

Workplace Accommodation of Persons with Invisible Disabilities:

A Literature Review

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Abstract: Invisible disabilities refer to a range of mental and physical disabilities that, like visible impairments, vary in their origins, degree of severity and in whether they are episodic or permanent. Much of the mainstream literature on employment and disability does not consider the question of a person disclosing their hidden disability to an employer. While disclosure is the route to a workplace accommodation process and can be in the best interest of the employee with a disability, it is a highly risky decision to disclose with numerous potential disadvantages along with advantages. The resulting situation is the predicament of disclosure for employees with invisible disabilities. Employers can create a workplace culture that encourages disclosure by people with invisible disabilities by being clear about the competencies required for a job; giving as much information, in accessible formats, as possible in advance; and, in recruitment and

selection processes, allowing opportunities for the individual to disclose. Many workplace accommodations for people with visible or invisible disabilities are actually about managing effectively rather than making exceptions: about having clear expectations, open communications and inclusive practices.

Keywords: Hidden disabilities, Passing, Disclosure, Employer accommodation

1. INTRODUCTION

As the population ages in industrial countries, invisible disabilities become increasingly prevalent and more actual and potential workers will experience hidden impairments. An international study estimates that as many as 40% of persons with disabilities have invisible impairments (Matthews & Harrington, 2000). In addition, invisible disability is an important topic because of its contested nature as a legitimate condition and diagnosis. It intersects between personal lives and social worlds of cultural attitudes, public policies, and workplace practices. “Because invisible disabilities have traditionally not received the recognition that other forms of disability have, employers may not be aware of the need to accommodate people with invisible disabilities. Lack of accommodation results in lower employment rates, increased work-related absences and a restriction of capabilities within the workplace, among other things” (Reeve & Gottselig, 2011: v). The invisible or hidden nature of disability is a perspective from which to examine the issue of employment, especially accommodations that can be arranged within workplaces in the labour market.

This article presents a literature review of literature on the accommodation of persons with invisible disabilities in workplaces of gainful employment. The objectives of this review are to discuss the nature of invisible disabilities; and to examine available accommodations for persons with invisible disabilities, and how employers implement accommodations to support the labour force participation of people with specific invisible disabilities.

A considerable amount of the literature on disability and employment focuses on the supply-side of labour force participation; that is, on the demographic characteristics of individuals, including

their age, gender and education and on the type of impairment and degree of severity. This supply-side focus also looks at the role of employment service agencies and vocational rehabilitation programs in enhancing the employability of persons with disabilities. While these issues are touched on, this article concentrates on the demand-side of employment, paying particular attention to employers: their perspectives on disability, their requirements and challenges, and their practices in relation to workplace accommodation and inclusion for people with disabilities. A focus on invisible disabilities draws awareness to the issue of disclosing one's disability in the workplace, illustrating the interplay between supply and demand factors in employment. In terms of disciplinary scope, literature surveyed is from medical and social policy fields. In terms of jurisdictions, literature reviewed comes from a select number of countries, Canada, Britain, Ireland and the United States. Literature published or produced over the last 15 years is the primary focus.

Reviewing the social science and medical literatures yields a mixture of personal stories and lived experiences; research findings; conceptual and theoretical approaches; tool kits and tips on accommodation; and recommendations for making workplaces more accommodating. Key issues concern the implications of disabilities being hidden for general public understanding; and disclosure by an applicant or employee; and employer support and action.

The article is organized as follows. Section 2 outlines basic conceptions of disability, including the interrelated terms of episodic and invisible disability. Section 3 looks at the implications of invisible disabilities along with the related practices associated with invisible disabilities of passing, covering and disclosing. Disadvantages and advantages of disability disclosure in a

work setting are also identified. Section 4 examines workplace accommodation for people with invisible disabilities. Section 5 offers conclusions and summarizes key findings.

2. DISABILITY MEANINGS

Disability, from a standard international perspective, is the relationship between body structures and functions, daily activities and social participation, recognizing the role of environmental factors in influencing these relationships. Persons with disabilities are typically defined as individuals who experience or report difficulties with everyday living or who have a physical or mental condition or health problem that reduces the amount or kind of activities they can do. Not all disabilities, whether visible or invisible, result in activity limitations in the workplace. Then again, some impairment does affect work capacity and may require job modifications or other general workplace accommodations. The effects can include the type of occupation, the place of work, the amount of work hours a person can do, advancement opportunities and access to work-related training (Williams, 2006).

A person's hidden impairment may not be the most critical fact about the person's employability; it may be that they are a single parent with young children or that they are multilingual or are a newcomer to the country. That interplay of social and personal factors, however, takes us beyond the scope of this inquiry. The literature review found an overlap between the concepts of episodic disability and invisible disability. Numerous conditions that are identified as episodic are also identified as hidden or invisible, though studies rarely make the connection between these two understandings of disability. Many episodic disabilities, like invisible disabilities, are

not obvious to onlookers; and many invisible disabilities, like episodic disabilities, vary in degree of severity.

2.1 Episodic disabilities

Episodic disabilities are lifelong health conditions that impact a person's ability to participate in employment and in other social domains. Boyce defines episodic disability as "a serious mental or physical condition characterized by fluctuating periods and degrees of wellness and impairment. These periods are often unpredictable in severity, duration and potential for resolution" (2005: 35). Moreover, "an episodic disability can be permanent or temporary, life-threatening or chronic, progressive or stable. What makes disability 'episodic' is that it produces recurring, sometimes cyclical, usually unpredictable periods of good and poor health" (2005: 45). Compared to people with other kinds of disability, Boyce argues that "people with episodic impairments experience the additional disadvantage that this particular kind of impairment has long been less adequately conceptualized, less clearly articulated, and less effectively addressed, by disability policies and programs" (2005: 34). Episodic disability organizations represent people living with arthritis, some forms of cancer, Crohn's disease, diabetes, hepatitis C, HIV/AIDS, mental illness, mood disorders and multiple sclerosis.

2.1 Invisible disabilities

The notion of invisible disability has received considerable attention in recent years by social and medical researchers, community advocates, and policy analysts. Available online and in government documents and the academic literature, there are several definitions of the concept of invisible disability.

The distinction between visible disability and invisible disability is said to be that a person with an invisible disability has an impairment which is not immediately apparent to other people. Invisible disabilities are those that are imperceptible or unseen via physical characteristics or behaviours. Being relatively hidden the impairment does not automatically convey information about the person to others and so does not define a situation or shape initial expectations of people in a social encounter. A person's appearance and deportment are not manifestly altered by their health condition or impairment; hence, their disability remains unrecognized and unknown in social interactions. This suggests, further, that there is also an absence of discriminatory or stereotypical responses to the individual.

Invisible disability is not a clear-cut clinical category or a distinct social identity. Instead, researchers suggest it is useful to think of visible and invisible disabilities as located along a spectrum of conditions and specific contexts. Mollow, for example, notes "the impossibility of any absolute binary between "visible" and "invisible" disabilities" (2010: 502). A condition that may be invisible to the casual observer in a social setting can be seen by health professionals through diagnostic tests. Mollow lists the following conditions as invisible disabilities: "mental illnesses; some cognitive disabilities; and physical conditions such as chronic fatigue syndrome, repetitive strain injury, Environmental illness, and fibromyalgia, which don't produce objectively observable bodily changes" (2010: 502). There are also gender dimensions to the visibility or invisibility of impairments. Krogh and Johnson (2006), for example, suggest that women with disabilities are more likely to experience non-visible impairment such as chronic illness and fatigue than men with disabilities.

Devlin and Pothier (2006: 15) approach the topic in the following way: “disabilities range from the highly visible to the highly invisible. Moreover, whether the disability is visible may depend on the context. For example, although a wheelchair is generally a very visible sign of disability, if someone using a wheelchair is seated at a table with others who did not bring their own chairs, the disability may not be obvious to the casual observer (or to someone who cannot see the wheelchair because they cannot see at all). Many disabilities are not apparent unless specific activities impacted by the disability are being engaged in. For example, in a situation where no one’s speaking, muteness or deafness may not be discernible. There are also many hidden disabilities that are not obvious unless the person chooses to disclose or is require to disclose to qualify for benefits or accommodation.”

Invisible disability, then, is not the opposite of visible disability. Rather, they are interconnected and dynamic: a condition can have characteristics of visibility and invisibility depending on the symptoms and the circumstances. Consider a young person with dyslexia, for example; their impairment may become apparent and professionally assessed in the school system along with certain accommodations in the learning environment, but in other areas of their everyday life the dyslexia is not disclosed and remains relatively invisible to other people.

Reviewing the social science and medical literature reveals a family of concepts associated with invisible disability. Related terms include invisible stigmas (Raggins, 2009), invisible wounds of traumatized soldiers (Moss & Prince, 2014), invisible impairments (Lingsom, 2008), the invisible body (Reventlow, Hvas & Malterud, 2006), invisible illness (Vickers, 2000), invisible

social identities (Clair, Beatty & MacLean, 2005), and socially invisible diseases (Lonardi, 2007). There is the Invisible Disabilities Association in Canada, a non-profit group founded in 1999 to assist those with disabilities resulting from chronic fatigue syndrome, fibromyalgia, environmental sensitivities, and related illnesses. Comparable organizations internationally include Invisible Disabilities Association, established in 1996 in the United States, and Invisible Disabilities UK.

2.3 *Hidden disability*

Hidden disability is a term that appears frequently in the literature (Bouton, 2013; Center for Disability Studies, 2008; Crawford & Silver, 2001; Fitzgerald, 2000; Hirsch & Loy, 2010; Johnston-Tyler, 2007; Ortiz, 2005; Valeras, 2010). Hidden disabilities has been defined in an American study as “an impairment causing limitations: not obvious to the naked eye; not easily discerned by others; or not noticeable in one’s speech, behavior, or mobility” (Hirsch & Loy, 2010: 8). While a hidden disability may not be obvious or easily discerned, it may - due to effects on the brain, circulation, respiration, sensory abilities or muscular skeletal system - result in workplace limitations in regard to attendance, concentration and memory, organization or coworker interaction.

In the UK, the term *hidden impairment* is prominent in the literature and policy discourse. A Hidden Impairment National Group was established in 2010 with an initial focus on individuals with Autistic Spectrum Disorder, including Asperger’s Syndrome, Attention Deficit Hyperactive Disorder (ADHD), Dyslexia, Dyspraxia, Dyscalculia, and Speech and Language difficulties. Heart disease has been called a hidden disability at work (Krumie, 2014). Related terms are hidden handicaps and hidden abilities; the later concept is intended to reframe disability by

directing attention to the talents as well as the difficulties and differences of people with learning challenges.

2.4 Psychosocial disability

One further concept relevant to this discussion is psychosocial disability, a term adopted recently by the Ontario Human Rights Commission to refer to people with mental health conditions or addictions. The Commission uses the term to distinguish these disabilities from other types, including cognitive, intellectual, learning and sensory impairments. “People with mental health issues and addictions are a diverse group, and experience disability, impairment and societal barriers in many different ways. Disabilities are often “invisible” and episodic, with people sometimes experiencing periods of wellness and periods of disability” (OHRC, 2014: 4).

Psychosocial disabilities are said to include people with alcohol dependence and drug addiction, anxiety and panic attacks, bipolar disorder, depression, and schizophrenia. Moreover, “many mental health disabilities or addictions are “invisible” or “hidden” because they may not be obvious to others. They may exist on a spectrum from mild to severe” (OHRC, 2014: 6).

3. IMPLICATIONS AND PRACTICES

Disabilities not easily seen or readily evident to other people raise the issue of managing information about a hidden impairment: of a person with an invisible disability passing or covering as non-disabled; the question of disclosing a hidden impairment; and the issue of accommodation in the workplace.

Passing refers to when a person with a significant disability succeeds in appearing to others to be “normal” or non-disabled, by keeping undisclosed information about their impairment or health condition and thus create “a presumption of normalcy” (Devlin & Pothier, 2006: 15; Titchkosky, 2002: 72-79). Goffman suggested that “because of the great rewards in being considered normal, almost all persons who are in a position to pass will do so on some occasion by intent” (1963: 74). An ethnographic account of women diagnosed with rheumatoid arthritis illuminates how the women spent time and energy keeping their condition invisible, negotiating a “disability pass” (Prodinger et al 2014). A national survey of 1,245 people with disabilities in Canada found that 45 percent of all respondents believe that employers are reluctant to hire people with disabilities (Canadian Abilities Foundation, 2004: 6).

If a disability is not known by an employer, if the employer is reasonably not aware of a health condition, then the duty to accommodate is uncertain or non-existent. Remaining invisible places the onus on the individual to manage the impression of being healthy and capable; making whatever adjustments are needed to meet their needs that arise from their impairment; accepting the workplace as is rather than asking for reasonable accommodations from the employer. On the other hand, research by Hazer and Bedell concludes that “requesting reasonable accommodation seems to result in negative consequences for job applicants with disabilities who choose to ask before a job offer is tendered. The consequence demonstrated here was that these candidates received lower employment suitability ratings than did applicants not seeking accommodation” (2000: 1217).

Covering involves efforts by a person with a less than obvious disability to keep the impairment from looming large in everyday interactions. This can, for example, involve presenting the

symptoms of their condition as signs of another less stigmatizing attribute, or, using a term such as epilepsy to describe one's condition rather than a more negatively regarded term such as seizure disorder . Lingsom notes that covering as a concept and a practice "is largely unexplored territory in disability research" (2008: 8), although there are pockets of analysis (Joachim & Acorn, 2000a; Myers, 2004). In an act of covering, the person with a disability tries "to blend in as much as possible, trying to downplay the significance of the disability" (Devlin & Pothier, 2006: 16). The aim is to make it easier on both the person with the disability by avoiding stigma and to "ease matters for those in the know" by getting along with others (Goffman, 1963: 102). As Lonardi explains, "a person could decide to differentiate the risk [of disclosing their impairment]. In that case, he/she could divide his/her daily world into segments and decide what strategy to adopt and with whom. With family members, for example, patients could be totally sincere, and this could also happen with close friends, while the secret could also be kept with others" (2007: 1626). As with passing, the practice of covering conveys select information about the employee and likely minimizes the prospects for reasonable accommodations in the workplace.

While covering may be viewed as a form of selective disclosure, *disclosing* refers to making an invisible disability visible in the context of employment. This making known can involve telling of one's disability to an employer, supervisor or manager, co-workers, human resource staff, union representative and possibly clients or customers.

As a social practice, disclosing relates to human rights. The right not to disclose a disability and the right to decide when and to whom to divulge that one has a disability rests on the

fundamental principles of self-determination, autonomy to self-identity and consent; principles that also are key goals of modern disability movements. As Wilton explains: “disclosure is of central concern in legislation covering accommodation. In an immediate sense, workers are responsible for bringing their needs to the attention of the accommodation provider. This does not mean that they have to disclose the specifics of their impairment to an employer, as the latter does not generally have the right to know what the disability is. Workers may present documentation indicating a need for a specific accommodation (e.g., a doctor’s letter) without identifying the nature of their impairment. Where a condition is visible or otherwise evident, employers may be immediately aware of a worker’s impairment, although this does not necessarily mean they know what it is. Where a condition is non-evident, the issue of disclosure can be more complex” (2006: 26).

With disclosing comes a shift in the person’s self-image and a shift in others’ conception of the person. In this way, disclosing can be an act of social action aimed at cultural change. An academic who lives with dyslexia is almost never seen as dyslexic, adding that: “Some of my colleagues say that ‘learning disabilities’ are just the latest way that students have to excuse themselves from work, and that ‘dyslexia’ is just a sophisticated word for lazy. It is important in the face of the general suspicion of those with ‘invisible disabilities’ to make disability visible ... make different ways of learning acceptable, and offer a counterpoint to cultural renderings of invisible disabilities as simply a synonym for sloth” (Titchkosky, 2002: 36).

Given the negative attitudes, stereotyping and ignorance surrounding invisible disabilities, there are real risks to the individual to disclose their hidden impairment. A substantial body of

literature on various types of conditions and impairments considers this *predicament of disclosure*. “Experiencing an illness like Chronic Fatigue Syndrome leaves sufferers in a communicative dilemma. If they do not express their experience there will be no confirmation of it. However, in communicating their experience, they run a risk of being called into question” (Bülow, 2008: 137). This calling into question may involve a trivialization or outright rejection of their condition, treating it as a contested illness. Several writers note this predicament, characterizing it as “the hidden disability dilemma” (Fitzgerald & Paterson, 1995), “the disclosure conundrum” (Goldberg, Killen and O’Day, 2005), the “dilemmas of concealment and disclosure” (Lingsom, 2008), and “conceal or reveal?” (Bouton, 2013).

Lingsom cites a study of persons with epilepsy and diabetes which “found that informing prospective or current employers can result in failure to secure employment or job loss. Variation was, however, found to be high. Some persons reported stigmatization in work and social life; others did not. Disclosure of epilepsy and diabetes has a practical dimension of increased security in case of acute illness. In general disclosure was regarded with ambivalence and was seen to require careful balancing” (2008: 11). A survey of people with invisible disabilities in BC found that 88% had “a negative view of disclosing their disability and feared a negative reaction” (Reeve & Gottselig, 2011: 12). The general point is that self-disclosure of a disability is fraught with choices and challenges and opportunities in the workplace (Gignac & Cao, 2009; Troster, 1997).

Possible disadvantages of disability disclosure in a work setting are many and include the following:

- Can cause the person to relive bad experiences of the loss of a job or negative responses from co-workers and others.
- Result in exclusionary incidents, such as being placed in a dead-end job.
- The person becomes an object of curiosity in the workplace.
- If something does not go right on the job, it will be blamed on the disability.
- Treated differently than other employees.
- Generates conflicting feelings about one's self-image.
- Viewed as needy, not self-sufficient, or unable to perform on par with peers.
- Fearful of being demoted or a cut in hours or being overlooked for a job, team project or assignment.
- Disclosing personal and sensitive information, and thus one's privacy and confidentiality, can be extremely difficult and embarrassing (National Collaborative on Workforce and Disability for Youth, 2008; see also Lingsom, 2008; National Disability Authority, 2010; Reeve & Gottselig, 2011: 7).

Advantages of disability disclosure as identified in the literature include the following:

- Allows the person to receive reasonable accommodations and pursue work activities more effectively.
- Provides legal protection against discrimination as specified in federal and/or provincial legislation.
- Reduces stress, since protecting a "secret" can take a great deal of energy.
- Gives the person a clearer impression of what kinds of expectations people may have of them and their abilities.
- Ensures the person gets the individualized supports they need in order to be successful.

- Presents an opportunity to examine and discuss health insurance and other employment-related benefits.
- Provides greater freedom to communicate should the person face changes in their particular situation or to explain an unusual circumstance.
- Improves a person's self-image through self-advocacy.
- Allows the individual to involve other professionals, for example, employment service providers, in the learning of skills and the development of accommodations.
- Can increase the person's comfort level (National Collaborative on Workforce and Disability for Youth, 2008; see also Alberta Learning Information Service, 2014; Gosden, 2004).

These disadvantages and advantages of disclosing an invisible disability, it is worth noting, are from the perspective of the person with the disability; specifically, the impact of disclosing on the person's self-image, relationship with co-workers and supervisors, service providers and professionals.

Chaudoir and Quinn examined disclosure processes across a wide range of concealable stigmatized identities (including mental illness, psychological issues and medical conditions), and found that the first-disclosure experience "can continue to influence well-being years after the event has occurred - because it impacts people's chronic fear of disclosure. That is, receiving support and positive feedback during the first time a stigmatized identity is disclosed may lead people to experience a greater sense of trust in others and a comfort in disclosing personal

information. When people have a higher fear of disclosure, they may also experience less social support and more isolation” (2010: 581).

Wilton (2006) found a patterned difference in the practice of disclosing by type of impairments. He discovered that people with visual impairments and most people with evident physical impairments disclosed upfront, at the time of a job interview, because they needed a specific accommodation in the workplace. People with cognitive or learning disabilities, Wilton found, were mixed in disclosing and not disclosing their impairment in the workplace. People with non-evident physical impairments practiced non-disclosure in interviews and at work, and people with psychiatric diagnoses were least likely to disclose to employers.

4. WORKPLACE ACCOMMODATION FOR PEOPLE WITH INVISIBLE DISABILITIES

On promising practices for hiring people with disabilities, much of the available literature offers general advice or mentions anecdotal cases of accessible application and recruitment procedures (Brisbois 2014; Neal-Barnett & Mendelson, 2003; Stroud et al 2011).

Employers can create an organizational atmosphere or workplace culture that encourages disclosure by people with invisible disabilities. An Irish publication on disclosure advises employers to be very clear about the competencies required for a job and give as much information, in accessible formats, as possible in advance. In recruitment and selection processes, employers should allow lots of opportunity for the individual to talk and disclose. For example, ask prior to interviews, at time of job offers and at reviews, “do you have any special requirements?” Moreover, employers should have clear procedures in place when someone does

disclose, taking time to consider the situation and consult with specialists if needed (Hayes & Linden, 2012).

4.1 *A selection of accommodation practices for particular invisible disabilities*

Employers need to be aware that not all people with a specific invisible disability will need accommodations to perform their jobs and many others may only need a few accommodations.

The accommodation solutions identified in this section are a sample of possibilities available and many others may exist.

For people with Asperger's syndrome, accommodation practices can be to provide advance notice of topics to be discussed in meetings to help facilitate communication; provide advance notice of date of meeting when employee is required to speak to reduce or eliminate anxiety; allow employee to provide written response in lieu of verbal response; and, allow employee to have a co-worker attend meeting to reduce or eliminate the feeling of intimidation (Kitchen, 2008: 3).

In regards to employees with younger-onset of Alzheimer's disease or dementia, accommodations suggested by the Alzheimer Society of Canada include providing a quiet working environment; relying on old abilities rather than assigning new tasks; maintaining a familiar work routine; providing calendars and to-do lists; and reassigning tasks that are too difficult (Fitzpatrick, 2011). Another accommodation measure is the use of "work-buddies" - employees who have undergone dementia training and work alongside a co-worker with younger-onset dementia (Robertson, Evans & Horsnell, 2013).

A study of the supervisors of successfully employed individuals with autism found that a set of specific supervisory accommodation strategies were commonly associated with successful supervision. These included maintaining a consistent schedule and set of job responsibilities, using organizers to structure the job, reducing idle or unstructured time, being direct when communicating with the employee, and providing reminders and reassurances (Hagner & Cooney, 2005).

For people with multiple chemical sensitivities, accommodation practices can be to develop fragrance-free workplace policies, discontinue the use of fragranced products, use only unscented or less toxic cleaning products, provide scent-free meeting rooms and restrooms, maintain good indoor air quality, modify workstation location, allow for fresh air breaks, and provide an air purification system (for details on actual accommodations requested and received, see Gibson & Lindberg, 2007).

For people with epilepsy, accommodation practices to manage photosensitivity can entail a flicker-free monitor (LCD display, flat screen), a monitor glare guard or a cubicle shield. Other steps are to allow frequent breaks from tasks involving a computer, provide alternative light sources, or use natural lighting source (window) instead of electric light (Whetzel, 2013a: 7). Other measures can include job sharing, flexible working hours and temporary reassignment of duties (Jacoby, Gorry & Baker, 2005) or customized employment, that is, alternative and specific task assignment (Luecking, 2008).

For people with inflammatory bowel disease such as ulcerative colitis or Crohn's Disease, treatments include medications, surgery and special diets. At the workplace, reasonable

accommodations may include a parking space close to the place of work; adequate and accessible toilet facilities, with sufficient ventilation, private cubicles or separate facility; and, flexibility in working arrangements to allow frequent toilet breaks when required. All these practices are facilitated by a knowledgeable and supportive work environment (Crohn's and Colitis UK, 2014).

For people with lupus, a systemic autoimmune disease, accommodation measures may centre on reducing or eliminating physical exertion and workplace stress. This can involve periodic rest breaks away from the workstation, scheduling flexible work and flexible use of leave time, and allowing work from home. It might also involve providing a scooter or other mobility aid if walking cannot be reduced (Dorinzi, 2014).

For people with obsessive compulsive disorder (OCD), cognitive behaviour therapy and medications are standard treatments. For employees with OCD, accommodation measures may involve coaching or time management sessions, awareness programs in the workplace, job sharing and modified work schedule, work-at-home options and having a mentor at work (Neall-Barnett & Mendelson, 2003). Similarly, for people with panic and anxiety attacks, a recommended technique is to encourage the use of stress management techniques to deal with frustration. Accommodation may also allow the presence of a support animal at work, telephone calls during work hours to doctors and others for needed support and for the employee to take a break and go to a place where s/he feels comfortable to use relaxation techniques or contact a support person. Another step might be to identify and remove environmental triggers such as particular smells or noises (Loy & Whetzel, 2014).

For workers with sleep disorders, including insomnia, sleep apnea and shift work disorder, treatments can involve behavioral, prescription and non-pharmacological therapies (Basner, 2004; Schwartz & Roth, 2006; Thorpy, 2011). Job accommodation measures focus on time management. The employer may allow for a flexible start time, combine regularly scheduled short breaks into one longer break or allow the employee to work one consistent schedule. In some cases, a place for the employee to rest during break may be possible. Other possible solutions are to provide an alarm device to keep the employee alert and work areas with sunlight or other natural lighting (JAN, 2013c).

And for employing people with severe mental illness or psychiatric disabilities, research evidence indicates that supported employment is an effective strategy of accommodation and inclusion. A systematic review of 11 randomized controlled trials conducted in the United States comparing prevocational training or supported employment for people with severe mental illness with each other or with standard community care, found that supported employment is more effective than prevocational training at helping people with severe mental illness who desire to work to obtain and keep competitive employment. Prevocational training included sheltered workshops, transitional employment in a rehabilitation agency, and skills training activities. Supported employment involved placing clients in competitive jobs (open to anyone to apply and paid at the market rate) “without extended preparation and provides on the job support from trained “job coaches” or employment specialists” (Crowther et al, 2001: 322).

This and other studies show that employees with mental illnesses participating in supported employment “are more likely to be in competitive employment, work more hours, and receive higher wages than those in prevocational programs” (Mizzoni & Kirsh, 2006: 195). A study in British Columbia on assisting people with psychiatric disabilities seek and obtain employment suggests that “both community-supported employment and social enterprise models are good models for supporting the economic security of people with psychiatric disabilities provided they adhere to recovery-oriented values, are able to provide, alongside employment, ongoing income and social supports, and have sustained state support. Clubhouse models which integrate social supports, such as, meals, bus passes and social activities are particularly successful. Other features of success include, rapid placement in competitive employment and employment in integrated settings for at least minimum wage” (Morrow et al, 2009: 666). A Norwegian pilot project on improving job retention for people with mental health issues sheds light on the role of employer guides (Schafft, 2014). “Employer guides are professionals who assist employers/managers in order to improve their ability to retain and hire employees with mental health issues. And/or problems related to substance abuse” (23) The pilot project developed new, more comprehensive tasks within on the job support and the interventions of employer guides improved the capacity of employers to deal with employees with mental health conditions.

A final comment on promising practices concerns the general importance of progressive management for all employees: Many workplace accommodations for people with visible or invisible disabilities are actually about managing effectively rather than making exceptions. In the words of a recent report, “Maintaining open channels of communication to ensure any

transitions are smooth, and providing short weekly or monthly meetings with employees to discuss workplace issues can be helpful” (Loy & Whetzel, 2014: 10).

In turn, for a person with an invisible disability, there is the necessity, at some point in the employment relationship, to disclose their impairment; provide some documentation the nature of the condition; and help to determine the impacts of the condition on job-related activities and the workplace. As noted by Wilton (2006: 27), “the extent to which individuals feel secure to disclose may ultimately determine their ability to access accommodations.” Even with disclosure, there can still be the problem of workplace accommodation stigma, in particular adverse beliefs and actions by other employees. “Legal constraints that prevent the release of information about the accommodation process may lead to negative inferences [by coworkers or others] about fairness” in accommodating a co-worker with a disability not obvious to others (Colella, Paetzold & Belliveau, 2004: 1).

5. CONCLUSIONS

As an exercise in concept mapping, this article has positioned invisible disability in relation to associated concepts of episodic disabilities, hidden impairments, psychosocial disabilities, and contested illnesses. Invisible disability is a significant matter because of its contested nature as an authentic condition; and because it intersects between personal lives and public worlds of social attitudes, legislation and policies, and workplace practices. In addition, in Canada the UK and the US, specific non-profit organizations and networks for invisible disability have formed in the last 20 years to share information and raise awareness about lived experiences and challenges of people with invisible disabilities.

Invisible disability is not a clear-cut clinical category or a distinct social identity. “Invisibility is in part an attribute of an impairment, in part a choice of activity and context, in part concealment of the impaired self and in part social conventions of silence, the untrained eye and the disbelief of the others” (Lingsom 2008: 13). Thus, a disability may be invisible in several respects: to the person with the impairment, to health care and medical professions, to other people in social encounters, and to policy makers and service providers.

Much of the mainstream literature on employment and disability does not consider the question of a person disclosing their hidden disability to an employer. Nonetheless, disclosure is a huge and difficult issue. While disclosure is the route to a workplace accommodation process and can be in the best interest of the disabled employee, it is a highly risky decision to disclose. There are numerous potential disadvantages along with advantages. The subsequent circumstance is what has been called the predicament of disclosure. Disclosing refers to making an invisible disability officially visible in the context of employment. This making known can involve telling and retelling the story of one’s disability to an employer, supervisor or manager, co-workers, human resource staff, union representative and possibly clients or customers. From the limited research available, it seems that just a small portion of companies have formal policies and programs in place to address the needs of workers with invisible disabilities.

Employers can create an organizational atmosphere or workplace culture that encourages disclosure by people with invisible disabilities. They can be clear about the competencies required for a job; giving as much information, in accessible formats, as possible in advance. In

recruitment and selection processes, employers can provide psychologically safe opportunities for the individual to disclose and talk about their condition or impairment and possible accommodation requirements. When someone does disclose, employers should take time to consider the situation and, if needed, consult with human resource or disability management specialists. From the literature review, a key finding is that many workplace accommodations for people with visible or invisible disabilities are about managing effectively rather than making exceptions. Progressive management and inclusive workplace practices provide an important overall infrastructure within which requests for reasonable accommodation can be more willingly disclosed, readily heard, and effectively implemented.

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