may faced with the complication of the urinary infection. It mostly found in disabled person lower part of the body that could not control their urinary system and must leave the urinary catheter inside for a long time, especially during outside of the house.

3. No personal assistant (for severe disabled person)

4. Conflict in family

5. Denied by the society such as refused by the public transportation service

This result found that the reverse did not occur permanently but temporary for certain period. After they had peer counseling, they could recover easily unlike the transition in the first period, including the hope of every disabled persons that did not want to get back to the despair and hopeless anymore.

6.4 Research finding

6.4.1 Independent living in Thai social context

There were researches concerned with the transition to independent living of the disabled person in other countries as follows; In the United States and other countries in Europe, the center or institution for independent living of the disabled persons were emerged which such service would teach and practice the disabled persons to adapt themselves, perform role and function and live in the community by depending on themselves the most. The program may cover the activity in routine life such as reading, writing to communicate, personal life management even cooking and housing management including advocacy (Ratzka, 2003a: 1-13). The report indicated 67% of the teenager who were cerebral palsy (CP) could live independently and 33% were not in the welfare center. 53% were employee and 22% had enough income, though 50% had problem in communication and speaking (Murphy, et al., 1995: 1075-1084). The long-term study indicated that 54% of the person who had spinal cord injuries were employed. They were at the age of 25-34 who worked full time and part

time (Vogal, et al., 1998: 1496-1503). Most of them were injured at the younger age and had less defect in nervous system and had good education (Krause, et al., 1999: 1492-1500). The persons with cerebral palsy could achieve the employment and independent living even though they had middle to severe disability. With the advance technology in rehabilitation medicine, support from family, their study, law and environment arrangement. These may help create positive changes for them (Murphy, et al., 2000: 807-811). Independent living of the disabled persons from spinal cord injuries that had problem of paraplegia was the factor related to the recruitment to employment (Jang, et al., 2005: 681-686)

This concept was expanded to other countries. Later Japan was the first country in Asia to bring this concept into practice and started to expand the concept in 1984 until Japanese people had better living condition and status in the society. The disabled person did not felt that they were underprivileged in the society. With the mentioned achievement, Japan tried to expand the concept to other country in Asia. However, the disabled persons in other country had different characteristics from Thai disabled persons as the study of Anderson, et al.(2006: 46-56) that studied the group of teenager at the age of 24 and above who had problem with spinal cord injury. It found that total 195 persons with the average age of 29 (24-37 years old) were injured for average 14 years (0-18 years). 51% were employed, 41% were unemployed, 6% were students and 3% worked at home. From the study of working prediction found that education, social movement, independent living and medical complication were the factors that significantly related with working statistically and the cofactors that related with working were community integration, driving, independent living, higher income and satisfaction in life. The unemployment rate of this group was high. From the cross-sectional study to evaluate the independent living, recruitment and satisfaction in life by interviewing the teenager age above 24 who had problem with spinal cord injury total 166 persons, the result showed the sample group at the average age of 29 (24-36 yrs), 64% of them had independent living and increased to 90%. 64% of them were working and more than 83% that were employed. The report indicated 48% that satisfied with their lives were increased to 84%. The factors related to independent living were physical independence, mobility and career. The factors related with the recruitment were gender, nationality, independent living, mobility and

cognitive independence and the factors related with the satisfaction in life were career and fewer pressure ulcers. Thus, it could be concluded that the development and rehabilitation were the important factors for the achievement of the patient (Anderson, et al., 2006: 46-56).

The result of study found that in Thai social context, there were certain amount of the disabled person who could stand up but it was different from independent living of the disabled persons in other country. This was because the public welfare that provided for the disabled persons were not as complete as in other country and the different of social context and culture, especially the separation from family for independent living was the culture of western society. However, in Thai social context, their family was as an important source to recover in physical, psychological, social and environment for them. So, family was the distinctive point that should be maintained. The result from this study found every disabled person who could achieve independent living stayed with their family. Family was their assistant, and supporter, especially being a complete psychological healer. Every disabled persons refused to separate themselves alone according to the concept of independent living in western society and Japan.

Independent living in Thai context was the point that should be developed and was still the gap between medical care and home care that lack of linkage even though there was an advance medical treatment that was ready for the disabled persons, which mostly found in western society. In Thailand, it is a developing country. The disabled people could not receive all expensive technology such as sit pad for pressure ulcer that cost around ten thousand baht or electric wheelchair that cost 100 thousand baht. The poor who were the majority in this country could not access to these technologies but these technologies were not as important as the disabled person's mind. The study had been proved that psychological healing for the disabled persons to overcome the despair and hopeless to be able to stand in the society confidently with self-esteem was the priority issue. Psychological healing did not mean the treatment of depression by the psychiatrist or psychologist but it was the need of severe disabled person to build social cognitive learning theory. The learning from observation, learning from role model disabled person, peer counseling between similar disabled persons and skill training according to the goal set by the disabled

the disabled persons helped them to achieve, empower them to perceive, utilize their remaining capability, had more self-esteem, confident in living and overcome the despair and hopeless, which would lead to worthy living.

The mentioned learning could possibly be the alternative for the persons with physical disability in psychological healing, empowerment, self-esteem, confident in living and worthy living with the disability. Therefore, it was a challenge process to make it happened in Thai social context. Besides, the opportunity for them to stand up and work was the strong point that needed to be supported. We could not refuse that "disabled person would understand the disabled person more than the normal person" so, giving opportunity for the disabled persons to become successful, working in the disabled person organization or independent living center or even having an opportunity for the role model disabled person to participate in psychological healing of the patients in the hospital could be another path that should be promoted. This strategy not only empowered the disabled person who was treated in the hospital, but the role model disabled persons could also receive the opportunity to work confidently and had self-esteem that led to worthy living. Therefore, what the society received was the number of the role model disabled persons that increased, which means to return the society by reducing the number of dependent disabled persons.

Another important aspect was the public policy that had direct impacted to the disabled persons, whether in financial to take care about health, rehabilitation and living through the local management organization or environment and facility management to facilitate these disabled persons to return to the society easier and increased in numbers consequently such as the ramp in the building and places, especially newly built building. Even though the law determine to have, we still found many building did not have appropriate ramp for the disabled persons and elder people or neglect in some facilitate with the reason that it was not worth for investment. Since the numbers of the disabled person were not much so the public policy from the government should promote and support in producing these facilities equipment more.

6.4.2 Independent living was the process that could be trained

Western and Japanese society provided the independent living program and arranged facilities to support independent living of the disabled person, which we found that there was a history of social movement of independent living concept in 1970 to support of having personal assistance and started to consider the independent living instead of disabled person welfare center. There was a scholarship for the disabled person to observe the independent living in the United States, which was the starting point in practicing the independent living in the middle of globalization. Finally in 1986, the first independent living center was introduced in Tokyo suburb. It was a business that had service charges for attending the independent living program, peer counseling, personal assistances, social and behavioral practices to build confident and self esteem. Until 1991, there was an establishment of disabled person council to cooperate in the independent living movement and becoming the network of the disabled persons by having management who was one of the disabled persons. The independent living centers were expanded from 10 to 90 centers in Japan until it was accepted by the public sector and became important services in the society. Later the social movement of the right of the disabled persons still continues especially the issue of transportation system, the advocacy of the disabled persons in the disabled person welfare center and the expansion of the service to the mental disabled group and Intellectual deficiency people. **(**Hayashi & Okuhira, 2001: 855-869). The developed society like the United States was the originator of the independent living concept and the establishment of the independent living center until in 1999; there were 336 centers and more than 253 offices around the country, which covered 212,000 disabled persons/year. These centers not only provided services as connector from the hospital to home or community, but they also determined the policy for the disabled person too.

The research result could be concluded that the process of transition to independent living was the psychological healing process, which not meant of meeting or treating by the psychiatrist or psychologist, but the psychological healing, by social cognitive learning theory that brought the learning process from the role model disabled person, peer counseling between similar disabled person, goal setting by themselves and pursue the goal. This achievement could empower, created self-esteem

and confident in living, which helped the disabled person overcome the weakness and hopeless. They would bring the social perspective to adjust their way of thinking to make the disabled person perceived the disability as only some part of the body and should not leave their whole life in the disability and suffering. They should utilize the remaining organ and capability as appropriate with their disability, including the arrangement of the environment and facility to facilitate the disability. The mentioned process need to receive support from family and society continuously so, building the process of adjusting the mentality and behavior of the disabled person as mentioned and arranged appropriate facility including support from family and society could be mentioned as one of the process to help the disabled person stood up and lived worthy. It could also set as training program by having role model disabled as significant mechanism in training and could build as alternative in creating opportunity for the disabled person to overcome the weakness and despair and stood up to be worthy human resources for the disabled person and society.

Therefore, researcher would like to propose the guideline for practicing independent living of the disabled person in Thai social context as follows;

1. This training did not emphasized the knowledge or increasing in skill but emphasized on the psychological healing to help the disabled persons to understand the disability in new perspective such as

1.1 The disability that happened was only the disability in some organ that defected in some part, not the whole life disabled

1.2 The major obstacle of the disability was not only from their disability but also from lacking of facilities and environment to facilitate the disabled persons.

2. The goal of the training was to adjust their way of thinking, so it was necessary to have various methods of training, which emphasized the action, skill and development of thinking and understanding in order for psychological healing rather than having only explanation for understanding, especially, emphasized the empowerment from role model disabled person such as peer counseling, skill training, goal setting by themselves and exchanged of knowledge with the role model disabled person concerning the living with the disability, and observing in other disabled person organization to widen the perspectives about the disability.

3. In each training, they may arrange in small group in order to aim for the success in training more than aim for number of trainees. If possible, they should arrange the training location for the trainee and role model disabled persons to live together or near each other for 2-3 days so they could learn from their real life and easier to transfer and transport them.

4. They should select the trainee who had the disability in the same level including the role model disabled persons, so they would understand easier and see the possibility in conforming their disability with the role model disabled persons, especially in severe disabled persons as some disabled person said;

> "When we talked with similar disabled person, we felt that whatever they said, we immediately understood and felt similar."
>
> (Trained group: Mr. Fhasai: disabled from shoulder to toe, Interview)

5. The training program may not be completed in short period of time in 3 days or 7days but it must be continuous program that had several periods or both short term and long term and should received support continuously to make them perceive their achievement. When their goal was achieved in phase 1, then walk on to phase 2 to follow the determined objective periodically such as

1. Goal in the first period make them understand that the disability was not the whole life but only in some organ.

2. Goal in the second period to make them understand that the major obstacles were the environment and facilities that made them unable to perform.

3. Goal in the third period to help them set short goal and proceed according to the goal that they determined.

6. To evaluate the result periodically was necessary in order to see whether the trainee had changed their way of thinking, feeling and behavior or not and what should be the next guideline. It was necessary to build the appropriate process for each disabled person and focus on their problems in order to empower and give enough support for them to pursue their goal. It could lead to have confident and more self-esteem. This achievement was an important step for them who participated in the training.

It was necessary to use several evaluation methods that were comfortable and accessible such as home visit, telephone call by role model disabled person, grouping the disabled persons in the community or follow up from family, supervisor or personal assistants.

7. From this result, it could be mentioned that the achievement of independent living did not only occur from correcting the physical of disability but the important factor was their internal change of mind, family support, environment and facilities that offer them. So the trainee should included family, supervisor or personal assistant too. All of them should understand the process of training together. Besides, the environment and facilities were the important factors that needed to be considered together with family in order to provide or build especially inside their house, which could lead to basic achievement.

8. The final goal was the support from society. The research result found the support from disabled organization was the major source of support that needed to be joined by the community continuously. Besides, we needed to search for alternatives such as factory or company that needed to follow the law in recruiting them. It was the opportunity to help them to stand up in the society.

6.4.3 The pattern of transitional process to independent living

The result found the patterns of the transitional process of both groups as following; This transition was as open system that had human responsive process since the antecedent events, which created life instability or disconnectedness to the transition that create stability in life. It was the complex process and consisted of 3 phases as follows:

6.4.3.1 Phase 1 (Ending phase): Discovering reality: step into the despair and hopeless

It was the period that the disabled persons found that his foremost life and living had ended with the disability of some organ that made their lives turned to dependency condition, became weakened and despair. Some were ashamed and dare not meet with other people or friend. Some were depressed. This research finding found the pattern in diagram 4

Both groups of disabled persons received medical rehabilitation before sending to recuperate at home. The physician would appoint for follow up the treatment periodically. However, the disability still leaved the scar on their bodies even though the medical rehabilitation had attempted to treat the organ to function as usual. So, the disabled person not only lost some organ but also their self-image and role functioning, especially in severe disabled person, therefore we found that every disabled person tried to search for other treatments whether old-type doctor, monk doctor, holy water doctor or other massage doctor as told by their neighbor. However, when time passed, the attempt was not succeed, the disability still exist, the disabled person became despair, hopeless and unable to perform as normal people. Mr. Tree told that he used to play the role of head of family and leader of the commercial but after the disability, he lost his role functioning and must depend on his wife to separate part of her income together with the relationship of husband and wife started to fade away.

The belief about the retribution had determined the mental and psychology and behavior, which affected to the power on body so the disabled person was unable to really perform activity even though other organ still function as usual. It was as if they were disabled for the whole life but in reality it was a small part disability in their lives.

The discourse and belief in the society had weaken their bio-power, the perception of their self also stress the disabled persons to lose their identity, self-image and self-confident without awareness. It means that self-perception could be perceived in 2 aspects; 1) “The I”, which was the perception in the point that the person perceived such as disabled person could not move their arm, leg and hand, so they perceived themselves as incompetent. 2) “The me”, which was the perception in the point that other perceived. The disabled person would think by themselves on what other perceived about them. It may be correct or not. So, “The I and The me” had impacted on the mentality and behavior of the disabled persons.

Besides, Thai family stayed in the frame of culture and belief about the retribution from the past. After their family tried to search for various type of treatments for certain period of time, but it did not succeed so they brought the belief about retribution to soothe the disabled persons to accept and live with the disability.

Their family would provide and take care them to receive 4 major factors for living each day. While the environment and facilities were not considered as obstacles. So the life of the disabled persons during the first period could not perform as much as it should be, they followed the discourse that disability was the inability to do things.

The disability factor, the disabled person, society and environment had physical and psychological effects to lose their role functioning, self-esteem, self-identity and self-confident. It inevitably caused the disabled persons to be weakened and despair. (Diagram 4)

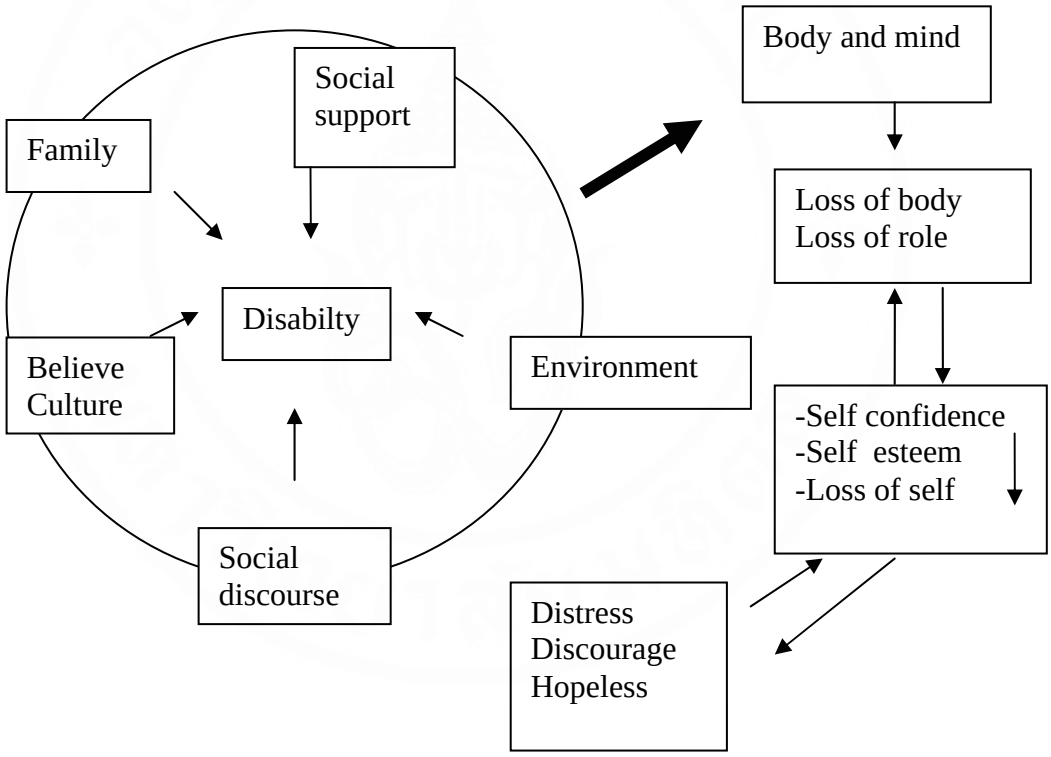


Diagram 4 Phase 1 of transitional process to independent living of disabled persons

6.4.3.2 Phase 2 (Neutral phase): Adaptability and readiness to step forward

It was the difficult period in transition to release from distress, discourage and hopeless to rethink and redo. It depended on the surrounding factors of the patient and family. It started with the acceptability to live with the disability and setting goal by themselves. Besides, they needed to receive support from their self, family and disabled friend so that they could achieve their goal. This helped the

disabled person to built confident and self-esteem, which could release them from distress, and hopeless as follows;

Acceptability was one of the periods of adaptability in crisis condition that the disabled person must dare to face with the truth by accepting their disability and tried to find the solution to the problem with calm. This was in order to pursue the goal, which was to live with the disability happily with the process of thinking, acceptability of the disability, goal setting and the processing in order to succeed from rethink and redo. They would receive support from family and society including the opportunity for the disabled person to meet with the role model disabled person. It was another way to help the disabled person accepted their disability and saw the concrete modeling that lived with the disability so that it would create the motivation to follow the good role model. The role model disabled person was not only the teacher who teach, but also the model in living with the disability and working. At the same time, they would help recover the bio-power to manage their bodies when they found that the role model could do it why couldn't they. It was the achievement of force and pity that we mostly found in Thai society. They would empower by listening without objection, then let them try to do, and ready to advice when found obstacles. These things helped them regain their self-esteem, create morale and released from the distress and hopeless easily.

The way of thinking that disability was only the lost in functioning of organ, which was a small part of their life, if they could adjust the way of thinking and utilize the remaining capability to achieve independent living. After they could perform activity according to their goal, it would empower, created self confident and self-esteem until able to release from despair and hopeless even though the disability still existed. When they started to achieve a piece of work, the disabled person started to have morale, self-esteem and more confident. It could not be refused that family was an important mechanism in the society to help the disabled to live worthiness. While the welfare from the public sector could not cover as in the western society, but in Thai culture, family was the tonic that should be maintained. It was the major mechanism to help support emotion, feeling, love, care, acceptance and esteem including the facility for the disabled person. lastly, the social support was the ladder that pushed to success such as the support in continuously working in the disabled

person organization, the support by giving opportunity and space for the disabled person to arrange activities, work, played the role in the society or provides the environment and facility for the disabled person to do thing. This would help the disabled person to achieve independent living as shown in diagram 5.

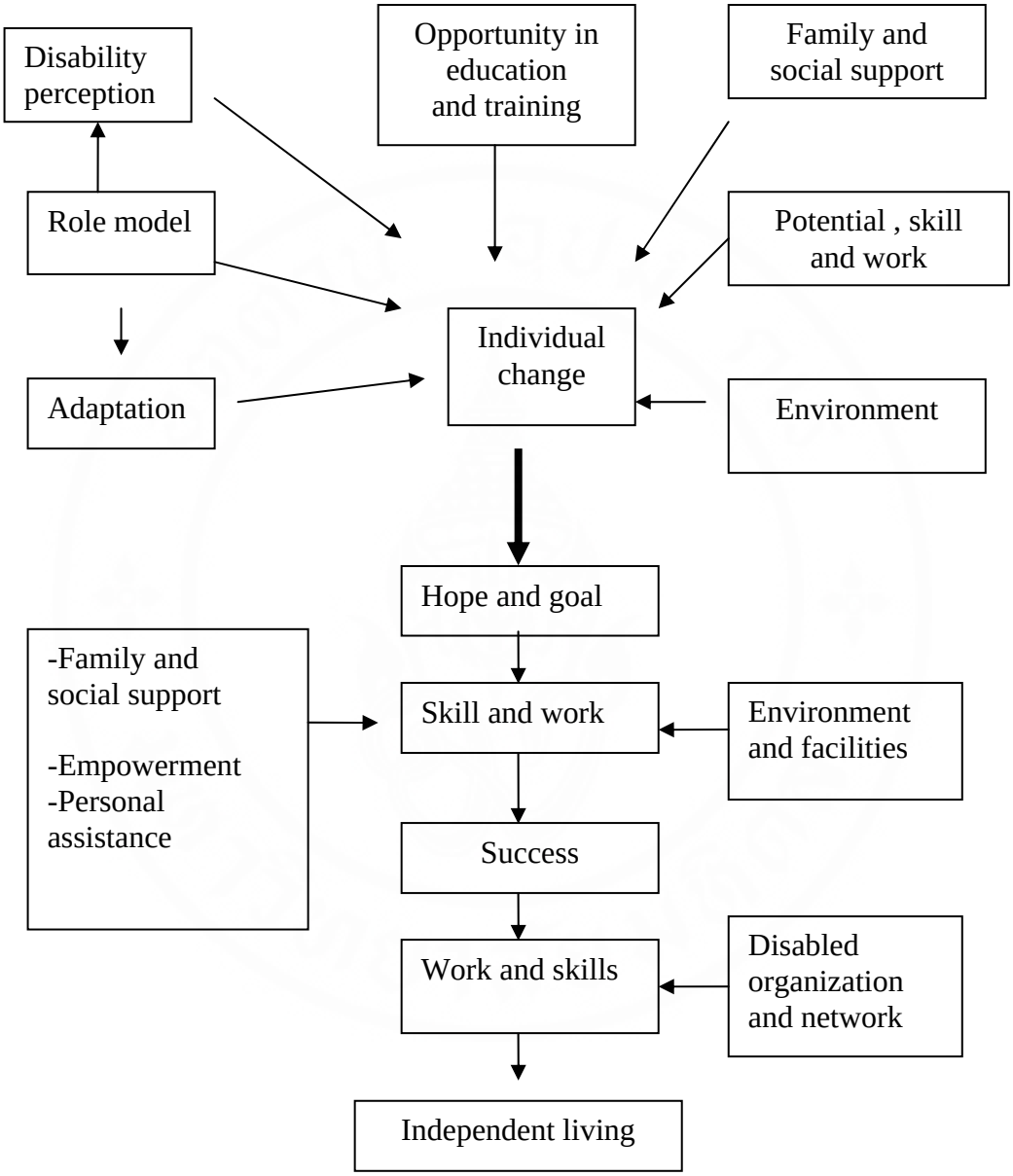


Diagram 5 Phase 2 of transitional process to independent living of the disabled persons

6.4.3.3 Phase 3 (New beginning phase): Taking new role

This was the period to enter new role that the person ready to accept, play the new role and faced with the problems and disability with hope, which the transitional process of each person would consume different period of time. Some may achieve and some may not. Some may change backward and forward according

to the changing condition. The result of the transition may occur in 4 patterns; 1) Restoration; 2) Maintenance; 3) Prevention; 4) Promotion. In order to tell whether such transitional process achieved or not, there must be stability and connectedness (Chick & Meleis, 1980: 231-237). The result found that the disabled persons in both group achieved according to their determined goal, had self-esteem, confident in performing activity and could live with others as follows;

The opportunity from the society was essential for them to open a space for the disabled persons to work in the disabled organization. So they had an opportunity to go out of the house to work, to help, to visit home and advocacy, including giving consult of the independent living for other disabled person to release them from distress and hopeless. This achievement and their work helped regaining their self-esteem, confident in doing something more, received admiration and appreciation, which could empower these disabled persons to continuously work. They hope to help the other disabled person to stand up like them, which these roles were praised and should be promoted.

Besides, the facility was an important factor for living. Who would imagine the severe disabled person both hands and legs could come back to work, only if they had appropriate facility that we must find out and arranged it to facilitate the living of the disabled person. Then, it would not be an obstacle in life anymore. This was because the environments were built on the basis of normal people.

The new role functioning of the disabled persons was to work in the disabled organization in recovering their vocational, other capability and advocacy. It was the new role that they did with their heart, even though sometimes, did not received any returns at all. They hoped only to help other disabled persons to relief their suffering. Apart from that they would have an opportunity to increase their skill to have more confident and self-esteem. This included becoming the network of the disabled persons, which could lead to determination of policy for the disabled persons later. Besides, we also found that the transitional process was not a straight journey but we found them even though they achieved the transition, they could reverse to phase 1 or 2 all the time depended on the impact of problems and obstacle of their life, especially the impact to the mind of the disabled persons as shown in diagram 6.

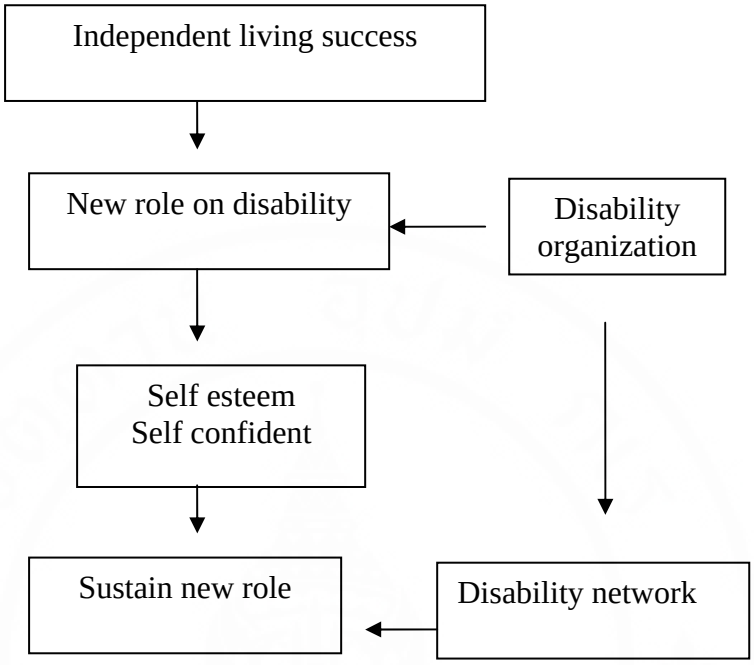


Diagram 6 Phase 3 of transition to independent living of the disabled persons

CHAPTER VII
CONCLUSION AND RECOMMENDATION

Researcher would like to conclude the result of the study as following;

7.1 Conclusion

7.2 Research finding

7.2.1 Independent living of the physical disabled persons in Thai social context.

7.2.2 Independent living is the process that could be trained.

7.3 Recommendation

7.1 Conclusion

The objective of this research was the study of the persons with physical disability without limited with its severity who achieved the independent living in Thai social context. There were 2 characteristics of transition as follows;

1. The physical disabled person who could achieve transition to independent living by attending training in pilot project in 3 provinces (2002-2004), which were Nonthaburi, Nakornprathom and Chonburi provinces. After completed the project, they still work for the disabled persons by establishing independent living center in that province. They had hometown in Bangkok or provincial where researcher could visit.

2. The physical disabled persons who could achieve transition to independent living by themselves, did not attend special skill training and being accepted or honored by the society. They received awards “The disabled person of the year” from the National Council on Social Welfare of Thailand.

This study was a qualitative study of the role model disabled persons who achieved independent living in both groups by collecting data in various methods; home visiting, in-depth interview, life history study and observation. For data analysis,

content analysis was analyzed data from the in-depth interview and life history. Besides, data of observation and home visit was analyzed for the environment and facilities to offer for their living. This result was found the pattern for the transitional process, which could be 3 phases as follows;

Phase 1 (Ending phase): Step into despair and hopeless

This result found both groups of disabled person received medical treatment in the hospital and had similar physical rehabilitation before sent back to recuperate at home by periodically follow up. All disabled persons tried to search for alternative treatment simultaneously with the hope to be recovered. The alternative treatments were the traditional doctor, monk doctor, massage doctor, and etc. as their neighbor told them. However, when time passed, such treatments did not success, the disability still existed, both disabled groups and family started to discourage in searching for more treatment. They felt weakened and hopeless to recover from the disability. However, life must goes on, some received good treatment from their family consistently, some received treatment only to live safely, some were left alone in certain period of time due to family member must work and some were left alone with the basic needs without psychological healing. Therefore, both groups became dependency and stepped into the despair and hopeless. Some of them were depressed and thought of committing suicide but due to its severity, they could not be success. Some of them escaped from socializing and self-indulge, leaved their hair and beard uncut, which it could mostly found in Thai disabled persons.

Phase 2 (Neutral phase): Adaptation and ready to step forward

Both groups had similar transitional process. It started with the acceptability of the disability to live with it and adjusted the way of thinking that disability happened only in some part of the body. They should take the remaining capability and determined short term goal by themselves on what to do and tried to achieve it. The support from family and society and empowerment by the concerned persons was essential, especially from the role model disabled persons. They helped to heal their mentality, behaviors and environmental arrangement for facilitating their living. The important thing was to help the disabled person to come out of their

houses, which would widen their perspective and was an easy method for achievement. Working could help to increase their life skills and had more self-esteem. All of these things assisted them to achieve the transition. The disabled persons in group 1 who could achieve the transition from the training told me that the opportunity to participate in the pilot project training helped them to achieve the transition. If they did not receive that opportunity, they would still live desperately with the disability and hopeless. While the transitional process in group 2 who could be transited by themselves, was complicated. They must think by themselves, set goal and practice skill that could lead to determined goal with the support from family and society consistently, including the arrangement of the environment and facilities. The perception of achievement had empowered them to step forward and felt that disability was not an obstacle anymore.

Phase 3 (New beginning phase): Maintain their new role

The result of study found the new role of both groups was working in the disabled organization. It helped other disabled persons to recover vocation, capability and advocacy. It was the new role that the disabled persons did with their heart even though no incentive returns. They only hoped to help other disabled persons to relieve their distress. Besides, they had an opportunity to increase their skill to create more confident and more self-esteem, including participating the disabled persons network, which could lead to determination of policy for disabled persons.

The turning point and the reversing point of the transition

The turning point of the transition

It was the point that made the disabled person changed their way of thinking and behaviors from phase 1: despair to phase 2: adaptation, rethinking, and redoing to be independent living. These turning points were;

1. To accept and empower to live with their disability.
2. To persevere to achieve the goal.
3. To learn with role model disabled to help them recovering their bio-power and self confidence

4. The achievement from self-determined target
5. The support from family and society
6. To receive an opportunity to work or stand in the society
7. To have self-esteem and self-confident
8. To participate in pilot project.

This result could not identify when the turning point occurred. It was a complicate and difficult process that occurred from absorbing the mentality, psychological and behaviors, which could not be solely explained by one of the factors specifically. It was the process that occurred from the combination of personal factor, social factor and environmental factors together.

The reversing point of the transition

The transitional process was not a gorgeous process. It was not occured in straight line from phase 1 to phase 2 and end with phase 3. Life goes on but sometimes it was stumbled and obstructed until it was reversed from phase 3 to phase 1 or phase 2. The result of study found the process that made the disabled persons disheartened, which were;

1. Difficulty from disability, which were the difficulty in transferring, transportation, dependency condition, environment, facilities and expense in transportation

2. Complication from health and sickness, which occurred by working outside of the house and sitting on the wheelchair for a long time, which created pressure ulcer. It made them suffer and painful. Some may faced with the complication of the urinary infection. It mostly found in disabled persons lower part of the body that could not control their urinary system and must remain the urinary catheter inside for a long time, especially during outside of the house.

3. No personal assistant (for severe disabled person)
4. Conflict in their family
5. Denied by the society such as refused by the public transportation service.

This reverse did not occur permanently but temporary in certain period. After they had peer counseling, they could recover easily unlike the transition in the

first period. The hope of not returning to the despair and hopeless was the factor to hold back this reverse.

7.2 Research findings

7.2.1 Independent living of the persons with physical disability in Thai social context

This result of study found that in Thai social context, there were certain amount of the disabled person who could stand up in Thai society but it was different from independent living of the disabled person in other country. This was because the public welfare that provided for the disabled persons were not complete as in other country and the different of social context and culture, especially the separation from family for independent living was the culture of Western society. However, in Thai social context, we still have family as an important source to recover in physical, psychological, social and environment for the disabled person. So, family was the distinctive point that should be maintained. The result from this study found that every disabled person who could achieve independent living stayed with their family. Family was their assistant, and supporter, especially a completed psychological healer. Every disabled person refused to separate themselves alone according to the concept of independent living in western society and Japan.

Independent living in Thai family was the point that should be developed and was still the gap between medical care and home care that lack of linkage even though there was an advance medical treatment that was ready for the disabled person which was mostly found in western society. However, in Thailand, we are in the group of developing country. We could not receive all expensive technology such as sit pad for pressure ulcer that cost around 10 thousand baht or electric wheelchair that cost 100 thousand baht. The poor who were the majority of this country could not access to these technologies but these technologies were not as important as the disabled person’s mind. The study had been proved that psychological healing for the disabled person to overcome the despair and hopeless to be able to stand in the society confidently with self-esteem was the priority issue.

7.2.2 Independent living was the process that could be trained

The research result could be concluded that the process of transition to independent living was the psychological healing process, which not meant of meeting or treating by the psychiatrist or psychologist, but the psychological healing, by social cognitive learning theory that brought the learning process from the role model disabled person, peer counseling between similar disabled person, goal setting by themselves and pursue the goal by themselves. This achievement could empower, created self-esteem and confident in living, which helped the disabled person overcome the weakness and hopeless. They would bring the social perspective to adjust their way of thinking to make the disabled person perceived the disability as only some part of the body and should not leave their whole life in the disability and suffering. They should utilize the remaining organ and capability as appropriate with their disability, including the arrangement of the environment and facility to facilitate the disability. The mentioned process need to receive support from family and society continuously. So, building the process of adjusting the mentality and behavior of the disabled person as mentioned and arranged appropriate facility including support from family and society could be mentioned as one of the process to help the disabled person stood up and live worthy. It could also set as training program by having role model disabled as significant mechanism in training.

7.3 Recommendation

7.3.1 Recommendation in terms of policy and processing

7.3.1.1 Independent living was the process that could be trained

The result found this training process was the psychological healing process, which not meant of treating by the psychiatrist or psychologist, but the psychological healing was learning process from the role model disabled persons, peer counseling between similar disabled persons, goal setting by themselves and pursue the goal by themselves. This achievement should be empowered, psychological and environmental support for them. It helped them to have more self-esteem and self

confident in living, especially to overcome the weakness and hopeless. In other country, there is a business of the independent living program for the disabled persons, which had service charge. Therefore, in order to promote the achievement of the independent living, the training should be determined as an alternative in the rehabilitation process that the disabled persons could choose in the health insurance project, social security or civil servant medical benefit because this service helped release the disabled person from despair and hopeless and became the role model disabled person. They could become the worthy human resources who could live in Thai society. Besides, we could have more role model disabled persons and promoted the other disabled persons to stand up in the society and consistently play their roles in the society.

7.3.1.2 Thai family support should be maintained.

This result found family was one of Thai social systems that had the potential in taking care of the disabled persons and was the supporting system that lived with Thai social culture for a long time. This support system should be maintained. Therefore, the public sector should support and build the motivating system for the family so that they would look back and take care for their independent living by advertising the family to turn back to take care. It should not emphasize only in helping, but also support in enhancing capability and facilities to facilitate them to achieve the independent living. It is necessary to have the incentive for the family or members who take care by reducing the personal income tax so that they would not perceive them as a burden. The incentive and appropriate supporting system, could lead to the achievement of independent living and increase the quality of life.

7.3.1.3 Disabled organization was important factor for independent living

The result of the research found the disabled organization played an important role in continuously helping the disabled persons to achieve the independent living. It was considered as the sustainability in increasing the quality of lives of the disabled persons. It also created the social activities that the disabled person could come back and taking care of each other, which was the social system that supported

for sustainable. However, now there are less number of the disabled organizations and limit in some provinces, therefore, researcher thinks that the community should take this role; especially nowadays the power was spread to the local management organization and provincial management organization. They should take important role in grouping the disabled person and establish the disabled organization in the communities. This organization could help them conduct the training for independent living for the disabled persons in the community because the number of role model disabled in the community are expected to increase.

7.3.2 Recommendation for the further research

7.3.2.1 From the result of this study we found the transitional process to independent living and guideline of training. It is expected to be able to promote the independent living of the persons with physical disability, therefore, it should be further study whether the mentioned the effective of training to help the disabled persons to live independently in Thai social context.

7.3.2.2 There should be a study about the development and invention of the facilities for the independent living of the disabled person that produced by Thai people to reduce the import product, which is more expensive. It became the problem of the disabled persons in accessing such facilities, especially for low income disabled persons. Besides, in the future the number of the elder people will increase; of course, the number of disabled persons would increase too. It comes together with the development of the technology that has the risk of the disability; therefore, the facilities are necessary thing that Thai people should produce for usage. The public sector should seriously support and reduced the production problem that indicated “Not worth for investment” because the number of consumer or buyer is not enough for producing. It made the producer never think of producing it. So the public sector should promote the budgets for this production.

7.3.2.3 It should be further study to compare the differences between the disabled persons who achieved and not achieved the independent living which should have benefit in planning or searching for the appropriate patterns.

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