Foundations for Self-Determination Perceived and Promoted by Families of Young Children with Disabilities in China

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Abstract: Building foundational skills in the early years for the later development of self-determination in adulthood for individuals with disabilities is important in the United States, but little research has been conducted to examine whether these skills are as important in other countries. In this phenomenological study, seven family interviews were conducted to understand how foundational skills for self-determination (choice making, self-regulation, engagement) were perceived and promoted by families of young children with disabilities in China. This study indicated that these skills were also valued in China. However, Chinese families emphasized the need to develop these three skills in the context of an emphasis on dependence and obedience in accordance with its collectivist culture. They used the popular Chinese parenting practice of guan to help their children make choices, regulate themselves according to li, and engage in educational study, which is highly valued in Chinese culture. These findings have important implications for interventionists in the United States who are working with families from Chinese culture.

The development of self-determination in individuals with disabilities has been a research focus in the United States since the 1990’s. Self-determined behavior refers to “volitional actions that enable one to act as the primary causal agent in one’s life and to maintain or improve one’s quality of life” (Wehmeyer, 2005, p. 117). Thus far, studies from the field of special education (Wehmeyer & Palmer, 2003; Wehmeyer & Schwartz, 1997) have shown that self-determination plays an important role in enhancing the quality of life for individuals with disabilities. Self-determined young people were more likely to graduate from high school and able to attain more positive outcomes, particularly in the areas of employment, financial independence, and independent living (Field & Hoffman, 2002; Wehmeyer & Palmer, 2003). Promoting self-determination is key for full inclusion to occur in society (Lee & Wehmeyer, 2004).

Self-determination has roots and foundations in the early years and extends over the entire life span (Brown & Cohen, 1996; Erwin & Brown, 2003; Palmer, 2010; Wehmeyer & Palmer, 2000). Because the definition of self-determination infers that the individual is the “primary causal agent” in his or her life (Wehmeyer, 2005), it is not developmentally appropriate to consider that young, preschool-aged children are fully self-determined (Palmer et al., 2013). However, much attention has been focused on the need to develop skills leading to self-determination in young children with disabilities because of the importance of self-determination as a key component in the quality of life (Brotherson, Cook, Erwin, & Weigel, 2008; Brown & Cohen, 1996; Palmer, 2010). We refer to those skills serving as precursors, or foundations, of
self-determination as foundational self-determination skills (Palmer et al., 2013).

Foundations for Self-Determination in Young Children with Disabilities

Some of the skills and behavioral characteristics essential for self-determination emerge and are demonstrated in the early years of childhood (Brown & Cohen, 1996; Doll, Sands, Wehmeny, & Palmer, 1996; Palmer, 2010; Wehmeny & Palmer, 2000). For example, newborns demonstrate the capacity for indicating preferences by discriminating between various objects and people in the environment and display their preferences for caregivers (Doll et al., 1996). The capacity to display and communicate preference is one essential aspect of making choices, an important component element of self-determination. For children aged 3 to 5 years, there are specific, age-appropriate skills that serve as the foundation for later development of self-determination for young children with disabilities (Summers, Brotherson, Palmer, Erwin, & Maude, 2009).

The development of self-determination cannot be postponed until a child grows up (Abery & Zajac, 1996). Ongoing opportunities to practice these skills should be provided to children, which should contribute over time to the development of self-determination (Palmer, 2010). Erwin and colleagues (2009) stated “simply growing older does not provide all the needed opportunities to acquire the abilities to make choices and decisions that promote later self-determination” (Erwin, Brotherson, Palmer, Cook, & Summers, 2009, p. 28). The emergence of self-determination is a developmental process involving both the acquisition of skills and also integration among these competencies (Abery & Zajac, 1996). Children learn the different components of self-determination in diverse environments (Doll et al., 1996) if they are provided adequate opportunities in the early years.

There are many advantages to developing self-determination during the early years: (a) starting instruction at an early age allows sufficient time to develop competency; (b) significant adults can provide opportunities to support needed skills areas; (c) children have time to practice and refine skills; and (d) starting early may prevent over-dependence, low sense of self-efficacy, and external locus of control (Abery & Zajac, 1996). Building a solid foundation for self-determination may make it easier for a child to become a self-determined adult (Wehmeny & Palmer, 2000).

Making Choices, Self-Regulation, and Engagement

The specific skills associated with making choices, self-regulation, and engagement provide a base for the development of self-determination for an entire lifespan (Erwin & Brown, 2003). Making choices is defined as “a process of selecting between alternatives based on individual preferences” (Wehmeny, 1998, p. 14). Choice-making behaviors may provide young children greater control of their daily activities and routines (McCormick, Jolivette, & Ridgley, 2003). This skill demonstrates the beginning of independence and autonomous decision-making (McCormick et al., 2003). According to Doll and colleagues (1996), the development of choice-making capacity is an ongoing developmental process involving several stages at different times across the lifespan. It starts with the emergence of the capacity to indicate preferences at infancy and extends throughout the lifespan. Doll and colleagues (1996) stated that, once the capacity for identifying and communicating preferences was developed, the maturation of choice-making ability depends on the child’s opportunities to make choices and experience the consequences of those choices. Therefore, children aged 3 to 5 years should be intentionally provided with ongoing opportunities to acquire and develop the choice-making skills essential to self-determined behavior. Providing opportunities to make choices in early childhood is the beginning of a lifetime development of self-determination (Palmer, 2010).

Self-regulation involves a number of complex self-management skills, including self-monitoring, self-instruction, self-evaluation, self-reinforcement, goal setting, attainment behaviors, problem solving, and self-observation (Agran, 1997). A self-determined person is self-regulated (Wehmeny, 1998), and the development of this complex response system
of self-regulation starts at infancy and extends across the life span. One example of this is the process through which children develop basic self-regulation skills, including the ability to regulate their arousal and physiological states during infancy (Shogren & Turnbull, 2006). For example, infants may suck their thumbs after hearing a loud sound, indicating that they are regulating their responses to the environment (Florez, 2011). Children learn more complex self-regulation skills gradually as they grow. Toddlers begin to inhibit responses and comply with wishes of adult caregivers (Florez, 2011). Later, typically at around the age of four, children begin to exhibit more complex forms of self-regulation, such as anticipating appropriate responses and modifying responses when circumstances are subtly different (Florez, 2011). As children develop, their regulatory skills become more sophisticated (Blair & Diamond, 2008; Kopp, 1982). However, the development of self-regulation depends on the support within the environment, especially during the early years. Therefore, it is critical that children have opportunities to learn and practice these skills (Florez, 2011).

Engagement refers to “the amount of time children spend interacting with their environment in a developmentally and contextually appropriate manner” (William & Casey, 2008, p. 3). McWilliam and Casey (2008) discussed the positive influence of engagement on children’s behaviors, including improved thinking, reasoning, and peer interaction. Engagement is one important factor of persistence and is a component of self-determination (Brown & Cohen, 1996). Engagement has been shown to be promoted by the availability of developmentally-appropriate activities and materials across the life span (Almqvist, 2006). Therefore, one of the most significant tasks to enhance self-determination is to promote children’s active and meaningful engagement in their world (Erwin & Brown, 2003).

The Role of Family and Culture in Developing Foundations

The family plays a key role in nurturing and supporting the development of self-determination in the early years, especially for young children with disabilities. Brotherson and colleagues (2008) found that characteristics of one’s family may influence how they support and provide opportunities for young children with disabilities to develop the foundational skills of self-determination. Thus, the family is likely the first and most influential environment in which these children can develop the foundations for self-determination (Brotherson et al., 2008).

Many researchers and professionals in the United States have come to understand the value of foundations for self-determination in young children with disabilities (Brotherson et al., 2008; Erwin & Brown, 2003; Palmer, 2010). Models have been developed to promote these foundational elements (Wehmeyer & Palmer, 2000). However, limited information is available about how foundations for self-determination appear outside the United States. Although it is difficult to determine whether foundations are viewed the same in other cultures, the foundations for self-determination seem likely to differ. Since research on self-determination suggests that contextual factors influence the meaning of self-determination, it would be important to know how the foundations for self-determination are perceived in other cultures. Chinese culture, with a five-thousand-year history, is one of the oldest cultures in the world. Over the course of thousands of years of development, Confucianism has become the dominant philosophy in this culture. According to Confucianism, a person can only reach his or her fullest development in the company of other people (Larson, 2006), so it is important for a person to behave properly in his or her relations with others. These relations form a social hierarchy, where each person has a specific place and exhibits certain roles related to other people. Therefore, in contrast to the mainstream American culture that emphasizes independence and individualism, Chinese culture puts more emphasis on interdependence, obedience, and collectivism. It is difficult to determine whether foundations are viewed in the same way within the Chinese culture. It is hypothesized that the characteristics that individuals identify or observe about foundations for self-determination may differ in China.

The primary research question of this study is, “How do Chinese families perceive and
develop foundations for self-determination in young children with disabilities?” The results of this study can help researchers and practitioners understand foundations for self-determination in a diverse country such as China. It can also help practitioners in the United States to work more effectively with culturally diverse families, specifically Chinese families, in building foundations for self-determination.

Method

In this study, a phenomenological approach was utilized in order to develop a better understanding of how foundations for self-determination were perceived and promoted by family members of young children with disabilities in China (Merriam, 2002). A phenomenological study is an interpretive form of research seeking to study a phenomenon perceived or experienced by individuals (Flood, 2010). The major purpose of phenomenology is to examine individual experiences with respect to a phenomenon to understand the true essence or nature of the phenomenon (Creswell, 2013).

Participants

In this study, seven participants were chosen using a snowball sampling technique (Glesne, 2006). A few participants with specific characteristics were chosen, and then more participants were recruited with the help of these initial few participants (Bloomberg & Volpe, 2008). This sampling strategy was needed because it was difficult to locate families in China due to the existing negative cultural stigma towards people with disabilities (Hu, 2010). Families in China typically do not acknowledge the disability to others in their community or may even go to the extent of hiding the individual with a disability from others. First, contact was made with administrators of the institutions that provided early childhood intervention to young children with disabilities in China. With the administrators’ help, a few participants were recruited and then additional participants were located using the snowball sampling technique. In order to meet criteria for participation in the study, the families (a) identified having a child between ages 3 to 8 years with a developmental disability, (b) stated a willingness to participate in an interview, and (c) were willing to provide feedback on ideas that emerged from the interviews. Among the seven participant families, there were five mothers, one father, and one grandfather. Two participants were 24–29 years old, two were 30–34, two was 35–39, and one was over 65. Each family had only one child and the age of the children ranged from 3 to 8 years, with a mean age of 4.7 years. Parents reported several types of disabilities including cerebral palsy, autism, hearing impairments, and language delay. Table 1 presents a summary of the participating families.

Table 1

<table>
<thead>
<tr>
<th>Community</th>
<th>Urban</th>
<th>Urban</th>
<th>Urban</th>
<th>Urban</th>
<th>Rural</th>
<th>Rural</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family member</td>
<td>Mother</td>
<td>Mother</td>
<td>Grandfather</td>
<td>Mother</td>
<td>Father</td>
<td>Mother</td>
<td>Mother</td>
</tr>
<tr>
<td>Occupation</td>
<td>None</td>
<td>Teacher</td>
<td>Retired</td>
<td>None</td>
<td>Farmer</td>
<td>Farmer</td>
<td>Farmer</td>
</tr>
<tr>
<td>Education</td>
<td>High School</td>
<td>Bachelor</td>
<td>Bachelor</td>
<td>Bachelor</td>
<td>Elementary</td>
<td>Middle School</td>
<td>Middle School</td>
</tr>
<tr>
<td>Child’s Age (yrs.)/Gender</td>
<td>4/M</td>
<td>8/M</td>
<td>5/M</td>
<td>3/F</td>
<td>4/M</td>
<td>6/M</td>
<td>3/M</td>
</tr>
<tr>
<td>Disability as described by Families</td>
<td>Language Delay</td>
<td>Autism</td>
<td>CP</td>
<td>HI</td>
<td>CP</td>
<td>CP</td>
<td>HI</td>
</tr>
</tbody>
</table>

Notes: 

1. Pseudonyms used

CP = cerebral palsy; HI = hearing impairments
In phenomenological studies, in-depth interviews with participants often ask participants two broad questions: What have you experienced in terms of the phenomenon? and What contexts or situations have influenced or affected your experiences of the phenomenon (Creswell, 2013)? In this study, semi-structured, in-depth interviews were conducted with participant families.

The interview protocol used in this study was based on a research study titled Building Foundations for Self-Determination in Young Children with Disabilities: Family-Professional Partnerships (Summers et al., 2009) funded by the Institute of Education Sciences of the U.S. Department of Education. Based on the interview questions and procedures used with U.S. families, similar interview questions and procedures were developed with some modifications made to conform to practices employed in the special education system in China. All documents, including consent forms, flyers, demographic information protocols, and interview protocols were prepared in the Chinese Mandarin language.

In this study, the open-structured interviews were comprised of initial or grand tour questions on four topics: (a) understanding the classroom environment/family, (b) making choices, (c) self-regulation and control, and (d) engagement. Seven initial interviews were conducted in 2010 and 2011. The senior author conducted the interviews in Mandarin in a location chosen by the families; two were conducted at home and five at school. The interviews lasted from 45 to 60 minutes and were audio-recorded. All seven initial interviews were transcribed verbatim into Mandarin. The major author translated three of these interviews into English to conduct analysis with co-authors. A peer reviewer, fluent in Mandarin and English, reviewed the three English translations for accuracy. Three English interviews were coded as a team and initial coding categories were developed with consensus. The last four Mandarin transcripts were coded in English. Field notes were maintained to document modifications and accommodations during the interviews. A summary sheet was completed following each interview to capture the main points of the interview and to identify emerging issues; this summary was translated into English and used during data analysis. Two follow-up interviews and member checks were conducted with families in 2011. These follow-up interviews were not transcribed but were incorporated into coding categories from audio recordings (Clausen, 2012). The family demographic information was collected through a survey at the end of the interview. Each family received monetary reimbursement in Chinese currency equal to $25 USD.

The data analysis in this study involved ongoing data collection, coding, memo writing, bracketing, and completing summary sheets. The analysis was conducted in three iterative phases: open coding, focused coding, and short integrative family case stories (Saldana, 2009). Open coding, often called initial coding, breaks down qualitative data into meaningful parts, carefully examines them, and compares them for similarities and differences (Creswell, 2013). In the open coding phase, researchers used transcriptions, field notes, and summary sheets. Initial open codes included families’ understanding of foundational skills, child’s preference, choice opportunities, choice ranges, expression of emotion, regulation strategies, engagement strategies, and engagement focus.

Open coding was followed by focused coding. The purpose of focused coding was to search for the most significant initial codes that made the most analytic sense (Charmaz, 2006). Using the a priori major categories of making choices, self-regulation, and engagement emerged. Under each of these major categories, two subcategories emerged – the perceptions and practices of each. Finally, family stories or short case stories were written for each family to summarize the background of the family and their experiences related to the development of foundations for self-determination in young children with disabilities. The family stories provided an understanding of how each family perceived and practiced choice making, self-regulation, and engagement, and an understanding of similarities and differences across families.

Memo writing is a process of making mean-
ing and shaping thoughts about the emerging analysis as well as documenting the research process (Esterberg, 2002; Saldaña, 2009). Two types of memos were used in this study: procedural and analytic. Procedural memos focused on recording the process of creating, including, or rejecting codes and categories; analytic memos focused on the data and contained ideas about the meaning of the data (Esterberg, 2002).

Trustworthiness

Three strategies were used in this study to address trustworthiness: peer debriefing, member checking, and reflectivity. Regular peer debriefings were conducted during the analysis of the data with other members of the research team. They reviewed data and emergent themes and participated in consensus building (Creswell & Miller, 2000). Member checking was conducted with participants in two major ways. First, the major author returned to China to interview additional participants and conduct follow-up interviews. The primary focus of the member checking was to discuss the analysis of their interviews. Second, three families were contacted online and provided the results of the data analysis electronically. Two of these families expressed disagreement with the characterization of their regulation strategy of “spanking” and noted this difference during member checking. There were no other salient disagreements with the findings. To address reflectivity, a research journal was maintained throughout the study by the lead investigator to “reflect critically on the self as researcher” (Merriam, 2002, p. 26).

Findings

The purpose of this research was to study how Chinese families perceive and promote foundations of self-determination in young children with disabilities. Table 2 presents the categories and the salient issues identified through data analysis. The discussion of results begins with one short case story to help in understanding one family’s experience and is followed by discussion of the major findings.

Case Story

Wang was the father of a 5-year-old son with cerebral palsy who liked to go outside, chat, and play with others. His family lived in a rural area in southwest China. The family members included Wang’s wife, his son, and Wang’s parents. All family members were responsible for the child’s caretaking. The father took the major responsibility because his son could not walk independently and needed to be carried. Wang carried his son on his back every day to the Disabled Person’s Federation (school/center) to receive half-day instruction; he stayed with his son during this time and carried him home again.

Wang believed that his son knew his own preferences and interests quite well. Wang, and other adults in the family, allowed the child to make some choices (e.g., selecting food or choosing clothes). He also believed that adults should “guan” the child (i.e., should not let the child make every choice or satisfy every choice made by the child), otherwise, the child did not learn “li” (what was expected of him). Wang said that they tried their best to support their child’s choices as long as they thought they were good, reasonable, or related to learning or studying, such as selecting books. Wang said they “guan” the child’s choices regarding his educational studies (i.e., they did not let the child make any choices regarding studies and the child had to learn or study what the adult thought was appropriate).

Wang understood the hardship his son was experiencing due to his disabilities. He indicated that he had no choice, but “guan” the child (i.e., force the child to overcome the hardship) because if the child did not get “rehabilitation” instruction and become “normal,” the primary school would not accept him. If the child did not study now, he could not make a living in the future. Wang recognized there would be a day when they would not be able to take care of the child and he would need to support himself.

Wang’s son often expressed his unhappiness and dissatisfaction through crying loudly or throwing things. Wang said that these behaviors were totally unacceptable and the family was trying to “guan” his son (i.e., correct the child’s behavior) to make the child under-
stand it was wrong to be disobedient to parents. Strategies that Wang found successful were similar to the strategies he found effective in engaging the child in studies: reasoning, talking, coaxing, hitting, scaring, and ignoring. He said his son actually knew “li”. In general, the child was very obedient and listened to adults.

### Making Choices

**Perception of Making Choices.** Most families spoke about their children’s preferences while discussing making choices. One family stated that letting the child make choices was “mainly developing her interest[s] and hobbies.” Wang, the father of the child with cerebral palsy, said that everyone who was conscious knew his preferences and knew how to control the child and exert parental authority.

### Self-regulation

**Perceptions of Self-Regulation:**

- Families valued regulating their child’s behavior.

**Practices of Self-Regulation:**

- Families helped their children to internalize acceptable behaviors by controlling or regulating their child’s behavior.
- Families used different levels of strategies to regulate their children: ignore (sometimes as the first or the last strategy); comfort or reason; punish or threaten.

### Engagement

**Perceptions of Engagement:**

- Families thought engagement meant taking part in activities such as playing with others, getting rehabilitation training, learning, and studying.

**Practices of Engagement:**

- Families highly valued engagement in learning and studying.
- Families focused on helping their child engage in learning and studying by using strategies similar to regulate their child.
- Because of the bias against children with disabilities, families had to use different strategies, such as asking their relative’s children to play with their child, or helping their children to engage with peers.

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**Table 2**

**Major Categories and Salient Issues**

<table>
<thead>
<tr>
<th>Major Categories</th>
<th>Subcategories Salient Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Making choices</strong></td>
<td>Perceptions of Making Choices:</td>
</tr>
<tr>
<td></td>
<td>· Families related making choices to child’s preferences, interest or hobby.</td>
</tr>
<tr>
<td></td>
<td>Families thought everyone knew how to make choices.</td>
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<tr>
<td></td>
<td>· Families wanted their children to be able to make choices.</td>
</tr>
<tr>
<td></td>
<td>· Families thought letting the child make every choice and satisfying all their choices amounted to “spoiling”.</td>
</tr>
<tr>
<td></td>
<td>Practices of Making Choices:</td>
</tr>
<tr>
<td></td>
<td>· Families had prerequisites to letting their children make choices: reasonable and good choices in their parents’ eyes; children were respectful to the parents’ decision; children were obedient to the parents; no choices regarding education.</td>
</tr>
<tr>
<td></td>
<td>· There was a continuum for families to provide chances to let their children make choices: some families did not let or provide chances to make choices; some families provided some chances such as food and clothes, but no choices in education; some families let the children make all choices or do whatever they wanted because they did not know how to control the child and exert parental authority.</td>
</tr>
<tr>
<td><strong>Self-regulation</strong></td>
<td>Perceptions of Self-Regulation:</td>
</tr>
<tr>
<td></td>
<td>· Families valued regulating their child’s behavior.</td>
</tr>
<tr>
<td><strong>Engagement</strong></td>
<td>Perceptions of Engagement:</td>
</tr>
<tr>
<td></td>
<td>· Families thought engagement meant taking part in activities such as playing with others, getting rehabilitation training, learning, and studying.</td>
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<tr>
<td></td>
<td>Practices of Engagement:</td>
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<td>· Because of the bias against children with disabilities, families had to use different strategies, such as asking their relative’s children to play with their child, or helping their children to engage with peers.</td>
</tr>
</tbody>
</table>
thing], he will raise his head, right? In terms of [expressing preference], the expression ways are different.

Most families reported that their children were able to make choices, and they encouraged them to do so. Shu, the mother of a child with language delay, stated she “definitely encourages” her son to make choices. Huang, the grandfather of a child with cerebral palsy, was against his son-in-law imposing his decisions on his grandson. He stated that the child’s father “doesn’t know child development. . .at a certain stage, [the child] likes certain things. . .[adults] cannot force [him].” Families further discussed the consequences of not letting their children make choices and forcing their children to follow the adults’ decisions. Shu stated, “If you force [my child], he will lose [his] temper. It has bad a influence on my child.”

All families reported their children knew preferences and were able to express them in different ways. Some families said that their children pointed or looked at adults to indicate their choices or preferences. One child, in particular, was able to advocate for himself when making choices. Huang shared a story about an argument between his grandson and his father related to choice making:

Yesterday, [he] even argued with his father. He blamed his father for four things. He said, Dad, you do not speak, listen to me. You do not let me play with water, [so] what do you let me play with? You asked me to eat beside the table, [but] I [do not] want to eat beside the table. You do not let me put on clothes myself. You do not let [me do it]. What can you say?”

Many family members reported that allowing children to make all choices or having adults fulfill each choice determined by a child was a form of “spoiling”. Family participants did identify prerequisites they had for making choices. Yan, the mother of a child with cerebral palsy, stated, “[It is] necessary to make some rules. But you do not give him whatever he wants.” She described one criterion: “If [my child is] obedient to adults, [we] let him choose.” She further stated, “[We] only give him what we think is good for him. [If] we think it is bad, [we] do not give it to him.”

Practices Related to Making Choices. When asked about how they allowed their children to make choices in daily life, families shared a range of responses – from those who provided no opportunities to those who allowed all choices. One family, who described their child as “not obedient at all,” did not let their child choose. In this family, it appeared that allowing or offering choices was a reward only for the demonstration of good behavior. Yan said, “He didn’t follow the adults at all. How can you ask him to choose. . .if you let him [choose], he [does] not listen. . .he plays all the day. He is always naughty at home, doing this or that. If you shout at him, he is still not obedient.” Conversely, another family let their child do whatever the child preferred to do, apparently due to lack of knowledge on how to “control” the child. Ding, the mother of a child with hearing impairments, reported that her son “did not listen to her at all”. She did not know how to “guan” the child as a parent. The child was “rather violent” if she did not satisfy his request. She stated, “Mostly, I can only watch him [and] accompany him in play.”

The remaining families reported that they could let their children make choices in some aspects of their daily life, such as choosing food and clothes. Families also supported their children’s choices if they thought the choices were “reasonable” or “good.” Wang stated:

We [try] to satisfy his choices as long as we think it is good for him. For example, he likes writing, [so we] buy pencils. If he wants to read books, then [we] buy books for him.

Families reported providing limited choices in the area of education. Zhang stated, “Mostly, [I] let him make choices and decisions. But [he] cannot choose [in terms of] studying.” Some families described that it was necessary to “force” their child to follow the parents’ decisions in terms of studying and learning activities instead of their children’s preferred activities. Wang stated, “He doesn’t like to practice writing words. You have to force him.” Huang indicated that they imposed their decisions on their child, such as
“[not] watch[ing] TV, read[ing] books, not listen[ing] to music, or [going] outside to look at the environment.”

Self-Regulation

Perceptions of Self-Regulation. Huang, the grandfather of a child with cerebral palsy, shared his ideas about self-regulation: “[It is] possible for normal children. [It is] impossible for [children with disabilities].” Most families described the situations in which their child could not regulate himself or herself. Wang, the father of the son with cerebral palsy, described how his child behaved when he felt angry or dissatisfied, such as “making noise” or “throwing things.” Ding, the mother of a child with hearing impairments, reported that her son “hit” his peers during play. She further said, “Sometimes, he cannot control [himself] . . . he will scratch you, pull you, and hit you. He is like this and is rather violent.” Families reported these behaviors were not “acceptable” and are detrimental for the child as they “integrated” into society in the future. Giving directives (e.g., scolding) were seen as strategies to try to “correct” behaviors.

Practices Related to Self-Regulation. When asked about self-regulation, families said that it was “quite rare” for children to regulate their behaviors or emotions themselves. A quote from Zhang represents what other families offered: “[The child] needs adults to ‘guan’ him.” The strategies identified by these participants ranged from least to most intrusive. Families reported “ignoring” the behavior(s) first before trying other strategies. Tang, the mother of a child with hearing impairments, stated, “Most of the time I use the cold treatment, just ignore her.” Some families used “comforting” as an intervention strategy. Tang indicated that when her daughter feels unhappy, cries, or loses her temper, grandparents “will definitely . . . take [the child] away immediately and then comfort.” She further stated that the grandparents would try to satisfy what the child wanted, such as “buying ice cream” to help her calm down. Zhang, the mother of a child with autism, said that she “often took [her child] shopping” or “playing with children.” Often, families focused their discussion on engagement in terms of studying and rehabilitation therapy and education, such as “sitting down to practice writing words,” “reading books,” or “doing exercises.”

Engagement

Perceptions of Engagement. When families talked about engagement, they referred to “playing with others,” “doing exercises” (i.e., rehabilitation therapy or education), “taking part in an activity,” or “focusing on studying.” When asked what his child engaged in, Wang stated, “eat[ing], ask[ing] him to do exercises himself in daily life, tak[ing] part in activities such as cutting papers, asking him to use scissors, asking him to cut things, [asking] him to stand straight.” Zhang, the mother of a child with autism, said that she “often took [her child] shopping” or “playing with children.” Often, families focused their discussion on engagement in terms of studying and rehabilitation therapy and education, such as “sitting down to practice writing words,” “reading books,” or “doing exercises.”

Practices Related to Engagement. Families adopted similar strategies for engagement as they did when promoting self-regulation (e.g., reasoning, coaxing, or using reinforcement). Wang stated: “[If] you ask [the child] to write, [he] will lose [his] temper. You have to coax
the child].” Intervention strategies such as forcing, spanking, or threatening were used when other strategies were ineffective. Family members reported using high interest activities as a means to reinforce engagement in more difficult activities (i.e., studying). Although it was hard to find peers to play with their child, some families tried to help their child engage with others. Wang often carried his son with cerebral palsy on his back throughout the neighborhood to ask his relatives to play with his son. Zhang often took her son with autism to the shopping center, swimming pool, or playground so he could interact with others. Due to the negative stigma associated with children with disabilities, families reported the use of different strategies when promoting engagement with peers. For example, Zhang, the mother of a child with autism, found it hard to find peers to play with her son. Zhang encouraged her relatives’ children to enter into play with him. Wang also encouraged children from his relative’s families to play with his son because of few opportunities from other children. Ding, the mother of a child with hearing impairments, would accompany her child when playing with her sisters’ children because her son often ended up fighting with them.

Discussion

The current literature in the United States proposes that the skills of self-determination in early childhood, specifically making choices and self-regulation, are foundations for future development of a self-determined individual in adolescence and adulthood (Brotherson et al., 2008; Erwin & Brown, 2003; Palmer, 2010). This study employed a qualitative research design to explore how three particular foundational skills were perceived and promoted by families of young children with disabilities in China. Results showed that families in China valued these foundational skills. They wanted their children to be able to make choices. Engagement in learning and studying were priorities for these participants. Families of these young children with disabilities in China seemed to promote the development of these foundational skills differently from their counterparts in the United States. Here, families may address the development of these skills from the internal perspective of the children. They may focus on motivating the child’s internal needs to develop these skills, with an eye towards individualism, independence, freedom, self-expression, and uniqueness. Families of children with disabilities in China may approach the development of these skills from the external perspective of the children. They may focus on the importance of dependence and obedience, so that it is more likely for the child to adopt group values and comply with authorities (Bond, 1991). These differences in the promotion and development of foundational skills are strongly related to cultural differences between the United States and China.

As stated by Wu (1996), the way that families rear their children and how children learn to become acceptable members of a society may be the most persistent part of a culture. Chinese parenting is situated in and influenced by Chinese culture. China has a five-thousand year history during which it has developed its own ideas about the concept of a child, the meaning of childhood, and the role of family in the child’s development (Wu, 1996). In recent decades, especially after China’s Reform and Opening Policy in 1978, Western culture has been influencing Chinese culture, including how Chinese individuals parent. The actions of Chinese people are still driven by traditional Chinese philosophies like Confucianism, Taoism, and Buddhism. Confucianism continues as the dominant philosophy and has a very strong influence on the psychology and behavior of Chinese people (Zhang & Geoff, 2008). The essence of Confucianism is the system of hierarchical authority involving five basic relationships: those between ruler and subject, father and son, husband and wife, elder and younger brother, and friend and friend (Gao, 2010). All these relationships, except that between friend and friend, involve the authority of one party over the other. Larson (2006) stated:

Power and the right to rule belong to superiors over subordinates; that is, to older people over younger people, to men over women. Each person has to give obedience and respect to “superiors”; the subject to his ruler, the wife to her husband, the son to his parents, and the younger brother to the
elder brother. The “superior,” however, owes loving responsibility to the “inferior.”

According to Confucianism, each party has a specific place in society, has a fixed role, and should accordingly act upon that role in a proper way prescribed by rules of correct behavior (li) (Gao, 2010). The concept of li refers to “propriety, moral rules of proper behavior, and good manners” (Gao, 2010, p. 35). It is the role rather than the self that determines an individual’s behavior (Gao, 1998). Personal choices are based in prescribed roles (Gao, 1998). For instance, not everyone is entitled to make all choices or decisions in the Chinese culture. Persons only “voice their opinion when they are recognized,” a status often derived from a position of power (Gao, 1998). Individuals at higher hierarchy have the right to deny choices or decisions made by ones at lower hierarchy if they do not like them. It is thought to be a responsible behavior. In Chinese families, parents have authority over the child, so making choices or decisions is reserved for the parents. Parents have the authority to accept or reject their child’s choices or decisions. Children are supposed to “take in what their parents say” instead of voicing their own opinions (Gao, 1998, p. 172). This may explain why Chinese families in this study provided limited opportunities to let their children make choices.

Li is also “a form of control over unrestrained expression of human desires” (Gao, 2010, p. 35). It calls for governing one’s actions to subdue personal emotion and seek harmony with the social hierarchy (Gao, 2010). To some extent, li may be regarded as another form of self-regulation. It requires that an individual regulate his or her own behaviors so that he or she can “act in accordance with external expectations or social norms” rather than “act in accordance with internal wishes” (Gao, 2010, p. 42). An individual does not become an acceptable human being by birth alone, deliberate efforts to be educated are to be provided (Wu, 1996). Under the influence of these views, Chinese parents believe that it is their moral responsibility to teach their children to adhere to socially desirable and culturally-approved behaviors (Chao, 1993). According to Confucianism, a child’s learning process begins with the family during early childhood as they “lay the foundation for the child to become a future adult of proper manner” (Wu, 1996, p. 154). Children are expected to act on their parents’ commands and accept social obligations with a relative lack of emphasis on independence, assertiveness, and creativity (Wu, 1996).

Chinese parents use a typical parenting practice of guan, which is often perceived as “authoritarian” by western researchers. However, guan has a distinctive meaning that is not included in the authoritarian concept (Chao, 1993, p. 3). The term “authoritarian” often evokes associations such as “parental hostility,” “militaristic,” “regulated,” or “strict”, which are interpreted as negative attributes in the United States (Chao, 1993, p. 14). Yet, guan describes the responsibility endorsed by parents in rearing their child (Wang & Chang, 2010). In Chinese culture, guan is a broad concept that refers to “a stricter or more rigorous” parenting, or teaching full of care and love from the parents to make their child become an acceptable member of society, and it is regarded as very positive (Chao, 1993, p. 14). Families directly teach, model, interfere, and control their children to help them become a good member of Chinese culture.

The Chinese parenting practice of guan helps explain why these participant families of young children with disabilities in China spoke more about their strategies to regulate their children. In contrast to individualistic cultures in which behavior is mainly regulated by individual likes, dislikes, or cost-benefit analysis, in collectivist culture behavior is regulated largely by social norms. Chinese families may want their children to internalize that they should “regulate” or “guan” themselves according to li. Parents may help their children to develop such self-regulation skills by demonstrating through direct regulation of the child in the early years. Parent-regulation in early years may be a necessary step to self-regulation in children. In short, these participate families put more emphasis on how to become self-regulated from the external instead of the internal perspective of the child.

Families in this study also used guan to help their children engage, especially in learning and studying. Chinese culture is known for its emphasis on academics (Hau & Salili, 1996).
In Chinese culture, education is regarded as the most effective avenue to social and economic advancement, as well as for improvement of the person (Wu, 1996). Education is believed to be important because it is a ladder in the social hierarchy (Hau & Salili, 1996). Therefore, families place great emphasis on the child’s education. Professionals, especially teachers, are highly respected and regarded as authorities. In a collectivist culture, children’s educational attainment is not only reflective of the child, but the whole family as well. In Chinese culture, children are often taught that “all jobs are low in status, except to study, which is the highest [job] (wan ban jie xia, wei you du shu gao)” (Hau & Salili, 1996, p. 128). Such views could be one of the reasons why these family members did not let their children make choices related to academics and put a high emphasis on engagement in studying, so much so that young children may be forced to study.

In Chinese culture, engagement with people, especially peers, is regarded as equally important to the healthy development of a child. Connecting with others or building relationships is especially necessary in collectivism. However, people with disabilities have the lowest social status in the hierarchy system (Deng, Poon-Brayer & Farnsworth, 2001). Disability is still widely regarded as a result of punishment for evil things conducted by the previous generation (Deng, et al., 2001). Due to the cultural stigma against people with disabilities in China, children with disabilities are still rejected by their peers. Families in this study also had to guan their child’s engagement with others especially with peers. This study showed that some families had to guan intentionally to create opportunities for engagement with peers by encouraging their relatives’ children to play with their children. Some families in this study bravely went out of their home and actively sought to or created opportunities for their children to engage with peers. In short, guan and li are two key concepts in this study and assist our understanding of families of young children with disabilities and their perceptions and promotion in the development of foundational skills of self-determination. To make sure their children will become acceptable members of society, families of children with disabilities perform their loving responsibility to guan their children.

**Limitations**

China is a vast country with a massive population. The reader, therefore, is cautioned to interpret these results given this factor. The results found here may not be representative of all families of young children with disabilities from across China. Although a qualitative research design does not aim to generalize the findings, variations in families in this study tried to provide a better description of families of young children with disabilities in China. Future directions for this research include a more expansive design that addresses diversity of geographic locations, economic backgrounds, and possibly including observational data and an increase in the number of interviews. Finally, prolonged engagement with families across longer time periods would promote a better understanding of the complex issues regarding each family’s experience in early childhood intervention and the development of foundations for self-determination in their young children with disabilities. Prolonged engagement would give an opportunity to develop greater rapport with families and to gather more in-depth information regarding services and supports that families should receive. Despite the limitations of this study, this exploratory research provides an initial understanding on the development of foundations for self-determination in a culture other than mainstream American culture and contributes to a better understanding of these skills by diverse cultures. It also has implications for practitioners in the United States who are working with families from China who have children with disabilities.

**Summary**

This study shows that foundational skills of self-determination are also valued in China. However, compared to the individualistic culture in the United States that stresses independence, individual choices, self-expression, and uniqueness, Chinese collectivist culture puts more emphasis on obedience and dependence so children can behave according to li. Families of young children with disabilities in
China promoted the development of foundational skills of self-determination differently from their counterparts in the United States. Chinese families used the popular Chinese parenting practice of guan to help their children make choices, regulate themselves, and engage in a proper way that fits into the Chinese culture.

It is critical for practitioners to understand how the practices of families from Chinese culture can be different from those of families in the United States. It is especially important for practitioners who want to build partnerships with families from Chinese culture. Their parenting style is governed by a strong emphasis placed by the families on the importance of education and the concepts of li and guan. Without proper understanding of guan, practitioners may think that families from Chinese culture direct, govern, control, interfere, or restrict their children too much. With proper understanding of Chinese culture and its influence on families, practitioners can build more efficient and effective partnerships with families.

References


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