

Journal of International Students
Volume 13, Issue 3 (2023), pp. 512-520
ISSN: 2162-3104 (Print), 2166-3750 (Online)
jistudents.org

The transitional experiences of an international student facing chronic physical illness

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ABSTRACT

This article illuminates the author's transitional experiences during a chronic physical illness in China. Although many studies have considered patients' chronic physical illnesses, few have considered international students' experiences of chronic physical illness by means of the narrative approach. The author examines her chronic physical illness journey based on transitional experience and narrative identity theory. The narrative indicates a sense of identity, agency, and adaptation to change, and the exploration of such experiences could significantly contribute to the literature on students' chronic physical health from a student's perspective.

Keywords: Chronic physical illness, international student, reflective narrative, transitional experiences

Before China closed its borders due to Covid-19, the country was the third largest study destination for international students. An international student is defined as any student who has moved from one country to another to study (Biggs, 2003). In 2015, approximately 398,000 international students from across 208 countries studied in China, and this number grew to more than 400,000 in 2016 (Gao & De Wit, 2017). Student mobility has clearly grown over time. International students are often perceived to have an advantage; as they have an opportunity to enhance their personal and professional growth, travel, and establish a global network however, this is not always the case. International students face many vulnerabilities, struggling with stressors such as the language barrier, financial difficulties, perceived discrimination, and mental and physical health issues (Alavi & Mansor, 2011). However, few studies have considered chronic physical illnesses suffered by international students and the challenges that come with them. Existing findings from previous research confirm that many mental health issues exist among international students for varying reasons (Forbes-Mewett &

Sawyer, 2016; Iftikhar et al., 2022). Departure from the known to the unknown resulting from chronic physical health issues, however, is not fully comprehended

It is imperative that I point out that in this study that chronic physical illness refers to a non-communicable illness that lasts a long time and is unlikely to be cured (Revenson & Hoyt, 2016). Few studies have considered chronic physical illnesses especially from an insider's perspective such as the narrative approach. Nonetheless, a few recent studies have been conducted in this area. In their study titled, understanding the mental health impact of the covid-19 pandemic among individuals with chronic illnesses (Bhatt et al., 2023). The author's investigated if people with chronic illness were vulnerable to stress. Using the cross-sectional survey data, they examined whether there is a relationship between chronic illness, cumulative and specific stressors, probable depression, anxiety and post-traumatic stress. The study found that individuals with chronic illness has increased odds of probable depression, probable anxiety and post-traumatic stress as compared to those without chronic illness. In another study titled statistical analysis of the chronic gastritis in students (Харченко et al., 2020). The objective of the research was to conduct a statistical examination of the gastric mucosa in university students. The investigation revealed the presence of several types of chronic gastritis (Харченко et al., 2020). The study conducted by Rogowsky et al., (2020) investigated how the transition to higher education affected students with conditions, with the goal of gaining insight into their experiences. The exploratory qualitative study revealed a connection between students' health-related experiences and their personal, academic and post-graduation aspirations. The aforementioned studies provide substantiation for the notion that chronic physical ailments have a significant impact on the daily routine of those who are afflicted by them, and that such conditions are prevalent among the student population.

Transitioning in the international education context has a specific meaning. Beach (1999) defines transitioning as the active construction of new knowledge, which informs transformation due to new knowledge from elsewhere that results in the development of identities, new behaviors, and the positioning of oneself in the world. The process of transitioning therefore requires making adjustments to a new normal in ways which are intrapersonal, interpersonal, and relevant to context (Revenson & Hoyt, 2016). Ecochard and Fotheringham (2017) point out that transitions are not linear, but complex, and require a reductionist approach to be fully understood. The reductionist approach is suitable because it can be used to examine varied and multifaceted situations such human cognition and behavior, by deconstructing them into more manageable components that can be scrutinized with greater ease.

THE TRAJECTORY OF CHRONIC PHYSICAL ILLNESS ADAPTATION AND ADJUSTMENT

The exploratory study of my transitional experiences will utilize narrative identity theory (McAdams & McLean, 2013). Narrative identity is a story that focuses on participants' idea of self by weaving together their reconstructed past, the perceived present, and imagined future to create a sense of unity and meaning (McAdams & McLean, 2013). Narratives are "the best way of representing and understanding experience" (Clandinin et al., 2000 p. 18), and, as argued by Adler et al. (2017, p.5), narratives of personal experience are not simply labor-intensive self-reports as "the retrieval process is a complex interaction between the internal neural context, and external sociocultural context, modulated by the functions that remembering serves in that moment." Therefore, narratives serve the purpose of reconnecting with oneself and others who have had a similar experience: "Narratives might be subjective but they can have objective impacts (Adler et al., 2017, p.5). Narratives are how the writer makes sense of their experiences and socio-cultural interactions (Adler et al., 2017; McAdams & Pals, 2006; McLean et al., 2007). Sharing the meaning-making process, as explained by (Adler et al., 2017), is a science of subjectivity which uses tools from science to investigate issues of personal meaning.

My transitional experiences

The illustration of my transitional experiences are presented in chronological arrangement. On September 5th, 2018, I embarked on a journey from Botswana to China with the purpose of pursuing my studies in the field of Educational management and economics. According to my journal, in the year 2020 I found that

"I haven't slept for more than three hours a day for over three months now. Every time I try to eat I get heartburn, and bicarbonate of soda isn't working. My back feels cold and it's mid-summer. It is like my body is taking over and has its own mind." June 2020

When the pandemic started, I was not on campus but with my compatriot in another city, where I had to stay for nine months. This was the initial stage of my chronic gastritis, and I simply assumed that my body needed a change in environment to recover. This experience made me feel confused and disempowered. However, my sense of agency remained stable; I held the belief that upon reintegration into my academic setting and city, I would recover.

"I just told my mother I ate only one banana in three days and keep burping the same banana. She told me people who do not eat are people who are not well." October 2020

At this point I realized I was sick, but I was afraid to go the hospital because I do not speak Chinese. “How will I tell a doctor food keeps coming up my throat?” was the thought that kept running through my mind. This experience gave me an initial feeling of being stuck I persistently reflected upon my past behaviors and routines in an attempt to discern the root cause of my current predicament.

“My mother called me today and told me she went to the doctor and shared my symptoms with the doctor. The doctor told her the chances are I may have acid reflux, but I need to go to the doctor for a solid diagnosis. The winter holidays are in two weeks. I am so happy I will visit my compatriot and he speaks Chinese.”
December 2020

I had a glimpse of hope because I finally realized I was not imagining the food in my throat. I immediately planned to travel to my compatriot’s city because he would translate for me and be my support system. However, I later discovered that my compatriot’s city was considered high-risk for Covid-19, and I was not allowed to travel. This experience caused a constant shift between my sense of familiarity and unfamiliarity. Despite being well versed in purchasing food and utilizing transportation systems, the thought of navigating the medical system was unfamiliar and the realization caused a sense of stress. This was the lowest point for me. The only thing I had always been able to control was my body, but at that point I could not even do that. At that moment I called my mother, crying hysterically, and told her that I wanted to return home. I decided to check airlines to my country, but due to Covid-19 there were no flights.

Realizing that I was going to face this alone and armed with the knowledge that I had acid reflux, I took a shower and went to the hospital. At exactly 14.30 hours on 19 December 2020, I was sitting next to the doctor. I pulled out my phone and wrote on Baidu translator “I have acid reflux.” This was the best day of my life, because the doctor spoke English, and he instructed me to have a breath test and blood tests. When I returned to his office, he handed me two sheets of paper with the words “delta over baseline 4.0 DOB -0.2” written on them. He pointed to some acronyms (HGB, HCT, PDW) and told me that the tests showed that I had chronic gastritis and anemia.

I felt so overwhelmed, wondering if everything would return to normal. I took my medication as instructed and a bowl of porridge even though I was not hungry and had no appetite despite not having eaten for almost 48 hours. The above transitional experience evoked the realization that I had to engage and adjust to a new normal with my own body. Throughout my existence, I had maintained authority over my body. My identity as a healthy fully functioning adult shifted to a chronically ill adult. The experience shaped a strong sense of in-betweenness and ambiguity in me as an international student. For the first time in more than six months, I slept for more than six hours and woke up feeling that my symptoms had been relieved. This was a high point for me; this experience

marked a significant moment in my journey towards recovery, as the sense of relief I felt provided a glimmer of hope for my overall health.

As the weeks went by, I discovered that in China a seven- to 14-day supply of medication is usually given, and doctors rarely give medication without testing the patient. The numerous tests and frequent need to buy medication exhausted my funds. I found myself with nothing in my account. I had not anticipated this situation because in Botswana patients are normally given medication for 30 days, and, once diagnosed, they continue to take medication and have tests at intervals of months. I had insurance; however, it only covered in-patient services and specific lump sums.

This realization was my second lowest point. I had no money, no food, and acid reflux for six days before my stipend arrived. I could have called home and asked for financial relief, but I did not want to tell family and close friends because everyone would worry and that would make me feel worse. I gradually re-adjusted my finances to meet my new financial needs. It took about three months to adjust to the new normal. Upon gaining familiarity with the Chinese medical context, I posed a question to myself as to whether I can manage the chronic illness. In an effort to enhance my health, I started my research regarding chronic gastritis. I implemented modifications to my mental health and diet and made constructive adjustments to my new normal as per my journal entry below.

“I just finished watching a psychology video on the internet.” April 2021

The video for me was a turning point, a self-defining moment. I finally realized that stress and stomach issues are closely tied. I started reconstructing my past and realized that writing my thesis during Covid-19 had put me under a lot of pressure. I started to re-negotiate how I interacted with myself and adjusted to my new life (Gill, 2007). I immediately drew a vision board focusing on my health for 2022. I realized that if I did not focus on my health and find coping and healing strategies, then I might be unable to achieve my academic dreams. I became more self-aware and self-reliant, as I discovered my goals and worked towards maintaining a healthy lifestyle. I started sleeping on my right again, having previously adopted a left-side sleeping position in an effort to mitigate the occurrence of acid reflux. I began eating twice a day, and I could sit for three to four hours, whereas before I had been able to sit for one hour at most. My sleeping patterns also changed after I watched a TED talk about quantity of sleep verses quality. All these adaptations helped me cope better and increased my agency as I started to take back control of my body. The transitional experience provided me with the opportunity to encounter a new realm on interpretation and representation. Through adapting and adjusting to my altered health needs, I was able to achieve an improved state of well-being. The physical chronic illness, which was previously the most formidable obstacle I encountered, has now transformed into a driving force for upholding my health.

As illustrated by the above journal entries, I underwent a continuous transformation of my identity, which was influenced by my transitional experiences. These transitional experiences indicated my ongoing adaptation to a chronic physical illness, which was characterized by alternating feelings of empowerment and disempowerment. As mentioned earlier I transitioned from a healthy fully functioning adult to a chronically ill adult. However, as I received treatment and information about their condition, the process of healing and adapting was accompanied by the reconstruction of their self-identity through interactions with various elements such as information about the illness, as proposed by Lave and Wenger, (1991). The transitional experience of managing my chronic gastritis shifted and molded my identity, providing valuable insights into the knowledge that I had power over my body and health. I was not a chronically ill adult, but rather an adult who is effectively managing a physical illness of a chronic nature. Additionally, before becoming physically ill, I was concerned about my career and future. After falling ill, I became aware of my own positive qualities, including courage, endurance, and openness to change. I shifted my focus from placing importance on my accomplishments in the physical realm to prioritizing my health, which I considered my ultimate accomplishment. Initially, I believed that my purpose in life was to excel academically, but I came to understand that a significant aspect of life is maintaining good health.

The narrative identity theoretical construct served as a valuable framework for interpreting my personal experiences. By implementing various adaptive strategies, I was able to enhance my coping mechanisms and regain control over my physical being, ultimately leading to an augmented sense of agency and self. The way I perceive my values and the purpose of life has shifted. I have come to the realization that my mind and body are the most valuable assets I possess, and I have become aware of my own mortality. Upon further introspection, I have come to recognize that the added pressure of composing my thesis amidst the COVID-19 pandemic was a significant contributing factor to my struggles. Nevertheless, I perceive the present as an opportunity for transformation and the future as a period of recovery and management. I am presently re-evaluating my relationship with my health and continually adapting to my new circumstances. Furthermore, my aspiration to pursue a PhD has played a pivotal role in empowering me to surmount my challenges. My personal experience may suggest that the process of learning is invariably accompanied by the (re)construction of one's self-identity through interactions with diverse experiences. As explained by Mead (1934), the self is a part of us that is not there at birth, but is birthed from experiences and activities. As noted by some authors, a narrative is not void, but is filled with the past, perceived present, and imagined futures that act as driving forces when one creates a sense of unity within self and meaning (McAdams, 1995; McAdams & McLean, 2013). In the past, I was preoccupied with securing a secure future. Although I recognized the importance of my life, I did not fully comprehend that my life's worth was dependent on my health and ability to work towards my goals. I have come to understand that my

well-being is a fundamental aspect of who I am and a driving force for my future academically and career wise.

CONCLUSION

This self-reflection paper aims to raise awareness about chronic physical health challenges international students might face and how transitioning during a period of physical illness does not happen in isolation, as external forces come into play. The interactions and intersections of multiple forces include a diversity of experiences and needs. The transition model was used to explain the low point, high point, and turning point of my physical illness. The study highlights the experiences of an individual story and hopes to inform further research on physical illnesses of international students for the purpose of intellectualizing students' experiences with chronic physical health challenges.

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