# The Use of Non-Western Approaches for Special Education in the Western World: A Cross-Cultural Approach

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Discussions of North-South relations are persistently concerned with the demand for cross-cultural dialog. *Cross-cultural* means that which lies between the cultures and affects them all. To engage *in dialog* means, among other things, discovering what possibilities for development exist between ourselves and the individual and collective *Other*. Inter-cultural dialog also means asking the question of how we construct our own social reality. To what extent do I recognize in the confrontation with the cultural and social *other* the relativity of my own cultural "system of co-ordinates" (Reimann 1991: 240)? To what extent do I define, as part of my culture, the relational circumstances between subjects, for example, the relations between people that we label as disabled and able-bodied as being more or less natural, although they are socially organized and culturally mediated and reproduced? Also, to what extent do conclusions result from this process that are worth looking at within our own context in terms of keeping or changing elements of our own culture? According to the demands of dialog, an intercultural exchange, an encounter, co-operation or research must go beyond a "simple exchange relationship in which knowledge is reduced to a commodity" (ibid.), to what Erdheim calls a "cultural achievement" in which both participants become partners in a relationship (cf. Meiser 1995: 22).

This means that findings are not produced by one side but arise in terms of a relationship in which the "foreign culture ... initiates a process through which one becomes conscious of one's own typical cultural patterns" (ibid.). The question "What significance do other systems of explanation of disability have for work with disabled people in the Western world?" has, in this connection, much less technical than culture-educational importance. Ethno-psychoanalysis has introduced the nice concept of *the other as mirror* to describe this process. Irrespective of these kinds of reflections on the reciprocal effects of inter-cultural communication another legitimate question arises. This is the wholly

pragmatic question "Of what use to me is the view beyond my own cultural horizon in terms of concrete and usable findings relevant for our educational or theoretical system and pedagogical practice?" In the comparative study of education, such an approach is described as *ameliorative*. As examples from Special Education, the comparative studies that were undertaken within the framework of the German discussion on integration in the 1970s and 1980s in Italy, Denmark and other countries are referred to here. To a considerable extent the results of this research contributed to the successful efforts, in terms of policy and educational practice, to integrate disabled children into the regular schools and preschools in Germany.

The value of comparative research on school integration of children with disabilities in similar cultures, like Denmark or Italy, is immediately apparent. However, in relation to Yupno in Papua-New Guinea, the Shona in Zimbabwe or the native inhabitants of highland Ecuador, the question arises of what significance, beyond the rhetorical, can the knowledge of non-Western explanatory approaches to disability have for health-education here in Germany. I will now attempt to point out that, firstly, on the basis of cross cultural comparisons, we can expect to derive no direct applications for use in a Western setting and, therefore, we must search for the key to progress within our own cultural context; secondly, but ultimately, having a *look over our own cultural horizon* can be very useful for us in indirect ways. In support of this assertion, by way of example, see the comparative study by Ute Meiser on the significance of the father in the raising of disabled children in Germany and Tonga.

## The First Thesis

In connection with the social and cultural integration of disabled people, Benedicte Ingstad (1991: 14–15) has addressed two widely circulated myths. The first she calls the *Historic Myth,* which bears the assumption that, in the Europe of the past, a disabled family member was seen as a disgrace or as a punishment by God and, as a result, that the disabled relative was hidden away or killed. The message contained in this myth is: *A society's modernity promotes the acceptance of disabled people.* The second – and more recent myth – she calls the *North-South Myth.* This myth has arisen as a result of supportive measures in the disability field between North and South. Here also concepts like shame, concealment

and killing are emphasized in order to attract attention and to legitimate assistance measures. *Let the developed societies teach the underdeveloped nations how to integrate people with disabilities* is the message of this myth.

I will now bring into play yet another myth of the opposite tendency. I name this the *Myth of Better People in Other Places*. It is characterized by a mixture of fascination with the exoticism of the foreign on one hand, and by a culturally and socially critical attitude towards one's own background on the other hand. Our gaze, directed at the exotic culture, succeeds in locating – I exaggerate here – what one might call the key to the rescue of the West. The world would be a better place if only we would live in harmonious extended families, and in harmony with nature, and stop striving so hard for material goods. The message here is: *Let us find more humane ways of dealing with the disabled than isolation and segregation*.

It is precisely this traditional model of community, clan and family orientation that appears to offer a potentially successful alternative to the practice of segregation, seen as a developmental deformity of industrial culture, out of which the *disabled person as a defective being* was constructed. In the Western view, the disabled person is seen as useless for the production process and is therefore excluded from the social and economic system. In contrast to this, we can assume that traditionally oriented cultures totally lack a belief corresponding to our *disability as a general concept*. They distinguish, to be sure, between the blind, lame and senile etc., while recognizing that all these types of people have something in common. However, a grouping of all of them together as part of a higher and overarching category does not develop. This fact is very interesting because it suggests that, in traditional cultures, physical, mental or psychological deviation represent no compelling reason to construct *We and They groups* (in the sense of able-bodied versus disabled people). With the construction of *We and They groups* societies and communities determine their inside and outside and, as a result, who or what belongs, or is marginally included or is excluded from that community or society. The decisive choice of categories – according to Frank Olaf Radtke (1991: 79) – "dependent on the dominant problems of order and rank in a society".

A socially distinct group called *disabled* is constructed in a society when a physical, mental or psychological deviation is seen as a valid indicator that a problem in the social order exists. Consequently, a society regards as problematic the questions of if and how people with these characteristics are to be educated, how to integrate them into the

work process and how to allow them to participate in normal life. To solve these problems social processes of special treatment develop, at the center of which the characteristic trait or the complex of characteristics is located. This means that the problem, in terms of its origin and in an educational and therapeutic sense, becomes attached to the individual.

The situation is different in traditional cultures. Individuals who in our industrial culture would be identified as disabled or impaired are indeed recognized, but no separate social categories are constructed for them. From this we can conclude that problems of order do not tend to arise in relation to the symptom, but rather that impairments or diseases are included in the frameworks used for the processing of other problems of social order. For example, a significant problem of social order in traditional cultures is the manufacture, or the re-establishing, of harmony in social relations. This need to establish and re-establish social harmony arises from the fact that social relations are subject to a multiplicity of human, natural and, above all, supernatural influences. People's lives are based on their relations to other members of their family, clan or community. They also have social relations with witches, spirits and ancestors. There is no basis in this situation for individualizing the problem of disability. In traditional societies, where metaphysical explanation patterns and traditional knowledge determine the perspective on those who are different, impairment is always a matter that also affects the family, clan or society as a whole. For the impaired person this situation can have quite positive effects. Thus, for example, the causal explanation of *ancestor intervention* can lead to the disabled person being handled in an affectionate and accepting way. She or he is treated by experienced healers, using traditional methods, and is accorded a place in the extended family. The disabled person serves a useful function in the family in the sense that the ancestors, who have been angered by the breaking of a taboo, can thus be pacified and the community protected from additional misfortune (Albrecht 1997: 167–168).

What can we conclude from the findings that, in traditional cultures – in complete contrast to what the North-South myth implies – forms of social organization, healing procedures and educational systems are *also* available that encourage the inclusion of people with disabilities. (I emphasize the word *also* because exactly the opposite can be true, for example in the case of severe defects.) In my opinion it is obvious that any conclusion, based on a simplistic interpretation of such findings, is pointless. Our goal, therefore, is not a direct practical application of cross cultural research findings. This is because education as a "reaction of society to the facts of development" (Bernfeld 1994) is culturally deter-

mined and therefore can only be viewed in the context of very culturally specific ways of seeing and doing things.

> We cannot wander at pleasure among the educational systems of the world, like a child strolling through a garden, and pick a flower from one bush and some leaves from another, and then  expect that if we stick what we have gathered into the soil at  home, we shall have a living plant (Sadler, cited in  Schriewer 1998: 192).

This statement is taken from a lecture given in 1900 by the English educational historian and politician Michael Ernest Sadler. The title of his lecture was "How Far Can We Learn Anything of Practical Value from the Study of Foreign Systems of Education". Sadler thematized, for the first time, in his content-related and methodological self reflection, the inquiries and problems of the young discipline of comparative education. Thus, he undertook the first criticisms of the then dominant *foreign pedagogy*, with its descriptive and eclectic character. In the background he is also asking the "question of *in what way* and *how* are things different in other places, to the benefit of the larger question of *why* are things different in other places" (ibid.). His argument: the premature search for something that we can use makes us lose sight of the historical and cultural context of our research object and, as a result, makes objective and scientific findings impossible.

   The plant growing in its native soil is thus not directly transplantable and can, if at all, only be reanimated by means of an indirect approach that takes into account the culture-historical preconditions of the foreign *and* those of our own culture. To put it more exactly: answers to the question "Why is it different there?" simultaneously produce answers to the question, which arises at the same time, of "Why is it different here?" The conclusions which follow, about the ways in which change can be pursued, are therefore only to be found in the context of our own culture. However, the act of looking beyond the familiar horizon can help us to be able to formulate the necessary questions.

### Proceeding to the Second Thesis

To arrive at practical applications indirectly, Sadler formulated three ways to realize goals that have remained a major component of the goal and task catalogue of comparative education up to the present time. These are:

1. *the comparative study of education as a medium for conveying scientific-pedagogical knowledge*, which means the widening of the perceptual horizon for better understanding of our own pedagogical reality;
2. *comparative education as a potential stimulus for practical pedagogical thinking*, which means the encouragement of imagination in teaching, which can inspire suggestions for making improvements; and
3. *comparative education as a stimulus for international competition in education*, awakening a readiness for reform (see ibid.: 193).

With a view to the ways in which findings on explanation schemata for disability in traditional cultures might be used to alleviate suffering, the first approach seems to me to be most significant. At this point, I would like to deal with this first approach and present a case study as an example. In her study, Ute Meiser compares the cultural significance of the father in the early development and training of children with disabilities in Tonga and Germany. Her starting point are her own *confusions* which arose during her almost two years of field research in Tonga. There she was confronted with patterns of behavior which are lacking in our own culture. Concretely, her confusion was a response to the fact that, there, fathers are actively involved in the process of their sick children's healing and take responsibility for the child's care. They talk about their ambivalence, feelings and fantasies, express worries and fears, and work through these feelings in the process of active participation and through their constant contact to the affected child (see ibid.: 82). Initially in her fieldwork, Meiser did not explicitly look at the role of the father – she was interested in how illness and disability in general was dealt with in Tongan culture. And in a completely ethnocentric way, as we all would do, she planned to conduct interviews on the basis of expectations that she had brought with her to the field. One expectation was, "That only the mother would or could make highly specific statements about the care, illness and early childhood development of the child" (ibid.: 74). However:

> It is the fathers who appear with the infants, the fathers who talk about their children, and the mothers went to fetch their husbands from the plantations when there were questions about early childhood. One Tongan woman told me that she was unable to answer many of my questions in detail and would have to call her husband. He had mainly looked after their daughter at the time, while she was working in an office in town. (ibid.)

Based on initial experiences such as this, and using her background of field and literature research, Meiser painted a picture of an *androgenous male role* in Tonga. This androgenous male role permits the Tongan father to play an equally significant role in child care and training in general, and in the case of illness or disability in particular, to be equally important in the process of treatment and dealing with the disability. The assumption of such a role is important because the treatment of illness aims at involvement of the entire family. Should a person become ill or disabled, Tongans are convinced that this is the consequence of the breaking of a taboo or of a conflict with a person of authority within the family. The curing of the illness usually begins with the family trying to find out which taboo has been violated, thus causing the problem to occur. Dreams are reported and interpreted, various healers are consulted and their diagnoses compared. The ongoing treatment includes herbal medicines and encourages collective expressions of grief, for example through group weeping. As part of the process, discussions about conflicts within the group are held, which make reparations for the taboo violation possible. The principle of pardon is the key to the curing of illness. Healing can occur when taboo violations are recognized, apologies are made, and pardon is granted. If an illness or disability becomes chronic, on the other hand, it is seen as an indication that an offending behavior has not been admitted and pardoned (see ibid.: 79–82). According to Meiser, these curing practices "resolve conflicts, are ego-stabilizing, promote group solidarity and are ego-supportive and adaptive through ritual" (ibid.: 81). Fathers are just as integrally involved in these curing practices as they are a major aspect of the identity development of their children. Confronted with these findings, she presents another picture of fatherhood for Western culture. Except for a few cultural niches, the father is part of a gender antagonism in which the man is unconsciously assigned to the realm of culture (and its progressive development) and the woman to the realm of the family. In crisis situations, such as the care and supervision of a sick or disabled child, this antagonism manifests itself dramatically and leads to a chronic traumatization of the family situation. This hinders the family from adequately dealing with the situation. The father becomes even more externally oriented and the mother even more focused on the interior world of the family. The androgenous role of the father in Tonga stands in contrast to the father's "role as the representation of the outside" in today's cultural sphere, the main function of which is "setting boundaries to help to dissolve the mother-child symbiosis" (ibid.: 85). In this role, the father appears as a *"liberator"*, bringer of awareness and savior, sometimes as a *trouble-*

*maker* or even *foreign body.* "As the third object and representation of the outside world" he is as a result, according to Meiser, "largely excluded from intimate experiences of the early phases of his child's life" (ibid.: 87). Thus, she asserts that:

> As long as the father remains the third object and representation of the outside, he will retreat to the exterior world in situations of conflict and will *fail*, for example, as a care giver and source of emotional support for a disabled child (or refuse to fulfill this role). The mother, who is responsible for child care, and considered *competent* in this family related activity, is overburdened by the task and is unable by herself to manage the failures and emotions – especially her aggression – that are associated with it. (ibid.: 91)

This *reduction by half* of the woman (to the world of the family) in our culture corresponds to *reduction by half* of the man (to the world of culture) with its associated psycho-social effects.

The emphasis on the idea of culture I find very appropriate in this connection. In my opinion, these reductions of the male and female personalities cannot be completely explained in socio-economic terms. They are also part of what we have appropriated from our cultural milieu, of how we internalize the world and accommodate ourselves to it.

## CONCLUSIONS

The value of such culturally comparative work – as I have already emphasized – cannot lie in specifically stressing the exemplary character of foreign systems of explanation and ways of doing things. Tonga is not only geographically but also culturally *too far away* for that. However in the sense of the first of Sadler's approaches – to arrive at a better understanding of the conditional nature and the problems of our own educational system – comparative studies are quite helpful. This is because they can represent a stage in a process of perception, through which the relativity of our own cultural system and its mechanisms can be revealed. I see the cross-cultural perspective – a modest attitude is called for here in my opinion – as adding to and complementing the *intra*-cultural view. The central theme of the study offered here, as an example, is the disclosure of the Western antagonism between the genders and the consequences of this antagonism for child rearing. Meiser wants to

"make the emotional deficits that are characteristic of our technologically determined culture more conscious, especially those that manifest themselves in child rearing" (ibid.: 90). She succeeds in this because her analysis relates to, or can relate to, the findings of research in the area of feminist pedagogy (see Prengel 1993: 96–137) or to the medical pedagogical research on relational disturbances of families with disabled children.

In our middle class society, the technological development in the health-educational and therapeutic care of people with disabilities has made enormous progress. In contrast to this progress, the structures of social support for families with disabled children, in dealing with usually enormous psychological and physical burdens that result for the parents, still adhere to a pattern that has its origins in the development of bourgeois society. The father compensates through his job and external social relations (since he represents the goal orientation and rationality of the male gender). The mother compensates through the family (since she represents the moral gender)! Thus the father is pushed even more into the spheres identified as male (more time spent on the job, more handy-man tasks in house and garden, more socializing at the club or bar) and the mother even further into hers (more attention and love, more co-therapy, more play and mothers' groups).

We have arrived at a point that seems to offer a good place to conclude the discussion. This is the thesis that questions of how to advise and support mothers and fathers have received too little attention in health-educational developments in Western societies and, as a result, a one-sided arrangement has been made that is too focused on instructional-therapeutic procedures. All else would either be purely speculative or require research that cannot be performed within this framework. This thesis, as well as its possible consequences for educational-therapeutic practice (for example for self-help-, adult educational-, child rearing- or parental counseling concepts), requires a debate that is better grounded scientifically. What I wanted to achieve in this contribution was much more to show that the indirect usefulness of cross-cultural comparative studies lies in calling into doubt our own, culturally specific, mechanisms and thus stimulating reflection, not just about other cultures, but also about our own society.

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