

Invisible Disabilities in Higher Education

—A Cultural Comparison of Students' Experiences with Invisible Disabilities in Kuwait and Belgium

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Abstract

This study explores the lived experiences of students with invisible disabilities in the field of higher education under the framework of critical disability theory. It explores how students with invisible disabilities may face issues accessing higher education and issues of inclusion and support once in the field of higher education. Students with invisible disabilities tend to not be believed about their condition as it is not visible and are hence underrepresented in universities as well as having worse post-degree outcomes. This is indicative of a social justice issue. This paper looks from an international perspective, comparing the experiences of invisibly disabled students at universities in Kuwait and Belgium. Focusing on the cultural impacts of students' experiences with their hidden disabilities. It uses qualitative semi-structured interviews to ask students about their experiences at university, how their disability affects their academic performance, their relationships with staff and students, their coping strategies, and what interventions they believe are necessary to create a more inclusive and accessible environment for invisibly disabled students at higher education institutions. Their responses have been analyzed thematically and discussed in the context of social justice in higher education. This study finds that there are cultural differences in the experiences of university students with hidden disabilities, however, they do have shared experiences. It finds that students face common obstacles: taking longer to study, missing exams, and dropping courses. Their coping strategies include dropping courses, meditating, and discussing problems. The proposed solutions range from speaking with high school students, transparency in support available, and keeping university members accountable for their actions.

Keywords

Invisible/Hidden Disability, Ableism, Stigma, Higher Education, Critical

1. Introduction

The problem statement that will be focused on in this paper is “Students with invisible disabilities grapple with hidden challenges that are not considered in higher education and can thus hinder their academic performance.” A disability must therefore be understood and is defined as a mental or physical impairment that has a long-term effect on one’s ability to perform tasks regularly (Griffiths, 2020: p. 128). While there are several definitions for invisible disabilities, for this paper, I will be using the definition set by Davis (2005) as I believe this is an all-encompassing clarification of what invisible disabilities are. Therefore, invisible disabilities are mental or physical impairments which are not readily discernible (p. 153). These can include people who suffer from depression, anxiety, attention deficit hyperactivity disorder (ADHD), post-traumatic stress disorder (PTSD), chronic fatigue syndrome, chronic pain etc. (Davis, 2005: p. 153). People with these conditions may all appear “normal” to those they casually communicate with; however, the quality of their lives is no less affected than those with physically visible disabilities. Hence, the invisibility of a disability does not lessen the impact or make it less serious (Davis, 2005: p. 154). While those with invisible disabilities are not stigmatized as quickly or as easily as those with visible disabilities, they struggle to receive the proper assistance needed to function effectively (Davis, 2005: p. 154). Therefore, students with invisible disabilities may struggle to receive proper aid from higher education institutions compared to their visibly disabled peers. These students are usually stuck in a double bind where they either do not state their need for assistance and suffer the consequences of doing things that may not be safe to do on their own or they must endure the discomfort of having to prove their disability to interrogative strangers (Davis, 2005: p. 155).

To set the scene and create a wider context of how common invisible disabilities are, on a global scale 80% of people have invisible disabilities which can range from hearing and visual impairments to bipolar and post-traumatic disorders (Wagner, 2021). While a substantial number of people have invisible disabilities, many feel ashamed to disclose this and suffer in silence, feeling the need to work twice as hard to not be seen as lazy or incompetent (Wagner, 2021). For instance, in the US it is estimated that 10% of people have a medical condition believed to be an invisible disability (Disabled World, 2015). The most common cohort for invisible disabilities is university students, who mainly suffer from learning disabilities such as attention deficit hyperactivity disorder (ADHD) (Disabled World, 2015). ADHD is defined by one’s inattention, lack of concentration, difficulty remembering, and impulsivity (Columbus State Community College Disability Services, n.d.). This developmental activity can be linked to

academic underachievement (DuPaul, George, Schaughency, Weyandt, Tripp, Keinser, Ota, & Stanish, 2001: p. 370). While invisible disabilities encompass physical disabilities such as diabetes as explained by Davis (2005), many invisible disabilities are characterized by psychiatric and psychological disabilities which are exhibited as mental or emotional illnesses that can adversely affect one's performance and functioning (Carlton & Hertzfeld, n.d.). Therefore, it is vital to understand invisible disabilities are not uncommon, institutions must learn to be open-minded and provide aid and access in an unstigmatized manner (Wagner, 2021). It is also important to remember that the severity of a student's learning disability does not depend on a professor, or the institution's ability to see the disability (Carlton & Hertzfeld, n.d.).

To deeply explore the problem statement, this paper will seek to answer the research question; What are the situational obstacles students in Kuwait and Belgium with invisible disabilities face within higher education, and what are effective interventions and coping strategies to help improve education based on invisible disability care?

Understanding how invisibly disabled students cope with their conditions and what challenges they face in higher education is important due to the societal and scientific relevance of this topic. It serves as a teaching tool for those who are unaware of this topic. This is theoretically relevant and has an interdisciplinary lens, mainly sociological but also political. Through a societal lens, this paper focuses on invisibly disabled students' experiences in higher education. Looking at concepts such as access, where being an invisibly disabled student can hinder the ability to enter higher education. This paper will indicate that access that does not include support is not an opportunity (Engstrom & Tinto, 2008: p. 10). Concerning access, it will also focus on inclusion which is needed to create an opportunity that is regular for all students and does not exclude any (Collins, Azmat, & Rentschler, 2019: p. 1475).

This paper will explore the problem statement and research question by taking a qualitative approach as it seeks to attain valid and detailed data. As this is a unique topic of research with limited knowledge, it is important to have first-hand information from higher education students with invisible disabilities, who experience hidden challenges that are not addressed by universities, and thus are educational limitations set on them. Explaining, what interventions they believe are necessary inside the education system, which can give them an equal opportunity at academically achieving. As well as being able to provide clear and concise coping strategies they use to deal with the hardships that come alongside invisible disabilities and higher education. This will be done from an international perspective by comparing the experiences of invisibly disabled students from Kuwait representing Arab culture, and Belgium representing European culture. This will hence consider cultural differences concerning higher education and disability. Students will be given semi-structured interviews to ensure the comfort, trust, and validity of their responses. Therefore, the use of thematic analysis

is the most appropriate for this research to critically review codes and responses.

This paper will be structured as follows. First, it will provide a conceptual and theoretical framework in which the literature review will be structured. Second, it will review previous literature about invisible disabilities within the higher education system. Third, it will discuss methods used to answer the research question designed and the reasons behind this. Lastly, it will conclude by discussing the findings and the implications these findings may have in understanding how students with invisible disabilities are affected within the education system, their coping strategies, and what interventions can be taken to reduce these situational obstacles. As this is not a widely explored topic, especially in the field of higher education, the purpose of this paper is to shed light on the experiences of students with invisible disabilities on a university level and understand what can be done on an institutional level to improve their experiences.

2. Theoretical Framework

In the literature review five concepts which include: Cultural factors, Accessibility, Experience, Coping Strategies, and Interventions will be discussed concerning invisible disabilities and higher education. To understand what situational obstacles these students face and how they manage these obstacles, many theories will be discussed that cover this topic to some extent. However, the theory that exceptionally covers this topic, and this paper will be framed around is the critical disability theory. This will be delved into more prominently below.

Here, I will briefly address a list of theories which relate to disability and higher education and thus could be used in this paper. Ableism is a sociological theory in which prejudice is placed against those with disabilities seeing them as inferior and hence confining them to structural discrimination (Hofmann, Kasnitz, Mankoff, & Bennett, 2020: p. 1). The functional limitation model assumes that the biological factors of disability are central to students' sense of self, therefore seeing the disability as explaining all their problems, hence rendering disabled students in need of support (Jones, 1996: p. 347). Therefore, confining to this model keeps attention focused on the student's disability and not the environment which exacerbates conditions of one's disability (Jones, 1996: p. 347). Social inclusion can be understood as nested in schema regarding degrees of inclusion, firstly, the neoliberal view in which social inclusion pertains to access, secondly, the social justice view of social inclusion in which all people can participate and engage, and thirdly, through the human potential lens social inclusion is seen as success through empowerment (Gidley, Hampson, Wheeler, & Samuel, 2010: p. 131). Bourdieu's (1978) theory of capital in which economic, social, and cultural capital can play a key role in the health and success rates of invisibly disabled students. The stigmatising nature of society as explained by Goffman (1963) indicates how invisibly disabled students are forced to cope with the stereotypes placed on them. Furthermore, Foucault's theory of biopower and

biopolitics concerning invisibly disabled students where biopolitics focuses on medical normalization and biopower is related to one's rights, norms, and resistance (Kristensen, 2013: p. 12). However, it must be considered that Foucault refuses to engage in normative implications related to his theory, reframing ethics to overthrow normative presumptions of power (Hall, 2019). Additionally, Parsons' (1975) concept of the sick-role in which society's perception of invisibly disabled students as being incompetent members of society forces them to play a sick-role so able-bodied members of society can exempt them from conforming to a healthy body and minds role.

While all these theories are very prevalent concerning invisible disability and higher education and will be touched upon throughout this paper, I do not think that they carry enough depth solely. These individual theories focus on specific aspects of disability and are important, but do not provide the whole picture. Therefore, the main theory that I believe is representative of invisible disabilities and higher education and contributes to this paper most effectively is the critical disability theory. Critical disability theory is an interdisciplinary theory that analyses disability as a cultural, historical, relative, and social phenomenon (Hall, 2019). It is a framework which is used to analyse disability and challenge ableist assumptions by which societies are shaped (Hosking, 2008). Critical disability theory derives from Max Horkheimer's critical social theory, which offers various approaches to social inquiry (Hosking, 2008). Horkheimer thus produced critical social theory to confront and address the social problems of society (Kellner, 1990: p. 19).

Critical disability theory evolved as a new discipline because the topic of disability became raised as a human rights issue within global public discourse, and so critical disability theory focused on this contemporary movement and thus continues to be relevant to this paper as it pays attention to disabled people's vocal demands for relevant and disability legitimate curricula within education (Meekosha & Shuttleworth, 2009: p. 48). It re-evaluated paradigms used to explain lived disability experiences and focuses on potential ways forward for social, political, and economic change (Meekosha & Shuttleworth, 2009: p. 48).

Critical disability theory draws from the social model of disability which argues that there needs to be a conceptual distinction between impairment as a functional limitation, and disability as a socially generated system of discrimination (Meekosha & Shuttleworth, 2009: p. 50). Critical disability theory expands on this seeing discrimination via power relations and stigmatization as well as how ableism plays a key role in this conceptual distinction, it, therefore, draws from the interrelations between the capitalist system of reproduction, class, and disability, arguing for an emancipatory perspective within disability studies (Meekosha & Shuttleworth, 2009: p. 50). While critical disability theory is not Marxist, it retains a Marxist stance, preserving the stance that disability is in essential terms a socio-economic issue, but it also tries to develop and address relational aspects of disability due to marginalization born from social practices

between disabled and able-bodied people because it is not an essentialist nor dichotomous model (Flynn, 2017: p. 149). Critical disability theory thus examines power and privilege concerning which groups get valued and which get marginalized (McGowan, 2014: p. 39). Able-bodied members of society will aggressively protect their power and privilege when they feel threatened, whereas those who are disabled are reduced to a sense of powerlessness, yet when a request to adapt the environment to create equal opportunities, this is treated by able-bodied individuals as an unfair advantage (McGowan, 2014: p. 40).

Critical disability theory further adopts from aspects of the social model, seeing disability as a social construct not the inevitable consequence of impairment (Hosking, 2008: p. 6). It sees disability as a complicated relationship between the impairment, social environment, and the individual's response to the impairment (Hosking, 2008: p. 6). Therefore, seeing disability as a socially disadvantaged concept because of the physical, institutional, and attitudinal environment which does not meet the needs of disabled people as they do not match society's expectation of "normalcy" (Hosking, 2008: p. 6). While it does take from the social model, it also takes from the medical model, which sees the disadvantage experienced by disabled people being their medical condition, it believes that it needs to find the middle ground between both models (Hosking, 2008: p. 7). Therefore, it takes a complete account of disability which incorporates contributions of impairment, personal responses to impairment, and barriers imposed by the social environment to the concept of disability (Hosking, 2008: p. 7). Critical disability theory thus sees any systematic response to invisible disabilities as incapable of protecting their rights to be fully functioning members of their communities (Hosking, 2008: p. 11).

As a methodological theory, it scrutinizes not the physical or mental bodily impairments but the social norms that define impairments, as well as the social conditions that stigmatize attributes of disabilities in specific populations (Hall, 2019). This theory also engages with power and powerlessness with some theorists seeing disability as products of power relations, where those with disabilities are excluded and are at the bottom of hierarchies in discourses and institutions (Hall, 2019). Critical disability theory exposes the contingency of ideas, pointing out false consciousness and targeting ideologies made about people with disabilities (Hall, 2019). This critical theory is interested in the historical relations and production of alienation it challenges cultural discursive institutions which underpin practices of exclusion and misrepresentation, and hence provides a greater understanding of this informed challenge (Hall, 2019). Therefore, critical disability theory challenges traditional disability theories pointing out their limitations and how they can exclude and frame those with non-visible disabilities (Hall, 2019). This theory ultimately focuses on forces of ableism which circulate in neutralized and invisible ways and uphold society's notions of normalcy (Lawyer, 2017: p. 403). It emphasizes the social construction of ability, recognizing the material and psychological impacts made by being labelled as disabled

and how these views are set by cultural norms (Lawyer, 2017: p. 403). It considers legal and historical aspects of disability that have been used to deny citizens their rights (Lawyer, 2017: p. 403). It also provides privileges to those of marginalized populations such as those with hidden disabilities, who are traditionally not acknowledged within research (Lawyer, 2017: p. 403). Critical disability theory, therefore, requires activism and supports all forms of resistance which empower those who are marginalized like those with invisible disabilities (Lawyer, 2017: p. 403).

While critical disability theory is an encompassing theory concerning disability and higher education for this paper to be framed, its limitations must be addressed. It is a relatively new theory, which Meekosha and Shuttleworth (2009) argue can be a radical paradigm shift or the maturing of disability studies (p. 48). Some disability theorists argue that critical disability theory lacks the foundation to do necessary political work and does not examine how things should be for disabled people (as cited in Hall, 2019). However, critical theorists argue that they view their work as that of normative political work and in the absence of laws and guiding rules view it as their responsibility to create a response to the issues at hand that disabled people face (Hall, 2019).

Using critical disability theory as a lens to approach this paper is important as it addresses the intricacies corresponding with disability and equality (McGowan, 2014: p. 16). It criticizes the erasure of bodies of colour in that disability studies mainly consider the global North while ignoring experiences of the global South (Meekosha & Shuttleworth, 2009: p. 48). Critical disability theory believes that theories about human rights and equality give the vital foundation needed to understand the connections between existing legal, economic, political, and social rationales for the total inclusion of all individuals with disabilities. It addresses the systematic barriers and oppression that continue to define and construct those with disabilities as inherently unequal (McGowan, 2014: p. 16).

3. Literature Review

First, to explore the research question “What are the situational obstacles students in Kuwait and Belgium with invisible disabilities face within higher education, and what are effective interventions and coping strategies to help improve education based invisible disability care?” It is important to situate and acknowledge existing research on this topic and contribute to a better understanding through the case studies provided. The literature will be reviewed via a critical disability lens, which considers disability as a cultural, historical, relative, and social phenomenon (Hall, 2019). The first subsection of this literature review will situate cultural implications on invisible disabilities, understanding how Arab and European socio-cultural norms affect the lived experiences of those with hidden disabilities. The second subsection will unravel how access to and within higher education affects the inclusion of those with hidden disabili-

ties. The third subsection will explore the experiences of those with hidden disabilities at university concerning staff and colleagues. The fourth subsection will unveil coping strategies used by students with invisible disabilities to manage the hidden challenges they experience. Lastly, the fifth subsection will unveil suggested support systems and resources made to improve the situational experiences of students with hidden disabilities at university.

3.1. Cultural Implications on Invisible Disabilities

It must be addressed that cultures play a significant role in how people think about and treat people with disabilities. This is clear with socio-cultural norms, where systems of beliefs and norms in society influence people's values and behaviours. Therefore, contributing to processes of exclusion faced by those with disabilities as they are believed to deviate from the "normal" (Ferrucci, 2017). This is explained by critical disability theory which explains how in societies social norms define impairments (Hall, 2019). The inherent politics disabled people face within their lives is part of the multiple socio-cultural factors that constrain their agency, as explained by critical disability theorists (Meekosha & Shuttleworth, 2009: p. 66). In addition to this, the origin of ableism can be traced back to negative cultural assumptions about disability, with those who are able-bodied being bombarded with overt and covert messages that being disabled means being less than human. Despite laws and practices, these are deep-rooted negative cultural assumptions, attitudes, and beliefs amongst society about disability (McGowan, 2014: p. 40).

Additionally, disability is always defined in contrast to ability, wherein in a capitalist mode of production able-bodied poor people can be exploited by capital and make profits for someone else, while being disabled means you lack this ability and are hence useless to society (Costello, 2018). The prominence of Capitalism in most societies, hence, gave rise to categorizing impaired people as disabled and gave way to the oppression and segregation of those with disabilities (Costello, 2018). Critical disability theory as mentioned earlier thus contributes to this as it sees how the capitalist system of production, class, and disability contribute to the oppression of disabled people and hence explains the need for an emancipatory perspective in disability studies (Meekosha & Shuttleworth, 2009: p. 48).

Stigmatization of those with disabilities is prevalent in the Arab world, seeing disabilities as a taboo which influences social attitudes and thus leads to the exclusion, mistreatment, and deprivation of rights to equal opportunities in education, employment, and social inclusion of those with disabilities (Saad & Borowska-Beszta, 2019: p. 30). Despite positive characteristics carried by those with disabilities, those who are able-bodied tend to view them as not mature and lacking essential traits to fit into society, hence practising a range of discriminatory and intolerant behaviours in their daily conversations (Saad & Borowska-Beszta, 2019: p. 30).

Many Arab societies had named the stigma of disability, with it being marked by inferiority, neglect, contempt, abuse, and negligence as though they were being blamed and punished for a sin they did not commit (Saad & Borowska-Beszta, 2019: p. 31). Therefore, being placed in circles of educational, psychological, and social hostage without being given their demands of liberation from human oppression and contempt, having their rights of self-determination suspended (Saad & Borowska-Beszta, 2019: p. 31).

There is a strong belief amongst Arab societies that mental illness is a punishment from God and a possession of evil spirits, with this strong belief an Australian study found Arabs to be the least accepting of those with disabilities (Scior, Hamid, Mahfoudi, & Abdalla, 2013: p. 3897). Therefore, negative attitudes and effects that this has on individuals with disabilities can be magnified in a cultural context, such as that of Arab societies, in which disabilities pose a threat to family status and honour (Scior et al., 2013: p. 3903).

In Kuwait, there are separations between education for those with learning disabilities and those without. With many more options for those without disabilities, while those with disabilities received Western-influenced education in which they were unable to speak Arabic or learn about their own culture and history (Bazna & Reid, 2009: p. 157). It is also evident that students placed in learning support programs have little to no social interaction with their able-bodied classmates. While Kuwait does begin to employ models of disabilities in teaching, there is still much separation between students with and without learning disabilities. It would perhaps benefit Kuwait to rethink learning disabilities in education and try to improve this by making it more accessible for students by employing their own language, culture, and history in the education system (Bazna & Reid, 2009: p. 157).

Most courses in higher education require verbal skills, the ability to understand lectures, read textbooks and background literature, write exam papers, complete assignments, contribute to class discussions, and make oral presentations (Elbeheri, Everatt, Theofanides, Mahfoudhi, & Al Muhareb, 2020: p. 1036). Many students with disabilities may find these skills challenging which can negatively affect their grades, yet this study set in Kuwait indicates that many faculty members do not think it is their responsibility to modify their curriculum and make higher education a more accessible and accommodating environment for disabled students (Elbeheri et al., 2020: p. 1036).

Even though Kuwait is growing in its awareness of the need to support students with disabilities, there are still prevalent challenges in terms of awareness and practice, where if staff themselves are not even aware of issues students with hidden disabilities face, why would they consider accommodations for them if they believe there are no disabled students registered at their universities? Most courses in higher education require verbal skills, the ability to understand lectures, read textbooks and background literature, write exam papers, complete assignments, contribute to class discussions, and make oral presentations (Elbe-

heri et al., 2020: p. 1036). Many students with disabilities may find these skills challenging which can negatively affect their grades, yet this study set in Kuwait indicates that many faculty members do not think it is their responsibility to modify their curriculum and make higher education a more accessible and accommodating environment for disabled students (Elbeheri et al., 2020: p. 1036).

To keep growing Kuwait's awareness of the need to make more inclusive higher education systems for disabled students, those less favourable attitudes towards aiding disabled students academically should be provided with targeted professional training to effectively change their attitudes and thus create a more accommodating educational environment for disabled (both visible and invisible) students in Kuwait (Elbeheri et al., 2020: p. 1045).

When it comes to finding literature on European cultural views sources are limited as most academic articles are written from an orientalist perspective and do not shed much light on specific western cultural perspectives.

Studies conducted by the British council and Europe beyond access found that there is clear institutional marginalization of disabled people present in the European cultural sector (Baltà, Floch, & Ellingsworth, 2021: p. 3). Furthermore, a study conducted with disabled Belgian university students in Flanders found that many students considered social and cultural perspectives when disclosing their disabilities, to safeguard their well-being and thus optimize smooth interactions with their environment (Blockmans, 2015: p. 166).

People's impairments can become the elephant in the room in a society which runs on able-bodied culture, where knowing someone is disabled can make it difficult to ignore and control urges to find out what their differences are. However, they may not share this as they feel held back by their society's cultural norms governing privacy (Blockmans, 2015: p. 160). This thus explains the communication predicament disability model, which indicates unfit means of communication between people with different abilities, with those who are able-bodied relying on stereotypes rather than individual features, seeing those with disabilities as helpless, unproductive, passive, burdensome, hypertensive, childlike, and thus clashing with highly valued western socio-cultural values and ideas of independence, beauty, and marketability (Blockmans, 2015: p. 160).

Therefore, as indicated critical disability theory identifies hidden social and political cultures which expose contingency of ideas concerning disabilities, focusing on human rights and emancipatory thinking from the diversity of cultures (Hall, 2019). Disability is thus seen as a concept which persists in all aspects of culture, it structures institutions, social identities, cultural practices, political positions, historical communities, and the shared human experience of embodiment (Hall, 2019). This explains the need to convert students understanding of disability to an intersectional one as both an identity and culture (Hall, 2019).

3.2. Access to Higher Education for Invisibly Disabled Students

Before When it comes to the registration process and accessing higher educa-

tion, this can be exceedingly difficult for many, however, those with invisible disabilities do not even benefit from a separate provision or being offered the option to complete bureaucratic procedures separately and are therefore made to feel like they have no choice (Goode, 2007: p. 45). It is thus evident that students with invisible disabilities have unique needs which are not given as much attention in the field of higher education (Mullins & Preyde, 2013: p. 147). For instance, Blockmans found that disabled students in Belgian universities indicated that gaining access to facilities was often a struggle because the higher education institutions require extensive disclosure of their disability, including official and detailed information about their disabilities and their needs to grant special services, which can be a large hassle and additional pressure placed on students (Blockmans, 2015: p. 166).

Additionally, we live in an ableist world which means that structurally the world is built on a network of beliefs and practices which produce a corporal standard body that is projected as the perfect species, therefore casting disability as a diminished state of being human (Griffiths, 2020: p. 4). Moreover, whether in the workplace or being accepted into higher education institutions people are judged on being willing, capable, and able. This creates a pressurized environment for those with chronic illnesses and disabilities who are willing and capable but cannot always perform to the intense standards set by an ableist society thus creating structural barriers (Griffiths, 2020: p. 125). Higher education institutions count students in or out believing they are on a linear trajectory toward professional employment, not considering this is not always the case for disabled students (Griffiths, 2020: pp. 137-138).

Despite accessibility initiatives set up by higher education institutions, people with disabilities remain highly unrepresented in higher education (Hanafin, Shevlin, Kenny, & McNeela, 2007: p. 436). Access is mainly focused on scholarships and bursaries, rather than being spent on creating an inclusive classroom environment and investing in assistive technologies which could aid disabled students in the higher education system (Osborne, 2019: p. 231). Facilitating access is complicated and it is a multilayered concept, therefore, thinking of access as only an aspect of a point of entry can be very misleading and counter-productive as it is the assumption that once these students are accepted into higher education, access has been completed. This is far from the case where life within higher education should be tackled and made accessible and inclusive (Hanafin et al., 2007: p. 436).

This indicates while access is a large hurdle that invisibly disabled students must face, access should also focus on making higher education an inclusive environment for these students. Many disabled students feel disadvantaged and excluded from higher education and inclusive education seems to be an obscure thing in many institutions. Therefore, higher education institutions should strive to create an environment where all individuals regardless of exceptions are entitled to be included in a regular classroom environment, while still receiving the

necessary support required to facilitate accessibility to both information and the environment (Collins et al., 2019: p. 1475).

For many students with disabilities, they need to consider their condition before their education and hence may have to choose medical care over education due to financial strains, which can be linked to Pierre Bourdieu's (1978) theory of capital in education. Here there is a focus on economic capital, where money is needed to open doors, it is based on time and investment. Economic capital facilitates both social capital (networking) and cultural capital (accumulation of knowledge, behaviour, and skills). The educational system is gradually getting rid of students who originate from poorer, less privileged backgrounds and hence students with lower economic capital who cannot afford to invest in better educational levels (Bourdieu & Passerson, 1979: p. 8). Bourdieu shows that differences in economic capital lead to differences in intelligence and talent, where those with lower capital are seen to be less intelligent and less talented as opposed to those with higher capital (Bourdieu, 1978: p. 178). Therefore, disabled students who do not have high economic capital, and do not attend the top higher education institutions have their self-deprecating ideologies of task difficulty and inability to perform well in the educational system confirmed (Bourdieu, 1978: p. 178). This alongside other studies indicates that disability is created on the primacy of an economic base, in which those with disabilities are placed in forms of poverty as they are excluded from the ability to earn an income on par with their able-bodied counterparts (Costello, 2018). In the same way, students with disabilities are excluded from the ability to earn a degree on par with their able-bodied counterparts.

Therefore, for those with disabilities, higher education especially offers vital prospects for advancing in employment opportunities while also increasing opportunities for the broader community and social involvement (Newman, Wagner, Knokey, Marder, Nagle, Shaver, & Wei, 2011: p. 56). Inclusive access can help aid the success of students with hidden disabilities such as learning disabilities, hence being able to recognise, comprehend, and accept their disability, which leads to them developing strong self-advocacy skills, successful strategies, and realistic achievement goals (Wolf, 2001: p. 390).

Critical disability theory indicates that access is a central aspect, this comes from the desire to create an accessible future in which resources for accessibility to higher education and integration of disability into curriculums are offered (Hall, 2019).

3.3. Experiences of Invisibly Disabled Students in Higher Education

When focusing on students' everyday lives concerning higher education it was found that identities were being "performed" by students with disabilities (Goode, 2007: p. 36). These students' construction of their identities was negotiated and faced greater externally imposed constraints than others (Goode, 2007: p. 36). While higher education institutions may invest in disability state-

ments or disability coordinators, progress towards an inclusive environment can still be curbed by the lack of senior management support and the under-resourcing of disability specialists (Goode, 2007: p. 36). Therefore, this could lead to the inadequate dissemination of disability information as well as inadequate support to those who have chosen not to disclose their disability (Goode, 2007: p. 36).

Students with invisible disabilities must cope and struggle with their chronic illness which can heavily impact their educational attainment. There are multiple reasons behind this, one of which is a self-fulfilling prophecy, where invisibly disabled students reprimand themselves by undervaluing their academic abilities. They provide themselves with a perception of difficulty, which they believe and ultimately their poor academic performance becomes true (Merton, 1948).

A further indication of invisibly disabled students doing worse in the education system would be shown within the Grossman Model (Grossman, 1972), where health depreciation shows there is not an adequate amount of time available for chronically ill students to invest in their education. There is a huge amount of time allocated to health management and doctor visits. Therefore, placing students with invisible disabilities in difficult positions where their education must suffer at the expense of treating their disability.

The fluctuating nature of some disabilities can play a role in influencing students' abilities to accomplish their academic requirements (Mullins & Preyde, 2013: p. 151). While being organized can help many of these students sometimes they are just unable to complete a given assignment in time, which means that they would require last-minute extensions and as this is unpredictable are unable to overcome their disability (Mullins & Preyde, 2013: p. 151). In addition to this, many students with invisible disabilities require additional effort compared to colleagues without disabilities with concentration, to complete assignments, and course assigned readings (Mullins & Preyde, 2013: p. 152). Due to the additional time disabled students need to complete tasks, they must be organised and use suitable time management skills which can be exceedingly difficult for students with attention-deficit hyperactivity disorder (Mullins & Preyde, 2013: p. 152). Many of these students indicate that regardless of how much effort they place into their academics, their performance is rarely a reflection of their full intellect and abilities, which can be very exhausting to continually place effort and not see the results (Mullins & Preyde, 2013: p. 152).

Higher education can be quite challenging for any student; however, this challenge can be even more strenuous for students with disabilities. For instance, students with invisible disabilities such as ADHD, which is considered a learning disability have been found to display lower levels of adjustment to university and have indicated a higher need for counselling and academic support in comparison to their non-disabled peers (Lipka, Sarid, Zorach, Bufman, Hagag, & Peretz, 2020: p. 2). In addition to this, students with mental disabilities have been found to have lower chances of achieving their academic goals and approximately 86%

of these students in the US will drop out of university before completing their degree (Lipka et al., 2020: p. 2). This is because students with learning disabilities such as ADHD or mental disabilities face obstacles such as psychological distress, poor social and interpersonal skills, persistent cognitive deficits such as executive dysfunctions, and attentional difficulties that those without disabilities do not have to face (Lipka et al., 2020: p. 2).

Being able to identify social rules and cues is a trait many able-bodied people take for granted, as the failure to understand the social values, attitudes, and norms can harm daily life (Lee, 2011: p. 141). For instance, in education settings, unwritten rules indicate the use of more formal language within classrooms and different rules apply when outside the classroom or speaking to classmates as opposed to professors. However, students who do not comprehend these rules that most people know intuitively such as those with hidden disabilities like autism, Asperger syndrome, pervasive developmental disorder, etc. may struggle with these social skills and are thus particularly vulnerable to violating subtle and shifting rules (Lee, 2011: pp. 141-142). Therefore, it is important to understand cultural diversity and develop hidden curriculum items (unwritten rules and standards for social conduct) for students with difficulties in social understanding (Lee, 2011: pp. 141-142).

Students with invisible disabilities are more prone to face symptoms of anxiety, depression, and attention deficits which can make adjusting to and functioning in higher education much more difficult, while these symptoms are less typical amongst students with visible disabilities because their disability is instantly believed and support is provided without constant questioning and requirement of proof that they are “actually” disabled (Lipka et al., 2020: p. 9).

There are intrinsic and extrinsic factors and obstacles which students with hidden disabilities face in college and university. Many of these students have persistent cognitive deficits, deficiencies in basic skills, poor ability to apply study strategies such as organisation and time management, lack of proper social skills, low self-esteem, deficits in attention, planning and organisation, memory, and high order conceptual thinking (Wolf, 2001: p. 387). Therefore, the combination of psychological, cognitive, and social/interpersonal hardships faced by students with hidden mental health disabilities can completely erode even their best academic efforts as their available resources become completely undermined (Wolf, 2001: p. 388). In addition to this, studies have found that students with present psychiatric disorders are more likely to partake in substance abuse, with young college ADHD students mainly choosing to use marijuana and alcohol as their forms of substance abuse, experiencing residual cognitive deficits such as disorders of executive and attention functioning, hence college students with a hidden disability who are also abusing alcohol and drugs are at an even higher risk of failing university (Wolf, 2001: p. 390).

While many students are aware of the accommodating nature of higher education institutions towards their disabilities, there is still a clear presence of so-

cial and organisational barriers which make university experiences difficult for students with invisible disabilities (Mullins & Preyde, 2013: p. 147). Social barriers can include negative attitudes and perceptions of disabilities especially when they are invisible, they are not as easily understood and this lack of understanding can lead to the belittlement of their disability, which therefore can limit a student's willingness to disclose their disability (Mullins & Preyde, 2013: p. 154). Many students with invisible disabilities also resist seeking accommodation because if they can receive this due to their disability, fear being stigmatised (Mullins & Preyde, 2013: p. 154). However, concerning the self-advocacy model of student success, if the student is remiss in seeking education they are seen as having a lack of responsibility and poor academic engagement, thus disowning the responsibility of higher education institutes to provide equal access (Osborne, 2019: p. 229). Organisational barriers can include how lessons are structured which can affect students with disabilities' ability to retain key points during lectures, this can also indicate a one-dimensional learner model that universities place which disabled students cannot fit into (Mullins & Preyde, 2013: p. 156). While having an invisible disability can mean that these students are more likely to be treated via an unstigmatized nature, it also means the validity of these students' disabilities may be questioned, not believed, or not understood to the full extent of their limitations (Mullins & Preyde, 2013: p. 147).

It is thus obvious that the experiences of students with disabilities differ and therefore different services are needed depending on the disability, it is not a one fits all solution (Mullins & Preyde, 2013: p. 149). For instance, in Canadian universities differences in social integration have been found between students with physical disabilities and students with dyslexia (Mullins & Preyde, 2013: p. 149). For instance, when comparing students with physical disabilities to those with dyslexia, students with dyslexia were found to be less likely to report positive comments about their higher education institutions and in turn, their institutions were less likely to have positive responses toward them as students. Dyslexic students also reported negative relationships with their faculties and felt that few if any of their faculty members expressed an interest in aiding them as students (Mullins & Preyde, 2013: p. 149). For instance, disabled students have been found to struggle in terms of balancing their academic and non-academic activities, and a large factor behind this is the fact that these students must spend extra time negotiating what accessible academic materials they can receive from their higher education institutions (Osborne, 2019: p. 231).

An explanation behind academic staff in universities treating disabled students poorly and not knowing how to handle the situation is that they do not feel like they have received the appropriate training to work with disabled students (Osborne, 2019: p. 231). Additionally, administrative, and academic staff have been found to often be unaware of their legal responsibilities towards disabled students (Osborne, 2019: p. 231). This is because academic staff are often quite ignorant in understanding the additional burden that comes alongside

managing complex conditions thus making it more difficult for disabled students to balance their study commitments alongside their self-management needs (Osborne, 2019: p. 231).

The negative relationships students with invisible disabilities face with their faculty members and classmates can be explained by Goffman's (1963) theory of stigmatization, where students with invisible disabilities have stereotypes placed on them such as faking their condition for secondary gains and are thus treated poorly and constantly placed in a position to have to explain themselves and their disability while still being judged. The central feature of those being stigmatized is the desire for acceptance, for their "contaminated" social identity to be accepted by the rest of society. However, when this person tries to solve or work on their "contaminated social identity" they are prone to victimization as they are still seen as someone with a record of a contaminated social identity (Goffman, 1963). Therefore, stigmatized invisibly disabled students are likely to use their stigma for "secondary gains" as an element to aid their success; for instance, using the support and protection of a handicap label (Goffman, 1963).

For these secondary gains not to be seen as an excuse, invisibly disabled students try to adhere to their "sick-role" as identified by Parsons (1975). The sick role exempts disabled students from having to conform to the single role of a healthy person, thus not having the same expectations, meaning that when their illness is considered this may be seen as an opportunistic side effect of society (Varul, 2010: p. 7). Even though disabled students may face exemptions from obligations, and this is only if their disability is believed, they must prove to "healthy society that they are doing everything in their power to be healthy, by being persistent with medication and doctors" appointments, they must therefore comply to their sick-role to avoid sanctions from a stigmatizing and thus disapproving health-based environment. This means that invisibly disabled students need to strike a balance between doing too little and too much, in order not to fall under the stigmatization of being invalid (Varul, 2010: pp. 11-13).

External identity management refers to outness regarding disability, this focuses on how open those with invisible disabilities are about their disabilities with people in their lives (Carlson & Davies, 2011: p. 6). This is a significant step for invisibly disabled people as many fear, that disclosing their disability would lead to one-dimensional views, discrimination, patronizing responses, and/or responses that would minimize the challenges they faced (Carlson & Davies, 2011: p. 6). Studies have found that revealing a history of mental health can have adverse effects on one's test performance due to the stigma behind this (Carlson & Davies, 2011: p. 6).

For instance, Blockmans (2015) found that there were many reasons university students with hidden disabilities did not disclose their disabilities. First, they wanted to protect themselves from having to repeatedly disclose information about their disability, which can be emotionally taxing (Blockmans, 2015: p. 169). Second, many disabled students feel normal and do not want to be treated

as special, so only disclose information when they need help (Blockmans, 2015: pp. 169-170). Third, if there is no connection with an individual there is no desire to share their disability with them, however, if they do connect, they feel comfortable disclosing this, feeling that they will not draw a disproportionate amount of attention to their condition (Blockmans, 2015: p. 170). Fourth, many disabled students do not disclose their disability in anticipation of the negative implications of doing so. Fear complaints regarding positive discrimination they may face (Blockmans, 2015: p. 170). Fifth, disclosure does not occur because nobody likes negative topics, be it talking about it or hearing about it and thus students do not want to feel like they are nagging about their pain (Blockmans, 2015: p. 170). Sixth, students may not disclose their disability as those who are able-bodied are unfamiliar with their pain and experience and can undermine this as they do not understand and may tell these students to be happy because they are not in wheelchairs, thus under signifying their pain and experiences, which can be very hurtful (Blockmans, 2015: p. 170). Seventh, students may disclose to student support staff but try, to remain professional, and not explain their pain and struggles in an attempt to maintain a socially-expected distance from their instructor (Blockmans, 2015: p. 171). Last, students did not disclose their disabilities in an attempt to maintain normalcy, not wanting to be reduced to their disability and be seen as weak (Blockmans, 2015: p. 172).

These reasons can thus explain why many invisibly disabled students stay hidden behind the “disability closet”. As Goffman (1963) explained that those with disabilities feel the need to pass themselves as non-disabled to avoid social reprisals (Olney & Brockelman, 2003: p. 35). Students’ experience of their disability is dependent on their situation or environment, therefore, being in a university environment with stigmatizing individuals can push students to hide their disability (Olney & Brockelman, 2003: p. 41).

Goffman (1963) indicates that there are psychological effects linked to concealing a stigma, leading to negative self-evaluation, as it requires copious amounts of energy and effort to conceal one’s disability. In trying to prevent exposure, individuals may have to avoid certain social situations, and possible opportunities to receive social support (Carlson & Davies, 2011: p. 7). Therefore, outing one’s disability can be viewed as a double-edged sword, where concealment can be psychologically taxing, but on the other hand, admitting its existence without the support of others can be equally as bad (Carlson & Davies, 2011: p. 8).

Internal identity management on the other hand is the degree to which a person identifies with their disability, where on one end a person may have spread, which represents maximum identification with one’s disability, and on the other is isolation where there is minimal identification with one’s disability, and in the middle is a spectrum which means that one has a realistic perception of their disability, acknowledging their limitations while not exaggerating the role it plays in their identity (Carlson & Davies, 2011: p. 8). Many individuals perceive

their disabilities as separate from themselves thus disassociating from their disability (Carlson & Davies, 2011: pp. 9-10). It is also clear that if one identifies with their disability in absence of others' support it can be detrimental to their self-esteem thus impacting their performance and increasing feelings of depression, thus explaining why many people with invisible disabilities choose not to identify with their disability (Carlson & Davies, 2011: p. 11).

Unfortunately, in the field of academia, many academics feel the need to be discrete about their disability for fear of being stigmatised and being perceived as unable to keep up (Griffiths, 2020: p. 125). The central feature of those being stigmatized is the desire for acceptance, for their "contaminated" social identity to be accepted by the rest of society. However, when this person tries to solve or work on their "contaminated social identity" they are prone to victimization as they are still seen as someone with a record of a contaminated social identity (Goffman, 1963). This explains why many students with invisible disabilities do not disclose their disabilities as they do not want to be separated or made to feel needy (Griffiths, 2020: p. 129). On the other hand, many stigmatized individuals are likely to use their stigma for "secondary gains" as an excuse for success; for instance, using the support and protection of a handicap label, where they are seen as being positively discriminated against and thus treated more favourably (Goffman, 1963). Consequently, an ambition for disability in academia is rather than being stigmatised for being unable to hyper-perform, it should be normalised to say "no more today" without this having to affect one's ambitions, prospects, or sense of self (Griffiths, 2020: p. 126).

Critical disability theory contributes to the literature about disabled people's lived experiences, referring to these experiences as an attempt to transform the stigmatized circumstances in which oppressed subjects like disabled students live through critical intersectional analysis (Hall, 2019).

3.4. Coping Strategies of Invisibly Disabled Students

Use Coping is defined as the behaviours an individual uses to meet their own needs and adapt to the needs of the environment (Cowen, 1988: p. 161). Therefore, students with invisible disabilities such as learning disabilities, who function independently have needed to develop adaptive coping behaviours (Cowen, 1988: p. 162).

Many disabled students may struggle in the classroom from a lack of attention to multiple distractions and a lack of adequate support leading to frustration. Therefore, a means to cope with this and avoid angry reactions could include asking for a break, asking for help, meditating, reflecting on triggers that occur during lessons, and focusing on what could have been done by either the student or staff member to avoid this (Mrs. P's Specialties, n.d.).

Perception management is a strategy used by disabled students which entail the use of interpersonal skills to deal with altered attitudes and behaviours towards them as opposed to the general notion that perception management is

used by these students as a means of denial or “passing” (Olney & Brockelman, 2003: p. 35).

Students with learning disabilities have been found to report using more cognitive avoidance when needing to cope with academic stress-related events, as opposed to their classmates without disabilities (Firth, Greaves, & Frydenberg, 2010: p. 78). Stress management is vital for these students who may face constant triggers at university, therefore students should aim to understand the main causes of their stress and its consequences, change their behaviours that may lead to stress, and aim to improve their interactions with their professors (Kebbi, 2018: p. 38).

Students with learning disabilities have been found to drop difficult subjects, put forth more effort than their peers without disabilities, use typists, just listen as opposed to note take, use moto behaviours to reinforce learning, and use visual diagrams as means to cope with their disabilities and adapt to their educational environment (Cowen, 1988: p. 162).

Many students who struggle with interpersonal stress, as well as anxiety and depression, focus on using emotional regulators to cope with the stress they face at university, these regulatory strategies include rumination, avoidance, suppression, and substance abuse (Coiro, Bettis, & Compas, 2017: p. 178). These strategies are seen as maladaptive and avoidant as these styles while helping with self-distraction can lead to further mental health problems over time (Schnider, Elhai, & Gray, 2007: p. 345). An example of this kind of coping strategy that is prevalent amongst students with PTSD is problem drinking, which with more stressors can in response lead to problematic alcohol use (Read, Griffin, Wardell, & Ouimette, 2014: p. 2). More adaptive coping strategies that are not as evidently used by students include acceptance, cognitive reappraisal, and problem-solving (Coiro et al., 2017: p. 178). Students who are found to use these more adaptive coping strategies are believed to be less likely to experience an incline in their depressive symptoms following moderate and recurrent stressors (Coiro et al., 2017: p. 178). These coping strategies would, therefore, moderate the stress and mental health symptoms that these students face (Coiro et al., 2017: p. 178).

Students at university who struggle with post-traumatic stress disorder (PTSD), have experienced, and been exposed to trauma, and may struggle with symptoms such as emotional numbness, feelings one’s future is meaningless, and functional impairment (Schnider, Elhai, & Gray, 2007: p. 345). Therefore, research that has sought to find effective coping strategies for students struggling with PTSD have found that active emotional coping, like discussing one’s emotional distress can be a way to reframe a stressor’s impact and is hence seen as an adaptive strategy to regulate one’s emotions (Schnider, Elhai, & Gray, 2007: p. 345).

Students with autism at university may be able to cope with the intellectual demands of higher education but may still struggle with challenges which are seen as vital for success such as communication challenges, executive function-

ing skills, low self-esteem, maintaining motivation for education, emotion modulation, self-advocacy, and sensory overload (Hillier, Goldstein, Murphy, Trietsch, Keeves, Mendes, & Queenan, 2018: p. 20). Students with autism have indicated that a support group where they could share experiences and discuss problem-solving strategies with other autistic students, would be a critical coping strategy to deal with the stress and anxiety they face (Hillier et al., 2018: p. 21). Some students have also stated that goal setting helped them to cope with their studies as it would allow them to think of what they need to do in the week and be more aware of what the curriculum requires (Hillier et al., 2018: p. 25). It has also been found that those struggling with learning disabilities such as dyslexia cope with studies and their curriculum by using extra preparation as well as preparing in advance to keep on track and manage their time and ability to learn successfully (McGowan, 2014: p. 86).

Critical disability theory can therefore be used to help contribute to students' coping strategies as it can remind students with hidden disabilities to not allow their fear to lead to prejudice and discrimination (McGowan, 2014: p. 109).

3.5. Disability Support and Interventions for Invisibly Disabled Students

Transitioning from secondary to post-secondary education can be challenging for those with invisible disabilities as they are transitioning from an environment where parents and the school are involved in their support, to one in higher education where this responsibility is fully placed on them and support usually is not as thorough (Kreider, Benexdin, & Lutz, 2015: p. 2). This support can include reasonable accommodation but only when requested by the student, which of course can place them in a double bind (Kreider, Benexdin, & Lutz, 2015: p. 2). Despite disability support offices on campus, students with disabilities still face inferior outcomes compared to their non-disabled peers, highlighting the need for adequate and appropriate support on and off-campus (Kreider, Benexdin, & Lutz, 2015: p. 2).

Many students struggle with the lack of adequate support at university, leaving many disabled students to feel frustrated as there can be a lack of understanding and ability to grasp their situation amongst their peers and academic staff who may believe that they are making up for their disability as it is not visible (Olney & Brockelman, 2003: p. 44).

Therefore, it is vital to provide adequate support for students with invisible disabilities. These support services can range from a number of on-campus student services, there need to be student offices with professionals who provide comprehensive assessments, consultations, tutoring, coaching, and reasonable accommodation (Wolf, 2001: p. 391). Academic accommodation should also be implemented, this means providing extended time for examinations, program modifications like part-time registration or extended deadlines to meet requirements (Wolf, 2001: p. 391). It must be kept in mind that accommodations

should meet the students' documented needs as well as the requirements of their university programme, ensuring that disabled students are also not given unfair advantages (Wolf, 2001: p. 391).

When it comes to examinations for most disabled students, these assessments are not comprehensive enough to test students and understand what their knowledge of topics consists of, which is why providing multidimensional assessments is vital (Wolf, 2001: p. 391).

It has been discovered that a beneficial approach to take to support students with hidden disabilities is a proactive one, in which activities are identified that can increase students retention as well as identifying areas of concern these students face, addressing barriers and providing proactive models where support is provided based on the different aspects of a student's life cycle (Couzens, Poed, Katoaka, Brandon, Hartley, & Keen, 2015: p. 29).

Students with disabilities need to be given the tools and support to help themselves, this is why universities should focus on specific support to help first-year university students in their transitioning phase and help these students develop self-advocacy and self-management skills during their time at university, so this can help them help themselves in the transition from university to employment (Couzens et al., 2015: p. 30).

Many universities can distinguish between different learning support services for students, one which caters to students who seek general assistance with academic skills and writing, and the other which offers more fine-grained assistance, such as with sentence formation and grammar, where students can then choose their combination of individual and/or group appointments (Couzens et al., 2015: p. 30). Additionally, assistive technology is deemed beneficial and provides adequate support to disabled students, so universities that can purchase software with multiple user licenses, which include services such as voice recognition, screen reading, and rule checking, can provide more flexible access to their students across centrally managed computers (Couzens et al., 2015: p. 30).

Universal design approaches have been used by higher education institutions and found to contribute to creating a more inclusive environment for all students, where they can experience a range of choices for accessing, processing, and demonstrating knowledge in their areas of expertise (Couzens et al., 2015: p. 30). Blended learning is one of these universal design approaches which combine technology-based learning strategies alongside on-campus and distance learning experiences, creating more flexibility and access for students via web-based materials (Couzens et al., 2015: p. 30).

A research paper which focuses on the necessary support university students with autism spectrum disorder require to succeed has found that following a tailored curriculum can be useful. First, introducing the program and its purpose, discussing what is necessary out of the course, and creating an ice-breaker activity for all students (Hillier et al., 2018: p. 23). Second, focusing on academic skills where students can share studying tips, how to communicate with profes-

sors, and how to set observable weekly goals (Hillier et al., 2018: p. 23). Third, focusing on interpersonal communication and relationships, where students can gain support systems on campus (Hillier et al., 2018: p. 23). Fourth, it is important to work in groups and therefore to understand negotiating roles, holding back, and listening to others successfully (Hillier et al., 2018: p. 23). Fifth, focusing on plans in which summer jobs and internship strategies are discussed and guest speakers from career services can come and speak to students as well as advise them (Hillier et al., 2018: p. 23). Sixth, using time and stress management techniques such as organizing workloads, avoiding procrastination, and relaxation techniques (Hillier et al., 2018: p. 23). Last, bringing it all together by reviewing the material covered and thus having discussions based on the course program (Hillier et al., 2018: p. 23).

Critical disability theory is pertinent in seeking to understand and find interventions and support for students with hidden disabilities as it seeks to address the needs of individuals with disabilities, focusing on both physical and social structures of society that need to be adapted (McGowan, 2014: p. 38). Critical disability theory challenges the invisible and hence the assumption that differences between physical and mental disabilities can be ignored, instead of demanding that these differences be confronted (McGowan, 2014: p. 39).

This literature review has laid the ground framework for the following findings section. It has been identified that socio-cultural norms play an influential role in Arab societies relating to religious ableist views and in European societies relating to ableist views on the desire and capability to share one's disability. It indicates that students with hidden disabilities can struggle to gain access to universities and many institutions think that for these students to enter higher education access is complete. However, access includes creating more inclusive environments once at university (Collins et al., 2019: p. 1475). It further unveils that students' hidden disabilities can largely impact their educational attainment, but they can struggle to ask for help due to the invisibility of their disability and hence the fear of being not believed and/or stigmatised by their professors and colleagues (Mullins & Preyde, 2013: p. 147). Beyond this, it demonstrates the use of different kinds of coping strategies used by students with hidden disabilities to deal with situational obstacles, which include maladaptive strategies like drinking and drugs to more adaptive strategies like acceptance and problem solving (Coiro et al., 2017: p. 178). Lastly, it showcases the need for support interventions to improve the experiences of students with invisible disabilities experiences at higher education highlighting the importance of multidimensional assessments (Wolf, 2001: p. 391).

4. Research Design

Qualitative research is a form of systematic inquiry about social phenomena in a natural setting (Teherani, Martimianakis, Hayes, Wadhwa, & Varpio, 2015: p. 669). This includes how people experience specific aspects of their lives and how

groups behave accordingly (Teherani et al., 2015: p. 669). This can be applied here to the inquiry of students with invisible disabilities, their personal opinions, their experiences, what their opinions and emotions towards situational obstacles are, and how to solve them. Therefore, for this explorative research, I used a qualitative approach as I am looking into the personal experiences of students with invisible disabilities coping with their conditions within the higher education system and what interventions they believe are necessary to help ensure they have an equal opportunity to achieve academically as their non-disabled counterparts. Therefore, this approach would help me understand the perceptions of invisibly disabled students, the reasoning behind their behaviour, certain coping strategies, and why they believe certain interventions within the education system are necessary. This is a sensitive topic because it deals with the personalised cultural, medical, and educational experiences of students. Therefore, when trying to answer the research question ‘What are the situational obstacles students in Kuwait and Belgium with invisible disabilities face within higher education, and what are effective interventions and coping strategies to help improve education based invisible disability care?’ This requires a relationship of trust and comfort to develop the methodology with valid and detailed data as respondents are required to speak on their personal experience of having a hidden disability within the higher education system. They are speaking of a personal and sensitive topic that cannot be studied or properly grasped through a quantitative approach. It requires a detailed look into their emotions, thoughts, and perspectives and requires valid responses which can be examined, explored, and compared as opposed to reliable data that is only needed to be generalized.

Even though there are many positive aspects of using qualitative research, the downfalls must be addressed. One potential threat to validity would be researcher bias. This is where in qualitative research the researcher only looks for and finds what they seek to find and writes up their results (Johnson, 1997: p. 283). This is a common problem as the research is open-ended, explorative, and less structured as opposed to quantitative research, so it is more open to interpretation (Johnson, 1997: p. 284). Additionally, qualitative research is prone to selective observation and selective recording of information, whereby personal views can influence how data is interpreted and how the research is conducted (Johnson, 1997: p. 284).

It must be taken into account that I am a student in higher education who has a hidden disability, specifically type one diabetes. I went to school in Kuwait and continued my higher education in Belgium. I understand that this may affect my personal views on cultural impacts as well as my expectation of students’ responses. However, this also makes me the perfect person to conduct this research as I understand what it is like to be a student with hidden disabilities and how cultural views can impact perceptions and therefore know what is important to ask. I have my own firsthand experiences with this, and my own perception of

what interventions are necessary to be taken and how I cope with being an invisibly disabled student in higher education. This gives me an understanding of what some students may be experiencing but I am not trying to reconfirm my own experiences but instead am taking my understanding into account to shed more light on this topic, and push universities to improve the situation for students with hidden disabilities and provide a more inclusive and fair atmosphere.

To reiterate, the use of primary qualitative research was chosen for this paper, to obtain comprehensive and truthful results tailored to this specific topic of students with invisible disabilities and their educational opportunities. Qualitative research is a necessary approach here as it focuses on the outcomes of certain events from the outlooks and personal experiences of those involved, here being invisibly disabled students (Teherani et al., 2015: p. 669). Qualitative research is perceived to be valid here as it is a plausible, credible, and trustworthy approach (Johnson, 1997: p. 282). Additionally, qualitative research allows researchers to provide theoretical explanations for why and how subjects behave, think, and feel (Johnson, 1997: p. 282). Hence, I used qualitative research to understand why students with hidden disabilities think, behave, and feel the way that they do about coping strategies and educational interventions when it comes to their illness. This methodology section will seek to extend on existing research about hidden disabilities and higher education and either accept or reject results found in previous research based on results found.

Sampling and Gaining Access to Respondents

The form of sampling used here is purposive sampling, meaning that as a researcher I use my judgment to select the sample I believe to be most applicable to the research study. This is to gain a more detailed insight into a specific phenomenon being studied, such as invisibly disabled students and their coping strategies in higher education rather than just making statistical inferences (McCombes, 2019). Additionally, purposeful sampling is used, in which the self-selection of interviewees is made instead of a random selection, as this paper is looking into a specific cohort. This approach requires the permission of interviewees and hence ensures ethical standards of research are met (Alsaawi, 2014: p. 152). This qualitative structure will ensure maximum variation is employed and hence sufficiency of respondents which can be judged by the researcher as well as the saturation of information, where respondents may provide similar answers and therefore, emphasise the importance of certain topics that are either mentioned or not mentioned within the research (Alsaawi, 2014: p. 152).

Therefore, I began searching for a sample of students with hidden disabilities at universities in Kuwait and Belgium. This was because I wanted to ask respondents about their experiences living with hidden disabilities, coping within the higher education system, cultural impacts that affected their experiences, and interventions they believe are necessary to be taken by higher education institutions. Questions were structured based on experiences before entering universi-

ty, experiences during university, experiences during assessments, and solutions needed to improve inequalities students with invisible disabilities face in higher education.

First, I contacted the disability counsellor at a university in Belgium via email, explaining the goal of my research, my intentions behind why I needed this specific sample and what I am trying to find out. Mentioning practical and ethical cautions that would be taken and that these interviews would only be conducted if the subjects were willing. However, that was unsuccessful as I was told the department was too busy to take this into account. They indicated privacy concerns were high due to the sensitivity of the topic. I, therefore, decided to find my respondents via word of mouth and posting on university Facebook pages. I was then able to arrange interviews with five Belgian students whose hidden disabilities included ADHD, chronic fibrosis, social anxiety and hypochondria, visual disability, chronic fatigue, anxiety, and depression.

In Kuwait, I sent several universities emails explaining my research and sharing my contact details, however, I did not receive any response. I then asked my relative who is a doctor to contact his patients who have hidden disabilities and provide them with my contact details if they were interested and willing to partake. Through this, I was able to access three respondents, one with auditory hallucinations, the other with anxiety disorder, and one with depression disorder. I was also put in touch with a professor at the public authority for applied education and training. I explained the purpose of my thesis and what students I required for my interviews, he then explained that students were off for a week due to Kuwait's national day but that he would let them know and ask them to email him, ask their permission, then share their information with me. However, he was unable to gain access to students and the one student who did respond did not speak any English, and while I would be able to pursue this, I would not feel fully proficient to ask further questions and delve into deeper conversation. My point of contact did offer to sit in the interview and be the translator, however, as this set of questions mainly revolves around experiences in higher education and around experiences with professors as well, I did not think that this would be a valid interview as the respondent would be highly influenced in their responses by the presence of their professor. After months of not being able to gain access to any more Kuwaiti students, I asked my relative to contact his patients again and he was able to put me in touch with two patients one with anxiety and the other with depression. This was important to have an equal representative number of respondents per country so that comparisons made are fairer. Once an equal sample was found, I contacted an individual with ADHD, who has experienced childhood and school life in Kuwait and five years of higher education in Belgium. This respondent would then be able to provide responses which encompass a cultural understanding of both societies via their lived experience.

One implication I must be clear about that made sampling even more difficult

was my inability to speak Dutch, French, or Arabic at an academic level. Meaning, that I would struggle to provide leading questions or navigate the interview as comfortably as I would in English. Therefore, I lost some interviews that may have contributed highly to my data. However, by interviewing 11 students with differing hidden disabilities both in Belgium and Kuwait, studying for bachelor's and master's in Sociology, Conflict and development, Engineering, Business Administration, and Medicine, I believe I can provide a well-rounded picture and contribute to answering the research question "What are the situational obstacles students in Kuwait and Belgium with invisible disabilities face within higher education, and what are effective interventions and coping strategies to help improve education based invisible disability care?"

5. Data Collection

Semi-structured interviews are simply put a combination of structured and unstructured interview questions. For this type of qualitative interview, questions are planned before the interview by the interviewer, however, the interviewer must provide the interviewee with the choice to respond to these pre-planned questions with as little or as much detail as they would like (Alsaawi, 2014: p. 151). This interview approach is appropriate as I have an overview of the topic at hand and can ask questions accordingly (Alsaawi, 2014: p. 151). Semi-structured interviews use open-ended questions prepared in advance, to ensure the depth and richness of the interviewee's responses (Alsaawi, 2014: p. 151). Respondents could hence clearly expand on topics such as their experiences coping with hidden disabilities at university, cultural impacts they are confronted with, differences in the treatment they face compared to students with visible disabilities, and what interventions they believe are necessary to create an inclusive and equal learning environment for students with hidden disabilities.

Semi-structured interviews use a list of prepared questions to ask all respondents, assuring reliable and comparable data. Questions can be added or altered depending on respondents' answers and could go in further depth on topics respondents found more enticing. It also allowed a sense of comfort, providing a free range of conversation to discuss sensitive issues concerning hidden disabilities and hence more rich and valid data is provided. These interviews were conducted online, considering my safety and the respondent's safety during an era of the COVID-19 pandemic. Additionally, conducting such sensitive interviews online allows respondents to feel as comfortable as possible as they are in familiar settings and do not need to deal with the extra nerves or stressors of being in an unfamiliar environment. These were also conducted online as I live in Brussels Belgium and am conducting a comparative analysis based on Belgium and Kuwait, therefore, online interviews provided me with wider access to my respondents.

When preparing questions for the semi-structured interviews, questions were drafted that would get to the core of this research and help answer questions that

I am seeking to discover about students with invisible disabilities and what their educational experiences have been, including what their experiences with classmates, their professors, and society have been, how they feel their disability has affected their studies if it has, their overall coping strategies, and interventions they believe are necessary. Therefore, I created an operationalisation design to translate each of these questions into the theoretical framework, which can be found in the findings (**Table 1**). In which concepts of power, inclusion (access), and socio-cultural norms are identified with variables of ableism and capital, support systems, and stigma and ableism. Indicators which identify these concepts and variables include economic support, counselling, and taboo culture.

I sectioned the questions into “Experiences before attending university”, “Experiences while attending university”, “Experiences with exams and assessments”, and “Reflections”. Initially asking questions such as “Regarding your condition, how did you prepare before attending university?” which focuses on access and coping strategies. “Do you see your condition as a hidden disability or not? Please explain.” this focuses on socio-cultural norms, power relations, and ideas of ableism and normalcy. As well as “How do Belgian/Kuwaiti society think of and treat people with hidden disabilities?” which explores how socio-cultural norms affect these students and touches upon society’s views based on the social and medical model combined (critical disability theory). The next section of experiences during university asks questions such as “Have you mentioned your condition to your university (counsellors, staff, or colleagues)? Why/why not?” which touches upon stigma and ableist cultural perspectives and “How does your condition personally affect your studies. Can you describe this and give examples?” This looks at how cognitive deficits faced by students with invisible disabilities struggle with receiving adequate support and can affect their academic achievements. In the following section of experiences with exams and assessments ask questions like “Has your condition ever affected you during an exam or assignment? If so, can you describe this?” This focuses on the support students receive, it sheds a light on whether or not universities consider cognitive needs and if students feel comfortable or not asking for help based on socio-cultural norms. Lastly, the section on reflections asks questions such as “If you were the director of a university, how would you ensure students with invisible disabilities are given the full opportunity to succeed?” This question focuses on needed interventions, in which their firsthand experiences allow them to have a vision with the appropriate support systems needed to provide an inclusive, accessible, and equal environment for academic growth for students with invisible disabilities.

However, this preparation and drafting of interview questions took multiple attempts. This began with questions that were too broad and without much structure. This was mainly a result of wanting to cover every possible aspect of hidden disability experiences and not initially having an operational design, which translates each question to the theoretical framework and thus creates a

more focused set of questions. I also needed to ensure these questions applied to the research study and allowed for open and varying responses, which was difficult. This was because I expected questions to have lengthy answers or only saw my perspective in answering these questions, meaning I had pre-existing ideas of what responses could be and drafted questions accordingly. When these issues were shown and addressed, I quickly became critical of each question, ensuring none of my personal opinions was shown or even suggestive through these questions. I also had to ensure that questions remained on topic and would seek to answer the research question; “What are the situational obstacles students in Kuwait and Belgium with invisible disabilities face within higher education, and what are effective interventions and coping strategies to help improve education based invisible disability care?” rather than allowing curiosities to override answering the research question. With multiple edits came the last version of questions, which I believed to be non-biased and the best way to prove or disprove the problem statement “Students with invisible disabilities grapple with hidden challenges that are not considered in higher education and can thus play a role in hindering their academic performance.”

While interviews were intended to be conducted by myself, one of the respondents requested their doctor to ask the questions in Arabic as they felt more comfortable with him there and with expressing himself in Arabic. I monitored this and went through the questions with my relative to ensure he was asking the correct questions and understood the goal of this research. I also asked add on questions during the interview based on his responses. While some interesting insights were given, it must be admitted that having the presence of his doctor there and asking these questions could influence his responses, which could provide limited validity. Therefore, responses may be seen as misleading rather than detailed and truthful (Stokes & Bergin, 2006: p. 4). However, this respondent was able to express themselves clearly and not feel hindered in their ability to express themselves in a language they do not feel fluent in, and they were able to provide meaningful insights on their disability and their experiences based on socio-cultural norms.

An interesting point I noticed during interviews was that, with those conducted with students from Kuwait 4/5 respondents did not share their videos during our call, while students from Belgium did share their videos during our online interviews. While a minor point, I did believe that this contributed to the idea that there are cultural differences in the perception of disability and the comfort in sharing one’s hidden disability amongst different cultures.

The questions used during these semi-structured interviews enabled me to collect detailed information on the experiences of students with differing hidden disabilities in different societal and higher educational contexts. I was able to understand the coping strategies of these different students and how Arab and European societal norms may have affected these students’ experiences. Each question allowed me to relate to the theoretical framework and therefore, each

response was tied to the critical disability theory and helped to create a wider understanding of commonly-used concepts such as power, inclusion, and socio-cultural norms.

6. Data Analysis

For this research, I decided to use a thematic analysis approach. This is because it is a systematic method which can be used to identify, organize, and offer a more in-depth insight into themes that are found across the dataset (Braun & Clarke, 2012: p. 57). Also, thematic analysis is an accessible and flexible approach which guides the researcher to code and analyse data made available (Braun & Clarke, 2012: p. 58). Therefore, it makes clear the common experiences and shared meanings amongst all subjects, emphasizing what the common coping mechanisms, experiences, and perspectives of educational interventions are amongst students with hidden disabilities (Braun & Clarke, 2012: p. 57). Hence, thematic analysis allows the researcher to identify what aspects are most important and what questions to focus most on, allowing the researcher to apply these patterns of meaning to answer the research question and problem statement at hand (Braun & Clarke, 2012: p. 57). Thematic analysis was seen as a useful form of data analysis which was applicable here, as the researcher can focus on analysing the meanings conveyed across the dataset, allowing an in-depth examination of specific aspects or phenomena brought up throughout the research. It allows an understanding of latent and systematic meanings behind explicit statements made by subjects (Braun & Clarke, 2012: p. 58).

Here, I used both an inductive and deductive approach. An inductive approach is a bottom-up approach that is driven by content derived from the data, therefore, codes and themes are derived from the data itself (Braun & Clarke, 2012: p. 58). For a deductive approach, on the other hand, a top-down approach is used to bring themes and ideas to the data, to be mapped out during the analysis and use codes to derive these concepts and interpret the data (Braun & Clarke, 2012: p. 58). This exploratory and experiential-based research topic that examines “What are the situational obstacles students in Kuwait and Belgium with invisible disabilities face within higher education, and what are effective interventions and coping strategies to help improve education based invisible disability care?” and tries to prove or disprove the problem statement “Students with invisible disabilities grapple with hidden challenges that are not considered in higher education and can thus play a role in hindering their academic performance.” Thematic analysis was applied to the interviews. These consisted of students with differing hidden disabilities, from different universities, and in different countries, specifically Belgium and Kuwait. In the semi-structured interviews, participants were asked an array of questions related to educational interventions, how their hidden disability affects their studies, how they are treated by colleagues, societal views on invisible disabilities, and how this affects their behaviours and openness about their disability. These interviews were recorded,

and notes were taken, indicating an experiential form of thematic analysis. Inductive thematic analysis was indicated through coding directly from the data received from participants, which did not place a barrier to expressing their stories, for instance revealing codes of situational obstacles and interventions (Braun & Clarke, 2012: p. 60). While deductive thematic analysis drew on ideas of power, inclusion, and socio-cultural norms, mentioned within the theoretical framework as well as the operationalisation of critical disability theory that can be found in the findings (Table 1). This means that the data was interpreted within a theoretical and ideological framework represented in the previous literature review (Braun & Clarke, 2012: p. 60).

As codes have been applied and derived throughout the analysis section, these codes are a shorthand combination of descriptive and interpretative explanations of the research (Braun & Clarke, 2012: p. 61). Codes can be used to both bring forth the researcher's framework as well as reflect the participants' concepts (Braun & Clarke, 2012: p. 60). There is a shift from codes to themes, where a theme is intended to find important aspects from the data which can then be related to the research question and problem statement. These themes can emerge from the data itself as broad topics where the codes can group (Braun & Clarke, 2012: p. 63).

Therefore, for this research in addition to operationalizing the critical disability theory and framing it in context to the research questions, a coding tree was put in place to further analyse and interpret the findings of the interviews, which can be found in the findings (Figure 1). Looking under the umbrella of university students with invisible disabilities, the first theme is "situational obstacles" which through interviews conclusively developed into the codes of ableism, stigma, study time, capital, and exam performance. The second theme applied is "coping strategies" which branched out to the codes: longer trajectory to finish the course, leaving the stressful environment, Religion, drugs/alcohol, therapy, venting, and breathing exercises. While the third theme applied is "Educational interventions" which diverged into the codes: transparency of support resources, listening to the specific needs students ask for, and holding professors accountable for their actions.

7. Ethics

As a researcher ethical concerns were prevalent. Being aware that the research topic was sensitive as it's related to people's hidden disabilities, their coping strategies, their relationships with their disease, colleagues, and university personnel. Therefore, I wanted to ensure this research was as ethical as possible, to provide a safe space and protect these respondents who were willing to share their lived experiences with hidden disabilities in university with me. Therefore, this topic and aspects related to it that were discussed needed to be overseen tactfully.

To ensure ethical standards are met, specifically in qualitative research demands on informed consent, confidentiality and privacy must be prioritised

(Shaw, 2003: p. 9). Hence, before conducting interviews, in Kuwait to access respondents I contacted professors and doctors explaining the purpose of my research and what respondents I was looking for and why. I ensured that all subjects knew and understood the purpose of this research and the reasoning behind wanting to conduct these interviews with them, I provided my contact details and those subjects who wanted to partake in these interviews were able to contact me, the clinic or their professor to ensure they would be available for interviews. In Belgium, I was able to access respondents by posting on university group pages and asking friends to do so on my behalf. Those who were willing to take part in interviews were then able to contact me on Facebook directly, where I was able to elaborate further on my research and set up interview video calls. I ensured that once each participant agreed to take part in the interviews, I shared a consent form for them to sign where they understood their rights and consented to take part in these interviews. I also made sure to repeat their rights during our call, explaining that they had the right not to respond to a question or to back out at any time in the interview. I ensured they were okay with the interview being video and audio recorded for transcription purposes and made sure that they knew their names and personal details would not be shared and would thus remain anonymous. Once getting the green light on all these stages I was comfortable proceeding with interviews knowing that ethical standards were being met. During the interview process, I also kept in mind my position as a university student with a hidden disability and made sure that I did not ask any leading questions, ensuring that I focused on what each respondent wanted to explain and elaborate on. Seeing the valued contribution of this as opposed to only attempting to reinforce my presumptions about the lived experiences of university students with hidden disabilities.

8. Findings & Reflections

After conducting and analysing interviews with five Kuwaiti and five Belgian university students, and one student who grew up in Kuwait and studied in Belgium, the results found should aim to answer the research question, “What are the situational obstacles students in Kuwait and Belgium with invisible disabilities face within higher education, and what are effective interventions and coping strategies to help improve education based invisible disability care?” Also, to prove or disprove the problem statement “Students with invisible disabilities grapple with hidden challenges that are not considered in higher education and can thus play a role in hindering their academic performance”. It will also help indicate how cultural factors can differently affect the experiences of those with hidden disabilities. The subheadings below represent 4 themes that were touched upon during interviews and are grouped based on 16 questions that were asked and probed on. The quotes below represent the responses of interviewees, their names have been changed to keep their identities anonymous.

9. Experiences before Attending University

The purpose of this section was to explore the respondents' experiences regarding their disabilities before entering university. 7 out of 11 respondents were not aware of having a hidden disability before university and only discovered this during. For some, this was due to several reasons: panic attacks, feeling distracted and/or overwhelmed, realizing that their colleagues did not have the same experiences at university and if they did, they had already been diagnosed with a hidden disability.

“I didn't know I even had my condition before university, I only realized with pressure and panic attacks.” (Farrah, Anxiety, Engineering, Kuwait)

Those respondents who were aware of their disability before attending university were able to indicate their access to knowledge and information regarding their condition. One respondent highlighted the Grossman Model (Grossman, 1972), where health depreciation shows there is not an adequate amount of time available for chronically ill students to invest in their education. However, his access to medicine and awareness beforehand aided his trajectory.

“...I had a normal trajectory and didn't need to prepare medically, I have always had a heavy emphasis on health where education was of secondary importance, so it was against the odds for me to go to university.” (Max, Cystic Fibrosis, Sociology, Belgium)

Three other respondents who were aware of their diagnosis before university explained that they still needed to take multiple steps to prepare before attending university. Indicating that access to university falls beyond education alone and access to resources like therapy is vital for these students to cope at university. They also indicated that despite these resources they still faced social and organisational barriers, which make university experiences even more difficult for students with invisible disabilities (Mullins & Preyde, 2013: p. 147).

“...It was a difficult transition, what did I need in terms of help? Is it reasonable to ask this or not? And when an accessibility officer would ask what's important to know, it's impossible to say everything you need and experience at that moment. It can feel very hostile, and I'm a positive person I don't want my disability to define me, it is just a part of me. It can be quite hard to explain what I cannot do as opposed to what I can.” (Esther, Visual disability, Political Science, Belgium)

Asking respondents about whether or not they received economic support from their government or university regarding their hidden disability highlights their access to resources and capital. This focuses on Marxist capital modes of production, where if students receive support from the government they may be viewed as not fully functioning in society and hence money cannot be made off them. However, if they can afford access and do not need support, they are viewed as giving into capitalism where they can be exploited for modes of pro-

duction in the future labour market but also currently by spending for higher education with a lack of sufficient educational support (Flynn, 2017: p. 149). Most Kuwaiti respondents explained that every Kuwaiti student receives a scholarship fund from their government once they achieve a certain GPA, this fund covers university tuition fees and study materials. Kuwait runs on the delineation of ethnic and social categories, with minority ethnicities struggling with cultural survival and material benefits, leading citizens to take on a policy of non-integration rather than integration (Longva, 1997: pp. 43-44). While this has been proven, responses also indicate the pressure these Kuwaiti students face as individuals with hidden disabilities to maintain their GPA and succeed to keep reaping the benefits from their government. When asking Belgian students about the economic support they receive, most explained that they did not receive economic support from their government or university. The notion that whether or not you have a disability must be decided by the government to gain help, explained why many of the respondents were not aware of the help they could receive. Their disabilities are hidden and thus the validity of these students' disabilities may be questioned, not believed, or not understood to the full extent of their limitations (Mullins & Preyde, 2013: p. 147).

“The Flemish organisations decide whether you have a disability or not, and if you have a registered number with them this means you receive financial support. My parents then got child support till I was 21 years old. Now, the federal government provides me with an integration fee, where one budget is split into work expenses as I can't have a full-time job and extra expenses. You can also ask the government for a fee for educational purposes, such as paying for a tutor, typist, or specific accessories like a special lamp to help you read better...” (Esther, Visual disability, Political Science, Belgium)

Following this, respondents were asked if they see their condition as a hidden disability or not and how they think their society view and treat individuals with hidden disabilities. These questions explore socio-cultural norms and ableist perspectives. Combining social and medical models to create a critical disability theory perspective, where disability is viewed as a complicated relationship between the impairment, social environment, and the individual's response to the impairment (Hosking, 2008: p. 6). These questions highlight cultural distinctions and similarities of students' experiences relating to their disabilities but also disclose them in the light of cultural stigmatizing views.

“I used to think yes, I was disabled but I was a weaker person in the past, the people who surrounded me in school were negative and their responses and attitudes to my suffering made it worse. I told my friends what I was struggling with and while some did apologise, some kept their perspectives. The people around me, and my environment made me feel that what I struggle with is not a disability... Most Kuwaitis will make jokes about disabilities. For instance, my cousin has a visual disability, and people have

made comments that he walks like a zombie, they mock and make fun. They don't realize the meaning behind the words they say and how this can hurt someone. It's not all bad of course, people do help those they view as disabled for instance paying for them at supermarkets or sitting with and supporting someone who is depressed. It is important to address that Arabs are tough creatures, they don't focus on psychological feelings. Other cultures are softer and better in terms of dealing with people and human rights. In Arab states, there have been many wars, so it is important to feel strong even if that means lying to yourself... People believe in appearance, I had a professor who was 80 years old and was wearing a barbie watch, students were laughing at him, and he began to cry. I asked him why he was crying? I told him to wear what he wants; it was his daughter's watch who died in a car crash when she was 5 or 6 years old and that was all he had of hers. This example just shows that people don't know the background they just deal with what they see." (Salem, Asthma & depression, international law, Kuwait)

Understanding that so much of how we view disability is tied to one's culture and history, raised the understanding that how society views hidden disability from a medical model or social model, is tied to their innate traumas and history, which begged the question of is it fair to compare these two countries and am I reproducing an orientalist perspective? As explained By [Edward Said \(1994\)](#) 'Cultures are too intermingled, their contents and histories too interdependent and hybrid, for surgical separation into large and mostly ideological oppositions like Orient and Occident'. While at first glance this separation does seem distinct, further exploration with Belgian respondents indicated the interconnectedness of cultures and their views on hidden disabilities.

"Yes, I do see my condition as a hidden disability, when I'm in a classroom they assume you don't have ADHD, so assume you're average. When I complain about noise with the AC, I struggle with headaches and people think I'm dramatic. Most aspects of the class are made for 'normal' people so if you struggle and your disability is not visible it's hard to explain. The perception of disability is slowly changing, disability used to mean something is wrong with you and you need medication to be normal, now there are workshops for instance that teach you how to plan so you can fit the norm. In some ways, it's nice to get help but you feel like you don't fit the norm and cannot do it. It feels like society doesn't view high sensitivity as a disability so it's easier to say it's a characteristic I have. I'm scared to be treated weirdly, for instance, people can make jokes if you have autism. So, it is easier not to mention as they'd treat you differently and just say you have trouble paying attention instead." (Lien, ADHD, Sociology, Belgium)

This shows how amongst both Belgian and Kuwaiti societies there is the fear

of being treated differently and a common aspect of society making jokes regarding hidden disabilities. As indicated earlier, living with a hidden disability in a society which runs on able-bodied culture, where knowing someone is disabled can make it difficult to ignore and control urges to find out what their differences are, however, they may not do so as they feel held back by their society's cultural norms governing privacy (Blockmans, 2015: p. 160). One student who clearly indicated how cultures can play a prominent role in identifying with and living with one's disability is a student who grew up in Kuwait and studied at a university in Belgium. This respondent highlights the socio-cultural norms of both societies and how interconnected the views on hidden disabilities can be while indicating distinct differences between both societies and how this affected their understanding and perception of their disability.

“...It does feel like a disability, I can't prove I'm struggling but that doesn't mean it's not real... In an Arab society mental illness is not a thing. Times when I'd express any struggle it was said because I don't pray, because I don't try hard enough, I was left alone to deal with my struggles... When I came to Belgium...it was the beginning of my awareness of mental health and self-care... I was lucky to have some understanding professors but I also had some who couldn't give a shit if you struggle... The fact I could reach out to a GP and she gave me resources when all my life as a kid I struggled with the same problems, I would have anxiety and heart palpitations, this happened 3 times, I was taken to the GP...they would order an ECG which would be normal because they'd do it in a calm environment alone and they'd say I'm fine. No one cared to ask what my home life was like or...are these palpitations coming from anxiety? In Kuwait there are so many stories where I went to the doctor and said I excessively eat and have chronic constipation, I recently found out that it's a sign of mental distress... I had fluctuating weight as a child and teenager and struggled with fatigue, for 16 hours a day I'd be sleeping, and after tests, they'd just say I need vitamin D... It's such a loss and a heartbreaking realization that so much time was lost in a constant struggle and now I'm grateful I'm in a country that acknowledges it and even if I have the resources, I can't share it with my parents.” (Dalal, ADHD, Political Science, Kuwait & Belgium)

10. Experiences While Attending University

Asking students if they told their university (counsellors, staff, and colleagues) about their hidden disability sought to understand if socio-cultural norms played a role in students' comfort sharing their disability or not. These responses cover some of the reasons expressed by Blockmans (2015) as stated earlier. All Kuwaiti students explained that their universities did not have designated disability support. In some cases, they had student representatives but not a proper professional that they could speak to regarding their condition and how this may affect their studies and what support they may need.

“There is no office for disabilities, and I spoke to one professor and some of my colleagues, but they don’t really care, they will say you’re older and you’re responsible.” (Dana, Depression, Engineering, Kuwait)

While 4 out of 5 Kuwaiti respondents indicated a lack of support and hence the resistance to share their disability for the fear of not being believed stemming from ableist and stigmatizing responses. One student expressed differently. While he does indicate a lack of adequate support like the other respondents, he also indicates a more supportive perception and openness to share. However, it must be known that this respondent was also the most concerned about this research being published in Kuwait and ensuring none of their information would be tied back to them. So, while they did experience positive aspects to disclosing their disability to some university staff members, it is clear that cultural norms and ableist perceptions of hidden disabilities affect this respondent and their overall openness in what could be understood as a fear of being stigmatized against.

“There is no disability support office that I am aware of. With the medication I take for my hallucinations my sleep cycle is completely mixed up and I struggle to attend class during the day as I’m asleep during those times. My professor asked me why I am always absent, and I told him I take medicine which completely messes up my sleep schedule, he was understanding, told me to get better, and even gave me a good grade. Another professor didn’t even ask for a medical note or proof and was more lenient with me.” (Mostafa, Auditory hallucinations, Islamic Law, Kuwait)

On the other hand, all Belgian students indicated the presence of having student counsellors. Some expressed comfort in disclosing their disability to student counsellors, some were not aware of disability support, and some did not want to disclose their disabilities at all. Some experiences indicated the validity of hidden disabilities being questioned, not believed, or not understood to the full extent of their limitations (Mullins & Preyde, 2013: p. 147).

“The student counsellor knows about my disability, I only take one course per semester... The student counsellors are really accommodating, if I’m anxious about tests, they reassure me by showing me example tests and telling me that people my age usually get better grades, so according to what they’ve seen they assured me I’d be okay.” (Silke, Chronic fatigue depression & anxiety, Sociology, Belgium)

“I function the same as everyone else at university, I don’t want special treatment, I clearly managed without it. I don’t want to feel like I am taking advantage of my condition.” (Max, Cystic Fibrosis, Sociology, Belgium)

“...I had one bad experience with a professor who wouldn’t accept my disability and didn’t believe me. So now, I am careful with what I tell people, I only go into detail if asked because they see you ask weakly. I don’t want my disability to be the first thing people think of when they think of me and

with the university, there are so many channels of communication that you have no hold of who gets your story.” (Esther, Visual disability, Political Science, Belgium)

Next, students were asked what they think of the support they receive compared to students with visible disabilities. This seeks to understand whether or not stigma and an ableist perspective are placed on them. It also seeks to shed a light on the medical model which sees the disadvantage experienced by disabled people being their medical condition as opposed to their social environment (Hosking, 2008: p. 7). Most respondents from Kuwait indicated a clear difference in treatment between those that are visibly disabled and invisibly disabled. While in Belgium, most students were not actively aware of any differences in treatment but did explain that the hidden aspect of their disabilities can make it more difficult to be believed.

“Students with visible disabilities never have to justify their disability to their professors, they receive lots of support but students with hidden disabilities don’t receive any help or special treatment...so there’s no use to mention.” (Farrah, Anxiety, Engineering, Kuwait)

“I don’t really know but they are more easily accepted by others when they say they need adjustments, some students frown on why I get extra time at exams and assume I’m dyslexic. If I wear crutches people help me way more and are more compassionate even though I ask for the same adjustments.” (Esther, Visual disability, Political Science, Belgium)

This indicates Goffman’s (1963) theory of stigmatization, where students with invisible disabilities have stereotypes placed on them such as faking their condition for secondary gains and are thus treated poorly and constantly placed in a position to have to explain themselves and their disability while still being judged.

Understanding whether or not students’ universities have permitted them to treat their condition seeks to explore socio-cultural norms and power relations between those in power such as professors and students, seeing if ableist views and stigmatization play a role in students’ ability to treat their condition if needed at university. This question draws on the social model of disability, where if students are not allowed to treat their condition disability is seen as a socially generated system of discrimination (Meekosha & Shuttleworth, 2009: p. 50). Critical disability theory hence expands on this seeing discrimination via power relations and stigmatization, indicating how ableism plays a key role in this conceptual distinction (Meekosha & Shuttleworth, 2009: p. 50). Most students described that professors were quite strict and not reachable to discuss obstacles.

“You cannot talk to anyone, they have offices but no access to speak to your professor, and the security doesn’t allow you to see your professor. When I call the secretary’s office, they don’t respond... Kuwait has so much corrup-

tion and nepotism sometimes the only way to get by is to use nepotism, which I did when the university gave us a timetable with exact times and classes. It was like we were kids in high school, I wanted to choose my own courses, so I don't need to deal with ignorant professors who don't understand my condition and make it more difficult to deal with... I had a professor who always insulted their students and shouted at them, I told him that he shouldn't curse it's not necessary and I got kicked out of class. I spoke to the honorary dean who used to be an advisor of Kuwait, explained the situation to my professor and he laughed at me telling me to apologise. This shouting professor gives me headaches, he doesn't let anyone leave the room, criticizes all students' religious authenticity telling us we have no faith...this environment affects my mental health. I'm very sensitive and overthink situations which make me feel more depressed. So, a professor who keeps shouting and makes me answer back to an elder in a way I wouldn't want to affects me. We are constantly being called stupid and told we should clean the streets. Professors at my university see themselves as Gods where they can do whatever they want." (Salem, Asthma & depression, international law, Kuwait)

"In 2015 I did law for a year and realized there were too many readings, I had one professor who did not grant the adjustments I got from the student counsellor. I asked permission for extra time, or a different location and they said no impolitely. I was advised by the counsellor to sue this professor, but I would have to see them every year and as my disability gets worse it would take longer to graduate so I decided to change majors... this professor accused me of not having a disability because I could answer some questions in an exam that were written in Italics even though italics can be very hard for me to read. I got very angry and crashed, why doesn't she believe me? When I was 18, I didn't accept my own disability at the time so it really hurt me... and now I'm happy adjustments are automatically granted and professors can't say no." (Esther, Visual disability, Political Science, Belgium)

Following this, students were asked how their disability affected their studies. This question tries to understand the struggles associated with hidden disabilities in the realm of higher education and the situational obstacles they face. Respondents were then asked how they managed their disability at university, which tries to understand what the most prominent coping strategies are used amongst students to create a model of the best and most common coping mechanisms used by university students with hidden disabilities can be found below (**Figure 1**). Responses of Kuwaiti and Belgian students indicated a shared experience of struggles and hence an interconnectedness, as identified by critical disability theory which views disability via an intersectional lens. Their coping strategies shed a light on adaptive and maladaptive management techniques. These statements indicate what was stated earlier, where the combination of

psychological, cognitive, and social/interpersonal hardships faced by students with hidden mental health disabilities can completely erode even their best academic efforts as their available resources become completely undermined (Wolf, 2001: p. 388). Below, responses from Kuwaiti and Belgian students, show an interlinkage of coping strategies and situational obstacles.

“...If I have problems sometimes I don’t attend class, I don’t want to see anyone and that affects my understanding of the course, I have so many projects and assignments I have no time to do them all...when I attend a class I can’t concentrate my mind goes so far away so in a certain moment I talk to myself and tell myself to concentrate and solve a problem before the professor shows the solution to manage my overthinking... I used to use drugs at some point and was addicted, I had friends that enabled me to get these drugs and told me it would help me relax and not overthink.” (Dana, Depression, Engineering, Kuwait)

“When I got diagnosed with depression my brain would freeze during prayer or studying and I just needed to stop. My family is full of men and men don’t really care about psychological things. They just tell me to keep going, I can’t really talk about it or really get help. Family needs to sacrifice for one another, and this includes my studying, I can’t do it when feeling depressed, so I’d cope by calling my friend who is an imam from the mosque, he supports and advises me a lot... I love dialogue and I get that with him, he helps me see something like a small deal and put it into context... the best way for me to deal with my depressive thoughts is to channel religion... My cousin has a learning disability and was flown to America and now he is the best academically. Kuwait doesn’t care to provide support to improve but abroad my cousin was provided with the right help. I manage my thoughts by leaving class and wearing earphones so I can’t hear the negative words of my professor and stop myself from answering back... I go to my car and drink coffee, or water then go back when I’ve calmed down...” (Salem, Asthma & depression, international law, Kuwait)

This respondent showcases how culture influences their coping techniques, using religion as a way to bring themselves peace and comfort. Straying away from the notion that mental illness is a punishment from God and possession of evil spirits (Scior et al., 2013: p. 3897).

“I can only study 4 - 5 hours a day, which is not a lot during exams, I need to plan meticulously and ensure I get enough sleep...when I have a morning exam I’m too tired to do anything more the rest of the day so I need to calculate buffer days with no plans to study for 2 - 3 days because I really need them... I have to rely on my notes but sometimes it’s very hard to structure if a course has too many study materials, it’s hard to connect visually... First-year of my politics course you weren’t allowed to bring a laptop unless you were disabled, so if you did everyone knew you were dis-

abled, so it was a big stigma on you if you brought in your laptop... I cope by taking fewer courses...learning to plan and schedule a calendar overview that includes time to rest, try and focus more on courses that have mandatory attendance, sometimes I need to skip class and sleep because that's better than attending class and not understanding so it's helpful when courses are recorded... I buy audiobooks online which are more clear but take longer time..." (Esther, Visual disability, Political Science, Belgium)

"I definitely have the less mental energy, it's better since being on medication...when I get home after campus, I'm super exhausted. Online school has been very helpful, I'm not as tired. When I go to campus and come back home, I can't focus, sometimes I would skip, and catch up so would sometimes get in trouble. I have a typical pattern where I overwork the first few weeks of university then crash in the last weeks and then need to catch up. I normally struggle with winter depression, so I have extra light...when I go to campus, I have earphones to listen to music, if I get overwhelmed, I have earplugs, snacks and food that helps with low blood sugar dips. I feel better if I take frequent bathroom breaks and sit there with earplugs and try to calm down with breathing exercises. I try to watch what I eat and not have too much sugar or caffeine, I try to exercise regularly, go to my psychologist every 2 weeks, not plan too many social events near one another, get enough sleep, and use fidget toys to help me focus better and cope with my anxiety." (Lien, ADHD, Sociology, Belgium)

"...With group projects, if I work on my own time it's very scary not to drag people down with you, it's a constant fear I'll be last minute and procrastinate and be the person they say is so hard to work with, is so lazy and annoying, it's a constant fear so I overcompensate by taking on too many things... Study wise it's super difficult, if it's a subject I really like I can hyperfocus on it for hours or 3 days straight of studying before an exam absorbing information because it's fascinating but studying throughout the year never worked for me. I made countless schedules and tried the Pomodoro method, counting how many pages I read, writing it down, reward systems, and almost every trick in the book and nothing would work, I can't keep my focus long enough to get into it. It's the same case sitting in class for 3 hours staring at a professor, visibly my attention does not waiver but my mind is completely blank...this happened all my life so I always had to teach myself things... I would rather go through exams than submit a paper, I have something tangible and physical in front of me rather than a submission date on a screen...when you have an exam you fill in a paper and leave it all behind...when you have a paper you can sit there for 15 days debating what sentence to start with...failure anxiety kicks in... I cope a lot by escaping my responsibilities... I escape by unhealthy means, even after I get a good grade on an exam, I don't feel good because I didn't deserve it but if someone I know who studying for 2 months gets a lower grade, it

doesn't feel right... I haven't found many healthy coping mechanisms... I can't put myself through this stress of beating myself up so I escape and that's where procrastination comes in." (Dalal, ADHD, Political Science, Kuwait & Belgium)

Another student who appears amongst many respondents to identify as separate from their disability follows the middle spectrum of internal identity management, which means that one has a realistic perception of their disability, acknowledging their limitations while not exaggerating the role it plays in their identity (Carlson & Davies, 2011: p. 8).

"It doesn't directly intervene with my studies, I'm a procrastinator that's what affects my studies, so it might be an indirect cause which influences my procrastination... I like to laugh about it and feel glad when my friends can laugh about it, it pierces through the stigma. I don't like to take it too seriously, I have a short life expectancy so have fun (drinking and partying with friends)...when there would be a serious situation with my health I would talk seriously with my friends but in the meantime, I don't want it to be a part of my personality or to be associated with my disability... If it was more challenging than it is I don't know if I'd be able to laugh about it." (Max, Cystic Fibrosis, Sociology, Belgium)

Afterwards, students were asked how their network of friends looked. This question seeks to discover how included students with hidden disabilities feel in their social groups and whether or not power relations in terms of socio-cultural norms, stigma, and ableism follow them in their friendship circles.

"I have one friend at university who I'm close with and tell her when I feel down but sometimes, I lie about the reason I feel down... She always says things like why can't you study or understand this? Why can't you concentrate? Are you dumb? It's like she's saying I'm not smart enough to study engineering." (Dana, Depression, Engineering, Kuwait)

This respondent showcases how in many Arab societies the stigma of disability is being marked by inferiority, neglect, contempt, abuse, and negligence as though they were being blamed and punished for a sin they did not commit (Saad & Borowska-Beszta, 2019: p. 31).

"When dealing with a new person I don't share until I know them well because if I say something instantly, they might mock and make fun of me. It's a slow progression, my friends now at university are few who know, and they are respectful and help me by calling and checking up on me, trying to get me out of my mood..." (Salem, Asthma & depression, international law, Kuwait)

This indicates external identity management, where outness regarding disability, focuses on how to open those with invisible disabilities are about their disabilities with people in their lives (Carlson & Davies, 2011: p. 6).

“Some colleagues don’t know, and some know indirectly. I find it very important not to take it too seriously so I’m glad that those who know don’t act on it and some don’t even know. I have a friend with a hidden disability who receives help but they didn’t tell any of our other friends, there is an automatic connection with those friends who have hidden disabilities, so when one says they can’t make it, you understand and you can understand why some want to keep it hidden...one friend resorts to heavy drinking but we have a connection and we have supportive friends...” (Max, Cystic Fibrosis, Sociology, Belgium)

Their connection with other friends who have hidden disabilities indicates an unspoken bond based on shared experiences and shared understandings of the situational obstacles individuals with hidden disabilities face.

11. Experiences during Exams and Assessments

In turn, students were asked if their disability ever affected them during an exam or assignment and whether or not professors did anything to make their tasks more accommodating? These questions focus on understanding power relations between professors and students and if this is abused via an ableist and stigmatizing lens. Seeking to understand how accessible university environments are in terms of inclusivity and support.

“I need to be fully concentrated, so if people talk it’s very hard and gets overwhelming. During my final exam, 3 professors in the room wouldn’t stop talking to each other so I only wrote my name and left the room, they said they’d give me a zero if I left the room, and when I explained to one professor they apologized and gave me an extra 30 min but later on, I found out the other two professors removed five points off of my exam for having left the room.” (Salem, Asthma & depression, international law, Kuwait)

“I put my head down and close my eyes to take deep breaths during my exams, but my professor called me out and didn’t let me do that, she accused me of cheating but our phones are with them and there are cameras, but I was forced to sit at the front and was put on the spot. I felt attacked and completely blanked on the last 4 questions and failed my exam.” (Nadine, depression & anxiety, Business, Kuwait)

“Exams are difficult, and I underperform during exams... I try to be as fast as possible, I read all the questions and get overwhelmed, but I need to keep going because if I stop or other people leave during the exam, my focus is gone. So, I’m often one of the first to be done during my exam to avoid this distraction, I also have trouble re-reading my answers. With oral exams it’s hard because I’m often listening to others doing their oral exams so can’t focus on preparing my answer, talking is easy but preparing is hard. I had an open book exam at home for a qualitative interview but couldn’t focus, it didn’t feel like an exam so it felt all over the place...professors don’t realize it’s an issue, I hate it when examiners talk during an exam I can’t focus and

get annoyed, they tell you to pre-read questions and check again, it's helpful but distracting, it's also distracting when they walk around the room.” (Lien, ADHD, Sociology, Belgium)

These responses indicated that in many cases students felt anxious during exams and the effects of their condition were heightened. While there may have been some form of aid from their professors it was also evident that because academic staff are often quite ignorant in understanding the additional burden that comes alongside managing complex conditions, it makes it more difficult for disabled students to balance their study commitments alongside their self-management needs (Osborne, 2019: p. 231).

12. Reflections & Recommendations

Finally, students were asked if they were the director of a university, how they would ensure students with invisible disabilities are given the full opportunity to succeed? This question focuses on reaching the core of what students with hidden disabilities believe is important in terms of support and interventions in higher education to create a more inclusive and safe space for all students with invisible disabilities to persevere in higher education. Below is a range of statements made by respondents which highlight necessary recommendations that should be considered by higher education institutions in Kuwait, Belgium, and globally. These interventions are grouped into a coding tree seen in **Figure 1**.

“I would make an office available for all students to come whenever they want to feel open to discuss issues... I would make professors accountable for their actions and take necessary actions after speaking with students and I would have cameras in classes...” (Salem, Asthma & depression, international law, Kuwait)

“After corona, there is constant budgeting, money needs to be invested in a psychiatry department, ethical department, auditing teams, and in learning about the mental stability of students. Having stakeholders or shareholders where both parties can benefit is a solution that could make this work as a phone line company can advertise caring about students and their well-being getting more views while the university can receive the money to contribute to their budget. Also, students should be able to write reviews on their professors.” (Nadine, depression & anxiety, Business, Kuwait)

“Applications for special treatment should be more open as those with hidden disabilities are not inclined to apply for it. I would provide material and courses and clips that can be distributed in secondary education to encourage those with disabilities and motivate them for higher education. In university, selection has already been made for those who aren't affected or who can fight through. Pre-selection is important it highlights the mindset that comes with disability so there should be heavy attention on mentality.” (Max, Cystic Fibrosis, Sociology, Belgium)

“I would focus on infrastructural sensory and not make classes too big and

provide material in different ways for those who like to learn in different ways, it shouldn't change for one person but should be more comfortable for everyone. I would make study booths of the library more accessible with computers and solo booths to work alone and have focus areas that are open till after 5 pm, keep recordings and options to work from home. Some people work better from home but those who prefer on campus will go, which are mostly students, and I would ensure professors are not allowed to only use PowerPoint, and that you can make your own syllabus." (Lien, ADHD, Sociology, Belgium)

Lastly, a student with ADHD who was born and raised in Kuwait but studies in Belgium illustrated

"I would ensure people's needs are being met and have the opportunity to meet needs with resources like food and water because when someone has a disability it's hard to recognize or meet your own needs. We're at university and lots of people haven't had a proper meal, washed clothes, or an emotional connection in a while especially if you're an international student all alone in a country...there need to be meals given for free... I would publicize the resources, support groups are super important, it should be organised by the student council, and people with a disability should have a representative. Why is it so hard to find a place to study? There should be online study groups, a lot of people don't even know there are ways to cope with hidden disabilities... Universities are not friendly for people with neurodivergence...should create more friendly environments... Don't discourage people from reaching out for support, I'd tell professors to come from a place of compassion...people were upset about everything being online but for someone who can't focus in class or online it makes it better to be in your own home...hybrid learning is important." (Dalal, ADHD, Political Science, Kuwait & Belgium)

13. Operationalisation & Coding Tree

Table 1. Operationalisation table.

Concept	Variable	Indicator
Power	Ableism & Capital	Hidden disabilities are not believed because they look "normal" and capital reproduces power relations (the distinction between those with and without money, those able and not able-bodied reproduces modes of production).
Inclusion (Access)	Support systems and interventions	<ul style="list-style-type: none"> • Counselling/Disability Support • Extended time for assignments or exams • Online recordings • Different learning materials
Socio-cultural Norms	Stigma & Ableism	<ul style="list-style-type: none"> • Taboo culture • "Not normal" • "Not sick"

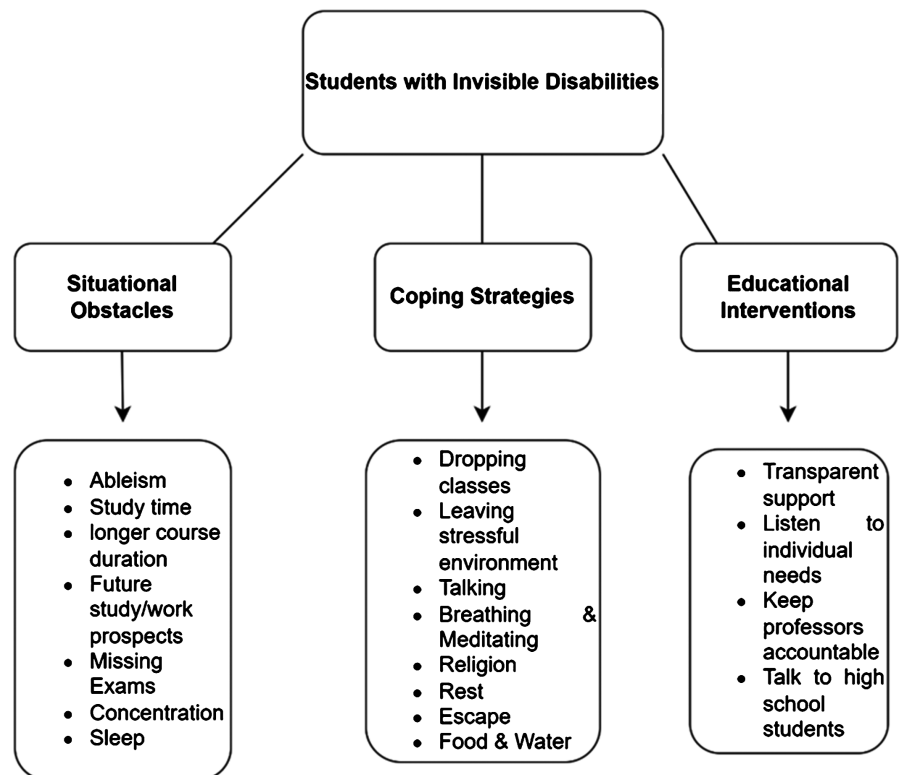


Figure 1. Coding tree, showing situational obstacles, coping strategies, and interventions, students with hidden disabilities face.

Figure 1 is the coding tree created after interviews with respondents, indicating the most common situational obstacles, coping strategies, and educational interventions found by students with invisible disabilities.

As explained in the data analysis section **Table 1** operationalizes critical disability theory where these codes are a shorthand combination of descriptive and interpretative explanations of the research (Braun & Clarke, 2012: p. 61). While **Figure 1** indicates a shift from codes to themes, where a theme is intended to find important aspects from the data which can then be related to the research question and problem statement (Braun & Clarke, 2012: p. 63).

14. Discussions & Conclusions

When it comes to understanding the problem statement “Students with invisible disabilities grapple with hidden challenges that are not considered in higher education and can thus play a role in hindering their academic performance.” and answering the research question “What are the situational obstacles students in Kuwait and Belgium with invisible disabilities face within higher education, and what are effective interventions and coping strategies to help improve education based invisible disability care?” A critical disability theory framework was used because it reevaluates paradigms used to explain lived disability experiences and focuses on potential ways forward for social, political, and economic change (Meekosha & Shuttleworth, 2009: p. 48). It is an interdisciplinary theory that in-

dicates how power imbalances are evident in a society where ableism is the socio-cultural norm. It, therefore, examines power and privilege concerning which groups get valued and which get marginalized (McGowan, 2014: p. 39). This is where the link to capital appears drawing from the interrelations between the capitalist system of reproduction, class, and disability, arguing for an emancipatory perspective within disability studies (Meekosha & Shuttleworth, 2009: p. 50). This lens is thus vital in gaining a conceptual understanding of how students with hidden disabilities at university are at a power imbalance, it sheds a light on forces of ableism which circulate in neutralized and invisible ways, which uphold society's notions of normalcy (Lawyer, 2017: p. 403). Hence, these notions of normalcy reproduce themselves in higher education, which is why critical disability theory emphasizes the importance of paying attention to disabled people's vocal demands for relevant and disability legitimate curricula within education (Meekosha & Shuttleworth, 2009: p. 48).

14.1. Analysing Operationalisation of Critical Disability Theory

Table 1 is an operationalisation table based on the critical disability theory, which interview questions were based on, and hence all findings revolve around. The concept of power can be defined by variables of ableism and capital, indicated by whether or not people's disabilities are believed and legitimized due to their invisible nature and if they are stigmatized for this. Some questions that covered this included those asking about cultural perceptions and whether or not universities allowed students to treat their condition. Critical disability theory sees discrimination via power relations and stigmatization as well as how ableism plays a key role in this conceptual distinction, it, therefore, draws from the interrelations between the capitalist system of reproduction, class, and disability, arguing for an emancipatory perspective within disability studies (Meekosha & Shuttleworth, 2009: p. 50).

The concept of inclusion is defined by support systems and interventions, indicated by access to counselling and a range of support tactics like extended exam time or a range of learning materials. Some questions which covered this concept include those asking about networks of friends, how students prepared for university, and how universities should improve the environment for students with hidden disabilities. Critical disability theory thus indicates the need for activism and supports all forms of resistance which empower those who are marginalized like those with invisible disabilities (Lawyer, 2017: p. 403).

Last, the concept of socio-cultural norms is shown by variables stigma and ableism. These can be indicated by cultures which see disability as taboo or think that those with hidden disabilities are not sick because of the invisibility of their illness. Critical disability theory ultimately focuses on forces of ableism which circulate in neutralized and invisible ways and uphold society's notions of normalcy (Lawyer, 2017: p. 403). It emphasizes the social construction of ability, recognizing the material and psychological impacts made by being labelled as

disabled and how these views are set by cultural norms (Lawyer, 2017: p. 403).

14.2. Access

It is evident that students with hidden disabilities also deal with hidden challenges that can affect their ability to succeed and do well at university. When it comes to accessing university, people are judged on being willing, capable, and able. This creates a pressurized environment for those with chronic illnesses and disabilities who are willing and capable but cannot always perform to the intense standards set by an ableist society, thus creating structural barriers (Griffiths, 2020: p. 125). This was also indicated by respondents who explained the need to speak with their therapists to see whether or not they were capable of functioning at university, which is set to ableist standards. When it comes to lived experiences at university the combination of psychological, cognitive, and social/interpersonal hardships faced by students with hidden disabilities can completely erode even their best academic efforts as their available resources become completely undermined (Wolf, 2001: p. 388). Therefore, having a hidden disability coincides with hidden challenges, as indicated earlier by the notion of a double bind. Where not disclosing their disability is psychologically taxing due to the extra effort needed to indicate capability at ableist standards and being responsible for not receiving aid but on the other hand, sharing their disability can be just as if not more psychologically taxing because of the need to prove their disability as it is not visible to interrogative strangers (Davis, 2005: p. 155). This was evident in a respondent who explained how emotionally taxing it was for her to explain her disability to the student counsellor and describe all her hardships and what she cannot do to end up receiving impersonalized and general advice. This constant extra effort that is required to function on a standard basis at university can thus explain why students with mental disabilities have been found to have lower chances of achieving their academic goals and approximately 86% of these students in the US will drop out of university before completing their degree (Lipka et al., 2020: p. 2). This was evident amongst respondents who mentioned dropping courses, extending their university time to a longer trajectory, deciding to only work part-time, or not even applying to PhD positions as they would be unable to receive the proper support to feel capable in their environment.

14.3. Situational Obstacles & Coping Strategies

These lived experiences hence tie to the situational obstacles that students with hidden disabilities grapple with, such as oversleeping or feeling easily fatigued, being unable to manage their study time, and having to focus on their mental and physical well-being which may mean taking on fewer courses or skipping classes. This is indicative of the Grossman Model (Grossman, 1972), where health deprecation shows there is an inadequate amount of time available for chronically ill students to invest in their education. This also ties to what extent a

student identifies with their disability and is comfortable sharing it as they face the obstacle of not being believed, being judged, and being seen as ‘not normal.’ Respondents showcased this with many not having shared their disability with their professors. Explaining obstacles they face such as struggling to concentrate, feeling distracted, being unable to structure their course notes, feeling very tired, and facing panic attacks during classes or exams, skipping courses and exams, and taking longer to complete their degree. This indicates the need for coping mechanisms, which all students with hidden disabilities use to deal with situational obstacles that they face.

Therefore, it is important to recognise what these coping mechanisms are, to discern what is most used and whether or not these coping strategies hinder or flourish these students’ potential to grow and succeed at higher education institutions. These coping strategies can then be used to help other students with hidden disabilities manage their condition at university. Stress management is vital for students who may face constant triggers at university, therefore students should aim to understand the main causes of their stress and its consequences, change their behaviours that may lead to stress, and aim to improve their interactions with their professors (Kebbi, 2018: p. 38). Additionally, many students can use adaptive coping styles such as problem-solving, adapting their learning styles to their needs, and meditating, while there are maladaptive styles of coping that are used to distance one from their obstacles and disassociate such as drinking and doing drugs (Schnider, Elhai, & Gray, 2007: p. 345).

14.4. Socio-Cultural Norms

Socio-cultural norms can affect how members of society view and treat individuals with hidden disabilities. It affects whether or not these individuals feel safe to share their disabilities and how they are treated if they do, as they are constantly compared to the “normal” which is defined by ableist views (McGowan, 2014: p. 40).

Culture relies on systems of beliefs and norms in society that influence people’s values and behaviours, therefore contributing to processes of exclusion faced by those with disabilities, as they are believed to deviate from the “normal” (Ferrucci, 2017). As explained earlier, it must be understood that hidden disabilities are both an identity and culture (Hall, 2019). There are distinct differences in cultural views and forms of support based on these views. Belgian universities have counsellors for disabled students and specified support that interlinks disability and educational support. Most Kuwaiti universities do not provide this form of support, and some may have educational advisors but psychological support or aid for hidden disabilities are not present. It is also evident that in both Kuwaiti and Belgian societies stigmatisation is prevalent and this affects individuals’ desires to share their disabilities. In the Arab world, seeing disabilities as a taboo, influences social attitudes and thus leads to the exclusion, mistreatment, and deprivation of rights to equal opportunities in education, employment, and social inclusion of those with disabilities (Saad & Borowska-Beszta,

2019: p. 30). While a study found that Belgian university students in Flanders considered social and cultural perspectives when disclosing their disabilities, to safeguard their well-being and thus optimize smooth interactions with their environment (Blockmans, 2015: p. 166).

Respondents were able to display these cultural implications when describing how members of their societies view people with hidden disabilities and acknowledging whether or not they disclosed their disabilities to their universities and why. One respondent with combined ADHD who has experienced both societies was able to showcase this by explaining that when they would disclose their experiences to family members or friends in Kuwait, they would be told this was due to their lack of religion and prayer. This ties to a study that found there is a strong belief amongst Arab societies that mental illness is a punishment from God and a possession of evil spirits, it found Arabs to be the least accepting of those with disabilities (Scior et al., 2013: p. 3897). While this respondent has been in Belgium since 2017 and expressed resources that are available to them, their childhood in an Arab society indicated an impact on their comfort in sharing their disability with their university, as they did not want it to be seen as an excuse or invalidated. However, as expressed earlier, both societies have indicated that students with hidden disabilities are overly cautious before disclosing their disability. Most of the responses from Kuwaiti students highlighted that hidden disabilities were not understood and not believed by members of their society. They would be viewed as being overdramatic in many cases or lazy and would hence be made fun of. This cultural perception can thus explain the lack of support at university. Most students explained that they had no proper office or body to speak with regarding their hidden disability and how it affected their educational experience. Even when students did seek out help from their professors, many were met with unsatisfying responses which belittled their struggles and experiences. One respondent with Asthma and depression was able to display this when explaining that in an Arab society that has gone through many wars, appearing strong is especially important and this lies in mental and physical strength. This can indicate why society follows an ableist mindset and does not want to believe in hidden disabilities, seeing it as a sign of weakness where they tend to view them as not mature and lacking essential traits to fit into society, hence practising a range of discriminatory and intolerant behaviours in their daily conversations (Saad & Borowska-Beszta, 2019: p. 30).

Some Belgian respondents indicated that people with hidden disabilities are treated as different and can be judged, which is why some don't disclose their disability. Others explained that they did not want to disclose their disability or seek help because they did not see a need for it and did not think it would benefit them. A common perception was that while having a hidden disability did make students feel stigmatized, some did mention that there was a shifting perception amongst Belgians. Unlike Kuwaiti universities, Belgian students did say that there was a disability support office at their university but the lack of trans-

parency of this support seemed to be an issue among many. For those who were aware of the support and did seek it, they explained that while this was at times emotionally taxing, it was particularly useful to them and helped them tackle obstacles they face at university.

Therefore, it is evident that culture plays a key role in the lived experiences of students with hidden disabilities, but it must be recognized that cultures are too intermingled as Edward Said (1994) explained. With the medical model of disability being the norm for both cultures, more prominently in Kuwait, it is important to take from both the medical and social models. Such as critical disability theory, which takes complete account of disability incorporating contributions of impairment, personal responses to impairment, and barriers imposed by the social environment to the concept of disability (Hosking, 2008: p. 7).

15. Recommendations & Shortcomings

Higher education institutions have a responsibility to be accessible and inclusive for students with hidden disabilities, giving them the full opportunity to succeed as their able-bodied peers. The findings section indicates solutions believed to be important to contribute to this change from the perspective of students with hidden disabilities. These recommendations include having more compassionate professors, having more transparent and publicized support, having support groups, having different study materials, and having online recordings available. **Figure 1** summarises this, explaining what obstacles students with invisible disabilities face, what their coping strategies are, and what interventions are necessary to be made by higher education institutions to improve these situational obstacles and create a more inclusive and accessible learning environment. This diagram indicates an inductive approach, which is a bottom-up approach that is driven by content derived from the data, therefore, codes and themes are derived from the data itself (Braun & Clarke, 2012: p. 58).

Shortcomings in this research must be addressed, whereby my sample of respondents could be considered small and hence not exhaustive in terms of types of disabilities covered, types of universities and programmes targeted, and countries tackled. Therefore, I would recommend three points to future researchers who delve into this topic. Firstly, have a wider sample of students by accessing a wider variety of universities and programmes, as for Belgium I was only able to access students from one university. Secondly, interview students from more Arab and European countries as this would provide a more representative and generalizable cultural comparison of their experiences with hidden disabilities. Thirdly, to focus on a wider spectrum of hidden disabilities, which cover physical disabilities more equally as opposed to mainly psychological disabilities.

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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