

Executive Summary

Disability **acceptance** and **self-acceptance** are defined in nuanced ways across contexts. In **Japan**, “障害受容” (shōgai juyō, disability acceptance) is viewed as an **active, narrative process** of coming to terms with one’s impairment – not mere resignation, but **reconstructing one’s identity and life story** to integrate the disability ¹. Government guidance in Japan emphasizes that acceptance involves understanding one’s difficulties and “accepting oneself as one is,” while discovering new values and ways of living with the disability ¹. This process is considered crucial for rehabilitation outcomes and quality of life – advancing **self-acceptance** reduces anxiety and improves mental stability ². However, Japanese scholars have critiqued a rigid interpretation of “acceptance.” Rather than a final stage of **adaptation**, acceptance is increasingly seen as a **flexible, evolving narrative**: a person’s sense of “acceptance” may ebb and flow with life changes ³ ⁴. In contrast, **UK and US** perspectives ground acceptance in broader social and empowerment frameworks. The **UK’s Social Model of Disability** shifts focus from individual adjustment to societal change – disability is **not an individual flaw to “accept”**, but a mismatch between a person’s impairment and an unaccommodating society ⁵. **US legal definitions** (e.g. the ADA) likewise frame disability in terms of functional limitation and discrimination, not personal acceptance ⁶. Instead of “acceptance” as passive compliance, Anglo-American practice emphasizes **empowerment, rights, and narrative meaning-making**. For example, **“recovery” models in mental health** (increasingly influential in the UK/US) define acceptance as part of reclaiming a meaningful life – developing new purpose and self-understanding beyond the illness/disability, rather than simply adjusting to loss ⁷. Across all contexts, **narrative and constructivist approaches** reconceptualize acceptance **not as a one-time event or stage**, but as an ongoing story: individuals “rewrite” their biographies after disability onset, turning a disruptive event into a coherent narrative of resilience and identity transformation (often termed **biographical disruption and reconstruction**) ⁸. This comparative analysis examines how Japan, the UK, and the US define and operationalize “acceptance” – legally, institutionally, and academically – highlighting a trend away from viewing acceptance as passive adaptation and toward seeing it as an **empowering narrative process of self-redefinition**.

Japan Analysis: Legal, Institutional, and Academic Definitions

Legal/Institutional Definitions in Japan – “Acceptance” as Understanding and Identity Change: Japan’s legal framework and policy documents embed a concept of acceptance that balances personal and social factors. The **Basic Act for Persons with Disabilities** (障害者基本法) defines “persons with disabilities” in a way that acknowledges social context: individuals with physical, intellectual, mental (including developmental) impairments “who, in interaction with social barriers, face substantial restrictions in daily and social life.” ⁹ This definition, updated in line with the social model, implies that **the goal is not simply for the person to adjust, but for society to remove barriers** – a legal recognition that resonates with acceptance as a shared process (individual and societal). Government and institutional guidelines in rehabilitation further detail what “**障害受容**” (**disability acceptance**) entails. According to a guidance document by Japan’s Ministry of Health, Labour and Welfare, “**障害受容とは、自身の障害の特徴や困難さを正しく理解し、ありのままの自分を受け入れるプロセス**” – **a process of understanding the characteristics and difficulties of one’s disability and accepting oneself as one is** ¹. Importantly, it stresses this is “not simply giving up (諦める)”; it is an **active process of facing**

oneself and finding new values or ways of life ¹. The official description highlights several **key components** of acceptance, which align with narrative reconstruction:

- **Deepening self-understanding:** Gaining an accurate, objective understanding of one's disability and its impact ¹⁰. (Rather than denial, the individual confronts the reality of the impairment.)
- **Reality acknowledgment:** Recognizing the limitations caused by the disability and “accepting them as part of one's life” ¹⁰. This echoes a **constructivist stance** – integrating the disability into one's life story.
- **Discovering new possibilities:** Shifting focus to what is still possible. The guideline explicitly encourages looking for new perspectives, abilities, or opportunities opened up because of or despite the disability ¹⁰. This positive re-framing is a narrative strategy: finding meaning in change.
- **Identity reconstruction:** Forming a “new self-image that includes the disability” and recovering self-esteem ¹¹. In other words, **rebuilding one's identity narrative** to incorporate the disability as one facet of oneself (instead of viewing it as an external tragedy). This is a central idea in narrative rehabilitation approaches – the person's “**narrative identity**” must evolve to accommodate the changed reality.
- **Reconstructing relationships:** Discovering new ways of connecting with society and others as a person with a disability ¹². Rather than withdrawing, acceptance involves renegotiating one's social roles and support, consistent with the Japanese emphasis on community integration.

Japanese rehabilitation literature often treats **disability acceptance as a prerequisite to pursuing training, education, or work**. The above elements illustrate why: only by accepting the “new self” can a person confidently engage in vocational rehabilitation or social participation. Institutional texts underscore that successful acceptance can dramatically improve a person's **quality of life (QOL)** and rehabilitation outcomes ² ¹³. For example, progress in self-acceptance (自己受容) is said to relieve anxiety and stress, bringing **psychological stability**, and to increase **self-efficacy**, as the person focuses on achievable goals rather than losses ². Likewise, “リハビリテーションの効果向上” (enhanced rehab outcomes) is linked to acceptance – suggesting that a person who has processed their narrative will be more motivated and benefit more from training ¹³. In summary, Japanese institutional definitions cast “acceptance” as an **active, growth-oriented journey**: the individual **reframes their life story**, incorporating the disability into their identity in a positive or realistic way, which in turn fosters mental well-being and readiness to participate in society.

Academic Perspectives in Japan – From Stage Models to Narrative Process: Academically, Japan initially imported **Western stage-models of disability adaptation** in the mid-20th century, but contemporary scholars have been re-examining and critiquing these concepts. In rehab psychology, “**障害受容**” has long been a key concept, viewed as the psychological state disabled persons ideally reach. Early research (from the 1950s–1980s) treated acceptance as a **linear progression** through emotional stages. For instance, classic theories posited phases like shock, denial, grief, defensiveness, and finally adaptation (or acceptance) ¹⁴. Japanese textbooks often cited such “**段階説**” (**stage theories**), suggesting that a person must pass through confusion and mourning to eventually “accept” the changed body and life ¹⁵. This notion made **acceptance a kind of endpoint** – defined as when the person “acknowledges the disability as it is” and thereby is ready to move on with education, work, and life ¹⁵. In practice, this was sometimes interpreted prescriptively: acceptance was the “**ideal state**” of a disabled person – something **rehab professionals would urge clients to achieve** as a goal ¹⁶.

Modern Japanese research, however, identifies **problems with the traditional “障害受容” concept**. One issue is that **each disability type presents different challenges**; a one-size-fits-all acceptance model is too simplistic ¹⁷. More fundamentally, critics argue that treating acceptance as a fixed end-state or “personal obligation” is misguided ¹⁸. **Yuasa et al. (2024)** trace the evolution of the acceptance concept

and note it has often been disseminated as “the ideal attitude or goal state” for persons with disabilities – effectively a **value judgment about how a disabled person should feel**¹⁶. They argue that going forward, “障害受容概念は当事者の理想の姿を示すものではなく、当事者がどのように感じ考えているかを探求するための概念であるべき” – the concept should **not** prescribe an idealized outcome, but rather serve as a **framework to explore each individual’s lived experience of their disability**¹⁶. This marks a shift toward a **narrative and phenomenological approach**: researchers should listen to personal stories and understand how people make sense of their disabilities, instead of rating them on a yardstick of “complete acceptance.”

First-person narratives by Japanese individuals with disabilities reinforce this perspective. For example, **Akihiro Ōsato**, a physician who lost his sight, reflects that he never felt he fully “accepted” his blindness – he still had moments of wishing he could see^{19 20}. He questions whether complete acceptance is even possible. Ōsato notes that after initial adjustment (learning Braille, mobility, etc.), he assumed he had accepted his condition; yet living in the community, he found his sense of acceptance was “unstable and fluid,” with recurring grief and frustration³. Notably, when legal changes struck down occupational restrictions (the medical licensing “欠格条項”), he seized the chance to become a doctor – a drastic life change requiring him to “否定…それまでの生き方を価値転換”, essentially upend his former life assumptions and shift his values²¹. This would have been impossible if acceptance meant static contentment. He concludes that **acceptance must be held “flexibly and relatively,” not as a permanent, all-or-nothing state**⁴. In other words, life changes (in environment or personal growth) may prompt a **renewal of one’s narrative** – a re-negotiation of what acceptance means in a new context.

Such views align with a **narrative (constructivist) model of disability acceptance** emerging in Japanese scholarship. Rather than a **one-time “graduation” from grief**, acceptance is seen as a **continual narrative process**: individuals continuously interpret and re-interpret the meaning of their disability as their life unfolds. Researchers have begun using **life-story methods** (ライフストーリー) to study this process^{22 23}. For instance, Tagaki (2002) examined the life stories of people with acquired physical disabilities in Japan, arguing that a life-span developmental and narrative viewpoint sheds new light on “障害受容”²⁴. Other studies of parents of children with disabilities note that parents’ “recognition and acceptance” of the disability evolves alongside changes in their social context and the child’s life stages – again suggesting a **biographical trajectory** rather than a fixed endpoint²³. In sum, **contemporary Japanese academic thought is shifting**: while “障害受容” remains a vital concept, there is growing emphasis on **personal narrative, life-long development, and the social environment**. Acceptance is no longer seen as simply “adaptation to a loss,” but as a **story of identity reconstruction** – an ongoing **biographical project** in which the individual, their family, and society all participate. This narrative approach also exposes gaps in practice: Japanese vocational rehab services, for example, may need to incorporate more peer support and storytelling opportunities (often lacking in a traditional medical model) to truly facilitate this kind of narrative self-acceptance.

UK/USA Comparative Analysis: Social vs. Empowerment Models in Narrative Practice

In Western contexts, “acceptance” is framed less as a clinical stage and more as part of empowerment and identity. We see two influential paradigms: the Social Model of Disability (**prominent in the UK**) and various Empowerment/Recovery models** (common to the US and UK), each with implications for narrative practices.

The UK and the Social Model – Shifting the Narrative from Personal Tragedy to Social Oppression: The UK has been a crucible for the **Social Model of Disability**, which fundamentally **redefines**

“acceptance”. Developed by disabled activists in the 1970s-80s, the social model holds that **people are disabled by societal barriers and attitudes, not by their impairments per se** ⁵. Under this model, the onus is **not on the individual to accept their fate**, but on society to **accept responsibility** for inclusion. In practical terms, this model encourages individuals to reject the narrative of personal tragedy. A person does **not** need to “accept” that their life is doomed by disability; rather, they are invited to **challenge society** to accommodate their needs. For example, Disability Rights UK explains that if public spaces, communication, and organizations were fully accessible, “we would not be excluded or restricted” – implying that **disability is a societal construction, not an inherent personal limitation** ⁵ ²⁵. This perspective empowers disabled people to see **dignity and value in themselves without needing to change**, and to demand changes in the environment.

Within this framework, **“acceptance” takes on a different flavor**. It is less about coming to terms with one’s impairment (since the impairment is not morally or socially “wrong”), and more about **accepting one’s rights and identity as a disabled person**. In other words, acceptance can mean **embracing a positive disability identity**. UK disability scholars Swain and French (2000) proposed the **Affirmation Model** of disability as an extension of the social model. The affirmation model explicitly celebrates disability as a natural and valuable part of human diversity – “essentially a non-tragic view of disability and impairment which encompasses positive social identities... grounded in the benefits of being impaired and disabled.” ²⁶. This approach encourages **disability pride** and sees no contradiction between “accepting” one’s impairment and seeking an empowered life. Indeed, it frames **pride and collective identity** as the narrative alternative to viewing oneself as a victim. By affirming one’s identity, a person rewrites the narrative from “overcoming tragedy” to “claiming disability as an identity”. Many disabled people in the UK prefer identity-first language (“Disabled person” with a capital D) as an assertion of this proud identity ²⁷ ²⁸. In this sense, **self-acceptance** means **rejecting internalized ableism** – no longer seeing oneself through society’s negative lens. Instead of adapting to social prejudice, individuals and communities focus on **changing the narrative in society**: educating others, changing language (e.g. avoiding terms like “wheelchair-bound” in favor of neutral terms like “wheelchair user” ²⁹), and framing disabled lives as different but not less.

However, it’s worth noting that **on an individual counseling level, acceptance is still relevant in the UK**, but often through a narrative of empowerment. For instance, mental health and vocational services in Britain have embraced the **Recovery Approach**, which was influenced by practices from the US (and the psychiatric survivor movement). **Recovery Colleges** in the UK – educational programs where service users and professionals learn together – illustrate narrative practices in action. They encourage participants to **“take charge of their recovery by developing their own narrative”**, learning from peer tutors with lived experience, and reframing their illness story as one of growth and learning ³⁰ ³¹. In such settings, self-acceptance might mean acknowledging one’s mental health condition not as a source of shame, but as part of one’s story that can inspire new goals (education, helping others, creative expression, etc.). The **Social Model’s influence ensures** that even these personal recovery narratives emphasize **agency and context**: e.g. a Recovery College course may highlight how societal understanding (or misunderstanding) of mental illness impacts one’s self-story, thereby empowering students to advocate for themselves. In summary, **the UK’s approach** often externalizes the “problem” (consistent with narrative therapy’s externalization technique) – the problem is the **barrier or stigma**, not the person. Acceptance, then, is not about **“making peace” with being excluded**, but about **accepting oneself as worthy and insisting society accept them too**. The narrative that emerges is collective and activist: personal stories of disability are used as **tools for social change** and solidarity, rather than private adjustments.

The US Context – Legal Rights, Adaptation, and Empowerment Narratives: The United States, with its diverse approaches, generally aligns with empowering narratives as well, though the legal and rehab discourse sometimes differs. Legally, the **Americans with Disabilities Act (ADA) of 1990** set the tone by

defining disability in civil rights terms: “a physical or mental impairment that substantially limits one or more major life activities,” or having a record of or being regarded as such an impairment⁶. This definition, echoed in the ADA Amendments Act (2008), is intentionally **broad and inclusive**, focusing on **functional limitation and societal response** (discrimination or accommodation). It does not require any “acceptance” on the individual’s part – it simply identifies who is protected under law. In practice, the ADA’s mandate for **reasonable accommodations** in employment, public services, etc., reflects an underlying philosophy similar to the social model: people with disabilities **have a right to participate fully**, and society must adjust to enable that. Thus, at an institutional level, the US emphasizes **rights and access** over any idea of the person needing to change their attitudes.

Within **vocational rehabilitation and psychology** in the US, the concept of adjusting or accepting disability has a long history, but it has evolved. Early rehabilitation psychology (e.g., **Beatrice Wright’s seminal work** in 1960s–80s) spoke of “**acceptance of loss**” and “**disability adjustment**” in terms of cognitive and value shifts. Wright famously described indicators of accepting a disability: for example, “enlargement of scope of values” (finding new things to value besides what was lost) and “subordination of the physique” (placing less importance on physical abilities relative to other qualities)³². These ideas were humanistic and are still cited, but they imply an individual journey of adaptation. Contemporary practice has infused more **constructivist techniques**: **narrative therapy** and **Acceptance and Commitment Therapy (ACT)** are two examples widely used in counseling and rehab. **Narrative therapy**, originally developed by White & Epston, helps clients externalize problems and re-author their life stories – for a person with a disability, this might mean separating one’s core self from the “problem” (the disability or societal attitudes) and crafting a new narrative of purpose. **ACT**, on the other hand, explicitly uses the term “acceptance” but in a specific way: it encourages clients to mindfully accept the feelings and facts they cannot change (pain, impairment) while committing to actions aligned with their values. In vocational rehab contexts, ACT might help a client accept that **certain tasks are challenging due to impairment** without self-blame, and then focus on creative solutions or alternative paths consistent with their values (e.g., “I value helping others, so if I can’t be a firefighter due to injury, can I channel that value into another role?”). Both approaches underscore that **the story one tells oneself is key** – a narrative approach rather than a stage-by-stage “grieving process.”

A concrete narrative tool used in rehabilitation is the **Occupational Performance History Interview (OPHI-II)**, which includes crafting a “**narrative slope**” of one’s life. The **narrative slope** is essentially a visual timeline where the individual plots the highs and lows of their life story, giving a picture of how they view their life trajectory. Research has found that this narrative outlook has predictive power: for example, a study of persons with HIV in supportive housing showed that those whose life narrative was classified as “**progressive**” or **improving** were significantly more likely to gain employment or engage in productive activity, compared to those with a stagnant or regressive narrative outlook³³. In other words, a **more positive narrative slope** – indicating that the person sees their story moving upward or getting better – correlated with better vocational outcomes³³. This suggests that **self-acceptance and growth in one’s narrative** (seeing one’s future as hopeful) tangibly impact rehabilitation success. U.S. vocational counselors often work with clients on developing a “**rehabilitation narrative**” or return-to-work story, wherein the client isn’t a passive victim of disability but an **agent** who overcomes barriers (with supports and accommodations in place). This is very much an **empowerment model** in practice: the client is at the center of decision-making, defining their goals, and the counselor or specialist acts as a facilitator (consistent with the “**empowering model of disability**”, which “turns the professional into a service provider who **follows the client’s lead**”³⁴).

Mental health recovery narratives in the U.S. further illustrate acceptance as an empowering journey. Psychiatric survivors like Pat Deegan and William Anthony revolutionized the idea of recovery in the 1990s. Rather than meaning “cure,” recovery was defined (by Anthony, 1993) as “a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills and/or roles... a way of living a

satisfying, hopeful, and contributing life even with limitations caused by illness.” and “involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects” of the condition ³⁵ ⁷. This influential definition explicitly frames acceptance as **part of a transformative narrative**: the person **redefines themselves** (changes attitudes and roles), **finds meaning**, and **sees themselves grow beyond** the illness. Acceptance here is not “accepting defeat” but **accepting the challenge to rebuild one’s life**. Narrative techniques like writing one’s **recovery story**, sharing it in peer support groups, and using “**illness narratives**” to educate others are common in US recovery programs. In fact, storytelling is often cited as a healing tool—people articulate turning points when they accepted “I have this condition” and then pivoted to “What can I do with my life now?” Such pivot points are essentially acts of **self-authorship**, where the individual stops seeing the disability as an end and instead as the beginning of a new chapter (sometimes a “quest narrative,” as sociologist Arthur Frank would term it, where suffering leads to finding a new mission or identity).

Comparative Emphasis – Key Differences and Commonalities: Both the UK social model and the US empowerment approaches converge on viewing acceptance not as **passive acquiescence** but as an **active re-negotiation of identity and agency**. A **notable difference** lies in emphasis: the **UK’s social model** puts relatively more weight on **externalizing the cause** (society must change), whereas the **US discourse** (especially in psychology) often puts weight on **internal coping and meaning** (the individual’s narrative resilience). In practical terms, a British disability activist might say “I don’t need to change – society does”, whereas an American peer counselor might say “You can’t change what happened, but you can change how you story it and what you do next.” These are complementary, not contradictory, viewpoints. Indeed, the modern trend is integration: **social-constructivist** thinking has influenced all sides. For example, American disability communities also embrace pride and collective identity (seen in movements like #DisabledAndProud), and British services now incorporate personal recovery planning. Both cultures are moving away from the old “tragedy and adjustment” narrative.

Importantly, **both contexts critique the old stage-based adaptation models**. While Kubler-Ross style stage theories (originally for grief) had in the past been applied to disability, today there’s recognition (in line with narrative research) that **real lives don’t follow a uniform emotional script**. Some individuals never experience a dramatic “denial” phase; others might experience **recurring waves of difficulty** even years later (as life circumstances change), which doesn’t mean they failed to accept their disability. Narrative research – such as **Michael Bury’s concept of biographical disruption** – provides a more nuanced lens. Bury (1982) showed how **chronic illness disrupts the continuity of one’s life story**, shattering the taken-for-granted structures of life ⁸. What follows is not a simple stepwise adjustment, but a **period of sense-making** where the individual grapples with questions of identity (“Who am I now?”) and the future. Sociologist **Gareth Williams** described the process as “**narrative reconstruction**” – people actively reconstruct a meaningful narrative after the disruptive event, which often involves reframing the disability experience and one’s self-concept. The end result is not “**return to normal**” (as adaptation models might imply) but rather the creation of a **new normal** in life’s narrative. In vocational rehab and counseling, this translates to helping people author their “new normal” stories (for instance, a veteran who acquires a disability might build a narrative of being a mentor for others in similar situations, thereby turning a perceived negative into a source of purpose).

In conclusion, **Japan, the UK, and the USA all grapple with the idea of disability/self-acceptance, but their emphases differ**. Japan’s discourse has traditionally centered on internal process and is now adopting narrative, life-story approaches within a still rehabilitation-focused, often collectivist context. The UK’s perspective, grounded in social justice, reframes acceptance as asserting one’s identity and rights, often **rejecting any notion that the individual must assimilate to an unjust society**. The USA’s approaches blend a rights-based foundation with psychological empowerment techniques, viewing acceptance as part of personal growth and self-determination. **Narrative and constructivist approaches provide a common thread**, increasingly influential across all three: whether it’s called biographical

disruption, personal recovery, or ライフストーリー research, the focus is on **how people make meaning of disability in their own story**. Acceptance, in this light, is not a one-time achievement but a **continual narrative act** – one that can lead to practical outcomes like better mental health, higher employment, and enriched social participation when supported by enlightened policies and practices.

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Each of the above sources contributed to understanding how **disability acceptance** and **self-acceptance** are defined and applied in different contexts. They range from government guidelines and laws (which set the structural narrative), to academic analyses, to first-person and community-driven models, providing a multidimensional comparative view.

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