

**Critical Discourse Analysis of Discursive  
Reproduction of Identities in the Thai  
Undergraduates' Home for Children with Disabilities  
Website Project: Critical Analysis of Lexical  
Selection**

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**Abstract**

Analyzing discourses can shed light on language as a social semiotic system, the construction of identity and the operations of ideology and power. The purpose of this study is twofold. Firstly, it aims to unveil Thai fourth-year English-major students' utilization of lexical choices with connotations that enact the identities of the Baan Nontapum Foundation (BNF) or Home for Children with Disabilities, in their website project. Secondly, the study was conducted to further explore how and why those discursive strategies were utilized to construe the BNF and disability identities through the participants' lexical selection. In this study, the social model of disability, which views disability as a form of social oppression, in combination with Fairclough's Critical Discourse Analysis was used as the theoretical framework for analyzing the participants' language use on their self-designed websites. The analysis revealed

the participants' utilization of different lexical choices with connotations to presuppose the BNF's identity as a 'warm', 'effective', and 'altruistic' organization that provides various forms of special care to their children and children with disabilities' identities as 'socially independent' and 'capable of becoming self-supporting'. However, the notions of 'social exclusion' and 'lack of social collaboration' were found to be embedded in the discursive reproduction of the discourse.

**Keywords:** critical discourse analysis, disability discourse, discursive reproduction of identities, lexical selection, the social model of disability

## **Introduction**

From a poststructuralist perspective, analyzing language use in context does not merely mean exploring the suprasentential aspect of language, but rather sheds light on specific discursive formations or fields, such as the discourse of politics or the discourse of feminism, as well as uncovering sociopolitical power that rules certain utterances or texts. Foucault (1970), for example, explained that power displays itself in every social hierarchy and expanded into an individual's daily actions, speech and life. This notion of 'discourse', or what Kumaravadivelu (1999) defines as 'a whole field or domain within which language is used in particular ways' (p. 460), can give insights into language as a social semiotic construction (a system of signs), a construction of identity and an operation of ideology and power (Habib, 2012; Kumaravadivelu, 1999). This poststructuralist or post-Marxist alignment theoretically influences Critical Discourse Analysis (CDA) research which is strongly linked with the social theoretical background and emphasizes the discursive analysis of various social problems with a discourse-related dimension (Reisigl, 2013; Fairclough, 2003, 2010; Kress and van Leeuwen, 2001).

As CDA has mainly attempted to draw out the interrelationship between language, power and ideology, as well as describing the social

practices in and behind texts that reveal sociopolitical power, ideologies and identities, it manifests social responsibility by its commitment to raising social awareness, political intervention and social change. This can be seen in numerous cases; for example, when racism has been explored in media discourses such as advertisements, an individual awareness of racism is activated and this is believed to create a change in the society. Bearing in mind that discourses are a form of social practice in which societal power relations are produced and reinforced through the use of discursive strategies, this study takes a critical approach to discourse analysis by employing Fairclough's Critical Discourse Analysis and the social model of disability as a theoretical framework in which to examine the Thai learners' discursive reproduction of identities on their self-designed website project. Specifically, the study has two main purposes. Firstly, it aims to unveil the lexical choices that Thai fourth-year English-major students at Thammasat University utilized to enact the Baan Nontapum Foundation (BNF) and the identities of children with disabilities on their self-designed websites. Secondly, the study attempts to investigate how and why those particular lexical choices were selected by the English-major students to realize their interests in the reproduction of identities on the websites. The Baan Nontapum Foundation or the Home for Children with Disabilities, which is under the administration of the Department of Social Development and Welfare at the Ministry of Social Development and Human Security, provides services for children, aged between 7 and 18, with sensory disabilities such as visual, auditory and other physical impairments including disabilities affecting intellectual abilities. The target children are homeless, abandoned and orphaned.

A total number of 13 undergraduates taking the *Critical Discourse Analysis* course were assigned to construct English-language websites at the BNF's request. Their aim was to assist the BNF in delivering its own goals, mission statements, services and donation channels in English to reach audiences at an international level. The target viewers are both individuals and organizations from countries such as Singapore, Australia, Taiwan, the People's Republic of China,

etc., which are able to offer financial assistance and can help organize fund-raising activities for the BNF. Accordingly, the social identity of the BNF as well as the view of disability from the viewpoint of the participants in relation to those who are assumed to have an interest in assisting children was a very interesting subject of investigation, which was expected to reveal what the participants perceived to be the socially desirable qualities of such an organization and the reaction to disability in a Thai context.

The field of disability has not received much attention in spite of the fact that disabled people, not only in Thailand but around the globe, are 'politically, economically and culturally disenfranchised' (Grue, 2011, p. 533). The analysis of disability discourse can reveal the hidden ideologies the society has in connection with people with disabilities who clearly demand emancipation and civil rights in any particular society (Barnes, Mercer & Shakespeare, 1999).

## **Literature Review**

### ***The Social Model of Disability***

The social model of disability has contributed to certain changes worldwide despite the fact that it appears to contrast with mainstream models such as the medical model of disability. This social model views 'disability' as a 'culturally and historically specific phenomenon, not a universal and unchanging essence' (Shakespeare, 2006, p.216). Disability is also understood as a socio-political construction conveying political and power-related ideologies (Grue, 2011; Carson, 2009; Lang, 2001). Unlike when disabled people are diagnosed by doctors who consider disability as a physical or mental impairment and are required to undergo medical treatment to solve that individual problem, the social model views disability as a relationship between a disabled person and a disabling society and attempts to seek ways to fight against the social oppression of disabled people. Disability from the perspective of the social model, thus, goes far beyond the level of an individual problem.

From the perspective of the social model of disability, disabled people are a socially oppressed group who cannot have equal access to

education, employment, financial opportunities, or public facilities. Non-disabled people and social organizations are the actual causes of that oppression and exclusion and the acknowledgement of civil rights is the sole way out of this kind of social oppression not 'charity' or 'pity', as stressed by Shakespeare (2006, p. 216). Individual deficits or disabilities are not considered to be the main contributors to this exclusion but people with disabilities are excluded merely when they are considered disabled by a society and thus the understanding of the term 'disabled person' has been influenced by the social model. Social forms of responsibility can be put into action to remove burdens or difficulties from disabled people's lives in order that they can carry on their lives independently.

In spite of the fact that the social model of disability has a great deal of influence over social changes to the lives of disabled people, especially in the Western world, it faces certain challenges to move towards social assistance. Firstly, the social model does not distinctly separate impairment or medically-related assistance from disability or social oppression and exclusion but rather lays a great deal of emphasis on the social environment to assist them to live independently in the real world (Shildrick, 2012; Grue, 2011; Riddle, Tinklin and Wilson, 2005). Creating the right access as well as removing all barriers from disabled people needs to be done according to their special needs, since a barrier-free utopia appears too extreme and impossible to apply in the real world.

As a consequence of the social model's perspective, disability is clearly 'the result of society's failure to provide adequate and appropriate services' (Lang, 2001, p.4). This failure is caused by society being ruled by the dominant group and not by the subdominant group into which disabled people are classified. Therefore, authorizing citizenship and enabling disabled people to live without barriers in the same society as non-disabled people is also a main principle of this model. Focusing solely on what is 'wrong' with their bodies and minds and attempting to provide segregated services for them is believed to send a negative message, suggesting that disabled people's problems arise from not having normal bodies while, in fact, restructuring the

social and physical environment can be a more effective channel to overcoming their problems (Carson, 2009). According to Carson (2009), 'disability is a result of the barriers (attitudinal, environmental, organizational) faced by people with impairments' (p.17).

In the Thai context, disability is specifically linked with the ideology of Buddhism in the way that it is viewed as 'a deserved failure to lead positive previous lives' (Vorapanya and Dunlap, 2014, p. 234). Disability is thus equivalent to lower status as the result of bad karma, causing most families with disabled children to feel shame and fear at their children's disabilities. Vorapanya and Dunlap further explain that some families end up living a life of ignorance due to a belief that they cannot change the bad karma of previous lives. In addition to this biased perception towards disability, the Buddhist perspective greatly influences the role of compassion for all living beings as the essence of most professional practitioners who work with children with disabilities. According to Vorapanya and Dunlap's interviews with principals from 10 inclusive schools in Thailand, a teacher with a good heart is more admirable than one with particular skills. They explain that the professional practitioners' sense of mercy, compassion and patience appears to be associated with 'a balance against the belief that someone with disabilities has bad karma' (p. 238). These barriers are somehow consistent with the social model's perspectives in the West (Grue, 2011; Carson, 2009).

### ***Fairclough's Critical Discourse Analysis***

Critical Discourse Analysis focuses primarily on 'the effect of power relations and inequalities in producing social wrongs, and in particular on discursive aspects of power relations and inequalities' (Fairclough, 2010, p. 8 Reisigl, 2013; Ko, 2011; Machin and Mayr, 2012; Wodak, 2009; Jorgensen and Phillips, 2002). According to Fairclough (1989, 2010), language is considered 'a socially conditioned process', in which 'process' refers to the production of the text and the process of interpreting the text, and this process itself is related to the practices of the society. Conducting a critical analysis of discourse can help in interpreting and explaining different areas of a social

relationship system including revealing the causes of social issues and constructing knowledge that could lead on to social change (Fairclough, 2010; van Dijk, 2008; Locke, 2004). However, in order to complete the whole picture of critical analysis, such interpretations and explanations need to be consistent with what evidently exists, including the circumstances that prevail, the way people have acted and what turns out to be the consequences of their actions.

To be more precise, Fairclough's CDA approach involves three dimensions: (1) text or the semiotic aspect of being realized as a particular oral and written form of representing the world; (2) discursive practices or the processes of text production, distribution and consumption; and (3) the social and cultural context where discursive practices are embedded (Fairclough, 1992, 1995). Fairclough's three-dimensional model for CDA thus suggests three main stages involved in CDA. Firstly, it is essential to start with dealing with the text itself or describing a particular property of a text and associations invoked in readers by the use of particular words. This stage of analysis encompassing lexical and grammatical parts of texts and discourses can also disclose an ideological role, identity and social power of any agents being represented.

A discourse, in addition, involves different participants, behaviors, goals, locations and values and whenever one makes a decision about a certain choice, particular values, power and ideologies are meant to be constructed (Machin & Mayr, 2012; Eggins, 2004; Kress & van Leeuwen, 2004). For example, a journalist's selection of the pronoun 'we' to represent 'real British people' and 'them' to represent 'immigrants' suggests that 'we' probably view the arrival of 'them' as a threat to British culture. The repetition of this linguistic pattern of 'we' and 'them' in the media can lead on to certain future actions and changes (Machin & Mayr, 2012, p. 21). So far, it has been linguistically accepted that each kind of semiotic resource or a particular lexical selection can assist one to shape his or her social, cultural and natural world. Lexical choices can foreground and, at the same time, background other meanings. Machin and Mayr (2012) have pointed out that one of the simplest ways to conduct lexical analysis is to look into

the predominance of particular types of words, or so-called word connotations, selected to convey one's communicative purposes. To be precise, when words such as 'dynamic', 'forward looking' and 'future' are used to describe an organization's mission statement, the audience is able to perceive the values of 'a positive change', a desirable quality of that particular culture, through those repeated lexical choices which are likely to form a predominant meaning in that particular text. This kind of lexical selection can then raise questions like 'what consequences would there be in a society where certain concepts of identity become valued over others?' (Machin & Mayr, 2012, p. 35).

As textual analysis is, however, not adequate for discourse analysis, according to Fairclough (2003), after identifying a particular property of a text, a discourse analyst needs to move on to dealing with the relationship between the discursive process of production and interpretation and the text. This means the analysis of how and why one uses a particular kind of language within a specific field such as advertising, politics or feminist discourse, relying on the already existing discourses, should be investigated. CDA also needs to look into how receivers of texts make use of those existing discourses to consume and interpret meaning (Jorgensen and Phillips, 2002, p.66). Finally, the analysis needs to involve explaining the relationship between the processes and the social, cultural, environmental and historical conditions. In relation to the final stage of discourse analysis, cultural and social theory must be used to explore the links between the language used and social and cultural practice. This three-dimensional model is illustrated in Figure 1.

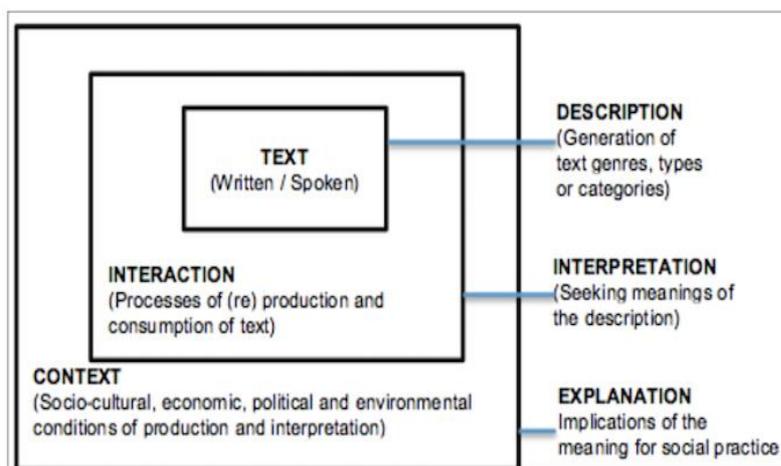


Figure 1: Fairclough's (1992) Three-Dimensional Framework for Analyzing Discourses

## Research Methodology

### *Participants*

The total number of the fourth-year students taking *Critical Discourse Analysis*, an elective course for third and fourth-year students, was 13, five of them were male and the remainder were female, aged approximately 22 years old. They were highly motivated students who were quite competent in English and were interested in working as English teachers, translators and columnists after they graduated. They had undertaken this course for 15 weeks/45 hours in total. None of the participants had any direct experience or background of living with or caring for any disabled people but they reported that they relied on their own feelings and views as well as the information they had gathered from their interviews with the BNF staff on their two visits to the BNF.

### *Websites*

The participants were divided into two groups, each of which constructed a website for the Baan Nontapum Foundation. Prior to working jointly on the website project, the participants were trained in how to create their websites using Google Sites by logging into <https://www.sites.google.com> which is available for all Google users and contains ready-to-use website formats the participants would find

not too complicated when completing this project on their own. The website (Website A) designed and discursively constructed by the participants in Group 1 consisted of approximately 1,600 words with five main headings including ‘background’, ‘mission statement’, ‘our services’, ‘vocational training programs’ and ‘ways to give’. Website B constructed by the participants in Group 2, however, was almost half the size of the first, containing approximately 814 words. This one consisted of six major headings including ‘about us’, ‘our responsibilities’, ‘our objectives’, ‘adoption conditions’, ‘donation’, and ‘our services’. The links to both Websites A and B are as follows.

- 1) <https://sites.google.com/a/v.arts.tu.ac.th/bannontapum/>
- 2) <https://sites.google.com/a/v.arts.tu.ac.th/baan-nontapum/>

### ***Data analysis***

The process of reading and rereading was carried out to analyze the overall picture of lexical choices (nominal groups, verbs, adjectives and adverbs) employed in both websites. The central framework for analyzing lexical choices lay in the field of Critical Discourse Analysis and the social model of disability. The former focuses on the relationship between semiotic means and the discursive reproduction of power abuse and social inequality as well as hidden social and cultural issues, whereas the latter tends, particularly, to highlight the ultimate goal of changing the social environment to accommodate impairment, which aims to not only change the physical but also the attitudinal, communication and social environment to promote equal rights. The term ‘disability’, according to the social model of disability as reviewed previously, is simply the consequence of society’s failure to provide social and appropriate assistance.

In accordance with Fairclough’s three-dimensional model for analyzing discourses, I started the lexical analysis by identifying lexical choices that conveyed word connotations and categorized them into categories. Then I attempted to interpret and explain how and why those lexical selections were utilized and how they were related to power, values and ideologies in Thai society. The two major theoretical frameworks as discussed previously—CDA and the social model of

disability—were implemented in tandem to help construct the categories of identity construction during the analytical coding process. Given the entire findings and the two central theoretical frameworks, I assigned lexical choices with connotations found on the websites into five main categories linked with positive reproduction of the BNF's identity as (1) a compassionate family member, (2) an effective operator, (3) an assured outcome provider, (4) a provider of different means of assistance/care, and (5) a good cooperater with society. Additionally, I assigned another group of lexical choices linked with the discursive reproduction of disability identity into four main categories consisting of (6) negative reproduction of disability identity as social oppression and exclusion, (7) negative reproduction of disability identity as limited to medically-related needs, (8) positive reproduction of disability identity as social inclusion, and (9) positive reproduction of disability identity as favorable social expectation. Due to the nature of a home for children with disabilities, it was crucial to look into the social representation of disability identity as a way of disclosing hidden values and ideologies which are strongly associated with the reproduction of identity and values of the BNF itself. Table 1 shows the two main types of identity and the nine categories of lexical choices employed to reproduce the BNF's identity and the disability identity with a brief explanation.

Table 1: Categories of Lexical Choices and Discursive Reproduction of Identity

<b>Types of Identity</b>	<b>Categories of Lexical Choices</b>	<b>Explanation</b>
Discursive construction of the BNF's identity	(1) Positive Reproduction of BNF's Identity (Love/Compassionate Family member)	Lexical choices that contribute to the mental representation of being one of the children's family members (parents) who gives love and warmth
	(2) Positive Reproduction of BNF's Identity (Effective Operator)	Lexical choices that contribute to the mental representation of being an effective and professional organization
	(3) Positive Reproduction of BNF's identity (Assured Outcome Provider)	Lexical choices that contribute to the mental representation of being an organization that can assure positive outcomes to children who are under their supervision
	(4) Positive Reproduction of BNF's identity (Provider of different means of assistance/care)	Lexical choices that contribute to the mental representation of being able to offer appropriate and adequate means of care or assistance
	(5) Positive Reproduction of BNF's identity (Good co-operator with the society)	Lexical choices that contribute to the mental representation of cooperating with the society or integrating the society as part of the assistance
Discursive reproduction of Disability Identity	(6) Negative Reproduction of Disability Identity (Social oppression and exclusion)	Lexical choices that contribute to the mental representation of disabled children being socially excluded (e.g. specialized school) and being socially oppressed (e.g. 'disabilities' referring to the society's failure to provide adequate and appropriate services)
	(7) Negative Reproduction of Disability Identity (Limited to medically-related needs/ physical)	Lexical choices that contribute to the mental representation of disabled children solely being defined as those with physical impairment and offered mere medical treatment
	(8) Positive Reproduction of Disability Identity (Social inclusion/Similar rights and responsibilities)	Lexical choices that contribute to the mental representation of disabled children being included or attached to the community (e.g. 'home coming') and having similar rights and responsibilities as any others
	(9) Positive Reproduction of Disability Identity (Favorable social expectation/future reference)	Lexical choices that contribute to the mental representation of disabled children being able to achieve certain goals (e.g. physical, attitudinal, communication, and social environment achievement)

The processes of reading, re-reading, coding and checking were carried out in a careful manner in order to place lexical choices into appropriate categories. The complete version of the coding was then validated through the process of member check, with Expert A, who has 17 years of experience in teaching English in the Thai university context as well as researching in the field of discourse and identity. The interrater reliability was conducted to investigate the agreement between the two raters, the Researcher and Expert A, on the assignment of categories to lexical choices utilized to construe the BNF's and disability's identity. Cohen's kappa statistic using SPSS version 17 was then performed to examine the agreement between the two raters. The results of the interrater analysis were Kappa = .88 with  $p < 0.001$ , 77% (CI). This measure of agreement is considered a 'strong' level of agreement. Likewise, the kappa statistic was carried out to explore the extent to which the Researcher and Expert A assigned similar categories to the selected lexical choices the participants deployed when constructing disability identity. The results of the interrater analysis were Kappa = .92 with  $p < 0.001$ , 85% (CI). This value of Kappa reveals an 'almost perfect' level of agreement between the two raters.

## **Findings and Discussion**

### ***Analysis of word connotations***

There are 569 lexical choices with word connotations analyzed in this study and the characterized word choices are nominal groups (*'recreational service'*, *'24-hour care'*), nouns (*'warmth'*, *'love'*), verbs/verb phrases (*'getting a job'*, *'earn a living'*), adjectives (*'creative'*, *'neat'*), and adverbs (*'independently'*, *'effectively'*). One lexical choice can be categorized into more than one classification. The discussion in this section will move from one category of discursive reproduction of identity to another. The distribution based on the frequent occurrence of lexical choices with connotations in both websites can be seen in the table below.

Table 2: The Frequency and Percentage of Lexical Choices Employed to Enact Different Types of BNF and Disability Identities

Discursive Construction of the BNF identity					Discursive Construction of Disability Identity				
Family Member	Effective Operator	Assured Outcome Provider	Provider of Different Means of Care and Assistance	Good Social Co-operator	Social Oppression	Limited to Medically – Related Needs	Social Inclusion/ Similar Rights and Responsibilities	Social Expectation	Total
51	43	76	124	29	61	43	71	71	569
9.0	7.5	13.4	21.8	5.1	10.7	7.5	12.5	12.5	100%

According to Table 2 it is clear that the participants’ lexical selection was mainly employed to reproduce the BNF’s identity as a provider of different means of care and assistance (around 22 per cent) with the use of overlexicalization of similar lexical choices including ‘support’, ‘educational’, ‘medical’, ‘recreational’, ‘rehabilitation’, ‘pleasant environment’, etc. With the selection of those lexical choices, the BNF can be seen as a healthcare organization that provides various types of assistance and care to maximize the living standards of children with disabilities in terms of their education, physical and mental development, future career and overall living condition. The words ‘vocational training’, ‘blissful environment’, or ‘specialized education’ were employed repeatedly to highlight the BNF as the sole provider who was able to minimize the issue of social exclusion by offering a multidimensional concept of development for children with disabilities to be cared for, trained and educated prior to returning to the society with better career opportunities. This can be seen in the following actual instances:

*Our staff **provides medical, educational, and recreational service with warmth and love** in order to **create a blissful and relaxing environment** for our children who we care for the most.*

*Through **medical treatment, specialized education, and vocational training based on individual needs**, we are **providing** them **with a stepping stone** towards great opportunities and **a stair to help** them reach their full potential.*

*We have a **nursing office** with our **medical staff** that is ready to provide **24-hour care**.*

*After our children are back to their families, we still **remain in contact** with them and **monitor** them by **visiting their homes, workplaces, calling** and **sending them letters** to provide **comprehensive and ongoing support**.*

*We provide our children with a **proper environment and utilities** which **suit their conditions**.*

*We have a **vocational training program** and our own **school**, which **allow them to learn how to improve their interpersonal communication and knowledge**.*

In addition to the utilization of lexical choices reproducing the BNF's identity as an organization offering a variety of assistance to children with disabilities who need not only short- or mid-term development but also life-long opportunities, the participants employed lexical choices to highlight the successful outcomes of the BNF's different forms of assistance. As we can see from Table 3, approximately 15 per cent of lexical choices were utilized to represent the BNF's identity as an assured outcome provider, assuring that children with disabilities under their supervision can achieve different life goals, are able to develop themselves and, eventually, become independent and self-supporting. Below are examples of lexical choices connoting the BNF's identity as an assured outcome provider.

*The **happiness and wellbeing** of the children is our top priority.*

*In order to give our children an **opportunity for a brighter future**, we provide care and support to our children as follows.*

*Since arts provide a great means of **self-expression and creativity**, we support our children in being **creative and neat** through elaborate arts such as using water color and oils, modeling and sculpting clay, and batik and ceramic painting.*

*After we have provided our children with the **opportunity to become more integrated into society**, we **send them back to their parents' loving embrace** when they turn 18.*

*We also provide medical, vocational, educational and social rehabilitation programs for them, so they are able to **lead their lives independently and become a happy adult** as much as they can.*

*Recreational activities will also be held so that children can learn to **express themselves and to discover their inner strength**.*

These examples can be linked with the audience's positive mental representation of the BNF's identity in a way that the BNF can ensure favorable outcomes for all children who have received the different forms of assistance they offer at the home. The BNF assures the society of these children's successful future in terms of their careers, education, health and mental condition, as well as personality. Obviously, the category of the positive reproduction of the BNF's identity as a provider of different means of assistance and as an assured outcome provider are closely-connected, in a way that the former type ensures the occurrences of the latter. Parents, children and the society can thus fully trust the BNF since they provide different forms of help that suit the children's conditions, ensuring a successful outcome at the end.

The lexical selections including '*express themselves*', '*discover their inner strength*', '*lead their lives independently*', '*become a happy adult*', and '*become more integrated into society*' are regarded as the ultimate goals of developing children with disabilities and can also be interpreted as the 'social expectations' we have towards people with disabilities. They are expected to grow up and become socially independent in the future. This sounds like favorable social attitudes towards people with disabilities, while at the same time these lexical selections reflect a lack of life-long assistance and support to be given to people with disabilities in our society. Such a lack is perhaps the reason why these children are expected to become strong and independent. The notion of people with disabilities as a social burden can also be inferred, as it is opposed to the predominant value of 'being independent'. In reality, social collaboration and assistance is still

needed, at least in terms of adjusting the social environment to suit people with disabilities. Accordingly, expecting them to be a strong, independent and self-supporting adult without providing them with life-long assistance when needed suggests social exclusion and lack of disability awareness.

The third category of lexical analysis that can form the reader's mental representation of the BNF's identity as children's compassionate family member (9 per cent) consists mainly of lexical choices such as 'love', 'warmth', 'their parents', 'our home', 'their relative', 'true care', etc. Through the repeated utilization of these lexical selections, the BNF is reproduced not only as a healthcare provider but also as the children's family member who truly cares for and loves them wholeheartedly. The actual instances that belong to this category are shown below.

*This is **the place where 'Love'** and 'Future' are being formed.*

*We, **like other parents**, want to ensure that our children will grow up strong, be able to take care of themselves and become people who can contribute to the society in the near future.*

*We give our children **warmth and love**, while **protecting and helping** them with solving problems.*

*Our children are like **our real relatives**.*

*We, **as a family**, have the duty to provide them with **a place where they can live happily** and support them to live with their strength.*

*To provide **love, care and protection**, our home provides staff to foster each individual.*

This kind of lexical choice used for identity enactment reflects not only the participants' beliefs and values but also construes the representation of the Thai society in which people value the role of compassion and love highly as seen in the parent-child relationship, when it comes to the context of children with disabilities. The parent-child relationship is widely embraced in certain kinds of social relationship out of the family-related context, particularly teacher and

student. That being said, in the Thai context, people would rather place importance on personal bonding/relationships than value professional relationships. Accordingly, to be seen as a good organization, the BNF needs to adopt the role of being just like the children's parents representing 'pure love and altruism' instead of only acting as an effective/ professional operator, another type of identity reproduction to be discussed in the following section.

Despite the fact that merely 7.5 per cent of lexical choices were categorized as ones employed to enact the mental representation of the BNF as an effective operator, it is worth investigating what kinds of lexical choice were employed to create this public image and the reasons why this type of lexical selection was not a priority in the participants' lexical choices. Examples of word choices that fall into this category include 'professional', 'effective', 'aim to', 'being ready', 'work 24 hours', 'proceed', 'duty', 'vision', etc. These words help create the BNF's identity as an organization that keeps looking forward and provides a professional and effective service to develop children in a non-stop manner. Below are some examples of instances that contain this type of lexical selection.

*Our **duty** is to provide **professional care and development** to children with disabilities from 7 years old to 18.*

*As a public organization, we have **a strong commitment to creating an accessible and practical social welfare service system and necessary information system** in order to protect the rights and promote equal welfare to people with physical challenges.*

*We **aim to** develop our children's basic education for them to get a better job or further their study in higher education.*

*We **aim to** provide **a great service** with **the intention** of improving the quality of life of children with disabilities.*

*For medical care, we have nursing rooms and nurses who **work 24 hours**, as well as **being ready** to send patients to the hospital if they are in a critical condition.*

As discussed previously, the participants appeared to place priority on the value of the parent-child relationship, as it represents true love and altruism; therefore, fewer word choices were utilized to reproduce the quality of the BNF as being a professional and effective organization that keeps looking forward. Being professional is less valued in the context of the home for children with disabilities, whereas an emphasis on 'love', 'warmth' and 'altruism' can create emotional vibes among the audience who might become potential donors. The BNF as the children's family representation can also establish trust and admiration from the public in Thai society. However, the quality of being 'forward-looking', 'dynamic' and 'professional' is not yet recognized as a desirable quality for state-run or non-profit organizations, in spite of the fact that they wish to enlist international collaboration. Besides, to boast about the organization being effective in an explicit manner might be awkward and exaggerated from the perspective of the participants; therefore, the indirect way—discursive construction of the BNF's identity as a provider of different means of assistance and as an assured outcome provider—sounds more convincing and appropriate. They can also sum up the value of the BNF as being a reliable and trustworthy type of organization. Additionally, to depict the BNF as an effective and professional organization requires a precise and concrete action plan and evidence to prove such a quality. To conceal what exactly the BNF precisely initiated and how those plans were effective might be another reason behind the use of fewer lexical choices highlighting the 'effectiveness' of the BNF.

The final category of identity reproduction enacting the BNF's identity as a good social co-operator received the least attention from the participants. Merely five per cent of lexical choices were categorized as a means to reproduce the BNF's identity as one who co-operates or works jointly with society in improving the quality of life of children with disabilities. The fact that the BNF needs to rely on society's assistance, particularly in terms of financial and educational support, does not seem to match the proportion of lexical choices under this category. In fact, the notion of handling disability issues jointly with

society is not much highlighted here. Disability is still regarded as a responsibility limited to specific government organizations but not part of social responsibility. According to the social model of disability, coping with disability-related issues requires social collaboration—families, local communities, schools, individuals, domestic and international organizations—to minimize social exclusion and discrimination in terms of career opportunities, education and attitudes. The rare use of lexical choices connoting social collaboration represents society's lack of appropriate assistance and inclusion when it comes to disability in the Thai context. Below are selected examples of instances that contain this category of lexical choices.

*We have **sought out assistance not only nationally but also internationally** in the high hope of attaining the sustainable development of disabled children.*

*We **bring in social workers and psychiatrists** to help our children with problem consulting while helping them improve their social skills and mental health.*

*We **contact their families** to take them home.*

*And also **cooperate with society** in order to improve the quality of life and capability of our children.*

*We aim to **encourage society to become involved** with the welfare process.*

*We want to **raise the awareness** that our children are not different from other people and have the abilities to contribute good deeds to the society.*

In sum, the participants mainly highlighted the quality of the BNF as an organization that provides different forms of assistance and care, ranging from organizing specialized education, vocational training and recreational activities to providing a full service of medical care to suit the individual needs of each child. These several forms of assistance also guarantee tangible and desirable outcomes for children with disabilities including physical and mental development, career

opportunities, social integration and self-development in terms of personal qualities. The other positive enactment of the BNF's identity is their public image as a children's family member. The love and warmth they provide to the children at their home are the substantial tools that ensure the quality of life and a change in life of those children. However, some lexical choices were also employed to denote their identity as being an effective and professional provider as well as being a good social co-operator even though not much attention was placed upon these two types of discursive reproduction of the BNF's identity.

The other type of discursive reproduction of identity is the one related to 'disability identity'. As the BNF is a home for children with disabilities, the way they construct the concept of disability is considered crucial and relevant to their self and public image. Based on the categories of lexical choices representing disability identity, disability is mainly associated with people who have similar rights and responsibilities and are socially included. Approximately 13 per cent of the lexical choices employed can be categorized into the section of 'social inclusion' (See Table 3). Children with disabilities' right to education and training and their social responsibility to earn a living and attend any activities based on their choice and interests tend to be recognized. For instance, when this nominal group '*individual's needs*' is utilized, children with disabilities are regarded as individuals whose needs are recognized and whose identities are not the same. Additionally, the lexical choices such as '*making a significant contribution to society*' and '*socializing with other children*' appear to highlight the representation of children with disabilities as having equal social rights and responsibilities with any others. The notion that people with disabilities are no different from non-disabled people can also be inferred. Below are the extracts that contain lexical choices that were employed to construe this type of disability identity.

*Through medical treatment, specialized education and vocational training based on **individuals' needs**, we are providing them with a stepping stone towards great opportunities and a stair to help them reach.*

*We insist that these children deserve a loving home and can **make a significant contribution to society** in the future.*

*The doctors will guide our children about how to use what they have left to their fullest potential in order to **function well in society** and **become self-supporting**.*

*After graduation, we also encouraged our students to further their study in general school to provide them with opportunities to **socialize with other children** or other special schools such as schools for the visually and hearing impaired.*

With a similar percentage of lexical choices utilized to reproduce disability identity as having similar rights and responsibilities (around 13 per cent), children with disabilities were construed as those with great potential to meet up with social expectations through the utilization of lexical selections including ‘*getting a job*’, ‘*living independently*’, ‘*becoming self-supporting*’, ‘*making a significant contribution to the society*’, etc. The BNF is represented as an organization which strongly believes that their children can develop and eventually become financially, physically and emotionally independent. Such a favorable reproduction of disability identity is likely to create a positive attitude in the general public towards the BNF in such a way that the BNF is a crucial part of providing great assistance to these children who can change and develop themselves into becoming independent and strong. Accordingly, disabilities here are not static conditions but physical and mental states that can be definitely changed and improved if proper help is offered. In brief, disability is linked with favorable social expectations not a social burden incapable of developing itself. Examples of this kind of lexical choices are selected and shown below.

*We who serve as guardians of disabled children are responsible for making sure that they will **grow up happily** and **become independent adults**.*

*We have sought out assistance not only nationally but also internationally in the high hope of attaining the **sustainable development** of disabled children.*

*We, like other parents, want to ensure that our children will **grow up strong, be able to take care of themselves** and become people who **can contribute to the society** in the near future.*

*With our support, the children can **learn to live in our society** and **manage to overcome any obstacles** that they may face on their future paths.*

*Recreational activities will also be held so that children can learn to **express themselves** and to **discover their inner strength**.*

Despite the fact that children with disabilities are favorably construed as having similar rights and responsibilities as well as being able to achieve a successful life, at the same time, they are reproduced as children who are socially oppressed and excluded (11 per cent) and are viewed as those with medical limitations (8 per cent). Given the term ‘social oppression and exclusion’, the lexical choices such as ‘*disabled*’, ‘*rehabilitation*’, ‘*lack of first aids*’, ‘*special schools*’, ‘*obstacles*’, etc., were employed to create a mental association between disability and problems, including unfair treatment and exclusion. When stating that children need to go to special schools, it can be inferred that these children are being segregated from children who go to mainstream schools. Likewise, when the participants made use of lexical choices such as ‘*institutional care*’, ‘*special needs*’, ‘*medical service*’, ‘*patients*’, ‘*Orthosis and Prosthesis*’, etc., the BNF is likely to be perceived as a medical center providing medical assistance to rehabilitate the children. Disability through these discursive devices is merely limited to medically-related needs judged by doctors’ evaluation, excluding any other identity of people with physical and mental impairments. The first three sentences are examples of lexical choices categorized as ‘social oppression and exclusion’ and the remaining three sentences are examples of the ones categorized as ‘limited to medically-related needs’.

*Baan Nontapum has committed to nurturing **disabled children** with care, support and **rehabilitation** in the pleasant environment of a big, loving family.*

*We always stay by our children's side, provide them with advice and help them solve any **hard problem** that they may encounter.*

*In some **serious** cases, we provide social workers and psychologists for the child who has **behavioral, emotional or mental disabilities**.*

*We have a **nurse office** with **our medical staff** that is ready to provide **24-hour care** as well as being ready to send **patients to the hospital** if they are in **critical condition**.*

*The school provides education for children with any kind of disabilities including **physical disability, Attention Deficit Hyperactivity Disorder, Autism, Down's syndrome, blindness, deafness, learning disability and speech disability**.*

*Moreover, we arrange many activities which are good for **their health** and set up **medical facilities** to encourage the children to make sure of their other usable organs as much as possible.*

Even though the string of lexical choices categorized as 'social oppression and exclusion' reflects a negative reproduction of disability identity, it can act as a background and justification for the BNF's different programs that help to solve problems that exist in the present and may arise in the future. On the other hand, the lexical choices utilized to enact disability as social oppression and exclusion perfectly reflect our social reality in a way that various forms of social inclusion including inclusive education and equal career opportunities are way too far from happening and, thus, this leads on to questions of how the society or the government can step in to alleviate the issues and change society.

## **Conclusion**

To sum up, the BNF's identities were discursively construed through the participants' lexical choices which contain connotations representing the BNF as a provider of different means of assistance and care, an assured outcome provider, a children's family member, an

effective operator and a good social cooperator. The emphasis was, however, on the first three mental representations, whereas the remaining two played a lesser role in representing the BNF. This discursive construction of the BNF's identity appears to play a critical role in creating 'trust', through the representation of desirable values and qualities among the general public who the BNF can rely on in terms of financial, educational and medical assistance. The primary goal of the websites is to communicate to a wider audience in order to receive cooperation as well as funding; therefore, projecting the BNF as an effective operator who can offer assured outcomes to their own children is likely to establish a strong sense of trust with the outside community. Supplying a parental role for the children, for example, can contribute to the community's good perception of the BNF.

In addition, the audience can draw on certain ideologies and values of disability discursively reproduced by the participants. Children with disabilities are construed as those who are able to develop both physically and mentally. They are also no different from any others in the society as they are depicted as having similar rights and social responsibilities. This ideological construction of disability is also able to reveal the identities of the BNF in terms of their ability to assist the children with disabilities. When favorable social expectation on disability is stated or referred to, for instance, the BNF suggests that a change can happen to the children's life, providing that they are offered appropriate types of assistance. However, such a change is represented as a drastic transformation, another desirable value in a society hoping to experience a sudden change in a short time. Processes of self-development, training and inclusion both in the short and long run are left unstated.

Additionally, it is to be noted that in spite of the fact that the BNF is calling for assistance and collaboration from the society, a few lexical choices were utilized to reproduce the BNF as a cooperator with society. Disability issues were not reproduced as part of everyone's social responsibilities. This is now still the responsibility of government organizations, like the BNF, which minimize obstacles or difficulties related to children with disabilities, whereas in fact the entire society is

supposed to step in to remove certain social barriers such as oppression and exclusion as a way of dealing with disability issues in the Thai context.

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