

“I’m the only one that knows what I can and can’t do.”:
Shaping identities through disability accommodation discussions

by

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Abstract

This research project sought to understand experiences people with disabilities have when disclosing disability in the workplace for accommodations and how those experiences influenced identity formation. Utilizing a feminist disability theory framework, this project involved using semi-structured interviews with 13 people with cognitive and physical disabilities to learn more about their experiences across several organizational fields. Analysis of these interviews pointed to barriers within the workplace when navigating accommodation discussions based on relationships with others, degree of disability support in the organization, and understanding of disability experiences and accommodation needs. When accommodations are genuinely fulfilled, employees with disabilities feel supported and empowered; when they are not fulfilled, employees with disabilities feel excluded, vulnerable, and like an inconvenience. This research sheds light onto some experiences with disabilities and provides meaningful suggestions for organization leaders seeking an inclusive and welcoming environment for people with disabilities.

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Dedication

To my sister, Courtney, and all people with disabilities. You are valued, loved, and empowered.

Chapter 1 - Introduction

Humans use words to communicate, learn, grow, and innovate, but we also know how to use words to manipulate, stigmatize, discriminate, and marginalize. Yet, while these words aim to oppress, some communities have worked to reclaim historically derogatory terms for self-reference. Examples include black people reclaiming the “n” word (Rahman, 2012), and people with disabilities reclaiming the word “crippled” (Kafer, 2013). Reclaiming these words promotes self-acceptance and empowerment.

Along with words, our bodies are a way of navigating and making sense of the world. Human anatomy studied today examines the shape and form of body systems (Hudson, 2006). Consisting of tissues, muscles, bones, and organs, the human body comprises systems of intricate parts that work together to function daily. When the body and language intersect, a new language is established, and a unique sense of self is framed by the language used to understand our bodies. The language becomes more nuanced when disability is presented.

As science has evolved, scientists explored the human body to make sense of human experiences on an anatomical level, working to investigate problems as they arise. In the Western world, much of modern medical practices were influenced by Hippocrates of Kos, the Greek physician considered the “father of modern clinical medicine” (Yapijakis, 2009, p. 507). Hippocrates established the traditional basics of clinical medicine of: physicians evaluating a patient, making a diagnosis, and providing a treatment plan. He also coined several medical terms (e.g. *sepsis*, *trauma*, *diagnosis*) and described diseases with names that are still used today (e.g. *diabetes*, *arthritis*, *paralysis*) (Yapijakis, 2009). Hippocrates largely influenced how the Western world understands difference in the human body because he provided much of the language to speak about it with, establishing the intersection of body experience and language.

Etymology is important regarding medical and social labels because this intersection pathologizes human experiences, especially difference, and creates space to ridicule and alienate because of different human experience, such as disability. Humans are unique in body experiences but can be impacted by disability anytime. As such, the impacts of disability and communicating about disability must be examined at critical and nuanced levels to improve equality for people with disabilities.

“Disability” in this study is influenced by definitions from the American’s with Disabilities Act (2009) (ADA) and the World Health Organization (2017) (WHO). Given the influences from the ADA and the WHO, this study defines “disability” as, *a physical or mental impairment that substantially limits one or more life activities, constructed by the interaction of bodily features and appearances, and societal features*. Here, “impairment” is considered in relation to functional limitations on daily life activities (Americans with Disabilities Act, 2009; Handley, 2003) that include but is not limited to: caring for oneself, completing manual tasks, learning, communicating, and working (Americans with Disabilities Act, 2009). For example, walking with a limp can create functional limitations on navigating a staircase because there is a mobility impairment that is difficult and/or painful. Another example is the psychological sleeping disorder, insomnia¹ – something I live with. Insomnia is an impairment of the brain that makes it difficult to sleep some nights (Merrigan, Buysse, Bird, & Livingston, 2013). If I cannot sleep, I may oversleep, sleep through tasks, or have lower productivity due to fatigue. The impairment makes insomnia disabling because it inhibits my ability to function customarily. Separating “impairment” from “disability” and recognizing that impairment influences disability

¹ Insomnia is defined as, “an inability to fall asleep and/or frequent awakenings with an inability to return to sleep” (Merrigan, et al., 2013).

(Braddock & Parish, 2001; Hughes & Avoke, 2010), as recognized by the ADA (2009) and WHO (2017), allows for greater inclusivity and a broader definition of disability is both a biological experience and a social construction (Shakespeare, 2017) when historically, disability has been perceived as being largely biological definition (Kafer, 2013; Michaelakis, 2003; Santuzzi & Waltz, 2016).

Indeed, Western society has historically pathologized disability, ascribing ambiguous medical labels to human difference, and casting it as a largely negative and personal problem that should not be addressed socially (Braddock & Parish, 2001; Kafer, 2013; Michaelakis, 2003). People with disabilities have survived centuries of alienation, institutionalization, reproductive sterilization, and genocide by able-bodied society (Braddock & Parish, 2001; Malhotra, 2001; Michaelakis, 2003). Yet, efforts have been made at the legislative level to break down some barriers. For example, the Architectural Barriers Act of 1968 required that all federal buildings be accessible (Winter, 2003). Similarly, the ADA (2009) provides protection to people with disabilities, outlawing discrimination against disability in employment, public services, transportation, and public accommodations such as childcare and concert halls (Rubenstein & Milstein, 1993). However, people with disabilities still face problems that stem from social ignorance, especially in workplaces rife with power imbalance, depersonalization, and legalization, all of which influence how people define disability, talk about disability, and accommodate the needs of people with disabilities.

“Accommodation” in this study is considered in terms of the ADA as protecting people with disabilities and providing access opportunities in public services and organizations (Americans with Disabilities Act, 2009). The concept of the ADA is to provide a more productive work environment for people with disabilities (Michaels, Nappo, Barrett, Risucci, &

Harles, 1993) by obligating public services and organizations to provide “reasonable accommodations” to people with disabilities. The ADA outlines “reasonable accommodation” as:

(A) making existing facilities used by employees readily accessible to and usable by individuals with disabilities; and (B) job restructuring, part-time or modified work schedules, reassignment to a vacant position, acquisition or modification of equipment or devices, appropriate adjustment or modifications of examinations, training materials or policies, the provision of qualified readers or interpreters, and other similar accommodations for individuals with disabilities (Americans with Disabilities Act, 2009, Sec. 12111).

The ADA protects any person with a disability that is qualified to do the essential functions of the job in question, with or without accommodation (Americans with Disabilities Act, 2009; Dick-Mosher, 2015; Hagner & Dileo, 1993; Rubenstein & Milstein, 1993). This means the person with the disability must be considered a “qualified individual with a disability” (Rubenstein & Milstein, 1993). Definitionally, “reasonable accommodation” is anything that does not cause “undue hardship” on the employer, such as significant difficulty or expense (Americans with Disabilities Act, 2009; Hagner & Dileo, 1993). The ambiguous definition leaves space for people with disabilities to ask for accommodations that are beneficial to their current context (e.g. workspace, state with disability, employment position, etc.), meaning accommodations can range from workplace support to occasional assistance with a task to restructuring the workspace for accessibility. In short, accommodation is a function of how workplace personnel define disability, how and whether people with disabilities disclose those disabilities, and other organizational factors such as identification and task/relationship focus.

This study is necessary because people with disabilities are reliant on organizations to recognize their needs for disability and disability accommodations.

The aim of this project was to explore communicative processes within organizations surrounding disability, disability disclosure, organizational identity, and accommodation.

Exploration of these processes is informed by feminist disability theory, which aims to:

...augment the terms and confront the limits of the ways we understand human diversity, the materiality of the body, multiculturalism, and the social formations that interpret bodily differences...integrating disability as a category of analysis and a system of representations deepens, expands, and challenges feminist theory (Garland-Thompson, 2002, p. 3).

The idea is that the intersectionality of disability studies and feminist studies—both categories of “identity studies”—is mutually beneficial for scholars in the fields (Garland-Thompson, 2002).

A feminist approach to research is beneficial in this case, because as Garland-Thompson (2002) explains, feminist theory strives to understand “how representational systems of gender, race, ethnicity, ability, sexuality, and class mutually construct, inflect, and contradict one another,” (p. 3). Like studying the gender binary in terms of power systems, feminist disability theory studies the binary of able-bodied and disabled; both identities are human experiences of embodiment (Garland-Thompson, 2002) that are influenced by power systems. The current research examined disability critically as it related to identity and workplace accommodations, striving for inclusion of people with disabilities. Feminist disability theory has five premises: (1) representation structures reality, (2) the margins define the center, (3) gender (or disability) is a way of signifying relationships of power, (4) human identity is multiple and unstable, and (5) all analysis and evaluations have political implications (Garland-Thompson, 2002). These

principles are indicative of critical scholarship and provide a framework for approaching and understanding the experiences in the current research.

In terms of contributions, this study makes several contributions to scholarship practice. In terms of scholarship, the use of critical theory and feminist disability theory contributes to critical scholarship and identity studies about people with disabilities. This study also extends our understanding of how people communicate about disability and the factors that shape people's communication in the workplace.

It also generates better understanding of how disability disclosure and accommodation negotiations shape workplace disability identities by highlighting experiences of people with disabilities when disclosing and discussing disability in the workplace for receiving accommodations. The hope is that the better understanding will lead to tangible improvements in how managers and co-workers communicate with and treat people with disabilities and how they think about concepts like disability and accommodation, although there will never be a formula for addressing disability accommodations in the workplace.

Understanding how disability is currently discussed in the workplace also can help future people with disabilities communicate their needs. Additionally, this project aims not just to improve accommodation efforts but also to empower people with disabilities, highlighting and amplifying their voices, breaking down historical stigmas, and challenging conventional constructions of disability that disempower people with disabilities.

In many ways, these goals shape the language I use throughout this study. Most instances, I used the phrase "people with disabilities," rather than "disabled people" to write about experiences. Using the former phrase allows for the most autonomy to people with

disabilities because it is not othering², like the latter term can be. The terminology “people with disabilities” is also more inclusive of both physical and cognitive disabilities because it inherently suggests that disability is part of a person, not the whole. Linton (1998) explains that the term “disabled” is used within the community of people with disabilities because quite simply, they are a community that has a common descriptor of “disabled,” while experiencing vastly different disabilities. There is justification among scholarship to use “disabled people” or “disabled community” within research, but I rarely use either phrase because I am an ally with this community, not a direct member; as an able-bodied person, I aim to promote autonomy of people with disabilities. This is also an effort to strip away the notion that disability is a negative characteristic to be ascribed. Finally, I refer to people without disabilities as “able-bodied people” most often, noting that it is not parallel to the terminology of “people with disabilities.” This is still justified because “able-bodied” is not an othering term like “disabled” is.

This thesis is organized in several parts. First, I outline literature that provides a foundation for three research questions. Next, I describe methods used for research recruiting, design, procedure, and data analysis. Then, I use narratives from participants to describe the experiences of disability in the workplace and identify themes. Finally, I identified several implications of the research before providing critical discussion for people with disabilities, scholars, advocates, and organization leaders.

² People with disabilities have traditionally been considered “abnormal” and therefore “othered,” (Wendell, 1996). “Othering” here refers to treating people with disabilities differently because of their disability status. “Disabled people” or “a disabled person” is othering because it inherently postulates that having a disability is their only identity or there is something “wrong” with them.

Chapter 2 - Literature Review

Examining Disability

In the mid-twentieth century, the medical model of disability, also called the independent model (Beckett, 2014) shaped society's understanding of disability (Michaelakis, 2003). Under this model, differences are not accepted, and having a difference in bodily structure is “deviant,” “pathological,” and “defective” (Michaelakis, 2003). There is an expectation of intervening medically to adhere to societal expectations of “normal.” For examples, disabilities can be “cured” through various rehabilitations, conditions should be “treated,” and the impetus is on the person with a disability to engage in such drastic measures (Kafer, 2013; Michaelakis, 2003). The biological perspective was the foundation for future work with people with disabilities (Williams, 2001). The medical model was shaped largely due to how disability was viewed in the early twentieth century—largely burdensome, and unfortunate. Fortunately, criticism of this model occurred, and other models were created that are explained next.

Criticism of the medical model rose in the 1970's (Williams, 2001) as people worked to reframe disability. Reframing disability created space for a new model of understanding disability: the social model. The social model shifts the onus of the disability away from the person and onto society (Shakespeare, 2017). First coined by Mike Oliver in 1983, the social model of disability shifts focuses onto the physical and social environments that impose limitations on people with disabilities (Barnes, 2000). The social model questions the marginalization of people with disabilities that occurs through social, physical, and economic structures (Handley, 2003). For examples, work practices that conform to able-bodied worker capabilities, or inaccessible public environments such as a court house or organization. This model also encourages changing society that “disables” individuals by re-structuring, or adapting

to the individual's needs (Michaelakis, 2003). The social model largely considers "disability" a social construction but is problematic in its own ways.

First, the social model strives for a utopian world of accommodations that is likely unachievable. Disability is ever-changing; clouding the meaning of it downplays the implications a disability brings to structures (Barnes, 2000). Second, the model strips away the chance for a disability identity to form because it is considered solely a social construction and not an identity characteristic (Handley, 2003; Santuzzi & Waltz, 2016), which affects the influence of disability identity on personal identity (Santuzzi & Waltz, 2016). Similarly, the social model does not recognize "impairment" as part of a lived experience of people with disabilities (Shakespeare, 2017). Given the previously determined definition for "disability," neither the medical model, nor the social model of disability adequately fit for a theoretical framework because they lead to different perceptions of disability that are not indicative of lived experiences. The models combined, however, provide a foundation to work from and will be identified and described next. The combined model is important to achieve benefits of both the medical and social models of disability while also minimizing negative attributes of both and is explained below.

A combined model for disability can be understood with assistance from Kafer's (2013) "political/relational model" of disability. This model is built on social and minority (medical) model frameworks, but uses a feminist and queer critique lens (Kafer, 2013). This combined model allows space for interpreting disability as both a medical condition, and a social construction. Using feminist and queer lenses of understanding foregrounds other dimensions of identity, such as gender, age, and status. Disability is further problematized given its high contextualization, which recognizes that disability is something that manifests differently across

people, environments, and lifespans (Kafer, 2013). For example, we can recognize a person in a wheelchair as having a mobility impairment (i.e. a medical condition), but that person is not considered “disabled” until the individual is faced with a curb that cannot be navigated independently (i.e. a social/environmental construction). Novel understanding of disability like this allows for meaningful analysis of disability and is outlined further.

Indeed, this combined model politicizes disability, which is necessary to promote adequate societal change. The implications of using a combined model are important to note. First, this model allows for a more nuanced understanding of disability and disability identity than that provided by the medical and social construction models (Kafer, 2013). Second, deploying a combined model of disability centers the voices of people with disabilities, a notion pertinent to feminist disability theory (Garland-Thompson, 2001). Put another way, a combined model of disability allows people with disabilities to define how disability impacts them individually, interpersonally, and professionally because each experience of disability is unique and should be treated as such. Finally, a combined model provides nuance to understanding disability studies, combining two models that are traditionally deployed in such research. Recognizing “disability” as both a medical condition and a social construction creates space for people with disabilities to recognize their disability as part of their identity (Linton, 1998). A model for disability impacts how disability is talked about and perceived by others. The next area of literature examines perceptions of people with disabilities both in an environmental/societal lens, and an organizational lens.

Perceptions of People with Disabilities

As previously mentioned, people with disabilities have been historically marginalized (Braddock & Parish, 2001). Much of the marginalization is rooted in naïve understandings of

living with a disability. Common stereotypes of people with disabilities are that they are unable to be independent or successful (Kafer, 2013); are powerless (Charlton, 2006); are incompetent, passive, and sensitive (Linton, 1998); and view their disability as a “tragic loss” (Wendell, 1996) or “personal tragedy” (Handley, 2003). Disability is also commonly associated with helplessness, shame, and global incompetence (Wendell, 1996). Often, able-bodied people believe that what is right for them is right for people with disabilities (Braithwaite, 1992), leading to misconceptions of what it means to “accommodate” a physical or cognitive disability societally or organizationally.

Moreover, this misconception tends to be passed down from adults to children through social learning theory (Bandura, 1971). In a study examining child perception of disability in the United Kingdom, Beckett (2014) found that children often see disability as a problem for the individual, adhering to the medical or independent model of disability. Children also generally find people with disabilities as less-attractive, conforming to an able-bodied bias of beauty, although a few children recognized this as discrimination (Beckett, 2014). How children respond to disability is important because it shapes their understanding of disability when their brains are still developing. Interestingly, Thompson (1982) found that able-bodied people stereotype people with disabilities to be anti-sports, pro-religion, and education oriented. These notions are arguably based on misconceptions of living with a disability: having a disability automatically means not participating in physical activity, needing an “answer” to unanswerable questions such as “why am I living with a disability?” from a higher power, and unable to achieve success outside of academia. Perceptions like these can be translated into the workplace, and is discussed next.

The perceptions of disability are apparent in workplaces as well (Barnes, 2000). What individuals perceive about disability in everyday living will be translated into the organization. How people with disabilities are perceived tends to shape how successful they are in organizations. On the surface, organizations have a legal obligation to provide “reasonable accommodation” to workers with disabilities per the ADA (Americans with Disabilities Act, 2009). Although the law was created to strive for inclusion of people with disabilities, employers do not always see employing a person with a disability as a necessity (Kulkarni & Lengnik-Hall, 2014) nor do they understand laws such as the ADA. They may see people with disabilities as unfit for a job because most jobs are created by and for able-bodied people, largely due to the assumptions outlined above (Braddock & Parish, 2001; Charlton, 2006). Given the multiple layers of organizations, it is easy to postulate the “inconvenience” of accommodating one person with a disability. So, an ability/disability binary is created in the organizational context (Thompson, 1982). Thus, people in positions of power in an organization can decide what counts as a disability, what counts as “reasonable accommodation,” and what counts as basic job responsibilities, without knowing the nuances of the disability or living with a disability.

Furthermore, seeking accommodation often causes discomfort for all parties involved. For the person with a disability, seeking accommodation may seem stigmatizing, so asking for accommodation may not happen, resulting in lower productivity from not having proper accommodations (Kulkarni & Lengnick-Hall, 2014; Santuzzi & Waltz, 2016). For the employer, fulfilling accommodations may generate negative attitudes toward the employee with a disability, creating a dissonance in the relationship between employer and employee (Kulkarni &

Lengnick-Hall, 2014). The perceptions of disability shape a constant negotiation of ability/disability in the workplace and have several implications later explored.

Today's society is of compulsory able-bodiedness (McRuer, 2010) or the idea that being able-bodied (i.e. without impairment) is not only the norm, but the desired norm of all individuals. Societies have an able-bodied culture largely because most of the population is able-bodied when examining "disability" in the most palpable ways. For example, needing corrective lenses indicates a vision "impairment," and the impairment can be disabling dependent on severity and context, but people that wear corrective lenses are not considered "disabled" by the impairment when taken at face-value. Responsibility for accommodating disability are related to disabilities themselves. The need for social and organizational responsibility of accommodations come when people with disabilities are limited in their ability to navigate life as easily as able-bodied people – even if it is in a different way.

The able-bodied bias creates an intersection of conceptualizations of ability and work (Dick-Mosher, 2015) and able-bodied culture makes it difficult for people with invisible impairments or disabilities to be taken seriously in the workplace. Birk (2013) exemplified this manifestation in her autoethnographic account of living with chronic pain; she often had to "act out" her pain to be taken seriously. Often, other people with invisible disabilities must remind their employer of their disability and accommodation (Charmaz, 2010) leading to workplace disruption. Workplace perceptions of people with disabilities provides context for employability barriers people with disabilities experience, and the implications of such barriers is examined in the next section.

Employment Issues Facing People with Disabilities

People with disabilities face significant barriers entering workplaces and have low employment rates. For example, Hughes and Avoke (2018) reported employment rates of 18% for people with disabilities in 2010, while the U.S. Census Bureau (2019) reported a 19.1% employment rate in 2018. Additionally, multiple minority statuses decreased the likeliness to be employed for people with physical disabilities: women with disabilities had a slightly bigger gap in employment than men with disabilities; black people with disabilities had a bigger gap of employment than white people with disabilities; and Asian people with disabilities had a smaller employment gap than white people with disabilities (Sevak, Houtenville, Brucker, & O'Neill, 2015). Sevak et al. (2015) explained the employment gap among races with disabilities could not necessarily be due to disability alone; the gap could also result from discrimination or lack of access to vocational rehabilitation services. The gap also declines with more education; people with disabilities that had higher education degrees experienced less employment barriers than people with disabilities that did not have higher education degrees (Sevak et al., 2015), aligning with United States Department of Labor (2017) statistics indicating people with disabilities with more education are more likely to be employed. These findings reflect the stigma surrounding people with disabilities and their ability to be equal employees in an organization (Hughes & Avoke, 2010).

Sima, Wehman, Chan, West, and Leucking (2015) examined the implications that risk factors such as race, ethnicity, gender, and disability type had on employment post-school. They collected data from over 11,000 students 16 years and older with disabilities biennially. Over a ten-year period, they determined that major disability status (physical vs. cognitive disability), was the variable that had the highest differentiation of employment status for people with

disabilities. It is also noteworthy that young people with disabilities were at risk of having employment issues post-school, regardless of risk level or disability status; almost half of the participants were not competitively employed by the end of analysis (Sima et al., 2015). This finding could implicate the prevalence of outdated notions of disability in the workplace, primarily that people with disabilities are unable to work.

Another employment barrier for people with disabilities is rooted in bureaucratic systems. Specifically, federal policies surrounding social security programs, health insurance, vocational rehabilitation, and employer incentive can be disadvantageous for people with disabilities (O'Day, 1999). Vocational rehabilitation services can be difficult to locate at times, and often there is not a choice in who handles cases. Without adequate assistance, it can be difficult for people with disabilities, particularly people with physical disabilities, to find employment at all. Employers are also hesitant to hire a person with a disability because they assume a significant cost to accommodate the employee (O'Day, 1999), even though costs are often minimal for the employer (Hagner & Dileo, 1993) and/or can be considered a tax credit (O'Day, 1999). Implications for people with disabilities facing employment barriers are numerous and discussed next.

The inability to be employed as a person with a disability can lead to a higher chance of developing a depressive disorder than for able-bodied people (Turner & Turner, 2004). The increased likelihood could be because of unemployment, or unemployment and a diminished capacity to participate in social and occupational roles as a person with a disability. When compared to able-bodied counterparts, unemployment lead to financial strain for both able-bodied people and people with disabilities, but Turner and Turner (2004) did not find that financial strain affected able-bodied people's perception of self-esteem or occupational mastery

as it did for people with disabilities. Turner and Turner (2004) also found that females with disabilities were more likely to develop depression while unemployed than females without disabilities, indicating there may be more barriers for employment for females with disabilities. Conflicts of employment such as those mentioned previously for people with disabilities can shape disability identity and workplace identity because it affects self-esteem. These identities in turn are tied in with organizational power structures – the next area of literature.

Power Structures and People with Disabilities

Able-bodied culture also creates power imbalances between people with disabilities and able-bodied that has its roots in physical, social, and metaphysical worlds. “Power,” can be considered a repressive entity an external authority possesses and exercises over others (Tremain, 2009), as it is tied to access to and control over material and social resources. This definition of power, which is connected to what Foucault calls the juridical conceptualization of power (Tremain, 2009), aligns with the traditional approach disability studies scholars deploy to interpret the phenomenon of disablement. This conceptualization forms the foundation for the way “disability” is considered in the current research.

One cause of power imbalance is connected to the physical world. Elements such as particularly heavy doors, lack of functioning ramps or elevators, small gathering spaces, and other obstacles create areas that people with disabilities have difficulty accessing. This has the potential to segregate able-bodied persons from people with disabilities. Additionally, social structures perpetuate power imbalances. As noted above, stereotypes of people with disabilities, the normalizing of ability, and language choices for talking about (dis)ability create distance between able-bodied persons and people with disabilities (Kafer, 2013; Linton, 1998). These factors make it difficult for people with disabilities to be included in the workplace culture

(Hagner et al., 2014). Indeed, relational development among able-bodied people and people with disabilities is reliant on self-disclosure about disability by the person with a disability (Braithwaite & Thompson, 2000). Finally, there is a metaphysical power structure: consenting to existing within the power structure (Charlton, 2006). By consistently adhering to the power structure for the sake of job security, the power over people with disabilities is accepted and perpetuated. There is a constant need for negotiating the power between employer and employee with a disability and navigating the workplace hierarchy as a person with a disability is a noteworthy task, indeed. Recognizing power structures in the workplace is important, but equally important is identifying how they are manifested, which is explained next.

In the workplace, these power structures manifest in several ways that are unique to people with disabilities. While there is a constant negotiation about distribution of resources in organizations, adding the dimension of disability accommodations makes the exchange more conflicted. Even though accommodations for many people with disabilities typically are not costly (Hagner & Dileo, 1993), hiring managers may be leery of the perceived financial burden or difficulty of meeting disability accommodations (Hagner, 1993). A phenomenon of oppression occurs when relations between people manifests as a dominant/subordinate relationship (Charlton, 2006). Here, the person with more power is considered the dominant, is superior to, and has control of resources, decisions, etc. over the inferior – in this case, an employee with a disability – presupposing political, economic, and social hierarchies, structured relations of groups (such as coworkers), and a system of power (Charlton, 2006). Given employers may not know the exact cost of an accommodation during an interview, the potential scenario and negotiation itself could be enough for some employers to shy away from hiring a person with a disability, based on their previous experiences. Resulting is a perpetuation of

oppression against people with disabilities, and continued exemplification of difficulty obtaining employment while living with a disability. These results impact the relationship between employers and employees with disabilities, and is important to identify next.

Mumby (2001) argues, “meaning, identity, and power relationships are produced, maintained, and reproduced through ongoing communicative practices,” (p. 601) such as stories, conversational interaction, and organizational texts. In organizations, relationships between employers and employees with disabilities become more nuanced because conversations involve more than negotiating salary and benefits; they also involve conversations about accommodation. In these conversations, employers’ reactions can validate or undermine people with disabilities.

Moreover, these conversations directly shape perceptions and attributions of meaning and identity within the organization. Critical theorists see organizations “as social-historical creations accomplished in conditions of struggle and usually unequal power relations,” (Deetz, 2005, p. 94). Requests for accommodations are sites of that struggle and inequality based not only on ability/disability but also on hierarchical position. Historically, people with disabilities have been associated with being helpless (Wendell, 1996), and incompetent (Linton, 1998), among several other negative descriptors. These stereotypical notions can deter open communication between employers and employees with disabilities, which reinforces power over employees with disabilities.

Multiple layers of meaning cause conflict between employers and employees with disabilities. For employees, “disability” is understood regarding how their disability will affect their ability to work at a given organization. Beyond the organization, “disability” is a nuance of overall identity for people with disabilities (Santuzzi & Waltz, 2016). For employers, “disability” is understood regarding what accommodations need to be implemented for a

productive work environment. At the organizational level, this means that “disability” is considered juxtaposed to the legal confinement of what it means to have a disability (Hagner, 1993). The final area to consider about power structures is how accommodation requests impact the relationship between employers and employees with disabilities.

How employers respond to accommodation requests can be a catalyst for the developing relationship between employer and employee with a disability. Often, employers do not make accommodations unless legally obligated to (Santuzzi & Waltz, 2016). Knowing a legal obligation depends on being aware of the disability, forcing employees to disclose more personal nuances of their disability (Santuzzi & Waltz, 2016). Employers must balance giving an accommodation without appearing to adhere to favoritism (Charmaz, 2010). Negative attitudes by the employer can be shaped by accommodation requests if the employer feels the requestor is responsible for their disability in some way (Kulkarni & Lengnick-Hall, 2014), adding another layer of meaning to “disability.” For example, if the disability is caused by a personal action rather than an accident or genetic anomaly, the disability is perceived more negatively by outsiders. Clearly, conflict surrounding disability can be understood as both an interpersonal conflict, and a legal conflict. Employer perceptions of people with disabilities, accommodations aside, can influence employability among people with disabilities as well as constructions of disability and workplace identity, which is the next area of literature.

Disability and Identity

Human bodies are epistemic; they are arguably the only way to understand the world around us (Fassett, 2010). As humans come to understand the world, identities are created and shaped. For people with disabilities, shaping a disability identity is one component that is unique to their community. Santuzzi and Waltz (2016) define “disability identity” as:

a social identity that is informed by intraindividual experiences of an impairment (whether it qualifies as a legally defined disability or not), attitudes and beliefs about disability conveyed through social environments, and psychological experiences in reaction to intraindividual and social factors, (pp. 1114).

Put another way, disability identity is the way people with disabilities come to understand their disability, connected with their social contexts. It is shaped by previous experiences and interpretations of disability, or the intra-individual factors (Santuzzi & Waltz, 2016).

Interpersonal factors, such as social relationships, can influence disability identity, too; if a person with a disability only interacts with able-bodied coworkers, a positive disability identity can be hard to form in the organization (Santuzzi & Waltz, 2016) because it is formed in relation to able-bodied people and they may feel isolated, alone, and different. Additionally, society generally marks other people's bodies only when their performance is different than the status quo of ability (Fassett, 2010). If a disability is not socially accepted by the organization because disability cannot be read, the employee with a disability may not develop a positive disability identity due to fear of stigma (Santuzzi & Waltz, 2016).

In social settings, disability identity can be difficult to shape. For example, people with disabilities that are inconspicuous often engage in "covering" their disability, or trying to "pass" as able-bodied (Evans, 2017). Covering a disability could be always using a cart in the grocery store to hide the need of a mobility assistance device; this action allows people with disabilities to appear to pass for being able-bodied. Passing can also manifest if a person with a disability attempts to navigate social spaces without disclosing about the disability. This attempt is often to avoid discrimination by able-bodied people (Linton, 1998). Whether people with disabilities

choose to cover, uncover, or pass disability, their decision has implications for the formation of disability identity and workplace identity.

Based on the common perceptions and misconceptions of having a disability, being a person with a disability creates an experience of “otherness” involving dissonance between people with disabilities and able-bodied people due to the inability to identify with one another (Wendell, 1996). Not being able to identify with one another could lead to a negative formation of both disability identity and workplace identity. In organizations, there are typically few activities that allow people with disabilities to engage in organizational socialization, which influences identity formation within the workplace (Santuzzi & Waltz, 2016). Socialization in this sense is interacting with coworkers and general inclusion in the work group (Kulkarni & Legnick-Hall, 2014). Additionally, people with disabilities must decide whether and how much to disclose about their disability in each context. Disclosing could have implications on the social support a person with a disability gains within the organizational context (Gay, 2004). This indicates that the construction of disability identity is not only dynamic, but also constantly negotiated (Gupta, 2012).

Contributing to disability identity formation is the notion of empowerment. “Empowerment” here is considered “an interactional process of people working together to produce solutions to commonly experienced problems,” (Papa, Auwal, & Singhal, 1997, p. 244) suggesting that empowerment is both a perception and a process (Papa, et al., 1997). Empowerment is also a communicative process between marginalized groups and privileged groups that engage in dialogue for a fundamental change (Coopman, 2003; Shefner-Rogers, Rao, Rogers, & Wayanganker, 1998). When people with disabilities advocate for organizational change or accommodations, they are empowered because they are carving space for themselves

in the workplace when it was previously lacking. Similarly, when employers and coworkers are supportive of people with disabilities and their needs without advocacy, they empower employees with disabilities because employees with disabilities are accepted in the workplace culture. Empowerment for people with disabilities is a way to articulate an identity that both differentiates and connects to able-bodied people (Coopman, 2003) because it fosters self-acceptance. However, it is possible to not develop a disability identity, and must be explored next.

Failing to develop a disability identity can lead to psychological problems such as anxiety or depression, or physical health problems associated with working in dangerous conditions due to absent accommodations for disabilities (Santuzzi & Waltz, 2016). Two other aspects that influence disability identity in organizations are disclosing disability and negotiating accommodations for the disability. These influences foster vulnerable conversations between employers and employees with disabilities, and those conversations are the crux of this research.

Disability Disclosure and Accommodation Negotiations

Disclosing a disability in the workplace is considered self-disclosure. Self-disclosure is explicitly communicating information that would otherwise not be obtained to another party (Thompson, 1982). For people with disabilities that have a disability marker such as a wheelchair, self-disclosure would include disclosing why they are in a wheelchair because a disability marker often discloses disability for the person. Disclosing disability here, involves a struggle to protect and maintain a positive sense of self as a person with a disability (Stanley et al., 2011).

Disclosing disability means something different to each person with a disability based on their health and abilities, cultural traditions, social values and norms, and hierarchical

arrangements and specific workplace policies (Charmaz, 2010). Uncertainty levels are high among interactions of able-bodied people and people with disabilities (Braithwaite, 1991; Braithwaite & Thompson, 2000; Thompson, 1982), making the likeliness of disclosing about disability more strained than in interactions between two able-bodied people. Additionally, having a disability raises questions about human value based on one's culture and worldview (Charmaz, 2010). However, disclosing is necessary for social relationships to form (Braithwaite, 1991; Gay, 2004; Thompson, 1982). By deconstructing what the disability is, able-bodied people are less uncertain of the implications of disability, creating a more positive experience for the person with a disability (Thompson, 1982). Positive experiences between able-bodied people and people with disabilities can help shape a positive workplace disability identity, but it is currently unknown to what degree the workplace disability identity will be affected.

Disclosing disability in the workplace becomes more nuanced because disclosing is necessary to receive accommodations and support from the organization, but it is also at the risk of being excluded from their chosen profession by their coworkers (Stanley et al., 2011). Balancing a need for body autonomy and workplace accommodations is necessary for employees with disabilities because both influence shaping disability identity in the workplace. Organizations that appear to be pro-disability (e.g. organizational policies that are inclusive of people with disabilities) make the likeliness of disclosing disability to human resources go up (Wittmer & Lin, 2017). If a person discloses about their disability in an initial meeting upon employment, the likeliness for them to disclose again or in more detail is largely dependent on how the initial interaction was received by persons in power (Stanley et al., 2011), often an able-bodied person. This notion shows the emotional layer of disclosing disability. Often, people with disabilities, especially ones that are considered "invisible," disclose about their disability

more for organizational acceptance than for workplace accommodations (Charmaz, 2010). Here, the employee may not need an accommodation but desires understanding of difference in organizations. The more accepted a person feels, the more likely they are to disclose (Braithwaite, 1991; Charmaz, 2010). Arguably, the more accepted the person with a disability feels, the more productive they will be (Barnes, 2000). For the person with a disability, disclosing means choosing between honesty and privacy; for the employer, the disclosure indicates a need for balancing accommodation and favoritism among employees (Charmaz, 2010). Disclosing disability for accommodation negotiations is indeed necessary for several things surrounding people with disabilities finding success and satisfaction from their employment. Additionally, if disclosing disability leads to accommodations being met, organizational commitment by people with disabilities rises, arguably influencing job success and satisfaction (Wittmer & Lin, 2017). All things considered, disclosing disability for accommodations should accomplish: improved productivity, reduced fatigue, proper positioning, better potential for social support, and minimal stigma to related to the disability (Hagner & Dileo, 1993). The current study examines the implications accommodation conversations have for employees with disabilities. Next, gender differences surrounding accommodation conversations is examined.

There are few gender differences among accommodation negotiations among people with disabilities when gender is considered in binary terms; the differences present are more likely in terms of gender oppression more than disability oppression (Hartnett et al., 2014). Coupling gender oppression with the marginalization of having a disability, women with disabilities can face more obstacles in organizations (Hartnett et al., 2014). Hartnett et al. (2014) surveyed people with disabilities who utilized Job Accommodation Network (JAN) services for

accommodation assistance, and saw little difference between men and women with disabilities regarding accommodation request types, accommodation status (granted or denied), and requested accommodations cost. Men and women with disabilities had difference in finding the accommodation granted as effective. Women with disabilities found more accommodations as ineffective than men with disabilities meaning women were less satisfied with accommodations received than men (Hartnett et al., 2014).

In a different study, gender differences manifested in how men and women with disabilities were treated in organizations once they were hired and integrated into the organizational structure. Dick-Mosher (2015) examined the intersectionality of disability, gender, and occupation to find each variable influenced the experience of employees with disabilities. Past research has shown harassment against people with disabilities is a common type of discrimination, but for women with disabilities, it is more common (Dick-Mosher, 2015).

It is promising to see few gender differences in disability accommodations, but research has shown there are still barriers. For example, men are less likely to request workplace accommodations than women, but men and women are generally equal in the likeliness of being accommodated when requested, what the accommodation is, and how it is paid for (Hartnett et al., 2014). Men and women with disabilities also indicated similar reasons an accommodation was not met, mentioning employers not believing the employee's condition indicated a disability or not believing an accommodation was needed; in other instances, the employee with a disability was fired (Hartnett et al., 2014). Other research has shown differences between male and female employers and the likeliness to provide accommodations. One study found female employers to be more likely to fulfill accommodation requests, regardless of ADA knowledge

(Popovich et al., 2010). This finding was related to females being more empathetic towards subordinates in general.

As shown in the literature, there is research that indicates the importance of disclosing disability within social, organizational, and political structures for identity formation and workplace accommodations. This study explored how disclosing disability for workplace accommodations shapes individual disability identity formation in the workplace. Based on the previous research described above setting a foundation for analysis, the following research questions will be examined:

RQ_{1a}: How do people with disabilities decide to disclose disability in the workplace?

RQ_{1b}: How do people with disabilities disclose disability in the workplace for accommodations?

RQ₂: How are accommodations addressed in organizations?

RQ₃: What are the implications of disclosing disability for accommodations in the workplace regarding identity?

Chapter 3 - Methods

Researcher Position

Disability research is often done by able-bodied people that identify as a disability scholar and often, activist (e.g. Braithwaite, 1991; Braithwaite & Thompson, 2000; Charmaz, 2010). However, much qualitative research is done by people with disabilities, too (e.g. Birk, 2013; Garland-Thompson, 2002; Linton, 1998; O'Day, 1999). I disclosed in the beginning of this research that I live with insomnia and explained how the effects of it can be disabling. However, I identify living with insomnia as problematic but not a disability because of my long experience living and working with it. Thus, I identify as an able-bodied ally of people with disabilities whose goal is to improve the experiences people with disabilities have in the workplace specifically, and society broadly. This new-found identity can be traced back to an event several years ago.

In August of 2011, my sister was involved in a rollover car accident with a drunk driver, in which she was ejected from the vehicle and left paralyzed due to an injury to her C5 vertebrae in her neck. In the days, months, and years that passed after that accident, I watched my sister struggle to do seemingly simple tasks. I experienced able-bodied guilt for the first time, and multiple times after that, feeling overwhelmingly guilty that I could live my life how I wanted to, and my sister, my best friend, could not. Fortunately, I also watched her learn how to do seemingly simple tasks in a new, unique way. Over time, my worldview shifted as I slowly realized that people with disabilities did not have access to the same privileges that able-bodied people did.

Being able-bodied means: I have the privilege of walking with little effort, I can navigate most spaces without fear of injury, I do not have to consider the architectural structure of most

places when travelling or running errands, and I can do most things independently. I do not have to rely on certain senses to navigate the world, I do not have continual doctor's appointments, and I do not have to disclose a personal part of my identity to work successfully. Recognition of these privileges, along with a desire to use my privilege to improve the experiences of people with disabilities, motivated this research, shaped my methodological choices, and influenced my observations and interpretations.

Participants

To focus on the experiences of people with disabilities in the workplace and to enhance their voices, I limited the recruitment to people who (a) self-identified with having a disability and (b) had been working in their current profession for at least nine months. This was to represent the experiences people with disabilities have in the workplace as structured reality and recognize disability as a way of signifying relationships of power in the workplace, adhering to feminist disability theory premises (Garland-Thompson, 2002) The ADA's definition of disability is intentionally vague because disability differs among people, but perception of that experience is not always accepted by others, including coworkers and employers. Self-identification of living with a disability was used because disability is a lived experience that manifests in personal and unconventional ways and is tied to a person's identity (Gay, 2004; Santuzzi & Waltz, 2016).

To hear from people with a range of experiences, no limits were placed on the type of disability, meaning that disability could range from those obvious to the naked eye and those that are more inconspicuous. This research project welcomed people with varying disabilities, both physical (such as paralysis or genetic illness) and cognitive (such as dysthymia or bipolar disorder) to gain a range of experiences of people with disabilities. This also aligns with

feminist disability theory's fourth premise of human identity is multiple and unstable (Garland-Thompson, 2002); recognizing a range of disabilities speaks to the nuance of disability as a human experience. In terms of length of employment, the purpose of the nine-month criterion was to make it more likely that participants had gone through new employee orientation, socialized with coworkers, became more familiar with workplace culture, and confronted an episode that necessitated addressing their disability with someone in the organization (Jablin & Putnam, 2001; Kulkarni & Lengnick-Hall, 2014).

Thirteen people with differing disabilities participated in interviews (see Appendix D for participant information). The participants included eight females, four males, and one transgender man. Eleven participants self-identified as Caucasian, one as black, and one as biracial. All participants were from the Midwestern United States (Colorado, Illinois, Indiana, Iowa, Kansas, Missouri, and Nebraska), but two participants currently live on the east coast. Participants ranged in age from 21 to 41 and ranged in education levels from some college education to PhD. While education ranged from some college to PhD, most participants (seven) indicated having a bachelor's degree.

The disabilities present in this research are: moderate deafness, deafness, bipolar disorder, generalized anxiety disorder, attention deficit hyperactive disorder (ADHD), severe narcolepsy, mobility impairment, cerebral palsy, spina bifida, spinal cord injury, postural orthostatic tachycardia syndrome (POTS), fibromyalgia, chronic pain, and hereditary spastic paraplegia. These varying disabilities align with feminist disability theory's first, second and fourth premises (Garland-Thompson, 2002). The first premise – representation structures reality – is captured through the 14 differing cognitive and physical disabilities represented in this study and their narratives were considered valid without question. The second premise – the margins

define the center – is radicalized by understanding experiences of disabilities through people with disabilities; their experiences speak to how they have been marginalized by the majority and define problems still present in today’s societies. The fourth premise – human identity is multiple and unstable – is understood through the narratives shared in raw and palpable ways. It is important to also note that this research focused on employees with a disability, not employers. While employers with disabilities exist, the scope of this research was limited to employees with disabilities to understand conversations in a power structure where the marginalized group is a less powerful hierarchical position. Disability cannot be generalized, but the experiences shared in this research show that perceptions and misconceptions of disability are present, regardless of how disability reads on a person.

Recruiting

I used network sampling to locate people with disabilities who were interested in helping with the research. The two primary reasons for using network sampling was its usefulness for reaching marginalized or hard-to-access groups (Tracy, 2013) and its ability to address the vulnerability of being a person with a disability. In terms of reaching hard to access groups, people with disabilities comprise only 19% of the population (U.S. Census Bureau, 2016) and only 19.1% of the workforce (U.S. Department of Labor, 2019). This population is stigmatized and not all people with disabilities are comfortable disclosing their experiences with disabilities so, using personal contacts, aside from being more efficient, was likely to be more effective at gaining more information-rich experiences (Creswell, 2013). The second reason network sampling was appropriate was that it could help address the inherent vulnerability created by an able-bodied stranger asking to interview people with disabilities. Every person I spoke with

knew me from a previous meeting or through a mutual person in social networks, breaking down some tensions between a person with a disability and an able-bodied person.

I used social media platforms, and word-of-mouth recruitment to relevant organizations and education services to find participants. I created a social media post that included the research description and intentions, participation qualifications, and contact information for myself along with a graphic that read, “disability does not mean inability,” on my personal social media accounts (see Appendix A). Specifically, the public post was published to my Facebook, Instagram, and Twitter pages to initially connect with people within my own network. The Facebook post was voluntarily shared 19 times by people in my network within two days, and people contacted me via Facebook private message or my school email if they were interested in scheduling an interview.

Offline, I contacted the student access center at Kansas State University to share a research description (see Appendix B) that was passed on to others that may be interested. I also cold-called organizations in the northeast Kansas and southeast Nebraska area that have networks of people with disabilities to reach more people offline. The organizations I contacted were for people with varying physical and cognitive disabilities, and a recruitment statement (see Appendix B) was shared with organization leaders to share with employees that may be interested. For potential ocular impairments, a digital recording of both the recruitment statement and consent form were created but not needed.

Design

The critical paradigm, particularly a feminist disability theory lens for framework, provides the foundation for the research design. Critical theory is concerned with empowering humans from the constraints ascribed to them by race, class, gender (or ability) (Creswell, 2013).

Tracy (2013) states: “critical researchers view cultural life as a constant tension between control and resistance, and they frame language as a type of power” (p. 42). Currently, the language used in disability disclosure for accommodation negotiations is where the tension lies between employer and employee with a disability—a relationship with inherent power structures. Critical theory in organizational communication research addresses those power structures and includes:

...taking a basically critical or radical stance on contemporary society, with an orientation toward investigating exploitation, repression, social injustice, asymmetrical power relations (generated from class, gender, or position [or disability]), distorted communication, and misrecognition of interests. (Deetz, 2005, p. 86)

The critical paradigm orients research in exploitation, unfairness, and false communication, and questions status quos in organizations, society, or otherwise (Deetz, 2005; Tracy, 2013). I asked participants what challenges they faced in the workplace to better understand negative experiences they had when communicating about their disability and accommodation needs and believed the responses at face value.

Fundamental to critical theory is the notion of activism (Deetz, 2005). Researchers in the critical paradigm have an obligation to help those in sites of struggle through their research, cognizant of the immoral, unethical, unfair, or violent situations present (Tracy, 2013) to create a workplace in which employees with disabilities are treated equitably (Alvesson & Deetz, 1996). I am concerned with understanding how people with disabilities navigate the power relations experienced when disclosing disability for negotiating accommodations, and how it shapes their disability identity in the workplace. During interviews, I consistently gave verbal and nonverbal responses that indicated support for what each participant told me, centering their voices as expert.

The critical paradigm is appropriate for several reasons. First, it puts the onus of information on people with disabilities that will aid in the research (Deetz, 2005; Tracy, 2013). Understanding disability disclosure for accommodation negotiations from the viewpoint of people with disabilities is vital for adequate and equitable change and attempting to deconstruct preconceived assumptions of people with disabilities in the workplace. Only a person with a disability is an expert on their disability. This was honored and respected in several ways. First, by this study's definition of disability; the definition I developed uses language that includes both cognitive and physical disabilities, and supports that disability is both a medical definition and a social construction. Second with the openness of disabilities explored; participants had to self-identify with living with a disability so several cognitive and physical disabilities were included. Third, interview medium (face-to-face, video conference, phone call, or instant message) was chosen by each participant to ensure their comfortability and access based on their specific disabilities. Fourth, location was also chosen by each participant that chose a face-to-face interview for comfortability and access. Finally, interview questions were structured to center individual experiences (e.g. How has disclosing shaped the way you see yourself in the workplace?). In analysis, I chose narratives that related to themes identified, and used participant voices to express those themes.

Second, the critical paradigm allows space for investigating how context influences sense-making and identity formation for people with disabilities (Deetz, 2005). Specifically, I am concerned with the contextual power structure between employers and employees with disabilities when they are negotiating accommodations, and how the conversation manifests into sense-making within the organization, and as a person with a disability.

Third, and most noteworthy, the critical paradigm inherently attempts to break down power structures by understanding the subject as expert and acknowledging implications of research have a real effect on the community considered (Alvesson & Deetz, 1996; Deetz, 2005; Tracy, 2013). During interviews, participants were given agency in how the interview was conducted, the amount they disclosed, and were validated by knowing there was no “right” or “wrong” answers to the questions I asked. I also asked clarifying questions when I did not understand what they were trying to portray. Finally, participants were given an opportunity to share any additional information that we did not discuss during interviews that they felt was necessary for me to know while the interview was still recording. Without the assistance of people with disabilities adequate and equitable change cannot happen.

The methodological approach in this project is a feminist disability theory lens. As mentioned in the beginning, this theory aims to: “...augment the terms and confront the limits of the ways we understand human diversity, the materiality of the body, multiculturalism, and the social formations that interpret bodily differences,” (Garland-Thompson, 2002, p. 3). This lens, with its five principles, demands centering people with disabilities within the research. As such, feminist disability theory aligns with using a critical paradigm by critically examining the process of knowledge in an attempt to achieve moral and literal equality. Disability, like gender, can be understood as a shared human experience of embodiment (Garland-Thompson, 2002) and is present in all nuances of culture. Garland-Thompson (2002) postulates that all humans will experience disability if they live long enough, making it a vital area to understand more. More importantly, understanding should come from those that experience the embodiment, and without prejudice.

The stories and accounts offered by people with disabilities allowed space for their voices to express experiences of disclosing disability for accommodation purposes in organizations. . Having a disability in the workplace puts people with disabilities at a disadvantage because they are inherently inferior in the eyes of many able-bodied people (Kafer, 2013; Linton, 1998; Wendell, 1996), creating a relationship of power between employers and employees with disabilities. This relationship of power is important because identity construction is shaped by initial interactions about disability disclosure (Braithwaite, 1991; Gay, 2004; Thompson, 1982). Allowing the participants a space to speak unapologetically about their experiences with disability and accommodation conversations by deploying this study allowed for breaking barriers quickly during interviews. Several participants told me that they were excited about this research because no one has ever seemed deeply interested in understanding their experiences. In initial conversations about interviews, I informed participants about my previous knowledge of disability experiences – watching and supporting my sister learn to navigate the world differently after she had a spinal cord injury, and how I slowly recognized mistreatment of people with disabilities in societies. I sought to break down the power structure of able-bodiedness by disclosing to participants that my goal was to understand, share, and empower their individual experiences through this research in academia, organizations, and society.

A feminist disability theory lens is appropriate because the principles illuminate the nuance of the critical paradigm of understanding. Additionally, this theory allows for meaningful dialogue of the phenomena addressed, always centering people with disabilities (Garland-Thompson, 2002). Feminist disability theory recognizes disability similarly to the gender binary; there is an ability/disability system in place because the world is largely able-bodied (McRuer, 2012). Taking a feminist disability theory lens to research allows for:

“...[going] beyond explicit disability topics such as illness, health, beauty, genetics, eugenics, aging, reproductive technologies, prosthetics, and access issues,” (Garland-Thompson, 2002, p. 4). Here, I went beyond access issues, to explore the implications of negotiating accommodations for employees’ workplace identity.

Procedures

I used semi-structured interviews to collect information. According to Tracy (2013): “interviews elucidate subjectively lived experiences and viewpoints from the respondents’ perspective” (p. 132), allowing for a more nuanced understanding of the many perspectives and social realities of participants. Using an interview guide permitted follow-up probing questions that responded to the needs, interests, and statements of participants (Rubin & Rubin, 2005). Participants chose to do interviews via instant message, phone call, video conference, or face-to-face based on their preference, geographic location, and ability. Giving participants agency in choosing how and where to interview, they were able to choose what was best for their (dis)abilities. It also allowed them to see I wanted to meet them where they were comfortable and limit the power structure of able-bodiedness. I interviewed two people over instant message, one person via phone call, two people via Skype video conference, and eight people face-to-face. Instant message, phone call, and Skype video conference interviews were held in my private apartment. Face-to-face interviews were held at a public location of the interviewee’s choosing, which allowed ease-of-access and comfortability regarding several cognitive and physical impairments.

Interviews varied in length from 33 minutes to an hour and 44 minutes. Interviews totaled 895 minutes of conversations and averaged an hour and 10 minutes in length. All interviewees chose how to receive the informed consent form to accommodate differing abilities

(e.g. digital recording or printed in larger font for vision impairments). Interviewees that requested a written informed consent form were given two copies: one to read and sign for institutional review board, and one to keep for their own records. Interviewees contacted via phone or Skype video conference provided consent during first contact for participating, and electronically signed a digital version of the consent form. All interviews were audio recorded under the acknowledgement that names of persons or organizations mentioned were changed to ensure confidentiality.

Data Analysis

Following the 13 individual interviews, I transcribed audio recordings to ensure confidentiality, accuracy, and understanding of narratives (266 typed single-spaced pages). All identifying information about participants were eliminated or changed from transcriptions to ensure anonymity. All participants chose or were assigned a pseudonym to use for narratives.

I analyzed the data using Braun and Clarke's (2006) process to analyze transcripts: (1) familiarizing myself with the data; (2) generating initial codes; (3) searching for themes; (4) reviewing themes; (5) defining and narrowing themes; and (6) producing a report.. Specifically, I used thematic analysis to understand how people with disabilities interpreted their realities, meanings, and experiences in the broader societal context (Braun & Clarke, 2006). Additionally, thematic analysis allowed for understanding how people with disabilities decide to disclose, how they disclose in the workplace, how accommodations were addressed, and the implications of disclosure communication regarding identity in the workplace for people with disabilities. Through the thematic analysis, I utilized feminist disability theory as a sensitizing theoretical framework (Bowen, 2006).

First, I listened to interviews as I transcribed them. After each transcription was completed, I listened to the interview while reading the transcript to ensure accuracy of verbatim transcriptions. Second, I read the transcriptions to identify codes for analysis. I used line-by-line coding to identify narratives of disability, disclosure, identity, accommodation, and power in organizations. Third, I read through individual codes to identify themes relevant to the research questions using mind maps. Owen's (1984) criteria for themes was utilized to identify themes: (1) recurrence (similarity across data); (2) repetition (similarity of words and/or phrases across data); and (3) forcefulness (participant emphasis). Fourth, I reviewed and named themes based on principles of feminist disability theory. A member check was conducted to ensure themes identified were accurate based on narratives shared. Fifth, I identified narrative examples that assisted in validating themes. Finally, I organized the themes in a logical way to answer research questions.

Using thematic analysis in a contextual way moves beyond conventional themes of research into more abstract ways of understanding the data to show implications of the information (Braun & Clarke, 2006; Creswell, 2013). Beyond simple acknowledgement of similar narratives, thematic analysis can identify the micro-aggressive narratives that influence power structures between employers and employees. As such, contextually-sensitive thematic analysis aligns with the premises of using a critical paradigm, and a feminist disability theory lens in research. Identifying themes allowed for representing the five principles of feminist disability theory: (1) the structured reality of working with a disability; (2) the voices of employees with disabilities defining the center of relationships within the organization; (3) the power relationship between employers and coworkers, and employees with disabilities; (4) multiple understandings of disability within organizations; (5) political implications of

understanding more, the experiences employees with disabilities have in professions. Finally, thematic analysis allowed space for creating meaningful suggestions for organizations striving for a more inclusive work environment.

Chapter 4 - Results

Several themes were identified in data analysis and address the research questions while also recognizing that the analysis and evaluation of data have political implications for people with disabilities – the fifth premise of feminist disability theory (Garland-Thomson, 2002). This section begins by exploring disclosure of disability in the workplace before explaining more nuanced discussions of disability accommodations and concluding with the effects of communicating disability in the workplace on individual, relational, organizational, and social levels. First, I explain decisions people with disabilities make about disclosure (RQ1a). Then, I outline disclosure practices of people with disabilities (RQ1b). Third, I discuss how organizations address disability accommodations (RQ2). Specifically, in this section I outline the responsibility of accommodations for organizations and individuals, the types of organizational and self-accommodations people with disabilities receive and experience, and the relationship of accommodations and organizations. Finally, I examine the implications of disclosing disability in the workplace (RQ3).

The narratives shared are exemplars of experiences of the people that helped with this research. They are often lengthy because they are raw and vulnerable. However, these exemplars validate the richness of the data (Creswell, 2013), and give voice to people with disabilities. During interviews, I often gave verbal and nonverbal validation to participant's narratives. For narrative flow, I did not include ellipses that would normally indicate breaks in participant speaking, and I deleted vocal fillers such as "um" and "uh" for easier reading. All participants chose or were assigned a pseudonym to protect their anonymity (see Appendix D for participant information). In addition to pseudonyms for participants (self-selected or assigned),

brackets have been added within the narratives on occasions of protecting organization anonymity and/or content and context clarity.

Disclosing Disability in the Workplace

The practice of disclosing disability in the workplace is a function of many factors that drive decisions to disclose and practices of disclosing. This section identifies patterns in participants' experiences about how they made the decision and how they went about disclosing their disability.

Decisions about disclosure

Several individual, relational, organizational, and cultural factors influence the decision to disclose and the amount disclosed. Individual factors include visibility of the disability, disability identity, and disability acceptance.

Individual factors. In terms of individual factors, the visibility of disability influences disclosure. For some, disabilities are evident by physical features or objects, such as using a wheelchair, walking with a limp, or using sign language to communicate. People with disabilities that have a visible disability marker tend to disclose more often because they are visibly different to able-bodied persons. Six participants in this study have a visible disability marker. For example, Pat, who lives with spina bifida, can walk short distances but primarily navigates using a manual wheelchair. He explained, "...I can always tell when somebody's wondering about me, because they're staring. They're staring, and they're looking, and I can just, I can see the wheels turning...and sometimes I'll just go up to them, and start talking." Here, Pat decides to disclose to allow others to understand his experience.

For others, disability is not readily apparent, meaning they often can pass for being able-bodied (Evans, 2017; Linton, 1998). The lack of visibility means they must justify their request

for accommodation for acceptance from others because their disability is not readily apparent. When individuals with invisible disabilities – including the participants of this study – do disclose, it can be difficult for able-bodied people to understand their experiences for several reasons, including no visible “evidence” for abilities, ambiguous medical terminology, lack of knowledge, and lack of experience, among others. Mandy has a mobility impairment that makes it difficult to walk. Specifically, she walks with a limp, and she shared about how the invisibility of the impacts of her disability led to some awkward exchanges.

When I first started full-time, one of them I had known for a while and she was fully aware of [my disability]. The other one, I explained to her that it’s hard for me to carry things up and down stairs, I don’t feel safe doing that. So I would ask her for help and she’d just be like, “well can’t you just do it yourself?” and so then I’d be like, okay, I guess I can, and so that was really rough because she knew, or I thought she knew. I mean, I didn’t feel like I had to keep telling her.

Similarly, Emma lives with postural orthostatic tachycardia syndrome (POTS). She describes POTS as an invisible illness that affects how body systems communicate with each other. Primary symptoms of POTS for Emma include fibromyalgia and constant dizziness that causes her to use a wheelchair occasionally. When asked about living with an invisible illness affecting how others treated her Emma said:

It’s hard when I look just like a healthy, normal 23-year-old, and still have mobility issues, right? I haven’t had to use a wheelchair since undergraduate after I was at [a research hospital], which is great, but like, I *would* [emphasis in original] use it intermittently. And...my peers in class be like, “not to be rude but like, you can walk, why do you use a wheelchair?” You know?

Sometimes for Emma, the decision to disclose is influenced by questions she receives from people that can otherwise navigate without difficulty or assistance, and do not understand why she occasionally uses a wheelchair for navigation. These examples point to the difficulty in disclosing when a disability is largely invisible (Charmaz, 2010) and different experiences they have initially because of other people's perception of disability.

A second individual factor influencing whether or not people disclose their disability is disability identity, or the way people with disabilities make sense of their disability and its social implications (Santuzzi & Waltz, 2016). For some, "disability" is a label given to them by society; they acknowledge that they have a disability, but only because society says they do. Eleven participants view their disability as part of who they are while also recognizing the label of "disability" in organizational and societal terms. Specifically, these participants recognize the power of being labeled with living with a disability while also accepting it as part of their identity. For example, James has lived with a spinal cord injury at the C5/C6 vertebrae level since age 30 and now navigates using a manual wheelchair. When I asked James if he would label his spinal cord injury as a disability he said:

When I talk about it, I talk about it as a disability. Or, sometimes I'll say it's a setback just because things I've done in my life in the past 11 years is more than I've done in the 30 before that. Just saying that it is kind of a setback on the time of what my life was gonna [*sic*] be.

James reframed his spinal cord injury as a "setback" because he acquired his disability from an accident. Kelli, living with cerebral palsy stated:

It's vertical cerebral palsy, so it goes down my body instead of just my arms or just my legs—it's the entire right side of my body. I've had it since birth, but I didn't really

know what it was until I was old enough to kind of know I was different from everyone else. [As a disability], I think it's more labeled for me. I've never really labeled it as a disability...when I tell people about it, they say, "oh, well that's a disability." I don't really see it as anything that like, changes the way I function on a day-to-day basis but, I think people more, want to put me somewhere, cause I'm not the same as everyone else.

Other participants expressed similar sentiments in their view of their disability, calling them "a skill," (Syd); "a gift from God," (Elywin); and a "superpower," (Kelli). Syd views their severe narcolepsy as "a skill," but recognizes that it is not treated as such. Pat noted, "I don't really act or even feel like I have a disability, um, because I have learned, we all just learn how to adapt, and make life you know, the best we can possibly make it." Similarly, Tracy expressed negative feelings about labeling people as "disabled" stating:

People use this phrase "disabled people," we're not disabled people—we're people living with x and y things, not consumed *by* [emphasis in original] this thing that you can't see past. And so, if we think about able-bodiedness or disability to do things, we all have inabilities. Some of us can't run a marathon; that makes you disabled, you can't do that thing. Some people can't do cartwheels; some people can't do these things. There's different ways of seeing disableness [*sic*], or other ability-ness. And so that phrase "disabled people" pisses me off. First of all, there's so many variations in the community. I don't know what it's like to be a person with vision differences or hearing differences, and for me, for mobility impairment, you know, just a person living with a mobility difference, or, they have a different gate, so what? And so, um, what I have a problem with is that people have to have these categories to begin with.

A third individual factor influencing people's willingness to disclose was connected to the extent to which they had accepted their disability. Acceptance is considered in terms of when participants indicated they accepted their disability and how they experience acceptance of their disability. Kelli stated:

I've gotten a lot more comfortable with disclosing my disability. When I was younger, I wasn't sure how to talk about it because there were so many questions that I didn't know the answer to about my disability, um, that I would like, I used to like make up stories when I was really little about like, being bitten by a shark, or you know, like accidentally sawing off part of my leg, just like weird, weird stories that kind of helped, that like, awkwardness of, "oh you have a disability, I don't know how to ask about it." I stopped looking at my disability as something that was inhibiting me a long time ago because if I looked at it as something that was stopping me from doing things, I wouldn't get anywhere in life. I just decided I was just, sick of being, being told I can't; being told, "oh, you'll never be able to do that because your legs move a different way," or because "your gate is really off." So, I just decided to kind of say "screw 'em!" and do it anyway [chuckles].

Six participants indicated that acceptance became easier through growing up, living and navigating with the disability, and having support from family and friends. Emma noted, "I really think it was my support system for sure. I think, really, my support system nudged me towards accepting my new identity."

Three others found acceptance with correct diagnosis. For Anne, an ADHD diagnosis meant realizing the difficulties she experienced were different from others. She stated, "I lived up to 16 years [old] without realizing I had [ADHD]; I just thought that everyone had the same

problems that I was going through—I didn't realize it was like an actual problem.” With the diagnosis, Anne has been better able to navigate several barriers in her life.

Individual factors like visibility of disability, disability identity, and disability acceptance translate into interpersonal interactions because it influences how people with disabilities disclose disability on an individual basis. Relational factors that influence disability disclosure is explained next.

Relational Factors. Relational closeness is a fourth influence of disclosing disability. When asked how they handle disclosing their disability, several participants began their answer with “it depends on the situation.” For some, disclosing to strangers is fine, while others find it annoying and sometimes offensive being asked personal questions. Pat explained he is often open when others ask questions: “I mean if they want to know, I'll tell them anything they want to know; I'm not shy about my disability. I mean, I live with it every day.” Conversely, Shae tends to stay more reserved, stating:

I don't really like, divulge details unless someone asks because, I want to educate people, but I'm not gonna [*sic*] just tell like, anyone very intimate parts of my life. And I've found that usually people who ask me like, “what is it like being bipolar?” or “what exactly does that mean?” they care, I usually have personal relationships with those people so I realize that it's like, you're trying to get to know me as a person and, understand me more. I don't like it when people I don't know well [ask] because it's just like, Google it.

Tracy, although generally open about her disability, does not always engage in conversations about it. She explained:

Instead of coming up to ask a person, “hey, what’s your name?” and “how are you?” ...[it was] maybe “what do you do?” and “what’s wrong with you?” “what happened to you?” “does that hurt?” Do I know you? No. Back the hell up.

Some participants found it easier to disclose to family and friends than it was to a stranger because of family members’ and friends’ interest and caring. The influence of closeness on disclosure was evident in the workplace, too. Kelli found it easier to disclose to her supervisor than to her coworkers. She explained:

It’s definitely different with co-worker’s cause, with the conversation with my bosses, there’s a level of respect; it’s like a mutual level of trust and respect, and, with the coworkers I’ve had in the past, there’s not always that same level. Um, because of the fact that my boss is kind of held to a higher standard.

In Kelli’s example, the power difference between her and her supervisor is a positive one; even though her boss is in a higher position, she felt more comfortable disclosing because there was a higher level of trust and respect. Conversely, Emma found it easier to disclose to coworkers than her supervisor, explaining:

I think it was honestly their genuine interest in knowing that allowed them to be open to really knowing how this functions in my life, and getting to know me. Versus like, my supervisor had no interest in understanding why this happens; no interest in understanding how it’s part of my life. More of, it’s just a part of me that inconveniences him.

These examples show how relational closeness affects disclosure because it is dependent on their current context, and how they perceive receptibility of disability from both family and friends, and co-workers and supervisors.

In addition to relational closeness, privacy of the conversations influenced the decision to disclose. Six participants indicated disclosing in a private conversation is easier than in a group or publicly. Tracy shared a time when she was asked about her disability after a meeting:

Sometimes the differences do come up, but it's not to demean me, it's really to protect me. I have a new department head...she saw me walking with a cane when I came in for my interview last year. And, it wasn't a big deal, it didn't come up, but I don't know if it was because legally they shouldn't talk about it, but, in a private conversation, she asked me, "can you share with me what's going on?" and I'm more than happy to do that privately.

Just as relational closeness and privacy can facilitate disclosure, safety also influences people's willingness to disclose. All 13 participants mentioned safety being a factor of disclosure, but it varied on how they felt safe. For some, perceptions of safety were connected to reading others' body language and connecting those interpretations to past experiences. Ken explained:

I want to know pretty much early on if they're going to be on my side, and I'll usually be able to figure that out by having a conversation; they get a worried look on their face when they're not.

Safety was rooted in interpersonal connections. Emma stated:

I think it's kind of a long process of trying to figure out – and it depends on the situation, on my communication privacy management, you know? – but really it's, a lot of times based on positive, interpersonal bonding with the person.

Safety is also rooted in perceived similarity to the other person as well as the degree to which the person believes that the organization is inclusive and supportive of people with

disabilities and their needs (Santuzzi & Waltz, 2016; Wittmer, 2017). If there is perceived stigma, people with disabilities may not feel safe disclosing. For example, Anne explained:

[I handle disclosing] cautiously. I'm in the middle of the application process, and at the end of a lot of them, they have voluntary self-disclosure. It's a sign of my privilege, definitely; I'm comfortable disclosing my gender, I'm comfortable disclosing my race, but when it comes to the disability part, I always hesitate, because the stereotypes of ADHD are so prevalent, and I navigate them on a daily basis. That, if I do disclose, is the assumption going to be, "I've seen people with ADHD, I know how they operate, therefore this person is *not* who we want, I don't care about her credentials," right? And then if I choose not to disclose, and I do get hired, how do I explain why I have difficulty with certain things, or why I do things differently, if I don't disclose, you know? It's less about like any, you know, "benefits" or anything that I would get, because I'm really not getting any, it's more about my own personal security, right? Either getting a job to be financially secure if I get that job, am I gonna [*sic*] be secure, and supported in that job? [*sic*].

Here, we see Anne struggle with power because she must take a chance that supervisors will not be accepting of her having ADHD. As an advocate for a crisis shelter, Mandy struggles with her organization's lack of physical accessibility for all people; the building has several stair cases, but no elevator. She explained:

It's even something where I've brought it up to the director of client services, how uncomfortable it makes me, and kind of angry it makes me, and she straight up said like, "don't tell the executive director. Don't even say anything to her about it because she'll get pissed because we're ADA compliant," and that's it. That was the end of the

discussion and I feel like I can't say anything. I can talk to the director of client services, but the boss – [my coworker] was literally like, “that’s not a safe conversation” with her – for me to bring up, not even for my own good, but for the good of the clients. I went through a period where I thought about quitting.

In this example, we recognize Mandy’s fear of bringing up accessibility issues because her supervisor is not receptive to the conversation. This example also shows how power can influence disclosure. While she feels safe talking to her immediate supervisor, she cannot talk to the executive because they are in an even higher position and appears to not care about accommodation issues because they are ADA compliant. Safety in terms of both conversations and physical structures can influence perceived support and is explained next.

Perceived supportiveness from others in the workplace is the fourth and final relational influence of disclosure. Four participants discussed feeling supported and empowered in the workplace when they were given an opportunity to speak about their disability and/or needs for accommodations. Participants felt genuinely heard by organization members. For example, Tracy received support from a university she was visiting for a potential career move:

I disclosed [my disability] in my cover letter and then I also talked to the person who was setting up the itinerary, and I said, I need time to get to this and this place because it takes me double the time to get to one place compared to persons able-body. I know it’s a smaller campus, but for me, it’s a big campus. So, they took it upon themselves to get a golf cart. And, they didn’t act like I was different or inferior because I move differently. They just were like, well, let’s get to business, which I appreciate.

Tracy was given support when she communicated her needs to university personnel and was taken seriously by those in higher positions.

Participants appreciated their supervisors and coworkers not making assumptions about their abilities or disabilities but rather creating a supportive work environment that was responsive. For example, James is supported without being coddled for navigating in a wheelchair. He explained:

If I needed anything, absolutely anything, I could have three or four people asking, when I could have asked for help. Since [my coworkers] know me as an individual, they know most times I won't need help unless I ask. So, it's kind of a good thing. They don't say, "oh, can I help you with this? Can I help you with this?"

Tracy also has a supportive work environment stating:

My department heads, from first semester to now, they have really listened to me. They made me a priority in terms of what I needed. They talked to me as if I'm a colleague, a researcher, and a teacher; not as, "oh this person is different, maybe I should talk differently to her because she walks differently than me." They know that I'm a scholar; they know that I'm just like them in that way. And the differences that they do see, they're like, "okay, what do you need? Okay, I can make that happen." And so, it feels great that it's not an issue that I had to like, protest about.

In both examples, listening is the common attribute. By listening to the needs of employees and believing them, communication is positive among organization members. Additionally, power imbalances do not appear, instead these organization members do what they can to make people with disabilities equal.

Not being heard, conversely, had the effects of repeated disclosure and self-doubt. For example, Kelli shared a story from a job interview:

When I went to the interview, I told them that I do have this disability. And I think the woman was kind of like, “she’s not going to be at the standard that we hold our employees to; she won’t be able to do all of these things so it’s not going to work out.” That was one of the first jobs I applied for...I remember walking out of that interview and being like, “if I had never told her that I had a disability, I wonder if I had gotten the job?”.

Here, Kelli experienced self-doubt after disclosing; the body language she read from the interviewer indicated that assumptions were potentially made on her abilities and behalf.

Repeated disclosure is an experience many people with disabilities face (Charmaz, 2010) and was experienced by four participants in this study. Jessica experienced this in her work as an instructional assistant in a preschool for children with disabilities:

I’ve lived most of my life hard of hearing, and I’ve adapted well to hearing aids, so I can usually get by well. Sometimes people forget I’m deaf and I’ll have to remind them to speak up. In my workplace, it doesn’t hurt me terribly because I am usually talking to kids most of the day, and I know how to quiet them down so I can hear. I’ve known [my coworkers] for four years and they have an education in special needs. It used to be rough because they didn’t quite understand that if I didn’t respond to them, it wasn’t because I was ignoring, it was that I didn’t hear them. The lead teacher in the room once told me that I just needed to be more aware of my surroundings to hear her and I needed her to be more patient when I didn’t catch what she said. At the time, it was very upsetting because I felt like I was bad at my job. And this job ultimately will lead to my dream career. There was a point where I wasn’t sure if I’d be able to do it. But we ended

up communicating better and now we're in a good place where she understands why I need clarifying or why I didn't respond.

In Jessica's example, it is evident that even in an environment where communicating with people with disabilities is focused, the needs of coworkers can still be forgotten or ignored, indicating a power imbalance. In these examples, participants experienced self-doubt because their needs were not heard. Relational factors of closeness to others, amount of privacy, perception of safety, and perceived support translate into the organization through interpersonal conversations. Organizational factors of disclosure are examined next.

Organizational Factors. Structural factors also influenced disclosure. These factors included job requirements, and organization inquiry about disabilities. Job requirements are arguably the crux of disclosing the need for accommodations. If a person's disability has no impact on their job or relationship, disclosure may be less frequent or non-existent (Braithwaite, 1991). When I asked James how having a spinal cord injury impacted his experiences in the workplace, he responded: "That's a tricky one considering where I work...it's pretty accessible there...90 percent of the population there have a wheelchair or some form of mobility [need]." For James, working in an organization that caters to people with spinal cord and traumatic brain injuries limits the need to disclose because there are less barriers and need for accommodations.

Organizational openness and inquiry about disability also influences disclosure. Some participants were asked in their job application about any disabilities they wanted to disclose. Shae explained that her job application asked more personal questions like, "have you ever struggled with mental health problems? Have you ever abused alcohol?" and her supervisors knew about her disability because of her application.

While asking about disabilities on an application can signal sensitivity and inclusion, it can also create hesitation for people with disabilities who do not wish to disclose on paper. Pat said indicated that he did not put the disability on the application because he was “not gonna [sic] take that chance to keep me from getting an interview.”

To summarize RQ1a, the decision to reveal or conceal disability is influenced by individual, relational, organizational, and societal factors. Participants decide in each situation whether to disclose their disability. These decisions are a function of factors such as relational closeness, organizational supportiveness, and individual acceptance. If participants decide to disclose, they can do so in several ways and is examined next.

Practices of Disclosure

Participants tended to disclose their disabilities in one of four ways (1) limited revelation, (2) direct revelation, (3) prompted revelation, or (4) forced revelation. These disclosure practices varied by amount disclosed and motivation for disclosure. Table 3 below provides reasons and examples of disclosure types before expanding on disclosure practices.

Limited Revelation. Limited revelation was the practice of concealing or offering minimal information about their disability. For example, Mandy explained how she differs responding to questions:

...it depends on the person. If it's just a person on the street that goes, you know, “hey, what's up with your leg?” I'll say like, “I have a bad leg, I was in a car accident.” That's my go-to one-liner...if people want to know more, you know, I usually just give them like, a little bit more detail...there are sometimes when like I'll say, “I have a disability,” or something like that, but generally my go-to is “I have a bad leg.”

As noted in the previous section and in the example from Mandy, limited or non-disclosure was a function of factors such as closeness to other persons asking about their disability. If participants decided to disclose, they often excluded intimate personal details of negative experiences with disability. For people like Ken, who live with a mental illness, disclosing in any degree can be stressful with impacts beyond the conversation. When I asked how he handled initially disclosing, Ken said:

With a panic attack. It was the single most stressful thing I think I have ever done. My stress levels were enough that I'm sweating, my heart is thundering, I feel like I'm about to die. But, I managed to move the conversation, and it worked out. I was fragile for about a week afterward.

Degree of disclosure is related to the level of comfortability for the person disclosing (Braithwaite, 1991). Even if someone is open about their disability, there are boundaries. Shae detailed:

Because I am open about stuff, sometimes questions get a little too, like, no, you don't get to know that...that's extremely sensitive. Most of my coworkers are pretty good about realizing like, "that's not an appropriate question," or like, "Shae and I aren't on that level," but there are a few coworkers that like, just, ask stuff, I'm just like, "I'm sorry, what? What makes you think that *that's* [emphasis in original] an okay thing to ask me over lunch? Like, with a group of people around."

Direct Revelation. While some people limited disclosure, others were more direct in revealing, without prompting, their disability. For some, direct revelation was easy and commonly practiced because they had accepted and felt empowered by their disability. For example, Elywin is comfortable disclosing in the workplace stating, "I approach them with pride,

informing them what accommodations I expect...I educate them if they are unaware of what my disability is or have no information/experience with it.” Another example is from James, who “tell[s] my whole story. How I got injured, everything, and, a lot of things that they need to know about spinal cord injuries because I just never assume that anyone has any experience with it.” :

For others, direct revelation was necessary for personal safety because of the impacts of their disability. Syd sometimes feels the need to disclose their severe narcolepsy to “make it easier along the road.”

Emma, who lives with POTS discloses to indicate that passing out regularly is not something to be alarmed by, but an effect of living with POTS. She continued “...passing out *does* [emphasis in original] constitute people calling 911, right? But, passing out is my normal, right?”

Prompted Revelation. A third disclosure practice was prompted revelation. Whereas limited revelation tended to hide or limit information, and direct revelation was open without prompting, prompted revelations occurred when people shared openly about their disability only after being asked. In Kelli’s organization, she was asked directly from her supervisor about her disability:

He noticed immediately, kind of what was going on cause he got to see me every single day, not be able to do something with my right hand. And he asked about it, “I’ve noticed that you move a little differently, is there a reason?” And that was pretty easy to just talk to him about it. He was my first employer that actually approached me about it. In a way it was kind of nice being like, you don’t have to hear it through the grapevine, or you don’t have to be really awkward about it, he was just straight up about it.

In Kelli's example, prompting was welcomed because "it wasn't an assumption that was jumped to." In prompted exchanges, people often disclosed the necessities of what people need to know, but not always the extra details. Some participants had "go to" answers to questions they received often. For example, Mandy generally says, "I have a bad leg," instead of detailing what caused her mobility impairment and the impacts it brings when people ask her why she walks with a limp.

Prompted revelations can sometimes occur without meeting anyone physically; five participants indicated they either first disclosed their disability to organization leaders on their application or have had an application that asked about disability. For people such as James and Pat, who both use wheelchairs to navigate, questions about abilities can arise in job interviews, prompting disclosure to explain individual worth and ability. For example, Pat explained:

I would get interviews, but then I used to get questions all the time, "well how are you going to do this?" and "how are you going to do that?" There are a lot of jobs out there, where I know, I have every confidence in the world that I would be able to do the job, and be able to do the job well, and I would be safe doing it but, just trying to convince people of that is, is tough. [I] just answered as honestly as I could...just tell them straight up how I do things...whatever their specific questions was, just, how I've done it my whole life...

Forced Revelation. Finally, people with disabilities may experience forced revelations about disability. Whereas prompted revelation was associated with a sense of openness and inquiry by the person asking about the disability, forced revelation was mandated or required while the person with the disability did not necessarily want to reveal much. Forced revelations generally occur through the body, meaning the body discloses disability for them. This was the

case particularly for people with disability “markers,” such as wheelchairs, support canes, or cochlear implants. Forced revelation through the body is something that can allow people with disabilities to be more accepted by others because it is a way for able-bodied people to make sense of the difference. Conversely, for some participants with invisible disabilities, having no apparent appearance for disability made disclosing harder because they “look fine” on the surface. Syd’s experience with severe narcolepsy, for example, presented problems with co-workers:

If I’m not at that peak performance, it’s very easy to – I feel like – think of me as someone who is not attentive, is not aware...or that I stayed up late partying like kids do, stuff like that. Young people do have their biases [against them] that come when they go into the workplace [*sic*]. And I think that was, excessively so, especially with a disability that is not visible. I think with neurological disorders or any sort of health things that don’t physically present themselves to other people, it is very hard to navigate. Cause it is very much more a mental game...and how do they, gage that, you know? People want to be able to *justify* [emphasis in original] that you have a disability. So, if they can’t see it, they question it. It makes me feel shitty; makes me feel shitty.

Some of their co-workers tended to equate drowsiness with stereotypes of millennial workers because of a misunderstanding in what severe narcolepsy is and how it affects someone. In this example, disclosing is difficult because severe narcolepsy is largely abstract and misunderstood by organization members.

Even if a person with a disability appears able-bodied, forced revelation can occur by circumstance. For example, Mandy explained, “...I can only wear tennis shoes because of my leg brace. And so, I’ve kind of self-disclosed in interviews, because I wanted them to know that

I wasn't just coming to an interview in tennis shoes just for fun." Another example of forced revelation by circumstance is disclosing because another person forgot about the disability or accommodation, as Mandy reported having to do with a coworker who had forgotten about her disability.

Joann has also had to remind her coworkers of her disability or accommodations. She explained, "not so much with my bosses, but I think more with teammates. I think people forget, or they don't understand, to start with. I think in general, people don't think about it."

Finally, forced revelation can occur if someone knows about a person's disability and is a mutual contact between the employer and the person with a disability. Jessica shared her experience disclosing being hard-of-hearing to her current supervisors, "One of the other aides in my classroom used to be my teacher when I was in a developmental program. So, when I first walked into the room, we re-connected and I talked about my hearing then."

Differences in disclosure tactics

Although disclosure tactics cannot be generalized across all people with disabilities, it is evident that disclosing can be a strategic experience based on the factors discussed in the section above. The differences in disclosure tactics are important to recognize. First, the amount revealed will vary; direct revelation will reveal more than prompted or forced revelation because the power of the revelation is in the hands of the person with a disability. Direct revelation shows ownership of information and disseminating it to others. Prompted revelation is the request for information, so ownership of the information is shared between the inquirer and the person with a disability. While people with disabilities control what they share in a prompted revelation, they cannot control being prompted. Forced disclosure either by body or circumstance will reveal limited albeit significant details because it is largely out of the person

with a disability's control what is being revealed (e.g. wheelchair indicating mobility impairment), or what needs to be revealed (e.g. reminding of a disability and/or accommodation). Forced revelation by body occurs often because it involves the body disclosing for the person. Forced revelation by circumstance, however, is more sporadic in its occurrence because disability is a unique, unpredictable experience. Non or limited revelation will reveal the least amount of information because it is inherently succinct. In these exchanges, people with disabilities have power over their information but dissemination is scarce for several reasons in context including relevance, parties involved, and stigma.

The timeliness of disclosure practices also differs. Limited or non-revelation occurs when people with disabilities are not comfortable in their situation that is instigating disclosure or, disclosure is not relevant in context. These revelations range from short encounters with strangers to difficult conversations about accommodations. Often, direct revelations come from people with disabilities that are wanting to disclose disability as soon as possible in the workplace to determine if they will be supported. In the workplace, this type of revelation occurs during job application processes and soon after being hired. From a previous example, Tracy disclosed her disability in a cover letter in her job application; she felt comfortable with her identity with disability and wanted transparency from the beginning. For some, it can be intimidating to disclose a disability before having job security. Instead, these individuals may disclose after being hired.

Prompted disclosure can happen during all junctures of working because people with disabilities never know when they are going to be asked something, what the question will be, and how much information they will share in response. The previous example from Shae about question boundaries reiterates this point. She also stated, "I've had people ask me personally,

like, one-on-one, about certain things.” Prompted disclosure this way was welcomed by participants. Kelli explained, “I’d rather have people straight out ask me than assume it’s something that...has happened in the past, or assume something about me that they don’t really know.”

Six participants in this research indicated they do not disclose until after they are hired for a position to avoid stigma impacting their job opportunities. For example, Pat explained:

If I’m filling out a job application, I’m not saying anything about my disability. I think it’s a good way to de-qualify [*sic*] yourself to be honest, I really do...I think that there’s still that stigma out there, that if you have a disability, you’re not going to be able to get a job as easily as someone that doesn’t have a disability.

In this example, stigma is a powerful force towards non-disclosure and shows how people with disabilities continually withhold their identity with disability for job security. Similarly, Shae explained her ideal context for disclosing:

In my ideal situation...I wouldn’t have to talk about [my disability and accommodation needs] while I was being interviewed. And then I would be hired, and *then* [emphasis in original] they would ask, “Do you have anything that we need to be like, accommodating of?”

For Shae, hesitation stems from her experiences with disclosing bipolar disorder previously.

One result is deciding the appropriate time to disclose in the future. For Shae and others, disclosing at the correct time is imperative to feeling supported in the workplace.

A third difference in disclosure practices is the parties involved. The parties involved are a large determining factor in how to disclose because level of comfortability and previous disability knowledge changes among social circles. Limited or non-revelation often include

strangers and acquaintances, while prompted and direct revelation often include friends, family, and close coworkers. Forced disclosure by body involves all parties in the same vicinity as the person with a disability because of its nature. In this sense, forced disclosure by body occurs every time a person with a visible disability is in public. Forced disclosure by circumstance is a bit more limited in the notion that the disclosure is specific to moments in time and the people present.

Along with parties involved is the factor of privacy. When people with disabilities disclose, they experience an exchange of confidential information if not an invasion (Braithwaite, 1991). Limited or non-revelation would be the most private disclosure tactic because details of information are kept to the individual with a disability; they share what is necessary, but not much else. An earlier example from Shae displayed boundaries when inquiring about her living with bipolar disorder.

Direct disclosure would be the next most private. While people with disabilities that use this tactic are upfront about their disability, this also creates space for them to control the amount of information directly shared, giving them power in conversations. Prompted revelation is where privacy becomes less of a factor of disclosure for people with disabilities. In these exchanges, people with disabilities have control on how to answer questions but they do not control what private things are asked about.

Forced revelation by body or circumstance is the most public disclosure practice. When the body discloses for a person with a disability, they do not get to choose when they disclose or how often because there is a continual disclosure. Similarly, when circumstances force a person with a disability to disclose (e.g. justifying wearing casual shoes in a work setting) they are subjected to vulnerability in that moment and space because expectations supersede privacy.

To summarize RQ1b, people with disabilities disclose tactically in context, based on their past experiences, individual, relational, and organizational influences, current environment, and identity with disability. This research supports that how the disclosure is received impacts the way accommodations are addressed in the workplace which is discussed next.

Disability Accommodations

People with disabilities navigate multiple barriers when seeking employment including adequate transportation and balancing legislation that impacts income for people with disabilities (e.g. social security) (O'Day, 1999). Other organizational, societal, and political barriers include potential stigma or misconceptions of people with disabilities by organization members (Santuzzi & Waltz, 2016) and discussing accommodations (Kulkarni & Lengnick-Hall, 2014). Three primary themes emerged about accommodations to answer RQ2: (1) accommodations are addressed uniquely by able-bodied persons and create dualisms that question the responsibility of accommodations, (2) accommodations are addressed and fulfilled by a combination of organizational and self-accommodations, and (3) accommodations are recurrent. The term “addressed” was used for this research question because results showed that not all accommodations were fulfilled. First, responsibility of accommodations is examined. Second, I outline types of accommodations organizations commonly made with participants in this study. Third, I identify ways people with disabilities accommodate themselves in the workplace before explaining how accommodations are recurrent. Responsibility of accommodations

Responsibility of Accommodations

Similar to terms of disclosure for people with disabilities, accommodation experiences vary for each individual and situation. Although experiences of the participants cannot be generalized to all people with disabilities, there are themes that run through people's reported

experiences. First, accommodations are made for individuals based on perceptions about what is “reasonable,” according to the ADA. The ADA mandates that organizations must make reasonable accommodations for employees with disabilities so long as the accommodation does not bring “undue hardship” to the organization in the form of an extreme cost or burden (Americans with Disabilities Act, 2009). This description allows organization decision-makers to determine what is “reasonable” for the accommodation requested, potentially creating a problematic divide between employer and employee with a disability. If an organization is not fulfilling an accommodation due to “undue hardship,” the onus is on the organization to prove the validity of “undue hardship.” However, for a person to be protected from discrimination under the ADA (2009), they must be able to perform essential job duties with or without accommodation to indicate they are a “‘qualified individual’ for working,” (p. 9).

Indeed, there are several tensions between the employee and employer that influenced how accommodations were handled for the participants in this study. One tension was between what employers promised versus what employers did. Six participants indicated organization leaders were quick to say that they would satisfy accommodation requests but did not follow through appropriately or adequately. “Traditional” accommodations considered by able-bodied persons to be sufficient were largely superficial. These differed from “authentic” accommodations that were more responsive to the needs of the person with a disability. Mandy noted this divide:

I think that it’s really easy for people to say, “oh, no problem, we can accommodate,” and then when they actually have to do it, they feel like it’s a burden on them, and “why should they have to do that?” [they say] “it won’t be a problem!” but then it is a problem. And that’s just kind of been a theme that I’ve seen. Again, they think, “oh, we’re ADA

compliant...it's not a problem!" But then, the practice of it, is more difficult for people because no one really wants to say, "I hate people with disabilities," you know? Even though we're discriminated against.

Here, speaking about two job experiences, Mandy articulates a problem many people with disabilities face when discussing accommodations; being told accommodations will be met but often experiencing difficulties in their practice. This example shows how power is manipulated; employers can say they will fulfill accommodations to make a person with a disability feel more comfortable in the moment, but then later decide what the accommodation will look like for people with disabilities.

Degree and quality of accommodation was also connected to the extent to which employers understood the disability and/or accommodation. For example, some accommodations were relatively straightforward but unpredictable, making understanding the need for accommodation less clear. For Shae living with bipolar disorder, she requests that organizations accommodate her by allowing a flexible schedule. She shared an experience that speaks to the influence of understanding of disability on authenticity of accommodations:

I think that it's easier for employers to be like, "yeah, we'll definitely work with you," but then when...it's in the moment, and it's happening, and I can't function. I just don't think that they thought it would be as bad, or maybe it was more of just a concept to them and now it's a reality.

In this instance, there was a disconnect between accommodating in concept and reality; organization members did not fully understand the impacts of what Shae experiences.

Likelihood and sufficiency of accommodations were influenced by several factors. First, organization type impacted accommodativeness. Four participants felt adequately

accommodated worked in a field they perceived to be supportive of human diversity, welcoming of varying abilities in their organization, and cognizant that effectiveness is a function of employee support. Anne, living with ADHD, explained how her work is accommodating:

I started as a special education major with theater, and then I moved into psychology. Those fields were [*sic*] just more accommodating, and more, understanding just because of the work that we do. I can't imagine what it would be like had I been a business major, or a hard science major. I don't want to stereotype but, those intimidate me, because of my disability; because of, I don't know how willing you [*sic*] are to be flexible, to work around things that are different – people that are different.

Here, Anne feels accommodated because accommodation needs do not need justification because they are accepted at face-value. Similarly, James works in an organization that assists people that have acquired traumatic brain and spinal cord injuries; an earlier example from him indicated most people in the organization need assistance with mobility, making his accessibility accommodations fulfilled. These organizations were characterized by recognition, acceptance, and embracement of disabilities which created space for a positive work environment for people with disabilities.

Others did not have as positive of an experience. They felt that accommodations were treated as a burden or inconvenience that is being fulfilled to avoid a lawsuit. Emma explained:

I think the size of the organization really affected *how* [emphasis in original] my disability was treated. The professors are more bound by legal ramifications. [Disclosing has] done *a lot* [emphasis in original] for how I see myself in the workplace...it's made me feel like I'm an inconvenience. It makes me feel like I...have something to that I need to *hide* [emphasis in original], you know? Like, if I can't openly

pass out, which is my normal, right I literally will leave class, go to like our offices, pass out on the floor, like between the desks, and come back. Which is *not* [emphasis in original] incredibly safe! Right? The liability outweighed any of my needs.

In this instance, Emma's accommodations were addressed, but not really fulfilled because the university was more concerned with legalities of Emma potentially being injured. This example speaks to the power of the legal system; it is possible that Emma was not properly accommodated because of a power beyond her supervisor's control. If organization leaders are bound by legal ramifications, it can be translated into lower level employees in harmful ways.

This research supports that the responsibility of accommodations lie with both the employee with a disability and the employer. Employees are responsible for communicating their disability and accommodations needs when they deem appropriate, and employers are responsible for diligently attempting to understand and fulfill the accommodations. The next section outlines how organizations provide accommodations.

Types of organizational accommodations. Types of accommodations offered by employers tended to fall into three groups: (1) accessible business structures as defined by the ADA, (2) allowing flexible schedules for employees with disabilities, and (3) providing case-by-case assistance in the workplace.

Public organizations are obligated to have minimum accessibility features per the ADA (Americans with Disabilities Act, 2009). All participants work in public organizations, and their organization building was accessible in theory because of the ADA. However, a few participants criticized the degree of accessibility or accommodations of their workplaces. Mandy explained:

...I tried to kind of remind [my coworkers] that, people do need accommodations, and we have to be understanding. Like, we don't have a shelter that is built, in *any* [emphasis in

original] way for like, I mean we're technically "ADA compliant." We're not; I mean we are but... [chuckles].

Mandy's example is one that shows how accessibility is defined by the individual with a disability rather than the modifications that make buildings and items accessible. While Mandy's organization is accessible in the respect that there is a ramp that leads to an entrance that is wide enough for a wheelchair to pass through, the building also has numerous flights of stairs with no elevator – making much of the organization inaccessible for clients with mobility issues. Similarly, Emma shared frustrations on accessing the disability services building on her university's campus:

Our disability services doesn't even have an automatic door on all of its [sides] . You have to, if you are in a wheelchair, go *all* [emphasis in original] the way around, through the front door – where there's no [accessible] parking – to have a door that opens for you...and then, the door to get into disability services is not operable. You can't even hit the button.

This example is ironically frustrating; the building used for people with disabilities to receive assistance is difficult to access if they have a mobility issue. This example shows how accommodations for simply accessing a building are often not prioritized, even when it is for services for people with disabilities. In these examples, accommodations, particularly for accessibility, were fulfilled in the most rudimentary way without the consultation of people that would use the accommodation. This is not to generalize for all organizations of this study, nor in society, but to shed light onto an occurrence of viewing disability and accessibility largely in terms of convenience for the organization. Additionally, these examples stood in contrast to others' experiences, where accommodations were made positively and proactively, like ones

Tracy mentioned earlier. Similarly, Pat shared his experience being hired at a student loan company saying, “I wanted to make sure I had a desk that was on the end...All I had to do was ask and they didn’t have any problem whatsoever.”

This accommodation example is relatively easy to fulfill because it likely did not involve much organizational movement among other employees and was a singular accommodation. Singular accommodations are often easy to fulfill by nature because any cost would likely be singular, too (Wittmer, 2017).

Another type of accommodation was the provision of flexible schedules in the organization. Three participants indicated that they needed additional time to complete tasks or flexible work schedules that allowed working from home or flexible hours and days.

Scheduling accommodations were also made to allow for self-care of their disability. Ken shared an experience expecting a flexible work schedule to care for manic and depressive episodes, working at a supportive organization:

I am allowed a little more free-reign on my schedule as far as whether or not I’m there for a day, and most of the people are expected to be there every day...everybody understands that my workload is well taken care of, that when I’m there, I’m a rock star, that my stuff gets done, that I’m consistently working ahead. And they understand that I, for one reason or another...I need this sort of accommodation, where I’m just frequently some kind of “ill,” and I’m not there.

Similarly, Joann explained, “I kinda [*sic*] had figured some things out over these last 10 years that...I just know I have to say ‘no’ to some things.” When Joann worked for a different chapter of her organization, the same accommodation was not as welcomed because organization

members did not understand why she needed the accommodation showing discrepancy in accepting needs of others.

Syd occasionally needs time in the middle of the day to rest to function properly because they are perpetually tired.

This accommodation is fulfilled but perceived negatively by other organization members. Syd explains why they think this perception happens: “I think, again, just because there’s not like the physical thing – unless I’m like literally asleep in a room with someone – it’s very hard for them to understand...where like, mental foginess comes from, or how it inhibits me.”

The final type of organizational accommodation evident in this research is providing case-by-case assistance. For example, accommodating on a case-by-case basis would pertain to people that need help carrying an object upstairs in the moment. This accommodation manifested primarily for people that have partial or total mobility impairments, or hearing damage/loss, but also applies to people with disabilities that need flexible scheduling as part of accommodation because the need can present itself anytime. For some participants, employers were supportive of providing situational accommodation.

In other contexts, situational accommodation could be met with resistance from some coworkers due to its unpredictability, like a previous example from Mandy hesitating to ask certain coworkers for assistance.

Resistance from coworkers can make it difficult for people with disabilities to create positive relationships with those coworkers (Wittmer, 2017). In Mandy’s situation, she chooses to ask certain coworkers for assistance; if they cannot be found, she often tries to accomplish the task on her own, even if it is not safe. This example shows how there is a power imbalance between people with disabilities and able-bodied people; even though co-workers are often in the

same organizational position, they may still receive backlash for accommodation requests. Related to this example is how people with disabilities self-accommodate in the workplace, which is explained next.

Types of self-accommodations. Just as employers provided accommodations, people with disabilities also provided their own accommodations by (1) proactively communicating their needs and abilities and (2) continually learning to question and navigate the world in productive ways for their abilities. People with disabilities must engage in proactive and open communication with organization members which includes explicitly detailing what they need to perform job tasks effectively. Put another way, people with disabilities are the expert on what they need to effectively and efficiently work with their disability in any context. For example, Kelli shared how she navigates conversations about cerebral palsy:

I have to be the one that steps up and talks about it or else I literally won't get what I want or what I need. I mean...that is not a great feeling. But...if I don't do it, then no one will. No one is going to do that except for me. I'm the only one that knows what I can and can't do. I'm the only one that knows the ins and outs of my disability.

Although sometimes difficult, Kelli knows she must initiate conversations about living with cerebral palsy to be accommodated appropriately. Anne also articulates this notion of “expertness” in her experiences working and navigating as a person with ADHD:

Every day of my life, I have to think of new ways to do things because the neurotypical stuff doesn't work for me. I experience both sides; I get both the stereotyping of ADHD...it's looking at me in a negative light. And then sometimes, I get people who understand and who get it, but who wanna [*sic*] assume something I can't do.

Particularly my supervisor will say you know, “I don't think you should do this because

it's going to overwhelm you and you're going to have too much to focus on with your ADHD." And while I appreciate the trying to look out for me, and advocate for me, at the same time...I am the one who determines, what is and is not too much for me. I am the one who knows when I am overwhelmed. And so, by denying me that right to just try and see, you're limiting me...it's coming from a good place, but it's still...disabling; it's saying I am not able to do something by your standards, and that's very frustrating.

Even with the best of intentions, employers can still act in discriminatory ways without realizing it, much like in the example from Anne. Here, power is being taken away from people with disabilities even if the disability is accepted.

Open communication about abilities and accommodations is ongoing, as coworkers at times forget that an employee has a disability and needs an accommodation. Examples of such were mentioned in people with disabilities disclosing by force of circumstance. In these instances, people with disabilities must proactively re-disclose their disability and needs to organization members; in examples like Anne's, the person not only re-discloses, but also must advocate for themselves again. Fortunately, proactive communication as a form of self-accommodation is generally well-received by organization members because it alleviates the potential for violating workplace expectations.

A second self-accommodation practice involves continually questioning and learning productive ways to navigate the world with their disability. Eight participants felt that if they did not accommodate themselves, no one would.

Pat recognizes that people with disabilities are often forgotten and as such, must be at the center of advocating for change. He explained:

It's just a matter of a lot of people don't understand. They don't have to deal with it...on a daily basis, or on a first-time basis, or they don't know anybody...that they are directly affected [*sic*] ...I just try to educate and just try and break it down for them...a lot of the times, people just need it in Lehman's terms.

Pat, and other participants feel an obligation of advocating to self-accommodate. Without advocacy, organization leaders would not recognize problems within their system that need addressing, and people with disabilities would not receive proper accommodations. Here, people with disabilities are questioning the power structures before them and advocating for change.

Self-accommodation also occurred when employers failed to provide adequate accommodation. Mentioned previously, Tracy experienced a lack of concern from her department at a Midwestern university about accommodating her request to have a classroom that is easier to navigate with a mobility impairment. She explained, "No one cared. And so, eventually I'm like, well fuck it, I'm gonna [*sic*] teach online for the rest of the semester. And my students understood, but like, my department head, and other people above me didn't care.". This example shows a lack of empathy and understanding from Tracy's superiors because they do not see her experience as disabling, indicating a power imbalance based on misunderstanding disability. In this instance, it was unsafe for accommodations to go unfulfilled, forcing a decision between personal safety and following organizational policies – something other participants of this study also experienced. Whether accommodations are primarily made by the organization or the person with a disability, all accommodations are recurrent, and is explained next.

Accommodations are recurrent

The final theme of addressing accommodations pertains to the recurrence of accommodation. Disclosure and accommodation are ongoing rather than once-and-done. Recurrence points to the need for both employer and employee to be engaged in the practice of accommodation rather than assume that one party should be solely responsible. Ongoing, collaborative accommodations were connected to individual success. Such constant negotiation generated accommodation plans that led to positive working environments for people with disabilities and open communication about all parties' wants and needs.

On-going and collaborative communication facilitated feelings of inclusion, support, and empowerment. For example, Anne was met with immediate support from her supervisor when disclosing having ADHD stating, "She was basically like, 'Cool! So, what does that mean for you? How do you wanna [*sic*] navigate that?' Um, and that was really comforting." Six participants engage in proactive communication when they can about their disability to allow on-going and collaborative communication. Ken, living with bipolar disorder, does this in his workplace and is met with support from his supervisor. He explained:

If I'm manic, I'm not capable. If I'm depressed, I'm not capable. Nothing matters when I'm depressed, and when I'm manic, everything matters too much and I can't pay attention to any one thing, and my focus goes. So, when I need one of those days off, "I can't be here, I can't do this," I mean it. And it means all of the product I do that day, while yes it gets done, the quality falls. When I'm at [work] and I can't focus, the boss says, "Okay, come in tomorrow, try to feel better," because he realizes...there's going to be things that are missing from there that should be.

Talking openly about Ken's experiences with bipolar disorder creates a workplace that is not only supportive, but also productive - allowing days off, Ken is more productive when he returns. Ken's example also shows how power can be balanced between employers and employees with disabilities when open communication about disability is accepted.

In contrast, one-sided communication was associated with people feeling ignored by employers and feeling left to fend for oneself. This was shown in an example from Tracy when her former university did not accommodate to her need of a different classroom. This type of relationship lead some participants to feel vulnerable, self-conscious, like an inconvenience, and unable to do their job. Emma experienced this with a professor, whom was also her supervisor stating, "It depends on the person...my overall supervisor, he really treats me as an inconvenience, to the program. Really treating my disability as...an inconvenience to him and what he wants to do with the classroom."

These negative feelings have caused some participants to change jobs or entire careers. Elywin explained a negative experience because his supervisor was not willing to accommodate:

"One supervisor forced one coworker not to write or to accommodate to my needs once assigned a task together. I went and talked to the supervisor of my supervisor, and had a discussion with that. Then it ended up doing it again [*sic*]. I wasn't happy about it, so I had to quit and seek another career."

In Elywin's example, asking for an accommodation was met with being ignored, and enforcing power over Elywin's disability. Even after communicating an issue, he was met with disregard, indicating power of able-bodied people over people with disabilities.

Additionally, negative treatment because of disability impacts a person's disability identity causing potential disassociation and denial of disability (Santuzzi & Waltz, 2016). This

negative treatment can have larger societal implications because it perpetuates misconceptions of people with disabilities, furthering a power imbalance between able-bodied people and people with disabilities.

To summarize RQ2, it is important to recognize the inherent nuance to disability. Because disability is a unique experience for everyone it touches, the appropriate accommodations are just as nuanced for individuals with disabilities. Accommodations are recurrently and uniquely addressed in terms of who's responsible for the accommodations, and the ways employees with disabilities can work together with employers to create an accommodation plan that is effective for the worker and organization. While not all accommodations are fulfilled desirably, all accommodation conversations create potential for voices of people with disabilities being heard.

Effects of Disclosing Disability in the Workplace

Disclosure was connected with (a) challenges and exclusion; (b) belonging and acceptance; (c) legalization and formalization of accommodations; and (d) empowerment; at the individual, relational, and organizational levels to answer RQ3. These issues were part of a larger organizational system, reinforcing each other and influencing the decision to disclose and the consequences of disclosure.

Challenges and Exclusion

People with disabilities face challenges and exclusion in the workplace even if they receive reasonable accommodations (Dick-Mosher, 2015). Disclosing disability can cause discomfort for able-bodied people (Birk, 2013; Braithwaite, 1991). This discomfort stems largely from misunderstandings of disability and can cause personal challenges for people with disabilities including: micro-aggressions, toxic behavior of others, and able-bodied assumptions.

These responses to disability disclosure produced feelings of isolation and strain in the participants with disabilities.

Micro-aggressions. Six participants encountered micro-aggressive comments or actions about their disability daily, at work or in their social lives from strangers and coworkers. For Shae, this often occurs in language others use in daily life. She explained, “Throwing around mental disorders, disabilities...making jokes about suicide or other serious topics is really upsetting. And that happens, all over but, also in the workplace.”

Ken shared a similar experience explaining, “I’m worried about telling anyone that I’m bipolar type one...because people say things like, ‘the weather is bipolar,’ because people have preconceived notions of what it means to be bipolar.” In both examples, people who do not experience mental illness sometimes use preconceived notions of the illness as an adjective for human experience that are often misguided and disrespectful. Micro-aggressions like these made some participants experience feelings of exclusion and isolation because they felt as if coworkers did not understand their individual experiences.

Although participants did not expect others to become experts on individual disabilities, they did expect to be treated as a “regular” person in conversation and life.

In an example from my conversation with Anne, we began talking about “universal design,” and I eventually asked the overall question of what could make accommodations better for all employees, and she explained several things including:

It’s education, definitely. It’s personal research. Going out of your way to really know...or at least try. Not being afraid to ask, questions, even if you’re gonna [*sic*] sound ignorant, I would rather you come from a good place, sounding ignorant...than not address the elephant in the room at all, right? So like, “so you have ADHD, what do I

need to do for you?” right, than to just...ignore it; pretend it’s not there and then get mad at me when I don’t do things the way you want them done because I have to do them differently. Right?

In this example, Anne explains that others are sometimes hesitant to ask questions, but it is important to ask questions to gain understanding. Another example of desiring equal treatment comes from Mandy. She explains a moment of conflicting interests about her disability:

I have a chance to get an ankle replacement, and I’ve got all of these different opinions on it. I have the same kind of feelings of like, “Am I being a bad disabled person in wanting to not be disabled?” But then everybody wants me to do it, and that makes me be like, “fuck you, I’m not gonna [*sic*] do it!” Like, “this is bullshit, get out of my face,” you know? I wish I hadn’t told anybody at work, cause now they’re always like, “well are you going to do that surgery?” And I feel like...the thing behind it is like, “you can do this, why aren’t you doing this?” “why haven’t you done it by now?”

In this example, Mandy struggles to decide on surgery because of a conflict between societal expectations of daily navigation and being an advocate for people with disabilities, reiterating the presence of an able-bodied/disabled binary in people’s minds.

Toxic behavior by able-bodied persons. Beyond micro-aggressions, misunderstanding disability can sometimes cause toxic behavior from others. For Emma, disclosing disability led to public demeaning by her supervisor, who was also her professor. She explained:

He continually in class...*demeans* [emphasis in original] my disability. He’s not a great [department] head, and he didn’t handle the situation very well. So that, made me feel more...fucked in class. He decided to switch our classroom to across campus...to a building that has an elevator...literally two blocks down from it, and they have to *walk*

[emphasis in original] two blocks back into the classroom. And so, I tried to get to class that day. And I sat there the entire time, just like, dizzy out of my mind. Couldn't even...fathom it. And my roommate's sitting next to me, and she's like, fired up; piss-ass angry that he made us walk, *all* [emphasis in original] this way, *knowing* [emphasis in original] one, that I had a disability that would affect my mobile ability. He emailed me and was like, "is there a problem with the like, room? Sorry if that didn't work out." And I'm like, "yes. I have mobility issues," even though he already knew this. But, I told him again, and he switched it back. But, he continually made me feel bad for switching the classroom back.

Individual effects of this toxic behavior included Emma feeling overall unsupported and unsafe in her working environment despite receiving support from colleagues. A relational effect of the behavior is a negative relationship and power imbalance between Emma and her supervisor. Indeed, Emma's working environment largely shifted negatively after disclosure, and impacted her personally. When asked how she handles disclosing, Emma said, "I feel a lot more cautious about it than I ever did before."

For Tracy, toxic behavior was rooted in apathy by supervisors that did not fulfill accommodation requests in a previous educational institution. She explained:

I was walking up in [a] giant room where it's stadium seating, walking up and down these stairs, pregnant, with a cane, trying to get down to teach, and there's no way to get in or out from the bottom floor, and no one heard me.

In another example, it was revealed that Tracy took accommodation needs in her own hands by deciding that her class would be held online for the remainder of the semester. Individually, this action was necessary for personal safety but damaging to a positive disability identity.

Relational effects include exclusion from building positive relationships with her colleagues and students interpersonally because she was not in the same working space. Organizational effects were Tracy being viewed as an inconvenience and unworthy of support. This example also shows how power was executed over Tracy's needs. It is important to note that Tracy was not requesting an accommodation that cost her institution major expenses, if any. Again, the (in)actions of Tracy's supervisors justified maltreatment of people with disabilities.

Assumptions of disability. Related to misunderstanding disability as an experience is able-bodied people making assumptions about disability. No one is immune to assumptions being made about them, but people with disabilities face this challenge more frequently because of a widespread lack of knowledge about disabilities in society. After disclosure, eight participants were confronted with a wide range of assumptions. Some participants experienced assumptions made about their individual abilities or accommodations by coworkers and supervisors alike. In some instances, organization members made ignorant assumptions about a disability or accommodation, thereby disempowering the person. Syd reported taking stimulants to aid with falling asleep, but occasionally needs to rest by taking a nap during work hours. This accommodation instigated micro-aggressive comments from some coworkers:

I try to be very clear, and like disclose everything and be very transparent about what's going on. I found a lot of times, it would be like side comments like, "oh, are you paying attention?" or, "oh, do you need to take a nap? Do you need stuff like that?" And it was like, well, with someone with a neurological disorder, like narcolepsy, like yeah, I honestly could take a nap! But obviously you're not asking me if I could take a nap, like, to be nice about it...so you're just thinking that I'm not giving you my best, so you are gonna [*sic*] belittle me along the way, right?

The underlying assumption here is that Syd's accommodations are not necessary even though taking a nap makes them more alert during work. Some of Syd's coworkers do not understand the impact severe narcolepsy can have on someone, likely because they cannot see it. Although their supervisor allows naps during work hours, co-workers do not see its necessity, creating a power structure between organization members with similar positionalities.

Another example comes from Pat, who navigates primarily with a wheelchair. He shared about a time he struggled to get to work:

I'm required to work on a Saturday from like nine to two, and then a snow storm hit.

Getting to work was not a problem at all, like the roads were clear...but I got to work and the parking lot was not touched. Nothing was done as far as snow removal or anything.

The ramp was not touched...it was hell for me to try to [get inside]. It's just a matter of, people don't think. They think about...what is easy, or what is gonna [*sic*] work for the majority of people...but not for everyone.

In this example, two things could be happening on the part of organization members. Either they assumed Pat could access the building easily despite the snow, or they did not consider Pat's needs for accessing the building. Regardless, this example shows how it is easy to disregard degree of accessibility when the majority does not need accessibility accommodations, indicating power over people with disabilities by the majority. This example also shows how accommodations for one person can be beneficial to others; if the snow was removed by business hours, it would be easier for everyone to access the building, not just Pat.

A second assumption experienced after disclosure was that people with disabilities did not actually have a disability. "I think of it as a disability, yes. Sometimes if I say that though, people will say, 'oh, no you're not!' or 'I don't look at you that way!' you know, things like

that,” (Mandy). This assumption is problematic because it strips away an entire piece of Mandy’s identity. At the same time, this assumption perpetuates the idea that people with disabilities cannot lead productive lives with their disability. “I just said I was [living with a disability], and you don’t get to choose that, and you’re assuming that it’s a bad thing” (Mandy). Here, Mandy’s perception by others is that she could not possibly have a disability because she lives an independent, successful life.

A third assumption about people with disabilities after disclosure involved individual workplace accommodations. When supervisors and coworkers do not understand a disability, they cannot understand the needs of that disability, and yet, there are those that try. In a previous example from Joann, we saw that some supervisors have a superficial understanding of why employees with disabilities, such as fibromyalgia, cannot attend all work events due to physical strain.

Another example comes from Anne, who occasionally deals with supervisors making too many assumptions of her abilities. She explained, “I sometimes get the, pitying kind of stuff.

Assuming that I’m gonna [*sic*] be overwhelmed. Assuming that things are too much for me.

Assuming that I need more help than what I actually need.” In instances like Anne’s, employers should take the opportunity to have a conversation about what accommodations are needed rather than assume they understand based on past experiences with people with ADHD or another disability.

Syd also experienced coworkers joking about needing a nap, when they truly could benefit from one. In instances like this, open conversations can provide understanding for all involved; for Syd, understanding of how an organization will accommodate, and for organizations, understanding what can be done to accommodate.

Self-accommodation is sometimes problematic to organization leaders that do not recognize the validity of the self-accommodation, like in Syd's example. Syd also shared how accommodations were not met in a short-notice situation:

A lot of places will say they will find ways to make accommodations or keep things in mind, that's very much so – something they had to say so they don't get sued, or feel like they're gonna [*sic*] get sued. But are they actually willing to make those accommodations? Having to travel a lot of times, going to universities, they would book hotel rooms. Well sometimes...when I would go out as an organizer, it's not an eight to five day. Events happen, whatever happens, you're gonna [*sic*] be up real late, come back to the office...if [I] was expected to be [back] the next day, sometimes I would have to tell them, "hey, I know the plan was for me to be checked out by this date, but the event didn't end by 9, and there's no way I feel safe enough to get on the road and do a two and a half hours. So, it would be better to extend this day to another day," or whatever. Well if protocol is, you have to have 24 hour in advance...notification of changes, or whatever it may be – disabilities don't care about a clock. And so, in the cases of like, "we will make accommodation, we will find lodging, or help you with transportation," whatever it is – nah [*sic*], we'll see, when the time actually comes...Whether that will even be a thing, or how much push or shove you have to go through before that becomes a thing.

Here, organizational protocols are the powerful force over people with disabilities. What Syd's organization leaders failed to realize is that disability does not care about organizational protocols and rules.

Previously, narratives from Emma revealed what she experiences daily living with POTS, including passing out regularly. She also shared her experience disclosing at her new university and how university policies jeopardized her need for adequate accommodations:

I had the letter I used [previously] that details and explains POTS – cause most people don't know what it is – and, do not call 911 unless I hit my head or I'm out for longer than five minutes. That's kind of the rule of thumb. And then it had like, emergency contacts system: security, my roommate, my parents...I presented this to one of my professors and she was like, "I don't think we [can't] call 911 if someone passes out I'm going to take this to the university lawyers to figure out what they might say I think it'll be fine, but whatever," and...in that instance, there was no way I could say no to her, right? She's like, the dean of our graduate students. She gets her response from the university lawyers that they *must* [emphasis in original] call 911 if I pass out. She holds a meeting with *all of* [emphasis in original] the professors in the program, telling them this before she has told me, and this included professors that I didn't even have in classes. And really, in that moment, I was like, "how can *my* [emphasis in original] rights as a person be squashed by liability for the university?" And I was *really* [emphasis in original] pissed, and fucking fired up. I literally have no power in this situation; she's already instructed all of my professors that they *must* [emphasis in original] call 911. Really, I thought at that moment...if I need to pass out, well I'll just go to the bathroom and pass out.

Here, the assumption made was not directly about Emma's accommodation, but rather, how Emma would treat the university, and several power struggles are going on. Put another way, it was assumed that the accommodation outlined by Emma would not be enough to protect the

university from potential lawsuits—lawsuits the university assumes Emma would file in a case of injury on university grounds. Her professors were likely adhering to power forces higher up in the university and conforming to their requests instead of looking for a compromise between university lawyers and Emma’s specific needs. These assumptions are ungrounded because Emma details everything others need to know if she does pass out, including when calling 911 is necessary. Ignoring Emma’s needs was not only discriminatory, but also dangerous to her health because she did not feel safe in her environment after disclosure. Here, the university missed an opportunity to listen to Emma and learn about her experiences living with POTS and learn that the accommodations requested here still protects the university if the procedure outlined is followed.

Challenges and exclusions like micro-aggressions, toxic behavior, and assumptions are experienced often by people with disabilities. However, there are also times where they experience vast belonging and acceptance which will be explained next.

Belonging and Acceptance

Clearly, some responses to disability disclosure can lead to negative effects such as isolation. However, other responses can generate feelings of self-acceptance and belonging individually, relationally, and organizationally.

One result of disclosing disability was the self-acceptance generated. The act of disclosing involves self-recognition and facilitates ownership. For people that are open to talking about their disability, like Pat, disclosing can allow a mutual understanding. He explained:

I’ll tell anybody anything they want to know about it, because of the fact that I’m so open about it. I think people appreciate that because it allows them the ability to better

understand and better to know how to deal with it, and how I would like them to deal with it. And how I would like things to be done, or things to go, or how I like to be treated

In interactions like these, in and out of organizations, Pat gives others an opportunity to learn about his abilities and needs while also taking ownership of his abilities. Living with spina bifida, Pat recognizes his abilities and feels comfortable communicating them to others.

Focusing on strengths instead of limitations allowed for self-acceptance because a sense of worth was re-established. Self-acceptance for people that acquired their disability came after letting go of what once was and disclosing what they can do now for three participants. For Emma and Pat, acceptance of a disability status was encouraged by a support system of family and friends. For James, along with a support system was a newfound identity of participating in sports in a new way.

Community support in and outside the disabled community. The provision of support from family, friends, and other people with disabilities also helped people to experience acceptance and belonging. Relationally, this support allowed people with disabilities to recognize they were not alone in their situation and were worthy of being valued. Participants said things like, “getting into wheelchair basketball when I was 13, that really helped me out too, because I was around people, all that [*sic*] was dealing with the same issues I was dealing with,” (Pat), “I feel like I’m now part of another community where I can those conversations. It makes me feel empowered because, I can keep myself more open to the fact that...other people have disabilities that *I* [emphasis in original] cannot see,” (Syd), and “Like, there’s other people going through...my experience. Since I could name it, then I could find community,” (Shae).

A third response that generated perceptions of acceptance and belonging involved able-bodied people not making “a big deal” about the disability. Anne shared an experience of explaining the problem with society praising disability instead of accepting it:

With Stephen Hawking passing away I felt compelled to, kind of call out some of my friends and be like, “listen, I get where you’re coming from, but...he was not bound to that wheelchair. That wheelchair was empowering. And like, allowed him to operate in the world, and be as incredible as he was,” Like, it was freeing – it wasn’t binding, right? And it’s just very...it’s like that constantly, right? Of, we look at disabilities with pity. Or, as like sources for inspiration, instead of looking at people with disabilities as just people.

Here, disability is neither pitied nor limiting; it is normalized. While this is not a workplace specific example, it speaks to the need of normalizing disability in and out of organizations. By dismantling the power able-bodied people have over people with disabilities, both communities can mutually benefit each other.

People with disabilities relate to each other and as such, support each other where they can, creating relational bonds through disability.

This sheds light to the importance of inclusion and having conversations about disability.

Communicating about disability allows for validation, self-acceptance, and empowerment.

Another response that generated perceived acceptance and belonging interestingly involved not changing the way organizational members treated the person disclosing. Nine participants did not feel that their disclosure changed the way they were treated. However, what made some situations unique was that they worked in organizations that either focused primarily on supporting people with disabilities or that they already valued human diversity. For

examples, participants said things like: "...the other supervisors at [my university] treated me the best, as [they are the same as me]," (Elywin) and, "They have all been trained and have worked with people with hearing loss, so I didn't have to explain my every need," (Jessica). A more nuanced example comes from James. He explained that disability is talked about openly and honestly:

It's kind of a neat little community, of the residents that can kind of get together, talk about it pretty freely with staff and kind of learn from each other. It's really a positive kind of way to look at it there, because everyone there is helping someone with something with a disability. They do TBI³, and they do spinal cord injury...they do MS⁴, they do a lot of different disabilities, so, each one is so specific that they, whoever their specialist is, they will have classes.

In James' example, the organization is designed to help people with spinal cord and traumatic brain injuries so, disability is centered in everything from their mission statement to specific people's needs and power appears to be equal among employees with and without disabilities. Such a supportive status quo created positive work environments for the participants.

In short, whereas "othering" or dismissive reactions tended to generate perceived exclusion, reactions that recognized, accepted, and legitimated disability tended to generate perceived belonging. Perceived belonging in the workplace can assist with receiving adequate accommodations in the workplace, but it is important to recognize the legalization and formalization of accommodations, too. These features are explained next.

³ TBI is an acronym for "traumatic brain injury."

⁴ MS is an acronym for "multiple sclerosis."

Legalization and formalization of accommodations in organizations. Hiring people with disabilities and responding constructively to disability disclosure creates an opportunity for organization leaders to dismantle misconceptions and stereotypes about people with disabilities.

Anne articulates this need beautifully:

Along with education, employers need to be very aware of the stigma that we deal with. And they need to understand that there are employees that are afraid to disclose. And, their fears of disclosure are totally valid. And so, if you want to be an employer who holds onto employees...who, after employees leave, will say good things about you...you've got to have empathy. You've got to break out of assuming that everyone sees the world and operates the world in the same way you do. That'll help you not only be a better employer to people with disabilities, it'll help you be a better employer period. It'll help you accommodate all sorts of people, who need all sorts of different, sort of supports. Not just people with disabilities. I would also say that, there's a fine line between being an advocate, and using people for capitalistic gain, and using people to make your image look better. And, what's helpful in navigating that is passing the mic to people with disabilities. We'll tell you if you're exploiting us or actually supporting and empowering us. So, hiring people, in positions of authority, with disabilities, not because they have disabilities, but because they are qualified, right? And so, it starts with...it sounds awful to say like, "give them the power," because of the way our systems are set up, that's kind of what it has to be, it's what has to be. You know, advocating for disabilities, looks very similar to advocating for...better race relations, or advocating for the LGBTQ rights; advocating for women's rights, and gender-inclusive rights; we're all doing very similar work because we're sick and tired of not being included in the

conversation or being assumed what we want, without actually letting us voice...putting people who are different, in whatever sense of the word, in those higher positions, not just because they're different, but because they're qualified and deserve those positions, [it] causes a ripple effect. It really effects *a lot* [emphasis in original]. It's just a matter of listening. Of just, working on yourself, and dismantling your own negative stereotypes and behaviors and wrestling with those and doing your own self-improvement...not only to be a better employee, but to be a better person.

While hiring is a first step, responding constructively, as noted above, is a key factor in generating acceptance and belonging, and dismantling power structures from within organizations. Such responses are influenced by ADA requirements, as managers are required by law to follow ADA guidelines within their organizational systems (Americans with Disabilities Act, 2009). Disability disclosure often surfaces organizational tendencies toward legal formalization and/or flexible adaptation.

Per the ADA, organizations are legally obligated to attempt to fulfill accommodation requests after an employee with a disability discloses (Americans with Disabilities Act, 2009). Ambiguous legal language empowers organizations to decide what a “reasonable accommodation” looks like for people with disabilities in their workplace. As such, organization decision-makers face two questions: what do they need to do to comply with ADA guidelines, and to what extent do they want to adapt to their employees' needs? How leaders frame the two questions – as mutually exclusive or as separate and complimentary – can influence perceptions of inclusion and exclusion by employees with disabilities. Looking at accommodations solely through a legal lens can lead organization decision-makers to focus on technical compliance, only superficially understanding and responding to their disability. However, such technical

compliance does not communicate a sense of authenticity or holistic concern. In fact, technical compliance suggests greater concern for organizational protection than employee assistance.

Holistic responses such as flexible scheduling, however, can communicate authentic concern. However, organization size may influence the ability for such scheduling to be offered. For example, in larger organizations, lost labor cost can be spread around to more people, minimizing the impact to the system. In smaller organizations, however, such flexibility is more strongly felt, and thus may not be seen as a “reasonable accommodation.” For Ken, one past organization viewed his need for extra time to complete tasks as a loss of production because he was one of ten team members. I asked participants how human resources reacted to accommodation conversations and Ken explained how a previous employer did not agree with self-accommodation tactics:

Generally speaking, they’ve been fairly positive. When I worked for [a biotechnology company], the person that ran HR was very open to talking about and listening and hearing about it. But once the accommodations started getting needed, they were far less accommodating. Because [this company] is a small operation, and the needs of the business were all that were really on their minds, so there was less interest in my accommodation and more interested in my work load being incomplete. Their bottom line is that they have to make their small business run, and one employee can make a huge difference in a small business. So to them, one of those people mean that a tenth of the work is not being done and that’s a much larger quantity than saying one out of say, 200 employees.

This example could be a lapse in proactive communication, or a miscommunication of expectations between Ken and his employers, but even after explaining himself, Ken’s

organization did not accommodate due to a higher desire for employee productivity. Not only was Ken not being properly accommodated, the organization also lost valuable employee productivity from him by not accommodating; Ken was not in a working environment that allowed him to be productive, costing productivity for the organization.

In general, holistic concern was demonstrated when organization leaders sought to prioritize employee needs rather than simply meet technical guidelines. Whereas responsiveness from organization members communicated personal, holistic concern, responses that focused on the implications of the accommodation for the accommodator led to feelings of alienation. Some organization leaders fulfill accommodations authentically by not questioning or ridiculing the request. For Ken, conversations with his supervisor can be nerve-wracking. He explained this experience, and the reaction his supervisor has:

Each and every time my supervisor wants to talk to me, I become convinced that I'm going to be fired. Each and every time I've done something wrong, it is going to be the end of not just my day, but my employment. And each and every time I have to walk myself back from that ledge. Most of the time I stop and think about it – I remind myself that my employer is diverse and very social; they respect my disability rights, and they want to work with me. And on top of my employer being that way, my boss specifically is very respectful of mental disabilities and wants to get it and he's on my side.

This example shows how acknowledging and respecting limits of disabilities and accommodations allows positive communication between employees and employers; it also shows how able-bodied employees and employees with disabilities can be equal rather than in a one-down position. Although the conversation is difficult for Ken, he can recognize that his employer is supportive. This organization validates his needs and accommodates accordingly.

Another example comes from Kelli. Her most recent employer directly asked about her mobility difference, and she explained the impact it had on their relationship:

It made me feel a lot better about the relationship I have with my employer because it wasn't just an assumption that was jumped to. It wasn't just a "oh, you know, Kelli was injured, she can't do this," it was "hey...I noticed that something is different, what's going on?" It definitely made for a better environment between my boss and I. I felt like there was just some trust built like, automatically.

This example shows how employers initiating communication about disability can allow a positive relationship to develop because assumptions are not made about the disability or potential accommodations. Here, Kelli could begin the conversation without feeling awkward about her needs. Her supervisor treated her as an equal and did not enforce a power over her for being seemingly able-bodied.

Others view personal assisting as annoying or an inconvenience by reacting negatively or asking if the person really needs help. Mandy experienced this in an example mentioned previously about disability visibility; one of her coworkers did not understand Mandy's need for assistance and retorted "...well can't you do it?" when Mandy asked for assistance – because Mandy has a mobility impairment, she cannot do certain things safely like carry heavy objects upstairs. Instances like these indicate that even when disability is disclosed for the safety of people with disabilities, they are not always considered valid. How an organization responds to accommodation requests can foster feelings of empowerment or disempowerment which is the next section discussed.

Empowerment and disempowerment

Ultimately, experiences of alienation, belonging, superficial concern, and holistic concern influence feelings of empowerment and disempowerment for employees with disabilities.

Empowerment is the authority or power over something (Coopman, 2003; Shefner-Rogers, Rao, Rogers, & Wayangankar, 1998) and is understood here as having ownership over a disability identity, and not being limited by it. Empowerment is connected to two sources: acceptance by self, and acceptance by others.

Accepting abilities over limitations. For some participants, empowerment began with accepting their disability as part of who they were, regardless of whether they disclosed it. For example, Kelli stated:

I'm more empowered now than I was in the past and I think it's because I know that my disability can help people in a variety of ways. And, it's not something that I hide from the world anymore. I'm very open about what I have and kind of, what I can and can't do, and it's not something worth hiding because it's...such an asset in my life now. It's just a part of me and I love it. If someone would ask me if I could go back and do it differently, I wouldn't change my disability for anything because it makes me who I am and it makes me unique from people in society today. And I think that's very empowering in and of itself to just, be different in society today.

Here, Kelli is empowered because she accepts what she can and cannot do while living with cerebral palsy, but instead of harboring on what she cannot do, she focuses on how cerebral palsy benefits herself and others, and that is translated into the workplace. Like Kelli, Elywin focuses on what he can do living as a deaf person. He explained how communicating with others about

deafness allowed him to find acceptance saying, “It caused me to stop believing that I’m unable to do anything, as it’s a ‘barrier.’ But at the same time, it helps me find a new goal every day.”

Others found empowerment through a positive identity shift, such as learning a new hobby as a person with a disability. In previous examples from James and Pat, this was shown through learning wheelchair sports. For James playing wheelchair rugby, and Pat playing wheelchair basketball, empowerment is achieved because each has a sense of purpose playing a sport and being part of a team. Accepting disability as an identity allowed for empowerment and confident re-navigation of the world, in and out of organizations. Disability was no longer a hurdle or problem to overcome, but simply a part of their identity.

Empowerment in advocacy. Disclosure of disability was also connected to perceived empowerment. For six, disclosing their disability meant that they were able to advocate for disability opportunities. Shae said, “It’s also empowering when I’m given a platform, to speak about things.” In this example, Shae is referring to a time when her employer asked for her to speak about her experiences with mental health to help her coworkers better understand its nuances. Here, Shae’s identity with disability becomes salient in the workplace.

For Mandy, empowerment comes from advocating for herself and others. She explained how disclosing to supervisors affects her identity and gives her a place to be empowered:

It’s kind of been a mixed bag, I would say. There have been times where I’ve been like, “I did it! I told them! Fuck them!” I felt empowered with it. And then there’s been other times when like, “ah shit, should I not have said that?” But then, it just kind of relies on how they react to it. But then I feel more empowered about myself, and that if, when I feel like that, I feel like I can say something if I *do* [emphasis in original] need something. After I went through kind of the doubt, and the shame, and the guilt, and

everything, ultimately, I've become...*more* [emphasis in original] empowered, *more* [emphasis in original] confident...just, more able – in a lot of ways – to speak up and be the person that I feel like I need to be.

While Mandy has conflicted feelings about disclosing, the act of disclosure can be empowering because she is taking ownership of her mobility relating to her identity (Coopman, 2016).

Advocacy is empowering because of a platform to speak unapologetically with support. When advocating for themselves or others with disabilities, people with disabilities believed they were empowering others and creating positive change by contributing to a greater cause than their own.

Feeling heard and having voice. Disclosure of disability also produced feelings of empowerment for four participants when they felt genuinely heard by others inside and outside of their organizations. Emma said, "...I feel empowered when I actually have professors that want to understand, like my thesis advisor." Similarly, Anne explained how doing research individually impacts her:

I really appreciate when, particularly supervisors, but when anyone goes out of their way to do research because the emotional, psychological, and mental labor of having like, to explain over and over again, to every person I meet, what it means to have ADHD.

While I enjoy being an advocate for myself, it's also a little tiring. Google exists; the DSM5 is available online through the APA website. It's very, very easy to do your own research. So, I really appreciate if a supervisor a) listens to me when I say, "here are the things I think I'm gonna [*sic*] need," if they go and do their own research and they come back to me and they say like, "hey, I looked this up, here's this thing that I found. Do you think this is something that will benefit you?" I'm gonna [*sic*] say that 98 percent of

the time that is really validating, and makes me feel heard, and taken care of, and that I'm valued.

Doing research outside of a person with a disability is empowering because it shows a genuine interest in understanding that person. Feeling genuinely heard helped participants to feel empowered because it broke the cycle of exclusion for people with disabilities while also making power structures less apparent regarding disability status. **Benefits of disability in the workplace.** Associated with people with disabilities feeling heard was the empowering belief that they had a meaningful organizational voice and believing their disability helped them to be better at work. Eight participants indicated they feel more empathetic and understanding towards others or are better at their jobs because they have a disability. Elywin said, "It helps me learn to work with any kind of person, regardless of their background." Here, Elywin recognizes the importance of working with diverse groups because he is part of one, being in the deaf community. Another example comes from Anne saying, "I also think that, in the right environment, my ADHD makes me creative. I'm a good problem solver because I can see multiple ways to do things."

Anne's example shows how neurodiversity such as ADHD, is beneficial to organizations. She contributes to the organization with unique skills and can accomplish tasks thoroughly, even if they are accomplished differently than expected. Shae explained how having bipolar disorder has influenced her personality but also helps her at work:

Not work specific, but it's made me just a more empathetic and understanding person.

And like, I'm a lot more self-aware because I *have* [emphasis in original] to be in order to do my job and function as a member of society. I also think that, cause we work with

students, if someone's like, "I'm really struggling with x, y, z," I'm a person that people can direct them to.

Shae's example shows how having bipolar disorder changed how she navigated the world, and how it translates in the workplace as a reference for assistance in her organization. This is unsurprising because people with disabilities face challenges daily and understand the need for empathy and understanding from others; they are empowered by being empathetic and understanding of others because it is part of owning their disability identity. An example of this comes from Pat. He explained simply, "I guess I can just relate. I can relate well to them. And I guess it probably just has to do with experiences. And I've had a lot of different experiences throughout my life."

Empathy and understanding can also create better bonds with clients for some participants. For example, Jessica said, "...I can connect with some of the kids who also have hearing loss."

More nuanced examples are like Mandy's example. She explained:

Sometimes I think that with my clients when they ask me about it, and I tell them a little bit about having a disability it's kind of, maybe they feel like they can tell me a little bit more. Or if they get into my car, I have a placard, so like I've had a client say before, "oh, what's your disability?" and she told me all this stuff and...it was like we were on the same team. In that way I think it can be positive. We've had clients with degenerative diseases and so I've been able to relate to them on going from able-bodied to disabled, and talk to them about the different challenges that you see. In some interesting ways, really I think that it has enhanced my ability to communicate with clients.

For Mandy, being able to relate to her clients on a more personal level is beneficial because trust is important to have between workers and clients in organizations such as a crisis shelter.

Joann explained how her experiences helped her build trust with students in her work:

I think...growth in empathy, and, being able to just say like...Specifically within the Christian faith, sometimes there's this belief that like once you like, get really religious, all your problems go away, and life's perfect. No matter what religion it might be, I think there can be that thinking and it's just not the case. The bible is pretty clear that you're gonna [*sic*] have hard things but that, you know, you have that spiritual support, from God, and hopefully others to get through it. So, I think that it gives me some credibility, in talking about that. And I also think it helps me, *to* [emphasis in original] talk about that, with students.

Similarly, James explained how being in a wheelchair benefits his work:

I think there's definite benefits because, my job specifically, I'm working with people in wheelchairs who have just been injured, and don't know what the rest of their life is gonna [*sic*] look like. So, I think they would rather hear from me on some of those topics and my experiences than say, an able-bodied therapist.

For both Joann and James, empathy creates credibility because like their clients, they have faced significant adversity and have overcome it

These positive relationships with clients can be empowering because it validates organizational success with a disability.

Assumptions as disempowering. In contrast, the practice of making assumptions about people with disabilities was disempowering. Kelli explained:

I feel disempowered when I'm put in a box. The reason I did that half-marathon was because someone said that I couldn't. People said, "oh well you can't because you have cerebral palsy." And I ran most of it! I did it. But the times when I feel disempowered is when I'm put into a box that I don't put myself into. I don't think people realize that they put disabled people in a box...they don't realize that they're saying, "you know what...you can't do this." When people think that they can dictate my abilities more than I can, that's when I feel disempowered.

The idea Kelli articulates in her example is that having a disability automatically disqualifies a person from certain activities based on rudimentary understanding of the disability. This example, while not workplace specific, shows the importance of people with disabilities determining their own abilities and needs. Instead of assuming abilities, organization members and decision-makers should seek understanding from the person with a disability by listening and asking questions. This example also asserts that living with a disability is problematic, an inconvenience, and should be solved individually (Charlton, 2006; Handley, 2003; Kafer 2013; Wendell, 1996). Emma experienced similar feelings after disclosing to her supervisor and him reacting negatively. She stated, "It's made me feel like I have something to hide, and I'm something that inconveniences other people." In these instances, ownership of disability identity is stripped from the person with a disability and manipulated by able-bodied persons. It also reinforces power imbalance between people with disabilities and able-bodied people. Noting this is important because having a positive disability identity increases self-esteem and satisfaction with life (Santuzzi & Waltz, 2016).

Accepting abilities over limitations, being empowered through advocacy, feeling heard and having voice, providing beneficial skills in the workplace through disability, and being

disempowered by assumptions indeed speak to the legalization and formalization of accommodation conversations. The final section to examine is the systematic implications of disclosing disability.

Systematic implications of disability disclosure

Although definitions of disability, disclosure of disability, and consequences of disability disclosure have been treated separately to this point, it must be noted that they are inherently interwoven with each other, shaping interpretations of self, other, relationships, and work. The process of (non-)disclosure and responding to (non-)disclosure has several political implications for people with disabilities, people without disabilities, and the organizational systems in which they work. To explore these implications, this final section turns to two cases.

As an undergraduate student, Emma maintained several relationships, including with her peers and her professors. She also had come to embrace her disability and had had positive experiences disclosing her need for accommodations previously. Her previous experience and her sense of her own identity influenced her decision to disclose to her peers and professors at her graduate school. Disclosing created several reactions from her organization. Her immediate colleagues were supportive and had a genuine interest in learning more about the disability to understand Emma more. These authentic, disability-focused, holistic responses generated a sense of connection and belonging. Professors who had greater organizational power varied in their responses. One expected Emma to “handle it on her own,” another expressed genuine interest in knowing more, and another was mostly concerned with the legalities of accommodations and the potential for being held liable for medical incidents in the workplace, such as passing out.

The differences in reactions generated several tensions. While she felt supported by her colleagues on her same organizational level, she felt generally unsafe because her superior professors were more concerned with themselves and their liability than personal rights and safety. The consequence of their reaction was to shift in Emma's mind her willingness to disclose, now being far more cautious. Such caution implicitly reinforces the belief that people with disabilities pose burdens and cannot be successful because of those burdens (Kafer, 2013; Linton, 1998). Moreover, their reactions reduced Emma's feeling of safety in her work environment because her requests were viewed as invalid, unimportant, and as a nuisance. She is treated as an inconvenience, which makes forming a positive disability identity in the workplace difficult (Santuzzi & Waltz, 2016).

In contrast, Tracy's disclosure of disability and need for accommodation was well-received by her educational institution. Tracy disclosed in her application boldly alongside her other identities, and organization members took initiative to ask questions about Tracy's needs and formulate a plan to accommodate. During the process, Tracy felt equal to organization members that are perceived able-bodied; she was not treated as an inconvenience or nuisance. Equal treatment by organizational decision-makers fostered a positive working environment for Tracy where she was considered a valued member of the organization. Tracy felt supported and included, influencing positive experiences for disability identity. Relationally, she connected with colleagues because she was not viewed as "the academic with a disability," but simply as another academic. Organizationally, there were no issues fulfilling accommodations, reframing contemporary conceptualization of disability. The organization listened to Tracy's needs and fulfilled them without hesitation, fostering a positive and inclusive work environment that exemplified proper accommodation fulfillment.

Socially, this creates opportunity to continue growing in inclusion of people with disabilities in the workplace. Fulfilling accommodations with employees with disabilities at the head of conversation indicates acceptance of expertise in experiences of disability. Put another way, this organization recognized disability as a unique experience that must be treated accordingly for organizational success. In this example, Tracy's organization reframes assumptions about people with disabilities because they provided support. In theory, visibility of disability in the workplace will decrease disability misconceptions because different and unique ways of successful workplace navigation are present.

Both cases highlight legal, social, physical, and relational factors that constitute the organizational systems in which people with disabilities operate. Depending on members' constructions of disability those factors can influence perceived empowerment/disempowerment, belonging/isolation, and acceptance/rejection. Dominant beliefs about disability already position people with disability in a one-down position, as society at large tends to view disability as a medical problem solved through medical, legal, and physical remedies (Kafer, 2013). These external "solutions" required and designed by external agents, reinforce able-bodied assumptions operate inside and outside organizations. They constrain people's sense-making, limiting their creativity to thinking in terms of technical conformity to policies and laws to limit the problem posed by the disability to the organization. This impersonalization of disability as a medical problem to be met with a reasonable policy-based decision aligns with conventional bureaucratic ways of being and knowing in organizations that emphasize efficient production. The consequence is that people with disabilities live in a state of disempowered separation: from themselves because of their disability, from others because of conventional assumptions about

able-bodiedness, and from their organization because of treatment as an “other” in need of accommodation.

A holistic, authentic approach to understanding disability emphasizes integration and acceptance – of self, other, and organization. Disability is understood not as a problem but as a part of one’s identity or sense of self (Santuzzi & Waltz, 2016). Because disability is integral to one’s sense of self, the focus is not on solving or treating the disability to limit its effects but rather on incorporating and responding to the disability in ways that recognize the worth of the person and their work. Responses to disability disclosure are characterized by empathy and collaboration, seeing the person with the disability not through legal or medical lenses but through a personal lens. Flexible policies are created, evaluated, and refined with the goal of responsiveness rather than protection. There is a proactive effort to educate others and shape their definitions or interpretations of disability, including advocacy by and dialogue with people with disabilities. The consequence is empowered connection.

In short to answer RQ3, disability disclosure is part of a larger social system constituted by assumptions about ability, work, power, and belonging. These systems shape and are shaped by practices of (non-)disclosure and (non-)responsiveness. The effects of disclosure and response are felt in how people understand themselves, one another, their work, and their workplaces.

Chapter 5 - Discussion

Analysis and Findings

This thesis research sought to explore experiences people with disabilities have when disclosing disability in the workplace for accommodation purposes, and how those conversations of disclosure affected their identity both personally and in the organization. Specifically, by recognizing disability as part of human identity that is multiple and unstable through the experiences of 13 participants, several implications need discussion. Thematic analysis suggests that people disclose in different ways, to different people, for different reasons. People with disabilities will disclose if they feel comfortable with the people inquiring (Braithwaite, 1991). Yet, a consistent theme was that reaction to the disclosure has a profound effect on how the person with a disability views themselves in the workplace, (Santuzzi & Waltz, 2016) and relates to others.

RQ1a found that there are several factors at the individual, relational and organizational level that influence the decision to disclose. RQ1b found that communication of disability occurred in terms of limited revelation, self-revelation, prompted revelation, or forced revelation and was influenced by relationship with the inquirer, situational context, past experiences with disclosing, and identity with disability. Positive disability identity, feeling safe in the context, and close interpersonal relationships with an inquirer fostered self-revelation of disability because in this case, people with disabilities do not feel they will lose anything by disclosing, validating previous disability disclosure research (Braithwaite, 1991; Santuzzi & Waltz, 2016). Negative disability identity – often because of other negative past experiences disclosing – fostered more prompted or forced revelation because these people with disabilities do not want to

again be stigmatized, belittled, or thought of as less-than because of their disability, consistent with previous literature (Santuzzi & Watzl, 2016; Stanley, et al., 2011).

After disclosure, people with disabilities are confronted with a range of reactions, including support, concern, confusion, uncertainty, and even resentment. If people with disabilities feel supported after disclosure, they will have a more positive identity with disability (Santuzzi & Waltz, 2016), and will feel comfortable disclosing again in a similar context (Charmaz, 2010). Additionally, they may feel empowered about their disability and more like part of the organization because they are accepted in the workplace culture (Hagner, et al., 2014; Papa, et al., 1997), minimizing the power structures that are inherent in organizations based on organizational position (Papa, et al., 1997). Accepting disability in the workplace communicated support and belonging and signals that employees with disabilities are valued members of the organization (Hagner, et al., 2014).

In contrast, if people with disabilities are met with negative reactions such as concern or confusion after disclosure, they will have a more negative identity with disability in the workplace because they feel burdensome, less-than, and like an inconvenience, a finding that is consistent with past literature (Linton, 1998; Santuzzi & Waltz, 2016). These people with disabilities may also have difficulty disclosing again in similar contexts because they were met with negative reactions to disclosure, aligning with past research (Stanley et al., 2011). Hesitation to disclose again furthers the power structure between able-bodied people and people with disabilities, regardless of organizational position and disempowering the person with a disability in the process. Disempowerment can lead to negative perception of disability both for able-bodied people and people with disabilities because it communicates that disability is a negative feature of identity (Charmaz, 2010; Santuzzi & Waltz, 2016).

RQ2 found that accommodations come in several forms through combined efforts of supervisors, co-workers, and the person with the disability. For supervisors, common accommodations were allowing flexible schedules, and small organizational changes in structure, such as where someone was in the business. These accommodation requests were generally accepted and fulfilled and validated that accommodations are often not a significant cost for the employer, similar to previous research (Hagner & Dileo, 1993; O’Day, 1999). Additionally, five participants indicated that accommodations were supported because they were in an organization that supported diversity and people with disabilities in the workplace. This finding is consistent with previous research that says people with disabilities are more likely to disclose if the organization appears to be “pro disability” (Wittmer & Lin, 2017).

For co-workers and supervisors alike, common accommodations were giving case-by-case assistance when a person with a disability asked for one, such as lifting a heavy object. This study found that some participants did not always feel comfortable asking for case-by-case assistance because of how co-workers reacted, but others were comfortable asking. This finding is consistent with Charmaz’s (2010) finding that disclosing for accommodations means choosing between honesty and privacy for a person with a disability, and balancing accommodation against favoritism for supervisors.

For the person with a disability, self-accommodation occurred by proactively communicating about their disability to receive assistance and to educate co-workers and organization decision-makers about their disability. This also occurred when people with disabilities had to remind co-workers or others about their disability or accommodation. This finding is like past research about people with invisible illnesses needing to re-disclose for accommodations (Charmaz, 2010; Evans, 2017) but also included people with physical

disabilities in this study. Additionally, eight participants in this research indicated they sometimes self-accommodate because they feel if they do not, no one else in the organization will, consistent with previous literature (Kulkarni & Lengnick-Hall, 2014). This speaks to the power that able-bodied people have in organizations with employees with disabilities; able-bodied people sometimes choose to ignore accommodation requests simply because they are not affected by the disability – a narrative shared by several participants in this study.

RQ3 found that communicating about disability for accommodation purposes can foster both positive and negative experiences for people with disabilities in the workplace. As such, how organization members react to disclosure can have a positive or negative impact on people with disabilities (Santuzzi & Waltz, 2016; Stanley et al., 2011). For eight participants, disclosing disability did not change the way they were treated in the workplace because there was understanding between the person disclosing and organization members. This made the power structure within organizations minimized regarding a disability identity; people with disabilities were treated as equals rather than subordinate to people within the same organizational position. It also fostered a space of support and empowerment by disability and create a positive workplace identity with a disability (Papa, et al. 1997; Santuzzi & Waltz, 2016).

When there was negative treatment after disclosing, it was often because organization members did not understand the disability, or the need for accommodation, and that was the case for four participants. Misunderstanding disability can lead to negative perceptions of people with disabilities, and further stigmatization (Kulkarni & Lengnick-Hall, 2014; Thompsen, 1982) and a desire to not disclose in the future for fear of more negative treatment (Stanley et al., 2011). For people with disabilities, misunderstanding can also lead to them feeling unable to do

their job because disclosure was met with negative reactions (Santuzzi & Watzl, 2016) This feeling occurred for five participants and was disempowering.

In some ways, the themes identified in the previous chapter are consistent with research on the predictors and effects of self-disclosure. People feel more comfortable self-disclosing to people they know and trust, particularly if they feel that the information being disclosed is personal or private (Braithwaite, 1991). For three participants, disclosure was easier in private settings instead of public ones because there is less chance for stigmatization, rejection, and disempowerment. Relational closeness is also influenced by social and cultural norms. Among societies and cultures, friends and family have expected norms of what is discussed, including disability (Beckett, 2014; Charmaz, 2010). Additionally, how the conversation manifests and its implications for the person with a disability will differ among societies and cultures (Garland-Thompson, 2002).

The participants experienced differing degrees of discomfort, with some who had obvious evidence of a disability (e.g. a wheelchair) being more open about their disability and others being more strategically concealing. People with disability markers disclose to create understanding and break barriers (metaphorically and physically) within the organization (Thompson, 1982). For people without a disability marker, disclosure can be more difficult because able-bodied people may not understand the disability or its impacts. For these people with disabilities, they may disclose more for acceptance than accommodations (Charmaz, 2010). However, if they do not disclose and perform in ways that seem unconventional, they may experience mistreatment in the organization. Often, these people disclose when prompted because they fear stigmatization based on previous experiences disclosing or stereotypes of their disability (Kulkarni, & Lengnick-Hall, 2014; Linton, 1998). The fact that they were being asked

to reveal a need for accommodation to someone with greater organizational power made disclosure doubly difficult and stressful. However, if the person being disclosed to listened appropriately, the disclosure is more likely to feel empowered, included, and supported (Papa et al., 1997) as opposed to vulnerable, self-conscious, and like an inconvenience (Evans, 2017). Additionally, people with disabilities disclose because it is a matter of personal safety if they do not disclose. In these cases, disclosure was often up-front and without prompting.

Another way the findings were consistent with literature was the power imbalance at play between employee and employer, with disability making that imbalance wider. Disability is still stigmatized, especially when the disability is unfamiliar to others or when people hold wrong beliefs about the disability (Linton, 1998). Hiring managers are not immune from those wrong beliefs. If hiring managers assume that a certain accommodation will work but the accommodation ultimately is insufficient, then the employee with the disability may be further marginalized by a supervisor who may feel that the employee is simply asking too much or not pulling their weight (Kulkarni & Lengnick-Hall, 2014; Linton, 1998). This reinforces the power imbalance, as any attempt by the employee with the disability to further explain what they are experiencing may come across as whining, blaming, or excuse-making. Thus, employees with disabilities find themselves in a bind involving decisions to disclose or not disclose, ask for accommodation or not ask for accommodation, and explain or not explain (Charmaz, 2010).

This vulnerability is problematic and disempowering. If a supervisor makes an employee with a disability feel like an inconvenience or unable to do their job sufficiently, it can lead to a negative disability identity (Santuzzi & Waltz, 2016) while also disempowering the person with a disability because it reinforces negative perceptions of disability. Additionally, it can make the

person with a disability not want to disclose to co-workers because they were not supported by a person in a higher power position initially.

This study supports that the development of disability identity is not static. Instead, it is a product of interactions with others, of interpretation of one's own experience, and of contexts in which people with disabilities find themselves. Communicating disability in any context fosters an environment for diversity, arguably more present in organizations given the small percent of people with disabilities working. When diversity is accepted in organizations, positive identities are created or reinforced (Santuzzi & Waltz, 2016; Wittmer & Lin, 2017), and marginalized identities such as disability are empowered because they are accepted and supported (Kulkarni & Lengnick-Hall, 2014). When communication about disability is not supported, it fosters an environment where disability identity is minimized, stigmatized, and disempowered (Linton, 1998).

Often, lack of support stems from a lack of understanding, which reinforces power structures and a negative disability identity. Movement outside and inside organizational boundaries create situations for disability identities to be multifaceted and variable by context. The inherently political nature of workplaces may make the negotiation of workplace and disability identities problematic if co-workers and supervisors are unsupportive. However, if they are supportive, people with disabilities may perceive greater alignment between the workplace and disability identities.

Theoretical Implications

Theory Building

This research utilized feminist disability theory to understand disability and inform my approach to research. It supports that feminist disability theory is a way to examine and critique

the able-bodied/disabled binary present in societies (Thompson-Garland, 2002). As an able-bodied scholar, this theory helped me understand disability in a critical way because it augments human ability, centering disability as a similar identity to gender. By empowering the voices of people with disabilities, the five premises of feminist disability theory were supported.

First, representation structures reality (Garland-Thompson, 2002). This research relied on the narratives of employees with disabilities with the notion that they could answer as openly as they wanted. For employees with disabilities, being a body present in the workplace structures representation in larger society. If people with disabilities are accepted as employees, it indicates to society that people with disabilities are also welcome in the organization.

Second, the margins define the center (Garland-Thompson, 2002). By gaining knowledge from those affected by ADA laws, people with disabilities were at the forefront of understanding more how they can be supported in the workplace through this study. If employees were not supported, the overall production of the organization was lacking because employees with disabilities were not in an environment meant for their success (Santuzzi & Waltz, 2016).

Third, disability is a way of signifying relationships of power (Garland-Thompson, 2002). By looking at the conversations between organization leaders and employees with disabilities I gained insight into the power dynamic of employer and employee. Specifically, this research supports that people with disabilities have disadvantages in the workplace because they rely more on support from organization leaders and coworkers; if they are not accepted, their overall organization success deteriorates (Santuzzi & Waltz, 2016).

Fourth, human identity is multiple and unstable (Garland-Thompson, 2002). This research welcomed a range of cognitive and physical disabilities. It was important to have

participants self-identify with having a disability to contribute because I – nor anyone else that does not identify with living with a disability – can understand the nuance and influences disability has on daily life and working (Linton, 1998).

Finally, all analysis and evaluations have political implications (Garland-Thompson, 2002). This research supports previous literature that asserts that how employees with disabilities are treated regarding their accommodation needs will affect their identity both as an employee and as a person with a disability (Santuzzi & Waltz, 2016). When supported, people with disabilities are represented in the workplace and can have conversations about disability to hopefully change negative preconceptions of disability (Linton, 1998). When not supported, people with disabilities are succumb to a continued cycle of oppression in and out of work because their experiences are viewed as invalid (Handley, 2003). This research also contributes meaningful suggestions for organization leaders wanting to be inclusive of people with disabilities.

Research

This research contributes to the growing academic sphere of disability studies within organizational communication. Specifically, this research sought understanding from a marginalized group with the goal of empowering their experiences while gaining insightful information for organization leaders to create a more inclusive environment for people with disabilities. As a critical feminist study, this research utilized raw, vulnerable, and poignant narratives from current employees with disabilities to gain insight and understanding. Through these narratives, I aimed at dismantling the power struggle between able-bodied people and people with disabilities by listening to their experiences and struggles unprejudiced. This power struggle often limits people with disabilities and perpetuates the notion that their experience is

invalid. This research supports using qualitative methods like semi-structured interviews to understand marginalized groups because it allows for nuance and data richness (Creswell, 2013).

Moreover, this project also highlights the importance of responsiveness to participants. Ensuring that research materials (i.e. consent form and interview medium) are available in several formats best serves each participant. Having consent forms in written and audio formats and allowing each person to decide how they would be interviewed (instant message, phone call, video call, or face-to-face) provided more inclusion to the range of disabilities people have because it made access easier for their specific abilities. These practices were not only respectful of participants but also empowering, making sure that they could participate as fully as they want in the research process.

Practice

Disability as an identity is something people with disabilities are forced to come to terms with by able-bodied society (Kafer, 2013). As an identity, it is continuously fluid – a function of talk, meaning, relationships, and context. If it is most effective for people with disabilities to come to embrace or at the very least accept those disabilities, then able-bodied people must be part of that process of embracing and acceptance. How can they/we do that? One way is to listen responsively and mindfully, taking cues from the person with the disability as they talk about their experience. Another way to challenge our own negative stigmas of disability that we may unconsciously carry and perpetuate. A third way is to promote education about disability and the experiences of people with disabilities. This may be especially important for supervisors and hiring managers, whose (un)conscious bias, may disadvantage people with disabilities (Ayoko, 2007; Kulkarni & Lengnick-Hall, 2014). Furthermore, it may be helpful to “flip the

script” that supervisors and hiring managers may hold that casts disability as a problem. As noted above, people with disabilities may view their situation as in fact empowering.

Chapter 6 - Conclusion

Limitations and Future Research

This research has several limitations and areas for future research. First, it would be inappropriate to generalize the findings presented here to all people with disabilities. Indeed, this study presents the experiences of people with disabilities as a way for others to learn, engage, and approach disability differently, but cannot be generalized to the community of people with disabilities. Another limitation arises from the array of types of disabilities explored. There are hundreds of physical and cognitive disabilities. Although exploring the experiences of 13 people is rich, there is more to be learned. Given these two limitations, future research should focus on a particular sect of disabilities. Specifically, while it is good to allow a range of disabilities to participate, it is not appropriate for all research design. Future research should focus on different categories of disabilities like cognitive or physical, congenital or acquired, and singular or multiple disabilities.

A third limitation concerns the organizational contexts in which the participants work. Given the importance of context in shaping meaning and behavior, it may be fruitful to explore a particular organizational context to see more about how specific organizational features come into play. Past research has focused on a specific type of organization, such as Fortune 500 companies (Wittmer & Lin, 2017), or has used networks to gain participants and data about people with disabilities such as the Job Accommodation Network (Hartnett, et al., 2014). However, future research should specify an organization type to see how specific workplace features impact disability accommodation and disability identity. Finally, many members of this sample identified within the queer community in both gender and sexual identities. While this made the sample more diverse, these parts of identity were not explored as an area of identity

formation unless mentioned by the participants individually. Previous research indicates there are limited binary gender differences regarding people with disabilities being employed, but there are slight employment gap differences among multiple minority statuses (Sevak et al., 2015). Other research indicates the intersection of gender, disability, and occupation impact treatment after asking for accommodation where women more commonly experience harassment (Dick-Mosher, 2015). Future research should examine in-depth how these identities impact their disability both in social and organizational respects.

Summary

Using the vulnerable and raw narratives of 13 unique people with cognitive and physical disabilities, I sought to understand some of their experiences in the workplace disclosing disability for accommodation discussions. Additionally, I sought to understand how communication of disclosure impacts people with disabilities in terms of identity as an employee and person with a disability. It is evident that people with disabilities still face barriers in the workplace (Hughes & Avoke, 2018; O'Day, 1999; Sevak, et al., 2015; Sima, et al., 2015) that in turn, affect their perceptions of themselves, their work, and workplaces as seen throughout history (Charmaz, 2010; Santuzzi & Waltz, 2016).

Using feminist disability theory (Garland-Thompson, 2002) within the critical paradigm as a theoretical lens for research design and analysis, this study was open to people with cognitive and physical disabilities that self-identified with having a disability and had been working for nine months in their place of employment. I recruited people through network sampling and word-of-mouth online and offline. I engaged in 13 semi-structured interviews that asked questions about disability, disclosure, workplace experiences disclosing, accommodation, empowerment, and identity. Interviews were held via instant message, video conference, phone

conference, or face-to-face depending on each participants preference, geographic location, and disability. Nearly 15 hours of recorded conversations were transcribed and coded to understand experiences of the participants. Thematic analysis identified several themes that helped answer four research questions: (RQ1a): How do people with disabilities decide to disclose? (RQ1b) How do people with disabilities disclose disability in the workplace for accommodations? (RQ2) How are accommodations addressed in organizations? (RQ3) What are the implications of disclosing disability for accommodations in the workplace?

Results of this study indicate that people with disabilities disclose disability in different ways, at different times, for different reasons. RQ1a indicates decisions for disclosure are based on individual, relational, and organizational factors. Individual factors included visibility of disability and disability identity. Relational factors included closeness to others, amount of privacy, perception of safety, and perceived support from others. Organizational factors included closeness to others, job requirements, and openness and inquiry from the organization.

Disclosure practices included limited, direct, prompted, or forced revelation. RQ1b indicates that people with disabilities decide to disclose based on context and the factors listed above. If a person with a disability has a positive disability identity feels safe, believes disclosure is necessary, and is in a position to disclose, they will for accommodation purposes (Braithwaite, 1991; Charmaz, 2010; Santuzzi & Waltz, 2016).

RQ2 indicates that people with disabilities have differing experiences with receiving accommodations in the workplace. For some, accommodations are met with support and sufficiency. For others, accommodations are misunderstood as unnecessary or burdensome on the organization. However, all participants received some degree of accommodation through a combined effort of self-accommodation and organizational accommodations. Accommodations

by the organization were most often providing simple changes to organizational structure, flexible scheduling, and case-by-case assistance. Self-accommodation was often through proactive communication about limits of ability and individual needs based on disability.

RQ3 indicates that there are several implications of disclosing disability for workplace accommodations. When accommodations are well-received, employees with disabilities feel supported and empowered within their organization. Additionally, it allows them to create or reinforce a positive disability identity and minimize the power structures within organizations. When accommodations are not well-received, people with disabilities feel misunderstood, like an inconvenience, burdensome, and disempowered, resulting in a negative disability identity (Santuzzi & Waltz, 2016). This reinforces negative perceptions and stigmatization of people with disabilities because of the power structure inherent in organizations (Kulkarni & Lengnick-Hall, 2014).

This research study shed light into the nuance and beauty of disability by hearing from people that experience and navigate life daily in a different way than the majority. It also allowed people with disabilities to be included in a way that made them an expert. Following interviews, every person that helped me with this research thanked me for doing this research and giving them a platform to share their experiences. By empowering employees with disabilities, organizations can empower themselves because they report that people with disabilities are welcome as clients or customers in their organization. The only way that organizations will be positive places for people with disabilities is by listening and believing the experiences and needs of people with disabilities. Disability does not discriminate based on age, race, ethnicity, gender, sexuality, or education; it is an experience that can touch anyone if they live long enough. As such, it should be valued, validated, celebrated, and empowered. The first

step to achieving this is passing the mic to people with disabilities and recognizing that there is never only one way to navigate the world.

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Appendix A - Call for Research

The following script was used on my personal social media pages (Facebook, Instagram, and Twitter) to recruit employed people with disabilities that have worked in their profession for at least nine months to participate in the research study:

Hello, friends! It's research season, and I need some help to finish graduate school. Read on to find out what I'm doing, and feel free to share this post!

I am researching identity formation in the workplace for people with disabilities. The purpose of this study is to understand some experiences people with disabilities have when disclosing disability for accommodations in the workplace, and how those experiences influence identity formation. I am looking for people that self-identify as having a disability, have been working for at least nine months, and want to share their experiences.

Participation would include a personal interview with me via face-to-face, video conference, phone call, or instant message depending on your preference, availability, and geographic location. The interview will ask questions about experiences of living and working with a disability. Interviews can be expected to last about an hour. Responses will remain confidential through the research process. You have the right to decline any question, and/or quit participation at any time without prejudice.

Participating will benefit the community of people with disabilities; by understanding different experiences, first-hand knowledge will create space for sense-making, and meaningful suggestions for improvement to organization leaders can be made. If you're interested in learning more about this research, or would like to help, send me a private message here or at my email below.

Lindsey H. Milburn | Graduate Student | Department of Communication Studies | Kansas State University | Email: lhmilburn10@ksu.edu.

Appendix B - Offline Call for Research

I am researching identity formation in the workplace for people with disabilities. The purpose of this study is to understand some experiences people with disabilities have when disclosing disability for accommodations in the workplace, and how those experiences influence identity formation. I am looking for people that self-identify as having a disability, have been working for at least nine months, and want to share their experiences.

Participation would include a personal interview with me via face-to-face, video conference, phone call, or instant message depending on your preference, availability, and geographic location. The interview will ask questions about experiences of living and working with a disability. Interviews can be expected to last about an hour. Responses will remain confidential through the research process. You have the right to decline any question, and/or quit participation at any time without prejudice.

Participating will benefit the community of people with disabilities; by understanding different experiences, first-hand knowledge will create space for sense-making, and meaningful suggestions for improvement to organization leaders can be made. If you're interested in learning more about this research, or would like to help, send me a private message here or at my email below.

Lindsey H. Milburn | Graduate Student | Department of Communication Studies | Kansas State University | Email: lhmilburn10@ksu.edu.

Appendix C - Interview Guide

Background

1. Tell me a little about yourself and what you do for a living.
 - a. Age, sex, medical profession, years in profession, education level, race
2. How would you describe your disability?
 - a. How does your disability influence everyday tasks such as communicating or working?
 - b. How does your disability affect how you think about yourself or your own identity?

Disability in the Workplace

3. How has your disability affected your experiences in the workplace?
 - a. What challenges do you face?
 - b. What benefits, if any do you see, working with a disability?
 - c. How well or poorly, in your opinion, do people in your organization accommodate your disability? What are some of the things that have happened that make you feel this way?
4. How have you handled disclosing your disability in the workplace?
 - a. How has disclosing shaped the way your supervisors see you and treat you?
 - b. How has disclosing shaped the way you see yourself in the workplace?
 - c. How do people in your workplace tend to talk about disability?
 - d. What are the ways that your employer facilitated safe conversations about disability?

5. Is there anything else you want to mention about disclosing disability and negotiating accommodations?

Debriefing Statement

Thank you for participating and sharing your experiences. Your narratives create space for understanding some of the experiences people with disabilities face in the workplace, particularly about negotiating accommodations. Your participation will help to understand larger implications of living and working with a disability to create meaningful suggestions for organization leaders. In the coming weeks our conversation will be transcribed, with all identifying information kept confidential. After I conduct all interviews and they are transcribed, I will analyze the information for themes within the narratives to conclude larger, societal implications of living and working with a disability. Research is expected to be complete in May of 2018. For follow-up information or questions, you can reach me by email or cell phone: Lindsey H. Milburn, lhmilburn10@ksu.edu, (308) 360-3639.

Appendix D - Table 1: Participant Information

Table 1

Participant Information

Pseudonym	Disabilities	Age of Diagnosis	Occupation	Age	Race	Preferred Pronouns
Anne	Attention deficit hyperactive disorder (ADHD)	16	Drama therapist	24	White	She/her
Elywin	Deaf	2	Substitute resident assistant	21	White	He/him
Emma	Postural orthostatic tachycardia syndrome (POTS)	19	Graduate teaching assistant	23	White	She/her
James	Spinal cord injury	30	Physical rehabilitation mentor	41	White	He/him
Jessica	Hard of hearing	2	Instructional assistant	21	White	She/her
Joann	Fibromyalgia, chronic fatigue, and hearing loss	28 and 37	Campus ministry coordinator	41	White	She/her
Kelli	Cerebral palsy	Birth	Campus resident life director	25	White	She/her
Ken	Bipolar disorder and generalized anxiety disorder	26	Software content developer	36	White	She/her
Mandy	Mobility impairment	19	Crisis shelter advocate	30	White	She/her
Pat	Spina bifida	Birth	Student loan distributor	34	White	He/him
Shae	Bipolar disorder	18	Campus ministry intern	25	White	She/her
Syd	Severe narcolepsy	21	Non-profit state organizer	22	Black	They/them/their
Tracy	Hereditary spastic paraplegia	27	Sociology professor	35	Black	She/her

Appendix E - Table 2: Factors for Decisions to Disclose

Table 2

Factors for Decisions to Disclose

Level	Factor	Example
Individual	Visibility of Disability	Using a wheelchair
	Disability Identity	Label vs. difference vs. other descriptor
	Disability Acceptance	When and how they gained acceptance
Relational	Closeness to Others	Stranger vs. Family/Friends
	Amount of Privacy	Personal conversations vs. groups
	Perception of Safety	Body language of second party
	Perceived Support	Opportunity to speak about disability
Organizational	Closeness to Others	Supervisors vs. coworkers
	Job Requirements	Disability impact on job
	Openness and Inquiry	Asking about disability on job application

Appendix F - Table 3: Practices of Disclosure

Table 3

Practices of Disclosure

Disclosure Practice	Reason	Example
Non or Limited	Minimal information is more comfortable	Using “go-to” answers for common questions
	Intimate information is difficult to share	Impacts of disclosing when living with a mental illness
	Context matters	Asking in group settings instead of privately
Direct	Acceptance/Empowerment of disability	Openly disclosing and asking for accommodations
	Necessary for Safety	Disclosing to relevant people in public settings
Prompted	Difference noticed in employee with disability	Supervisor asking about the difference
	Wary of ability to complete tasks	Question how tasks will be completed
Forced	Body discloses disability	Being in a wheelchair
	Disability appears invisible	Not understanding impacts of disability or necessity of accommodation
	Disability is forgotten	Reminding about accommodation