

International Sojourns and Acquired Disabilities as Intercultural Experiences:  
A Journey of Personal Transformation

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## **Dedication**

This dissertation is dedicated to our daughter, Lillie.

You can do anything you want to do!

## Abstract

This dissertation seeks to illuminate the process of intercultural adjustment and development, using the Bennett Developmental Model of Intercultural Sensitivity, in two areas of my life – sojourns abroad and adapting to acquired disabilities. I propose that acquiring a disability is a life-changing experience, similar to a sojourn abroad or other deeply intercultural experiences. This dissertation puts forth the thesis that cross-cultural adjustment models and theory can be highly useful in helping persons with acquired disabilities adjust to their new culture and selves.

This study generates knowledge that fills a gap in the disability, intercultural, and rehabilitation psychology literature in terms of coping with acquired disabilities in both systematic and meaningful ways. Hopefully, it will also inform and help those with acquired disabilities. Additionally, using the intercultural adjustment paradigm can only serve to broaden the impact of Bennett’s model. This will expand how people think of culture as both interpersonal and intrapersonal, as well as impact how the newly disabled and their medical professionals and caregivers can think of disability as an intercultural experience.

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# Chapter One

## Introduction

### Introduction/Statement of the Problem

*“Living with disabilities – whether they be physical, mental, or cognitive – demands such an array of responses that it is impossible to face your self without dealing with the disability that is part of one’s unique human experience.” Lisi, 1993*

I have several acquired disabilities, all of which had such a tremendous impact on me that they shook me to my core. One day, I was an able-bodied young person with a huge future, with exciting career plans, and able to go anywhere in the world. Two minutes later I was a disabled person. I wasn't sure if I was going to have my foot. I wasn't sure if I was ever going to be able to walk again; I was in extreme pain. Seeing the world through pain-tinged eyes was a new experience for me. I'd never been in that kind of continuous pain before, a pain that would become chronic and never let up again. Fibromyalgia and chronic fatigue syndrome were different. They crept up on me over the years. Still, the ramifications of living with these disabilities were even greater than I had

expected. There was so much adjustment I had to make to my new life with chronic illness.

When one acquires a disability, or ventures on a new cultural experience, it is human to try to make meaning of the uncertainties of that new experience (Frankl, 1963). I, too, tried to make meaning of my new experiences. I began reaching out through any means possible to make sense of these acquired disabilities and the great impact that they had on my life. I went to so many psychologists and counselors seeking answers or ways to cope with my disabilities, but they seemed to have no answers for me. All said, "Oh, you're so brave." I was searching for coping skills in all the traditional areas I could think of, to no avail.

When I first found the three major adjustment models used in intercultural education - Paige's Intensity Factors, Kelley and Meyers' Cross-Cultural Adaptability Inventory, and Bennett's Developmental Model of Intercultural Sensitivity (DMIS), I was stunned that here were tools - real tools - that I could use to make sense of my disability experiences. These tools helped me validate my experiences, helped me to track my progress toward intercultural sensitivity in adjusting to my disabilities, and helped me to cope with the intercultural shock I was experiencing with my disabilities.

I have had previous experience with culture shock and cross-cultural adjustment and development, through several international sojourns. Living in Japan for a year was quite an education in intercultural adjustment and development in a vastly different culture than my own. Similarly, working in London also led me to learn more about myself and adjustment in another culture. Both of these sojourns contributed to my understanding of the process and validity of these intercultural adjustment and development models, as well as to my ability to use that understanding to apply it to my previous and future disability experiences. Being able to place the disability experiences in the framework of cross-cultural adjustment was an incredibly empowering and critical adjustment experience for me.

#### *Historical aspects of disability*

Historically, disability has been viewed in terms of a medical deficit model. That is, the body is viewed as having a deficit that must be rehabilitated or managed. The medical model of disability places the onus of accommodation on the individual so that the individual is the one to deal with the problem within existing society.

In the last thirty years, a social model of disability has gained support. This model defines disability as inflexible societal norm imposed on people with impairments (Oliver, 1996). The social model of disability places the onus of accommodation on the society. For example, society has accommodated the human inability to fly by constructing elaborate machines with which people are able to fly. Similarly, people with disabilities are non-abled in certain ways, such as not being able to hear or see. The social model posits that society should view non-abilities in the same way as non-flying, and work to accommodate without discrimination. This social model of disability thus defines disability as the “cognitive and physical conditions that deviate from normative ideas of mental ability and physiological function” (Mitchell & Snyder, 1997, p.2).

However, these two models of disability do not take into account the fact that when one acquires a disability, one enters into a whole new culture – often violently and with great speed. This new culture of disability is forced onto the person, and they are left reeling as they try to adjust their sense of self. Wagner & Magistrale (1995) provide one way of explaining this need to adjust one’s sense of self when first encountering a new culture. The authors describe how when sojourners first enter a new culture, they experience a period of ‘homelessness’ where they lose their familiar sense of home. Sojourners readjust their perceptions of home through the lens of the new environment and eventually come to terms with that new environment. This period of

homelessness provides a learning experience of the self: the self in the past, present, and future (Wagner & Magistrale, 1995). When a person first acquires a disability, they not only have to cope with a changed body (and the physical, cognitive, and emotional adjustments that entails), but also a changed sense of self and a new way of being in the world. Making sense of this sea change is new and unexplored territory. There are no general models that describe this process of acceptance and change in the disability literature, and crossing genres to study the intercultural literature is unlikely for the newly disabled.

Therefore, it is both appropriate and useful to apply understanding of the models of intercultural adjustment and intercultural adjustment theory to disability theory.

### **Purpose of the Study**

I propose that acquiring a disability is a life-changing experience, similar to a sojourn abroad or other deeply intercultural experiences. This dissertation puts forth the thesis that cross-cultural adjustment models and theory can be highly useful in helping persons with acquired disabilities adjust to their new culture and selves. I will explore Bennett's Developmental Model of Intercultural Sensitivity in terms of my acquired disabilities.

## **Rationale/Significance**

Bennett's Developmental Model of Intercultural Sensitivity has been used widely in intercultural communication and international education, with great impact on those fields. This study will generate knowledge that fills a gap in the disability, intercultural, and rehabilitation psychology literature in terms of coping with acquired disabilities in both systematic and meaningful ways. Hopefully, it will also inform and help those with acquired disabilities. Additionally, using the intercultural adjustment paradigm can only serve to broaden the impact of Bennett's model. This will expand how people think of culture as both interpersonal and intrapersonal, as well as impact how the newly disabled and their caregivers can think of disability as an intercultural experience.

## **Research Questions**

1. What has been the nature of your life, in terms of international sojourns and disability experience?
2. What are the most meaningful experiences in your life, and why?



3. With respect to adapting to international sojourns and disabilities, how do you apply these understandings in your own life?
4. What recommendations do you have for utilizing these theories and concepts with others who are participating in international sojourns and coping with disabilities?
5. As we wrap up the interview, is there anything else you would like to add?

### **Overview of the Research Methods**

This dissertation uses a qualitative methodology. It consists of a written life history, interview analysis (with myself as a case study, using multiple interviews), and visual ethnography through creative self-expression. With the assistance of two research associates (one with an intercultural studies background and the other with a counseling psychology background), I designed and then responded to interview questions regarding my disability/intercultural experiences. Multiple interviews and refinement of the questions asked were conducted in the manner of hermeneutics, as I returned to my own interviews and sought meaning in them. Using multiple research associates provided for saturation of data about the experience. Data was

analyzed by myself, using an inductive analysis to identify emergent themes.

Based on the outcomes of the analysis, I present the interview themes for each intercultural area of focus, along with textual analysis. The analyses are followed by photo essays that corroborate the emergent themes.

## **Chapter 2**

### **Literature Review**

The thesis of this dissertation is that acquiring a disability is a life-changing experience, similar to a sojourn abroad or other intercultural experiences. The purpose of this project is to explore whether cross-cultural development models and theory can be an appropriate and useful way of helping people with acquired disabilities to adjust to their new culture and to their new selves.

In this review of literature, I will describe the intercultural experience and show how models of intercultural adjustment and development can be used to help those going through a sojourn abroad. I describe several views of disability and some ways that people have adjusted to an acquired disability. I then draw out the similarities between the intercultural experience and that of acquiring a disability, and make the case for using these models of intercultural adjustment and development to support those with acquired disabilities. A major part of the analysis is to view orientations toward having acquired a disability from a developmental perspective, similar in manner to the continuum of intercultural development that helps us better understand international sojourn experiences.

### *Intercultural experiences*

Intercultural experiences are exciting, sometimes frightening, transformative, and often life-changing. Kauffman et al (1992) explain it thusly: “exposure to another culture and to other ways of thinking and behaving leads to new ways of looking at one’s own culture” (pp. 68-9). Paige (1993, p.2) notes that an intercultural experience usually has three main components: a basis of cultural difference, different knowledge areas, and intensity of emotions. Having an intercultural experience often leads to an emotional response to this sort of cultural disorientation.

This response to a new culture is often termed cross-cultural, or intercultural, adjustment. The adjustment process has often been defined by a “W curve” of culture shock (consisting of waves of mental and physical adjustment broken into stages of initial anxiety, fascination, initial culture shock, surface adjustment, mental isolation, integration/acceptance, return anxiety, and reintegration) (Rhinesmith, 1975). People living in a new culture often react to incidents in ways that were successful in their home country. Behaviors that had previously been successful are now insufficient or even contrary to the new cultural norms. Therefore, the student is continually required to adjust to new

situations and experiences that require new and different knowledge, emotions, and actions (Brislin, 1986).

Mestenhauser (1991) notes that “intercultural experiences are difficult to absorb. They come rapidly, are not well-organized, [and] do not always fit well into pre-existing frames of reference and thought” (p.1). The process of adapting to life in another culture has historically been termed culture shock (Oberg, 1958). Adler (1972) notes that there are two views of culture shock: as a prelude to adjustment, and as a cross-cultural learning experience. Current terminology has replaced ‘culture shock’ with ‘culture learning’ and ‘intercultural adjustment,’ both of which must take place for intercultural interactions to be successful.

Kauffman, et al, (1992) note that there are both behavioral and affective changes arising from the intercultural experience. Often, sojourners show “increased interest in international affairs, increased world-mindedness, and increased cross-cultural empathy” (p. 79). As well, when [sojourners] “grow intellectually and gain a new understanding of the world, they discover that they are changed people. They begin to relate differently to others and to think about themselves and their futures in new ways” (p. 92).

Paige (1993) has created a model for assessing the psychological intensity of intercultural experiences, based on Intensity Factors. These Intensity Factors are: cultural difference, ethnocentrism, language, cultural immersion, cultural isolation, prior intercultural experience, expectations, visibility and invisibility, status, and power and control. These Intensity Factors can be used in combination with the Bennett Developmental Model of Intercultural Sensitivity, to help sojourners understand their intercultural experiences.

### *Intercultural Adjustment*

#### *Intercultural adjustment and culture learning*

The process of intercultural adjustment has been described in many disciplines, including cross-cultural communication, education, psychology, and the social sciences (Berger & Calabrese, 1975; Black & Mendenhall, 1990; Brein & David, 1971; Gudykunst & Kim, 1984; Gudykunst, 1989; Hoopes & Ventura, 1979; Kohls, 1996; Landis & Brislin, 1983; Paige, 1986; and Ruben & Kealey, 1979).

Intercultural adjustment involves learning about cultures. J. Bennett (1993) suggests that “cultural adaptation is the ability to engage voluntarily in

perceptual, behavioral, and valuing activities that are appropriate to a culture different from one's own" (p. 157).

The concept of culture learning is multidimensional and thus difficult to explicate. Hess (1997) notes that culture learning is composed of three parts: culture, learners, and the learning process. The culture learning process could be thought of in two ways – that of learning your own culture, and of learning another. Dewey (1966), although not using those terms, defines the first in this way: "Every one of the constituent elements of a social group, in a modern city as in a savage tribe, is born immature, helpless, without language, beliefs, ideas, or social standards. Each individual, each unit is the carrier of the life experience of his group, in time passes away. Yet the life of the group goes on" (p.2). Dewey described culture learning as something to be passed down, to ensure the continuity of the social group. Thus culture learning is education for the survival of society. In a similar vein, Moulder (1989) stressed the five important characteristics of culture:

First, everyone's culture has been created for them, largely by the people who are older than they are and who began to shape their behavior, beliefs, attitudes, feelings, and values from the moment they are born. Secondly, everyone's culture is always changing, because they are always adapting to

new groups of people and to new social, political, and economic situations.

Thirdly, none of the members of a cultural group are totally homogenous; that is why groups are always coming into existence and going out of existence.

Fourthly, no cultural group is totally unique; this is why some individuals from extremely different backgrounds with extremely different life experiences manage to form alliances and to cooperate with each other. Finally, nobody finds it easy to change the culture they inherit because it has taught them how to behave, as well as what to believe, to feel and value. Most people, once they have learned these things, want to keep them that way.

Culture, then, can be thought of as the thoughts, behaviors, values, actions, and communications of a group. It defines who its members are, how they act, and what they believe. The world is full of many different cultures, and each world culture has its own unique attributes. The concept of culture learning, then, could be thought of as either an in-group process, as both Dewey and Moulder have described; or as a process between groups, such as when people enter a culture different than their own. Learning another culture is a long and complex process, requiring a constant shifting of one's frames of reference and learning from one's companions and surroundings. The meanings associated with culture learning have as much to do with the basic assumptions of the learners as to their world and the way things work within it (Alvarez, 1995).



Paige (1995) notes that culture learning is “the dynamic, developmental, and ongoing process of communicating and interacting effectively with individuals from other cultures...engaging the cognitive, behavioral, and affective domains.”

In the cross-cultural communication field, theory often rests upon the assumption that adjustment relates directly to communication. Theories related to this include uncertainty reduction, in which the sojourner will act in ways to reduce his/her uncertainties about the situation (Voigts, 1993). Weaver (1993) notes that “a conscious understanding of the process of adaptation and the expectation that culture shock will occur eliminates a great deal of pain caused by uncertainty and lack of predictability” (p. 151). Paige (1993) observes that there are usually ten intensity factors within intercultural experiences. Included among these intensity factors (to be discussed later) are several that have to do with uncertainty reduction. That said, any time a learner can reduce their uncertainty about a new or uncomfortable situation, they will have an easier time understanding it.

Factors influencing intercultural adjustment include situational components (time spent in the new culture, survival issues, social support system, contact with other sojourners, health, legal status, and outlets for personal interests),

the awareness of one's own and the new culture, individual characteristics (severity of culture shock, imposition of personal values), and language and communication capabilities and patterns (Foust, 1981).

### *Intercultural adjustment and cross-cultural communication*

Cross-cultural communication is a complex process, all over the world. Historically, it has existed for as long as people from differing cultures have been in contact with each other (Samovar & Porter, 1997). It involves such things as the way one holds one's body, the kind of expressions on one's face which signal meanings to the interactant, the way that gestures are used, not only talk, but the words that are selected, the kind of intonation that is used, the rate at which one speaks, the volume of the exchange, the kind of speech acts selected, the regional and national accent that accompanies one's speech, as well as the context of the talk. These are only a few of the processes that are involved in communication. When one encounters a person whom one already knows, there is an element of uncertainty about what the communication will be like, and what the goal of the exchange will be. When one encounters a stranger, this uncertainty is augmented. When that stranger is from a different

culture, with contrasting values and beliefs, the relationship is bound to have some interculturally-based challenges.

Intercultural adjustment is closely linked to culture learning and intercultural communication. For any person deciding to sojourn abroad, there are several issues regarding intercultural adjustment and culture learning they must face. First, the student already has some information about the new culture, as well as assumptions about cultural differences and means of dealing with them (Mestenhauser, 1988). Whether this cultural knowledge is correct or not can directly influence their experiences. For example, by focusing too much on stereotypes, a sojourner may miss many aspects of the culture in which she is living. Second, when a person enters a new culture, she must exhibit emotional, behavioral, and cognitive flexibility in order to respond to the challenging experiences she continually faces (Paige, 1993). Brein & David (1971) posit that “the sojourner’s successful adjustment to the intercultural experience is highly dependent on his achievement of effective interpersonal relations with his hosts” (p. 216). Therefore, much depends on both what the sojourner brings into the experience, as well as her success in cross-cultural learning and communication.

As interactants learn to appreciate each other's beliefs, values, and communication styles, they will feel more comfortable with these differences. They will be able to converge in the direction of each other, and, while retaining their differences, be able to mutually accommodate the communicative needs of each other (Asante & Gudykunst, 1989; Gudykunst, 1984, 1989).

### *Training approaches for intercultural adjustment*

There are a plethora of intercultural training concepts and models related to experiential outcomes – including Gudykunst & Hammer's (1983) four approaches to training (experiential-culture general, experiential-culture specific; didactic-culture general, and didactic-culture specific); Triandis' Assimilator Training (Paige, 1986); Bachner & Blohm's YFU Japan Project (Paige, 1986); McBride & Martin's re-entry training model (1987); Kelley & Meyers' Cross-Cultural Adaptability Inventory (1992); Adler's fundamental premises of the intercultural person (1982); and Walsh's concept of the Universal Man (1973).

In the fields relating to intercultural adjustment, trainers often concentrate on study abroad programs as a focus for their work. Predeparture orientation (PO)

is an extremely important tool for preparing students for an intercultural experience. The orientation can provide both culture-specific knowledge, as well as culture-general knowledge that serves to educate learners about cross-cultural issues and generally reduce uncertainty about the upcoming intercultural experience.

There is a growing body of literature which documents the varied strategies and importance of PO programs. These programs are integral to a complete and fulfilling sojourn abroad (Paige, 1986). The goals of training include facilitating adjustment through awareness of adjustment patterns, providing information needed, helping students to develop the capacity to adjust to change (Foust, 1981), acknowledging learning styles and paradigm shifts (Lufti, 1996), and teaching the ability to manage psychological stress, communicate effectively, and establish personal relationships (Fowler & Mumford, 1995).

Common intercultural trainer assumptions in the field include that the “cross-cultural experience is complex, problematical, and stressful to the individual; we are relatively unaware of our cultural identities and have difficulty in understanding the impact of culture on human relations, and people can change their behaviors and attitudes and grow in knowledge and skills” (Pusch, 1981, p. 72). The trainer can provide information to the student, thus

preparing them for a successful sojourn, often defined as one that includes good personal adjustment, good interpersonal relationships, and task effectiveness (Brislin, 1986).

### *Assessing cross-cultural adaptability*

Another model for facilitating the understanding of the challenges that people face in adjusting to other cultures is to think of it in terms of cross-cultural adaptability and adjustment. There are several models for assessing cross-cultural adaptability and adjustment. Kelley and Meyers (1992) present an assessment measure entitled The Cross-Cultural Adaptability Inventory (CCAI). This tool is designed to assess cross-cultural adaptability, and was designed to respond to five different needs of a culturally-diverse audience. These five needs are, briefly, to understand factors which facilitate cross-cultural effectiveness (in terms of emotional resilience, flexibility, perceptual acuity, and personal autonomy), self-awareness, cross-cultural interaction skills improvement, decisions regarding cross-cultural activities, and preparation for entering another culture. However, although this inventory can provide cross-cultural self-awareness, it does not specifically provide either skills improvement or decision making.

Paige presents a model called the Dimensions of Culture Learning. Here, culture learning is the “dynamic, developmental, and ongoing process of communicating and interacting effectively with individuals from other cultures” (1995). Aspects of this model include learning about the self as a cultural being, learning about the elements of culture, learning about intercultural phenomena, learning about a particular culture, and learning about learning.

The aforementioned models are useful for intercultural educators, to assist sojourners in preparing for and adjusting to an intercultural experience, and in assessing the impact of the intercultural experience once the sojourner has returned home. They are most useful to educators helping sojourners create meaning out of their intercultural experience, but are not as effective for the sojourners to use themselves.

#### *The Bennett Developmental Model of Intercultural Sensitivity (DMIS)*

The Bennett Developmental Model of Intercultural Sensitivity (DMIS) describes the alternative ways that individuals experience cultural difference and locates

them on a developmental continuum. Difference could be thought of as difference between people, or difference between worldviews. When faced with cultural difference, one's frames of reference and related meanings constantly require learning from one's surroundings and companions, and adjusting accordingly. A cultural growth model, such as Bennett's, then identifies and describes the strategies and stages of dealing with difference. This phenomenological approach is "the construction of reality as increasingly capable of accommodating cultural difference that constitutes development" (Bennett, 1993, p. 24).

The Bennett model (DMIS) is composed of six stages, ranging from ethnocentric to ethnorelative (See Appendix for visual framework). Ethnocentrism is the cognitive belief that your culture, people, and worldview are the center of the world. Ethnorelativism is the cognitive belief that differences exist and are valid. The first stage on the Bennett continuum is *denial of difference*. In this stage, there is a cognitive inability to see cultural differences. A person in this stage would superficially stereotype and tolerate. Cognitively, there may be broad categorization of different cultures, but no recognition of actual differences. A learner in this stage might say, "All big cities are the same," "With my experience, I can get around in any culture without any special effort," and "I never experience culture shock" (Bennett, 1996).



The second stage is *defense of difference*. This stage is characterized by acknowledgement of difference tied with a negative evaluation of that difference. Often, the person sees her culture as being the center of cultural development, and other cultures as evolving from that. There is often a dualistic worldview (us/them). This stage can be further broken down into three growth areas: denigration, superiority, and reversal (reversed dualistic thinking). A learner in this stage could say: "I wish these people would talk the way we do," "We could teach these people a lot of stuff," and "These people are so urbane and sophisticated, not like the superficial people at home" (Bennett, 1996).

The third stage (and last in the ethnocentric stages) is *minimization of difference*, and is characterized by the belief that all humans are the same, no matter the superficial cultural idiosyncrasies. This stage has a highly ethnocentric cognitive state. Learners in this stage might say: "It's a small world," "The key to getting along in any culture is just to be yourself," and "If people are really honest, they'll recognize that some values are universal" (Bennett, 1996).

Moving across the boundary from ethnocentrism to ethnorelativism usually requires a significant, culturally different experience. Not everyone who

experiences another culture actually has a significant, cognitively changing experience. We can all think of students who study abroad and only stay within their peer group, never experiencing the host culture beyond the grocery store. As well, we can have a significant experience in our own country: acquiring a disability can provide us with enough difference to change our worldview. In this model, movement can occur both ways, according to our experiences. The concept of movement is critical, for it denotes growth according to our experiences. However, I think that it is almost impossible to move from ethnorelativism back to ethnocentrism. Ethnorelativism incorporates a worldview that accepts and understands the premise of cultural difference. Once you learn something, you cannot unlearn it, erase it from your brain. Therefore, most of the typical movement along the continuum is forward, as we grow and learn.

The fourth stage is *acceptance of difference*, and is an acceptance of cultural differences (both values and behaviors). This is the beginning of cultural relativity, and incorporates some critical thinking skills in interpreting experiences in context. This cognitive view of cultural difference includes one's own as being different than others. A learner in this stage might say: "The more cultures you know about, the better comparisons you can make," "Where can I learn more about Mexican culture to be more effective in my communication,"

and “Sometimes it is confusing, knowing that values are different in various cultures and wanting to be respectful, but still wanting to maintain my own core values” (Bennett, 1996).

The fifth stage of the DMIS is *adaptation to difference*. This stage is facilitated by developing intercultural communication and empathy skills that allow you to understand and be understood across cultures. Behavior in this stage is conscious and flexible, adapting to different situations and people. Learners in this stage may say: “To solve this dispute, I am going to have to change my approach,” “I can maintain my values and also behave in culturally appropriate ways,” and “The more I understand this culture, the better I get at the language” (Bennett, 1996).

The last stage, and one that requires extensive intercultural experience, is *integration of difference*. This is the internalization of different (multicultural) frames of reference – and thus being marginal to all of them. Contextually, one is able to evaluate and adapt according to many different cultural patterns. Learners at this stage may say: “Everywhere is home, if you know enough about how things work there,” “Whatever the situation, I can usually look at it from a variety of cultural points of view,” and “I truly enjoy participating fully in both of my cultures” (Bennett, 1996).

The DMIS is a very useful tool for both intercultural sojourners and international educators, in that it helps make meaning of the intercultural experience and provides information on how to accommodate the challenges a sojourner may face. This intercultural development map is a key tool to reducing uncertainty before an intercultural experience, as well as offering a structure for making sense of the intercultural experience (and all it entails) both during the intercultural experience and once it is over. Later, I will explore how this intercultural development model can apply to people with acquired disabilities.

#### *The meaning of acquired disability*

Acquiring a disability is a frightening, life-changing experience. The experience of acquired disability and adjustment to said disability has many similarities to that of the intercultural experience. Upon entering a new culture, a person is entering a world with different values, communication styles, behaviors, beliefs, and ways of being in the world. The same can be said of a person with a newly acquired disability – all of a sudden, that individual now exists in a totally different world than previously inhabited. Depending on the nature of

the acquired disability, her world might be completely changed in ways that she had never considered before. The existence of this new way of being, this new culture that she is in, is surprising and challenging. Add to that possible pain and rehabilitation, and the newly disabled is trying to adapt and make meaning of a new situation, life, culture - without many tools at her disposal.

*What is disability?*

A person with disabilities is seen through a sociocultural lens of a combination of the medical model (which places the onus of accommodation on the individual) and the social model (which places the onus of accommodation on society). Here, the term disability is defined from the social model as the “cognitive and physical conditions that deviate from normative ideas of mental ability and physiological function” (Mitchell & Snyder, 1997, p.2). Accessibility refers to an accommodated situation where persons with disabilities can participate fully. Within this context, accessibility can lead to inclusion, integration, and empowerment of persons with disabilities. The different definitions of disability that one uses (and that of the medical establishment and the disabled person’s support network) affect how one thinks about adjustment, accommodations, and personal growth and development. If the

focus is based on the medical model, then the newly disabled person is forced to accommodate herself to society. This could take the form of being house-bound because of a lack of accommodating infrastructure. Conversely, viewing the disability through the lens of the social model of disability can take the pressure off the newly disabled, thus allowing her to seek assistance from others and ask for accommodations in order to fully participate in society.

There can be another way of looking at acquired disability, specifically, as that of entering a new culture. This diverts from the medical and social models of disability in that it isn't focusing on physical accommodations to culture and society, but on the inner struggle that the newly disabled face when confronting an entirely changed reality. A disabled person can be thought of as being bicultural, in that they are from and able to function in the abled world, and yet now have this new world/culture of disability in which they reside (and probably will never leave).

### *Disability as culture*

When searching for the meaning of disability, it is useful to first think about the political, historical, economic, and cultural aspects of disability. When entering

a new culture, it is always wise to learn as much as you can about the culture in order to reduce uncertainty about your intercultural experience and provide a base of knowledge for your future interactions within that culture (Paige, 1993; Voigts, 1993; Weaver, 1993). In learning about their new culture of disability, the newly disabled are faced with a variety of challenges, which may include chronic pain, a changed way of being in the world, accommodation issues, difficulties with mobility, difficulties in earning a living, inclusion, and a change in status in society. Learning as much as possible about disability and how to fit into this new culture (which simultaneously exists next to the old, abled culture) is critical. To reiterate, as Paige (1993) has illustrated, when a person enters a new culture, she must exhibit emotional, behavioral, and cognitive flexibility in order to respond to the challenging experiences she continually faces. Learning as much as possible about a new culture helps to ease one's transition.

### *Political aspects of disability*

In the United States, building on the zeitgeist of other civil rights campaigns, recent civil rights movements in the direction of disability awareness led to the passage of the Americans with Disabilities Act in 1990 by the US Congress.

Specifically, “the ADA was signed into law on July 26, 1990. It contains requirements for new construction, for alterations or renovations to buildings and facilities, and for improving access to existing facilities of private companies providing goods or services to the public. It also requires that state and local governments provide access to programs offered to the public. The ADA also covers effective communication with people with disabilities, eligibility criteria that may restrict or prevent access, and requires reasonable modifications of policies and practices that may be discriminatory” (US Department of Justice website). The ADA is the hallmark for disabled rights in the world, and led to great improvements in physical and social access for disabled individuals. In 1982, the United Nations passed a World Programme of Action Concerning Disabled Persons. This Program seeks “full and equal participation of people with disabilities in the life of their societies” ([www.nod.org/wcod.html](http://www.nod.org/wcod.html)). Social justice in this arena is outlined by the requirements of physical and legal accessibility for integration and hopefully, access to economic issues. Shapiro (1994) has noted that this political struggle is similar to that of women’s rights, where participants refute the adage, ‘anatomy is destiny,’ and fight issues such as self-empowerment, self-hatred, and discrimination. He posits that “the central tenet of the disability rights movement is complete integration into the [abled] community” (p. 99).



### *Economic aspects of disability*

Due to the historic marginalization of persons with disabilities, access to economic resources has been extremely limited. "69.1% of disabled individuals in the US live below the poverty line, and thus by extension disabled individuals exist on the outermost margins of social access to all influential cultural institutions" (Mitchell & Snyder, 1997, p. 4). Aune & Kroeger (1997) report that college graduates with disabilities have lower employment rates, take longer to gain employment, and are more likely to work outside of their field than abled students. Moreover, major programs for people with disabilities, including disability insurance, supplemental security income, worker's compensation, vocational rehabilitation, and other public programs are usually not enough to cover basic costs of living. The effects of these policies, when combined with the significant costs associated with having a disability, help reduce the status of persons with disabilities to near poverty. Hence, a systematic relationship between disability, class, and poverty can be drawn (Slee, 1996). Economically, "disabled persons not only have exhibited one of the highest rates of unemployment, welfare dependency, and poverty in the United States; but they also have experienced a more pervasive form of segregation in housing, transportation, and public accommodations than the

most rigid policies of apartheid enacted by racist governments” (Hahn, 1997, p. 4).

### *Cultural aspects of disability*

Even in modern times, inclusion for all is a difficult process. Within the disabled community, there is great heterogeneity, for truly no disabilities are alike. The disabled community is usually split up into four subcultures: visually-impaired persons, mentally-impaired persons, hearing-impaired persons, and mobility-impaired persons (the largest of the groups) (Helten, 1996). Historically, disagreements within the disability community as to needs and cognizance of the disabilities have fractured the disability community in subcultures. These subcultures have fought for their own rights, and not for the rights of the entire population. Only recently has the disability community come together to gain access and rights as a group. Still, within the disability community, varying levels of recognition for different disabilities are readily apparent and can serve to alienate newcomers.

Thus using a societal level of analysis, disability can be defined as having its own culture. Its members, through no design of their own, are forced by birth or accident into membership in a new cultural environment of social, personal, economic, and infrastructural norms. People with disabilities face many forms of exclusion because of inaccessible environments, levels of comfort of non-disabled persons, communication patterns between abled and disabled (both verbal and non-verbal), uncertainty reduction, stigmas associated with disability, fear of the possibility of disability, social invisibility, the fear of being misunderstood, and lowered expectations for the disabled individual (Braithwaite & Braithwaite, 1997; Esten & Willmott, 1993; Malakpa, 1993; Mitchell & Snyder, 1997; Murphy, 1995; Wlodkowski & Ginsberg, 1995).

Persons with disabilities, especially acquired disabilities, can thus be said to be intercultural beings with the ability to cope with and adapt to different cultural situations, such as the abled and disabled worlds. The author suggests that persons with disabilities already have or are learning coping strategies to solve differences and face obstacles in their environments. Therefore, persons with acquired disabilities have shown themselves to be reflective learners and have strategic means for intercultural adjustment as a direct result of learning and adjusting to their new, disabled self.

### *The experience of disability*

When looking into the literature of disability with an intercultural lens in mind, I was surprised by what I found. I had been expecting memoirs along the lines of what I myself had experienced, and how the authors had adapted to their new cultures. What I found was entirely different. Rather than describing their experiences in adaptation terms, most authors dwelled on telling the details of their personal stories without writing specifically of adjustment and development.

While reviewing the body of literature pertaining to disability studies and the disability genre, I clearly saw four different categories emerge: disability-specific writing, historical aspects of disability, literature about the meaning of life with a disability, and writing focused on encouraging those with disabilities to tell their stories (autoethnography, illness memoir, etc.). Only one of these noted any sort of stage theory of adjustment.

Most literature about disabilities are those that are disability-specific. Whether writing about a disease/disability or how the authors lived their lives in

adjusting to disabilities, the authors wrote of powerful feelings, tenuous adjustment at times to being disabled, and ultimately, a triumph in living well with disabilities (Berne, 1995; Donoghue & Siegel, 2000; Finger, 1990; Fries, 1997; Hockenberry, 1995; Jacobson, 1999; Mairs, 1996; Marinelli & Orto, 1991; Miller, 1992; Munson, 2000; Murphy, 1995; Sacks, 1983; Skloot, 1996; Stewart, 1989; Tevens, 1993; Torgerson, 2000; Zola, 2003).

There are a plethora of books about the history of disabilities, disability studies, and the movement toward political activism which was rewarded by the passage of the ADA in 1990. Although these are important to read to get a sense of history, none of them probe deeper into finding meaning in disabilities or adjusting to disabilities (Charlton, 2000; Davis, 1997; Linton, 2007; Little, 1996; Mitchell & Snyder, 1997; Shapiro, 1994).

One genre in the disability literature that was meaningful to my research, as well as my own adjustment to an acquired disability, was that of writings that sought meaning in disability (Bolen, 1996; Frank, 1993; Sveilich, 2004; Wells, 2000). Many authors tracked their long progress in finding themselves, and learning to love their new/changed bodies as bearers of value (Browne, Connors, & Stern, 1985; Edwards & Imrie, 2003; Frank, 1995; Garland-Thompson, 1996; Griffin, 1999; Mairs, 1996; Mitchell & Snyder, 1997; Oliver,

1996). Others wrote of identity, marginalization, and otherness - important aspects of living with a disability (Couser, 2005; Epp, 2000; Morris, 1991). A few authors wrote of how disability is part of all our realities, whether able-bodied or not (Garland-Thompson, 2005; Wendell, 1996). Hardey (2002) wrote of using an autobiographical method as a tool to adjust to one's disability. Linton (1998) wrote that it is ok to adjust to living with a disability - not to mourn what one has lost, but to move on to greater things.

Olson (1993) wrote one of the most meaningful texts to me, in that she wrote about the "other," and how no one healthy will ever truly understand the disability experience. This referral to the "other" arose in some form in almost every single disability memoir I have read - and was put most succinctly by paraplegic ethnographer Robert Murphy (1995): "the disabled serve as a constant, visible reminder to the able-bodied that the society they live in is a counterfeit paradise, that they too are vulnerable." Until one becomes disabled (just as until one goes through an intercultural experience), it is impossible to imagine that new cultural reality. This reminder of one's self as being 'other' (and issues of marginalization, etc.) constantly impacts the disability sojourner, reminding one that she doesn't fit in to her old culture, and yet is still learning to survive, let alone thrive, in her new one - just as intercultural sojourners face. Intercultural sojourners - whether sojourning in a new country or a new culture

- are constantly reminded of their otherness and must use coping skills to adjust and survive.

Livneh (1991) was the only author found to refer to a 'stage theory' of adapting to disabilities, but this was a short article and focused on the acceptance of disability through a psychoanalytic lens for practitioners. He noted that "the impact of a sudden physical trauma on an individual's life creates overwhelming physical, psychological, social, vocational, and economic effects" (p. 111). Livneh combined many stage (or crisis) theories in the field of psychology into one unified psychosocial adaptation approach to disability. He collated these stages of adjustment to physical disability:

- I. Initial impact (shock and anxiety)
- II. Defense mobilization (bargaining/denial)
- III. Initial realization or recognition (mourning and internalized anger)
- IV. Retaliation or rebellion (externalized anger)
- V. Reintegration (acknowledgement and acceptance/final adjustment)

Livneh noted that other adaptation models exist, namely the grief model (Kubler-Ross, 1970) and adaptation to catastrophic events. He drew his model from several psychodynamic theories – Maslow’s hierarchy of needs theory (1968), Horney’s neopsychoanalytically oriented interpersonal theory (1945), Verwierdt’s model of psychopathological responses to physical illness (1972), Siller’s childhood reactions to disability model (1960), and the Lipowski (1970) and Kiely (1972) coping models. It is evident upon exploring this model further that the main purpose of the model was to give psychologists tools to use when working with people with newly acquired disabilities.

There are several severe drawbacks in this model in that there is nothing in this model that can assist the disabled person herself adapt to her disabilities, or even tries to make sense of this new culture that she now inhabits. There are no tools to make sense of one’s new reality, and the focus of this psychosocial adaptation approach to disability seems to follow the medical model, in that the onus of accommodation is on the individual. It is condescending in tone. One problem with focusing on the medical model of disability is perfectly outlined by Frank (1995). He noted that “after having cancer I attempted to read some of the professional literature describing the experience I had gone through. I found the language too distant from the immediacy of embodied suffering that I had recently experienced” (p. 25). There seems to be no true focal point in any



of the professional/medical literature that truly gets, from the disabled point of view, the impact of a disability and the great physical, mental, and emotional accommodations needed to survive. What is often central to understanding in our experiences is marginal to others.

The last area of focus found in the disability literature was writing focused on encouraging those with disabilities to tell their stories. People often write to make sense of what is happening to them, whether it is an exciting or traumatic life event, an intercultural experience, travel, or disability. Frank (1995) has written most comprehensively about the importance of writing about one's disabilities, in that it gives your self a voice, and allows you to make meaning and create a purpose arising from that disability. As well, he noted that "the illness story faces a dual task. The narrative attempts to restore an order that the interruption fragmented, but it must also tell the truth that interruptions will continue...many illness stories do discover purposes in suffering, but even these are rarely without some ambivalence" (p. 59). Frank also categorized illness narratives into three areas: the restitution narrative, the chaos narrative, and the quest narrative, and hopes to "shift the dominant cultural conception of illness away from passivity toward activity. The ill person who turns illness into story transforms fate into experience; the disease that sets the body apart from others becomes, in the story, the common bond of suffering that joins

bodies in their shared vulnerabilities” (p. xi). Reflecting, processing, and writing successfully can enhance one’s understanding of their new culture and lead toward intercultural adjustment and development.

Recently, there has been an explosion in the “singular subject of disability autobiography,” (Mitchell, 2000). Disability autobiography is a form of autoethnography (Couser, 1997, 2000, 2005) and can be used as a reflective tool (Murphy, 1995; Zola, 2003; Davis, 1995, 1997).

Couser (1997, 2005) noted that disability life narratives offer a unique and important perspective on human diversity. Some authors have promoted using a phenomenological approach to viewing/sharing disability (Deringer, 1992; Page, 1995; Thomas, 2000). Finger (2005) focused on autobiographical writing and how it has influenced and infiltrated the academy and popular culture. This can be seen in the emergence of a new sort of autobiography of disability, called autoethnography (Folkenflik, 1993; Hardey, 2002; Pelias, 2003; Tierney, 1999). The most popular of these is Audre Lorde’s cancer writings (1997), in which she wrote of her struggle with breast cancer. This groundbreaking work opened the floodgates of illness and transformation stories, and has helped countless people adjust to their own illnesses/disabilities. Johnson (2003) noted

that searching for the self leads to great transformation. Mitchell & Snyder (2001) say that disability narratives are central to understanding any culture.

From the literature and my own experiences, I theorize that people with newly acquired disabilities who have some way of making meaning of their disability adjust to their new selves and culture better. From anecdotal memoirs to the emerging field of disability studies, the amount of published works on disability has burgeoned exponentially. One thing, surprisingly, in the disability literature, is that there isn't much about adaptation and development as a conceptual structure (or the tools to do so). People adapt somehow, and make sense and meaning out of their new lives, but without a formal structure or stage theory of adaptation and development. People with disabilities sometimes talk about grieving and loss, which is a critical stage of adaptation and development, but rarely take it further than that.

For myself, I have several acquired disabilities. My first disability arose from an accident when I was 18, and has significantly impacted my mobility. I have had 13 surgeries in the first 10 years after my accident, and am now able to stand for about five minutes at a time and walk up to one block. However, the pain is chronic and intense. It has directly influenced my life choices, starting from moving to a more accessible dormitory at college, shaping my overseas

locations and experiences, to leading me along an academic path (disability studies) that I would never have known about. My next disability was acquiring fibromyalgia, which led to chronic fatigue syndrome and several other associated illnesses. Chronic fatigue immune deficiency syndrome (CFIDS) has impacted my life and made me “more disabled” than my first, mobility-related disability. “Although its name focuses on only one aspect of the illness, chronic fatigue and immune dysfunction syndrome (CFIDS) is a serious and complex illness marked by numerous symptoms including disabling fatigue, problems with information processing and memory, flu-like symptoms, pain in the joints and muscles, dizziness, nausea, sleep disorders and headache” (<http://www.cfids.org/resources/family-and-friends.asp>). CFIDS has stripped me of my previous life – my career, work choices, lifestyle, friends, and hobbies – and given me a much smaller existence. Making meaning of this new existence has taken years, but I am now fully comfortable in and adapted to my new culture and life. Yet it wasn’t until I started framing my disability experiences within an intercultural lens that I was able to not only make meaning out of my disabilities, but to see how far I have progressed in adapting and accepting my new culture and life. I began the inquiry by wanting to explore, in-depth, the juxtaposition of intercultural development models and autoethnography by discovering and documenting my journey.

## Chapter Three

### Methodology

Qualitative methodology has been used by generations of researchers intent on achieving a deeper understanding of an issue than those obtained by quantitative methods. One such method of qualitative research is phenomenology, in which the body is a subject as well as an object. Merleau-Ponty (1962) created a concept of the human body as a perception which transcends the dualism of the mind and body. Hultgren (1989) combines many researchers, from Heidegger to Gadamer, to create her idea of phenomenology: “[it] attends to the world as we experience it in everyday life” (p. 51). As well, she suggests that phenomenology gives meaning to experience. Often, phenomenologists refer to ‘lived experiences’ (van Maanen, 1990). Lived experiences are indeed an excellent means of exploring disability and intercultural adjustment. As well, in the last decade, researchers have turned to biography, autobiography, and autoethnography in exploring issues of people with disabilities (Atkinson & Walmsley, 1999; Brueggemann, 2000; Meekosha, 2000; Mitchell, 2000; Moore, Beazley, & Maelzer, 1999; Olney & Kim, 2001). Pertaining to writing autoethnography, Couser is the main author to help guide my process. He explored the beginnings of the term autoethnography, which is writing “in which colonized subjects undertake to represent themselves in ways

that engage with the colonizer's own terms" (Pratt, 1992, p. 7) and expands it to disabled people, who have been "required to conform to arbitrary norms, subjected to control and domination by medical experts or others claiming authority over them, and even confined in institutions" (2005, pp. 127-128). He goes on to explore a few types of disability autoethnography, from Murphy's (1995) *The Body Silent*, which is a reflection on his disabled end of life, to Zola's (2003) autoethnographic study of a community, to Frank's (2000) ethnographic study with a concurrent autoethnographic component. He notes that disability life narratives are beginning to rise in number, and thus are expanding the field using this autoethnographic approach.

When thinking about acquired disability, one is often thinking of pain, a new way of living and being in the world, a new sociological aspect to one's world. Therefore, I have chosen to use a single person case study methodology (a way of creating an autoethnography), life history, and creative self-expression to show the impact of acquired disabilities and international sojourns on my own lived experience, and how they impacted/influenced my intercultural development.

### *Rationale for using case study methodology*

The study is the first one of its kind on this topic and therefore exploratory in nature. The primary goals of this study are to (1) better understand how international sojourns and acquired disabilities influenced my intercultural development, and (2) use the intercultural adjustment frame of reference to better understand my international and disability experiences. Therefore, I found interpretive methodology to be the most appropriate way to approach this study, for it would enable me to focus on discovery, insight, and create understanding. To guide toward this decision, I used Merriam's (1997) criteria for defining a case study:

"If the bounded phenomenon that you are interested in studying is not intrinsically bounded, it is not a case. One technique for assessing the boundedness of the topic is to ask how finite the data collection would be, that is, whether there is a limit to the number of people involved who could be interviewed or a finite amount of time for observations. If there is no end, actually or theoretically, to the number of people who could be interviewed or to observations that could be conducted, then the phenomenon is not bounded enough to qualify as a case" (pp. 27-28).

The object of my research in this dissertation certainly meets the criteria set out by Merriam – it is bounded both structurally and conceptually, and thus presents an ideal case study.

Another consideration that influenced my decision to use a single case study approach is its intrinsic capacity to embrace and illuminate complex phenomena. Merriam argues that:

“The case study method offers a means of investigating complex social units consisting of multiple variables of potential importance in understanding the phenomenon. Anchored in real life situations, the case study results in a rich and holistic account of a phenomenon. It offers insights and illuminates meanings that expand its’ readers experiences...[various phenomena] can be examined to bring about understanding that can in turn affect and even improve practice” (p. 41).

Finally, a case study design seems a practical and reasonable choice given the difficulties inherent in exploring acquired disabilities, intercultural adjustment/development, and the two combined. Rarely have I met anyone with an acquired disability who has processed (or even encountered) the idea that disability is an intercultural experience.



### *Description of the subject*

I am a married mother, aged 39, who has experienced intercultural development through both international sojourns and several acquired disabilities. I have worked abroad twice – once for a year in Japan for an international exchange foundation, and once for three months in London, as the Michigan State University Summer Director of Study Abroad Programs in London. I have traveled widely, coping with disabilities and learning the difficulties involved in traveling with disabilities. I have several disabilities – a mobility-related disability from an accident when I was 18, and a neuro-immune disease that has gradually multiplied into other disabilities, and has worsened over the years.

I have two research associates/interviewers. The research associates are both highly educated - one has an intercultural studies background and the other has a counseling psychology background. Both have extensive intercultural experience. Cynthia is a 37 year old female, Caucasian American with an MA in Comparative and International Development Education from the University of Minnesota (2000). She is currently the Europe and Oceania Internship Director for IE3 Global Internships, a program of the Oregon University System that works with universities throughout Oregon, Washington, Alaska, Montana, and Utah to send their students on professional internship experiences abroad

that are integrated into their university academic programs. Cynthia spent several years traveling and working around the world, including teaching and advising in France, Switzerland, and Japan. In addition to her experience and background in international program advising and development, she has a professional background in student leadership and development at the community college and university level.

Rachel is a 43 year old Caucasian woman, originally from the UK, where she spent 5 years teaching high school. She has lived in the US for more than 10 years and has a doctorate in Counseling Psychology from the University of Minnesota. She currently works as a psychologist in a counseling center at a small liberal arts college. Rachel has traveled extensively in Europe, and brings her own experience of qualitative research and cross cultural adaptation to this project.

### *Life history*

As part of my autoethnographical methods used for this dissertation, I chose to utilize a life history approach. Sundberg (2004) has noted that “life stories are important for cultural research.” Corsini (1999) observed that a life history is “a longitudinal account of the meaningful aspects of a person’s emotional, social

and intellectual development” (p. 548). Bogdan and Knoll (1995), in discussing life histories, note that “the first-person story or autobiography makes available the client’s own view of his or her situation, unaltered by professionals’ interpretations ” (p. 683). For the purposes of this dissertation, I wrote my life history in terms of intercultural adjustment through sojourns abroad and acquired disabilities.

### *Visual Ethnography*

I had an additional data set, grounded in the moment. While working on this dissertation, I recalled that I had a source of visual ethnography that I was using to represent and understand my own experiences as a way for me to adjust to my disabilities. Using these photo essays, originally published on [www.gather.com](http://www.gather.com), was an additional way to make meaning of my experiences. Written over the course of the last several years, I returned to them to see how they related - if in that earlier context I was actually seeing things that I was later making empirical sense of through my interviews and analysis. I looked at them to see if they were congruent with my translated data. These unstructured moments were already in existence, and tell a crucial part of my life story and intercultural development. In each, I wrote of issues that were close to me, in

terms of adjusting to my disabilities. I illustrated these essays with photos that had deep meaning to me – often, macro shots that in their very point of view showed that I was looking deeply at singular objects. This external source of information that I generated for another purpose has served to illustrate in yet another way my process of intercultural adjustment.

#### *Description of the data collection process*

To enhance the exploratory nature of this dissertation, I chose conversational interviewing as a data collection strategy. The interviews were guided by a list of questions to be explored, but the questions were broad, such as, “What is it like to be disabled?” and “What is the nature of disability as an intercultural experience?” This type of broad questioning was aimed at bringing out the lived experiences of intercultural adjustment and acquired disabilities. As well, this type of interview is accessible to me, in that with my neurological disabilities, I have a difficult time thinking in straight lines. Having multiple interviews will accommodate my disabilities as well as enhance the interview process. Furthermore, it is greatly conducive to establishing intersubjectivity – the interviewer will keep asking probing and clarifying questions to delve deeper into these lived experiences. Using multiple research associates for both

the interviews and in-depth discussions about the analysis provided for saturation of data about the experience. As well, the interviewers ended each interview with an open-ended question so that anything not yet discussed could be included.

#### *Description of the data analysis procedures*

All interviews were taped and transcribed, and then analyzed by myself for emergent themes. Employing the concepts of van Maanen (1990), I understand a theme as “the experience of focus, of meaning, of point...the form of capturing the phenomenon one tries to understand...the process of insightful invention, discovery, disclosure” (p. 87-88). In analyzing the interviews, I was searching for ideas that emerged within and across the five research questions. There were over eighty pages of transcribed interviews. I read the transcribed interviews three times over the course of a few days. On the fourth read, I highlighted the emergent themes that clearly arose upon each reading. The themes I identified were those ideas that came up frequently as well as those that were clearly important to me. The set of themes presented in chapter four ended up cutting across or transcending the questions. These themes represent the essential qualities of my lived experience.

The analyses and life history are accompanied by creative self-expression photo essays that illustrate the emergent themes. As I got sicker with my second disability, my world narrowed considerably and I learned to focus on small areas around me. One of the areas which I thrive in, with my new way of being in the world, is photography. I don't have to move much, and I can explore a whole world in macro. I have published many of these photo essays on gather.com. These photo essays are, to me, my own visual auto-ethnography. In creating something so powerful outside of myself, I have found new ways of adjusting and moving forward with my own intercultural development.

### *LIMITATIONS*

There are several limitations to this study. Regarding the topic, it is the first of its kind, and only has an N of 1. Because it is unique to my experience, there is a lack of generalizability beyond my experience. Therefore, it lacks external validity. On the other hand, in the qualitative data context, an argument can be made that these data are trustworthy because the process of autoethnography is both generative and interpretive by the same person, i.e., the author both generates and interprets the data.

## **Chapter 4**

### **Findings**

The purpose of this chapter is to present my written life history and the findings of my research. This chapter organized in the following manner: first I will present the Life History. Following that, the results of the interviews are presented and are organized around six emergent themes. I examine the interviews and provide commentary and textual analysis. Lastly, I will present my visual ethnography, based on creative expression through photo-essays.

### **Life History**

I was born in the Upper Peninsula of Michigan, in 1969. My father was in the Air Force, and my mother was a nurse. I was born during a huge blizzard, and after my parents got to the hospital, they were snowed in for a few days. Four years later, my brother Ben was born. He is one of my best friends, my play buddy when we were young, a constant jokester with a smile on his face. My family is well-educated, with a variety of global experiences. While growing up, we were always eating international foods and learning about different

countries and cultures. Whenever my parents went overseas, my grandma and grandpa came and stayed with us. We moved a few times in my early life, ending up in Allegan, Michigan, when I was 12.

This was a rural community, and I joined the local 4-H club because they were looking for hosts for Japanese students for the summer. We hosted Yumiko when I was in 8<sup>th</sup> grade, and the following summer, I went to go stay with her family in Japan. It was wonderful, and a life-changing experience. I was so amazed to see how differently people lived in Japan than at home. It was a good introduction to another culture so very different than my own. When I got back, I was just disgusted at people not taking their shoes off at the door, and was surprised at how big Americans looked after what I was used to seeing. This trip to Japan influenced my thinking about careers, and I decided to go into international business when I went to college. I wanted to live and work in Tokyo, Japan.

Two weeks before high school graduation, I was skateboarding on our newly paved road and had a terrible accident. My brother was with me, and he acted courageously during this horrific time. Within the next few days, I had ankle reconstruction surgery, but it was never the same. I worked through physical therapy (or pain and torture, as I called it) throughout the summer. Becoming



permanently disabled at the age of 18 is quite something to assimilate, and I didn't do a very good job of it. Mostly, I ignored it and tried to get back to normal. I had a cast on for the summer, and then in the fall, I started attending Michigan State University. We had contacted the Disability Services Office to secure housing that was closer to my classes. However, that was the only accommodation that I thought I needed, even though it was painful to walk and I had a hard time getting around.

I loved being at college. Finally, I could choose my friends, instead of having a small pool in a small town from which to befriend. I had exciting and influential classes that expanded my worldview and knowledge base. I met people from all over the world and learned firsthand from young people from other cultures. This was a glorious time. I changed majors from international business to an interdisciplinary create-your-own program, so that I could major in international economics. I still had quite a lot of difficulty getting around, and was very ignorant as to the limitations of my mobility, played basketball on my residence hall floor's intramural team (for all of three minutes before I injured myself further), walked to many places even though it was painful, and generally ignored the further damage I was doing to my ankle. I had a few minor surgeries - arthroscopy and the like, to try to fix my ankle. It was still very painful and I definitely had limited mobility. However, one of the main

things in my family is that you work through pain, without whining. I learned early on that no one likes whiners and complainers, and so I kept this pain and difficulty within myself, so as not to alienate my friends and family. I also think, in hindsight, that I was trying to 'pass' as abled, since I didn't really see myself as disabled. Subconsciously, I didn't think that my mobility problem and all the pain in my ankle and leg were anything but a huge nuisance instead of a life-changing disability. I didn't whine or complain - I just went on with the show.

When I was in my sophomore year in college, the organization that had worked with 4-H on the Japanese and American student exchanges, LABO, asked me to come and work for them. It was so exciting - I had been taking Japanese in college and had planned on a career working in Japan somehow. I arranged with my department and Japanese professor for some independent study courses, so that I would not lose any time finishing my degree. And I packed, and went to work in Japan, without a backwards glance.

It was wonderful to be back in Japan - I had not realized that my summer there, years before, had shaped me so profoundly. It felt like I was coming home. I loved the crowds in Tokyo, and all the opportunities (and great food!) that were available. I took advantage of so many cultural events, both with my host

families and with friends. I worked hard in my job, preparing Japanese students to go overseas, and helping the exchange students that had come to Japan from around the world. I felt vital, needed, and definitely a proponent of international education. The only problem for me was my mobility issues. In Japan, I had to take public transportation to get to work and to get around. This involved lots of walking, riding the crowded commuter trains, and bicycling. All of this was painful, especially standing for hours on a train round trip every day, and then biking home another mile or so. I wasn't really aware of the damage that I was doing to my ankle. At the LABO summer camp, I even tried to hike up a small mountain, turning back when the trip got too painful for me (although I was carrying a small child on the way down!). This pain was familiar to me, and seemed secondary to other issues I was facing, i.e., culture shock. I thought that I was so in sync with Japan and the Japanese, and yet every day I would have incidents or come across things that seemed so foreign to me.

I lived with host families that were part of my organization, LABO. All of them had children (of various ages) and that was fun, although I was surprised by the small living spaces that most of my host families had. They always gave the best room to me, and I learned to care well for the tatami, futon, and the small temple that was usually kept in the best room. It was very difficult for me to

adapt to some cultural customs, however. I really had a hard time with my Japanese host siblings and their studying so hard, and not being allowed to eat with the family, or go on outings. This seemed like cruel and unusual punishment to me. Far worse for me to adjust to, however, was the behavior of my host fathers. At times domineering (which was difficult to get used to, since I was 20), they seemed to me like absentee dictators, coming home at times to assert their authority. One of my host fathers took me out to a fancy club to meet his mistress. He splashed money around like it was nothing. Meanwhile, I had been shopping with my host mother and saw how she scrimped on herself so that her children could have things. It made me very angry for a while, and it served to disillusion me from my thinking that Japan was a perfect place to live. I went through the stages of culture shock quite stereotypically, and my year there was important in my journey through intercultural development. At the time, I was aware of the W curve of culture shock, in which the sojourner starts out high, and then progresses along the W of low points and high points of intercultural adjustment. At times in my sojourn in Japan, I was very happy to be there, and felt like I truly fit in (as much as a gaijin/foreigner can fit in), and at times the culture just seemed so foreign to me.

After working in Japan, I had damaged my ankle so badly from all the walking that I had to have more surgery, this time an ankle fusion. This was a serious surgery that was supposed to help my mobility, but it did not work as well as I had expected. I still had a lot of pain, and had a difficult time walking.

I resumed my studies at Michigan State University. No longer so interested in the things I had been interested in before, I reached out more to both international and diverse students. I felt that I had had this life-changing experience, and when I came home, no one shared it with me (a common occurrence of intercultural development). After I graduated with my Bachelor's Degree, I continued on for a master's degree with the same interdisciplinary program that let me design my own degree. This time, I chose to focus on cross-cultural communication. For my graduate assistantship, I worked in the Center for the Advanced Study of International Development. Learning about development and more global initiatives was crucial to furthering my intercultural development at home. I wrote my Master's Thesis on Pre-departure Orientation Programs for students studying abroad.

After I got my Master's Degree, I worked for the Study Abroad Office at MSU, creating a peer advisor program with returned study abroad students. This was so much fun, and I really enjoyed helping my students work through their

return culture shock and talk about intercultural development. I was asked to be a co-director for the MSU Summer London Study Abroad Programs, in charge of 350 students and over thirty faculty. It was a wonderful chance, and I jumped at it. Having learned from my time in Japan, I discussed my disability with my supervisor, and she agreed to give me a budget for taxi rides so that I would be able to get around London and not walk so much. Before working in London, I traveled around Europe with friends. It was difficult, as they weren't disabled and weren't willing to pay more money (they were students) to take taxis or stay in hotels or B&Bs that were closer to the train stations. I ended up paying for more of the transportation expenses myself than I had imagined. This was surprising to me, how difficult it was to travel around Europe if you were disabled and didn't have a car. Working in London was a joy to me – working with the students, the faculty, and my staff. It was a great experience, again, to help people going through culture shock, or having a difficult time with the culture (although British culture isn't so very different from ours). I felt once more, as I had in Japan, that I had a true calling here in helping people adapt to living in a different culture. Before I had left for Europe, I had applied for the PhD Program in Comparative and International Development Education (CIDE) at the University of Minnesota, and was accepted. While I was in Europe working, I felt very happy that I had made that academic decision, even

though I had a job waiting for me back at MSU. I felt that I could do much better in the field of study abroad and intercultural education with a Ph.D.

After traveling in Europe, I had damaged my ankle yet again. When I got home and started at the University of Minnesota, I had more and more trouble with walking, parking, getting around campus. I had learned to live with great pain (and not whine), but this was something else. Each step was incredibly painful. I found an orthopedic surgeon and was not surprised to learn that my last ankle fusion had failed. He recommended another, more drastic ankle fusion – this time he would remove the bottom part of the fibula and use it as a bone graft to hold the ankle together. This meant that the fibula would hang free, unattached at the end, but that was better than what I was currently dealing with. I told him that I had to finish out the year in graduate school, and so we scheduled the surgery for the week after classes ended.

Meanwhile, I was in such an exciting intellectual space in the CIDE program. I was in the second year of them offering a PhD, so we were all new and didn't have a lot of mentors to lean on for advice – we leaned on each other. The classes were just stunning to me...finally, I was surrounded by people that understood intercultural development, had all been through it, and all had plans for working in international education. The classes were so exciting – full

of great ideas, lots of interesting discussions, and the chance to work on thoughtful, remarkable topics for papers and presentations. I fully came alive, intellectually, in this environment. I made friendships that have continued to this day. I felt intellectually stimulated, was surrounded by more people with different international experiences than I had ever been, and felt very honored to be learning from such great professors. My first year, I had a graduate assistantship in the European Studies Center. After that, I worked hard for Dr. Josef Mestenhauser, usually for the college's international education committee, but also for his classes. Dr. Mestenhauser taught me many things, from professionalism to the value of thinking in large, meta-terms. However, it was difficult to have such a stimulating mental time juxtaposed with living with such great pain. Pain takes so much energy.

I had the second ankle fusion surgery, which helped with some of the pain, but didn't take away the majority of it. As well, I now had to accommodate another ankle fusion – find and buy new shoes to fit the angle at which my ankle was set, learn to walk again, etc. It was disappointing that *this* was the extent to which I could be helped by medicine. I had always envisioned a life without pain, and now that had been taken away from me for the foreseen future. I sucked it up as best I could.



Parts of my job as a graduate assistant were very difficult, physically, for me to handle. Meeting international students at the airport required much more walking than I was capable of doing. Helping them get settled in was also a chore – strapping mattresses on my car and hauling them to apartments was the least of it. One day, while working on the 4<sup>th</sup> floor of Wulling Hall, someone on the 2<sup>nd</sup> floor burned their microwave popcorn. A fire alarm sounded, and we all had to evacuate. The elevator was off-limits, and so I had to stumble down the stairs, crying, each step more painful than the last. I emerged out to the sidewalk circle out front, and made it to a wall and sat. That was a clarifying moment in my intercultural development as a disabled person. I realized that I could no longer try to ‘pass’ as an able-bodied person, but needed to recognize my self and my limitations, both privately and in a public way. I became more insistent in my job about things that I was physically unable to do. I started reading, voraciously, about disabilities and disability studies, and felt that all over again, I had found an academic area in which I fit. Similarly to how I felt when I first found the intercultural literature, finding the disability studies literature was an eye-opening experience. It taught me that I should not hide my disability, but acknowledge and grow from it. So many authors influenced my thinking and broadened my worldview. I took a disability studies class at the university and started thinking about how living through and with an acquired disability is like living in a new culture – it changes you, so that you

can't ever go back to who you were before. This was an exciting time for me, intellectually, because I fit in both interculturally and physically.

In 1998, I had a series of events occur that worsened my health. My fibromyalgia was getting more painful. I was in a car accident, and still have back problems from that. As well, that winter, my landlord painted inside and didn't open the windows. I was violently ill for 3 days from toxic fumes poisoning. These three things, in addition to my mobility disability and my extremely busy life, led me to getting Chronic Fatigue Syndrome (CFIDS). At first, I thought it was just me being tired. I had extreme difficulty sleeping - sometimes I would only get 2 hours of sleep every 5 days, no matter how exhausted I was. I felt like I was just a shade of myself. Work became more and more difficult to do, especially all the interaction with students. I was finishing up my coursework for the PhD, and was glad for that, as it became harder to think straight. I fought this fatigue, but other aspects of CFIDS were hard to avoid - the great physical pain, the weakened immune system, and the neurological problems I was having. These neurological problems have been the hardest thing for me to adapt to - the overstimulation of phone calls or conversation with more than one person lead me to go into a white zone of non-comprehension; losing the ability to read non-fiction, or to focus on the written word; extreme short-term memory loss; problems with concentration; and

constant ringing in my ears. I learned that if I overdid, I would pay for it for a week or more afterward (called post-exertional malaise). I learned, the hard way, that I could feel worse in an instant, for no apparent reason. I was unable to make plans since I wasn't sure that I could fulfill them. But all this knowledge was hard-won, just as intercultural knowledge is gained minute by minute in a new milieu. This new milieu of a completely changed (and to me, undependable) body was shocking to me. Everything I thought that I had learned about disability from adapting to life with my previous disability was not applicable to this particular disability.

Gradually, the adjustment to my new disability became ingrained. I learned to live with it, just as I had previously learned to acknowledge and adjust to the differences with my first disability, my sojourns abroad, and my intercultural experiences at home. Each event becomes part of you, becoming part of the warp and weft of your self. Learning and growing interculturally was bound to happen, given my intercultural leanings, my experiences abroad, and my disabilities.

## Interview Results and Analysis

The interviews were organized around five questions and the answers provided the raw data for the analysis. The analytical process of reading the transcripts was intended to identify major themes, that is, ideas that might be specific to a question or might emerge across questions. In fact, the six major themes that I identified reoccurred across questions.

This section presents the six themes, my commentaries on the themes, and quotations from the interviews that illustrate the themes. The six themes are: the nature of life regarding my sojourns abroad, the nature of life regarding my disabilities, my own intercultural adjustment, my disability identity, my disability and intercultural adjustments, and my wanting to help others adjust interculturally (either through study abroad or with their newly acquired disabilities). Quotes used to highlight the themes are stated verbatim.

The interview questions and answers provided the raw data for the analysis. To reiterate, the five interview questions asked were:

1. What has been the nature of your life, in terms of international sojourns and disability experience?

2. What are the most meaningful experiences in your life, and why?
3. With respect to adapting to international sojourns and disabilities, how do you apply these understandings in your own life?
4. What recommendations do you have for utilizing these theories and concepts with others who are participating in international sojourns and coping with disabilities?
5. As we wrap up the interview, is there anything else you would like to add?

### **The nature of life regarding my sojourns abroad**

The first question asked in the interview was about the nature of my life in terms of international sojourns and disability experiences. Preliminary discussions with my advisors and fellow researchers suggested that using this type of qualitative inquiry would enable me to delve deeply into my intercultural adjustment and discover patterns of intercultural adjustment that have had significant meaning in my life.

When asked about the nature of my life regarding my sojourns abroad, several issues arose. These included early preparation for an intercultural life, creating

life-changing international experiences for myself, and thinking that challenging myself was good for intercultural growth.

### *Early Preparation*

In terms of creating a life and mind that is open to intercultural experiences, I was clearly prepared by my family and their own intercultural sojourns and experiences.

*"We had a very international family growing up...international dinners all the time, and we made friends with people from different cultures...we were used to learning and thinking about different cultures."*

My life took a turn for the better, interculturally, when we hosted an exchange student the summer that I was 13 years old. Our time with Yumiko was such great fun – learning first-hand about a new culture, trying new words, and then continuing to be in contact with her once she went home. This truly was a life change for me, in that it influenced the rest of my life in that I set about creating international living opportunities for myself.

### ***Creating International Opportunities for Myself***

*“When I was 14, I went and stayed with our exchange student’s family, and that was quite an enlightening experience...It greatly influenced my choices when I was going off to college at Michigan State University, majoring in International Business.”*

After this initial influence of direct intercultural experiences, I saw that it was important to create international opportunities for myself in a variety of ways. This was not only applicable in my sojourns abroad, but also in my choices of major, degrees sought, and my career path. When I sojourned abroad, whether it was one of two times living in Japan, or working in London and traveling in Europe, I had some of the most meaningful times in my life. It was meaningful because of learning something new, or because it is so important to continually experience change and challenge myself interculturally.

### ***Believing in the Importance of Challenging Myself***

*“I would say all my sojourns abroad are in the top ten meaningful experiences in my life. Why they stand out to me is because they did challenge my thinking. They did expand my world view. They did show me that the world is different every place and it’s*

*good to meet people and befriend people in other places for personal growth and for global humanism."*

The nature of life for an intercultural being is joyful – but also difficult at times. You must challenge yourself to grow, experience new things, travel, and continue to learn. Once you've started down that path, it is impossible to reverse course. But once you've started down that path, you also won't want to. Curiosity and the desire to learn about others – people, cultures, languages, food, differences – is now within your very self.

### **The nature of life regarding my disabilities**

When asked about the nature of my life regarding my sojourns abroad, several themes arose in terms of life and intercultural experiences. These include recovering and rehabilitating from acquired disabilities, learning about coping with a disability in life and in travel, and acknowledging the existence and importance of disabilities in my own intercultural growth.



## ***Recovering and Rehabilitating from Acquired Disabilities***

*"I think a disability experience would be one, whether acquired or born, your physical experience of being in the world is not the norm, i.e., you have problems hearing, or talking, or seeing, or understanding or being. And it seems the people with the largest amount of stress and adjusting to this are those with acquired disabilities, because there's no community."*

*"If you're born into a deaf family and you're deaf, well, that seems kind of normal and you have a great deal of support and people that are in the same situation that you are. But if you have an acquired disability, all of a sudden you're thrust quite quickly into a situation that is so completely different and you have no idea what to make of it."*

In terms of acquiring a disability, it was a great surprise (as one can expect) and completely changed my life. My accident was just the initial journey into the foray of living with a disability – years (a lifetime) of pain, surgeries, and adapting were far ahead of me.

*"Two weeks before high school graduation, I had my skateboarding accident where I dislocated my foot from my leg and had emergency ankle reconstruction surgery...My life was derailed and I spent the summer recuperating and recovering from that accident. I learned to walk again."*

## *Learning about coping with a disability in life and in travel*

Despite having had several surgeries and rehabilitation plans, I still wasn't so aware of the great impact that disabilities had – and continue to have – on my life. Part of that was being young (in my twenties), but also part of it was an ignorance of my body's capabilities and how I was impacting myself by travel, daily activities, and not focusing on healing or adapting. Both times that I have gone overseas for an extended period of time, I have negatively impacted my health.

*"When I go overseas, I damage my ankle pretty badly and I have to come back and have surgery."*

*"It was very difficult and very painful for me to travel in Europe."*

However, learning to live with disabilities is critical. It not only helps you grow, but it can also help you to adapt to living in a world that was not designed for you.

*"I would also say that the most meaningful experiences in my life have also been my disabilities; my skateboarding accident when I was 18 and then my acquisition of chronic fatigue syndrome. Both of those disabilities took so very different paths in my*

*acculturation to them, but I wouldn't change that now. I wouldn't ever take away those disabilities, and that sounds kind of crazy because, I mean, anybody would love to live without pain. So I guess I'd like to take away the pain but I think it has also taught me so much and turned me into the person that I am."*

### ***Acknowledging the existence and importance of disabilities in my own intercultural growth***

The nature of life when living with acquired disabilities is that you must constantly adapt to living in a foreign world - one that is not so accessible to you, whether it is the civil infrastructure, societal norms, people's prejudices, or your own specific physical, mental, and emotional pains and adjustments. Each disability is different, which makes it difficult at times to find a community and understanding.

*"There are so many different disabilities and each disability has such different ways of being in the world. Somebody that's a quadriplegic has completely different issues than somebody that's deaf and in a completely different culture. The deaf community is very close and some disability communities aren't close at all. And some disabilities are so different. I mean, I may have these symptoms from having chronic fatigue syndrome, and my friend Sylvia that has chronic fatigue syndrome has some of the same, but a lot*

*of other problems. And so I think that it's much more difficult to have a single disability community that understands exactly what you're going through, because everybody's disability is so different and everybody's goals are so different in how to be present and active and have a voice in the world."*

### **Intercultural adjustment**

Starting from when I was young, experiencing life internationally seemed very exciting – new people, places, food, languages, and things to do. That still is one of the ways that I view travel and intercultural experiences, but not the only way, of course. I know now, from years of experience, that travel and intercultural experiences also mean intercultural adjustment. As well, intercultural adjustment includes the discovery of intercultural ideas and ways of life, and incorporating them into your own life.

*"I think that when you're doing a sojourn abroad, if you have most of your contact with the host culture and aren't just in an enclave of pre-cultural beings like yourself, like all American students, I think that it's much easier to work through these stages. I think that the culture shock curve happens kind of quickly because things can be so different, especially in cultures that are extremely different from your own. I think it's harder to*

*work through [intercultural adjustment] in Japan than it would be to adapt in England. And so I think it also depends on your location but, of course, you're going through culture shock and intercultural adaptation wherever you are."*

Only someone traveling on the surface of a culture or place can avoid culture shock and intercultural adjustment (mostly by denial). Once you've lived somewhere for an extended period of time, you know that intercultural adjustment (whether you know the term or not) is a critical aspect to adjusting to life in a new culture. Culture shock can be minimal (as with young children - when they are too young to sense many aspects of travel, a new place, and difference). It can also be deep, especially when living in a culture that is so foreign to your own.

*"I would say that my first sojourn abroad wasn't as impactful, in terms of a transformative experience and intercultural development, as I would have imagined because I was very young and in junior high. But when I went back to Japan when I was in college - oh, that was quite a transformative experience. I saw that there were different ways of being in the world, different ethical and moral areas that didn't seem right to me but it worked for that culture, different languages, different foods, and different modes of transportation. And so for the first time really when I was paying attention, I saw that there was an entirely different way of being in the world and that*

*millions of people live like that - and to me that was an eye opener. That was a huge transformative experience for me."*

The subject of intercultural adjustment is a key one to adjusting to a new culture. When you finally find tools such as Bennett's Model of Intercultural Sensitivity (Bennett, 1993) or Paige's Intensity Factors (Paige, 1993) to use to help you cope, it is a seminal moment.

*"I just love the whole subject of intercultural development. In fact, when I first found out about it after having been overseas twice and learned that there was indeed a field of study and ways to categorize my experiences of what I went through overseas, I was so elated. And when I found Bennett's model I just thought oh my gosh, this is so perfect. This explains so much of what you go through when you're overseas. And when you're going through it and you don't have a model or a framework to think about why you're going through, it's just so confusing from the ups and downs and so traumatic emotionally.*

*And so for me, my intercultural perspective has been definitely influenced by Paige's book and Bennett's model, because all of a sudden here was a framework that showed me that yes, these things happen. They happen to everybody. Everybody goes through some form of the same thing and here's the way to make sense of the world and the changes that have happened to you."*

When I was living in Japan the second time, I had several instances of deep, deep emotional turmoil due to issues that arose in my life. Initially, I thought that I was handling it well.

*"I see now that my culture shock was deep, but at the time I just felt like I was in charge of things..."*

Until one event occurred, something which went completely against my morals. This event provided a catalyst for movement along the Bennett model of intercultural sensitivity, from denial to defense.

*"One was when one of my host dads had a mistress and invited me to go out to this big fancy restaurant with him and his mistress. And it was shocking to me because that's not one of my personal values and also I had spent so much time with my host mom because she was there all the time in the home, and I saw how she struggled with money and trying to do things right for her family on a very limited budget. And then here he was at this expensive restaurant, blowing \$1,000 on our dinner with a person that I thought wasn't maybe who I would choose to spend time with. That was one part of culture shock where you're so disillusioned with your new culture that you don't want anything to do with it."*

*"I had loved being in Japan, but at that moment I really didn't like Japan or the Japanese very much."*

However, working through these feelings and processing events with some degree of cultural relativism also helped me to continue to move along interculturally.

*"So for me that was one of the first times when one of my fundamental assumptions and values were completely challenged and I thought eventually that it was okay for that cultural context. And once that happens, once that ground shaking seismic shift of thinking happens, then you can really think about different things that occur and you can be okay with it."*

*"Then I moved to the next stage of my intercultural development, where I realized that this must work for them, and even though it's not my choice it is ok for them. I did move along that intercultural development path but I still feel kind of bad how I've had personal feelings against that host father because I didn't understand the culture mores that he was working within."*



Using Bennett's intercultural adaptation model in your experiences abroad can help shorten the culture shock cycle, as you've already gone through the stages and are more aware.

*"So after I learned about this model I looked back through this lens at all my experiences and I definitely saw how I went through the stages. And it also made me feel much more -- I'm not sure safe is the right word, but much more comfortable with the way that I had been overseas, the way that I processed my experiences, the way that I processed things when I got back and the way that I felt about my experiences.*

*"Then for my third major experience living overseas, once I had this model in hand and I knew what I was going to go through, it was so much easier to go through all these changes and to deal with the emotional and physical things every day once I knew that, yes I'm working towards this. It's important to think about being ethnorelative. Yes, I feel like maybe I'm in denial right now, but let's move past this. So it's definitely influenced me, especially influenced the way I view the world."*

Re-entry is also a difficult thing to cope with, especially after a long time away. For my first sojourn abroad, I had no resources at my disposal to teach me about reverse culture shock (or culture shock!).

*“A lot of that transformation on the scale of intercultural sensitivity and intercultural development in general doesn't necessarily happen when the student is abroad, or the person is abroad, but it happens when they come back and it's dependent on the quality of that re-entry experience - so how that re-entry experience is facilitated or not.”*

*“You feel like you've come back a completely changed person, but everybody at home seems like not so much has changed to them.”*

*“So for me the re-entry was kind of on my own. And so eventually what I took away from it was, yes I'm comfortable in my home culture but yes, I know there's another way of being in the world - and that was a big transformational experience for somebody so young.”*

*“My second sojourn abroad I had definitely better re-entry processes because I was in college, although, I didn't go on a study abroad program, but I did work with overseas study and joined a peer group and all that. And so I was with other students that had similar experiences so we could all talk about that, and it was so much easier to move through re-entry than it had been the first time.”*

I have always tended to gravitate towards people with international experiences. Not only do they have great travel stories, but also interesting food, new languages and music, and provide constant intercultural and intellectual stimulation. After much thought about my future and what I wanted to do for a career, I decided to pursue a PhD in the Comparative and International Development Education Program at the University of Minnesota. This was wonderful, interculturally, for me.

*“All of a sudden, people thought the same way that I did and understood culture shock because they’d been through it multiple times and came from different parts of the world and our country, and we had the best intellectual discussions. That first year was really a time for me to feel like I belonged and to feel like I could thrive intellectually there.”*

*“Finally I saw people and to talk about Bennett’s model, people who had been through all the stages themselves, and so that really helped me with my own intercultural development, moving towards the other end of the spectrum.”*

It is true that like often finds like, especially in the case of intercultural people.

It is difficult to be around people that don’t have an expanded worldview, who have never experienced culture shock or traveled outside of their comfort zone.

It is much easier to befriend people who understand what you’ve gone through, who have gone through similar things themselves, and who still have that

desire and curiosity to learn more about others – other cultures, people, and lives.

### **On acknowledging my disability identity**

In the interviews, the theme of acknowledging my disability identity strongly emerged. Several sub-themes arose upon analysis of the interviews, including coping with physical difference, acknowledging disability as an actual presence in my life, the significance of the critical incident in life, and becoming an advocate for myself and others with disabilities.

#### *Coping with physical difference*

My skateboarding accident happened when I was 18. Too young and inexperienced to truly estimate the great impact that this would have on my life, I focused instead on learning to walk again and coping with the great pain and physical changes I was undergoing.

Before heading to college, I asked for a residence hall change so that I would be closer to my classes. Once on campus, I learned that it was still very painful to

walk anywhere and got a permit to drive on campus and park at my residence hall. This was the only accommodation that I had thought was necessary.

*“[at 18] I didn’t really see myself as disabled then. We had a little bit of accommodations made at MSU, but that was all that I thought that I needed when I went to Michigan State.”*

In my sophomore year of college, I was asked to work for a foreign exchange company in Japan. It was a wonderful opportunity and I jumped at it. I was so used to the accommodations that I had arranged over the previous years for myself that I didn’t even think that I would need to ask for any accommodations in Japan. This was not a good strategy on my part and signaled an ignorance of myself as a disabled person.

*“When I got back from Japan, I had an ankle fusion and still I didn’t think of myself as disabled, but I still realized that there were things that I was doing to my body that was making it worse for myself.”*

While in Japan, it became obvious to me that the civil infrastructure was not accessible to my particular mobility needs. Trains were the most difficult in that I had to do a lot of stairs, stand for long periods of time, and ride for hours each way on my commute. I also had to walk a fair amount – from my host family’s houses to the train stations, and then from the Shinjuku train station to the company headquarters. I hadn’t developed a strong enough sense of self with my disability that I could demand accommodation, especially in a country where it was difficult to make such concepts clear. In the United States, the ADA had not been passed yet and disability rights seemed more of a concept that radicals talked about (not that I had paid much attention).

*“And even though I was in Japan and working for a big corporation, it seemed like that whenever I wanted to talk about my problems walking or ask if I could have a closer host family, that wasn’t something that they could hear...they hadn’t been so good at accommodating my disabilities. Whether I thought that in conscious terms or not, it was definitely in my subconscious.”*

### ***Acknowledging disability as an actual presence in my life***

Several years later, while working and traveling in Europe, I had first-hand knowledge of the ADA (from working with building changes at Michigan

State), but not of disability rights in Europe. As well, I was traveling with a friend who was not disabled and was a student with limited resources. She was reluctant to spend the money to stay in hotels close to the train stations and preferred hostels which were often quite a long way out of town. We often split up, or I paid for closer lodgings so that I would be in less pain.

*“It was incredible to me how hard it was to travel in Europe as a person with a disability. And it brought the fact home to me that not only did I have a real physical problem but because I didn’t have a car, there weren’t really ways to make traveling accessible to me.”*

*“I remember in Germany one time I stood at the beginning of the train platform because I didn’t think I could walk any more, and I got on the train when it pulled in, and then the train pulled out backwards and it turned out that my seat was at the far end of the train. The whole time I walked to the far end of the train I was crying because it hurt so bad to walk there. And then, of course, when they pulled into the station I had to walk all the way back through the train again just to get back to the train station. And so it was very difficult and painful for me to travel in Europe. And I learned that if you don’t have a lot of money for taxis it was difficult to get around.”*

After the traveling in Europe, I worked in London for the summer. Because I had arranged with the director of my study abroad office for transportation costs, she had allocated money for my taxis. I never took the train because the taxi money was there for me.

*“For me, getting around in London was more on a logistical level because in my mind I still didn’t see myself as a disabled person.”*

Once back in the US and starting the PhD program at the University of Minnesota, I had to do something to take care of the damage that I had done to my ankle while in Europe. I worked with a sports medicine orthopedic surgeon and scheduled another ankle fusion. I had it in the summer so that I could go home to my parents and recuperate and rehabilitate there. Yet again, I learned to walk.

I still wasn’t thinking of myself as a person with a disability, however. I had a disability parking license and grumbled about the lack of handicap parking on campus. Each step was extremely painful, and yet my graduate assistantship required a great deal of walking and physically helping arriving international students. I think that unconsciously, I was just trying to ‘pass’ as an able-bodied person – rarely complaining and just trying to fit in. All that changed, however,



when we had a fire alarm one day in Wulling Hall, when someone had burned their microwave popcorn.

*“I remember just crying going down the four flights of stairs and finally making it outside, and I thought, you know, I have to come to terms with the fact that I’m disabled. I can’t try to pass anymore as an able-bodied person. I can’t try to pretend that I’m not disabled or that it’s just an ankle thing, because finally for the first time I realized that disability did, in fact, impact my life greatly and influenced all my decisions. It was a critical moment.”*

### ***The Significance of the Critical Incident in Life***

This incident, more than anything, brought home the fact that I was a disabled person and needed to identify as such to protect my health and my psyche. I made a sea change in living with and talking about my disabilities. I told people when I would not be able to do things because of my disabilities. I acknowledged that I was disabled, to both myself and my friends and coworkers. No longer having to try to pass, I had a great deal more energy to cope with the pain and with the rigors of graduate school. People understood more about me, and the accommodations that I needed to secure for myself.

*“So many people said, ‘Oh, I didn't know that you couldn't walk’ or ‘I didn't know that you had a disability.’ And so they just expected me to act normal, which on one hand is a good thing, but on the other hand if every step that you take is painful and people just assume that you can walk well, you're really hurting yourself when you try to pass as an able-bodied person.”*

*“Well, I think that they didn't really understand a lot about who I was or my limitations or my abilities and disabilities. And so now I feel that I was being dishonest with them but at the time, I just thought oh, I don't really accept this reality so I'll just pretend that everything is normal and that I can walk and just try to make accommodations in other ways.”*

Once I stopped trying to ‘pass’ as able-bodied, I think that I was able to progress along the intercultural sensitivity model much more quickly and with greater results – like freeing a log jam in a river.

*“In the disability literature, there's a great deal of information about passing and it's kind of like been its model. You know, once you pass that line into ethnorelative, then you understand that you don't really need to pass anymore. That you're comfortable in your identity. You're comfortable with your place in the world and you're comfortable with other people being able to accept you and you showing who you are and being able*

*to live in two different cultures. So yeah, that took a very, very long time to happen to me."*

*"And so once I settled into my identity as a person with a disability that couldn't walk very well and people understood that, things were so much easier. People didn't ask me to do things that were impossible. I felt more comfortable talking with people. I felt more honest and real."*

I also realized that although I was part of the disabled world, my disabilities and situation were unique to myself. Just as when you sojourn abroad, you are the only one with your unique experiences.

*"I realized that everybody [with acquired disabilities] was kind of going on the same journey of adapting to living in an able-bodied world - but nobody could make my journey any smoother but myself. And so I worked through those stages pretty much by myself."*

*"I remember Gary Weaver talked about understanding and coping with cultural adjustment stress, and I remember reading so many different articles and books about the stress of coping with adapting interculturally. And I thought that that totally*

*transferred as well to disabilities, because you're in a foreign world and you're stressed out, so it made a lot of sense."*

*"I think there are so many similarities between intercultural adjustments to different cultures so that you're sojourning abroad and intercultural adjustment to a new physical way of being in the world that it was uncanny."*

### ***Becoming an advocate for myself and others with disabilities***

However, once I settled into my identity as a person with a disability, I had new challenges.

*"I think once I accepted my disabilities I became much more of an advocate, I guess I would say, and grabbing and asking for and protecting disability rights. For instance, being very vocal to the University of Minnesota about the need for handicapped parking spaces nearer to the places where I needed to be, because otherwise I just couldn't get to class or couldn't get to work there. Being more vocal about on airlines that I had to have a certain seat, that I had to have a wheelchair waiting. Before, if there wasn't a wheelchair waiting because they were out, I just would have walked; I would have said okay, I'll walk. And then I would have really hurt myself, but now I just said okay, I'll wait until there's one available. So I think I was much more accepting of that, but also*

*aware that I had rights, according to the ADA, and hopefully human nature, that people would help me and I would expect that."*

I also had a role to play in the course of advocacy and in representing people with disabilities.

*"I think it was being an advocate, an advocate for myself and an advocate for others. Once people knew that this was something that I was dealing with, they asked me a lot of questions. And I remember one friend that was working with Theatre de la Jeune Lune, and she said we have the chance to buy a new building, but there's no elevator. And I said well, you shouldn't buy it then. Everybody with a disability that wants to can't get to it. She was surprised by that answer and I think previously I would have said well, if that's the building you want, go ahead. So yeah, I was thinking more along the lines of advocating for myself and other people with disabilities. I became a resource. People would ask me a lot of questions about what should they do for people with disabilities or even ones that weren't mine."*

## **My own disability identity when seen through an intercultural development lens**

Upon analysis of the data, the theme of my own disability identity when seen through an intercultural lens emerged. Several sub-themes arose, including using models for adaptation, seeing disability as a new culture, and finding coping skills to deal with cultural differences.

### ***Models for adaptation***

For people with acquired disabilities, the traditional model for adapting to life with a disability has been Kubler-Ross's five stages of grief: denial, anger, bargaining, depression, and acceptance. This model has helped thousands of people, but lacks the intercultural component of adjusting to a new culture, which is what a person with an acquired disability needs to do. When compared to the Bennett Model of Intercultural Sensitivity, though, it is just not broad enough to truly encompass the experience of entering the disability culture.

*"I think that the stages of grief are – I don't want to say ethnocentric, but it might be.*

*They are five stages that people go through personally and mentally in dealing with a*

*loss. And for me, thinking about the stages of grief after I acquired my disabilities, I thought yes, I went through that. And so that was a helpful model to me, but when I thought about applying the transformative experience of my disabilities to the Bennett model of intercultural sensitivity, that seemed to make more sense to me because it was more a way of being in the world and dealing with other people. Where to me, the five stages of grief were more inside myself and interpersonal, which indeed you go through when you're dealing with adapting to a disability. But it seemed that the Bennett model somehow allowed you or let you think about how you're adapting to this disability, but also how you're adapting to being in the world. So yeah, I think it's a broader view."*

*"I think the stages of grief are things that you go through in your mind and how you cope with a loss. And I think if you apply the Bennett model to disability, it talks about what you go through in your mind, but it also talks about how you can interact with the world. How you acculturate yourself as a disabled person to being in an abled world, because you're in a new culture now. I don't think that the five stages of grief even thinks that you're in a new culture."*

When I discovered the Bennett model of intercultural sensitivity, a light bulb went on. Here was a developmental model that far surpassed the five stages of grief, to take into account the fact that you are now acting interculturally, that is, you are attempting to adapt to a new world. I think that the model is critical not only for sojourns abroad, but also for people with acquired disabilities.

*"I think that in the disability world if you only did the five stages of grief, you'd be doing yourself a great disservice. I think that if you worked through your disability in terms of the Bennett model, and you didn't even think about the five stages of grief, you'd be just fine."*

*"I think that mostly Bennett has the five stages built in. It's just that Bennett is so much broader. Like for the denial of your loss, anger about how your body is different now, bargaining with god or yourself about changes you want, depression about the fact that your disability will probably never go away, and acceptance of your disability."*

### ***Disability as a new culture***

I have long thought that acquiring a disability is the same as entering a new culture, the culture of disability. You will never be able to go back to the abled culture since you are now changed and in a new culture.

*"When people have an acquired disability they are forced into another culture, that of the disabled world."*



*“As we grow and as we learn, everything that’s happened to us in the past we apply every day in our life, in our own world view. And so building on my international sojourns and building on my intercultural development during those sojourns and after those sojourns and building on my intercultural and interpersonal development for my disabilities. That is my changed world view.”*

I can also think of the contrasts in my own identity prior to intercultural acceptance and after I’d realized that disability was part of my identity.

*“Pre-acceptance, I guess, is the word that we’ll use. Pre acceptance, my identity was of a healthy, active, internationally oriented intercultural young woman and that was a really a focus of mine. It was more of the international activities and intercultural things and friends from all over.”*

*“And then afterwards, my identity sort of shifted, still an internationally aware, interculturally focused woman, but for me the disability moved up in front of all of those things because it impacts every minute of my life. And once I realized that, then it was easier to take that into account and deal with it. And if we think about Paige's intensity factors of visibility and invisibility, I would say the pre acceptance was more of an invisibility thing and post-acceptance was more of a visibility thing. It was definitely part of my identity and it was out there.”*

Applying the Bennett Model of Intercultural Sensitivity to my own disability adjustment is an excellent exercise for tracking my intercultural adjustment.

*“This model, to me, fits it perfectly and I've experienced it twice with both of my disabilities. Okay, so all of a sudden you are disabled just like you would be in a new culture. Here you are in a new culture, but you still go through the first three ethnocentric stages. You're still in huge denial that your body has changed so much and that you have all these different ways of being in the world, and then you move into defense, of course. And then you move into minimization and everybody's the same. We're all the same under our skin and under our abilities. And then once you begin to get comfortable with your disability, be it two years or fifteen years, then you start to move through those ethnorelative stages and you think okay, I can handle this and then you adapt to it and then all of a sudden you're integrated.”*

*“And so you recognize the value of your previous abled culture and you recognize the value of your disabled culture that you're living in now, and you just somehow integrate both of those so that you can move seamlessly in your life. And also, let others maybe not be so discomfited by your disability, which I think is a huge problem.*

*“When people see disabilities, they don't want to deal with them. They're scared that they may happen to them or they are uncomfortable with difference. And so, so many times I was asked when I was on crutches with a cast on, oh a skiing accident? And so I*

*had a million different replies and, you know, towards the end, the last few years, I just said it's a permanent disability. And people were just so shocked that they didn't know what to do.*

*"And then you move into integration where you can come up with an answer that is okay for you and validating yourself, but maybe lets the other able-bodied person a little bit off the hook with their discomfort."*

*"So I definitely see both times that I had my disability that I totally went through the Bennett Model."*

With my first, mobility-related disability, I adjusted to it very slowly (over fifteen years) in terms of adjusting to being in a new, disabled culture with a new, disabled identity. Once I learned of the Bennett model and applied it to my experiences with my mobility-related disability, I could clearly see the progress through the model, from denial of difference (clearly seen in my refusing to see myself as disabled), to defense against difference (shying away from disability culture, trying to 'pass' as abled), to minimization (if I have a disability, I am still the same as everyone else), then crossing into ethno relativism - acceptance of difference (I have a disability and that is ok), to adaptation of difference (understanding both a disabled and abled world view), to finally integration of difference (in which I understood that I was both living

in the abled culture as well as being disabled, and seeking out other disabled people that were able to be cultural marginals as well).

*“Both my disabilities were acquired, and the first disability, my ankle disability, was such a complete and utter shock to my mind and body that that was such a transformative experience more than anything else I’ve ever experienced in my life. And so all of a sudden one day I was an able-bodied young person with this huge future, able to go anywhere in the world and career plans and then two minutes later I was a disabled person. I wasn’t sure if I was going to have my foot. I wasn’t sure if I was ever going to be able to walk again, in extreme pain. Seeing the world through pain-tinged eyes was a new experience for me. I’d never been in that kind of continuous pain before, chronic and never letting up since it happened. So for me, that experience showed that yes, here is another world, and you’re a part of it and you can never, ever go back.”*

Coping at any age to an acquired disability requires a mental toughness that is a learned skill. Thinking about it in terms of intercultural development can definitely facilitate understanding of your new world.

*“In terms of mental accommodations, I think that I really was a classic on Bennett's model because I was in denial for a really long time. The second month I was at college, I joined the girls IM basketball team for my dorm. Hello, I could hardly walk! What was I thinking? But I wanted to be normal and I wanted to be like everybody else on my*

*floor that was doing things. And so I think that I caused a lot more harm to myself than I had expected."*

Thinking about disability in terms of being in a different culture (that of the disabled) and adjusting interculturally is also important to understanding your world, and creating accommodations for yourself.

*"I think that once you go to a different culture, whether it's sojourn or disability, when you return to your home culture you're still a changed person. And I think that people with disabilities live in two different worlds that coincide with each other. They live in their world of disability and they're forced to live in a world of able-bodied people, a structural world. "*

*"And so maybe in my house where I live, I can get around really, really well. All of my friends and family know my disability and so it's pretty easy for me to be in the abled and the disabled world at the same time. However, if I need to get on an airplane and fly to Seattle, my disabled world seems more incongruous with the abled world. And I think that when you're talking about the Bennett Model, I think that fluidity is not mentioned at all. And I also think that you do have to cope with two different worlds."*

*"When you sojourn abroad, yeah, they're two different worlds, but you can kind of go back to that first world and it's only you that's changed."*

### *Coping skills for cultural difference*

Looking at these coping skills in terms of Paige's Intensity Factors (Paige, 1993) can help to view the experience as one that can be gotten through. One of these Intensity Factors for me was cultural differences.

*"...cultural differences, which I think for disability was huge. I mean all of a sudden, I was in an entirely different culture and I would never be able to leave that culture. Ethnocentrism - I think that was definitely valid because nobody thinks that they're going to be a disabled person, you know."*

*"I think that I was ethnocentric based on my own culture, my own previous culture, the culture of being abled. I did not want to be part of this new culture. It was foreign to me. It was uncomfortable. It was strange. I didn't want to be lumped in with people in wheelchairs. I was trying so hard to walk even though it hurt so much. So I definitely had ethnocentrism for my former, or home or original culture. That was what I wanted to be. I wanted to go back to it. I didn't want my new culture."*

However, once I got Chronic Fatigue Syndrome, it was like I was new to intercultural adjustment all over again. I had to go through Bennett's stages again, this time for my new disability. Because it was such a different

experience than my first acquired disability, I was unprepared for adjusting to life with this disability.

*"...it was like going through culture shock all over again. My world got very very small."*

*"I went through almost all of the stages of Bennett; from denial that I had it in the beginning when I was still working, to anger. I think the two years I was in bed, I was really angry at the disease and angry that my life had changed so much. Then I got defensive about it. Like, well, ok, this is it. But I don't think that I moved into the positive side of the Bennett model until I had Lillie and until my health physically got better a little bit. I often wonder if I hadn't had Lillie or have a way to physiologically change the course of this disease, if I would still be in denial or minimization."*

Once I realized that this new disability, CFIDS, was going to be with me for life, and adjusted to having it by coping with the daily pain and changes in my life, I could gain a mental space to think about it. Once I thought about the permanence of this new disability in my life, I could also think about moving through the stages of intercultural adjustment in regards to it, and process thoughts about my different disabilities and how I adapted to them.

*“I had thought that I’d adapted to my ankle disability and was doing well with it. Obviously I hadn’t been doing that well. And finally I moved on my intercultural development scale regarding disability, and realized that there was a scale that I could move along interculturally and grow and work through realizing that I had these disabilities and that would always be a part of my life. Just as when you go overseas, that is now always a part of your life.”*

Still, adjusting to life with Chronic Fatigue Syndrome was much more difficult than adjusting to a mobility-related disability. I never knew what my body was capable of – it can change by the second. Great pain, extreme neurological difficulties, and a culture that didn’t understand any of it posed difficulties, as well.

*“I still learned the value of being in a different place, and I recognized the value of being in a different place. And maybe my new world to adapt to wasn’t Japan or London or Europe. My new world to adapt to was a very constricted life and I did go through the stages of intercultural development and adapting to CFIDS, but at least I knew it. I KNEW that here were these stages and that I was working with them, and in fact, it made it a lot easier. There was hope. There was light at the end of that tunnel.”*



As with any disability where there is pain and dysfunction, some times are better than others. When I am in my own space where I've made accommodations, life can be easier than when I am travelling or in another milieu where I can't accommodate myself. Still, I think that my intercultural adjustment to my second acquired disability was a great deal shorter and easier than to my first, given both my experience with adjustment to living with a disability and my experience in interculturally progressing along the Bennett model of intercultural sensitivity in both my sojourns abroad and with my acquired disabilities.

### **Using my experiences and wanting to help others**

Within the broader theme of using my experiences and wanting to help others, several sub-themes emerged upon analysis of the interviews. These included a strong desire to help others going through intercultural experiences, using intercultural models, and the re-entry experience.

### *Helping others going through intercultural experiences*

One outcome of my own intercultural experiences – sojourns abroad or adjusting to life with disabilities – is that I have wanted to share these tools with other people going through their own intercultural adjustments. It started when I was younger, after I returned from Japan and spoke as an ambassador for the exchange program I had been on. Once I went overseas again for a longer period of time and had time to go through culture shock, it became even more important to share coping skills, models, and space and time for people to share their stories and experiences. I worked at Michigan State University’s study abroad office, and created a peer advisor program with study abroad returnees.

*“Finally, here was my dream job. I got to help people go overseas and work with people that had come back, and talk with them about culture shock. I really felt like I was making a big impact in my work. I was really helping students and helping them grow interculturally.”*

*“I saw that I could help them facilitate adapting back to life here in the US and honor their experiences that they had overseas. That was really important to me...I really, really enjoyed it.”*

*“That was important to me that I create a framework for people to help adjust back because I did not have that own framework for myself.”*

After living and working abroad again, I decided to pursue a terminal degree in international education so that I could best help students in the field of study abroad.

This was very important to me, so that I could have the tools and the resources to really change the way that students are prepared for study abroad and are treated when they returned home. I hoped to make an impact on the field, and had worked within my local NAFSA on these same issues. Possessing only a Master’s degree was obviously a deterrent to the sort of positions for which I could enact change.

*“I saw that to make an impact in the field of study abroad, I should really go for another degree, so that I could do the best that I could in helping students.”*

*“Students needed more help going through the intercultural experiences while they were there, and definitely needed a framework when they got back.”*

In my personal life, I married a man who had been overseas, and have a child who is relatively well-traveled within the United States. We are home schooling Lillie, and I teach her many things about different cultures. She has pen pals overseas, and we often talk and learn about different cultures and ways of life. We plan on traveling abroad as I am able.

*"You're so happy to see how other people live and to see other cultures, and I even like going through the uncomfortable parts of culture shock where you think that it's weird and you challenge your thinking and then you learn about cultural relativism...I can't wait to show Lillie because the world's a lot bigger than where we're living right now."*

### ***Using models for intercultural adjustment***

When I think about using models for intercultural adjustment for people with acquired disabilities, I am very excited. The implications of this are extraordinary. Giving people with acquired disabilities tools to adjust, interculturally, is a gift beyond price.

*“It was very difficult and that [2<sup>nd</sup>] disability took several years for me to acculturate to, but it went quicker than the other one, I think, because I had the experience and knew that it needed to happen. This disability forced me to slow down so much and so much time in bed or laying down and reflecting about things that I became a much more introspective person and thought a lot more about situations or things or people.”*

*“For coping with disabilities, I’d really like to find a way to teach the developmental model of intercultural sensitivity to people with disabilities and maybe not when they’re newly disabled – you know, people who acquire disabilities, it’s too hard. You’re going to physical therapy and you’re coming to terms with your new body but maybe a couple of months down the road or over the years as they adapt to their new physical selves (or new physical and mental selves), I think it’s really important to give them this. I think this is a tool that they can use to get out of being disabled to move towards being differently abled.”*

*“I think that Paige’s intensity factors can apply to the disability world. If you all of a sudden have a loss of power – it is really important to know that there are tools that can help people adjust interculturally. I think it’s important to let people with newly acquired disabilities know that they are in a new culture now. They will never go back. And here are some tools to help them with their intercultural development.”*

Learning to live with disabilities – to adjust to being differently abled – can take a lifetime.

One of the most important things for processing such transformative experiences is the level of validation that you get after your return. This can be a comprehensive and formal validation in the form of returnee programs for study abroad. But for people with acquired disabilities, there doesn't seem to be any sort of validation process – once you leave the hospital or rehabilitation facility, you're on your own.

*“For people with disabilities, there's not a lot of validation there.”*

Tools to help people adjust mentally through acquiring, living with, and living well with a disability are critically needed.

*“I think that this could change so many people's lives – these tools already exist.”*

*“How long did it take me after my ankle disability to realize that I was disabled – ten years? I think that it takes people a really long, long time to acknowledge that.”*

*“Viewing becoming disabled as entering a new culture. For me that was a very powerful tool that helped me adapt and it wasn’t even the culture of mobility disability, or the culture of a neurological immune disability. It was just the culture of being disabled. Not a community – here I was in this new land and I would never go back to my old land.”*

*“I think that if we can help people to think about it that way and then say here are these tools that you can use to adapt – here’s new ways to think about it...all of a sudden, it makes a new culture not seem so horrible and so barren, and so lonely and so far apart from the abled culture.”*

### ***The re-entry experience***

This can be thought of as being similar to the study abroad re-entry process in that you are returning to your home culture (that of the abled culture) as a changed (disabled) person.

*“I think for some, the re-entry experience would be when you leave the hospital or you leave rehab and you're now navigating the world in a different physical way. That could be a re-entry experience. For others, like my chronic fatigue syndrome, I think the*

*re-entry experience was after two years of being mostly in bed. Somehow the disability took a slightly different turn and it wasn't like that anymore. So I had to learn to navigate the world in a different way, coming from being in bed for two years."*

*"And so the re-entry for disability would be when you physically and mentally enter the able-bodied world again and are ready to navigate it and I think that's a re-entry point."*

The re-entry process for people with disabilities, i.e. re-entering the abled culture as a changed (disabled) person would be very different from returning from a sojourn abroad. Figuring out a process for helping people re-enter their home (abled) culture would be an exciting development in disability acculturation and rehabilitation psychology. Negotiating a new identity and living in both your new and old cultures is difficult enough without structural and societal barriers. Assisting people with acquired disabilities in re-entry could really change their disability experience.

*"...totally different. When I came back from my sojourns abroad, I was excited. I had something new to share that was vitally important to my energy and happiness. I had experiences that were so new and wondrous to me that I couldn't wait to share them with people and find other people that had new experiences. And in college it was easy to find people like that, that had been overseas or had grown up overseas or had had*



*these kinds of sojourns. And so the peer group was definitely easier to find. The reentry was much easier. There were a lot more human and academic resources to lean on."*

*"When you do re-entry through a disability, you might be in great pain. You're trying to figure out how to navigate a world that's a lot more difficult now. You have nothing happy or good to report about your new culture. It seems like it's all discouraging and difficult and painful. And so you're coming from a place of coping instead of a place of great excitement and happy new experiences."*

*"I would have liked [someone] to have validated my experiences. I would have liked a re-entry session, like when the students get back. I would have liked to have heard, yes, I hear what you've gone through. Yes, it was life changing. What do you think are ways to facilitate getting back into this culture? So really, re-entry assistance for people with disabilities could almost be based on re-entry workshops for students studying abroad when they come back. I mean, the same topics could be covered."*

*"It would be awesome and life changing for people. Instead of having a fifteen-year learning span, it could have been so much shorter."*

*"...because disability is so not able to be seen as positive until many years later. And so if there was any way to bring positivity and validation earlier, that would be priceless."*

## **Creative Self-Expression: A Visual Ethnography**

One of the ways that I have worked through my adjustment to acquired disabilities is through creative self-expression, in the form of visual ethnography. These original essays were accompanied by one or more photos that I took to provide myself and others with a visual representation of the feelings and experiences I was having. In this section, I present the six of those photo-essays, including the original photos and ideas, and then discuss each one in more detail and what they meant to me. All of my photo essays have been published on [www.gather.com](http://www.gather.com) and can be seen there.

### **Photo Essay #1 – CFIDS**

This photo essay was written in January, 2006. In this particular essay, I was trying to make meaning of the impact of this disease on my life. It was written after the holiday season, which for me is difficult in that I am overextended with family, events, and not much time to rest. It was an exploration about the lived negatives of CFIDS and the positives that I could acknowledge. I had just begun writing on gather.com the month before, and felt that writing could be a very powerful avenue for exploration for me.

## **CFIDS**

destroyer of dreams

endless rhythm of pain

stealer of lives

crippler of health

slower of time

transformer of DNA

demolisher of brain cells

creator of misunderstanding

twister of relationships

annihilator of identity

depleter of energy

thief of hope

and after years of living with this disease,

I AM:

establishing new dreams

living with pain

managing my energy

reconstructing my identity

joyful at the slowness of time

adjusting to poor health

cognizant of neurological damage and changes to my DNA

educating against misunderstanding

striving for deeper, fuller relationships

finding meaning in the things that matter

reclaiming my life



### *Commentary*

This photo essay arose out of my cognizance of CFIDS and the role it has played in my life. In the first few years of having this disease, I struggled mightily with the great changes forced on me by disability. After years of living with it, however, I have come to realize that there are benefits in this sort of change, a silver lining of sorts. In this photo essay, I strove with words and images to show the beauty of slowing down, recognizing limitations, and reclaiming my life. Putting these thoughts into words showed me how much I had progressed, in my intercultural adaptation of living with CFIDS.

### Photo Essay #2: **hope**

This essay was written in October, 2006. A friend of mine on gather.com was going through cancer treatments and it was very painful for him. Somehow, his description of the pain he was going through resonated with me. I wrote and illustrated this to show him that he wasn't alone.

### *hope*

no pain meds, they say. whether from bodily intolerance, or doctoral ignorance, the result is the same.

seconds feel like hours. minutes feel like years. time crawls like a near-death snail. you envy him his pace.

the white lights of the hospital seem to exacerbate the feelings, intensifying the pain and pinpointing the center of your radius...from which the pain expands like light waves, traveling in all directions.

no one can understand the overwhelming sense of your entire body, your entire SELF, being held hostage by this pain. pain - a tiny word for something with such a devastating impact. your self is subsumed by the pain, consumed by it, set afire by its tendrils. the flames of pain lick at your soul, indeed.

as with grief, the only thing that gets you through it is time. your body heals, miraculously, despite having roadblocks thrown up at every nerve and neuron. healing sneaks its way amidst these great barriers, slowly and conscientiously.

then a day comes where you realize that you haven't had such debilitating pain for a few minutes. this is enough to give you hope, to give you a slight breather before it comes back. these times become more frequent.

and slowly, you ease back into the world of the living, with the pain just a dark shadow

on your soul, staining it a dark reddish-black hue...just enough to remind you, lest you forget.



### *Commentary*

I think that one of the most important things when adjusting to disabilities is hope. Hope that you will be able to live in the world again, hope that you can get through the pain, and hope that you can find some semblance of yourself again. This essay was important to me in that it showed me that although I have not forgotten the difficult parts of the past, I have moved through adjusting to my disability, moved through pain, into a new space where I can think about the past with the reassurance that I am in a different place now.

### Photo Essay #3: **seeing the sunset**

This was written in February, 2006, when I was very excited to be publishing my photo essays on gather.com, and even more excited at the feedback I was getting. No longer

were my photos and thoughts just for myself. I found that in the sharing of these with others, I could help myself by sharing what I'd learned in my struggles with disabilities.

### **seeing the sunset**

at the end of the day, I think that most people are frazzled, tired, still making to-do lists (for that day, or the next). maybe they are tired, and dozing in front of the TV, or trying to catch up on their work (or gather!) on the computer. at the end of the day, a bone-deep tiredness sets in, despite the things you still have to do before sleep. there is no rest, no time or space to just BE.

i used to be like this. with the advent of getting cfids (a neuro-immune disease), i was forced to slow down. i was mostly bed-ridden for two years. i probably won't ever be well enough to have a job/career again, unless they find a cure. all that work for naught. it was a long road, coming to acceptance of this. nothing is easy. every thing is hard-earned, and acceptance is one of those hard-earned badges of the soul, that no one really understands, or gets the worth of.

one of the things that has led to my acceptance of this unasked-for life-change has been the benefits of slowing down, of noticing, of being in the moment.

of seeing the sunset.





i don't mean just glancing at the gorgeous sky, and then getting back to the business at hand.



i mean, sitting there, because you don't have the energy to move, and Really Looking at the sky.



absorbing the colors into your soul.



noticing the shades of the waves, of the trees, of the grasses.



following the shifting clouds with your eyes.



to listen to the quieting of nature, as birds slow down, fish jump for dinner and then rest, and the peepers come out to serenade us into dusk.

forced to just BE, i am grateful for it. my eyes are apt to see the beauty in the smallest things, and i have the time and lack of energy and forward motion to actually see things as they are, and perhaps as meant to be seen.



details often overlooked arise to my view with alacrity - the bird's nest in the tree,  
silhouetted by the sunset. the raft, throwing eddying ripples into the lake.



the ebb and flow of the waves at lake michigan - the tiny bubbles, each indicative of a great maelstrom within.

yes, life is chaos. isn't it nice to be able to see the sunset?

### *Commentary*

This photo essay used photos from a time period of four years, and included some scanned film photos. Although I had gone digital in my photography, some of the



sunsets that I had seen had stuck with me, and I wanted to share them. As well, every time I look at these photos, I remember how still I sat, watching the sunsets. That is a quality of mine that I never would have had, before I got sick. I was always very busy, on the move. Learning to sit still and enjoy what is before you is definitely something that I learned through my struggles with adapting to my disabilities.

Photo Essay #4: **fields of asphodel**

I wrote this essay in August of 2006, at a time when I was struggling to come to terms with the extreme limitations of my disabilities.

**fields of asphodel**



sometimes,

in passages of

dense fog

excruciating pain

deadening fatigue

i feel as though i am

wandering amidst

fields of asphodel



looking back at

my (non-disabled) life,

searching for sunshine

grieving my losses

bound to purgatory



*Commentary*

This was written at a time when I was feeling very alone with all of my goals in life dismissed by CFIDS. It is very difficult to live with, and at the time, I felt like everything had been taken away from me. As a scholar of mythology, the concept of the

fields of asphodel, of meandering forever in the underworld, resonated with me. I, too, felt like I was a wandering shade of myself, stuck in some colorless purgatory. These photos were taken at Meijer Gardens, in Grand Rapids, Michigan. I chose to tint them black and white to illustrate my experiences at the time.

#### Photo Essay # 5: **pain in a sunset**

This essay was written to illustrate the photos I had just taken the day before. I felt that I had gotten so many lovely shots, and wanted to write about the joy in my life, and how I was truly happy in the moment, despite what life has thrown in my path.

#### **pain in a sunset**

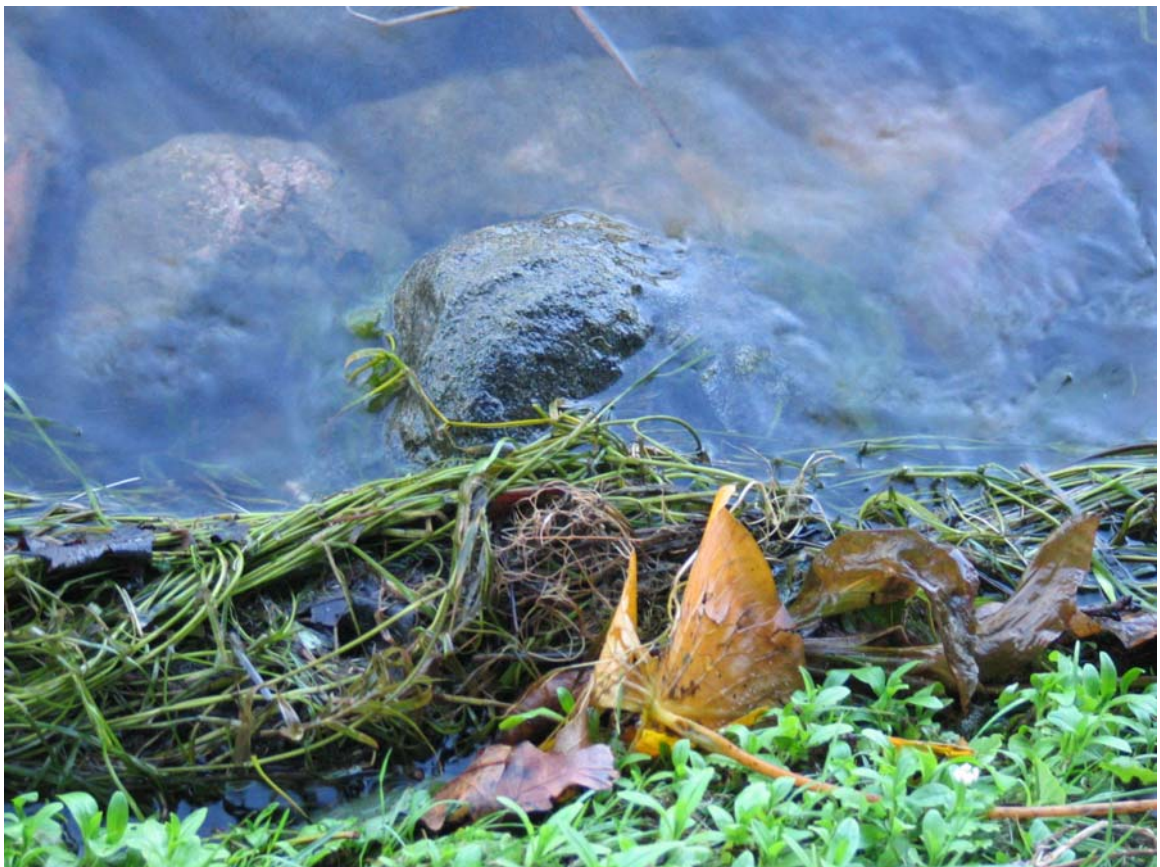
living with the particular disabilities that i have is an all-consuming business. pain takes over, occasionally - putting all my tricks of coping with it to shame. fatigue is a word that does NOT adequately describe my life, my days, my minutes. my neurological problems are exacerbated by keeping up with the energy of a four-year old. my bones complain of the humidity.

the list is endless.

monday's storm knocked out our power. life was suddenly a bit more difficult to cope with. i realized, when i was taking photos last night, that nature and my camera were

conspiring to make me see the beauty in living within my body. let me explain...

sometimes, like the detritus pushed ashore, my body feels like wrack and ruin. yet there is beauty and symmetry in this - and it is *STILL* in the water, still playing an important role in the ecology of the lake. whenever i feel the worst, i still realize my part in this family of mine, and pull myself through...even when i am tossed up on shore, feeling broken.



more often than not, joy lifts me up so that my spirit can dance.



when the pain is the worst, and it is consuming my very mind, i still find structure within, and realize that the pain will die down at times, and flare at others.



my disabilities are so encompassing that sometimes i need to step back and see the larger picture - the meaning of my life, and my pain, and my joys.





oh, what a tangled web we weave. sometimes i am amazed at the tracks my life has taken. i would not take back one choice i've made, for it has brought me to this place.



at times, certain things stand out for me. if i walk too much, my ankle will let me know. when it is about to rain, all my broken bones cry for attention. when i am in a crowd, my neurological system shuts down, to afford me peace. the body knows what it is doing, that is for sure. it is fragile, tenuous, and stronger than we realize.



what a journey our bodies take us on. from the miracle of having a child to the daily coping with pain and its travails. yet our body WILL get us there, on this journey.



just when you think you've got a bit of calm, in which to breathe, something comes along to cause ripples. doing too much, or making choices to assist others instead of yourself, or coping with challenges that arise...you will face calm again, once you've settled yourself.



and lastly, finding peace within yourself. yes, my life has changed immeasurably. when i first got ill, i never thought i could be peaceful and content with this life. but i settled in, accepted and adapted...and found brilliant colors, hidden depths, and joy within.



*Commentary*

In this photo essay, I felt so strongly that I had accommodated to my life, and been able to find joy, that I was ready to talk about my disabilities and share what I'd learned with others.

Photo Essay #6 – **in all seasons, finding joy in life**

While writing this dissertation, I realized that I have had so much joy in my life. By moving past the psychological trauma and adapting to living with disabilities, I have also grown and learned to enjoy the small things in life. This essay was published in September, 2008.

**in all seasons, finding joy in life**

despite what life throws at you, life is inherently good.





when you can learn to adjust to difficulties, disabilities, pain, and more, then large things seem smaller. and the previously smallest things? they take on an importance unforeseen, and can seem more joyful.







by noticing, taking time to breathe, we can revel in all that life has to offer.





in all seasons, the nuances of nature and life can delight, soothe, bring a smile.





by looking at the small things, closely, you can find honesty, life, joy, balance, and yes, love. by paying attention to the details, you can see the beauty in nature, life, and people. i have learned not to let problems cloud my path - i try to acknowledge those clouds, their unique beauty, and then push past to something else. something that makes life so much more magnificent.







### *Commentary*

I feel that in summarizing my journey so far, I can actually see the progress I've made in my intercultural adjustment to living with disabilities. When I look back at myself going through the stages of intercultural development, I can clearly see turning points, critical moments, and times of sliding back and forth between the stages. However, I hope that once I've learned about adjustment, I can use those tools to adapt to any new situation.

## Chapter 5

### Discussion

The purpose of this dissertation was to explore the thesis that cross-cultural adjustment models and theory can be highly useful in helping persons with acquired disabilities adjust to their new culture and selves. Bennett's (1993) Developmental Model of Intercultural Sensitivity was used to guide this exploration in terms of intercultural adjustment to both sojourns abroad and living with an acquired disability. Reading the Life History and the research findings from the interviews provided an opportunity to search for emergent themes regarding intercultural adjustment. As well, the inclusion of my visual ethnography allowed for another way of making meaning for myself.

The first part of this chapter will summarize the study's results, which will then inform the implications for persons with newly acquired disabilities and the professionals who help them. The value of the methodology, limitations, and recommendations will also be discussed.

### *Summary of Results*

The primary thesis guiding this research was that of intercultural adjustment and how it has played out in my own experiences, both in my sojourns abroad and with two different acquired disabilities. Within this framework of intercultural adjustment, six specific questions were asked regarding the nature of life in terms of both my sojourns and my disability experiences, the most meaningful experiences in my life, the application of theories or models of intercultural adjustment, and recommendations for utilizing said theories and concepts for those going through intercultural adjustment, either through sojourns abroad or in adapting to acquired disabilities.

After reviewing the life history and interviews for emergent themes, six primary themes were identified. These emergent themes are: the nature of my life regarding sojourns abroad, the nature of my life regarding disabilities, intercultural development, disability identity, adaptation to my disabilities seen through the intercultural adjustment lens, and my desire to help others in the same situations.



I use the Bennett Developmental Model of Intercultural Sensitivity, as well as Paige's Intensity Factors, in thinking about the nature of intercultural adjustment for several important aspects of my life. By using these frameworks, I can clearly see through the interviews that having a theory and models of intercultural adaptation helped me adjust to my new situations and cultures much more easily.

The results of this research are intended to show the effectiveness of using intercultural adjustment theory to adjust to living with a new culture, be it a global culture or the culture of disability. Findings suggest that having a model for intercultural adjustment can clearly help the person adjust to a new situation or process what has happened during previous intercultural experiences. Implications and suggestions for additional research in the fields of international education and disability studies will be discussed next.

Here are my specific recommendations for future studies. First, I recommend conducting a study with a larger subject pool to provide a much clearer picture of intercultural adjustment and acquired disabilities. While the population of people who have experienced both sojourns abroad and acquired disabilities is small, extrapolating the inferences drawn can make a difference in the lives of

many people. This would also provide additional testing of the model in this particular subject area and validate the stages.

Second, the use of life histories is important to understanding both cultural and personal aspects of adjustment. By incorporating life histories or autoethnographies into research about people with acquired disabilities, researchers can delve more deeply into one aspect of the human experience that is rarely studied and explored. Giving voice to an under-represented group can only enhance the fields of intercultural learning, disability studies, and rehabilitation psychology.

Third, the results of this research point to the great need for discussion and exploration of disability issues in our culture. By demystifying disability, there can be greater discussion around adjustment to acquired disabilities, as well as to the cultural and societal structures that guide popular beliefs of disability.

#### *Implications for Professional Practice*

The implications of the success of using the intercultural adjustment paradigm to those with acquired disabilities are both broad and exciting. When one

acquires a disability, it is often through a traumatic event. The person is immediately changed and left to cope with both the physical changes to their body, as well as the mental changes to being a disabled person in a world that is not made for people with disabilities. Having a framework to process these great sea changes in one's life is an extraordinary tool that can change the human face of disability adjustment and rehabilitation. By thinking of adjusting to life with a disability as that of adjusting to a new culture (in which one will have stages of development and adjustment), the whole process becomes easier to mentally manage. When one is in the hospital undergoing physical therapy and coping with pain and a changed body and identity, this information might not be of the greatest importance.

I suggest that the time has come to design actual educational programs that introduce people with acquired disabilities to the Bennett Developmental Model of Intercultural Sensitivity. This could take the form of personal coaching, seminars for medical professionals that are in daily contact with newly disabled people, or directly teaching people with acquired disabilities, either in groups or personally. The impact of this education could be far-reaching, as well as quite personal. Each person with acquired disabilities is struggling to make sense of their new world, their new culture. Any

educational assistance on intercultural adaptation could only serve to ease their growing pains.

Another arena of application is physical therapy. In my own experience with physical therapists, the tendency was to focus almost exclusively on the physical body, and very little attention was given to the actual experience of acquiring a disability. In my view, physical therapists could benefit from having a better understanding of the developmental process experienced by persons with newly acquired disabilities that I have described in this dissertation.

This is similar to study abroad predeparture orientations where culture shock is discussed in great length; yet while the students are abroad, they are surprised to find that culture shock exists. Upon their return to their home culture as changed people, students are more interested in learning about culture shock and mentally processing what happened to them. Likewise, the first few months (or years) of adapting to an acquired disability might not be the ideal time to broach the tools for intercultural adjustment. However, once the initial shock of acquiring a disability is over, the mind is ripe for tools to aid one's intercultural adjustment to the new disability culture.

These research findings can contribute to the fields and literature of disability studies as well as rehabilitation psychology by providing a framework for developing a greater understanding of intercultural adjustment gone through by persons with acquired disabilities.

Secondly, these findings can better inform persons with disabilities as they adjust to their new culture of disability. Using tools to assist in their intercultural adjustment can only serve to make the adjustment go more smoothly and provide a framework for the future – providing hope, as it were, that adjustment to living with a disability will smooth out and become positive. These intercultural adjustment models can be utilized across disciplines, cultures, and genres. Rehabilitation professionals should acknowledge the models and provide learning about them to their newly disabled clients.

### *Methodology*

The value of using a single case, autoethnographic methodology is considerable. It allows for diversity in the methodological palette by incorporating life history, interviews, textual analysis, and visual ethnography. This can provide deep insights to a life, experiences, and a new culture. By

delving deeply into one person's experience, the researcher can truly explore an issue (here, intercultural adjustment to sojourns abroad and acquired disabilities). This follows the phenomenological ideal of the body being a subject as well as an object, and of giving meaning to experience.

By using my own lived experiences (life history, interviews, and visual ethnography) to explore disability and intercultural adjustment, I was able to focus on discovery, insight, and create understanding around these topics. This can be useful to others in a plethora of ways: as a representation of a single case study or autoethnography, as a means of combining visual, oral, and written ethnography, and as a means to provide a voice to an oft-ignored section of society. This approach allowed me to embrace and illuminate the complex phenomena of intercultural adjustment.

In retrospect, by looking at the themes, data, life history, and visual ethnography, I can see connections as to how much this process of intercultural adjustment has been a part of my life story.

### *Limitations of the study*

While this study provides a base and some insights regarding the use of intercultural adjustment models for persons with acquired disabilities, there are limitations. Here, I will discuss these limitations.

Although the study was the first of its kind on this topic and therefore exploratory in nature, having only a single subject for this research – myself – was limiting in providing a broader scope of responses and validating the data. Conducting qualitative research is limiting if the goal is to extrapolate the results to an entire population. Qualitative research is more suited for exploring issues in detail. The very field of disability studies is new and emerging, and thus does not have a broad background. Hence, exploratory research is very useful at this point in the history of knowledge on which to expand the field.

There has been some criticism of life history reporting; namely, that when people recall their lives, there can be “poor recall, [and] intentional or unintentional distortion...” (Sundberg, 2001). When trying to remember the past, there will always be some memory loss or revisionist history based on where the person telling the story is now. Unfortunately, in writing a life history, this cannot be altered. I tried my best to recall my life in terms of

intercultural adjustment through sojourns abroad and acquired disabilities, but of course there will be missing pieces due to the nature of memory.

### *Implications for Further Research*

Implications for further research into this area, as well as suggestions for putting this thesis into practice, will be discussed here in terms of broader meanings for the field, as well as specific recommendations for people with disabilities and rehabilitation psychology professionals. The purpose of the study was to focus on discovery, insight, and creating understanding around this issue. Using a single case study was illuminative in illustrating the complex phenomena of intercultural adjustment for people with acquired disabilities.

This research was guided by the framework of intercultural adjustment, specifically using two models of intercultural adjustment – the Bennett Model of Intercultural Sensitivity and Paige’s Intensity Factors. Both of these models describe the essence of intercultural adjustment and specific factors that impact the process of intercultural adjustment. The research was conducted on myself in the areas of sojourns abroad and in adjusting to acquired disabilities. The thesis is that acquiring a disability is akin to entering a new culture, never to



truly go back to your old culture. Using intercultural adjustment models to analyze this generates knowledge that fills a gap in the disability, intercultural, and rehabilitation psychology literature in terms of coping with acquired disabilities in both systematic and meaningful ways. As well, using the intercultural adjustment paradigm in new ways expands how people think of culture as both interpersonal and intrapersonal, and also that disability can be defined as a culture, and that acquiring a disability can be thought of as an intercultural experience.

With respect to the Bennett Model, one of the issues of the developmental model is the possibility of moving back and forth on the continuum. I discovered that in adapting to my disabilities is that when I am in my own environment, where I've worked to accommodate my disabilities, life is easier. I am definitely in the integration stage of the model where things come easily and adapting seems natural (although this knowledge is hard-won). However, when I am traveling or in a different milieu, then it is quite easy to regress to a degree along the model and move to a different (previous) stage of intercultural adjustment, toward adaptation. Further research into fluidity of intercultural adjustment with respect to newly acquired disabilities can only serve to improve the model for educational and research purposes.

## *Conclusion*

The purpose of this dissertation was to explore the thesis that cross-cultural adjustment models and theory can be highly useful in helping persons with acquired disabilities adjust to their new culture and selves. With a single case study and the use of phenomenological methodology to delve into the nature of the experience, the impact of the intercultural adjustment models on people with acquired disabilities is shown to be great, both theoretically and practically.

This has been a journey of discovery. I learned the importance of intercultural adjustment models in both sojourns abroad and in adapting to acquired disabilities. Intellectual models can take on meaning in real life, and these models ended up having real and lasting value to me. Understanding this has given me an impetus to share what I've learned on my journey with people in similar situations. Acquiring a disability is, as I have said, a life-changing experience. Too often, this life-changing experience can be viewed as a lifetime of pain, misery, and accommodation. Altering this worldview and guiding people with acquired disabilities toward a more positive way of being in the world is a sea change in thinking about living with disabilities. For myself, it has made all the difference in the world.

## *Epilogue*

This journey of writing my dissertation has been an extraordinary experience. During my oral dissertation defense, I related to my committee that I had learned more about my adjustment to my acquired disabilities in the last six to eight months than I had in the last 20 years. The mental process of thinking and writing about my disabilities – viewed through an intercultural adjustment prism – was a deep, meaningful experience.

By facing the physical truth of my disabilities in writing my autoethnography, I was experiencing what Steffey, et al, (2000) discussed in their Reflection-Renewal-Growth Cycle Model. This model connects the thoughts and actions of reflection and renewal, and leads the learner towards personal growth. The very act of writing this dissertation – of reflecting and renewing my knowledge of self – has been stimulating and has provided growth to both self and spirit. In this, my disability life cycle, I chose growth, instead of despair or turning inwards. The therapeutic aspect of writing an autoethnography cannot be understated. In this situation, I feel that it brought more intercultural growth and development to my life than I had ever experienced.

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