

## Comparing the difficulty level of studying Japanese and Indo-European languages for undergraduate students with reasonable adjustments?

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### Abstract

A growing number of undergraduate students who choose to study the Japanese language as an elective subject in British universities have disabilities. This study aims to research the demographic profiles, academic performance, and types of Reasonable Adjustments (RA) needed among undergraduate students with mental health disabilities taking Japanese language courses. Nineteen undergraduate students in need of RA who studied Japanese Ab Initio to Japanese Advanced through Institution-wide Language Provision (IWLP) at a British university in South East England from 2017/18 to 2019/20 participated. Participants included foundation-year and first-year undergraduate students. According to the results of this study, almost one-fourth of the participating students either did not complete the course or did not pass it, implying that studying Japanese may present challenges for some students who need RAs. This study differs in its focus on the study of Japanese in the context of a British university.

**Keywords:** Japanese language; Institution Wide Language Program (IWLP); language learning; reasonable adjustment.

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## 1. Introduction

The UK's Special Educational Needs and Disability Act (2001) brought about an important shift for schools, colleges, universities, adult education providers, statutory youth services, and local education authorities which were required to make reasonable adjustments to help ensure that individuals with mental and physical disabilities or conditions had access to these locations. The number of students in higher education with a known disability is increasing. In 2019/2020, 332,300, UK higher education students (17.3% of all UK higher education students) said that they had a disability of some kind.

At the British university where the present researcher conducted this study, the number of students with disabilities was 2,961 out of 12,828 total students (23%) for 2017/2018; 3,072 out of 13,928 (22%) for 2018/2019; and 2,664 out of 14,619 (18%) for 2019/2020 (University X, 2017–2019). The number of undergraduate students with disabilities who study languages at British universities appears to be increasing, including at University X.

The total number of students with disabilities who studied Japanese in the 2017/2018 academic year was five out of 47 total students (11%); however, in the 2018/2019 academic year, nine out of 59 students (15%) had disabilities; then, in the 2019/2020 academic year, nine students out of 67 (13%) had disabilities. The percentages fluctuated between 2017/2018 and 2019/2020, and more data is needed to determine a trend. In the 2018/2019 academic year, more than half of the students in the researcher's class had a disability and qualified for reasonable accommodation (RAs).

### 1.1. Literature Review

The literature review explains the theoretical basis for the typical Japanese language teaching classes described in the Methods section. In the literature reviewed, the following eight types of disabilities were discussed: anxiety; Asperger's Syndrome (AS); autism spectrum condition (ASD); depression; OCD; Type 1 diabetes; dyslexia, and dyspraxia. This literature is relevant because these are among the most common disabilities reported by students learning Japanese during the researcher's study duration at University X; no relevant literature was available regarding some of the other disabilities referenced in this study.

To identify any common characteristics among these eight disabilities, the concept of Uncertainty Avoidance (UA) in Hofstede et al.'s (2010) cultural taxonomy is considered suitable to use as a basis. UA is defined as "the extent to which the members of a culture feel threatened by ambiguous or unknown situations... a need for predictability" (Hofstede et al., 2010, p. 191), and has two opposing poles, strong UA and weak UA. It is considered useful for language teachers to understand preferences for strong or weak UA culture when teaching students with disabilities (Basöz & Can, 2021). The present researcher's method of teaching Japanese to students with disabilities involves consideration of UA preferences, as detailed in the Methods section. The eight disabilities are discussed in the context of whether their symptoms indicate strong or weak UA in someone who has them.

#### 1.1.1. Strong and weak UA

Characteristics of strong UA are fear of ambiguous situations and dislike of unfamiliar risks (Hofstede et al., 2010). Keywords for strong UA are: 'controlled'; 'structural'; 'restricted'; 'repetitive'; 'predictable'; and 'routine'. People with strong UA do not like changes that require them to adapt to novel circumstances. When such individuals are prevented from performing or carrying out these routine behaviors, extreme anxiety or panic attacks can be triggered (Merlo & Storch, 2006). It is difficult for people with low UA to devise alternate responses for specific problems or situations.

On the other hand, people with weak UA are characteristically "comfortable in ambiguous situations and with unfamiliar risks" and feel that "time is a framework in which to orient oneself, but not something one is constantly watching (i.e., deficit of time-management)" (Hofstede et al., 2010).

Keywords for weak UA are: 'flexible', 'adaptability', 'spontaneity', and 'risk-taking'. People with weak UA do not mind changes that require them to adapt their behavior to novel circumstances.

### 1.1.2. Anxiety

Headley and Campbell (2013) maintain that anxiety is comprised of four components: cognition (e.g., worry); behaviors (e.g., refusing to participate or attend classes); emotions (e.g., anxiety was primarily viewed as being synonymous with fear, nervousness, stress, distress, *uncertainty*, apprehension, and being scared or worried); and physiological responses (e.g., increased heart rate). It may be possible to say that individuals with anxiety have a strong UA due to a dislike of '*uncertainty*' (Belinskaya, Martsinkovskaya, Orestova, Kiseleva & Kriger, 2020).

### 1.1.3. Autism Spectrum Disorder (ASD)

Autism is a complex disorder involving difficulties in social communication; restrictive, repetitive behaviors and interests; and a lack of adherence to social norms (APA, 2013). Common symptoms of autism are *repetitive* speech or action. Additionally, there is a burgeoning literature on the role that cognitive mechanisms associated with autism such as intolerance of uncertainty play in anxiety for those individuals (South & Rodgers, 2017).

### 1.1.4. Asperger's Syndrome (AS)

According to Hill and Frith (2003) "Part of the autism spectrum, but considered a special subgroup, is Asperger's syndrome" (p. 281). It is defined as "a neurodevelopmental disorder characterized by weaknesses in social communication, social interest, and cognitive and/or behavioral flexibility" (APA, 2013). Substantial overlap exists between the criteria for Asperger's syndrome (AS) and the criteria for autism (Giambattista et al., 2019). In addition, *repetitive* and stereotypic patterns of behavior are said to be typical of people with AS (Ghaziuddin & Mountain-Kimchi, 2004). As '*repetitive*' behaviors are defining characteristics of ASD, people with Asperger's syndrome may have strong UA.

### 1.1.5. Depression

The symptoms of *depression* include loss of interest in activities that have historically proved to be pleasurable, e.g., sadness, irritability, feelings of worthlessness, hopelessness, and guilt or anxiety (McCarter, 2008). Researchers in previous studies which have investigated the relationship between anxiety and depression concluded that anxiety is a precursor to depression (Dobson, 1985; Cole et al., 1998), and that anxiety can develop into depression (Orvaschel, Lewinsohn & Seeley, 1995); as such people with depression may have strong UA. As I mentioned in Anxiety, people with depression may be possible to say individuals with anxiety have a strong UA due to a dislike of '*uncertainty*' (McCarter, 2008).

### 1.1.6. OCD

OCD is defined as "thoughts, ideations, impulses, urges, or images that cause fear, worry, and/or anxiety, and compulsions are defined as stereotypical and repetitive behaviors or mental acts performed to alleviate fear, worry, and anxiety caused by obsessions" (APA, 2013). Notably, depression is the most common co-occurring condition with OCD (Canavera, Ollendick, May & Pincus, 2010). The presence of "*repetitive*" behaviors among people with OCD may suggest that they have strong UA, perhaps even stronger when accompanied by depression. As such, individuals with OCD may prefer a stronger UA culture.

### 1.1.7. Type 1 Diabetes

The co-occurrence of diabetes and depression has been established through the findings of past studies in both clinical settings as well as among the general population (Katon, 2010). The co-morbidity of diabetes with anxiety and depression may suggest that people with Type 1 diabetes have strong UA. Furthermore, the prevalence of anxiety disorders among patients with diabetes is

considerably higher compared to the general population (Huang et al., 2011). Accordingly, it may be possible to say that people with Type 1 diabetes have a strong UA.

#### 1.1.8. *Dyslexia and Dyspraxia*

Dyslexia and dyspraxia are two of the specific performance difficulties (SPDs) recognized in the UK (Moody, 2015). Dyslexia and dyspraxia may cause working memory (WM) impairment, planning problems (e.g., time-management, arriving at meetings on time, prioritizing work, judging how long tasks will take to complete), organization problems (e.g., self-organization), and self-monitoring skills. Difficulty with organization, organizing thoughts, and time may present a challenge for adults with dyspraxia (Kirby, 2014). Nothing related to strong UA is mentioned concerning dyslexia and dyspraxia, so it can be assumed that people with these conditions do not have strong UA.

To summarize, except for dyslexia and dyspraxia, the six disabilities share the same characteristics that suggest strong UA. It is useful for language teachers to understand whether students prefer strong or weak UA when they teach students with disabilities. The majority of students with the disabilities mentioned above prefer repetitive and rehearsed work. Coursework at University X meets these students' strong UA preference (Dehghani, 2021). For example, formative coursework is set and offered to students before their main undergraduate coursework, allowing them to rehearse for oral and written undergraduate course requirements. To align this with the university's assessment policies and according to the above literature review, the research method, including the researcher's typical Japanese language teaching method, will be explained in the next section.

#### 1.2. *Conceptual background*

As mentioned earlier, many undergraduate students qualified for adjustments. The majority of these had primarily Indo-European language backgrounds. Students who required RAs did not have the same level of success studying Japanese as students who did not. It is hypothesized that the following factors or a combination of factors could be at play:

- a. Learning or cognition is directly related to the condition that qualified them for RAs.
- b. The accommodation they needed.
- c. Their foundation-year (FY) or first-year status.
- d. The more intense demands of learning an Asian language compared to Indo-European languages for people with no background in Asian languages.

For the above reasons, the researcher decided to investigate the demographic profiles, Japanese language academic performance, and types of reasonable adjustments qualified for and used among undergraduate students with disabilities in Japanese language courses at University X (what) by conducting a replication study using Sparks et al. (2004) as a model.

Institution-wide Language Provision (IWLP) typically comprises elective language modules/course units taken for academic credit as minor components of a degree and language courses studied in addition to and alongside a student's degree program. Various languages are offered in British universities' IWLP programs. For example, Arabic, Chinese, French, German, Italian, Japanese, and Spanish are offered as IWLP elective options at University X. Students with non-language majors, such as social science and STEM subjects, can study the same language for up to three years through IWLP; they can also study abroad at a worldwide partner university for a year. According to the Association of University Language Communities in the UK and Ireland (AULC) survey, the total number of enrolments reported at the end of the October/early November period for IWLP courses in the 2017/2018 academic year was 53,200 students in the UK. (Where is the source of all these statistical data?)

This study is focused on a redundant word to be replaced by another in Japanese; an Asian language, which is very different than the study of Indo-European languages. The number of undergraduate students who study Japanese at British universities is also growing (Legas, & Mengistu,

2018). According to a 2019 AULC survey reporting the most popular national languages, Japanese is the fourth most popular language in the UK after Spanish, French, and German; except Japanese, these are all European languages. The AULC survey also reported that there had been an increase in the number of students taking Japanese and Spanish and noted that “it is significant that for Japanese a marked increase in uptake had been reported in the three previous years surveyed” (AULC, 2019, p. 6). At University X, a similar tendency can be observed for the 2018/2019 and 2020/2021 academic years. The total number of students who took Japanese as an elective subject increased as follows: 32 students in 2018/2019; 48 students in 2019/2020; 58 students in 2020/2021.

The significance of this study is that it investigates Japanese language learning at a British university by students who qualified for or used RAs with mental health conditions. Various studies have been conducted on Japanese language teaching, which includes descriptions of the challenges that students without a background in the Indo-European face when studying Japanese (Mguwata, 2020). There are broadly two cohorts of students who study Japanese; those with backgrounds in Indo-European languages and those with backgrounds in Asian languages. Overall, students with a background in Asian languages such as Chinese and Korean find Japanese fairly easier due to similar language features (i.e., sharing Chinese characters with Chinese speakers and some grammatical and pronunciation similarities for Korean speakers) (Salama, Chiparausha & Bsatar, 2022). However, some students face other challenges in Japanese language learning, such as cultural and academic challenges learning Japanese at a British university (Winch, 2019), difficulty attending classes (Winch, 2020), and academic infractions (Winch, 2018).

Japanese language learning does not always present challenges to learners; for example, Winch (2016) reported that STEM students at a British university in London enjoyed learning Japanese. Unfortunately, the majority of research on Japanese language learners focuses on students who did not need or qualify for RAs, and the present researcher was unable to locate any academic literature on Japanese language learning and students with disabilities. This may be because managing and researching students with disabilities brings particular responsibilities. To the researcher’s knowledge, this is the first teaching research that investigates Japanese language students with disabilities.

Sparks et al. (2004) conducted a study on the foreign language learning of US college students with ADHD. Ninety-eight percent of Sparks et al.’s (2004) sample population studied European languages (i.e., Spanish, French, German, Italian, and Portuguese). Sparks et al. (2004) concluded that ADHD is not a factor in students’ difficulty passing foreign language courses and encouraged students with ADHD to enrol in foreign language studies. This study is fundamentally similar to Sparks et al.’s (2004) study but with the following six factors of difference: 1. ADHD participants vs. students who qualify to use RAs; 2. a US University vs. a British university; 3. compulsory vs. elective language learning; 4. Indo-European languages vs. Japanese (an Asian language); 5. the student's year of study; and 6. the use of RAs. These are the possible factors that may help explain the differences between this study’s results and those of Sparks et al. (2004).

### *1.3. Purpose of Study*

This study aims to research the demographic profiles, academic performance, and types of Reasonable Adjustments (RA) needed among undergraduate students with mental health disabilities taking Japanese language courses. This study was guided by two research questions (RQs):

RQ1. What are the demographic profiles, Japanese language academic performance, and types of reasonable adjustments qualified for and used among undergraduate students with disabilities in Japanese language courses at University X during the 2017/2018 and 2019/2020 academic years?

RQ2. As it is uncertain how successful these students are at studying Japanese at present in a British university foreign language learning context, RQ2 asks the following: How do the results in this study compare with those in the previous study conducted by Sparks et al. (2004)?

## **2. Materials and Methods**

## 2.1. Participants

The participants were 19 undergraduate students (12 female and 07 male) with various disabilities who studied Japanese through the IWLP at a British university in South East England from the 2017/2018 academic year to the 2019/2020 academic year. Not all 19 students studied Japanese for the duration of their terms in this study, and students who did not require RAs were excluded from this study. Nineteen students comprising Ab initio, Intermediate, and Advanced students between 2017/2018 and 2019/2020 as follows: four Ab Initio students were from two groups of students with 16 students each, and one Intermediate level student was from one of two groups with 10 students each in the 2017/2018 academic year. In the 2018/2019-year, nine Ab Initio students were from groups of 16 students each, and one Advanced student was from one Advanced group of six students. In the 2019/2020 year, four students were from one of three Ab initio groups with 16 students each.

The researcher requested permission to conduct this research from the deputy director of the Language Centre in the School of Media, Arts and Humanities and was approved. Informed consent was not requested for use of the data collected in this study according to the standard procedure of study whose participants are anonymous.

Some students who registered with the student support office when they entered University X were qualified for RAs during the above study periods; others who registered later were qualified for RAs during some part of those periods. The types of disabilities the students in the class had and the number of students with each type of disability are summarised below in Table 1.

**Table 1**

*Disabilities requiring reasonable accommodation*

<b>Types of disabilities qualifying for RA</b>	<b>f students</b>
Depression and Anxiety	
Depression, Anxiety and Panic Disorder	
Depression, Anxiety, and OCD	1
Type 1 Diabetes (physical disability)	2
Anxiety	1
ADD, Depression and anxiety	1
Autism Spectrum Condition (developmental disability)	1
Autism Spectrum and OCD*	1
Dyslexia and Dyspraxia	2
Temporal Lobe Epilepsy (physical disability)	1
Mental health issue	1
<b>Total</b>	<b>19</b>

\* This student was admitted to a psychological hospital.

In this paper, the term “students who need Reasonable Adjustments (RAs)” is used to refer to students with disabilities who need one or more RAs. According to Hughes and Spanner (2019), three terms are used to discuss students’ mental disabilities: “mental health”, “mental illness”, and “mental health problems or poor mental health”. Mental health refers to “a full spectrum of experience from good mental health to mental illness” (Hughes & Spanner, 2019, p. 9). Mental illness is explained as “a condition and experience, involving thoughts, feelings, symptoms and/or behaviors, that causes distress and reduces functioning, impacting negatively on an individual’s day-to-day experience, and which may receive or be eligible to receive a clinical diagnosis” (Hughes & Spanner, 2019, p. 9). People with mental health problems or poor mental health include

A broader range of individuals experience levels of psychological distress beyond normal experience and beyond their current ability to effectively manage (Mirzoeva, 2021). It should be noted that this term includes both those who experience mental illness and those who experience a fall below this threshold, whose mental health is not good. (Hughes & Spanner, 2019, p. 9)

To explain the definition of students who qualify for RAs in this study so that it aligns with the above three definitions, it should be noted that the degree of need for RA ranges from very severe to

mild. Students who needed RAs in this study included a student who was admitted to a psychological hospital (very severe need for RAs), while other students were able to attend classes and needed only mild RAs.

Reasonable adjustment information is on file and maintained by the student support unit (SSU) at University X. The passage below explains the process students undergo to register their RA status with the SSU:

Students request their RA status by presenting documentation to the SSU. The documentation is reviewed by the SSU Advisors for consideration (Pichugin, Panfilov & Volkova, 2022). At the University, appropriate reasonable adjustments are offered to students by the SSU staff (The Act). However, SSU does not provide reasonable adjustment status for students who have short-term, temporary mental health issues that fall below the threshold of a disability and these students can access counseling, welfare support, and referrals to external services. (Freedom of Information Act 2000, The Act)

After approval of RA status, the university's SSU publishes documentation on each student's diagnosis to the teaching staff. However, the content of this documentation may be inconsistent in clarity and structure (i.e., some documentation has detailed information and advice to the teaching staff, while other documentation only presents the diagnosis).

### *2.1.1. Typical Japanese Teaching Procedures used in this Study*

Understanding that students with disabilities often prefer repetitive work and do not like changes, as indicated in the literature review, the researcher created a learning environment that supported strong UA preference. Students studied Japanese using the course textbook (Association for Japanese Language Teaching, 2011), which consists of repetitive substitution exercises and questions with only one correct answer. The majority of Japanese textbooks are published in Japan with the express purpose of supporting students who prefer repetitive, routine work (Carraro & Trinder, 2021). These routinized exercises usually have one answer and aim to develop students' confidence in answering questions with only one correct answer.

The class was taught in an orderly row using whole-class instruction with students answering questions from the textbook by turn. This procedure allowed students to predict which question they had to answer in advance, which helped create a strong uncertainty avoidance culture (Değirmenci Uysal & Yavuz, 2018). Students were expected to take the initiative in preparing for the lessons, and students who were confident in answering questions were expected to participate by answering questions in the class. Consequently, there was no pressure for students with disabilities to participate. The discussion was rare because it required students' participation. Students usually developed one-to-one interaction with the tutor by asking questions after class (Samnidze, Diasamidze, Nakashidze-Makharadze, Gurgenidze & Makaradze, 2020).

### **2.2. Data Collection**

Academic performance data at University X is recorded and maintained by its center for language studies office. Data on demographics, academic performance, and types of reasonable adjustment between the 2017/2018 and 2019/2020 academic years were retrieved in June 2020. Demographics included types of disabilities, students' majors, and the percentage of students who need RAs (Giaconi, Bianco, D'Angelo, Halwany & Capellini, 2021). Academic performance data is based on students' final marks on their assessed coursework and their final unseen exam paper for each of the three Japanese language ability levels (Ab Initio, Intermediate, and Advanced). All students were required to study Japanese for four hours per week for 11 weeks. Reasonable adjustment data included the seven types of reasonable adjustments: 25% extra time, small group room, 15 minutes rest break, bringing food and medication, the computer provided, seat at the back of the room, request a seven-day extension.

### 2.3. Data Analysis

The data was entered in the spreadsheet, tabulated, and reported by frequency and percentage for the demographics, academic performance, and reasonable adjustments. Original students' assessed coursework marks included descriptive data such as means, standard deviations, and minimum and maximum scores for the academic performance data. However, the academic performance data in this paper simply comprises students' final marks, the number of students, the condition requiring RA, and the percentage.

## 3. Results

### 3.1. Demographics

Table 2 presents the number of participants and the percentage of participants by major. Thirty-seven percent were majoring in Psychology. The remaining participants had majors in the School of Media, Arts, and Humanities (16%), followed by the School of Global Studies (11%). The present findings suggest that students with RAs do not consider Japanese a difficult language to study.

**Table 2**  
*Participants' majors*

School of Media, Arts, and Humanities	N	%
Music	1	
English	3	16
Art History	1	
<b>School of Mathematics and Physical Science</b>	<b>N</b>	<b>%</b>
Mathematics	1	
<b>School of Global Studies</b>	<b>N</b>	<b>%</b>
International Relations	1	
Anthropology	2	11
<b>Business School</b>	<b>N</b>	<b>%</b>
Strategy and Marketing	1	
Management	1	
<b>School of Law, Politics, and Sociology</b>	<b>N</b>	<b>%</b>
Law	1	
<b>School of Psychology</b>	<b>N</b>	<b>%</b>
Psychology	7	37

Table 3 below presents the participants' year of the study by level. Nearly 90% of participants in Japanese modules were foundation year (FY) (47.4%) and first-year students (42.1%) who studied at Ab Initio levels. This indicates that the majority of Japanese language teachers are teaching beginner-level Japanese.

**Table 3**  
*Number of participating students by year of enrolment and study level*

	N	%
Foundation year, studying Japanese Ab Initio	9	47.4
The first year, studying Japanese Ab Initio	8	42.1
The second year, studying Japanese Intermediate	1	5.25
In the third year, studying Japanese Advanced	1	5.25
Total	19	100

Foundation year programs offer "unqualified people to upgrade their knowledge sufficiently to qualify them to enter tertiary programs" (Fraser et al., 1990, p. 85). FY programs often provides pathways to admission for students who do not meet the standard undergraduate degree requirements. Most FY course designers seem to agree that FY study should prepare students for undergraduate studies. The focus of current FY programs at British universities seems to include at least the following two points: a) gaining the subject-specific knowledge and skills required to move onto degree-level studies, and b) participating in practice-based opportunities to develop academic skills and abilities. University X does not indicate the focus of its FY programs; however, that FY



students at University X are allowed to enrol in language courses suggests that the FY program at University X is different than at American universities.

### 3.2. Academic performance

Table 4 presents the breakdown of participants' marks. These findings indicate that just over 60% of students who needed RAs passed the Japanese modules. However, it should be noted that less than 20% of students obtained over 70%. Therefore, it may be difficult to generalize all students who needed RAs. In comparing the marks of students who needed RAs with those of students who did not need RAs, it was found that students who did not need RAs obtained higher marks than those who needed RAs. This has been consistently observed throughout this study.

**Table 4**  
*Participants' marks, by point range and percentage*

Marks	N	%
Over 70	3	16
60-69	3	16
50-59	4	21
40-49	2	10
Below 40 (fail)	7	37
Total	19	100

Table 5 presents a further breakdown of participating students' marks by language level. It should be mentioned that one of the students who scored over 70% was an Intermediate student who was bilingual in English and Japanese and whose mother is Japanese.

**Table 5**  
*Participants' marks language level by Japanese*

Grade	Ab Initio	Intermediate	Advanced	Total
Over 70	2	1		3
60-69	3			3
50-59	4			4
40-49	2			2
Below 40	6		1	7
Total	17			19

\*The results include five students who did not complete the course or completed with no attendance:

A. Completed the first half of the module and took assessment: 2 Ab Initio + 1 Advanced

B. Completed the first half of the module but did not take the assessment: 1 Ab Initio

C. Completed both modules (no attendance) but did not take the assessment: 1 Ab Initio

As indicated, just over one-quarter of students needed RAs. The majority of Ab Initio students did not complete the course. One Advanced student who needed an RA scored below 40 and retook the module the following year. Regarding the students who withdrew from the Ab Initio modules, one FY student who needed RAs withdrew after the spring term, and two FY students who needed RAs withdrew from the Ab Initio module after the autumn term. "Withdrawal" refers to withdrawal from the Japanese Ab Initio module, but not necessarily withdrawal from the University.

One student who needed RAs scored below 40 and completed the course but never attended the classes. Any students with disabilities can pass or complete the course without attendance if they registered and obtained the status of RA with the support office at the University of X. It should be stressed that attendance is not a requirement in language studies at University X. This means that students' poor attendance does not affect their grades at all; it is thus very difficult for language teachers to persuade their students to attend language classes.

### 3.3. Reasonable Adjustment

Sixteen of the students needing RAs had requested reasonable adjustments when they registered their RA status, and three of the students needing RAs did not request any reasonable

adjustments at registration. Table 6 presents the seven types of reasonable adjustments used by the 16 participating students, by module level.

**Table 6**  
*Types of accommodation used by participants, by Japanese module level*

Type of Accommodation	Ab Initio	Intermediate	Advanced
25% extra time	13		1
Small group room	12	1	1
15-minute rest break	11	1	1
Bring food and medication	3		
Computer provided	1	1	
A seat at the back of the room	1		
Seven-day extension request	2		1
Total	43	3	4

The majority of the reasonable adjustments were requested by Ab Initio students. Most students used both the “25% extra time” and the “small group room” accommodations. Most students used more than one type of reasonable adjustment. The “bring food and medication” accommodation was requested by the students with Type 1 diabetes. Accommodation requests 1– 6 are for their unseen exam papers (50% of the total assessment), while accommodation seven (i.e., seven-day extensions) is for their coursework (50% of the total assessment). The majority of students with disabilities seemed to consider the unseen exam more important than the coursework. Table 7 summarises further requested RAs and unseen exam marks.

**Table 7**  
*Student's disabilities, RAs, and unseen exam marks*

Disabilities	Requested RAs	Unseen exam mark
Depression and anxiety	Penalty waiver. Exam arrangement: 25% extra time and a small group room.	30
Depression and anxiety	Penalty waiver. Exam arrangements: 25% extra time, a small group room, a rest break, and a seat at the back of the room are requested. Ability to request 7-day extensions for clustered deadlines	37
Diabetes Type 1	25% extra time for your examinations (to be used for reading, writing, and checking). A fifteen-minute rest break per exam is also permitted. You may bring a drink, snack, and glucose gel into exams and check glucose blood levels during exams. A small group rooms.	65
Depression and Anxiety	Penalty waiver. 1:1 presentation.	65
Temporal Lobe Epilepsy	a fifteen-minute rest break per examine a small group room. A computer will also be provided	71
Autism Spectrum & OCD	25% extra time for your examinations (to be used for reading, writing, and checking). A fifteen-minute rest break per exam in a small group room.	29
Depression Anxiety OCD	Penalty waiver. Exam arrangements: 25% extra time and use of a small group room. A fifteen-minute rest break per exam.	51
Depression, Anxiety, Panic Disorder	Penalty waiver.	40

	Exam arrangements: 25% extra time and use of a small group room. A fifteen-minute rest break per exam.	
Dyslexia & Dyspraxia	None	38
Anxiety and Depression	25% extra time for your examinations (to be used for reading, writing, and checking). A fifteen-minute rest break per exam is also permitted (outside the room). You have permission to bring medication and a drink to the exam.	0
Depression and anxiety	A small group room. Exam arrangements: 25% extra time, small group room, 15-minute rest break.	40
Anxiety with depression	Penalty waiver. Exam arrangements: 25% extra time, a small group room, 15min rest break. - Extensions to deadlines (7 days) can be requested	59
Mental health	Exam arrangements: 25% extra time, small group room, 15min rest break. -	54
Autism Spectrum Condition	None	74
Anxiety and depression	25% extra time, a small group room, 15-minute rest break. Penalty waiver.	21
Dyslexia and dyspraxia	7-day extensions can be requested Penalty waiver. 25% extra time, small group room, rest breaks outside the room if required, and use of a computer.	55
Type 1 diabetes	25% extra time for your examinations (to be used for reading, writing, and checking). A fifteen-minute rest break per exam is also permitted (outside the room). You may bring food, drink, and medication to the exam room. A small group room.	74
ADD; depression; anxiety	None	Withdrawal
Anxiety	25% extra time for your examinations (to be used for reading, writing, and checking). A fifteen-minute rest break per exam is also permitted (outside the room).	60

The unseen exam is 50% of the assessment and is not the student's final mark. However, final exams show students' true ability as these are administered under supervised exam conditions. Students sit for the unseen exam for two hours.

As presented in the table, three students (one with dyslexia and dyspraxia; one with ADD and depression and anxiety; and one with Autism) did not request any RAs. The majority of students had comorbidity of depression and anxiety, and some students suffered from multiple disabilities (e.g., depression, anxiety, and OCD; ADD, depression, and anxiety).

#### 4. Discussion

This section compares the present study's findings with Sparks et al.'s (2004) findings. Sparks et al. (2004) reported that students with ADHD were successful at all levels of their European language study (mainly French and Spanish); the present study did not find the same degree of success among

the participating students who were studying Japanese and needed RAs. The six factors which may have affected the different results were mentioned in the Introduction Section: 1. ADHD participants vs. students who qualify for use of RAs; 2. a US University vs. a British university; 3. Compulsory vs. elective language learning; 4. Indo-European language vs. Japanese (Asian); 5. the year of the student's study; and 6. the use of RAs. Table 8 below summarises the factors and results that should be considered when comparing Sparks et al. (2004) with this study.

**Table 8**  
*Comparison of Sparks et al. (2004) and the present study*

Factors	Sparks et al	This study
participants	First-year students	Foundation- and first-year students
foreign language	Spanish, French, German, Latin, Italian, Russian, and Portuguese (99%) [Indo-European languages]	Japanese (100%) [Asian languages]
reasonable adjustments	32% requested and used RAs	81% used requested and used RAs
University	USA	UK
Language requirement	Compulsory	Elective
Disabilities	ADHA only	A mixture of physical, developmental, and mental disabilities
Course completion	The majority of students passed	About 30% did not complete the course

Two points related to the language of the study and the participants may be worth our discussion. First, Sparks et al. (2004) reported that their participants did not experience difficulty passing Indo-European language learning modules despite their having ADHD and did not exhibit serious academic language learning deficits. In this study, 37% of the participants did not pass the Ab Initio module. This difference may be explained by whether an Indo-European or an Asian language is being studied. Indo-European languages are based on the alphabet, while Asian languages such as Japanese are not. The distinct Japanese language grammar features that are different from Indo-European language include the use of particles, word order, no distinctions between singular and plural, counters, the concept of me vs. another family, and remembering three types of writing systems. Students may not be aware of these differences when they initially decide to study Japanese. These features seem to constitute a challenge for most students. To succeed in the study of Japanese, students' commitment and determination are necessary to overcome these challenges.

The second point is that the participants in Sparks et al.'s (2004) study included all undergraduate students (first-year, second-year, third-year, and fourth-year); whereas the present study included FY students, which may help account for the difference in results. Although we have discussed major differences, there was a similarity between the two sets of students: some students with disabilities in both studies requested reasonable adjustments. The shared accommodations requests were extensions of time, which may be the most popular RA at universities in the US and the UK.

## 5. Conclusion

The significance of this study is that it investigates Japanese language learning at a British university by students who qualified for or used RAs with mental health conditions. The results showed that nearly a quarter of the participating students who needed RAs either did not complete or did not pass the Japanese beginner modules, which may imply that studying and learning Indo-European languages and Asian languages at the university level may be different and that Japanese language learning may present real challenges to some students who need RAs. By contrast, those without the need for RAs may generally find studying Japanese challenging but manageable.

It is hoped that this study identifies some issues of Japanese learning in British universities and contributes to understanding and support for students with disabilities who are studying Japanese in the current learning environment in a British university. The issues identified in this research may be also useful for other language teaching staff, managerial staff, and those involving assessment.

## 6. Recommendation

The main limitation of this study was the low number of participants, which was 19, and the small sample size. It was not feasible to increase the size of participants as this was the maximum number of students available to the researcher. This limits the generalisability and interpretation of the conclusions that can be drawn from the results. Nonetheless, it is still useful to investigate the emerging characteristics of a specific sample of Japanese language learners in a British university context and to compare it with European language learners in a US university context.

This study prompted four recommendations for three parties: language teachers (two recommendations); student support services staff (one recommendation); and language center directors (one recommendation). The first recommendations for language teachers are that they encourage students with the need for RAs to register with their university's student support services so that they can receive additional support if they need it. Some students need RAs but do not wish to disclose their disabilities by registering them with the university. However, those who do disclose their disabilities may benefit from being able to receive support such as extra exam time and distraction-free environments during the examinations, which may help them achieve academically.

Secondly, it is recommended that Japanese language teachers be advised to inform students without backgrounds in Asian language learning of what to expect while studying Japanese, as it is different from studying Indo-European languages. Sparks et al (2004) recommended that students with ADHD must be encouraged to study languages as there are no marked differences between them and students without ADHD. However, Japanese language learning is more challenging than what students may expect based on their previous Indo-European language study experiences.

Regarding the recommendation for student support services staff, the need for RAs among students with mental health issues ranges from mild to severe. As such providing simple notes that state only that the student has 'depression' and 'anxiety' is not very helpful for teaching staff who want to better accommodate their students with RAs. Clearer and more systematic documentation and information on students, the degree of RAs they will need according to their disability, and how this might affect the teaching staff would be helpful to the teaching staff in ensuring that students are appropriately accommodated.

The last recommendation is for language center directors. Some students are unable to attend classes due to their anxiety, panic attack, and depression. It is recommended that language center directors incorporate online zoom teaching within their staff's language teaching hours to meet their preferences and requirement to support their Japanese learning.

Additional empirical research which investigates similar topics, but with larger samples, would build on the knowledge of this topic. Focusing on Japanese language learning with only first-year students or only FY students who need RAs and country-specific case studies on this topic may be of interest to educators, researchers, and student support services staff.

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