Chapter 8
Equal and Inclusive Study Experiences for Disabled International Students

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Abstract This chapter develops a case for better defined and more transparent ways to interpret and apply the term "disability" in universities around the world. By listening to students' voices, the chapter reveals how lack of clarity within the current definition of "disability", specifically in the British context, leaves Disabled international students studying in the UK feeling anxious, misunderstood, and confused about how to disclose their impairments. Given socio/cultural and linguistic variations in people's understanding of "disability", the use of established disability labels within different or unknown cultural frameworks can be challenging for international students, and terminology a significant factor in disclosure versus non-disclosure. Offering a degree of insight, the chapter aims to enhance the experiences of Disabled international students beginning their university journey. Students need to experience less confusion and receive offers of appropriate support to make the reality of university life equal in quality and enjoyment to that of their non-disabled peers.

Keywords Cultural definition · Disability · Barriers · Disabled international students · Disclosure · Medical model · Social model

8.1 Introduction

This chapter contributes to the significant and growing field of internationalised higher education (HE) by examining some of the reasons why, in our globalised education systems in which students are encouraged to travel internationally to benefit from transcultural HE, the mobility of Disabled international students appears to be limited. Literature supporting this group of students on their journey seems scarce, despite the fact that Disabled international students, as a group, experience not only the same set of barriers faced by their Disabled counterparts domestically, and those encountered by their non-disabled international peers, but also have their own unique challenges to confront on a daily basis. The intersectionality of Disabled international students' identities therefore form the basis of this work. The chapter concludes

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with some inclusive recommendations to address these difficulties, emphasising the implications for future policy making.

8.2 Literature Review

In recent decades, Higher Education Institutions (HEIs) across the globe have welcomed international students' participation in their universities (Travis, 2011). With consistent decreases in public funding, the neoliberal commodification of education into "services", and the transformation of students into valuable customers has become an increasingly attractive proposition. On the whole, universities have viewed internationalisation as a considerable source of income (Graf, 2009), bringing business opportunities with significant financial incentives. Outside the realm of economics, the pedagogical benefits of internationalisation are often intertwined with the 'cultural and intellectual diversity' (Amos, 2015) that develops from the creation of multicultural learning campuses. Internationalisation is thus considered to be capable of promoting understanding of cultural difference and diversity, and an appreciation of the world and one's place within it (Guo, 2007) with potential for HEIs to become progressive sites offering "engaged pedagogy" (Madge et al., 2009).

In the UK, it currently remains to be seen how Brexit and the immigration policies that will be introduced will affect international student numbers. However, despite the uncertain future, for many individual students the opportunity to live and study in a different culture has been a valuable life experience. Prospective international students have ultimately intertwined their personal and professional development, including heightened interpersonal skills, a good command of languages, practical application of knowledge, and strengths such as initiative, self-confidence, autonomy and resilience (Robson, 2011). These attributes reinforce the potential of international education to equip students with the suitable skills and characteristics for competitive international careers (Miller et al., 2015).

That said, international students can be an overlooked and vulnerable student population in host countries. With a common minority identity (Mahmood & Galloway Burke, 2018), international students arrive from various cultural backgrounds and speak a diverse range of languages. The way people dress, cook, live, use transport and socialise in the host country may not be comparable to the way in which international students operate in their home countries. This may leave them feeling lonely and overwhelmed by cultural differences, often experiencing great anxiety and destress during their initial immersion in unfamiliar cultural environments (Alloh et al., 2018; Berry et al., 2006; Li & Zizzi, 2018). New international students not only have to deal with the common problems of adjusting to a new state, possibly for the first time, but also have to contend with novel educational institutions, social behaviours and expectations including integration in developing adequate cross-cultural skills and English language acquisition/competence (Hadi Alakaam, 2015). Though it has to be recognised that there are differences among international students with regards to their cultural orientation dependant on various variables such as length of stay and level of interaction with the host society (Jamaludin et al., 2018).

Such practical challenges as time-management, visas, provision of information pre-/post-arrival accommodation, and policies relating to financial support, as well as emotional and affective issues, for example stress, homesickness, lack of confidence, participation in support services specifically in the case of international students, have been identified as key barriers by Katsara (2015), Li (2015) and Zhou et al. (2008). Other concerns may include pedagogic difficulties consisting of unfamiliarity with the host institutional system and academic conventions, different seminar, study and writing skills, teaching/learning experiences, linguistic diversity, and performance and outcomes.

Fundamental to this chapter, nationally and internationally, universities are typically interested in the 'best' and most able students, particularly for postgraduate work, arguably to the exclusion of Disabled students. As discussed above, non-disabled international students also encounter numerous barriers during their university experience. Therefore, if the seemingly inflexible British university environment is unable to address both sets of barriers promptly and effectively, questions arise about the preparedness of the HE setting to welcome Disabled international students at all, and how institutions will meet the intersectional needs of any Disabled international students that do arrive.

McLean et al. (2003) argue that as global education opportunities widen, the failure to address Disabled students' needs can be considered discriminatory, as it restricts their opportunities to succeed. Rhetorically, on an international level, the majority of universities have taken on the responsibility of developing a globally diverse student population, through equitable educational access paths, by increasing the number of exchange programmes and the process of internationalising teaching for "all" students, in principle to the inclusion of Disabled students (van Swet et al., 2012).

Yet, studies and literature on the way in which international opportunities are made accessible to Disabled students, compared with their non-disabled peers, is not readily available. While there is data available on the numbers of international students, the number of these who are disabled is not recorded as a matter of course. Taking part in a globalised HE experience can be of particular significance to Disabled students, enhancing their chances to study, socialise, develop and work abroad, particularly when facing limited opportunities in their home countries, be that a result of attitudinal or access barriers. Participating in HE is often viewed as a 'stepping stone to higher level occupations' (Shiner & Modood, 2002: 210), but to be able to participate at all, Disabled international students need to access international opportunities via accessible routes, which work towards accommodating their specific needs and address any concerns they might have about their impairments or disability. Discussed below is the key barrier faced by many Disabled international students as they begin their educational journey abroad, that of understanding and defining "disability" in a different cultural contextual framework. The chapter goes on to explain how this particular barrier can be addressed through flexible and inclusive solutions.

This discussion is informed by my first-hand experience of being a Disabled international student in British universities, as well as the findings of a project conducted for my PhD research, which investigated the experiences of Disabled international students in British HE. Thirty Disabled international students, studying in the UK, took part in my doctoral qualitative research, which examined the difficulties participants faced in their HE settings based on the intersectionality of their multiple identities of “Disabled”, “international” and, often, “mature” and “postgraduate” student.

8.3 Research Methods

The voices and experiences of participants were key evidence in my doctoral study; I therefore adopted qualitative and explorative data generation strategies to provide detailed insight into the under-researched area of Disabled international students’ experiences. For this study, a representative/random student sample would have been the preferred option, as it would have enabled the generalisation of results, and also reduced the risk of obtaining a biased outcome (Blaikie, 2000). However, such sampling procedures were not feasible due to lack of resources. To recruit participants, I used a snowballing method, including networking and chain referral techniques within various national educational institutions. Thirty mature participants with a range of impairments (two with invisible, five with dyslexia, ten with sensory [two with hearing and eight with visual], and 13 with physical) were recruited from 11 British universities. A ‘mature student’ refers to those students who start an undergraduate degree aged 21 or above (Oliver, 2020). Three of the participants were from Africa, four from Asia, six from the Far East, six from North America, and 11 from Europe.

I began the research using the collective data generation strategy of a focus group, with five participants, to refine and stimulate topics for the semi-structured interviews. I then chose the practical and explorative data collection strategy of semi-structured interviews, owing to the investigative nature of the study. Three telephone, 12 face-to-face, and 15 email interviews were arranged with the participants depending on their impairment-related concerns, and their availability in terms of time and location. The participants shared their experiences of a range of academic and non-academic issues associated with being a Disabled international student in the UK. I then transcribed the recordings and deployed pseudonyms to protect participants’ identities.

To avoid contrivance or misinterpretation of interviewees’ accounts, the participants were asked to read the transcripts through and make any changes, including additions or exclusions, as they saw fit. Subsequently I read the transcripts several times and coded them based on lists of themes and categories, generated from reading previous research findings and reflecting on theory. The content analysis as an ongoing process was considered on two levels, interpretive and reflexive (Mason, 1996). The method of analysis chosen for this study was a hybrid approach of qualitative methods of thematic analysis incorporating both the data-driven inductive approach and the retroductive approach (Blaikie, 2000). The aim of the latter is to explain observed regularities through the identification of mechanisms, or in this case disabling barriers, which produce them. Thus, the difficulties experienced by Disabled international students in accessing HE were considered evidence of their respective HEIs' disabling structures. An inductive approach—searching for patterns based on the facts or information (Boyatzis, 1998), for example the participants' accounts of HE—could conversely be used to draw conclusions, offer insight and enhance understanding, albeit in the context of this research only.

8.4 A Note on Terminology

The term "disability" is defined throughout the chapter in social model terms. This perspective considers "impairment" as a biological experience, whereas the concept of "disability" is defined as societal discrimination and prejudice related to a larger injustice issue (Holden & Beresford, 2002). An institution, which considers "disability" to be a problem located in an individual, may take a different stance from an institution which sees "disability" as rooted within the practices and attitudes that go on to create disabling barriers. The latter interpretation is based on the social model of disability. From this perspective, "disability" is a result of the interaction between a Disabled person's impairments and the physical and social barriers to her/his participation in society. Instead of focusing on deficiencies, as in the medical model, disability is considered a social construct (de Beco, 2014). It is the society which is disabling when it fails to accommodate Disabled people on an equal footing to their non-disabled peers.

Rooted in the individual medical interpretation of disability, the phrase "students/people with disabilities" denies the political or disability identity, which has emerged from the "Disabled People's Movement" similar to "Black" and "Gay" political identities (Barnes, 1992). When used in this context, the term "disability" refers to a student's medical condition rather than the disabling educational system and/or society at large, confusing the crucial distinction between disability and impairment. For this reason, the chapter does not refer to "students with disabilities" and instead deploys the language and terminology related to the social model perspective on disability when discussing the challenges that the international HE system poses for "Disabled international students".

8.5 Main Body

language that HEIs use to explain various impairments can reflect what the culture of the university becomes in relation to disability. This in turn determines how Disabled students are treated in that specific context (Rose, 2006). The challenge for HEIs is not to perpetuate the medical model of disability, but to use the social model to identify Disabled students. Within this enlightened model, the expectation is to ensure Disabled students' access to entitlement to support is met, whilst encouraging a social model approach to disability through the promotion of inclusive practices and the implementation of structural changes.

The British HE sector is more inclined to adopt the individual medical definition of disability highlighted in the UK *Disability Discrimination Act* (*DDA*). The solutions proposed to remove barriers are therefore often inadequate and supported by medical and personal tragedy discourses. Attempts are concentrated on changing the individual and meeting needs.

The accuracy of measuring impairments in the categorisation of "disability" in British university entry application forms such as the Universities and Colleges Admission Service (UCAS) has also shifted the emphasis away from the social interpretation of disability and created another hindrance for Disabled students (Higgins, 2012). As such, in disclosing their impairments formally on the UCAS form, or informally to a university in order to access support, students may fear being labelled, treated differently or even rejected from their choice of course and university (Rose, 2006).

Thus, the irrelevant nature of the categories of "disability" to educational and social needs, and the real or perceived threat of rejection, has the potential to inhibit students from disclosing such details (Rose, 2006). They may then take on the responsibility of their impairments themselves and go without support. For this reason, students are likely to make a series of preconceived decisions as to whether the benefits gained from disclosing an impairment will be outweighed by the possible disadvantages of doing so (Stanley et al., 2007).

At the point of transition into HE, Disabled students should be provided accessible and responsive information, advice and guidance about what disability refers to in the particular institutional framework in question. Yet, often it is the case that information, including that in prospectuses, is inaccessible and inaccurate. Madriaga (2007) found that added stress and anxiety resulting from lack of accessible information was one reason for the low proportion of Disabled students attending British HE.

As has been discussed, most international students experience a degree of anxiety during the cultural orientation process in the host country. However, additional factors often exaggerate the intensity of the culture shock experienced. These include the level and type of disability support required and provided, physical and informational accessibility, and cultural variation in understanding "disability" (Conway & McDow, 2010), all of which can significantly affect an otherwise successful study period for Disabled international students.

The socially accepted interpretations of who is and who is not Disabled, for instance, are relative to a given culture and time. When examining definitions of "disability" in different cultures, therefore, one should be aware that culture and ethnicity often shape social attitudes to "disability". Thereby, education, employment and family life opportunities for Disabled people differ markedly across cultures, pointing to varying attitudes to disability, and different social, political, economic and legislative contexts (McLean et al., 2003).

Preliminary medical tests in some countries can effectively exclude Disabled students from accessing and participating in university education. The identification of international students' impairments and related support needs may also be difficult owing to language and cultural barriers in this process; diagnosing and testing non-native English speakers for dyslexia is a case example here. Some students will be frustrated and disappointed by the difficulties they are confronted with in their host country, barriers that may not exist in their home country following the development of various anti-discrimination legislation.

Across the globe, health conditions and disability can be interpreted differently. In China, for example, educational services recognise only three categories of disability, namely cognitive, visual and hearing impairments (Deng & Guo, 2007). Conversely, in Hungary and France the recipients of support for having "special needs" are mostly pupils with learning and behavioural difficulties (van Zanten, 2009). Whilst the American education system refers to individual students' "disabilities" and conforms to the individual medical model, the German categories consider the educational support needs of Disabled students. Again, this points to vast differences when defining disability across the world (Powell, 2009).

Cultural norms may mean that international students prefer not to disclose an impairment or choose not to define themselves as Disabled, which may be the direct result of previous disability discrimination experiences or a corresponding fear of the effects of disclosure. For similar reasons, Farrar (2004) considered non-disclosure of impairments in the university setting to be affected by cultural and historical barriers.

For students requiring high levels of support in their home country, additional financial and personal costs associated with this support can make the transition particularly difficult (McLean et al., 2003). These students may initially feel that they must cope on their own without assistance, and may choose not to disclose the details of their impairments. It is important to note here that in the British context, unlike their domestic counterparts, there are no specific governmental grants available for Disabled international students' support needs. Disabled international students are only allowed to remain in the UK on the condition that they make no recourse to public funds (Gov.uk, 2019).

8.6 Findings

In light of the minimal information received by my research participants about "disability" definition and disclosure, they reported feeling overwhelmed and unsure about what terminology to use when disclosing their impairments in the different cultural and linguistic context. The socio/cultural and linguistic variations, and the inadequacy and complexity of disability categories exaggerated their confusion and misunderstandings as to what "disability" meant in the UK. Depending on their respective cultural contexts, participants used a range of perspectives, classifications and definitions about the labels and language used in relation to "disability".

In total, 25 participants said that they had been in a position where they had needed to accept one label or another when, in fact, the labels were inadequate. Elaine (with cerebral palsy and health conditions) explained that her student support service only allowed one category of “disability” to be ticked. She felt that only the generic category of “multiple impairments” partially represented the complexity of her specific impairments.

Irin (with cerebral palsy) did not wish to disclose her specific physical impairments to her university, however. Based on her cultural background, Irin did not consider herself to be ‘Disabled’ according to her interpretation of the concept. She repeatedly referred to herself as ‘normal’. Her desire to pass as “normal” and the fact that she did not view her impairments as important to her sense of identity can be attributed to her concerns about the consequences of being stigmatised (Goffman, 1968) and the significance of any stigma for her university journey. Irin knew that she had no choice but to disclose her “impairments”. However, owing to the complexity of her impairments, and her dissatisfaction with the adequacy of categories, she did not find a suitable space on the university application form in which to disclose the information.

Linda (with cerebral palsy) could not understand why her university had lumped the category of “mobility impairments” together with “wheelchair-user” on the form. Ned, on the other hand, added the word “wheelchair-user” in the blank space provided on his university form, thinking, ‘The label “cerebral palsy” can’t fully explain my condition, because it is very different from person to person’.

Jenny thought that Myalgic Encephalopathy (ME) did not fit into any of the existing categories on her university form. For her, the “invisible impairment” category was the most appropriate label to tick. As the findings in Rose’s study (2006) demonstrated, for Iris (a mental health system survivor), university categories of “disability” were more indicative of physical impairments than any other impairments. Iris thought that this lack of awareness and understanding of mental health issues was also evident in the attitude of university staff: ‘People might have difficulties interacting with people with a mental impairment like depression’. Elaine, Kate and Nora also criticised the university categories for being fixed, medicalised and stigmatising. Having physical or communication impairments are medical labels that might be attributed to students, but give little or no indication of the impact of an impairment on their experiences or the institutional barriers that must be removed to provide an equal educational experience (Rose, 2006). Due, perhaps, to his more easily defined impairment, Norman (with a hearing impairment) found the categories adequate and descriptive. It is argued here that attributing students with a label takes the focus away from HEIs having responsibilities to remove barriers and perpetuates the individual medical model of “disability”.

Terminology is an important part of the language that contributes to the construction of “disability” (Barton, 2001). Whilst the confusion about the inadequacy and complexity of “disability” categories based on the individual medical model of this term may not be an issue exclusively affecting international students, as reflected in previous studies (Deng & Guo, 2007; van Zanten, 2009), the cultural and linguistic differences experienced by this group of students may have added to the misunderstandings and misgivings that participants described.

Different interpretations of impairment may have influenced participants' perceptions and ways of thinking about disability and their own identities, problematizing the intersectionality of being 'Disabled' and 'international' students. Gloria was not sure of the correct terminology to use in the university form in the UK in relation to her mobility impairment. Coming from a North American country, Carol wished she had received more information specifically on what "disability" meant in the British university context.

Peter was the only participant who explicitly discussed his observation of differences between the descriptive interpretation of impairments in the British universities, and that of his African country: 'In my country, four main categories are known: "physical", "hearing", "sight" and "mental" impairments. When we talk about "disability", people understand those, so other hidden "disabilities" are not known'.

Discussion.

The data showed that, in a university setting, where Disabled international students' needs were often not considered, the participants' disability-related concerns were exaggerated owing to various linguistic and cultural barriers. At times, participants had experienced discriminatory treatment on the grounds of their single identities of Disabled, international, or mature student. Other times, they were discriminated against as a result of the intersection of all these identities. However, separating out a single contributory cause for their marginalisation was often not possible, as their disadvantages were seemingly so simultaneous, intertwined and intersectional.

Depending on their cultural backgrounds, international students may use a range of terminology for describing different impairments and may not be familiar with the words commonly adopted to encourage disclosure in the host countries. An obvious translation of the term "learning difficulties", for example, may be absent in some cultures, which has the risk of international students not readily being able to identify with the labels such as a Specific Learning Disability (SLD), predominantly used to refer to dyslexia and also referring to dyssomnia or dyscalculia in the British HE context (Rose, 2006). Some concepts used to define specific impairments, when translated literally, may be confusing or even derogatory for Disabled international students and their families. Thus, the cultural interpretation and variation in the understanding and treatment of "disability" can be a key barrier to Disabled international students' integration in the host universities.

At disclosure stage, Disabled international students therefore need ample accessible and appropriate information on how the process works. Without such information they may feel particularly disadvantaged, not knowing how to disclose the details of their impairments in a different cultural and linguistic context, and what the benefits of doing so are. A more accessible and inclusive approach embedded in the internationalisation of HE should provide opportunities for quality improvement within universities by respecting, connecting as well as enhancing cultural appreciation and intercultural communication on "disability". This approach must remain sensitive to what “disability” means in a specific context. In this way opportunities for future study abroad can be equalised and increased. To this end the insights below can be deployed by a range of international educators and practitioners, administrators and policy makers to assist in adopting an inclusive culture.

8.7 Recommendations

Universities must provide accessible, culturally sensitive and tailored information on what “disability” means in that specific context. Both verbal and written information in a range of alternative formats, pre-arrival, in a timely manner to all prospective students must be offered. Upon request, universities must be willing and able to provide the information in different languages so that students’ families, who may not know English, would be able to access the information.

Informing students to the extent that they are fully aware of the potential benefits and drawbacks of disclosure whilst highlighting issues of confidentiality can lead to more cases of disclosure and fewer misunderstandings or anxieties about why an HEI needs this information (Rose, 2006). Hence, the information on disclosure must be readily available in different languages, explaining how to disclose different impairments in English and what the outcomes of such disclosures will be.

8.8 Conclusion

This chapter has discussed the distinct lack of clarity in defining the term “disability” within British HEIs and how that in itself creates a fundamental barrier for Disabled international students starting their international education journeys. Literature and information defining “disability” and comparing cultural HE frameworks of “disability” is limited, which seems to be another key contributory factor to Disabled international students’ low access and participation in global HE. Improving accessibility for Disabled international students will have direct and immediate positive ramifications, not only for the group of people that are the central concern of this chapter, but also for a diverse range of other students from minority backgrounds who would greatly benefit from inclusive practices in education. When students with diverse backgrounds and learning styles interact fully and uninhibitedly with those considered “traditional” students, invaluable social skills are developed and learning experiences greatly enhanced across the board. This chapter proposes that the introduction of fully inclusive HE settings, as described above, is the only mechanism that can bring about a culture shift whereby difference is respected and celebrated, and communities are enriched and diversified.

Table of Participants

Name	Gender	Nationality	Age	Impairment	Course
Carol	F	Western (North American)	26	Visual impairment (Congenital)	PhD Social Science
Elaine	F	Western (European)	24	Cerebral palsy and health conditions (Congenital)	MA Social Science
Gloria	F	Non-Western (African)	37	Mobility impairment (Congenital)	MA Social Science
Irin	F	Non-Western (Far Eastern)	28	Cerebral palsy (Congenital)	MA Social Science
Iris	F	Non-Western (Far Eastern)	26	Mental health system survivor (Acquired)	MA Social Science
Jenny	F	Western (European)	29	Myangic Encephalomyelitis (ME) (Acquired)	PhD Social Science
Kate	F	Western (North American)	41	Mobility impairment (sometimes wheelchair-user) (Congenital)	PhD Social Science
Linda	F	Western (North American)	30	Cerebral palsy (Congenital)	MA Social Science
Ned	M	Non-Western (Far Eastern)	32	Physical impairments (wheelchair-user) (Congenital)	MA Social Science
Nora	F	Western (European)	32	ADHD and Dyslexia (Congenital)	BA Humanities
Norman	M	Western (European)	27	Hearing impairment (Congenital)	PhD Natural Science
Peter	M	Non-Western (African)	38	Mobility impairment (Sometimes wheelchair-user) (Congenital)	PhD Social Science

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