Perceptions towards Special Education of Japanese Parents of Children with Special Needs in the United States

Yuki Ikezaki, M.S., Janice Myck-Wayne, Ed.D., Adrian W. Jung, Ph.D.
California State University, Fullerton

The purpose of this study was to examine Japanese parents of children with disabilities’ perceptions towards special education in the United States. This study included 40 participants who were born and raised in Japan and they are now living in the United States. The results revealed that most Japanese parents still maintained some negative perceptions towards special education from its history of labeling individuals with disabilities as “abnormal” in Japanese culture. Moreover, a majority of participants agreed that America’s special education was more focused on each individual’s needs and promoted independence whereas Japanese ideas of special education was mainly focused on how to segregate individuals with disabilities from other people or society. Regardless of the language and cultural differences, most participants preferred American service providers who were familiar with special education systems in the U.S. Nevertheless, a significant number of participants claimed that the language barrier and difference in cultures and customs were one of the major disadvantages of receiving services from American professionals.

The United States, for the most part, has become a nation of immigrants, and its society has become more heterogeneous than ever (Lynch & Hanson, 2004). Not only have immigrants adapted to the U.S. society and its existing cultural structures, they have also added their own unique cultural contributions to America (Lynch & Hanson, 2004). The shift in the population of culturally diverse groups calls for an increased awareness of the quality of cultural competency of special education professionals and services providers in the U.S. Cultural competency is “the ability to work effectively across cultures that acknowledge and respects the culture of the person or organization being served” (Hanley, 1999, p. 10). In fact, Linton (1998, 2006) states that the relationship between diversity and disability has emerged as a topic of interest in the field of Disability Studies over the past three decades, and cultural competence has gained more importance in the field of education. Banks and Banks (2005) also support that cultural competence has gained more attention in both education and human services professions.

In addition, Lynch and Hanson (2004) emphasize that both cultural practices and
individual characteristics of individuals or families can have an effect on relationships between service providers and the families receiving the services. Since education is strongly involved in individuals’ lives at their social and personal levels, acknowledging students’ backgrounds in unique differences in disabilities seems crucial. In order to provide them with as many, fair, and effective learning opportunities as possible, professionals working with individuals with disabilities must have an ability to first respect and understand diverse cultural differences and how those differences are reflected on their personal characteristics.

Cultures are strongly embedded and reflected in every individual’s life. The way people think, act, and socialize with others are often based on their cultural beliefs and previous experiences living in their cultures. Language barriers are the first and major challenge when working with culturally and linguistically diverse populations, as language is the primary means of communication in any culture (Lynch & Hanson, 2004) and is also “one of the most significant markers of ethnic diversity” (Green, 1982, p. 68). Differences in customs and traditions can also become significant challenges for special education professionals as family’s values, beliefs, and expectation in relationship with them can differ in each culture. When the families of culturally diverse groups somehow fail to communicate their specific needs with their service providers due to their language or cultural differences, it can directly affect the quality of their receiving services. Some families from one culture can be more proactive in advocating for their children with special needs, whereas other families from a different culture may seem more passive, hesitant to voice their opinions, and depend on the professionals in any decision making processes. Developing cultural competence for any culture requires an in-depth understanding of the magnitude of how culturally and linguistically diverse individuals can experience their lives differently. Accepting wide ranging varieties of differences in belief systems, perceptions towards people with disabilities, and expectations to professional roles all seem to be implied goals under the need of cross-cultural competency (Arkoff, Thaver, & Elkind, 1966).

One of the fastest growing ethnic groups, out of all other groups that are contributing to the multiculturalism in the U.S., is Asian Americans (Zhou & Sin, 2009). According to the U.S. Bureau of the Census (2010), by the year 2050, the population of Asian Americans and Pacific Islanders (AAPI) is estimated to reach 40 million, which will consist of 10% of the U.S.’s total population. Lynch & Hanson (2004) state that AAPIs are the more culturally diverse group, including more than 60 different ethnic group members originate from Asia, including China, Japan, Korea, the Philippines, and Vietnam. That is, individuals from AAPI population cannot be simply classified as one in the same ethnic group since they can have more than 60 different cultures, customs, and traditions that represent each of their own beliefs and values in life. Therefore, for special education professionals and service providers in the U.S., this can be one of the significant populations that they need to target for building and practicing their cross-cultural competency and proficiency. Yet, regardless of its unique heterogeneous mix of ethnic backgrounds within Asian Americans, there seem to be certain values and beliefs they share in common. Asian Americans are more likely to avoid seeking professional help when it comes to curing psychological problems because they feel ashamed and don’t want others or the society to know (Leung & Lau, 2001; Root, 1985). For example, in their study of examining mental health and counseling ideas of Asian Americans, Arkoff, Thaver, and Elkind (1996) and Root (1985) found that Chinese Americans tend to believe that
mental illness can be cured by willpower and being away from morbid thoughts. Likewise, Japanese people also have a tendency to label individuals with disabilities as abnormal (Kayama, 2010); therefore, some Japanese people even believe receiving special education services are not worth disclosing their disabilities to the public (Asai & Kameoka, 2005; Tachibana & Watanabe, 2004).

Japan is a considerably conservative country. Its cultural values are still strongly embedded in the society’s attitudes toward special education (Kayama, 2010). According to Narita (1992), it was not until 1956 when the Special Measures Law for General Provision of Public Schools for the Handicapped was enacted, thereby forcing the government to promote the establishment of public schools for children with disabilities. At the same time; however, compulsory education for general education was also established which required 6 years in elementary school and 3 years in lower secondary school (United Nation Education 1995).

Children with special needs were not obligated to attend school (Kawano-Jones & Jones, 1986). The only options for children with disabilities between post WWII and the late 1970’s were either to stay at home or to attend classes made in general education schools that only offered watered-down versions of what typical children were learning (Kawano-Jones & Jones, 1986). Eventually, in 1979, the Fundamental Law for Countermeasures for Mentally and Physically Handicapped Persons was enacted, which guaranteed 9 years of compulsory education in school for children with disabilities (Narita, 1992).

Some Japanese parents of children with special needs today may still have some challenges in finding appropriate services or communicating with professionals in supporting their children. Japan does not provide teacher training in special education (Ministry of Education, Culture, Sports, Science, and Technology in Japan, 2010). For example, Kasahara & Turnbull (2005) found in their study of perception of mothers of children with special needs that most Japanese parents of children with special needs seemed to be having a difficult time communicating their needs with the professionals whom they might be working with. Most mothers expressed their frustration and confusion about the services they received, which they identified as “unresponsive to consumer’s needs” (Kasahara & Turnbull, 2005). Another significant voice from the mothers was that they felt professionals often considered themselves as people of higher status than those families seeking their support (Kasahara & Turnbull). Another unique cultural belief in Japan, empathy, also seems to play a significant role in causing a challenge in how Japanese parents communicate with professionals. As individuals in the U.S. are encouraged and expected to express their own feelings and opinions, Japanese people tend to expect others to sense their feelings without articulating how they feel and what they think (Kayama, 2010).

Perhaps, these issues are not only limited to Japanese parents who live in Japan but also Japanese parents who live in the U.S. Japanese culture has a strong emphasis on hierarchical relationships with people who possess higher authority, such as educators and doctors. In fact, Kayama (2010) indicates a need for support to communicate with professionals as one of the major challenges raised by Japanese parents. Japanese parents often hesitate to communicate their needs with professionals because they perceived themselves “lower” by possessing less power compared to the professionals, especially when they have disagreeing opinions (Kayama, 2010). This may imply that professionals who work with Japanese parents of children with disabilities in the U.S. may not also have enough knowledge about those
parents’ real issues and concerns about their children. Their hesitation to openly communicate their needs and to seek help from professionals seem to be preventing building effective relationships that are essential for the both professionals and other service providers to identify those parents’ expectations and goals for their children. Thus, these cultural differences in Japanese parents can strongly influence their attitudes towards special education, including their different expectations towards professionals and their unique ways of communicating their needs with those professionals.

This presents a new challenge for those who work with Japanese parents of children with disabilities living in the U.S. Professionals need to develop cultural competence in order to be culturally sensitive in how to infer their clients opinions, correctly identify their needs, and how to effectively deliver those appropriate services in a way they are satisfied. As discussed earlier, developing cross-cultural competence is significantly desired in all special education professionals and service providers in America’s special education today. Given the fact that there is a dramatic increase of Asian-American population in the U.S., a possibility of increase in Japanese populations in the field of special education is undeniable. Furthermore, Asian Americans comprise different ethnic groups, and Japan is merely one of the members, assuming their cultures may still be unfamiliar with most people in the U.S.

The purpose of this study is to introduce Japanese cultural beliefs towards special education to America’s society, as well as raising more social awareness of Japanese parents of children with disabilities living in the U.S. In order to provide special education professionals and other service providers with the knowledge about the needs of Japanese parents of children with disabilities in the U.S, this study will address the following questions: a) What types of perceptions and knowledge do Japanese parents of children with disabilities in the U.S. have towards special education, b) How can these perceptions and knowledge inform special education service providers, and c) How do Japanese culture, history and tradition effect those perceptions. These questions seek to reveal certain patterns that typical Japanese parents have in their beliefs, expectations, and various opinions towards receiving special education services in the U.S. today.

As Japanese people still seem to pursue traditional Japanese customs, it is crucial for current and future special education professionals to have an adequate knowledge of what to expect when working with Japanese clients. Japanese parents in the U.S. today may still exhibit similar needs as other Asian-American parents of children with special needs often do, or they may show a completely different way of dealing with certain issues because they still practice Japanese culture in the U.S.

As discussed earlier, it is easy to categorize Japanese people as many Asian-American groups; however, it also risks ignoring specific differences each Asian-American group may have, which leads to ignoring differences between Japanese and other Asian Americans. In addition, the fact that Japanese parents are often hesitant to express their opinions and emotions, especially to people with higher authority, makes it inevitable that professional and other service provider of Japanese clients to acquire skills to infer those Japanese parents’ true voice.

Currently there is scant research in the literature that addresses specifically Japanese Americans perceptions towards special education services. Therefore, this study will provide essential information for professionals with how to effectively develop cultural competency toward Japanese parents of children with special needs.

Method

Participants
A convenience sampling was used to select participants. Study participants included 40 Japanese parents of children with disabilities who belong to Japanese Speaking Parent Association of Children with Challenges (JSPACC). JSPACC is a non-profit organization based in Little Tokyo in Los Angeles. This organization was established in 1994 by a native Japanese mother who had a child with severe disabilities to support other Japanese parents of special needs children. There are more than 100 members in JSPACC, including volunteers and professionals from both medical and educational fields. All parents in JSPACC are native Japanese and their children’s disabilities vary. These disabilities include Autism, attention deficit disorder (ADD) or attention deficit hyperactive disorder (ADHD), intellectual disabilities, Down Syndrome, deaf and hard of hearing, blind or vision deficits, or combinations of multiple disabilities. JSPACC was chosen for this study because parents were open to research and were willing to volunteer to take the survey. In addition, its large population of parents in JSPACC who could share their experiences and opinions about raising their special needs children in the U.S. and how their traditional and cultural values as Japanese were reflected was another significant reason for selecting these parents as participants.

The participants included either or both mothers and fathers aged from 20 to 50 years old. Families lived in the Southern California area within Los Angeles and Orange Counties. Some participants had some experiences in special education in Japan as raising their children with disabilities prior to their move to the U.S. whereas others only had experiences in special education in the U.S. The length of their residence in the U.S., their educational background, ages of their children, and types of disabilities their children had varied from individuals to individuals.

Instrument

The survey designed by the researcher consisted of 21 questions which included multiple questions, rating scales, and open-ended questions. The questions asked the participants’ backgrounds, their child(ren)’s information such as their age, types of disabilities and different special education services they had been receiving. There were also some open-ended questions in which the participants were allowed to voice their opinions about the special education laws in the U.S., their currently receiving services and their services providers, and what they look for in special education in the U.S. for Japanese children with special needs. The survey was prepared in both Japanese and English. The Japanese version of the survey was developed by the researcher who is a native Japanese speaker. A native Japanese speaker reviewed the survey for language consistency.

Data Collection Procedures

In order to find out if there is any significant, different perception towards special education in Japanese or Japanese American parents of children with disabilities compared to parents of children with disabilities in the U.S., and also to find out if there is any particular similarity or pattern in how those Japanese or Japanese American parents’ perception or expectation in special education, the study was done by participants completing a survey that was developed by the researcher. At the end of the JSPACC’s monthly meetings, the participants were given an explanation of the purpose of the study, as well as an instruction to the completion of the survey by the researcher. After the introduction of the survey procedures, an informed consent form and the survey were given to all participants who had decided to participate in the study. The participants were asked to turn in their surveys to the researcher as they finished.

Design

This study utilized mixed methods design. A likert scale survey and a participant interview were used to gather data. One of the
major advantages of this particular research design was the fact that it allowed the researcher to ask specific questions to the participants about their personal perceptions and opinions which were significant factors to the research questions to this study. Meanwhile, one of the disadvantages was perhaps the fact that whether or not those survey questions were well projected to the point which helped the participants to express their personal opinions. Because this was done simply by the survey was only limited to 21 questions, and there was no in-person interviews or observations, it was possible that some of the questions could have been written differently to obtain more accurate data from the participants.

Results

Table 1
Participants’ Background Characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Participants % (N=40)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
</tr>
<tr>
<td>20’s</td>
<td>2.5 (8)</td>
</tr>
<tr>
<td>30’s</td>
<td>20.0 (22)</td>
</tr>
<tr>
<td>40’s</td>
<td>55.0 (8)</td>
</tr>
<tr>
<td>50’s</td>
<td>20.0 (8)</td>
</tr>
<tr>
<td>60’s</td>
<td>2.5 (1)</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>2.5 (1)</td>
</tr>
<tr>
<td>Female</td>
<td>97.5 (39)</td>
</tr>
<tr>
<td><strong>Self-identity</strong></td>
<td></td>
</tr>
<tr>
<td>Japanese</td>
<td>100.0 (40)</td>
</tr>
<tr>
<td>Japanese American</td>
<td>0.0 (0)</td>
</tr>
<tr>
<td><strong>Length of residency in the U.S</strong></td>
<td></td>
</tr>
<tr>
<td>Less than one year</td>
<td>2.5 (1)</td>
</tr>
<tr>
<td>2-5 years</td>
<td>20.0 (8)</td>
</tr>
<tr>
<td>6-9 years</td>
<td>10.0 (4)</td>
</tr>
<tr>
<td>10-15 years</td>
<td>25.0 (10)</td>
</tr>
<tr>
<td>15-20 years</td>
<td>10.0 (4)</td>
</tr>
<tr>
<td>20 years and more</td>
<td>27.5 (11)</td>
</tr>
<tr>
<td>N/A</td>
<td>5.0 (2)</td>
</tr>
</tbody>
</table>

Fifty-eight surveys were distributed to all Japanese parents who were present at JSPACC’s monthly meeting. The return rate was 68.9%, and 40 out of 58 parents agreed to participate in the study and competed the surveys. Table 1 illustrated background information of the parents that participated in this study. All 40 participants were native Japanese who were born and raised in Japan. 1 male and 39 female responded to the surveys. Participants’ age ranged from 20’s to 60’s. All participants’ length of their residency in the U.S. also varied widely. The average length was 10 to 15 years. The participants’ educational backgrounds were also very different. The majority of the participants have completed some college or are college graduates.
Educational Competed

<table>
<thead>
<tr>
<th>Level</th>
<th>% (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some high school</td>
<td>0.0 (0)</td>
</tr>
<tr>
<td>High school graduate</td>
<td>17.5 (7)</td>
</tr>
<tr>
<td>Some college (1-3 years)</td>
<td>30.0 (12)</td>
</tr>
<tr>
<td>College graduate</td>
<td>40.0 (16)</td>
</tr>
<tr>
<td>Post graduate</td>
<td>10.0 (4)</td>
</tr>
<tr>
<td>N/A</td>
<td>2.5 (1)</td>
</tr>
</tbody>
</table>

As indicated in Table 2, most participants rated their knowledge about America’s special education systems as being “somewhat familiar” with them. Likewise, the majority of participants also rated their knowledge about special education laws in the U.S. as “somewhat familiar”; however, there were more parents who were not familiar with special education laws in the U.S. even though they had special needs children and were receiving special education services.

Table 2

Scale Questions on Knowledge of Special Education System and laws in the U.S.

<table>
<thead>
<tr>
<th>Question</th>
<th>Least 1</th>
<th>% (N = 40)</th>
<th>Most 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of the special education systems in the U.S.</td>
<td>2.5 (1)</td>
<td>37.5 (15)</td>
<td>40.0 (16)</td>
</tr>
<tr>
<td>Familiarity of America’s special education Laws, such as IDEA or NCLB</td>
<td>22.5 (9)</td>
<td>27.5 (11)</td>
<td>37.5 (15)</td>
</tr>
</tbody>
</table>

Figure 1 presented five different qualities listed to indicate which quality the participants valued the most in the U.S. special education system. The results showed that “knowledge and experiences of a special education teacher” was rated as most important, followed by “child-centered assistance” and “flexibility and availability of the service providers” which were both rated as second in importance. Only 3 participants chose “inclusion with a general education classroom” which was of third important. No participant chose “parents support groups in the community” as most important. The quality which was chosen as the least important was “inclusion with a general education classroom”, followed by second least important which was “parents support groups in the community” rated by 14 participants. “Child-centered assistance” was the third least important rated by 6 participants. Only one participant rated “flexibility and availability of the service providers” as the least important, and no participant rated “knowledge and experiences of a special education teacher” as the least important quality.

Participants were also asked to list other qualities that they thought were also important in the special education systems in the U.S. Participants’ answers were focused on 4 different themes: development of a child’s social skills, parents’ knowledge and attitudes, professionals’ knowledge and attitudes, and child-centered services. Some parents insisted that facilitating their children with social and language skills in Japanese was significant in order for their children to be able to interact with Japanese people in socially accepted ways in the future. Parents’ knowledge and attitudes were also raised as one of the essential quality.
One parent explained that it was the parents’ responsibility to understand and become familiar with special education systems in the U.S. as well as be able to obtain all available services that their children were eligible for and needed. Likewise, professional’s knowledge and attitudes were also mentioned by some parents. One parents said that the passion from the school districts’ personnel as well as their understanding for each child would make a difference in the child’s outcomes as well. Some parents also insisted the importance of child-centered services. They indicated focusing on IEPs and providing each child with his or her developmentally appropriate curriculum as an inevitable quality.

Figure 1
Scale Questions of Qualities of the Special Education Systems in the U.S. Participants Value the Most

Table 3 indicated general information including the number of individuals with disabilities and IEPs in participants’ families and their IEP satisfaction. Out of those 32 participants whose children or other family members had current IEPs, 19 answered that they were satisfied with the IEP contents whereas 14 answered that they were not satisfied. Those 14 participants proceeded to explain the reasons why they were not satisfied. Some parents raised the state and/or the district budget cuts as the reasons for their dissatisfaction at not being able to receive as many services as they wished. These desired services included additional hours for occupational therapy (OT) and/or speech therapy (ST). The vast majority of the reasons related to dissatisfaction were directed towards the service providers. Parents cited the service providers’ absences at children’s IEP meetings, lack of time for OT or PT sessions and other assistances as the reason. Others insisted that the

Note.
1. Knowledge and experiences of a special education teacher
2. Inclusion with a general education classroom
3. Child-centered assistance
4. Flexibility and availability of the service providers
5. Parents support groups in the community
6. N/A
lack of number of staff or personnel could not properly carry out their children’s IEP goals and monitor the progress. One parent explained that her child’s IEP team members did not seem sincere and were more focused on cutting services by not giving her enough information. Participants were identified as age of individual(s) and types of disabilities they have. The average age was 13 years old, ranging from 19 month old to 37 years old. Types of disabilities were also widely ranged, including autism, Down syndrome, ADHD (Attention Deficit Hyperactivity Disorder), Cerebral Paralysis, Prader-Willi syndrome, intellectual disabilities, leaning disabilities, and some chromosomes impairment. Some individuals had only one disability whereas others had a combination of disabilities.

Table 3
General Information of Numbers of Individuals with Disabilities, IEPs in Participants’ Families, and Their IEP Satisfaction

<table>
<thead>
<tr>
<th>Qualities</th>
<th>Responses: % (N=40)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do any of your children or family members have a disability?</td>
<td>Yes: 92.5 (37)  No: 5.0 (2)  Maybe: 2.5 (1)</td>
</tr>
<tr>
<td>Does (do) the individual(s) have IEPs?</td>
<td>Yes: 80.0 (32)  No: 12.5 (5)  Maybe: 7.5 (3)</td>
</tr>
<tr>
<td>If answered yes are you satisfied with the IEP contents?</td>
<td>Yes: 47.5 (19)  No: 32.5 (13)  Maybe: 20.0 (8)</td>
</tr>
</tbody>
</table>

Table 4 illustrates the participants’ satisfaction with related IEP services. Majority of participants rated between Scale 2 and Scale 4, indicating they were “somewhat satisfied”, and there more parents who rated very satisfied (7.5%) than not satisfied (2.5%).

Table 4
Scale Question on Satisfaction of Special Education Services

<table>
<thead>
<tr>
<th>Scale Question on Satisfaction of Special Education Services</th>
<th>Responses: % (N=40)</th>
</tr>
</thead>
<tbody>
<tr>
<td>How satisfied are you with the services?</td>
<td>Not Satisfied: 1: 2.5 (1)  2: 22.5 (9)  3: 27.5 (11)  4: 25.0 (10)  5: 7.5 (3)  N/A: 15.0 (6)</td>
</tr>
</tbody>
</table>

Participants’ Perception towards Special Education in the U.S.

Item 19 asked participants to expressed their opinions about both advantages and disadvantages of receiving special education services from American service providers. Three themes emerged from the responses: (1) the use of English language, (2) the familiarity with U.S. special education services and systems, and (3) the quality of the special education professionals. A total of 21 participants responded with positive aspects of special education. 10 out of 21 parents who responded to this item (47.6%) indicated that instruction in English was beneficial to their children as the parents viewed their child’s first language was English. One parent said, “English is more direct and straight-to-the-point compared to the Japanese language and it allows my child to respond better and faster.” Another parent stated, “American people express their feeling and emotions clearly and it
makes it easier for my child to understand all different types of directions.” Moreover, some participants said receiving services from American service providers helped them learn and understand Americans more fully about customs and America’s special education system. For instance, one parent indicated, “American professionals are very knowledgeable in their expertise and are very familiar with special education systems in the U.S.” Another quality that was mentioned as an advantage of receiving services from American service providers was that the service providers were passionate about their work. One parent explained, “They are passionate at what they do and they have high motivation.”

On the other hand, there were a few negative aspects raised about American service providers. The vast majority of participants indicated language and cultural differences and lack of professionalism as issues. Surprisingly, almost the same percentage of participants (47.3%) 9 out of 19, responded participants indicated a language barrier for parents with their service providers as a disadvantage. Participants who responded to this item explained, “It’s harder for us to communicate in English since our first language is not English.” One parent also added that, “Sometimes, they give up on my son because they don’t understand some of his behavior based on Japanese customs or some Japanese words he speaks.” There were also issues focused on professionalism of their American service providers. Some parents thought there was a big gap between highly motivated staff and those staff who were not as motivated. Others also complained, “Some professionals are not sincere enough and take their clients for granted. They are also not punctual and often cancel or change appointments with us.”

Likewise, Item 20 asked participants to indicate advantages and disadvantages of Japanese service providers. The results showed that 14 out of 16 parents’ respondents (87.5%) indicated having no language barrier with the service providers, thus better communication for parents as an advantage. In addition, one parent said, “I can discuss certain behaviors of my son and how he can improve those target behaviors when we go back to Japan.”

On the other hand, there were also some negative aspects raised by the participants. Only 5 parents responded, and 3 of them indicated difficulties in finding service providers who were fluent in Japanese as a disadvantage. The other two participants indicated different reasons. One parent stated that she did not see any significant improvement in her child’s school performance after receiving services from Japanese service providers. The other indicated that her child did not like too regimented instructions given by their Japanese special education professionals.

**Significant Differences in Perceptions of American and Japanese Parents**

The last question of the survey, Item 21, examined what participant thought was/were the most significant differences that American and Japanese parents have in their perceptions towards special education. The three themes which emerged from this question indicated: (1) a focus on independency or individuality, (2) differences in cultural perception towards special education, (3) and parents’ knowledge and action. Comparing their perception towards special education in Japan, one parent said,

It seems like the U.S. encourages those children with special needs to become as independent as possible in the future. By respecting each child’s right to receive appropriate education or services that include full inclusion with regular children or extracurricular activities outside the school environment.

There were also some opinions which reflected Japan’s particular history of negative perceptions towards individuals with disabilities. One parent noted,
U.S. society seems to treat children with disabilities just like other children without disabilities in terms of providing them opportunities to learn so they can live in society with other people in the future. On the other hand, Japanese society still tends to label those children as “disabled” and assumes they will always have to live differently than other people who do not have disabilities.

Participants also found different cultural perceptions between American and Japanese parents. For example, one parent noted that:

Living in the U.S., I have learned that it is significantly important that we as parents voice and clearly indicate what we want in our child’s education; whereas in Japan, we tend to expect teachers and other professionals to “guess” our feeling or what we want.

This illustrates not only a cultural difference in perceptions towards special education but also in expectations of parents towards professionals. It was stated that Japanese people are often hesitant to voice their opinions to authority figures and also tend to expect others to know their feeling without articulating their emotions. As all participants were native Japanese who were born and raised in Japan, the quote above implies how strong the impact of cultural beliefs from one’s country can affect one’s perceptions.

Discussion

The purpose of this study was to examine the attitudes and perceptions of Japanese parents towards special education in the U.S. In addition, the study sought to examine the unique cultural perceptions of Japanese parents, living in the U.S., towards special education. Overall, the results from this study revealed certain patterns in how the Japanese parents, in this study, perceive special education in relation to Japanese cultural attitudes toward people with disabilities. The results concurred with Kayama (2010) who found that Japanese people had a tendency to label individuals with special needs as abnormal. The participants in this study indicated that the most significant differences between American and Japanese parents were how they thought their child might be perceived within the community. Participant remarks included, “Japanese parents were more worried about how their children may be perceived in the society,” and “Japan still seems to label people with disabilities as disabled or different.” In addition, Asai and Kameoka (2005), and Tachibana and Watanabe (2004) indicated that some Japanese people still believed receiving special education services was not worth disclosing their disabilities to the society. This tendency was also found in the results from this study as one parent noted, “Japanese parents tend to avoid special education services so that their children will not be labeled as disabled in the society.” Thus, the findings from this study indicate that Japanese parents continue to express some negative perceptions towards special education by their history of hiding and labeling individuals with disabilities (Kayama, 2010).

In response to the Japanese parent’s views and knowledge about special education in the U.S., the study revealed that most of the participants were somewhat familiar with special education systems in the U.S. The participants, however, felt less familiar and comfortable about their knowledge regarding special education laws. The participants indicated that they assumed that the special education service providers would provide information about special education laws. A significant result of this study was the varied positive aspects that the parents mentioned related to American service providers even though a majority of the participants indicated language and cultural differences as an issue in communicating with professionals. Surprisingly, a significant num-
ber of participants indicated that the use of English language was the most advantageous aspect of having an American service provider. The parents felt that English was their children’s first language; therefore, their children understood better when being spoken to in English. In addition, participants explained they preferred American professionals who were knowledgeable about special education systems in the U.S. In spite of their strong belief in their culture, this was an unexpected result. At the same time, interestingly, almost the same number of participants indicated difficulties in communication as a major disadvantage of receiving services from American professionals. The reasons were mostly focused on a language barrier and miscommunication or misunderstanding due to differences of the two different cultures and customs. These two contradictory findings may indicate that Japanese parents do prefer American service providers because they currently live in the U.S. However, for Japanese parents, who were born and raised in Japan, the language barrier and cultural differences seem to become an issue. It was clear that the parents in this study, when given the opportunity, would prefer service providers who shared the same language and cultural belief system. Almost all participants who indicated some advantages of Japanese service providers over those of American service providers indicated “no language barrier” as the primary reason. Participants expressed the opinion that some American service providers lacked professionalism because they were not punctual, and often cancelled or changed appointments at the last minute.

Implications

Findings from this study provide insight for service providers working with Japanese parents of children with disabilities. The information gleaned from this study adds to the importance of the development of cultural competence in working with diverse cultures. Service providers should be aware that within the present Japanese culture some negative perceptions towards special education still exist. Most participants agreed that Japanese people are hesitant to disclose their children’s disabilities to society; therefore, affecting their initiative to seek professional supports. Therefore, a parent’s hesitation to obtain special education services should not be misconstrued as not wanting services. In fact Kayama (2010) explicitly mentions that Japanese parents seek service providers who are empathetic. Consider, too, that there is not a special education credential in Japan (MEXT, 2011). The comprehensive system of support and laws in the US may be very foreign to a Japanese parent. Likewise, another cultural conflict, a language barrier, was also found to be a significant factor for parents to communicate with American service providers. Even though their child may understand English better, Japanese language was preferred by the majority of the participants for better communication with professionals. As the data indicated, Japanese parents often hesitate to articulate their needs and thoughts; thus, having a language barrier seems to add another stress factor for Japanese parents. Service providers should thus make every effort to find an interpreter to support families. The fact that Japanese parents are more likely to hide their true opinions makes it crucial that American service providers are at least aware of the need to provide the parents an opportunity where they feel comfortable expressing their needs.

Parental involvement makes a difference in the lives of young children with disabilities. As important as it is for American service providers to become culturally sensitive to current and future Japanese clients, it is also essential that those Japanese parents become more aware of how their cultural beliefs and customs can cause them difficulties. In other words, Japanese parents also need to increase
their knowledge of how their perceptions towards special education can then affect their relationships with American professionals, which can affect the quality of the services their children may or will be receiving. For instance, allowing themselves to share their opinions and emotions with those American service providers will indubitably help the professionals understand them positively and effectively.

**Limitations**

Although the results of this study have illuminated the perceptions of Japanese parents towards special education services, there were some limitations to the study. The sample size of the study included a convenience sampling of only 40 parents and the participants all live in approximately the same geographic area. In addition, most participants were not able to share their experiences with Japanese service providers since there were limited Japanese service providers in the local area in which the study occurred. Also, most participants responded to the survey based on their experiences in raising their children in the U.S. This may indicate that most of the participants do not have as many experiences with special education services in Japan as in the U.S. Thus, it is still questionable if the quality of each service provider was well compared. Future research could include a follow-up study conducted in Japan. The survey was created by the researcher and this is the first time the survey was used for this study. The way that the survey was designed, including the presentation, the wording of the questions, and the chosen perceptions about special education, could affect how participants responded.

**References**


