Lived Experience of Disability Equality Training Facilitators: Narratives of Disabled People From Ulaanbaatar, Mongolia

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Abstract
This study explores the lived experiences of becoming and continuing as facilitators of Disability Equality Training (DET). This study was conducted in Ulaanbaatar, Mongolia, one of the countries where DET has been strategically implemented. Nine facilitators were selected by purposive sampling for semistructured interviews. Thematic analysis was applied to the narrative data for exploring themes with consideration to chronological sequence, namely, before, during, and after DET training of facilitators (DET–TOF). The narratives indicated that DET facilitators had varied personal backgrounds, including experiences of discrimination. Their stories also indicated that some interviewees not only obtained views on the social model of disability and facilitation skills but also reframed their past life experiences both during and after the DET–TOF. While this study considers the potential criticism of the social model, which is the foundation of the DET, these findings can provide helpful insights for future agents of change who engage in a society.

Keywords
social model of disability, lived experience, agent of change, empowerment, qualitative analysis

Introduction
The Disability Equality Training (DET) aims to create a disability-inclusive society and promote the empowerment of disabled people by removing barriers in society (Disability Equality Training Forum, 2019). Many disabled people have conducted DET sessions across the globe. While reviewing the literature on the DET, including the criticism of the social model of disability, which is the basis of the DET, this study focuses on the subjective experiences of becoming and continuing as DET facilitators in Mongolia.

The DET was developed in the United Kingdom in the late 1970s and is based on the social model of disability. This social model considers that people are disabled because of societal barriers, including physical, attitudinal, and institutional ones (Gillespie-Sells & Campbell, 1991; Kuno, 2009). It is often compared to the medical (or individual) model of disability, which considers that people are disabled mainly by impairments at the individual level (Carr et al., 2012). The DET model, with the DET, emerged as a radical “tool” through the disabled people’s movement (Oliver, 2013), which can be considered an “oppositional device” from Foucault’s perspective (Beckett & Campbell, 2015). Based on the social model of disability, this article mainly uses the term “disabled people” instead of “persons with disabilities” (Carr et al., 2012).

The DET is implemented by disabled people who are likely to experience discrimination and oppression, even at the present. It aims to enable participants to become agents who effect change in social environments, such as removing barriers within society (Carr et al., 2012; Kuno, 2009, 2018). The DET has been implemented in more than 30 countries and territories by at least 270 facilitators who are disabled people (Disability Equality Training Forum, 2019). To become a DET facilitator, one needs to complete a training course of DET facilitators (DET–TOF). However, the standards and qualifications do not seem to be uniform across the world (Millington & Mottram, 1999; Walker, 2004). The contents and materials used in the DET–TOF also vary depending on the context (Kuno, 2018); nevertheless, the

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basic principle of the training is the same, as described below in the manual:

DET courses are designed by disabled people to enable those who come in contact with disabled people, in whatever capacity, to understand the nature these discriminatory practices take and what can be done to eliminate them (Gillespie-Sells & Campbell, 1991, Chapter 2).

As a few studies indicate, the DET is likely to have an impact on the society (Higashida et al., 2020; Disability Equality Training Forum, 2017; Igei, 2020). Igei (2020), for instance, examined the impact of DET sessions on participants who are taxi drivers in South Africa. Igei’s study involved a randomized control trial and used questionnaires and mystery shopper surveys. It revealed the significant impact of the DET with practical support training on the attitude and behavior of the participants. Furthermore, the Disability Equality Training Forum (2017), which used quantitative and qualitative methods, also found that the DET has a positive impact on the attitudes of the participants.

When discussing the DET, considering that the social model of disability, the fundamental and theoretical basis of the DET, has recently been criticized in disability studies is also necessary. Some researchers point out its exclusive focus on society, neglect of impairments and experiences of disabled people, and incompatibility to contemporary western and non-western society, among others (Crow, 1996; Dewsbury et al., 2004; Hughes & Paterson, 1997; Shakespeare & Watson, 2001). Critical disability studies, for instance, address lived and embodied experiences of impairment, various social factors, and complexities (Goodley et al., 2019). In other words, capturing actual practices and subjective experiences of disabled people, and considering the context to be applied at the grassroots level, are important (Levitt, 2017). This study, while following the social model, which is the basis of the DET, focuses on the subjective experiences of the facilitators.

**DET in the Mongolian Context**

The target area of this study is Ulaanbaatar, Mongolia. A significant feature of the country is its demographic; approximately half of the population lives in the capital, Ulaanbaatar. Religion was suppressed during the socialist era before the early 1990s, but a revival has been observed in Mongolia (Kollmar-Paulenz, 2003). According to the national census, about 64% reported religious affiliation, including Buddhism at 53%, Islam at 3%, Shamanism at 3%, and Christianity at 2% (Ochirsukh, 2011).

Mongolia is one of the low- and middle-income countries where the DET has been actively implemented (Higashida, 2020). However, many social and physical barriers can still be observed in different aspects, such as insufficient accessible public infrastructure (Batdulam et al., 2019) and stigma and prejudice toward disability (Como & Batdulam, 2012; Riordan, 2010).

To address disability issues in society, a 4-year project, from May 2016 to May 2020, for promoting social participation of persons with disabilities in Ulaanbaatar city (DPUB), was jointly conducted by the Ministry of Labor and Social Protection (MLSP) in Mongolia and Japan International Cooperation Agency (JICA). One of the DPUB’s fundamental activities was the DET and included training sessions for DET facilitators and the implementation and monitoring of DET sessions (JICA, 2016). In addition, the DET was incorporated into the Goal 7 of Mongolia’s national program for the promotion of human rights and the participation of disabled people (2018–2020). The Mongolian government approved the official implementation regulation of the DET in March 2020.

DPUB held the DET–TOF three times between December 2016 and December 2019 in Ulaanbaatar. A total of 46 disabled people completed the TOF in Mongolia, including 11 senior facilitators and 3 trainers. These three trainers, who completed an additional training course of DET trainers (TOT) in December 2019, were qualified to train new facilitators. A nongovernment organization (NGO) named the DET Mongolia was established by these facilitators in August 2020. As of February 2020, more than 300 DET sessions were conducted by these DET facilitators mainly in Ulaanbaatar, wherein a total of more than 10,000 people have participated (MLSP, 2020). The impact of the DET on the attitudes and behaviors of the participants in Ulaanbaatar was examined by a parallel study (Higashida et al., 2020).

**Lived Experiences of DET Facilitators**

In addition to the impact of the DET on society, examining the experiences of becoming and continuing as a DET facilitator is significant. Although the social model of disability suggests that what needs to be changed is the society and environment (Carr et al., 2012; Oliver, 2009; Oliver & Sapey, 1999), there is also significance in sharing the findings of how DET facilitators can become agents of change with stakeholders across the globe.

Researchers and practitioners have attempted to explore some aspects of the experiences of DET facilitators. The manuals of the DET theoretically describe the expected learning of the facilitators through the DET–TOF (e.g., Carr et al., 2012; Gillespie-Sells & Campbell, 1991; Harris & Enfield, 2003; Kun, 2018). Besides this, some researchers have examined cases of the DET from the perspective of its facilitators in western countries (Carr et al., 2012; Lordan, 2000; Mishima, 2009). Nevertheless, in-depth studies on the experiences of DET facilitators, particularly in low- and middle-income countries, are limited (Higashida, 2020).

Given that little has been reported on their subjectivity, it is essential to explore the lived experiences along with the context of becoming and continuing as DET facilitators. Lived experience is often examined by interpretative phenomenological analysis (Smith, 2017). Boylorn (2008) defines lived experience as “a representation and
Many studies explore the lived experiences of disabled people in their daily lives, although this is mainly in western countries. Toombs (1995) analyzes her lived experience of disability while considering space and time from the phenomenological perspective. Other researchers have examined the lived experiences of disabled students in higher education (Cameron, 2016; Mullins & Preyde, 2013; Redpath et al., 2013) and in the context of the educational transition process (Hetherington et al., 2010). This includes the lived experiences of disabled children who participated in activities outside of school (Heah et al., 2007).

In the context of the DET in Mongolia, it is significant for researchers to explore the lived experiences of its facilitators, drawing on the existing literature in disability studies. This includes the exploration of how they experience the DET–TOF and DET sessions and how their experiences influence their own life stories. Their narrated experiences could be different from discourses in the texts and manuals of the DET. This study aims to explore the lived experiences of becoming and continuing as DET facilitators in Ulaanbaatar. The primary research questions of this study were “what life experiences did the facilitators have before the DET?” (RQ 1) and “what and how do facilitators experience during and after the training and sessions of the DET?” (RQ 2).

Methods

An inductive approach, with reference to an interpretative phenomenological perspective (Benner, 1994; Smith, 2017; Smith & Osborn, 2003), was applied to qualitative data for answering the research questions. This section describes how the narrative data of DET facilitators in Ulaanbaatar were collected and analyzed.

Interviewees

The candidates for the interviews, especially those who had conducted or were expected to actively conduct DET sessions, were selected by purposive sampling. The selection criteria were as follows: (a) all DET trainers who had completed the DET–TOF and TOT, (b) senior facilitators whose implementation times were within the top 10% among all senior facilitators, and (c) new facilitators who completed the latest DET–TOF and participated in a DET session before taking the DET–TOF. Out of 46 DET facilitators who completed the official DET–TOF in Mongolia, eight facilitators (six women and two men), who had physically or sensory impairments, were selected for this study. They were affiliated with governmental agencies (three persons), nongovernmental organisations (NGOs; three persons), and private sector (two persons). They consisted of three trainer-level facilitators, two senior facilitators, and three new facilitators. In addition, one international trainer-level facilitator who worked in Ulaanbaatar from 2016 to 2020 was also interviewed to supplement these data. All the candidates willingly participated in the interviews.

Data Collection

The author separately interviewed each participant using interview guides from September to December 2019 in Ulaanbaatar. The interview guides consisted of questions developed using input from DPUB’s experts, which included a disabled person, and reflections on one pilot interview. Interviews were held in person either at the DPUB office or at the interviewee’s place of work, based on the interviewee’s request and physical accessibility. Interviews took about 1 to 2 hours to complete, depending on the interviewees’ narrations and speed. The interviews were recorded following the verbal and written consent of the interviewees.

Data Analysis

The recorded interview data were transcribed verbatim in Mongolian language. The Mongolian transcripts were translated into English by a professional translator. The translated transcripts were analyzed by thematic analysis using MAXQDA version 2018, a software for qualitative analysis. The data were analyzed with reference to the procedure of Yamauchi’s (2007) study that was based on Benner’s interpretive phenomenology. Yamauchi’s study involves the following procedure: extraction of the narrative data along with the context and exploration of the themes, comparison, and exploration of relationships with other narratives and themes, and interpretation of similarities and differences among the themes in each case.

In this study, the narrative data were analyzed as follows. First, all texts of the four interviewees of different statuses were carefully read; then, the main themes and subthemes that consistently appeared in their narratives were explored; and, finally, the possible outlines for interpretation were created. To prevent loss of meaning and context of the original texts, themes were generated along with the extraction of the context. Second, the other texts of all the facilitators were grouped into outlines, which had similar meanings, generating additional themes if an appropriate one could not be found. Third, the association between themes and the implications of the interviewees’ lived experiences were interpreted by comparing the similarities and differences among the narrative data.
Ethical Consideration

This study was approved by the 5th Joint Coordination Committee of the DPUB held in July 2019. Verbal and written informed consent was obtained from each interviewee after the detailed explanation of the study, including the objectives of the interview and the study, rights to refuse and decline participation anytime, and a privacy protection policy.

Findings

This section presents the analyses of the main themes and subthemes generated. The main themes consist of “Past Life Experience with Disability Issues,” “Experience and View Before Applying for DET Facilitator Training,” “Experience During the DET Facilitator Training,” and “Experience Through DET Implementation.”

Past Life Experience With Disability Issues

The narratives showed that each of the interviewees had varied backgrounds prior to becoming DET facilitators. This main theme consists of three subcategories: “Difficulties related to impairments,” “Discrimination and prejudice,” and “Activities with disabled people’s organizations.”

Difficulties related to impairments. All interviewees narrated experiences of impairments in their life. Some interviewees, for instance, stated that they had faced difficulties while also pointing out the relationship with social barriers and environment in other parts of the interviews.

I was diagnosed with cerebral palsy because of a childbirth accident. . . . Until 5 years old, the only thing I could do was express what I wanted (Ms. A).

After having an impairment of my one leg, I was unable to stand for eight hours as a receptionist and could not work while standing (Ms. G).

One interviewee narrated about not only having to face physical difficulties but also losing out on future goals. During childhood and adolescence, she had the following belief that her impairments may compromise her future:

When I was a child, I wore glasses. When I was laughed at by other pupils, I took off my glasses. I have had various episodes like this. I used to think that, because of my visual impairment, all my future dreams, goals, etc. will not come to fruition. I became less able to do what I wanted and dreamed to be in adulthood (Ms. E).

By taking the DET–TOF, she understood that the discriminatory treatment against her was due to social, environmental, and attitudinal barriers. Although the DET based on the social model does not focus on the subjective experience of impairments, these narratives show that interviewees were likely to have a variety of experiences of impairments. As will be discussed later in other subthemes, such as “Reframing own experiences,” the stories of their lives and impairments may be re-narrated through interaction with the experiences of participating in the DET–TOF and TOT.

Discrimination and prejudice. The narratives of seven interviewees included their experiences of societal discrimination and prejudice. Some interviewees with congenital impairments had experienced being bullied and discriminated against since childhood. They thought that it could not be helped or was associated with religious thinking at that time. An interviewee explained her experience, although she said that she could later make friends at a school:

When I was of school age, almost all pupils were scared of me, and adults were laughing to scorn. They often told me that I was unpleasant and threw stones at me. . . . Unpleasant or filthy feeling means having committed bad actions in a previous life. . . . At that time I thought that I was bullied because of cerebral palsy (Ms. A).

Others also spoke about their experiences of being excluded or differently treated while pointing out the association with religious thought. With a metaphor of “karma,” for instance, disability was often seen as a result of their accumulated demerits from a previous life (Miles, 1995).

People without correct understanding often saw disability as a result of bad actions in their previous life. Even my family sometimes discriminated against me, like saying, “Go and play in that room because the customers are coming.” . . . I was told by other pupils, “I don’t want to play with this child” and “We don’t want you to join this team, so go away!” (Ms. B).

I thought that I couldn’t walk because of my bad actions in a previous life. I didn’t want to blame anyone (Ms. C).

Another interviewee stated that she viewed disabled people differently from her based on the sociocultural image at that time:

Disabled people were generally considered “defective people.” . . . I was also convinced that looking at the people with canes produced bad energy and wanted to keep them away. I don’t know why I thought I was different from them, although the condition of my eyes was bad (Ms. E).

Some other interviewees stated they experienced substantial discrimination. The next interviewee explained that she faced discrimination in job-hunting.

After graduating from school, I sought a job for two years but was not hired. . . . I passed the first round, followed by a document examination of a major bank. During the final round in the personal interview, the interviewers appeared to be
surprised, and I felt the unwelcome attitude of interviewers, although nothing was directly said (Ms. H).

Not all interviewees spoke of their own experiences of discrimination and prejudice, but some of them had very impactful experiences. Some interviewees mentioned that this motivated them to participate in the DET–TOF and become DET facilitators to work toward eliminating prejudice in society. The narratives associated with this subtheme will also be reflected in other themes, such as “Experience and View Before Applying for DET Facilitator Training” and “Experience Through DET Implementation.”

Activities with disabled people’s organizations. Before taking the DET–TOF, four interviewees had experiences of participating in disability awareness activities for promoting human rights. An interviewee felt a possible change in social attitude following disabled people’s activities and movements:

We [a certain NGO] conducted social movement activities, such as when we went to a central square in wheelchairs and rode a bus in large numbers. This is one example, but it felt that the attitude in the society gradually began to change after we conducted such activities in large numbers instead of alone (Ms. C).

One interviewee had experienced conducting training and awareness activities before receiving the DET–TOF. She also explained her reason for applying in the DET–TOF: “The mission of the NGO [which she established] is to carry out all possible training for disabled and nondisabled people. That’s why I applied to the DET training [DET–TOF], which is consistent with the focus of my NGO” (Ms. E).

These narratives indicate that the interviewees had varied personal backgrounds, including activities in disability issues, prior to receiving the DET–TOF. This subtheme appeared to be associated with the process of reconsidering and changing their perception on disability. The internal reflective process will be discussed in the other themes and subthemes, such as “Experience and View Before Applying for DET Facilitator Training” and “Changes in perception on disability.”

Experience and View Before Applying for DET Facilitator Training

The narratives of the eight interviewees included their DET-related experiences and views prior to receiving the DET–TOF. This main theme consists of three subthemes: “Receiving other disability-related training and education,” “Pre-attending the DET,” and “Acquisition of view on the social model.”

Receiving other disability-related training and education. Before taking the DET–TOF, two interviewees had seldom participated in disability-related training or seminars. One of them had no substantial experience of participation and very little experience in interacting with other disabled people before taking the DET–TOF.

When I was a student, there was a conference for disabled students. . . . But the organizer just provided foods and drinks without substantial discussion. I couldn’t learn anything. . . . I did not participate in training and seminars for disabled people after this event (Ms. A).

On the contrary, the other seven interviewees had attended seminars and training on disability. An interviewee participated in disability-related training abroad (Mr. F). Some other interviewees had attended seminars and events conducted by the DPUB. One of them learned a view on disability:

I thought that I had gained a lot of knowledge about disability by participating in the training [in Japan]. However, during the DET training [DET–TOF] in Mongolia, I noticed the necessity to look from a different view and further develop my understanding (Ms. B).

These narratives, as well as the subtheme “Activities with disabled people’s organizations,” seem to associate with the knowledge and views of disability that each interviewee had before participating in the DET–TOF. This indicates that the experience, including its subjective process, of learning the view of the social model through the DET–TOF could vary depending on their prior experiences.

Pre-attending the DET. There were almost no DET sessions before the first DET–TOF held in Ulaanbaatar in 2016. Five interviewees who completed the second or third DET–TOF said that they had taken a DET session as general participants in Ulaanbaatar in advance. The following interviewee explained that she joined the session after obtaining the information.

After a DET session was conducted in our office, colleagues came to like it as very impressive training. . . . I noticed that a DET session would be held. I decided to participate in the session as an individual. Because my second job is a lecturer, I thought I could share the learning insights with the public (Ms. G).

Another interviewee narrated that she was impressed by the DET session and also learned to view disability as a social issue.

The printed material, with pictures of wheelchair users facing barriers, asked the question, “Where is disability?” I was so impressed by the question. It was nice that not only I but also other participants changed their views on disability and recognized the barriers within the three-hour session (Ms. H).

These episodes also indicate that each interviewee had different experiences before participating in the DET–TOF.
particular, those who had participated in a DET session before receiving the DET–TOF were expected to have acquired a basic view of the social model during the session (see also the next subtheme “Acquisition of view on the social model”).

**Acquisition of view on the social model.** Overlapping with the above themes (“Discrimination and prejudice” and “Pretending the DET”), six interviewees self-reported that they did not have a view of the social model before taking the DET–TOF. An interviewee, for example, stated that she had thought disability should be attributed to disabled persons: “I thought that having disabilities was all my fault. Looking around, there was no disabled person and wheelchair user apart from me [at the time]” (Ms. A).

In contrast, three interviewees self-reported that they had had a similar view to the social model perspective before participating in the DET–TOF. An interviewee explained about their background knowledge, which indicated what she learned in the DET–TOF: “Basically, I knew about equal rights that I have and about the social model because my boss [in the NGO] took training abroad. However, I was not good at giving understanding to others” (Ms. H).

**Experience During the DET Facilitator Training**

This main theme relates to interviewees’ experiences during the DET–TOF consisting of three subthemes: “Gaining insight,” “Changes in perception on disability,” and “Reframing own experiences.” Although it is generally expected that trainees in the DET–TOF learn how to conduct DET as agents of change based on the social model of disability and human rights (Kuno, 2009, 2018), the interviewees likely had varied experiences.

**Gaining insight.** All interviewees reported that they obtained some insights through participation in the DET–TOF. This includes narratives that some interviewees gained systematic ideas and ways of conducting sessions, thus becoming more confident. The following interviewee stated her current experiences in comparison to her past situation:

I had known the necessity to change society, but I hadn’t known how to change it properly. . . . The characteristic of DET was to let participants talk about and find problems [in society]. My thoughts turned to an opposite view (Ms. G).

Although the DET does not focus on forms of impairments, such as physical, intellectual, and psychosocial/psychiatric impairments, an interviewee stated that her view became expanded through interaction with other trainees with various impairments:

I had often spoken to society on behalf of an organization of people with visual impairments. However, during the training [DET–TOF], I recognized that I hadn’t understood much about other forms of impairments. So, the training [DET–TOF] was also a good opportunity for me to learn the various barriers that people with diverse background face in daily life (Ms. E).

Another interviewee stressed that she learned the importance of teamwork and group dynamics, stating, “I learned that teamwork is really important. I respect others and learn patience as well. That would be more effective for conducting DET” (Ms. G).

These narratives indicate that, in addition to learning about the social model of disability, interviewees gained the insight and competence that would be required to facilitate DET sessions.

**Changes in perception on disability.** Six interviewees self-reported that they changed their view and perception, or mental image, on disability through the DET–TOF. Some interviewees said that they were pleased because they discovered the significance of changing the social environment using the social model of disability:

During the training [DET–TOF], I was most pleased with finding the answer to the question, “Why do disabled people have to live hard [suffering from living] with tears and blood in comparison to nondisabled people?” . . . I understood that we would be able to do our daily activities similar to ordinary people once the environment improved (Ms. B).

As touched upon in the subtheme “Acquisition of view on the social model,” some interviewees stated that they had gained a basic view prior to taking the DET–TOF but learned the perspective on disability systematically during it. An interviewee stated:

My understanding of disability deepened indeed. I obtained, for example, a whole new understanding of the social model [in a session]. Although I understood the basic idea through the previous session [which I participated in], I didn’t know about the theoretical concept (Ms. H).

In addition, the following interviewee said that her view had not changed much but was strengthened by the concept of the social model and an international treaty:

I was developing my training program as a human rights instructor using a training manual based on the CRPD [Convention on the Rights of Persons with Disabilities]. It easily came to my mind that this [learned contents in the DET–TOF] relates to CRPD that I was reading and using before (Ms. E).

Perhaps associated with their personal backgrounds as discussed in “Past Life Experience with Disability Issues” and “Experience and View Before Applying for DET Facilitator Training,” the degree and process of change in their perception on disability appeared to vary. In other words,
their narratives indicate that the interviewees learned and interpreted the social model of disability in the context of their own lives, thereby critically reconsidering their perception on disability. The following subtheme “Reframing own experiences” supports this point of view.

Reframing own experiences. Two interviewees (Mr. F and Ms. G) mentioned that their perspectives on disability did not change during the DET–TOF, while others narrated how their past experiences were influenced by it. One trainer emphasized that the DET–TOF contributed to enhancing her confidence by reframing her past work experience:

Through the training [DET–TOF], I became confident in my understanding. Actually, I used to blame myself before. After preparing myself, I started job-hunting in society, but I couldn’t find any opportunity. . . . [Through the DET–TOF] I noticed that I had been discriminated at that time. . . . All employees, for instance, were assigned to a similar job, which I was able to do, but I was excluded from it (Ms. A).

Similarly, one trainer changed her view on the irrationality that she encountered in everyday life through the DET–TOF:

[For example] I thought I had to make efforts when I get on a bus. . . . [Through the DET–TOF] my self-esteem increased, because “I’m not bad” and “I can work and live like everyone.” It was important for me to know where an issue exists: it is in society (Ms. B).

Another trainer stated that she had gained a way to express her experiences. She said, “Maybe, I became able to express my story differently [after the DET–TOF]. I used to say, ‘I shouldn’t give up,’ but now, ‘We should try to change society with peers’” (Ms. C).

Some interviewees who participated in the DET–TOF re-narrated their lives and disabilities in their own context, following internal reflections about the social model. In relation to the subtheme “Promoted motivation through DET,” such experiences also seemed to motivate some interviewees to break social barriers, including the elimination of discrimination against disabled people, through conducting DET sessions.

Experience Through DET Implementation

This main theme includes the experiences of the DET facilitators with respect to conducting activities after taking the DET–TOF, in particular the implementation of DET sessions by themselves. This main theme consists of the following four subthemes: “Difficulties faced and reflective practices,” “Promoted motivation through DET,” “Recognition of DET’s impact,” and “Recognition of DET issues.” Interviewees talked about various experiences of conducting DET sessions after the DET–TOF. Despite difficulties involved in the implementation of DET sessions, some interviewees motivated themselves by feeling the impact of DET on society. The issues of DET were also reported by the interviewees.

Difficulties faced and reflective practices. All interviewees mentioned that although they had completed the DET–TOF, the training obtained was not enough to independently conduct DET sessions. The next interviewee, for instance, said that there was a process of deepening understanding and learning in subsequent implementations.

Just after the training [DET–TOF], I didn’t make DET my own, that is, I didn’t fully understand the purpose and intention of DET. At that time, I accepted all the answers that the participants said. But now, I firmly understand the purpose so that I can guide participants properly even when complicated questions and comments are stated by the participants (Ms. A).

The following trainer also pointed out the insufficiency of their DET sessions just after the completion of the DET–TOF, such as poor response and guidance as a facilitator:

When I implemented sessions [just after the completion of the DET–TOF], I often emphasized bad things in society and criticized the participants, like “You didn’t give way” and “You didn’t get any understanding of disability, so you’re wrong.” Now, I am conducting sessions, stating like “You and I could do it together!” and “Look, there are many successful cases [that were improved by ex-participants].” . . . I realized that cooperation between both sides could create a good society, so I started calling for them to work together (Ms. B).

Another trainer said that reflection on their facilitation practices during and after the session was important for improving the quality of DET sessions:

We [facilitators] have always had meetings after sessions for reflecting on facilitation sessions and exchanging impressions with each other. We have evaluated sessions by discussing the reasons why each facilitation session did or didn’t go well, such as responses of facilitators to participants’ questions [during the session]. . . . If facilitators can fix such problems, the next sessions could be improved. I also can’t grow if I run alone (Ms. A).

A new facilitator also stated a similar thought based on her practical experiences: “So why not improve our skills together with those who trained [in the DET–TOF] together. I haven’t reached enough level [as a facilitator]. It is still difficult for me to implement [sessions] alone” (Ms. H).

Their narratives indicate that some interviewees continually attempted to conduct DET sessions in spite of facing such difficulties. The reasons of conducting DET sessions appeared to have an association with other subthemes, especially “Promoted motivation through DET.”

Promoted motivation through DET. All interviewees said that they implemented DET sessions because of their passion and
sense of mission. One trainer said that she was delighted to be involved with DET in comparison with her past life:

I have never conducted DET sessions as my job. This is my wish and my dream. When I was a student, I wanted to make people understand this kind of view and wanted to change their attitude. So, I am very happy when conducting DET. . . . When it was implied that I couldn’t participate in DET, I was even thinking of prioritizing DET by resigning my job. So, I think you know how important it is for me (Ms. A).

Five interviewees reported that they were motivated not only by their wishes but also by the reactions of participants (Ms. A, Ms. C, Ms. E, Ms. G, and Ms. H). In the following case, she compared it with her past engagement:

Every time I conduct DET sessions, I come to like DET more and more. My first impression was that participants were surprised, and they have changed [attitudes] after DET, which made me feel very well. In the past [before taking the DET–TOF], I had given my presentations in front of attendees, but I was so frustrated because I couldn’t get them to understand well. Now, I conduct DET with the assumption that participants may not know or understand [anything about disability]. It is a big change for myself, and now, I can deliver my thoughts in an easy-to-understand way. Now, I don’t feel such frustration (Ms. E).

One interviewee said that he was motivated but could conduct DET sessions only when he was available. This indicated that he needed to balance his work and DET:

Well, I want [to conduct DET], but I also have a job. So, I can’t always go, but I go [to implement DET] like once a month when I’m free. . . . I feel the significance of changing society, and the first three sessions [that I held] worked so well that I may have become much more motivated (Mr. F).

These narratives indicate that the interviewees have different life and work situations but were voluntarily conducting DET sessions. The motivation for undertaking DET seemed to be related to a variety of experiences, including those of their past life and the DET–TOF. Their motivation for implementing DET sessions might also relate to whether they find it worthwhile to carry out DET, as indicated in the next subtheme “Recognition of DET’s impact.”

**Recognition of DET’s impact.** While another parallel study (Higashida et al., 2020) found the substantial impact of DET on society in Ulaanbaatar, five interviewees also reported that they perceived the impact of DET subjectively. It likely depended to some extent on their experience and skills as facilitators. An experienced trainer, for instance, reported that she followed up the posttraining situation by giving some examples:

I always try to keep in touch with the people who participated in my sessions. If one person from one organization participates, he or she may suggest conducting DET at the same organization again. . . . A session was held at an educational institute last October. The overall satisfaction was high. One participant approached me and cried [just after the session]. He said, “I had seen disabled people as those who were born unhappy due to sin [or bad actions] in their previous life. I kept the children away from the disabled people, but that was completely wrong. I understood that we are discriminating them. From today I will tell my children that it was no good.” . . . After this session, I received feedback from the institute that suggested to conduct [DET] sessions for all staff (Ms. A).

Two interviewees, however, said they did not clearly recognize such an impact of DET. An interviewee stated, “I don’t grasp [the impact of her sessions] very well because I haven’t contacted most of the participants after the sessions. But we need to do it, don’t we?” (Ms. E).

These narratives indicate that the impact of DET on society was likely to be perceived through the subjective and practical experiences of conducting DET sessions.

Since DET sessions were often conducted by a group of DET facilitators, and regular meetings were conducted by them (see the subtheme “Difficulties faced and reflective practices”), the social impact and issues of DET might also be collectively discussed and shared among DET facilitators. This possibility will also be touched upon in the next subtheme “Recognition of DET issues.”

**Recognition of DET issues.** Seven interviewees pointed out some issues in DET implementation. One of the issues relates to the lack of cooperation and limited capacity of DET facilitators, which could potentially be associated with unsustainability:

A common problem, which I think as a trainer, is the lack of cooperation among facilitators. It may be difficult to work continually together as a team. . . . Also, out of 32 facilitators [as of November 2019], there are limited number of facilitators who have a deep understanding of the purpose and can conduct sessions with proper words (Ms. A).

An interviewee also narrated his skill insufficiency as a facilitator:

I’m still struggling to conduct DET independently. I agree that it is a good idea to develop the skills of facilitators like me. Regarding accessibility, for example, I can talk based on DET but lack knowledge about other social barriers. (Mr. F)

The following trainer explained her thoughts on the related issue as the reality of facilitators:

I am facing some dilemma. I feel about 60% of facilitators who work at NGOs are too busy to conduct DET frequently. About 20% don’t conduct DET because they think they aren’t skilled enough to conduct them. The others, who are excellent facilitators, get a new job, which makes it difficult for them to continue it. (Ms. B)
In terms of content, other interviewees highlighted an idea for developing DET. They talked about the importance of incorporating various interventions with DET, as some other studies also suggest (Kuno, 2009; Millington & Mottram, 1999; Parkinson, 2006):

[Through conducting DET sessions] I notice the importance of adding some other tools, like accessibility-related training or volunteer training, to DET. Also, it would be nice to carry out DET as a series of human rights training (Mr. F).

These narratives showed that the interviewees were aware of the personal and organizational issues and the potential strategies related to DET. Although this analysis focused on individual experiences, some of them pointed out a necessity of strengthening the organizational capacity as a team of the facilitators. Hence, there might be a collective experience of conducting DET among the facilitators.

Discussion

Summary of Findings

This study analyzed the lived experiences of disabled persons who became and continued as DET facilitators. First, regarding RQ 1, this study found that each facilitator who applied for its training (DET–TOF) had a unique personal background. Before receiving theDET–TOF, their experiences of conducting activities in disability issues varied, but the majority of interviewees had faced discrimination and prejudice within society. Second, regarding RQ 2, participation in the DET–TOF generally led to changes in their perception on disability using the social model view. It also appeared to motivate some of the interviewees to conduct DET sessions. The narratives of some interviewees also indicated that they reframed their experiences using the view and metaphor represented by the social model. Although some interviewees had a similar idea of the social model in advance, they gained a systematic understanding and facilitation skills through the DET–TOF.

The individual narratives of each facilitator indicated various aspects of the above findings. In the case of an experienced trainer (Ms. A), for instance, the discrimination and prejudice that she had experienced since childhood can be considered her formative experiences as a facilitator. As she stated, she was influenced by the DET–TOF and was able to reframe her life story from the social model perspective (Crow, 1996; Oliver, 2009). Furthermore, she objectively talked about DET’s challenges beyond her personal experiences and thoughts. Other trainers (Ms. B, Ms. C., and Ms. D) had similar narratives, albeit under different contexts and experiences. This corresponds to a representation in the manuals and texts of DET (Carr et al., 2012; Gillespie-Sells & Campbell, 1991; Harris & Enfield, 2003; Kuno, 2018).

In contrast, some interviewees had different personal backgrounds and unique learning processes. Some senior facilitators and new DET facilitators (e.g., Mr. F, Ms. H, and Mr. I) did not state many strong experiences of discrimination. In terms of facilitators whose experiences and facilitation skills were still inadequate, it was difficult for them to independently conduct DET sessions through the DET–TOF. Since their narratives were extracted within the interviews at a certain point, they may re-narrate different subjective experiences after conducting various activities and sessions in the future. In any case, the narratives of the interviewees in this study showed that they had varied experiences as DET facilitators.

These findings indicate the significance of capturing the process of engagement and empowerment of DET facilitators as agents for social change (Carr et al., 2012; Kuno, 2009, 2018). This study found the process unlikely to be linear; indeed, the findings suggest that the process would vary depending on the interaction between the acquired view in the DET–TOF and personal experiences and the background of each individual. Hence, the expected learning using the training manual is not necessarily a one-way system, but likely a phenomenon based on their subjective experiences.

Implications for Implementation Based on the Social Model

From a pragmatic perspective (Creswell & Clark, 2017), the findings of this study have implications for the implementation of DET based on the social model of disability. As mentioned, there have been criticisms of the social model (e.g., Dewsbury et al., 2004; Shakespeare & Watson, 2001), and the findings suggest the importance of discussing DET practices while considering these contexts (Levitt, 2017). The findings of the subjective experiences of becoming and continuing as DET facilitators indicate the possible impact of DET on their own attitudes and behaviors and maybe those of the participants in Ulaanbaatar (Higashida, 2020; Higashida et al., 2020). As Igei (2020) also shows the findings in South Africa, the narratives in this study imply that DET (with the view of the social model) is likely to be particularly significant in a society that lacks accessible infrastructure and related laws and where social barriers, such as social and religious discrimination and prejudice against disabled people, remain.

Although the findings of this study may not directly reinforce the “theoretical justification” of the social model, considering DET with the social model as a reflective process and strategy to assist participants to become agents of change in society is reasonable (Kuno, 2009; Oliver, 2013). Indeed, it could be practically significant to encourage people to critically consider their perception about disability, remove social barriers as agents for change, and pursue a disability-inclusive society within a specific context (Carr et al., 2012; Kuno, 2009, 2018). Given that the social model and DET have developed from the disabled people’s movement, an inductive analysis based on their practices and lived experiences of being and working as facilitators could be one of the triggers to “reinvigorate” (Levitt, 2017; Oliver, 2013) the implementation of DET with the social model of disability.
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Limitations

There are, however, several limitations to this study. First, the sample size of the interviewees was relatively small and includes the possibility of gender bias among facilitators. The second limitation is that the data collection and analysis was implemented within the project period. The situation after the completion of the project, especially during the COVID-19 pandemic, has not been examined. The third limitation relates to my positionality and subjectivity. The collected data, which was obtained through semistructured interviews, was analyzed through my interpretation. Therefore, it is required to keep in mind the possibility of differences in interpretation depending on the context and positionality.

Conclusion

This study shed light on the lived experiences of becoming and continuing as DET facilitators and agents for social change. The findings speak to the importance of understanding unique experiences of DET facilitators before, during, and after the DET-TOF, which are not well documented in the literature of the social model of disability and DET manuals.

Although the DET has a history of more than 40 years since its birth in the United Kingdom, experiences of being DET facilitators, as well as their impact on society in low- and middle-income countries, are only beginning to be appreciated in the academic realm. Hence, an argument can be made for future studies that examine the experiences of DET facilitators and related phenomena in other countries and different contexts. Researchers, for instance, can focus on more lived experiences and the practices of DET facilitators that may be different from the discourse in the literature, including manuals and this study. It is also necessary for researchers to use the results obtained for the promotion of a disability-inclusive society and the social participation of disabled people in the field of practice.

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References

Batdulam, T., Enkhtsetseg, B., Uranchimeg, D., & Chimedsuren, O. (2019). Environmental accessibility assessment for people with vision, hearing and speech disabilities in Mongolia. Disability, CBR & Inclusive Development, 30(3), 31–52.

Beckett, A. E., & Campbell, T. (2015). The social model of disability as an oppositional device. Disability & Society, 30(2), 270–283. https://doi.org/10.1080/09687599.2014.999912

Benner, P. (Ed.) (1994). Interpretive phenomenology: Embodiment, caring, and ethics in health and illness. SAGE.

Boyrolm, R. M. (2008). Lived experience. In L. M. Given (Ed.), The SAGE encyclopedia of qualitative research methods (pp. 489–490), SAGE.

Cameron, H. E. (2016). Beyond cognitive deficit: The everyday lived experience of dyslexic students at university. Disability & Society, 31(2), 223–239. https://doi.org/10.1080/09687599.2016.1152951

Carr, L., Darke, P., & Kuno, K. (Eds.). (2012). Disability equality training: Action for change. MPH Group.

Como, E., & Batdulam, T. (2012). The role of community health workers in the Mongolian CBR programme. Disability, CBR & Inclusive Development, 23(1), 14–33. https://doi.org/10.5463/dcid.v23i1.96

Creswell, J. W., & Clark, V. L. P. (2017). Designing and conducting mixed methods research. SAGE.

Crow, L. (1996). Including all of our lives: Renewing the social model of disability. In C. Barnes & G. Mercer (Eds.), Exploring the divide: Illness and disability (pp. 55–72). The Disability Press.

Dewsbury, G., Clarke, K., Randall, D., Rouncefield, M., & Sommerville, I. (2004). The anti-social model of disability. Disability & Society, 19(2), 145–158. https://doi.org/10.1080/0968759042000181776

Disability Equality Training Forum. (2017). Field survey on promotion of “barrier-free mind” through disability equality training. https://www.kantei.go.jp/jp/singi/tokyo2020_suishin_honbu/udsuisin/pdf/201703_hokoku.pdf (accessed 19 January 2020) (in Japanese).

Disability Equality Training Forum. (2019). http://detforum.com/ (accessed 19 January 2020).

Gillespie-Sells, K., & Campbell, J. (1991). Disability equality training: Trainers guide. Central Council for Education and Training in Social Work.

Goodley, D., Lawthom, R., Liddiard, K., & Runswick-Cole, K. (2019). Provocations for critical disability studies. Disability
Higashida, M. (2020). Evaluation methods of disability equality training (DET): Survey planning in Mongolia based on a literature review. *Journal of Kyosei Studies*, 4, 152–171. https://doi.org/10.18910/75390 (in Japanese)

Higashida, M., Gereltuya, G., & Altanzul, G. (2020). Mixed-methods programme evaluation of disability equality training (DET) in Mongolia. *Disability, CBR & Inclusive Development*, 31(3), 99–123. http://doi.org/10.47985/dcidj.412

Hughes, B., & Paterson, K. (1997). The social model of disability and the disappearing body: Towards a sociology of impairment. *Disability & Society*, 12(3), 325–340. https://doi.org/10.1080/0968759727209

Igei, K. (2020). Does learning the social model improve behaviors towards persons with disabilities?: A randomized experiment for taxi drivers in South Africa (JICA-RI Working Papers, no. 204). Japan International Cooperation Agency.

Japan International Cooperation Agency. (2016). Outline of the project. https://www.jica.go.jp/project/english/mongolia/015/outline/index.html (accessed 15 March 2020).

Kollmar-Paulenz, K. (2003). Buddhism in Mongolia after 1990. *Journal of Global Buddhism*, 4, 18–34.

Kuno, K. (2009). Disability equality training (DET): Potentials and challenges in practice in developing countries. *Asia-pacific Disability Rehabilitation Journal*, 20(1), 41–51.

Kuno, K. (2018). Shakai no shougai wo mitsuketou: Hitoritachi ga shuyaku no shougai byoudou kenshu. Gendai-Shokan. https://iss.ndl.go.jp/books/R100000002-1029048323-00 (in Japanese).

Levitt, J. M. (2017). Exploring how the social model of disability can be re-invigorated: In response to Mike Oliver. *Disability & Society*, 32(4), 589–594. https://doi.org/10.1080/09687599.2017.1300390

Lordan, N. (2000). Finding a voice: Empowerment of people with disabilities in Ireland. *Journal of Progressive Human Services*, 11(1), 49–69. https://doi.org/10.1300/J059v11n01_04

Miles, M. (1995). Disability in an Eastern religious context: Historical perspectives. *Disability & Society*, 10(1), 49–70. https://doi.org/10.1080/0968759950023723

Millington, P., & Mottram, R. (1999). Disability organizations and disability equality training. *British Journal of Therapy and Rehabilitation*, 6(8), 372–376. https://doi.org/10.12968/bjtr.1999.6.8.13948

Ministry of Labour and Social Protection, Mongolia. (2020). *White papers on disability in Mongolia* 2020.

Mishima, A. (2009). Alternative methods for Japanese social work education suggested by disability equality training: Case studies in the UK. *Bulletin of Higashiosaka College and Higashiosaka Junior College*, 7, 9–17 (in Japanese).

Mullins, L., & Preyde, M. (2013). The lived experience of students with an invisible disability at a Canadian university. *Disability & Society*, 28(2), 147–160. https://doi.org/10.1080/09687599.2012.752127

Ochirshukh, Y. (2011). Mongolia 2010 population census: Main findings. National Statistical Office of Mongolia.

Oliver, M. (2009). *Understanding disability: From theory to practice* (2nd ed.). Macmillan.

Oliver, M. (2013). The social model of disability: Thirty years on. *Disability & Society*, 28(7), 1024–1026. https://doi.org/10.1080/09687599.2013.818773

Oliver, M., & Sapey, B. (1999). *Social work with disabled people*. Macmillan.

Parkinson, G. (2006). Counsellors’ attitudes towards disability equality training (DET). *British Journal of Guidance & Counselling*, 34(1), 93–105. https://doi.org/10.1080/03069880500483182

Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). SAGE.

Redpath, J., Kearney, P., Nicholl, P., Mulvenna, M., Wallace, J., & Martin, S. (2013). A qualitative study of the lived experiences of disabled post-transition students in higher education institutions in Northern Ireland. *Studies in Higher Education*, 38(9), 1334–1350. https://doi.org/10.1080/03075079.2011.622746

Riordan, A. (2010). A preliminary look at Mongolian teachers’ and stakeholders’ perceptions of disability in the classroom. *Mongolian Studies*, 32, 36–59.

Shakespeare, T., & Watson, N. (2001). The social model of disability: An outdated ideology? *Research in Social Science and Disability*, 2(1), 9–28. https://doi.org/10.1016/S1479-3547(01)80018-X

Smith, J. A. (2017). Interpretative phenomenological analysis: Getting at lived experience. *Journal of Positive Psychology*, 12(3), 303–304. https://doi.org/10.1080/17439760.2016.1262622

Smith, J. A., & Osborn, M. (2003). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to methods* (pp. 53–80). SAGE.

Toombs, S. K. (1995). The lived experience of disability. *Human Studies*, 18(1), 9–23. https://doi.org/10.1007/BF01322837

Walker, S. (2004). Disability equality training: Constructing a collaborative model. *Disability & Society*, 19(7), 703–719. https://doi.org/10.1080/0968759042000284196

Yamauchi, N. (2007). Bodily experiences of patients with stroke complicating unilateral limb weakness as viewed through nursing: Focusing on the 6 weeks since symptoms onset. *Journal of Japan Academy of Nursing Science*, 27(1), 14–22. https://doi.org/10.5630/jans.27.1_14 (in Japanese).