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研究ノート

A Comparative Exploration of Disability Services Websites at Top-Ranked American and Japanese Universities

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米国と日本の一流大学における障害学生支援室ウェブページの比較考察

カテライ アメリア

Abstract

Recent years have seen an increasing focus on issues of equity and inclusion in higher education, as part of a shift towards symbiotic societies (Edyburn 2010). As a result of advocacy and legal changes, there have been significant increases in the number of disabled students participating in higher education in both the United States and Japan (Raue and Lewis 2011; JASSO 2018). In this paper, I report the findings of a preliminary content analytic exploration of the disability services office websites of three American and three Japanese top-ranked universities. The American universities took a primarily individualizing medical approach, that was oriented mainly towards accommodation rather than accessibility, and that drew significantly on language of legal obligation—elements of disability policy which Edyburn (2010) and Hutcheon and Wolbring (2012) find to be particularly problematic. Meanwhile, all three Japanese institutions adopted a greater leaning towards a social model of disability, with little discourse of obligation, and a stronger orientation towards accessibility, though accommodations remained the primary means of support. I close with a discussion of the implications of a model oriented towards accommodation, and the need for a shift to a focus on accessibility.

Keywords: disability, higher education, disability support services, accommodations, accessibility

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要旨

共生社会の実現に向けて、高等教育機関におけるインクルージョンが求められている。近年、米国と日本では高等教育に進学する障害学生が急増する中、法律改正により障害学生への差別的取扱いが禁止され、合理的配慮の提供が義務付けられている（Raue and Lewis 2011; JASSO 2018）。 米国と日本の一流大学における障害学生支援室ウェブページの小規模な比較的予備調査を行い、本稿では、各大学の支援室ウェブページで使用されているディスコースに着目した内容分析の結果を報告する。Edyburn（2010）や Hutcheon and Wolbring（2012）らが主張する通り、望ましい支援モデルは障害の社会的モデルに基づいた、アクセシビリティを重要視する、肯定的なディスコースを用いたものと見なす。調査結果をもとに、アクセシビリティを目的としたモデルへのシフトの必要性を論じる。

キーワード 障害、高等教育、障害学生支援、合理的配慮、アクセシビリティ

1. Introduction

Recent years have seen an increasing focus on issues of equity and inclusion in higher education, as part of a shift towards symbiotic societies (Edyburn 2010). This has led to gains in enrolment rates in higher education for groups for which they had previously been the lowest (Sparks and Lovett 2009). As the “undisputed right” (Collins and Mowbray 2005:313) of disabled students to higher education has begun to be recognized, there have been significant increases in the number of disabled students participating in higher education in both the United States and Japan (Grigal et al. 2011; Raue and Lewis 2011; JASSO 2018; Tsuzuki 2018). Though disabled students increasingly enter higher education, the lack of an appropriately accessible and inclusive environment means that there remain extensive barriers to their full and equitable participation and success (Konur 2006; Gidley et al. 2010; Ogasawara 2016).

In the absence of comprehensive structural adjustments to make higher education universally accessible, disabling barriers are currently offset through the provision of individual accommodations to support disabled students in admissions, in the classroom, and in assessment (Konur 2006; Edyburn 2010). Such accommodations are typically coordinated by disability services offices at each

institution (Collins and Mowbray 2005). The websites of these offices serve as an initial point of access for both prospective and current students, faculty, and other stakeholders, while also reflecting each university's approach to disability. In this research paper, I report the findings from an exploratory comparative analysis of the websites of the disability services offices at six top-ranked universities in the United States and Japan. I begin by providing context for the study through an overview of recent shifts in understandings of the nature of disability, and how this has impacted students in higher education, both in the United States and in Japan. I then outline and discuss the findings of my preliminary analysis of the disability services offices of the selected universities, and close with a brief reflection on future directions.

2. Conceptualizing disability

There has been advancement in past decades in the way disability is conceptualized, accompanied by an increased focus on language, and the recognition that the way in which we understand and talk about disability matters. This culminated in the development of the International Classification of Functioning, Disability, and Health by the World Health Organization (WHO 2002), which identified two models through which disability could be conceptualized. The medical model has been the traditional model of disability. In this model, the problems individuals face are viewed as a direct result of a health condition or impairment. Thus, it is the individual's health circumstances that are problematized, and that are seen to be the barrier to social participation. Critique of the medical model is well summarized by Matthews (2009) who argues that its focus on individual impairments serves to "pathologize" disabled individuals, while also "divert[ing] attention from the need for collective political solutions that change disabling social and physical environments" (231).

It is these broader environments that are taken into account in the alternative—the social model of disability (WHO 2002). Here, experiences of impairment and disability are seen to be distinct: "impairment" is used to refer to a physical, mental, or sensory characteristic, feature, or attribute that affects the

functioning of an individual's mind or body, whereas "disability" is used to refer to the way in which opportunities to participate equitably in society are lost or limited as a result of social, attitudinal, and environmental barriers. Thus, the social model recognizes the health condition of the individual, but situates disability externally, as arising from a confluence of multiple factors, including societal attitudes, systems, and practices that create disabling barriers.

The adoption of the social model has had an impact on terminology, in terms of speaking of either "people with disabilities" or "disabled people." "People with disabilities"—or in the context of this study, "students with disabilities"—represents a "person-first" (Hutcheon and Wolbring 2012:39) approach, in which the individual is upheld and disability is given a secondary position. However, Hutcheon and Wolbring (2012) suggest that this:

> a) misrepresent[s] individuals with cognitive and physical differences as deficient, b) den[ies] the importance of the social construction of disability, and c) individualize[s] sociostructural disablement. As such, we propose a return to traditional language [e.g. "disabled student"] to reflect the belief that those who possess bodily or functioning differences are disabled by social, cultural, and economic structures and systems of meanings (Hutcheon and Wolbring 2012:39).

Moreover, Hutcheon and Wolbring add a further dimension to the conceptualization of disability by exploring a shift in recent literature away from "disablism" and towards "ableism." While the focus in disablism is on how individuals with perceived impairments come to be oppressed, this is reversed in ableism. It instead explores the pervasive way in which certain ways of being come to be socially preferred and constructed as normal, leading to the rejection of "'different' or 'peripheral' ways of being and existing" (Hutcheon and Wolbring 2012:40). For this reason, Hutcheon and Wolbring (2012) call for broader critical reflection on the assumptions underlying current social structures, particularly in higher education. This is reflected by Edyburn (2010), who points to the necessity of "challenging educators to think of their curriculum as disabled, rather than

students" (34). In so writing, he problematizes the curriculum itself, highlighting a "disconnect between an increasingly diverse student population and a 'one-size-fits-all' curriculum," and pointing to higher education's inability to "produce the academic achievement gains expected of 21st-century global citizens" (34).

To chart the advancement of institutions towards more inclusive environments, Edyburn (2010) references the A3 Model, in which institutions experience three developmental phases: the Advocacy Phase, the Accommodation Phase, and the Accessibility Phase. In the Advocacy Phase, the groundwork is laid by raising awareness of the inequity experienced by disabled students and calling for systemic change. Accommodations are "the typical response to advocacy. Inaccessible environments and materials are modified and made available" (Edyburn 2010:35). Though this is an improvement over prior conditions, Edyburn highlights the fact that the Accommodation Phase perpetuates inequality because of the delay that is involved in providing accommodations to students, and the additional effort or inconvenience that is required for students to secure them. Thus, an eventual movement to the Accessibility Phase is needed, "where access is equitably provided to everyone at the same time" (Edyburn 2010:35), and a universal design for learning is implemented. In this, an institution "understands academic diversity and is proactively building supports that will ensure that individual differences do not mitigate access and engagement" (Edyburn 2010:36).

Disabled students currently face barriers in higher education ranging from physical and informational constraints—as when classes and learning environments are not designed to be universally accessible—to teaching and learning practice, as when students are unable to access the content of lectures or textbooks (Matthews 2009). Due to ongoing advocacy and legal reforms, institutions in the United States and Japan are now ostensibly in the Accommodation Phase. Though there remains great heterogeneity in the degree of implementation and efficacy, institutions are obligated to provide support and reasonable accommodations to disabled students (Collins and Mowbray 2005).

Konur (2006) indicates that accommodations are implemented in order to improve two forms of access. The first is program access, primarily in relation to

admissions; the second is curriculum access, involving access to teaching, learning, and the classroom, as well as to examination or academic assessment. In terms of curriculum access, disabled students may require adjustments in one of four ways: 1) in the way in which the curriculum is presented; 2) in the way in which the student provides responses in assessment settings; 3) in the time allotted to students in examinations and other assessments; and 4) in the setting in which classes take place (Konur 2006).

Hutcheon and Wolbring (2012) make a number of observations about accommodations in higher education. First, universities typically employ a model of disability wherein disability is individualized and located in the student, rather than viewed as arising from the social or institutional environment. Second, "'evidence' of disability on an individual/biomedical/psychological level (e.g. documentation of diagnosis) is required to receive services" (46). Third, students are expected to initiate and pursue accommodations on their own behalf, rather than requiring institutions to take proactive action—also noted by Ogasawara (2016) and Tsuzuki (2018). Fourth, students are placed in a position such that their education and future employment may be jeopardized if they fail to disclose and provide evidence for their disability. And finally, Hutcheon and Wolbring (2012) suggest that such policy "often describes accommodations as a 'burden' or an 'obligation'" (46), and through this perpetuates stereotypes—internalized by students—of disabled people as a burden to families, caregivers, and society as a whole. The authors emphasize how this differs from the language used in regard to other equity-seeking groups, such as in gender policy, which uses "language such as 'inclusion' and 'supportive'" (47). This highlights ongoing issues for institutions in the Accommodation Phase. In the same vein, Matthews (2009) indicates that university applications and accommodation requests as structured in the Accommodation Phase reflect an understanding of disability as an individualized problem that may be solved through special assistance or particular therapies. She suggests instead that universities should accommodate students with hidden impairments by avoiding the use of medical labels, and as Edyburn (2010) also argues, making inclusive teaching strategies the norm in everyday practice.

Against this background, in the following sections, I explore the social context

in the United States and Japan that has led to a progression to the Accommodation Phase, as well as some recent statistics on the participation of disabled students in higher education in each country.

3. The United States

Participation in higher education in the United States has increased over recent decades, and Spark and Lovett (2009) identify disabled students—along with ethnic minorities and mature students—as one of the groups that previously had the lowest participation rates, but have recently experienced the most pronounced gains. Konur (2006) suggests that this has been due to shifts in public policy mandating better access to both school and higher education for disabled students. In particular, Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990 created a foundation from which to pursue equal opportunity for disabled students, not only within the United States, but also as a new global standard (Konur 2006). More recently, the ADA Amendments in 2008, as well as the 2008 Higher Education Opportunity Act, expanded definitions of disability, providing greater opportunities for financial assistance and new programs of support for disabled students (Raue and Lewis 2011).

Konur (2006) identifies two key principles arising as a result of these legal requirements. The first prevents universities from treating disabled students unfavorably because of their disability. For example, a medical student cannot face expulsion because of depression developed during clinical training. Second, institutions are obligated to provide reasonable accommodations for disabled students. They must be ensured access to admissions processes, curricula, and examinations that is equal to that of their peers. Where this is not the case, students are eligible for compensatory damages, including compensation for injury to feelings, in addition to injunctive relief such as reinstatement to an institution in case of expulsion. However, these requirements are offset by the “otherwise qualified individual test” (Konur 2006:354). All students are expected to meet the fundamental academic or professional requirements of their respective courses, with or without reasonable accommodations.

In a study of disability in higher education commissioned by the United States Department of Education, Raue and Lewis (2011) define disability as "a physical or mental condition that causes functional limitations that substantially limit one or more major life activities, including mobility, communication (seeing, hearing, speaking) and learning" (1)—a medical model of disability. In their survey of 4,170 postsecondary institutions in the United States, the most frequently reported disabilities arose from learning disorders (31 percent), followed by attention deficit hyperactivity disorder (18 percent), mental health or psychological conditions (15 percent), and physical impairments or health conditions as least commonly reported (11 percent).

The NCES (2017) reports higher rates of disability among individuals with lower levels of education, and rates decrease with increasing educational attainment, indicating ongoing barriers to full participation. According to a study from the National Center for Education Statistics (NCES 2016), disabled students made up 11.1 percent of the undergraduate population at American institutions of higher education in the 2011-2012 school year, while in all of higher education the figure is just 3.7 percent (Ogasawara 2016), signaling lower participation rates in non-undergraduate programs. Meanwhile, the disability rate is 16 percent among 24- to 64-year olds without high school completion, but only 3 percent among those with a Master's degree or higher qualification.

However, Grigal et al. (2011) report a recent 19 percent increase in advancement to higher education by disabled students within four years of graduation from high school. This is an important gain because, as Collins and Mowbray (2005) indicate, "once educational attainments are interrupted, they are not likely to be regained; for most this brings a trajectory of poor vocational outcomes and poverty" (304). Moreover, as Grigal et al. (2011) note, higher education is a key mediating factor in access to better employment opportunity. The NCES (2017) reports that while only 27 percent of disabled 25- to 64-year olds were employed in 2015, the corresponding statistic for the broader population was 77 percent.

4. Japan

As in the United States, there have been year-on-year increases in the number of disabled students advancing to postsecondary education due to legal changes in relation to disability during this period. Japan became a signatory member of the Convention on the Rights of Persons with Disabilities in 2007, and following ratification in 2008, amended its Basic Law for Persons with Disabilities (Cabinet Office 2014). Following this, in 2015, the Ministry of Education, Culture, Sports, Science and Technology disseminated directives to universities in order to prevent discrimination against disabled students. The passing of the 2016 Basic Policy for Eliminating Discrimination against Persons with Disabilities was a watershed moment as it became obligatory for national and public universities to prevent unfair and discriminatory treatment, as well as to provide reasonable accommodations to disabled students (Tsuzuki 2018).

Increases in participation in higher education have taken place for all forms of disability, but have been particularly pronounced for students with developmental disabilities (Ogasawara 2016). As Ogasawara (2016) reports, there was a twentyfold increase between 2006, when there were 127 individuals with a developmental disability enrolled in higher education, and 2014, when there were 2,722. However, rates of access remain much lower than in the United States (Tsuzuki 2018). Whereas disabled students make up 3.7 percent of the student population in higher education in the United States, the corresponding figure in Japan is only 0.44 percent (Ogasawara 2016). The figure expands to 0.86 when technical colleges are included, as the highest numbers of disabled students are present at private institutions, particularly technical colleges (JASSO 2018). By field of study, the highest numbers of disabled students study in the social sciences, while the lowest numbers study maritime studies, followed by medicine and dentistry. The most common form of reported disability is as a result of illness and other internal physical impairments, followed by psychiatric disorders (JASSO 2018).

The ideal career path in Japan is typically seen to be one that follows directly on graduation from post-secondary education. However, a 2018 study by the Japan

Student Services Organization (JASSO)—using a primarily medical definition of disability—reports that only 76 percent of disabled students in the final year of their course of study achieved graduation in that year. Moreover, of 4,997 disabled students in their final year of post-secondary education in 2016, only 1,953 had found stable employment by May 2017, or moved on to continuing education, which reflects ongoing issues in career path development for disabled students (JASSO 2018).

5. Methodology

As Collins and Mowbray (2005) indicate in their review of psychiatric disability and campus disability services in the United States, reasonable accommodations for disabled students are typically coordinated by specialized support offices at the institution. In addition to managing requests for accommodations, these offices provide services such as assisting students in obtaining documentation for their disability, facilitating referrals, providing individualized or group support, and raising awareness about disabilities and the availability of support services. JASSO (2018) notes that offices at Japanese institutions offer similar functions. Furthermore, these offices work to prevent harassment, offer counseling services, and carry a special focus on supporting disabled students through the job-seeking process.

The webpages of disability services offices often serve as a key initial point of access for students, faculty, and other stakeholders seeking information about support for disabled individuals at a university. For this reason, in 2008, Tanaka and Tsuzuki provided a content-based summary of the webpages of the disability support offices of twenty American universities. They chose ten private and ten state universities, with a range of sizes and academic standings, from eight geographical areas of the United States. Focusing on support for students with hearing impairments, they outlined the information that was made available on the sites, delineating the information and services offered to students and faculty, and measures for accessibility. Furthermore, in 2016, Friedman analyzed disabilities services websites of universities in Illinois to assess the degree to which they

reflected a medical or social model of disability. He found that none were entirely oriented to a social model, and that the majority employed a medical model of disability. For this paper, I update and expand on Tanaka and Tsuzuki's initial summary-based study and Friedman's analysis, adding a cross-national comparative element, exploring provisions for disability as a broad category, and providing an exploratory analysis with a special focus on discourse as delineated below.

Grigal et al. (2011) discuss the importance of high expectations from parents, teachers and students themselves, and their critical role in the future performance of disabled students. For this reason, I used the QS World University Rankings (2018) to identify the top three American and Japanese universities for analysis: the Massachusetts Institute of Technology (MIT), Stanford University, and Harvard University in the United States; and the University of Tokyo, Kyoto University, and the Tokyo Institute of Technology in Japan. I was unable to locate any reference to support for disabled students on the webpages of the Tokyo Institute of Technology. Though this is in itself a noteworthy finding in that it highlights the inconsistency of provisions across Japanese institutions, I have excluded that university from this analysis and instead supplemented the fourth-place institution—Osaka University—to round out the six elite universities selected(1).

I accessed the main webpage of each university's disability services office in early August 2018, in the primary language of the site. I explored each section of the site, performing an analysis loosely informed by a directed approach to content analysis (e.g. Hsieh and Shannon 2005) wherein features for analysis are determined from pre-existing categories. In this case, the categories were identified through the above literature review, and involved a focus on discourse that reflected an application of a medical or a social model of disability; an orientation towards accommodation or accessibility; and the use of discourses that were positive (e.g. inclusivity) or negative (e.g. obligation). Discourses related to these categories, as well as other distinctive features, were noted, and form the basis for the preliminary observations reported below. Though all of the relevant sites were analyzed in full, given the limited scope of this research paper, I present here a number of representative examples of the relevant discourses, from each

institution.

6. The American Universities

The three American universities take a primarily medical approach to disability, lean towards a focus on accommodation rather than accessibility, and have a strong orientation to obligation, although there is some variation between the three. Each will be considered in turn below.

The university with the clearest medical approach and most noticeable orientation to accommodation and to obligation is MIT. Its guidelines emphasize that medical documentation is indispensable as "the foundation that explains and legitimizes" accommodation. For example, their guidelines for faculty state:

> Frequently, faculty members feel that they must provide an answer without hesitation to a student's request [for accommodation] and as a consequence they respond by either summarily agreeing to whatever the student asks for or by summarily denying the request. Either response carries a significant risk of rendering the institution vulnerable to a charge of discrimination. Further, by categorically agreeing to whatever the student demands, a faculty member may inadvertently place legitimate academic requirements at risk. More importantly, such responses on the part of faculty members ignore the responsibilities that students have to establish entitlement to accommodations, as well as the substantial obligations that federal statutes and regulations (The Americans with Disabilities Act and Section 504 of the Rehabilitation Act) impose upon colleges and universities regarding the treatment of students with disabilities.

In this formulation, requests for accommodations are presented as a potential risk to the institution, either by inciting "a charge of discrimination" or by placing "legitimate requirements at risk." Moreover, the onus for initiating accommodations and in proving eligibility falls squarely on students' shoulders—an individualizing approach to disability. There is little recognition of disabling barriers external to the student, or the need for proactive efforts to create an accessible environment, apart from one notable reference to the creation of "a

welcoming and inclusive environment," which can be found in an explanatory video targeted to faculty members. Faculty members are discouraged from using their discretion and must take care to ensure that "only legitimate student requests are affirmatively addressed and only appropriate and reasonable accommodations are provided," reflecting an overall negative discursive approach.

Stanford University provides information to disabled students through two pages: that of their Diversity Access Office, which provides support to women, minorities, veterans, and disabled students; and the Office of Accessible Education. Although the name of the office signals an orientation to accessibility, the content of the pages reflects a stronger orientation to an internalizing, medical, accommodation-based approach. The offices offer support to students with "a documented disability" for which further evidence, including a second opinion, may be required. This is based on "an institutional commitment to providing equal educational opportunity for qualified students with disabilities in accordance with state and federal laws," which involves ensuring that disabled students have access to course materials in a timely fashion, as required by law—drawing on discourses of obligation. Moreover, as in the case of MIT, there is reference to the right of the university and faculty to "student initiation of accommodations," and the provision of accommodations is intended to "mitigate the impact of a student's disability without compromising the integrity of an academic course or program." This is an individualizing approach, situating disability as belonging to the student, rather than being an approach oriented to accessibility. However, positive and inclusive discourse can be found in faculty pages, where reference is made to the idea that "disability is diversity," and the commitment of the university to "supporting a diverse community" is highlighted.

Of the three American universities in this study, Harvard University offered the most inclusive approach. The homepage of the Disability Services Office uses the following as its introduction:

> Harvard University Disability Services (UDS) welcomes students, faculty, staff and visitors with disabilities. UDS provides leadership to University efforts to ensure an

> accessible, welcoming working and learning environment for individuals with disabilities while ensuring compliance with federal and state regulations.

Here, discourses of compliance are secondary to "efforts to ensure an accessible, welcoming" environment. The commitment to providing equal and integrated access is discussed as grounded not only in law, but also in the university's commitment to inclusion. Additional information is provided separately for each faculty. For the purposes of this investigation, I examined the page of the Accessible Education Office, which serves the Graduate School of Arts and Sciences and the School of Engineering and Applied Sciences, as the only office that serves both arts and sciences faculties. Although, as in the case of Stanford University, the office title suggests an orientation to accessibility, there is no reference to the role of disabling barriers external to the individual, and instead an individualizing approach is taken on the webpage, as medical documentation is a requirement in seeking accommodations. However, this is tempered by a recognition that "impersonal documents do not provide the whole picture of who students are" and the Office "recognize[s] the value of the student's experience, history, and perspective in conjunction with the review of supporting medical documentation." Unlike an approach solely reliant on clinical assessments, individual students are seen to be the "experts" on their own disabilities and involved in the process of determining appropriate accommodations.

7. The Japanese Universities

In contrast to the American universities, all three Japanese institutions adopted a greater leaning towards a social model of disability. Moreover, there was a stronger orientation towards accessibility, though accommodations remain the primary means of support. There was comparatively little discourse of obligation, as will be outlined below.

Osaka University's Accessibility Office, which had formerly been named the Disabled Students' Unit, reflects a shift in understanding. It is noted on its website that it is not only disabled students who may require support, and thus the Office

serves any student who faces challenges in student life. In terms of accommodations, a medical approach is retained, however. Although accommodations are framed as intended to remove disabling barriers—situating disability to some extent outside of the student—there is nonetheless an individualizing requirement of proof of disability either in the form of a diagnostic letter or comparable evidence. In the case, for example, of psychiatric disability, a comprehensive form must be completed by a clinician, assessing various aspects of the student's personal life. Even without a diagnosed disability, students are still encouraged to consult the office. Though there is some language of obligation, as faculty are reminded that they must provide support to students, this is not expressed in terms of legal obligation to the extent that was seen on the sites of the American institutions.

The approach taken at Kyoto University shares similar elements. However, the Disability Support Office of Kyoto University explicitly focuses on providing consultation and support to disabled students, unlike Osaka University's openness toward *any* student requiring assistance. The Office additionally works to raise awareness by conducting classes and sessions and facilitating access to literature and tools for students who require them. Here, the definition of disability provided by the institution is primarily a social one. There is an emphasis on the way in which disability is not simply an individual matter, but rather arises from the social environment, and for this reason, the role of medical diagnosis in determining eligibility for accommodations is downplayed on the webpages, and the role of consultation involving various stakeholders is instead highlighted. Though the focus remains on accommodations to enable full participation for students, a unique approach taken here is an emphasis on reasonable accommodations as instituted not for the benefit of the individual, but rather for the university to maintain an environment conducive to educational and research activities. Moreover, in contrast to the American universities, there is an emphasis on the involvement and discretion of faculty members. It is also interesting to note a contrasting approach taken to that of Harvard University, for example, where individual students were seen to be the expert on their conditions. Here, the recognition is that it may be difficult for students to recognize their own needs,

particularly as freshmen.

Of the pages analyzed in this study, the most desirable model was that of the University of Tokyo's Barrier-Free Support Office. From the outset, the Office is oriented towards a social model of disability. As with Kyoto University, there is an explicit statement that disability arises from disabling barriers in society, rather than from the individual. Thus, the onus is placed on the institution to remove these barriers. Moreover, a commitment to universal design for learning is upheld, and accompanied by a stated aim to work towards an entirely barrier-free institution. As with the other institutions studied, there is still a primary focus on accommodations. Yet, in keeping with a social model of disability, students applying for accommodations are not required to have medical certification for their disability, and a broad range of impairments are recognized, including those without diagnoses. There is also recognition that faculty or staff may require accommodations, as opposed to only serving students. In addition, a unique feature of the site is that, unlike other institutions, it is divided between those receiving and those offering support. In the section targeted to those offering support, an informational page is provided for each of six categories of impairments, explaining some features of the impairment and how individuals with it can be effectively supported. This reflects an awareness that an inclusive environment must be achieved not only through top-down, but also bottom-up shifts in awareness and understanding.

8. Discussion

In this way, though there was heterogeneity in the approaches taken within countries—as, for example, in the case of the Tokyo Institute of Technology that did not provide any online information whatsoever—there was overall a distinction noted in this preliminary exploration between the approach taken by the American and Japanese sites. The American universities took a primarily individualizing, medical approach, that was oriented mainly to accommodation rather than accessibility, and that drew significantly on language of legal obligation—elements of disability policy which Edyburn (2010) and Hutcheon and Wolbring (2012) find

to be particularly problematic. This matched Friedman's (2016) findings.

Though an approach focused on the medical model of disability and emphasizing the obligation of students to prove their eligibility for accommodations, exemplified by MIT, may discourage students from making illegitimate claims or taking advantage of the system, it can prove to be yet another obstacle for disabled students who may already fear the consequences of disclosure (Riddell and Wheedon 2014). Getzel and Thoma (2008) write that, "in too many instances, [disabled] students are made to feel that they do not belong in advanced degree programs because of their need to self-identify for specific services" (77-78).

Moreover, the requirement for disclosure carries with it a number of further issues. The transition between secondary and post-secondary education can be a challenging one for any student. Writing in an American context, Grigal et al. (2011) suggest that the gap between the relatively lax standards of high school education and the rigor of post-secondary studies leave 42 percent of students entering college inadequately prepared to cope with what is expected of them. Writing from Japan, Ogasawara (2016) highlights comparable issues. The shift to higher education involves a transition from an environment in which everything is pre-decided for students, to one in which students must be self-directed, which often proves challenging for them at the outset. However, for disabled students, this challenge is compounded (Grigal et al. 2011; Hutcheon and Wolbring 2012). As Getzel and Thoma (2008) note, disabled students may enter post-secondary education without an accurate sense of how their disability may affect their learning. Alternatively, the transition to higher education may also be the first time in which a student recognizes a disability, while in cases of psychiatric disabilities, the condition may manifest identifiably for the first time in the college years (Collins and Mowbray 2005; Ogasawara 2016). Furthermore, in the case of Japan, whereas schools can initiate support for students provided consent from the student or guardian is later received, the onus in seeking support falls solely on the student in higher education.

In addition, disabled students may not be aware of the support that they are entitled to, or may lack the necessary preparation and self-advocacy skills in order

to enable them to disclose their disability and articulate their needs (Ogasawara 2016; Tsuzuki 2018). Other students may, possibly based on past negative experiences, actively make a strategic choice not to disclose their disability, fearing stigma, or that "fellow students, as well as staff, will perceive them as whining, lazy, or not trying, and for those with hidden impairments, even lying" (Matthews 2009:234; Konur 2006; Riddell and Wheedon 2014). Some students may seek "a new beginning" (Getzel and Thoma 2008:77) after the transition to higher education, and an identity distinct from their disability—a choice that is often viewed negatively by instructors as an "irrational barrier to effective learning" (Matthews 2009:232; Riddell and Wheedon 2014). Yet, Konur (2006) argues that the imperative to disclose can be viewed as a form of discrimination against disabled students, which may also affect students with different impairments unevenly. For example, Collins and Mowbray (2005), in their study of students with psychiatric disabilities in higher education, found that disability services staff have "difficulty accepting the fact that these students are appropriate for accommodation … more so than other disabilities" (306). Thus, a clear orientation to the responsibility of the individual on the websites of disability services offices may discourage students and other stakeholders already wary of the process of seeking accommodations.

In this sense, then, the models oriented towards accessibility, such as Osaka University's recognition that it is not just disabled students who may face difficulties in their student life, or the University of Tokyo's stance that the university must proactively remove disabling barriers, represent an important step forward which Matthews (2009), Edyburn (2010), and Hutcheon and Wolbring (2012) call for. In addition, by providing information not only to students and faculty seeking support, but also to those who may be in a position to offer support, the University of Tokyo avoids a point of view which "perpetuate[s] individualist notions of disability as the problem of stigmatized individuals" (Matthews 2009:236) and as a "personal tragedy, an abnormality, or a disease needing cure" (231), and instead sees it as "at least in part, the consequence of everyday social practices which all students and teachers need to consider and work to change" (236).

A note on limitations: this project was intended as an exploratory, pilot study of the webpages of disability support services offices at a small number of elite universities. Further, systematic study is needed to explore a broader range of institutions and to assess the level of variance in approaches taken. Moreover, although webpages can provide a way to explore the orientations of the official public discourse universities employ, they do not necessarily reflect actual practice and the degree to which the ideals stated are in fact applied (Edyburn 2010). This is a field where further comparative exploration would be profitable, and yield novel insights.

9. Conclusion

As seen through this brief study of disability services office websites, top-ranked institutions in the United States and Japan remain in the Accommodation Phase, although the Japanese institutions in particular reflect a gradual shift in discourse towards accessibility. As Collins and Mowbray (2005) argue, given the lifelong benefits of postsecondary education in terms not only of employment and financial prospects but also broader health outcomes and quality of life, the right to higher education for students with disabilities is “undisputed” (313). The goal must now be to move beyond accommodation to a focus on accessibility. As Edyburn (2010) writes, “by focusing on the special needs of students with disabilities we can design solutions that positively impact other students” (39). Moreover, Gidley et al. (2010) point out that, “quality in higher education is synonymous with a broad interpretation of social inclusion in higher education in that both are concerned with equitable access, participatory engagement and empowered success” (17). As the arena where increasing numbers of citizens—and future leaders—are trained for their societal roles, it is imperative that the social and institutional barriers to the participation of disabled students in higher education be addressed. Shifts in discourse are a key step in this process.

Notes

(1) Disability services office websites studied:
Harvard University: https://accessibility.harvard.edu/; https://aeo.fas.harvard.edu/
Kyoto University: https://www.gssc.kyoto-u.ac.jp/support/
Massachusetts Institute of Technology: https://studentlife.mit.edu/sds
Osaka University: https://www.sccl.osaka-u.ac.jp/sasaeru
Stanford University: https://diversityandaccess.stanford.edu/disability-access; https://oae.stanford.edu/
University of Tokyo: http://ds.adm.u-tokyo.ac.jp/

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