The Effects of Culture on Special Education Services

Evil Eyes, Prayer Meetings, and IEPs

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How does culture affect how educators provide special education services? This is a question that challenges practitioners in the United States and other countries as they provide appropriate assessment and intervention to a multicultural population of children with disabilities and their families.

We need to examine the ways culture affects the development of the following educational processes:

- Valid assessment measures.
- The articulation of intervention goals for children that reflect socially and culturally relevant skills and academic skills.
- Sensitive delineation of roles of family members, as well as the roles of professionals.
- An investigation of changes in and challenges to the Westernized middle-class notions of child development.
- The preparation of personnel to assist in the identification of children with disabilities and the provision of services.

Because more countries are sending their promising teachers and researchers to be trained in U.S. colleges of education, the resultant large-scale exportation of the Euro-American cultural values regarding disabilities and educational practices abroad may not be in the universal interests of all children and families.

This article provides a case study of monocultural personnel preparation, discusses various cultural beliefs about disability, and examines the effect of the dualities and dichotomies of parent/professional beliefs about childhood disabilities. In addition, it discusses inter-vention concerns in developing countries such as Turkey, Ecuador, and India and discusses cross-cultural implications for practitioners seeking partnerships with multicultural families and their children.

Predominance of a Monocultural Perspective in the United States

According to Kisanji (1995), culture is a broad abstraction that includes the forms of knowledge, belief systems, languages, religion, and values of a society. Each culture has its own explanations for why some babies are born with disabilities, how these children are to be treated, and what responsibilities and roles are expected of family members, helpers, and other members of the society (Groce, 1999).

Understanding and building on a family's cultural interpretations of disability is essential in creating partnerships with parents of children receiving special education services. Parent beliefs about the nature of disability are related to parent beliefs about and participation in treatment and intervention. In the United States (and elsewhere), parents who do not share special education's predominately biomedical belief system have been perceived by professionals as contributors to their children's disability, rather than as partners in the intervention process (Hopfenberg et al., 1993). These parents subsequently become marginalized, alienated, and excluded from participating in the educational decision-making process (Harry, Allen, & McLaughlin, 1995). Optimal outcomes for children with disabilities can only occur when professionals create a bridge from the culture of schooling to parents' multifaceted perceptions of the disability, its cause, its acceptable treatments, and the available sources of formal and informal support.

Take Off the Westernized Blinders

What are some examples of the cultural beliefs that people may have regarding the causes of childhood disability? In a large urban university located in a multicultural metropolis, a group of 31 Euro-American women between the ages of 19 and 25 who were enrolled in an undergraduate teacher training program answered this question with responses that uniformly reflected a Westernized biomedical orientation. Even when specifically urged to relate a family story or folk tale about causes of disabilities, these teachers-to-be did not (could not?) contribute any nonmedical responses other than "disability may be God's will." On the other hand, a group

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of 17 international graduate students in education, representing a variety of cultural backgrounds, answered this question with a rich collection of beliefs about disability. Their responses included beliefs that reflect the role of supernatural or cosmic causes, fate, magic, and religious beliefs, as well as biomedical reasoning (see box, "Cultural Beliefs").

In light of the implications of the monocultural orientation of the U.S. students, the lack of awareness of other perceptions and the shortcomings in multicultural training experiences, as demonstrated by the responses of these undergraduates, is discouraging. As Garcia, Mendez-Perez, and Ortiz (2000) wrote, "Differences in perceptions are not problematic. . . . The problem is cre-ated when the possibility of such differences is not even considered, or when unquestioned assumptions create misunderstandings" (p. 97). Although there exist professional standards for the development of culturally responsive special education programs, there are still far too many U.S. educators—and people from other countries trained in the United States—who wear Westernized blinders, unaware of the rich relationships among beliefs, values, buffers, supports, roles of family members, and child outcomes in non-Western contexts.

Multicultural Investigations of Parent Perceptions of Disability

Several studies have examined the perceptions and beliefs that parents use to understand the causes and meanings of their children's disabilities.

- Cho, Singer, and Brenner (2000) compared the experiences and perceptions of Koreans and Korean Americans who were parenting children with developmental disabilities. Eighty percent of the Korean parents attributed causes of disabilities to their own mistakes relative to prenatal enrichment practices and parenting attitudes (poor "Tae Gyo" which translates to "education during pregnancy") while 63% of Korean American parents attributed the causes to a divine plan (God's will for the family and child) as well as poor "Tae Gyo."

- From Australia, Gray (1995) reported that 25% of the parents of children with autism mentioned religious, magical, or psychological reasons for the cause of their child's disability.

- Among Chinese-American parents of young children with disabilities in a study by Ryan and Smith (1989), at least one-third of the parents considered supernatural and metaphysical elements in describing the cause of their child's outcome.

- According to Mardinros (1989), Mexican-American parents of young children with disabilities perceived the causes of childhood disability to be either a biomedical etiology (health problems, genetic diseases, birth trauma) or a sociocultural view (marital difficulties, divine intervention, past sins, and negative attitudes).

- In Yoruba society, congenital disability is understood as an indication of family sin that requires punishment by ancestors or gods, and the subse-

Many families reported a release of some of their anxieties, fears, and guilt feelings by combining cultural cures with Western treatment.

Cultural Beliefs About the Causes of Childhood Disability

- If mom cuts her hair during her pregnancy, it will cause a miscarriage or shorten the life of her baby.
- If mom views a person with deformities during pregnancy, she will give birth to a similarly deformed baby.
- Having sex during pregnancy produces a child with disabilities.
- Eating a grape or fish during pregnancy will produce a birthmark in the shape of grapes or fish.
- If mom eats fish during her pregnancy, her child's skin will be scaly.
- If mom eats spleen during her pregnancy, it causes a dark birthmark on her baby.
- If mom eats spleen and touches a part of her body then her baby will have a dark birthmark on that area.
- If mom smells certain foods during her pregnancy, she must lick her right hand to prevent the food from causing childhood disability.
- If mom kills a lizard during her pregnancy, the baby will have visual disorders.
- God causes disabilities in order to examine a couple's patience.
- To ward off the evil eye, a parent must spread black coal on the newborn's forehead.
- A new mother should keep a copy of the Koran and a broom close to the newborn to avoid red genies that would disturb the mother and baby.
- No meat should be brought into the home of a newborn for 40 days to avoid newborn disability.
- No women who are menstruating can visit a newborn baby or the baby will become ill.
- The newborn should wear a red ribbon to protect it from harm.
- During pregnancy, mom must avoid greasy foods as the grease collects in the unborn child's brain.
- Messages about the baby and the baby's health come to mom in dreams during pregnancy.
- If mom lies face down to sleep, baby will be deformed.
- Do not take the newborn outside for 40 days or the baby will become ill.
- If mom looks at a dead body during her pregnancy, her baby will have a light-skinned face or she may miscarry.

quent need for parental atonement (Olubanji, 1981).

- According to Serpell, Mariga, and Harvey (1997), in the central region of Africa, some tribal societies attribute disability to magical or religious explanations; however, as in many rural areas characterized by a subsistence economy, these authors point out that individual differences are widely tolerated so that the degree of disability would need to be severe before it would become conspicuous.
- Caprara et al. (2000) studied the cultural meanings of tuberculosis in Sumatra, and found that TB was actually understood as a "semantic network of illnesses." The disease could be caused by a contagious germ (biomedical category), hard work (poor economic conditions), conflict (social transgressions), and poisoning (supernatural powers).

As this compilation of etiologies of disease and disability shows, there is a wide diversity of attributions that reflect cultural beliefs. Add to these traditional beliefs the impact of industrialization, urbanization, socioeconomic factors, political change, migration, and educational opportunities on traditional family systems, and the outcomes can be complex for both parents and practitioners. Embracing this complexity is key to understanding and supporting the health-and-habilitation seeking behavior of parents of children with disabilities.

The Multicultural Experiences of Parents

In light of this complexity of beliefs, what constitutes effective, holistic intervention among groups who hold different perceptions of disability? Unfortunately, we don't know the answer to this question. Collaborative cross-cultural research is urgently needed to investigate the efficacy of programs that combine culturally informed interventions (e.g., home remedies, religious activities, the services of community healers, and other cures) with Westernized special education services. The fact that researchers have not included these culturally sanctioned interventions in the special education research agenda is telling in itself and illustrates our monocultural understanding of disability.

We know that parents of children with disabilities derive a sense of personal meaningfulness from their cultural beliefs. For example, descriptions of the positive effects of parent beliefs about their children's disability are emerging in the area of parents' religious beliefs. Cho et al. (2000) reported in their study of Korean-American families with young children with disabilities that the majority of these families were members of Korean ethnic churches. The religious influences of the churches appeared to mitigate the self-blame of poor "Tae Gyo" because most families indicated that they experienced a new sense of hope and support through their involvement in their church. Similarly, Gray (1995) found that some of the Australian families with children who had autism had strong religious beliefs that explained their children's disability. These religious parents had higher expectations for their children, and Gray suggests that religious beliefs give disability a special meaning and provide a sense of resilience to parents' day-to-day experiences.

Other researchers have made similar suggestions about the significant role of religion in the lives of families whose children are disabled (Rogers-Dulan, 1998; Weisner, Beizer, & Stolze 1991). This idea of finding hope, support, and resilience through parents' personal beliefs about disability is also reinforced by Kleinman (1988), who noted that in the case of chronic illness, the experience of the illness not only has meaning relative to symptoms, but also serves to make sense of one's life experiences and personal struggles.

Studies have also indicated that parents rely on a duality of beliefs as they seek treatment and educational services for their children with disabilities. According to Ryan and Smith (1989), many of the Chinese-American families they interviewed chose to take advantage of Western medical treatment (as far as language and accessibility to services permitted), as well as used culturally specific cures. These families reported a release of some of their anxieties, fears, and guilt feelings by combining cultural cures with Western treatment. The authors urged professionals to incorporate nonconventional perspectives in their interactions with Chinese-American families, particularly in terms of support systems within the community.

This need for professionals to accept duality is also supported by Stahl (1991), who found that when Jewish-Oriental parents were able to communicate openly and freely to Jewish Israeli teachers about the cultural cures they pursued for their child, a climate of confidence in the schools was nurtured. Trust was established between parents and professionals when pilgrimage experiences were shared by parents. When the professionals replaced the dichotomy of cultural versus "scientific" beliefs with an acceptance of the duality of beliefs, parents no longer felt excluded by the educational system—to the benefit of their child. It is important to learn more about the interaction of dual belief systems for practitioners to perceive and effectively support these systems in intervention contexts.

Finally, there is support for the role of cultural beliefs as protective factors or pathways to resilience. Reiter, Mar'i, and Rosenberg (1986) studied parental attitudes toward disability among Arab communities and found that the more educated and more modernized people had less favorable attitudes, and that the Druse villagers who believe in reincarnation and life-after-death had the most positive attitudes about disability. Perhaps the more traditional parents experienced their cultural beliefs as a source of support in the face of adaptation to a child born with a disability.

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Studies such as these have a lot to teach us about the role of culture as an important buffer in the lives of families who have a child with a disability.

Lessons from Other Countries

Another way to understand the relationship between culture and disability services is to investigate the ways that practitioners in other countries integrate Westernized intervention beliefs and practices with families' cultural beliefs and practices. One study, in particular, has a lot to offer, particularly in terms of its accomplishments amidst the economical, political, and social struggles of a transitional developing nation.

The Turkish Early Enrichment Project (TEEP; Kagitcibasi, 1996) was established as a mother-training program that sought to culturally contextualize an early intervention program aimed at promoting child competence. It was determined that to facilitate children's success, Turkish mothers needed to become more verbally communicative and responsive with their young children (to enhance cognitive competence) and to promote child autonomy while nurturing a close mother-child relationship (to enhance social competence). These goals were successfully attained by TEEP through building on Turkish family culture and communal support systems, including the development of a culturally relevant curriculum, group meetings of mothers, and paraprofessional home visits. The outcomes for this early intervention project have been impressive over a 10-year follow-up study.

Srinivasan and Karlan (1997), as well as Stuecher and Suarez (2000), described the challenges affecting special education in transitional developing countries, such as India and Ecuador, respectively. These researchers made the point that it is difficult to provide for the health, welfare, and educational

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needs of all children, including those with disabilities, in countries experiencing severe economic constraints, a high incidence of child poverty, and social inequalities. These authors offer some questions for culturally responsive researchers and practitioners to consider:

• In planning an intervention program, what are the society's goals and expectations of child-rearing?

• How does having a child with a disability influence parents' child-rearing goals?

• How can society justify special education services when children without disabilities are not having their basic needs for food, health, shelter, and education met?

• Can developing countries benefit from some of the special education research and practices advocated by industrialized nations without also buying into the commercialization of disability testing and programming, professional specialization and turf issues, costly technology, and systemwide strategies, such as mandated mainstreaming, which have no place in the countries' culture?

• Can affordable, sustainable, and culturally relevant programs be created in the context of community (e.g., children with disabilities raise food and learn domestic skills, such as sewing and cooking; parents are employed as paraprofessionals; and elders, as well as extended family members, are involved as teachers)?

Implications for Practitioners

Parents and their extended families may have different belief systems relative to the meaning of disability than the typical teachers from middle-class Euro-American backgrounds who provide educational and support services. There may be some aspects of Western acculturation that families from different cultural backgrounds choose to embrace. Attempting to understand a child's disability, however, may occur more securely within the context of a family's familiar traditional cultural ways and supports. When practitioners can accept parents' beliefs, parents may no longer feel the need to hide traditional beliefs

from the practitioners and possible combinations of intervention approaches can occur in the context of a duality of belief systems.

As we've seen in the literature, cultural beliefs can be a protective buffer for families. This is an important point for practitioners to remember. By attempting to dissemble a family's "old fashioned," "dangerous," or "foreign" belief system to replace it with best practices in brain research, medical therapies, and behavior guidance programming, practitioners may be tampering with a belief system that has provided generations of meaning to those family members' lives. These beliefs define their goals for their children, their relationships and responsibilities toward each other and toward other members of their cultural community, as well as their relationships with a higher power, ancestors, and an afterlife. Practitioners may want to see their roles not as service brokers or agents of change, but as interpreters or translators of Westernized approaches and resources available within the special education community, and as guides who respectfully offer services that families may or may not choose to embrace.

In terms of training, practitioners might become more effective with multicultural families if they themselves experienced opportunities to travel to other countries. More U.S. colleges of education might consider a summer-abroad option at a sister university. The establishment of relationships with teacher preparation programs in other countries could provide a powerful learning experience for the monocultural young women who fill the majority of undergraduate teaching training programs in the United States. Some universities have coordinated student teacher placements with the Department of Defense schools around the world, further providing an enriching opportunity for teacher trainees to broaden their cultural horizons.

Finally, child development, care, and education occur in cultural as well as socioeconomic and political contexts, as the intervention efforts in Turkey, India, and Ecuador illustrate. Parent child-rearing goals, contextual interpretations

of child competence, community support, intergenerational cooperation, practical habilitative programs, and affordable interventions need to occupy central roles in a culturally responsive special education system.

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