

CRITICAL CONTENT FOR TEACHER EDUCATION: IMPLICATIONS FROM CULTURAL INTERPRETATIONS IN CLINICAL DIAGNOSIS

KOICHI HASEYAMA

Tsurukawa College



FUMITO TAKAHASHI

Shinshu University

Abstract

This autoethnographic study explores our experiences as postsecondary researcher-educators with a particular focus on our team teaching experience in a teacher education course at Western Vancouver University, located in Metro Vancouver, British Columbia (BC), Canada. We have introduced a case study of a Japanese temporary resident family with a toddler to our teacher candidates of BC. This case study was based on an interdisciplinary analytical lens: educational sociolinguistics and clinical psychology, which examined the case of the child having been diagnosed with mild autism in the BC's medical system. The authors introduced this multicultural pedagogical content in higher education in order to cultivate critically internationalized analytical lenses of the teacher candidates. Our critical analysis of this clinical case suggested more than what the medical diagnosis had claimed. This contribution aims to 1) problematize the lack of societal awareness and the legitimacy of such scholarly inquiries, and 2) explore what impacts such critical multicultural contents may bring to teacher education in our multilingual and multicultural society.

Keywords: teacher education, plurilingualism, clinical diagnosis

Introduction

This brief contribution explores our experiences as postsecondary researcher-educators with a particular focus on our team teaching experience to foster the teacher candidates' critical perspectives of internationalization in a teacher education course at Western Vancouver University, located in Metro Vancouver, British Columbia (BC), Canada. For teacher candidates in this sociocultural and socio-institutional context of BC, the instructors (the authors of this contribution) initiated a class activity to provoke the candidates to examine their perspectives of internationalizing their pedagogical practice by developing and inquiring into their own understanding about the cultural and linguistic diversity amongst their future students. Canada is an officially bilingual country, committed to the social importance of immigration and Indigenous cultures (Germain & Dyck, 2011). As a bilingual nation, French immersion education is widely observable. At the provincial level, in the province of Québec, French is the official language and the dominant language for social communication. New Brunswick and Manitoba also have relatively stronger constitutional protections on French language. According to Statistics Canada (2016), the Canadian population (over 36 million) identifies English (58.1%), French (21.4%), immigrant languages (22.3%) and indigenous languages (0.6%) as their primary family languages. This linguistic image drastically changes when the focus is placed on Metro Vancouver. While English remains the main language spoken for 57.1% of the population, immigrant languages represent 44.7% (Statistics Canada, 2016). With this linguistic and cultural diversity, English Language Learner (ELL) consulting and support members of each municipality of Metro Vancouver have been exploring ways to accommodate the ever-developing social heterogeneity. This situation is evident, for instance, in the public education practice in BC. There is no common framework of the support system for English as an Additional Language (EAL) students across BC, contrary to an enormous population of K-12 children who speak EAL in BC. The framework is limited to the brief references at a policy level within the BC Curriculum, and the provincial funding to ELL service supports at municipalities. This fact may or may not be valued as creating a strategic approach for accommodating local implementations of the ELL accommodation practice, promoting the autonomy of each local practice. Regardless of this question, it is a fact that each school district has its own system, commitment and resources in terms of supporting newly immigrated and temporary resident children. In the area of assessment, ELL Standard in K-12 has just been published by BC Ministry of Education in 2017. The first author participating the ESL Assessment Consortium, a community outreach initiative by University of British Columbia, where ELL facilitators, coordinators and teachers from 13 local school districts, and local scholars regularly meet, this gap between social needs and available structure is socially evident and rationalizes the need of relevant scholarly work such as this contribution.

The authors as postsecondary educators have introduced a case study of a Japanese temporary resident family with a toddler to teacher candidates of BC. The purpose of this case study was for the teacher candidates to gain critical understanding about multiple cultural and language backgrounds in order to deepen how they understand the diversity of the population

they are dealing with. This case study was based on an interdisciplinary analytical lens: educational sociolinguistics and clinical psychology; the case focused on a child having been diagnosed with mild autism in the BC's medical system. This example case of a temporary resident child was introduced in order to provide the teacher candidates with a locus of inquiry into one unique aspect of the diversity in the local community. In other words, the case was a pedagogical resource to internationalize our teacher education practice at a postsecondary level. In this context, internationalization refers to critically engaging with linguistic and cultural diversity in our local community through making familiar ideas of the multilingual and multilingual children *unfamiliar*. Understanding of children such as the one in the case study seems yet to be adequately explored and deepened in order to support their growth in a new land. Since Metro Vancouver is a highly multicultural community, there are wide ranges of social structures (e.g. schools, social services, street signage) that are, *seemingly*, adequately functioning and well examined. Nonetheless, the totality of these socio-institutional norms such as clinical diagnosis and support procedures and systems seems to often be constructed in a social imaginary (Thompson, 1984). Social "imaginaries are patterned convocations of the social whole. These deep-seated modes of understanding provide largely pre-reflexive parameters within which people imagine their social existence—expressed, for example, in conceptions of 'the global,' 'the national,' 'the moral order of our time'" (James & Steger, 2013). The actual characteristics of immigrants, and the needs of them may often be perceived by the public as if well taken into consideration. This problem requires society's urgent attention due to the fact that such an issue can manifest in many areas of the social infrastructure, including educational and clinical assessment practices. Many multi-lingual/cultural children and their parents are overlooked in the marginal space of potentially culturally insensitive professional practices, whether educational or clinical, and in the gap between predefined and established disciplines of scholarship. This case study of a Japanese family as a multicultural material that provides a critical lens for teacher training represented such a fracture in human knowledge and our social system. This contribution aims to 1) problematize the lack of societal awareness and the legitimacy of such scholarly inquiries, and 2) explore what impacts critical multicultural content may bring to teacher education in our multilingual and multicultural society. We see this type of critical content as a complex, multifaceted, personal as well as political phenomenon.

Critical Content for Teacher Education: Cultural Interpretations in Diagnosis

The following text is a brief summary of a case study of a Japanese temporary resident family in Vancouver, BC. We introduced this study to our teacher candidates as a locus for inquiries about pluricultural young learners. We aimed to facilitate the candidates' skills for becoming educators *as critical thinkers*.

Story of Ken

Ken is a Japanese-born boy who moved to Canada with his parents when he was 12 months old. In Canada, his pediatrician referred him for a developmental assessment at the age

of 18 months, and then he was diagnosed with mild autism in BC at the age of 30 months. The following is a documentation of the examination of Ken by a medical doctor at a medical assessment centre in BC:

Ken kept holding on to his mom sitting in a couch in the dim light of the empty room they had just entered, with one table set in front of them. Within less than a minute of the doctor giving him some toys to play with, she started to interact with him. Showing him a toy to draw his attention, and when he tried to reach the toy, the doctor said, “No eye contact,” for the assistant to hear for the record. The doctor was making eye contact with Ken as she, seemingly, was playing with Ken. Concurrently, she made another loud utterance of ‘No eye contact’. She repeated these actions several times while she implemented all sorts of short, rather micro, tasks, as per her agenda. The session was interrupted several times as Ken ran to the door to go outside.

For some tasks, the doctor asked the parents to interpret her instruction as precisely as possible. As the parents interpreted her instruction into Japanese, the doctor said, “Don’t tell him what to do. But say as I say.” Mother responded, “We are not telling him that [what to do].” This interaction happened twice during the session. Afterwards, Ken worked energetically with the young female speech pathologist in the second session. To note, the doctor claimed that cultural differences would not be considered for collecting data for assessment, providing an example of Ekman’s theory of Universal Emotions and facial expressions (i.e. Certain characteristics of facial expression of a particular type of emotion are universal, and not with cultural variation.). The speech pathologist, on the other hand, worked together with the parents to interpret the assessment guidelines in terms of cultural norms in Japan and the meanings behind each of the assessment criteria.

His daycare educators, occupational therapists in BC, and the medical doctor in Japan who conducted Ken’s three year-old developmental assessment, did not find concerns at all. The parents began to feel that Ken might be delayed or unique, but were not sure. For them, it was initially a heartbreaking experience, but was later digested as a good resource for their better parenting.

Analytical Framework: Medical and Social Models of Disability, and Plurilingualism

Medical and social models of disability

The medical model of disability considers disability as a personal medical condition to be treated or rehabilitated (Smart, 2009; Smart & Smart, 2006), and even assessed via objective/structured tests or interviews. In contrast, the social model of disability claims that the *disability* is a socio-contextual condition that is defined by the lack of suitable environmental settings for the individual’s way of life. In the social model, therefore, the disability would be understood through assessments of environment where the individual exhibits *disabled* behaviour. This model enables us to shift our analytical focus from biological personal dysfunction to environmental, social, and/or cultural barriers when understanding how the individual suffers from the *disability*.

In most human sciences perspectives, the individual's life functioning is considered to be influenced by personal and environmental factors (Maron & Shlik, 2014; Rogers, Renoir, & Hannan, 2019; Wender & Veenstra-VanderWeele, 2017). The personal factor includes emotion, cognition, perception, brain function, gene, or any other phenomenon that are not visible and easily overlooked or misunderstood. As frequently mentioned in the Diagnostic and Statistical Manual of Mental Disorders fifth edition (DSM-5; American Psychiatric Association, 2013), people would be diagnosed as having mental or developmental disorders when those personal factors or symptoms "cause clinically significant impairment in social, occupational, or other important areas of current functioning" (p. 50). Because of this background, researchers have made many efforts to describe and disseminate how individuals with mental and/or developmental disorders differ with personal factors (Minor, Plumb, Schell, & Pham, 2011; Pineda-Alhucema, Aristizabal, Escudero-Cabarcas, Acosta-López, & Vélez, 2018; Velikonja, Fett, & Velthorst, 2019), and such differences should not be overlooked (Okumura et al., 2019).

In terms of awareness and diagnosis of disorders, Mitchell et al. (2019) conducted an interview survey with participants who were identified as ADHD in their adulthood and reported that the most frequent explanation (64%) for the absence of ADHD diagnosis in childhood was the existence of supportive adults (e.g. family members or teachers who provided additional external structure to organize the child's life) and the child's strengths (e.g. strong intellectual functioning, extroversion, attractiveness). They also reported that 29% of interviewees identified the increases in environmental demands (e.g. increased workload, safe driving) to be related to their post-childhood ADHD symptoms. These results suggest that environmental factors can influence an individual's disorder; this is the main claim of the social model of disability.

The aim of diagnosis can be described in two ways: the medical and social model perspectives. In the medical model of disability, a diagnosis of a certain disorder comprises a starting point of medical care, helps medical staff to briefly understand a patient's medical condition, and notices what medical treatment would work. Some medications or neuro-physical rehabilitations would be implemented to gain *normal* mental or physical functions. The role of diagnosis is to commit to these treatments to help patients through attenuating the impairment.

In the social model, on the other hand, a diagnosis of a disorder would usually be required to start available support in the workplace, school, community, and/or any other everyday-life environment. Some accommodations or environmental controls, usually based on applied behaviour analysis, would be implemented to make fair and reasonable situations for the patient to achieve social/cultural standards. The role of diagnosis is to let everybody know that the person is struggling with invisible impairments and unfair situations.

The overview of the above two perspectives are shown in Table 1. These two perspectives have the same purpose but different means of treatment. In clinical practice, both of the models are often valued uniquely by each practitioner.

Table 1
 Overview of the medical and social models of disability

	<i>Medical model</i>	<i>Social model</i>
What is the purpose of care?	<i>The relief of burden and the enhancement of quality of life for an individual (recognized as a patient).</i>	
What is the nature of disability?	<i>Loss of normal physical or mental functioning.</i>	<i>Environmental, societal, political, or cultural barriers.</i>
How can the disability be treated?	<i>Medical treatment such as medication or physio-neurological rehabilitation.</i>	<i>Community activity such as accommodation or universal design.</i>
Who is the agent of solution?	<i>Patients and medical professionals such as doctors, nurses, or clinical psychologists.</i>	<i>Patients, policy makers, and community members such as relatives or school staff.</i>

Plurilingual lens for pragmatic behavioural analysis

This study is fundamentally anchored in a framework of plurilingualism, plurilingual and pluricultural competence (Coste, Moore, & Zarate, 1997, 2009; Marshall & Moore, 2018), in combination with social and medical models of disability. An analytical framework anchored in plurilingualism favours individuals' multilingual and multicultural competences over the social contact with multilingual and multicultural contexts (Moore & Gajo, 2009); however, this view is far from excluding a researcher's attention to social context. This is a matter of perspective. With plurilingualism, researchers can choose to focus on individual competence rather than the social context as a locus of inquiry. The authors "will favour the terms plurilingual/pluricultural over multilingual/multicultural ... when speaking about an individual's competence (Haseyama, Moore & Kato, 2017, p.3). In this contribution, the authors further favour a lens of "pluri-translanguaging [, which] refers to the multiple and flexible ways individuals shuttle between their languages and semiotic resources to negotiate effective communication and the interpretation of meaning in specific situations" (Haseyama, Moore, & Kato, 2017, p. 3). With this perspective of plurilingualism, we, the authors, see individuals' languages and cultures interrelated in a complex way with attention to their lived experiences and social trajectories (Marshall & Moore, 2018).

Marshall and Moore (2018) have recently advanced the ideology of plurilingualism to accommodate more of the personal qualities such as individual agency through a lens of ontology, epistemology, and time and space.

The holistic conceptualisation of plurilingual and pluricultural competence emphasises the interconnectedness of linguistic and cultural repertoires and the agency of individual as learners, its situatedness within an ecology, its sensitivity to changeable conditions and dynamic aspects over time, along life paths and social trajectories, and constraints and opportunities in educational contexts. ... Through this lens, a person's languages and cultures are not viewed as separate and compartmentalised but instead are seen as interrelating in complex ways that change time and circumstances, and which depend on individuals' biographies, lived experiences, social trajectories, and life paths. (p. 22)

This philosophical point of view represents a critical foundation of human social conduct understood through inquires of relationship amongst ontology, epistemology, and time and space, where language can be seen as recursive social agency (Marshall, 2005, 2007, 2014). Language is a large part of an individual's cognitive skills. Language and thought are inseparable (Akbar, Loomis, & Paul, 2013; Chomsky, 1993; Doll & Boren, 1993; Maynard, 1997), where thought can be produced with individuals' biographical, personal repertoires of knowledge. Hence, it is critical to understand individuals' biographies, lived experiences, social trajectories, and life paths in order to understand their linguistic competence.

Not only the personal repertoire of linguistic and cultural knowledge and skills, but also one's lived experiences and social trajectories are all significant resources to make meanings of one's self as a language user. This competence is complex, dynamic and interwoven agency of each child who is learning and exploring a new language and social norms in the real world. Hence, these individual complexities should be given consideration in terms of any everyday practices: oral communication, communicative gesture, and self-expression and -regulation. Our oral communication and language learning are often pragmatic (Narita, 2012; Derakhshan & Arabmofrad, 2018; Rose, 1997). These everyday practices of an individual should be the subject for clinical examination when they are to be assessed. In such everyday practices, pluri-translanguaging practice are often observable amongst plurilingual children. This complexity in the individual competency of multilingual/cultural children is a critical locus for discussion in order to create more logical and sufficient assessment practice. In this contribution, we will favour the plurilingual/pluricultural lens over multilingual/multicultural one in order to consider this integrated stance to focus on an individual's competence.

The interdisciplinary lens for teacher education

This interdisciplinary theoretical lens for the authors is a tool for practical analysis of a social phenomenon in child development and clinical practice in a socioculturally diverse community for teacher education. The clinical approach of the two models of disability can be enhanced with a plurilingual approach. A plurilingual approach enables researchers to take into consideration the interconnectedness of an individual's linguistic and cultural knowledge and

skills in their cognitive functions. The authors believe that this consideration to individuals' cognitive functions can enhance the validity of the medical model of disability.

This plurilingual lens is also pedagogical. "A plurilingual view of competence also carries a strong focus on language awareness, and on teaching and learning that recognises 'the plurilingual nature of classroom interactions ... in multilingual settings'" (Marshall & Moore, 2018, p. 22). It is "a theoretical–pedagogical lens through which educators analyse teaching and learning spaces" (Marshall & Moore, 2018, p. 22), where we have applied a lens of the social model of disability to further analyze the sociocultural space (= social context) where plurilingual children live and are clinically assessed. Through usage of the theoretical-pedagogical nature of plurilingualism, we aimed to provide the teacher candidates with a critical multicultural content that would provoke their critical thinking such as pedagogical theorization of multicultural and multilingual phenomena in teacher education.

Research Design

This study's methodological construct is fundamentally informed by autoethnography (Allen-Collinson & Hockey, 2001; Doloriert & Sambrook, 2011). According to Ellis (2004), autoethnography is "research, writing, story, and method that connect the autobiographical and personal to the cultural, social, and political" (p. xix). This study is our collective researcher-educator autobiographical inquiry – a collective autoethnography. What each of us has written is already influenced by our own analytical lenses. We, the authors, are the core *participants* of data collection. We inquire into what we wonder in ourselves. We examine our own multiple voices as researcher-practitioner-educators. By doing so, we challenge dominant understandings of the dilemmas temporary residents of BC are experiencing socioculturally, socio-institutionally as well as socio-politically.

The first author, Koichi Haseyama, has his scholarly focus on multilingualism and multiculturalism in early childhood education. As an international visiting scholar from Japan, he has been teaching in the teacher education program at Western Vancouver University. Koichi is a father of two children with his Japanese wife, and they are temporarily living in Canada. The second author, Fumito Takahashi, is clinically-trained in the treatment of children with neurodevelopmental disorders and their parents, and is now a researcher focused on better understanding behaviours of aggressive youth. Due to his clinical practitioner identity in the context of postsecondary education, his desire is to disseminate fair and respectful concepts of children and adolescents, and prevent *disability*, in terms of social model. Our posture as practitioner-educators lets us favour the idea where voices of both the researched and researchers are valued. According to Marshall, Clemente, and Higgins (2014), "authorial reflexivity" refers to "how [researchers] best want the voices of their participants, the contexts of their studies, and their own voices as authors to be interwoven" (p. 13). With our being personally motivated due to our related own backgrounds, this collective autoethnography is a form of our ultimate 'personal' inquiry that challenges an unveiled socio-political concern amongst temporary residents and immigrants in BC, Canada. Through this autoethnography, we desire to make a

sociocultural contribution to this multicultural and multilingual local community. On behalf of international residents, we aim to raise our voices to tackle the aforementioned issues through the lens of this critical multicultural phenomenon, used as a study material for teacher education.

The ethical procedure to obtain and use the data in “Story of Ken” had complied with the code of research ethics set by the first author’s affiliated postsecondary institution, and consent was gained from the parents of Ken.

The Beginning of Inquiry: Linguistic and Cultural Competence, Human Relationship, and Physical Environment

The following is our analytical account where our interest in the interdisciplinary inquiry has emerged.

At the time of his clinical assessment, Ken had been raised predominantly in the Japanese language and culture. This factor provides him with a cultural and linguistic distance from Canadian norms in early childhood. In other words, his plurilingual competence was rather limited to a Japanese context. This environment includes his lived experiences with his Japanese daycare teachers, songs, toys, picture books and so on so forth. The people and materials at the assessment centre might have been quite unique to Ken. It may have been that he had never seen the toys, and did not know how they would work. With a plurilingual lens, we see individual’s prior knowledge as an asset for individual agency (Moore & Haseyama, 2016). Ken’s limited prior experience with these toys can significantly influence the outcome of these experiments. Also, he had never seen or had time to get to know the doctor. For young children, trust is a foundational psychological asset for their agency (Erikson & Erikson, 1998); however, it was not appropriately addressed in the experiment/assessment. Ignoring the social environment of the child’s life trajectory, this medical model of disability lacks a critical lens to observe the child’s cognitive and communicative competence.

Authenticity of the physical environment, and a certain level of relationship between the child and the adult play critical roles in clinical assessment of young children, in addition to the complexity of a personal repertoire of linguistic and cultural knowledge and skills. According to Donaldson (1978) in her investigation on the egocentric nature of small children, using police and thief dolls, the children proved to be in fact highly capable of decentering themselves. This is contrary to the results from Piaget’s (1977)¹ famous ‘three mountain problem,’ also aiming at the examination of children’s egocentrism. Donaldson referred to this experiment using a model of three mountains with distinctive objects on the peaks as being far away from realities in nature. Donaldson’s outcome was due to the fact that she used socially authentic materials, which she claims to be a critical factor for the children to *make sense of the situation*. Furthermore, Donaldson (1978) claims children have ability to *sense the situation*. Donaldson (1978) suggests that *in everyday situations* young children understand what is happening without accompanied

¹ Piaget’s Three Mountain Problem: Children are asked to identify the viewpoint of a doll looking at a model of three mountains with surreal items on summits on a table in order for the researcher to examine the children’s egocentrism.

verbal information. This becomes a different story if a child is in a dim room with a randomly-set table and nothing else, which looks far different from her home or childcare. This situation may have the effect of a police interrogation room wherein doctors the child has never met before have the main goal of completing a series of tasks in a short amount of time according to their agendas for medical assessment. These kinds of pragmatic concerns should be alleviated as much as possible in order to gain more accurate implications. We can also design a comprehensive tool to assess the environmental factors of the examination to measure the validity of the assessment practice.

The case of Ken, who was a young child with his uniquely lived experiences in multiple languages and cultures, was a critical incident, that was, “an event that stimulates the individual to restructure their understanding of the nexus between language, culture and identity” (Nunan & Choi, 2010, p. 6) for us as professional-scholars, which has triggered our interests in the interwoven analytical lens of the medical and social models of disability critically evaluated and supported by an analytical tool of plurilingualism.

Practice-Based Pluricultural Knowledge

The analytical account described in the case study of cultural interpretations in clinical diagnosis is fundamentally based on our pluricultural multiple identities (Norton, 1995, 1997, 2013) as scholars, foreign residents and educator-practitioners in BC. We have also been professionals and scholars in the same fields in a foreign country - Japan. We have been encountering young children in such situations both in Japan and Canada. With this common background of ours, we have brought a pluricultural lens to examine an interdisciplinary area of scholarly-professional inquiry: clinical child development and plurilingualism in early years for clinical assessment, especially for people who may feel that such studies are culturally distant and difficult to see the scholarly and professional values of them.

An instance similar to Ken’s can be observed in the case of a four-year-old North American child and his parents, who were recent immigrants to Japan, entering a supplemental international preschool in Tokyo. The child went to both this English-instruction preschool and a local Japanese nursery concurrently for 6 months since their immigration to Japan. With his Anglophone parents, the child was referred to a speech therapist after the scheduled developmental assessment administered by the local municipality. After a series of correspondences and observations of the child between the therapist, the school teacher and the nursery staff, he became no longer suspected of a disability, as assessed by a physician, according to the mother of the child. Such a story is common in the authors’ professional practice in clinical and educational settings with children in Japan. Diagnosis can be revisited and take months to scrutinize with multiple stakeholders in the child’s life. One important aspect is the extent of social contexts the clinical assessment explores in order to investigate the competencies of a child. This sample practice in Japan shows more comprehensive and rather sensitive steps taken to assess the child’s development. This approach allows more inclusive views on each child (and their family) through which the child is more *heard* and understood.

Informed by the analytical lens of this contribution, a comprehensive observation that pays attention to the child's lived experiences and social trajectory is critical especially for plurilingual children, since their repertoire of linguistic and cultural knowledge and skills is unique and plural, and their plurilingual agency enables each child to navigate in order to cope with particular social norms through particular social continuums (Moore & Gajo, 2009).

By contrast, in BC, as seen in the case of Ken, a 40-minute session with a doctor and a speech pathologist could officially assess a pluricultural child, although this practice may not apply to all of the assessment cases. Prior to this final assessment, Ken had been referred to an audiologist for an assessment, and his doctor requested for a behavioural questionnaire be collected from his childcare facilities. Despite his doctors' assessments, it was difficult for us, the authors, to identify any specific concerns. Autism spectrum disorder is a dimensional mental disorder; therefore, a positive diagnosis can be made and validated relatively easily. When valuing the social model of clinical diagnosis for this mental disorder, assessment is social-context oriented. One of our personal experiences with a speech pathologist in BC represents how far such a view on a child's developmental assessment can be socioculturally expanded in order to adequately understand the child. The speech pathologist has culturally interpreted some of the assessment criteria with a Japanese immigrant parent of a child for assessment. There are many differences in communication between Canadian and Japanese cultural norms. We as Japanese authors, born and raise in Japan, believe that we, Japanese people, often do not hug or blow a kiss, even for intimate communication. The speech pathologist actively discussed with the parents to find culturally equivalent behaviours (or with socially similar values in nature) for hugging and blowing a kiss. In other words, the pathologist has culturally diversified her assessment tool, because the necessary sociocultural contexts for observing the child's behaviours were not immediately accessible to her.

Pre-Service Teacher Education for Multicultural Society

The pluricultural knowledge from our professional practice can become a powerful asset to foster diverse critical lenses for pre-service teachers especially in BC. Those lenses include, but are not limited to, critical awareness-raising of the danger of a single story (Adichie, 2009) in professional practice, and an educator's analytical attentiveness to child, family, school and community.

In the course with the teacher candidates, Adichie's TED Talk (2009): The Danger of a Single Story has been engaged and explored in the inquiries of social equity and equality, cultural representations, and critical pedagogy. Adichie (2009) claims:

Stories matter. Many stories matter. Stories have been used to dispossess and to malign, but stories can also be used to empower and to humanize. Stories can break the dignity of a people, but stories can also repair that broken dignity. (17:27)

When an immigrant child has a unique repertoire of linguistic and cultural knowledge and skills, they navigate them uniquely to make sense of the situation, make meanings of interpersonal actions, and pragmatically cope with the social needs to survive situations. The case of Ken may

have been arguably about cultural (mis)interpretation. It may have been about the inappropriate physical setting of his assessment. It may have also been about infrastructural limitations of clinical assessment in BC (e.g. time and professional resources allowed by the current governmental system). It may have also been about the doctor's well-intended objectives for the child's future. For example, a diagnosis could provide potentially-needed support for the child. As both of us are professionally experienced postsecondary researchers (the first author being an assistant professor in global early childhood education with expertise in languages and cultures, with over 20 years of experience in school settings, and the second author being a certified professional in clinical child psychology as well as an associate professor in the discipline), if we desired, we could collaboratively criticize the medical system with scientific evidence, and even malign it and the clinical practitioners. We could argue the invalidity of assessment by taking a critical stance on environmental factors such as the facilities unfriendly to children. We could also blame the doctor's own interpretive ethical standards. Or, we could claim her clinical conduct as her practice highly favouring the social model of assessment.

Can we deny or validate any of these above claims in absolute terms? Or should we? In the case of each and every individual's experiences, consideration of all diverse stakeholders is critically essential. We need to develop our understanding of one's story through jointly examining and negotiating the multiple voices of multiple stakeholders through a more dialogical investigation (Miyazaki, 2005, 2009, 2011, 2014). However, this social process may not be *doable* in every situation. In such cases, all we can strive for may be our possible best practice based on the available resources. Given this fact, if we consider "appreciation of ambiguity" as a higher level of cognitive competency (Imaginative Education Research Group [IERG], 2019), study materials, such as the story of Ken, can cultivate ontological and epistemological inquiries in teacher education. These critical inquiries will humanize our scientific knowledge. They will equip teacher candidates with a mindset and skills to scrutinize, restore, maintain, protect and enhance human dignity in this modern society with the complex, dynamic, interconnected and 'messy' ideology of the socio-institutional power and system.

Critical multicultural study materials facilitate an educator's attentiveness to child, family, school and community. In multicultural regions of Canada, Metro Vancouver in particular, cultural diversity is ever developing with intensely wide-ranging factors such as heritage languages and community (Duff & Li, 2009), 1.5 generation's academic and home languages (Asher, 2011), the multiple foreign language courses in the BC curriculum (9 languages as of May, 2019), cultural consultant positions within school boards, and multilingual landscapes. Where the dominant language in public school system is English, home languages and communal linguistic landscapes are diversified extensively. Today, we are no longer able to claim any language or culture in particular being the mainstream in this community. Heterogeneity is arguably becoming the mainstream, albeit with the persistent societal dilemma of populations marginalized at the socio-political and socio-institutional levels.

We live in a diverse society with complex variations in cultures and languages that are interconnected through personal relationships and social agency (i.e. language as a recursive

social agency). Teacher practices such as assessment in classrooms, pedagogical approaches, study material designs, and theoretical understanding of young learners in our school system should all take into account what we can learn from the case of Ken, the Japanese temporary resident of BC. It is not about blaming the single-culture-oriented clinical benchmarks. It is not about ignoring the intention and skills of the doctor, or the feeling of Ken's parents. It *is* about deeply inquiring into the pedagogical assessment tools in classrooms for cultural sensitivity. It *is* about developing our future BC educators' mindsets and skills for cultural inclusion with critical attention to not only the child in their classrooms but also their family and the culturally unique community they lives in. In order to closely look at children's discourses and lives in and out of school (Gee, 2013; Hull & Schultz, 2002), we can gain benefit from focusing on one's plurilingual competence as a locus of inquiry, as part of an informative and learner-oriented practice in teacher education. This practice helps future educators recognize the critical elements of their students' individual lives and the multiple sociocultural contexts (i.e., home, school, local communal groups such friend families with the same cultural heritage) through which the students navigate on a daily basis.

Teacher candidates worked on developing these analytical lenses on individual competency through the critical multicultural content, where the teacher candidates were locally exposed to a global phenomenon. The connection between the global and local was explored by the candidates through the internationalized pedagogical practice designed and implemented by us, the internationally-trained postsecondary researcher-educators. By exploring our own repertoires of multicultural knowledge and skills in both scholarly and professional practices, we believe that we have uniquely internationalized our teacher education.

Conclusion: Implications for Interdisciplinary Scholarly-Professional Inquiries as Teacher Education Resources

This contribution has introduced a critical intersection of multi/plurilingualism and clinical assessment of young children from a sociocultural perspective. Through this perspective, multifaceted discussions emerged amongst the teacher candidates in the classroom, engaging them in the complex relationship and roles of the stakeholders in the case of Ken, a Japanese temporary resident child. Those discussions were our pedagogical objective in teacher education. We utilized our scholarly and professional views, and in situ experiences of critical internationalization in global and local communities in order to facilitate this learning of the teacher candidates. Through our international repertoires of knowledge and skills, we have created the critical multicultural content. The usage of such a critical event as study material for teacher education provided pre-service educators with loci for critical analysis of social interaction, individual agency, and the interconnectedness of the two from a holistic viewpoint. This holistic perspective played a critical role in internationalization processes of teacher education in our classroom that could accommodate individual and social needs in our globalized community in BC.

Further examination of multicultural cases such as Ken's will inform teacher education practitioners (i.e. researcher-instructors at postsecondary institutions) of how critical perspectives can be cultivated, facilitated, inquired and explored amongst teacher candidates. Multiple layers of social structures (e.g. medical practices, educational practices, professionals' intentions, family and child life, culture and languages of individuals) are interconnected in the coexistence of sociocultural, socio-political, and socio-institutional areas of human conducts and social agency in the complexity of our globalized modern world. In our multilingual and multicultural society, such critical perspectives are indispensable in many fields of professional preparation such as educational, clinical and vocational education and training. This wide application is inevitable in our society since our life is multifaceted and interconnected with diverse social structures and the agency of other social members. Therefore, further inquiries into other cross-disciplinary areas with languages and cultures are in order. For teacher education, postsecondary educators can take advantage of further scholarly inquiries into languages and cultures in relation to other areas such as cognitive science (e.g. cultural variation found on Ekman's facial expressions and emotions as universal categories [Sato, Hyniewska, Minemoto, & Yoshikawa, 2019]), business conventions (e.g. plurilingual practice in international trading [Haseyama, Moore, & Kato, 2017]), and classroom pedagogies (e.g. plurilingual voices in dialogic pedagogy [Haseyama, 2017]). When K-12 educators' work is seen as not only to teach subjects but also to facilitate the healthy growth of young citizens, who will become social actors in our socioculturally complex communities, it is crucial for teacher candidates to be equipped with critical thinking skills with which they can problematize social concerns, address culturally complex issues in as many facets of society as possible, and lead the society to continuously become a better place.

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