



Disability, Stigmatization, and Children's Developing Selves

INSIGHTS FROM EDUCATORS IN JAPAN,
SOUTH KOREA, TAIWAN, AND THE U.S.

Misa Kayama, Wendy L. Haight, May-Lee Ku,
Minhae Cho, & Hee Yun Lee

Disability, Stigmatization, and Children's Developing Selves

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*Insights from Educators in Japan,
South Korea, Taiwan, and the U.S.*

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This book is dedicated to educators around the world who play a critical role in supporting the development of children, those living with and without disabilities, and their parents and reducing stigmatization in future generations.

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Guide to Japanese, South Korean, Taiwanese, and U.S. Terms/Concepts

The following terms/concepts are used in sections of this book describing Japanese, South Korean, Taiwanese, and U.S. perspectives and contexts.

Japanese Terms/Concepts

Ibasho (居場所; *i(ru)*): exist, be present, live, etc.;
basho: place)

A place to belong. *Ibasho* connotes a physical and psychological place where one feels comfortable, at home, fully accepted, and able to express oneself fully. It is considered to be basic to mental health and well-being throughout the lifespan. In the absence of *Ibasho*, people may feel emotionally stressed and have problematic interactions with others.

Jibun (自分)

A Japanese word for self. *Jibun* literally means “one’s share” of something beyond oneself. Japanese people view *jibun* as emerging within a social context, changing form from time to time as relationships between the self and other people change.

Kokoro (心)

An individual’s inner world: heart, mind, soul, spirit, attitude, value system, personality, character, humanity, etc. *Kokoro* is found by exploring one’s inner world, for example, through self-reflection. Education for *kokoro* is a fundamental purpose of elementary education in Japan.

Mimamori (見守り; *mi*: look and watch; *mamori*; protection and support)

Adults support children's development largely through the practice of *mimamori*. They watch over children with affection and empathy as protective figures. Unless children need immediate attention or intervention, adults allow them the autonomy to freely explore activities, interact with others, solve problems, and learn and discover from these experiences.

Omoiyari (思いやり): sensitivity and empathy toward others; *omoi*: thoughts, feelings, wish, concerns, etc.; *yari*: doing for others)

A Japanese notion of empathy, sympathy, and sensitivity. For Japanese people, empathy involves sensing, anticipating, and responding to other people's needs and is critical to establishing trusting relationships. The responsibility of the individual is more to sense what others are feeling and thinking than to express his or her own emotions and thoughts. This sensitivity and ability to attend to other people's feelings and thoughts is referred to as *omoiyari*.

South Korean Terms/Concepts

Filial Piety

A Confucian virtue referring to children's return of parental love and sacrifice: Filial piety strengthens the value of the family and family ties. Over time, the value of family support has extended to mutual help across the community and larger society, and informal social support networks have emerged to strengthen the solidarity of the community and larger society

Hongikingan (홍익인간: 弘益人間)

The original founding philosophy of Korea during the Old Choson Dynasty (2333 BCE–108 BCE), before Buddhism and Confucianism were introduced.

Hongikingan is a humanitarian ideal and can be translated as “lives for the benefit of all humankind.” After World War II, the *Hongikingan* ideal was reintegrated into the public education system in South Korea.

Taiwanese Terms/Concepts

Benevolence (仁)

Love of others, nurturance, and reciprocity of affection. In Confucianism, only individuals with the highest level of self-cultivation can achieve benevolence. Benevolence arises from the experience of self-love because one can only know the true meaning of loving others if one knows how to love oneself. Benevolence is based on three, interrelated elements: self-improvement, self-regard, and self-respect/confidence.

Self-Cultivation

The continuous practice of the virtues and moral principles necessary to achieve benevolence (仁), that is, love of others, nurturance, and reciprocity of affection.

Self-Improvement

Refers to continuous efforts to learn and study to understand life’s true meaning without complaint for one’s fate or resentment for frustrations and failures. A person who displays self-improvement consistently strives to be better and forges ahead in pursuit of a better vision for future learning and self-correction for wrongdoing.

Self-Regard

Refers to knowing oneself, including knowing how to love oneself. An example of self-regard is attending to one’s own mental states and physical health.

Self-Respect/Confidence (*zi zun xin*: 自尊心)

Zi zun xin is literally translated as “self-respect, heart, and mind,” but also refers to self-confidence. One’s self-respect/confidence is based on perceptions and feelings about the “self” in relationship with others. In Taiwan, children are socialized to develop a moderate level of self-respect/confidence. Too much self-respect/confidence is believed to prevent children from acquiring a sense of shame and makes them psychologically vulnerable.

Shame

Children are expected to learn a sense of shame. In Confucianism, a sense of shame is considered a fundamental moral principle. It is through the courage to recognize and address one’s shortcomings that wisdom and a more ideal moral personality develops. A sense of shame is developed through conscious self-criticism/reflection and evaluation of the self in comparison to others or to societal norms and expectations. Adults may intentionally arouse a feeling of shame in children to indicate their inappropriate behaviors, allow them to critically reflect upon their own behaviors, and motivate them to do better. A sense of shame also encourages individuals to act in a socially appropriate manner to save not only their own face but also that of the group as a whole. A sense of shame is important to becoming competent adult members of Taiwanese society.

U.S. Terms/Concepts

Individualized Education Program

The Individualized Education Program (IEP) is a formal, legal document specifying services to children with disabilities. It describes specific goals and objectives tailored to meet the individual child’s needs based on an evaluation, along with hours of services to be provided by particular educators to meet each of the goals/objectives. The IEP also specifies where the services are provided, within or outside of the general education classrooms. In

determining the number of hours children will receive support outside of their general education classrooms, the IEP indicates the least restrictive environment.

Self-Esteem

Self-esteem refers to the individual's overall, subjective emotional evaluation of his/her own worth. Positive self-esteem is particularly valued in U.S. folk theories of child-rearing practices as an indicator of children's healthy development and psychological strength, such as an ability to face and learn from failure.

Individual Rights

In mainstream U.S. culture, there is a relatively strong emphasis on independence, achievement, and individual rights. This focus, in part, is a legacy from Protestant Christian immigrants from Britain who came to the U.S. seeking the American dream of individual and religious freedoms and opportunity. These aspirations are reflected in the Bill of Rights of the U.S. Constitution. Laws and institutions reflect these values, aspirations, and practices, including special education services and policies, and have contributed to international movements for individual rights.

Other Terms/Concepts Used in This Book

Cultural Self

Although they did not use this term, educators in all cultural groups discussed what we identified as the *cultural self*. The cultural self refers to shared understandings of self that are necessary to function appropriately as a member of a particular cultural group. Cultures vary in how individuals balance the self as an individual, distinct from other selves and with stable traits (i.e., individual self), and as a social agent that is interdependent, connected, and flexibly responsive to the social context and others' selves

(i.e., socially embedded self or interpersonal self). The U.S. cultural self typically involves relatively more emphasis on the individual self than the East Asian cultural self. Likewise, the East Asian cultural self typically involves relatively more emphasis on the socially embedded self than the U.S cultural self. The cultural self in all four groups involves elements of both individual and socially embedded selves.

PART 1
INTRODUCTION

1

Overview

Disability and Stigmatization

In the U.S., a 10-year-old boy with a learning disability, shamed by the teasing of his peers following an oral reading exercise, refuses to return to school.

In Japan, a 10-year-old boy with a learning disability, unable to contribute to his peer group project as expected, cries to his teacher, “I want to die.”

* * *

This book considers a common thread connecting the experiences of these two children living across the world from one another: the stigmatization associated with disabilities. Many individuals in diverse cultures are socially discredited by virtue of their physical appearance, behavior, or the group to which they belong. For the afflicted person, such stigmatization is essentially an attack on the inherent worth of the self as a member of the social group (e.g., Chen & Shu, 2012; Crystal, Watanabe, & Chen, 1999; Goffman, 1963; Kenyon, 2014). In this book, we consider how educators help children with disabilities to resist such a “spoiled identity” (Goffman, 1963). We present a cross-cultural study of the common and culturally nuanced perspectives of experienced educators from three East Asian countries and the U.S. on how they support the development of elementary school-age children exposed to stigmatization associated with disabilities. We will argue that the understanding gained through examination of how culturally diverse individuals address common challenges using resources available in their everyday lives provides important lessons for the development of theory, policy, and programs that are culturally sensible, sensitive, and sustainable.

Conceptualizing Disability: A Developmental Cultural Model

The concept of *disability* is broad, complex, difficult to define and politically fraught. In this book, we are broadly concerned with individuals' experiences of impairments. During our conversations with educators, parents, and children from East Asian countries and the U.S., we acquired a developmental cultural model of disability. We came to understand disability as emerging from an interaction of diverse bio-psycho-social conditions occurring across development and embedded within particular environmental and cultural contexts. This understanding builds on existing medical, social, and bio-psycho-social models. Its contribution is an elaboration of the developmental and cultural contexts of disability.

Consistent with the medical model of disability (e.g., Llewellyn & Hogan, 2000), we recognize that *biologically* based impairments interfere with individuals' everyday activities, independence, and participation in social activities. Clearly, individuals experience a wide range of such impairments, the nature and severity of which affect their experiences of disability. For example, the severity of a hearing impairment will affect a child's ability to acquire spoken and written language. Visual impairments will have a different impact on a child's development than mobility impairments. The experience of multiple impairments (e.g., mobility and intellectual impairments) will be experienced differently than a single impairment. Support based on the medical model of disability focuses on the provision of services that assist individuals' acquisition of skills necessary to perform everyday activities, including the use of assistive technologies (e.g., Bricout, Porterfield, Tracey, & Howard, 2004).

We also recognize that individuals may respond to biologically based conditions in a variety of ways. Individuals with disabilities are a diverse group. They display the same wide range of *psychological* characteristics, such as intelligence, emotion, and personality, as the general population. Such individual variations in psychological characteristics clearly affect individuals' responses to impairment in everyday life.

Disability includes more than biological impairment. Consistent with the social model of disability (e.g., Connors & Stalker, 2007; Llewellyn & Hogan, 2000), we recognize that *social* contexts shape the lives of people with impairments. In other words, individuals' experiences of impairments are critically affected by how other people respond to those impairments,

for example, the extent of their acceptance and supportiveness, as well as the broader legal and historical contexts (e.g., relative emphasis on individual rights, availability of appropriate services, interventions, and technologies). Societal barriers include inaccessible physical environments in the community, discriminatory attitudes of community members, and the inadequacy of policies to protect people with impairments. Support based on the social model of disability aims at reducing such societal barriers, for example, by minimizing physical barriers and stigmatization through the implementation of antidiscrimination policies such as the Americans with Disabilities Act (see also Bricout et al., 2004; Llewellyn & Hogan, 2000).

We also recognize, as do those embracing a social model of disability, that the physical ecology can affect individuals' experiences of impairment. The presence of hilly or flat terrains, for instance, affects the experience of people using wheelchairs. Likewise, uneven terrain may be especially challenging for people with visual impairments in navigating their way. Seating arrangements can affect the participation of children with hearing and visual impairments in their classrooms.

Consistent with the bio-psycho-social model of disability (see World Health Organization, 2001, 2002), we view the experience of disability in everyday life as resulting from an interaction of individuals' impairments with broader social factors. In this book, however, we highlight the intersection of *culture* and *development* on individuals' experiences of disability. Although relatively little developmental cultural data on disability exist (cf. Crystal et al., 1999; Hayashi & Tobin, 2014; Jegatheesan, 2009; Kayama & Haight, 2014; Nakamura, 2006; Nikolarazi et al., 2005; Sage & Jegatheesan, 2010), individuals from different cultural groups vary in how they understand and respond to disability. In addition, individuals living with disabilities are complexly positioned within particular cultural groups in ways that affect the experience of disability (e.g., Miller, 1997b). For example, a child living with a disability from a high-income family in South Korea likely will have better access to supportive resources, such as tutoring programs, than one from a low-income family. A child in the U.S. living with a disability from an ethnic minority community likely will experience the cumulative effects of stigmatization due to disability and race. In addition, from our developmental perspective, the timing of the acquisition of an impairment can be critical. For example, an impairment of hearing acquired in infancy will have a different effect on oral language development than a similar impairment acquired in adulthood. Likewise, developing individuals' experiences of disability will

change over time with their increasing (or decreasing) participation in cultural practices, such as education and employment. School-age children's experiences of disability, for instance, are more likely to be affected by public education systems, whereas adults' experiences of disability are more likely to be affected by their employment and participation in community activities.

Mild Cognitive and Behavioral Disabilities: Culture and Development

Given its breadth and complexity, we focus our inquiry on the concept of disability more narrowly. In this book, we will consider children experiencing a particular subset of impairments, mild cognitive and behavioral disabilities, their typically developing peers, and their parents. In many contexts, when we think of disability, we often think in terms of "serious" diagnoses, such as schizophrenia, autism spectrum disorders, and cerebral palsy or other apparent impairments, such as mobility, intellectual, hearing, and visual disabilities. We focus on children with relatively less apparent and relatively mild cognitive and behavioral impairments, that is, those with specific learning disabilities, attention deficit-hyperactivity disorder (ADHD), high-functioning autism spectrum disorders including Asperger's syndrome, and certain speech/language, emotional, and behavioral disorders. These biologically based disorders generally become more apparent as children develop, typically in the early elementary school years. In U.S. special education, these disorders are considered "high incidence" disabilities. Indeed, approximately 70% of children who receive special education services in the U.S. do so for mild cognitive and behavioral disabilities (National Center for Education Statistics, 2013). In a number of East Asian countries, these conditions have been recently recognized as disabilities and are receiving increased attention.¹

A focus on mild cognitive and behavioral disabilities is motivated primarily by our interest in elaborating the cultural and developmental nature of disabilities. Although the stigmatization of children with disabilities is a

¹ Appendix A presents the policy definitions of each disability in each of the four countries under study. Note that the categorization and definitions of these disabilities are based on special education policies, which are slightly different from medical diagnostic criteria, such as the DSM-5 (American Psychiatric Association, 2013) and ICD-10 (World Health Organization, 2016). Appendix B presents the diagnostic criteria for related disabilities listed in ICD-10.

widespread developmental and social justice challenge, individuals from diverse cultures vary widely in their understandings of disabilities. What we consider to be a “disability” and how that understanding impacts children’s development differs across cultural-historical contexts (McDermott & Varenne, 1996; Varenne & McDermott, 1998). For example, in the context of contemporary U.S. schools that prize the individual achievement of early literacy, children with neurological differences that make the decoding of written symbols difficult are considered to have a disability (dyslexia) and may experience stigmatization. In different sociocultural or historical contexts, however, where other skills are/were prioritized, these same children would be considered typically developing and their emerging self would not be devalued by stigmatization.

The challenges faced by children with mild cognitive and behavioral disabilities, their educators, and their families present important opportunities for the cultural analyses of disability, stigmatization, and development. Due to the relative invisibility of their disabilities, individuals and their family members must decide whether to disclose their disabilities to receive necessary support or conceal their diagnoses to avoid stigmatization (see Goffman, 1963; Minow, 1990). How the relative psychosocial risks of stigmatization to development due to disability labels are weighted against the potential benefits of specialized support services varies across cultural groups, especially for these children whose functioning is at the border of “typical development” and “disability” (see Kayama & Haight, 2014).

Socialization by Educators

We focus on the socialization beliefs and practices of educators because of their potential to affect the development of both children with disabilities and their typically developing peers in ways that minimize or perpetuate stigmatization in the next generation. During middle childhood, children in many cultural groups spend significant amounts of their waking time with educators and peers at school. Over time, they become increasingly aware of, and sensitive to, their own differences from other children (Harter, 2006). For children with disabilities, such normative social development can lead to a sense of inadequacy and inferiority relative to other children (e.g., Kayama & Haight, 2014). With educator support, however, children with disabilities may experience a sense of agency and positive development in overcoming

challenges posed by disability and stigmatization (Kayama & Haight, 2014; Kelly 2005; Schneider, 1988; Spencer, Swanson, & Harpalani, 2015). On the other hand, if educators do not address children's disabilities and stigmatization, including providing age-appropriate, factual information and emotional support, children with disabilities may experience additional social, emotional, or behavioral challenges (Crnic & Neece, 2015). They may, for instance, accept negative views of themselves and develop a stigmatized self-identity, or they may act out against those views in ways that compound social challenges (e.g., disrupting class; Kayama & Haight, 2014; Marks, Ejesi, McCullough, & Coll, 2015).

With adult guidance in understanding the challenges faced by children with disabilities, typically developing children's culturally appropriate, inclusive treatment of their peers or siblings with disabilities is supported (e.g., Gasser, Malti, & Buholzer, 2013; Kayama & Haight, 2014; Sage & Jegatheesan, 2010). Without such adult guidance, typically developing children may accept negative views of children with disabilities and exclude them or engage in teasing, bullying, or other culturally inappropriate behavior (e.g., Nowicki, Brown, & Stepien, 2014; Obrusnikova, Block, & Dillon, 2010).

The Developing Self, Stigmatization, and Culture

The Cultural Self

Given that disabilities can have broad effects on multiple, interacting biological, emotional, cognitive, and social areas of development, we focus our inquiry on the impact of disability more narrowly. In this book, we will consider the impact of disability on the development of the cultural self. George H. Mead described the self as a conscious, sharable, social process emerging out of social interaction (Mead, 1934). To be a *self* is not to be aware merely of one's physical body but also to be self-aware of one's behavior as part of a dynamic social process. For example, a child experiences a self when she speaks to her father, he responds to her with affection, and she recognizes herself as loved by her father. In other words, when the individual becomes aware of her own part of the social act, and that part of the social act carried out by another, then she is a self.

At the most general level, children actively construct a self through socialization and acquisition. Socialization is the process through which

more experienced individuals structure the social environment and display patterns of meanings for the child (e.g., Göncü, & Gauvain, 2012; Miller & Sperry, 1987; Wentworth, 1980). Socialization may be direct, as when a U.S. teacher discusses a child's disability with the class, or indirect, as when a Japanese teacher models empathy and acceptance of a child with a disability. Socialization may be intentional, as when South Korean educators organize a school-wide Disability Day, or unintentional, as when a classmate overhears a teacher encourage or berate a child struggling because of a disability-related issue.

Of course, children are not passive in the developmental process. Acquisition is the process through which children actively interpret, respond to, and ultimately embrace, reject, or elaborate on the social patterns to which they are exposed (e.g., Miller & Sperry, 1987; Wentworth, 1980). Children acquire cultural meanings of self, as well as disability and stigmatization, during their everyday interactions with peers and adults (see Hodkinson, 2007; Varenne & McDermott, 1998), as well as through exposure to media (Chen, Hsu, Shu, & Fetzer, 2012). Finally, socialization and acquisition are dialectical processes (e.g., Corsaro, 1996; Göncü, 1999; Lave & Wenger, 1991; Rogoff, 1990). Just as children are influenced by adults' socialization messages, so too are adults influenced by children. For example, educators' interactions with children with disabilities can change their perceptions of disability and practice with children (Kayama, Haight, Kincaid, & Evans, 2015).

There is, however, variation in this dynamic social process. The shared understandings of self necessary to function appropriately as a member of a particular cultural group—that is, the cultural self—vary widely. Developing a cultural self who can function as expected within a particular cultural context requires incorporating an understanding and experience of self that is shared with other community members (e.g., Shweder et al., 2006). This developmental process requires regulation and shaping of the individual, internally experienced self in a way that is congruent with culturally situated meanings, beliefs, and social interactions (Bruner, 1990). The challenges and outcomes of this developmental process can vary across cultural contexts. Broadly speaking, cultures differ in the *relative* emphasis placed on the self as individual, distinct from other selves and with stable traits (e.g., as exemplified by the prototypical European American “individual self”), and the self as a social agent that is interdependent, connected, and flexibly responsive to the social context and others' selves (e.g., as exemplified by the prototypical

East Asian “socially embedded self”; see Markus & Kitayama, 1991). In short, cultures vary in how individuals balance the self as an individual and as a social agent (Azuma, 2001; Lebra, 1976; Miller, 1997a; Rogoff, 2003). Given such variations in the cultural self, perceptions of what is considered disabling and stigmatizing to the self are also likely to vary (e.g., Varenne & McDermott, 1998).

Stigmatization and Development

Stigmatization associated with disability is a social process that can undermine the developing cultural self. Stigmatization is the process through which individuals with socially constructed undesired differentness are marked, separated, and discredited in the larger society through labeling, stereotyping, status loss, discrimination, social exclusion, and negative emotional responses (Goffman, 1963; Link, Yang, Phelan, & Collins, 2004; Yang et al., 2007). Goffman (1963) argued that such societal responses can impose a “spoiled identity,” or devalued self, on individuals with stigmatizing conditions, which they have to manage if the self is to be protected. A significant developmental challenge for the child living with a disability, then, is to respond to stigmatizing beliefs to protect the individual self while remaining socially integrated with access to the social, emotional, and intellectual resources necessary to develop into a fully functioning social self within the cultural community. Some children, for example, may respond to stigmatization by hiding their disabilities to pass as a “normal” within peer groups of typically developing children, seeking social changes to maintain their individual self or developing a disability pride among their peers with disabilities who share similar experiences (e.g., Darling, 2013).

In some sense, the experience of disability and stigmatization is a fundamental part of the human experience regardless of one’s culture, race, social status, age, or gender. At some point in our lives, those of us who are not born with a disability may acquire one through illness or accident. Likewise, most of us who are not born with stigmatized conditions or as members of stigmatized groups may experience poverty, unemployment, mental health issues, or some other condition stigmatized by our cultural group. How stigmatization affects one’s self, however, can vary with development. If we first experience disability and stigmatization in adulthood, we may experience challenges in readjusting our self, that is, re-establishing our roles and social

status. When stigmatization occurs early in development, in childhood, the attack is on the emerging self. When one is newly acquiring a sense of oneself as a member of a peer group, for example, the experience of being labeled, discredited, and held apart can fundamentally disrupt the developmental process.

In this book, we focus on the developing cultural self in middle childhood. During elementary school, children become increasingly sensitive to social comparisons and external feedback (Harter, 2006), and peer groups are central contexts for development (Chen, French, & Schneider, 2006). Disability and associated stigmatization can pose challenges for children's place within peer groups. Indeed, available evidence indicates that school-age children with disabilities from several countries report teasing by peers and feelings of being isolated, different, and "less than" other children (e.g., Kelly, 2005; McMaugh, 2011; McNulty, 2003). Those who report more stigmatization from peers tend to experience increased symptoms of depression, lower self-esteem (see Heary, Hennessy, & Swords, 2014), and poorer social functioning (McMaugh, 2011). Yet the English literatures in psychology, education, social work, and disability focus relatively more on cognitive and behavioral issues and interventions, and less on the psychosocial impact of disability and associated stigmatization on the developing child.

We also consider the impact of peers' disabilities and stigmatization on typically developing children's emerging cultural self. Peers' disability and stigmatization can pose challenges to their emerging understandings of the culturally appropriate treatment of others. Indeed, some educators in East Asia express concerns about the development of peers' culturally expected values such as empathy, especially when they exclude children with mild cognitive and behavioral disabilities from peer groups (Haight, Kayama, Ku, Cho, & Lee, 2016; Kayama, Haight, Ku, Cho, & Lee, 2016). In addition, some typically developing children may experience "courtesy stigma," that is, the separation and loss of status due to association with individuals with stigmatizing conditions (e.g., as friends or family members; Goffman, 1963). Indeed, some typically developing children in the U.S. worry that interacting with peers with disabilities will lower their own social status within peer groups (Kalymon, Gettinger, & Hanley-Maxwell, 2010). Despite widespread inclusive education, relatively little literature in psychology, disability, education, or social work written in English focuses on challenges to children's developing self as they balance the pressures of courtesy stigma within peer groups and adults' expectations that they accept, include, and show empathy

for their peers with disabilities (cf. Kayama & Haight, 2014; Kalymon et al., 2010; Obrusnikova et al., 2010).

Likewise, parents of children with disabilities may face courtesy stigmatization, which can affect their children's development. Across diverse cultural groups, parents of children with disabilities report social isolation (Gray, 2002; Francis, 2015), blame for "bad parenting" (Blum, 2007; 2015; Farrugia, 2009; Francis, 2015), and feelings of shame (Sato et al., 2015). They also describe others' negative comments about their children and demeaning, hostile, or rude behaviors (Gray, 2002; Jegatheesan, 2009). Parents' experience of stigmatization can be a barrier to securing services necessary for their children's development. Some parents, for instance, respond to stigmatization through social withdrawal and withholding information about their children's disabilities from others (Farrugia, 2009; Gray, 2002; Koroljungberg & Bussing, 2009). They may even become reluctant to discuss their children's challenges with educators (e.g., Jegatheesan, 2009) or seek special education and other services (e.g., Grinker & Cho, 2013). Parents also may be skeptical about professionals' competence to assess their children (e.g., Chiu et al., 2014) or object to their use of medical diagnoses and disability labels they perceive to be stigmatizing (Lalvani, 2015). Yet, if children do not receive appropriate support, they may struggle in isolation or develop low self-esteem, poor self-confidence, and behavioral problems (Saito, 2009). These challenges can lead to further stigmatization.

East Asian Cultural Contexts

We focus on educators practicing in East Asian contexts because, in general, individuals from East Asian countries are particularly sensitive to stigmatization relative to people from the West (Chen & Shu, 2012; Grinker & Cho, 2013; Kayama & Haight, 2014). Our specific focus on Japan, South Korea, and Taiwan is motivated by their key differences with Western culture in conceptualizations of disability and general sensitivity to stigmatization, coupled with recent educational policy changes that have brought these issues to the fore (e.g., Kayama & Haight, 2014; Chen & Shu, 2012; Grinker & Cho, 2013). For example, formal educational policies labeling children with relatively mild cognitive or behavioral challenges as having "disabilities" and implementing formal services to support their educational success occurred decades earlier in the U.S. than in Japan. However, when Japanese

educators and policymakers began to address formally such challenges due, in part, to the international movement on individual rights of children with disabilities, they did so with great sensitivity to the potential harm of stigmatization to children and parents (Kayama & Haight, 2014). South Korea and Taiwan implemented such policies earlier than Japan but faced challenges in balancing the risk of stigmatization associated with special education policies with the benefits of receiving specialized services (Jung, 2007; Tzeng, 2007; Yoo & Palley, 2014). These variations can highlight cultural beliefs and practices pertaining to disability and stigmatization that we take for granted, as well as how cultures influence one another's beliefs and practices over time.

Theoretical and Methodological Approach

In this book, we present a cross-cultural study of the perspectives and practices of experienced educators from Japan, South Korea, Taiwan, and the U.S. on how adults can support elementary school-age children with disabilities and their peers in responding to the “spoiled identity” (Goffman, 1963) and facilitate their emerging cultural self. We approach this intersection of disability, stigmatization, culture, and the developing self sensitized by concepts from developmental cultural psychology (see foundational scholarship by Bruner, 1990; Gaskins, Miller, & Corsaro, 1992; Göncü, 1999; Lave & Wenger 1991; Miller, 1997a, 1997b; Miller & Goodnow, 1995; Miller, Hengst, & Wang, 2003; Rogoff, 1990; Stigler, Shweder, & Herdt, 1990; Shweder et al., 2006; Vygotsky, 1962; Wertsch, 1985, 1991).

Developmental cultural psychology is an interdisciplinary field that draws primarily on psychology, anthropology, linguistics, and sociohistorical theory. A basic premise is that individuals are shaped within their cultural contexts. Broadly stated, the developing child's experiences and understandings emerge from everyday practices (e.g., Miller, 1997a, 1997b; Shweder et al., 2006; Stigler et al., 1990). For example, the meaning of disability for U.S. children develops, in part, from their experiences in inclusive education classrooms with their peers and educators. Additionally, developmental cultural psychology directs our attention at how developing children shape culturally specific meanings, beliefs, and practices through their elaborations, innovations, and resistances to everyday practices (Gaskins et al., 1992; Miller et al., 2003; Rogoff, 1990). For example, Japanese children's creative inclusion of a child in a wheelchair in physical education class

resulted in a modification of the educator's rules for children's engagement in class (Ototake, 1998). Another basic premise of developmental cultural psychology is that development is a holistic process. Rather than focusing on the impact of disability on physical, cognitive, emotional, social, and language as separate domains of development, a developmental cultural psychology perspective allows us to focus on the child's changing participation within routine, everyday cultural activities such as play, storytelling, and chores at home and school (see Rogoff, 1990).

In this book, we elaborate a central concept of developmental cultural psychology, universalism without uniformity (Shweder & Sullivan, 1993). This phrase refers to phenomena that while common across diverse cultural groups, such as disability and stigmatization, are nonetheless understood and responded to differently by members of various communities. Geertz's (1984) discussion of the concept of a person provides an excellent illustration:

At least some conception of what a human individual is, as opposed to a rock, an animal, a rainstorm, or a god, is, so far as I can see, universal. Yet, at the same time, as these offhand examples suggest, the actual conceptions involved vary from one group to the next, and often quite sharply. The Western conception of a person as a bounded, unique, more or less integrated motivational and cognitive universe, a dynamic center of awareness, emotion, judgment, and action organized into a distinctive whole and set contrastively both against other such wholes and against its social and natural background, is, however incorrigible it may seem to us, a rather peculiar idea within the context of the world's cultures. (p.126)

In this book, we will be concerned with how our common human experiences of the self develop in contexts with varying meanings and practices related to disability, especially stigmatization.

Consistent with our developmental cultural psychology perspective, we adopt a cross-cultural approach to the study of disability, stigmatization, and the developing cultural self. Our methodology rests on the premise that attention to diverse cultural cases is necessary to expose cultural blind spots in current developmental theories (Morson & Emerson, 1990) and to suggest ways of thinking and educating that might benefit all children. We all have our cultural blind spots, those unexamined, taken-for-granted beliefs and practices within our own families and communities that seem natural

and correct. When we, as community members, accept particular beliefs and practices, then those beliefs and practices become both known and invisible. Miller and Cho (2018) refer to this as the “paradox of familiarity.” An important function of a cross-cultural approach is to help us to identify our own cultural blind spots so that they do not become obstacles to strengthening development theory, providing effective services and designing appropriate policies for culturally diverse communities. East Asian cases highlight the importance of sensitivity to stigmatization, sometimes to the neglect of individual children’s educational success. The relatively stronger focus of U.S. practices and policies on individual rights underscores each child’s inherent right to receive an appropriate education, sometimes to the neglect of sensitivity to the social and emotional repercussions of any associated stigmatization. Our experience suggests that researchers, educators, social workers, and scholars can design more adequate theories and more effective policies, programs, and practices by learning from one another. Yet very little research written in English is available on disability, stigmatization, and children’s development in East Asian countries.

Also consistent with our developmental cultural psychology perspective, we approach our cross-cultural study focused on meaning in context. Much cross-cultural research in developmental psychology, education, and social work focuses on an identifiable set of variables used to test differences between groups. Our research, in contrast, seeks to understand educators’ cultural models, that is, culturally constructed and shared domains of knowledge that structure and constrain peoples’ experiences and guide action (e.g., Harkness & Super, 1996; Miller, 1997a). Concepts of disability, stigmatization, and the self are sufficiently complex that they are unlikely to be fully understood by investigating isolated variables, especially those primarily identified by cultural outsiders. Rather, a more fully contextualized approach is necessary.

Our methods include a deliberate integration of insider and outsider perspectives (i.e., “creative understanding” as described by Bakhtin; Morson & Emerson, 1990). Our insider perspective is made possible by our research team, which is comprised of individuals from all four cultural communities under study. All research team members who collected data in the East Asian countries were born and educated through the university level in those countries. Their insider cultural knowledge and experiences provided a necessary context for identifying appropriate research questions, crafting culturally sensitive methods and procedures, gaining access to and establishing rapport