

Narrative Reconstruction of Self and Disability: A Comparative Analysis of Vocational Rehabilitation Frameworks in Japan, the UK, and the USA

1. Executive Summary

The construct of "disability acceptance" (*shogai juyo* in Japanese) has long served as a foundational pillar in rehabilitation psychology and vocational counseling. Historically, this concept has been operationalized through linear, stage-based models that parallel Kübler-Ross's stages of grief, positioning "acceptance" as a terminal endpoint of psychological adjustment—a state of resignation or resolution required before an individual can successfully re-integrate into the workforce and society. However, a rigorous analysis of contemporary legal frameworks, academic literature, and institutional guidelines across Japan, the United Kingdom, and the United States reveals a significant paradigm shift. The field is moving away from these static, medicalized definitions toward dynamic, narrative-based models where acceptance is re-conceptualized as "biographical reconstruction." In this emerging view, the individual is not a passive patient accepting a deficit, but an active protagonist integrating disability into a continuous life story.

This report provides an exhaustive examination of this theoretical and practical evolution, with a primary focus on Japan and comparative analyses of the UK and USA. In Japan, while official Ministry of Health, Labour and Welfare (MHLW) guidelines largely retain functional, resource-based definitions of support, a radical grassroots innovation known as *Tojisha-kenkyu* (User-Led Research) is redefining the epistemology of acceptance. By transforming "symptoms" into "research themes" and personal hardships into "self-manuals," *Tojisha-kenkyu* creates a unique vocational competence based on metacognition and narrative disclosure.¹ This contrasts sharply with the United Kingdom, where the dominance of the Social Model of Disability has politicized "acceptance," often rejecting the term's implication of individual psychological deficiency in favor of "barrier removal" and "occupational identity".⁴ Meanwhile, the United States presents a bifurcated landscape: a legalistic "Empowerment Model" driven by the Americans with Disabilities Act (ADA) exists alongside a rich tradition of "Narrative Career Counseling" (Savickas), which treats the "career story" as a mechanism for unifying the pre- and post-disability self.⁶

A critical, under-explored intersection identified in this research is the permeation of "Accounting" metaphors in rehabilitation discourse. The tension between the "moral accounting" of disability—where the disabled individual is socially positioned as owing a debt to the collective or carrying a deficit ledger—and the administrative "accountability" of

service providers creates a complex narrative environment. This report argues that sustainable vocational outcomes depend not merely on functional adaptation, but on the successful "narrative competence" of the individual to "account for" their disability in a way that preserves agency, continuity, and self-worth.

2. Theoretical Frameworks: From Linear Stages to Narrative Slopes

To rigorously evaluate the definitions of disability acceptance in vocational contexts, it is necessary to first dismantle the prevailing psychological models that have informed policy for decades and establish the theoretical basis for the narrative turn.

2.1 The Critique of the Stage Model in Vocational Contexts

For much of the 20th century, vocational rehabilitation (VR) was underpinned by stage theories that viewed disability as a tragedy requiring emotional processing. In this framework, "denial" was seen as an impediment to employment planning, and "acceptance" was the gateway to realism. However, academic literature in narrative psychology and social work increasingly argues that this model is insufficient for the complex reality of lived experience, particularly for those with acquired disabilities.⁸ The stage model implies a finality that does not exist; individuals often cycle through various states of engagement with their disability depending on environmental barriers and life stages.

Michael Bury's seminal concept of **Biographical Disruption** serves as the primary theoretical counter-narrative. Bury posits that chronic illness or disability is not merely a medical event but a rupture in the structures of everyday life and the forms of knowledge that underpin them. It disrupts the expected trajectory—the "narrative slope"—of a life.¹⁰ When a worker acquires a disability, they do not just lose function; they lose the future they had anticipated. "Acceptance," therefore, cannot be reduced to an emotional state of "being okay" with loss. Instead, it must be understood as a cognitive and narrative task of repairing this rupture.

Gareth Williams extended this with the concept of **Narrative Reconstruction**. When the biography is disrupted, the individual must engage in "narrative work" to reconnect the past, present, and future. In vocational rehabilitation, this is critical. A worker who cannot narratively bridge their pre-disability identity with their current functional status may struggle with "vocational identity foreclosure," viewing their working life as "over" even if they possess the physical capacity to work. Williams argues that the reconstruction of the self is a fundamental prerequisite for the reconstruction of an occupational life.¹³

2.2 The Intersection of "Accounting" Metaphors and Psychology

A novel and sophisticated insight emerging from the intersection of cognitive linguistics and social work is the metaphor of **Accounting**. Lakoff and Johnson's "Moral Accounting"

metaphor suggests that human beings conceptualize well-being as wealth and duty as debt.¹⁶ This metaphor is pervasive in the language of rehabilitation and social welfare, influencing how "acceptance" is framed by both the state and the individual.

In the context of disability, the accounting metaphor manifests in two distinct directions. First, the **Deficit Ledger** model views disability as a "debit" on the individual's balance sheet—a loss of human capital or functional capacity that must be "compensated" for by rehabilitation, welfare payments, or affirmative action.¹⁸ Under this model, "acceptance" implies acknowledging one's insolvency—admitting that one is "less than" and requires external aid. This can be psychologically damaging, as it ties self-acceptance to a recognition of reduced worth.

Conversely, narrative approaches attempt to flip this ledger through the **Narrative Asset** model. By "accounting for" the disability—explaining it, giving it meaning, and integrating it into a broader life theme—the individual transforms it from a liability into a unique vantage point or "resource".²⁰ Narrative competence becomes a form of capital. The ability to tell a coherent story about one's disability allows the individual to negotiate accommodations not as charity, but as necessary tools for deploying their unique assets. This shift from "accounting as debt" to "accounting as explanation" is central to the modern understanding of self-acceptance in vocational settings.

Furthermore, this metaphor extends to the institutional level. Non-profit organizations (NPOs) and rehabilitation agencies are held to strict "accountability" standards that often force them to quantify disability in terms of costs and outcomes.²³ This "audit culture" can clash with the qualitative, non-linear nature of narrative self-acceptance, forcing practitioners to prioritize measurable "placements" over the more nebulous but vital "narrative reconstruction" of the client.

3. Japan: The "Tojisha" Turn and the Reconstruction of the Self

Japan presents a unique duality in its approach to disability acceptance. The official administrative framework is highly bureaucratic, functionalist, and rooted in medical definitions, yet the academic and grassroots sectors have developed some of the world's most innovative narrative methodologies, specifically the phenomenon of *Tojisha-kenkyū*.

3.1 Legal and Institutional Definitions: MHLW and the "Independence" Narrative

The Ministry of Health, Labour and Welfare (MHLW) guidelines for vocational rehabilitation do not explicitly utilize terms like "Narrative Reconstruction" or "Biographical Disruption." Instead, the prevailing discourse is anchored in concepts of "Social Resources" (*Shakai Shigen*) and

"Care Management".²⁶

The MHLW defines social resources broadly as "anything available to support the self-realization and subjective life of persons with disabilities".²⁶ While this definition includes "subjective life" (*shutaiteki na ikikata*), which opens a door for narrative considerations, the operational focus remains on connecting the individual to *external* resources—job coaches, training centers, and support networks—rather than cultivating *internal* narrative resources. The goal of rehabilitation is framed as "Vocational Independence" (*Shokugyo Jiritsu*), which is frequently measured by financial autonomy and stability in employment rather than psychological integration or narrative coherence.

The National Institute of Vocational Rehabilitation (NIVR) lists "disability acceptance" (*shogai juyo*) as a critical component of vocational counseling, often paired with "vocational adaptation".²⁷ In this official context, acceptance is operationalized as a readiness factor—a prerequisite for placement. It is treated as a barrier: if a client has not "accepted" their disability, they are often viewed as "unready" for the labor market or "lacking insight" into their limitations.²⁸ This reflects a lingering medical model influence where the patient's refusal to accept the permanence of their condition is seen as a pathology (denial) rather than a form of resistance or an unfinished narrative process.

Gap Analysis: There is a significant lag between the MHLW's operational guidelines, which view acceptance as a "compliance" or "insight" metric (recognizing one's limits to ensure safety and stability), and the academic understanding of acceptance as a creative reconstruction of identity. The legal framework of the *Comprehensive Support Act for Persons with Disabilities* has begun to emphasize "decision-making support"³⁰, which implicitly requires understanding the individual's will and narrative, but the translation of this into "narrative support" in vocational settings remains uneven.

3.2 *Tojisha-kenkyu*: A Radical Narrative Methodology

The most profound innovation in Japanese disability acceptance is ***Tojisha-kenkyu*** (User-Led Research or Self-Support Research). Originating at Bethel House in Urakawa, Hokkaido, this approach fundamentally subverts the medical model and has spread to vocational rehabilitation contexts for developmental and mental disabilities.¹

In the *Tojisha-kenkyu* framework, the individual is not a patient "accepting" a diagnosis from a doctor. They are a researcher studying their own "suffering," "difficulties," or "patterns" as a research theme. A person with schizophrenia does not simply "suffer from hallucinations"; they "research the mechanism of their hallucinations" to understand the triggers and meanings behind them.³² This methodological shift has immense implications for the definition of acceptance:

1. **From Patient to Researcher:** Acceptance is no longer about resignation. It is about epistemic authority. The individual accepts that they have a condition, but they also claim

- the power to define, study, and manage it.
2. **Narrative Externalization:** By turning symptoms into data, the individual externalizes the problem. This mirrors Michael White's Narrative Therapy ("The person is not the problem; the problem is the problem") but adds a communal, scientific layer. The "research" is shared in peer groups, creating a collective narrative of survival and adaptation.
 3. **Vocational Application - "Weakness Disclosure":** *Tojisha-kenkyu* encourages the creation of "Self-Manuals" (*Jibun Jiten*) where individuals document their "patterns of difficulty" and "coping mechanisms." In a vocational context, this replaces the shame of "limitations" with the competence of "self-knowledge." Instead of apologizing for a disability, the worker presents a "manual" on how they function best.³⁴ This is a radical redefinition of "Self-Acceptance"—not as resignation, but as *expertise* in one's own phenomenology. The acceptance of "weakness" is transformed into a "strength" (the ability to manage oneself), thereby resolving the tension in the moral accounting ledger.

3.3 Academic Research: Life Stories and Prospective Reconstruction

Japanese academic literature provides empirical support for these narrative approaches, particularly in the context of acquired disability (e.g., spinal cord injury or stroke) where the biographical disruption is most acute.

Research by Shirai (2019) on youth with acquired disabilities utilizes the "Prospective Reconstruction Method" of life stories. The study found that individuals do not just "look back" to mourn the past; they "segment" time to create a "Self-Continuity" that bridges the pre- and post-injury self.³⁶

- **Key Insight:** The participant in Shirai's study redefined "worrying" not as a symptom of depression caused by the accident, but as a personality trait ("I've always been a worrier"). This "generalization" technique allowed him to maintain identity continuity ("I am still me") despite the radical physical change. This suggests that "acceptance" involves finding narrative threads that survived the disruption, allowing the individual to stitch the two halves of their life back together.

Homma et al. (2015, 2016) applied Gareth Williams' concept of narrative reconstruction to Japanese patients with Fibromyalgia. They found that "peer interaction" was the catalyst for reconstruction. Hearing others' stories provided the "vocabulary" needed to construct their own new identity.¹³

- **The "Pendular" Model:** Unlike Western linear models that move from "denial" to "acceptance," Japanese researchers often cite Yoshida's (1993) "Pendular Reconstruction," where the self swings back and forth between the "disabled self" and the "non-disabled self," eventually finding a rhythm rather than a static endpoint.¹³ This model is particularly relevant for vocational rehabilitation, suggesting that a worker may need to oscillate between requesting accommodations (disabled self) and striving for normative performance (non-disabled self) without being labeled as "in denial" or

"unrealistic."

3.4 Pop-Culture and Narrative Permeation

It is worth noting that narrative reconstruction of disability has permeated Japanese pop culture, which in turn influences the "cultural narrative resources" available to young people entering the workforce. The visual novel *Katawa Shoujo*, though controversial, depicts a protagonist (Nakai Hisao) who acquires a heart condition and must navigate a new school for students with disabilities. The narrative arc explicitly rejects "pity" and focuses on the mundane, romantic, and vocational futures of the characters, mirroring the "normalization" goals of the disability rights movement.³⁹ These cultural texts provide younger generations with "scripts" for acceptance that are distinct from the tragic or medical scripts of the past, emphasizing agency and the possibility of a "normal" life despite impairment.

4. United Kingdom: The Social Model and Occupational Storytelling

In the UK, the discourse on "acceptance" is heavily mediated by the **Social Model of Disability**, which distinguishes sharply between "impairment" (functional loss) and "disability" (social exclusion). This ideological framework fundamentally alters the meaning of acceptance in vocational rehabilitation.

4.1 The Social Model vs. Psychological Acceptance

Under the Social Model, "accepting" disability can be politically contentious. If disability is caused by society's failure to accommodate, then "accepting" it can sound like accepting oppression or injustice. Therefore, UK literature often reframes acceptance as "**Disability Identity**" or political consciousness.⁴

Shakespeare and Watson (2002) and other UK theorists critique the "adjustment" models that pathologize the emotional reactions to disability. They argue that distress is a rational response to social barriers and discrimination, not a psychological failure to "accept" the condition.⁵ Consequently, UK Vocational Rehabilitation (VR) guidelines focus less on changing the individual's psychology (fixing the worker) and more on "**Reasonable Adjustments**" in the workplace (fixing the environment).⁴⁵ The "burden of acceptance" is thus shifted from the individual (who must accept limits) to the employer (who must accept difference).

However, this structural focus can sometimes obscure the personal, biographical pain of impairment. Critics of the strong Social Model argue that it leaves little room for discussing the physical suffering or the loss of self that accompanies acquired disability. This is where narrative approaches in Occupational Therapy have found a vital niche.

4.2 Occupational Therapy and Narrative Practices

Despite the structural dominance of the Social Model, UK occupational therapy (OT) retains a strong narrative component, viewing "occupation" (work, leisure, daily living) as a core constituent of identity.

The Royal College of Occupational Therapists (RCOT) and researchers like Petra Makela explore concepts of "**Occupational Storytelling**." This involves helping clients narrate their return to work not just as an economic necessity but as a restoration of their "occupational identity".¹⁵ When a person returns to work, they are "re-storying" themselves as a productive member of society.

Recent guidelines have also integrated **Acceptance and Commitment Therapy (ACT)** into vocational rehabilitation. Crucially, ACT defines acceptance not as "resignation" (giving up) but as "willingness to experience thoughts/feelings without avoidance" while pursuing values-based action.⁴⁶ This aligns perfectly with the narrative goal of moving forward *with* the disability rather than waiting for it to disappear. In this context, "acceptance" is a functional, active state—accepting the presence of pain or anxiety so that one can engage in the meaningful activity of work.

4.3 The "Accounting" of Care and Austerity

The UK sector is also where the "Accounting" metaphor is most visible in a critical, systemic sense. With the rise of "Personalisation" and "Direct Payments" in social care, disabled people were effectively forced to become "accountants" of their own care, managing budgets and justifying expenses.

This creates a narrative tension: to access resources (benefits, support workers), the individual must produce a "narrative of need" or "deficit," cataloging their inability to perform tasks. However, to secure employment, they must produce a "narrative of competence" or "asset." Navigating these contradictory accounting systems—the "deficit ledger" for the state and the "asset ledger" for the employer—requires a sophisticated form of **code-switching** or narrative flexibility.²³ The bureaucratic burden of "proving" disability can disrupt the therapeutic narrative of self-acceptance by forcing the individual to constantly focus on their limitations to justify funding, reinforcing the "moral debt" metaphor rather than relieving it. The "Fit Note" system, which replaced the "Sick Note" to focus on what people *can* do, attempts to shift this, but the underlying austerity mechanics often preserve the "accounting of lack."

5. United States: Empowerment, Identity, and Narrative Career Counseling

The US approach is characterized by a strong emphasis on **individual rights** (underpinned by the ADA) and **psychosocial adaptation** metrics, overlayed with a rich, specifically American tradition of **career counseling** that is increasingly turning toward narrative methods to foster

self-acceptance.

5.1 Commission on Rehabilitation Counselor Certification (CRCC) Framework

The CRCC Code of Ethics and Scope of Practice define the professional boundaries of vocational rehabilitation in the US. The guidelines emphasize "client-centeredness," "informed consent," and "mutually agreed-upon plans," shifting away from the older paternalistic models.⁴⁹

However, "acceptance" is still frequently treated as a measurable variable in "psychosocial adjustment." **Disability Adjustment Counseling (DAC)** is recognized as a core function of the rehabilitation counselor. Research indicates that while many counselors do not subscribe to a single rigid "stage model," they view "acceptance of disability" as a key predictor of employment outcomes.⁵² The goal is often "Adaptation"—a functional state of equilibrium—rather than the deeper "Reconstruction" of the self found in narrative theory. The metric for success is often the "closure" of the case (employment), which can sometimes incentivize a superficial acceptance (compliance) over a deep narrative integration.

5.2 Narrative Career Counseling (NCC) and Life Design

The most significant "narrative" contribution from the US is **Narrative Career Counseling**, pioneered by Mark Savickas and colleagues.⁶ NCC views a career not as a ladder to be climbed but as a story to be written. For individuals with disabilities, NCC is transformative because it shifts the question from "What jobs can you do with this impairment?" to "How does this impairment fit into the theme of your life story?"

The "**Career Story Interview**" is a key technique in this model. It elicits "life themes" from early memories, role models, and favorite stories. A client who acquires a disability is helped to see that their "life theme" (e.g., "helping others," "solving puzzles," "creating beauty") remains intact, even if the "plot" (the specific job or physical ability) must change. This supports **Self-Acceptance** by validating the continuity of the core self.⁷ The disability is reframed not as a career-ending tragedy, but as a "plot twist" that requires the protagonist (the client) to find new ways to enact their life theme. This approach is highly compatible with Constructivism, viewing the vocational future as something to be *constructed* rather than *predicted* based on functional limitations.

5.3 Disability Identity and the "Minority Model"

Parallel to the UK's Social Model, the US "Minority Model" (Hahn) views people with disabilities as a minority group facing discrimination. Within this framework, "Self-Acceptance" is synonymous with "**Pride**" and "**Identity Integration**."

US literature is particularly critical of the "overcoming" narrative (the "Supercrip"). True

acceptance, researchers argue, is not "overcoming" disability (which implies the disability is bad and must be defeated) but "integrating" it. Vocational counseling that pushes clients to "overcome" may be harmful, leading to burnout and denial of necessary accommodations. Conversely, counseling that helps them "integrate" disability as a valued part of their identity leads to more sustainable employment outcomes.⁴ The counselor acts as an "ally" in this identity work, helping the client navigate the "stigma management" required in the workplace.

6. Comparative Synthesis: The "Accounting" of the Self

The most nuanced insight emerging from this comparative review is the role of "**Accounting**"—both as a cognitive metaphor for self-worth and a literal mechanism of welfare administration.

6.1 The Moral Balance Sheet of Disability

In all three regions, the "Moral Accounting" metaphor¹⁶ underpins the psychological struggle of disability acceptance. Society often imposes a ledger where:

- **Debit (Burden):** The internalized stigma that one is a "burden" on the family, the state, or the employer due to reduced productivity or the need for care.
- **Credit (Productivity):** The belief that one must "earn" existence and respect through economic productivity or "overcoming" the disability.

Japan's Tojisha-kenkyu flips this ledger effectively. By turning "weakness" into "research data," the liability becomes an asset. The "burden" of care becomes the "value" of unique knowledge. The participant is no longer a debtor to society but a contributor of wisdom regarding the human condition.

US Narrative Career Counseling balances the ledger by showing that the client's "life theme" has intrinsic value independent of their physical productivity. It credits the individual for their narrative resilience.

UK Social Model rejects the ledger entirely, arguing that the "debt" is owed by society to the individual for creating barriers.

6.2 Resource Metaphors: Limited vs. Infinite

Psychological literature often treats coping as a "limited resource" (The Resource Metaphor).²¹ If a person uses all their cognitive resources "coping" with the trauma of disability, they have none left for work. This leads to a "readiness" model where work is delayed until coping is "finished" (acceptance).

Narrative approaches, however, view the story as an *infinite* resource. The more you tell the story, the more "coherent" and strong the self becomes. This distinction is crucial for vocational rehabilitation:

- *Old Model:* "Wait until they have enough coping resources to work." (Passive waiting for acceptance).

- *New Model:* "Start the work of narrative reconstruction to generate resources." (Active creation of acceptance through engagement).

Table 1: Comparative Definitions of Acceptance in Vocational Rehabilitation

Feature	Japan (Tojisha / Narrative)	UK (Social Model / OT)	USA (Narrative / Empowerment)
Core Metaphor	Research / Co-production	Political Struggle / Rights	Career Story / Life Design
Definition of Acceptance	Treating symptoms/disability as a "research theme" and expertise. Epistemic authority.	Accepting "Identity" as a disabled person; rejecting "Tragedy." Political consciousness.	Integrating disability into the "Life Theme"; Continuity of Self. Identity integration.
Vocational Goal	"Disclosure of Weakness" as a work skill; Self-Manuals (<i>Jibun Jiten</i>).	Removal of barriers; Reasonable Adjustments; Occupational Storytelling.	"Life Design"; aligning work with narrative themes; Disability Adjustment.
Key Theorists/Groups	Bethel House, Kumagaya, Shirai, Homma	Bury (Disruption), Williams (Reconstruction), Shakespeare	Savickas (NCC), Hahn (Minority Model), Livneh
Role of "Accounting"	Weakness = Asset (Data/Wisdom)	Rejecting the "Cost" narrative; Austerity critique	Balancing the "Self-Worth" ledger; Pride

7. Implications for Vocational Rehabilitation Practice

The shift from "Stage Models" to "Narrative Models" requires a fundamental change in how Vocational Rehabilitation (VR) is practiced globally.

7.1 From Assessment to "Co-Authoring"

Standard VR assesses "residual functional capacity"—what is left after the injury. A Narrative VR approach assesses "narrative capacity":

- Can the client tell a coherent story about their future?
- Do they have a "script" for explaining their disability to an employer?
- **Recommendation:** VR intake should include "Life Line" or "Career Story" interviews (Savickas) alongside functional capacity evaluations. The counselor is not an assessor but a "co-author" helping to draft the next chapter.

7.2 The "Self-Manual" as a Vocational Tool

Adopting the *Tojisha-kenkyu* method, VR practitioners should help clients create "**User Manuals**" for themselves.

- *Standard Resume:* Lists skills and employment history (often with gaps due to disability).
- *Narrative Resume/Manual:* Lists "How I work best," "Signs that I am fatigued," and "What support I need to be productive."
- This transforms "accommodations" from a legal demand (which can be adversarial) into a productivity tool (which is collaborative), increasing the employer's willingness to "accept" the employee.

7.3 Re-Accounting the Self

Practitioners must explicitly address the "Moral Accounting" metaphor in counseling.

- **Technique:** "Cognitive Ledger Balancing." Help the client identify "credits" (unique perspectives, resilience, problem-solving skills learned *through* disability) to offset the perceived "debits" (limitations).
- **Institutional Accountability:** Agencies must measure success not just by "placement rates" (did they get a job?) but by "narrative integration" (do they feel the job fits their life story?). High integration predicts retention; low integration (just taking any job to "pay the debt") predicts drop-out.

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Key Metaphors in Research

- **Accounting Metaphor:** Lakoff & Johnson (Moral Accounting) applied to social work and accountability.¹⁶
- **Resource Metaphor:** Cognitive resources in psychology vs. Narrative resources.²¹

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