

**Factors Contributing to Invisible Disability Disclosure in the Workplace: Interventions and
Resources**

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Abstract

The World Health Organization (WHO; 2023) estimates that about one in six people experience a significant disability worldwide. The numbers for the U.S. are estimated to be closer to one in four people (Centers for Disease Control and Prevention [CDC], 2020). Of these numbers, it is unclear how many Americans have an invisible disability. One source mentions that about 10% of the American population has a medical condition that can be classified as an invisible illness (Disabled World, 2014); however, these numbers may have changed since 2014, but neither the WHO nor the CDC has official numbers of those with invisible disabilities. People living with invisible disabilities encounter ableism and discrimination every day. As a result, individuals with invisible disabilities may refrain from disclosing their illness as a form of avoidance from oppression or stigma, which are likely to affect how an individual develops their identity and ultimately how they interact in their environment (e.g., the workplace). As a result of not disclosing, these individuals are not receiving the proper accommodations that may be needed. The following review investigates the reasons why individuals with invisible disabilities choose not to disclose their illnesses, specifically in the workplace. Also, discussed in this review are ways for those with an invisible illness to ask about the accommodations they need, as well as how the workplace can provide inclusive accommodations.

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On July 26, 1990, the Americans with Disabilities Act (ADA) was signed into U.S. Legislation. This act provided and protected the civil rights of individuals with physical and mental disabilities. At the time, the definition of these disabilities meant a “physical or mental impairment that substantially limits one or more of the major life activities” (ADA, 1990). Later, in 2008, an addendum clarified that covered entities should interpret the ADA broadly, to include as many disabilities as possible, even invisible ones (ADA Amendments Act, 2008). According to the Invisible Disabilities Association (2010), an invisible disability is a physical, mental, or neurological condition that is not visible from the outside, yet can limit an individual’s movements, senses, or activities in daily life. Despite legal protections, it is common for individuals with invisible disabilities to experience stigma and ableism in their daily life.

Workplace disclosure refers to an individual informing others such as their employer, colleagues, or human resources about their health condition, symptoms, and necessary workplace accommodations (Tomas, 2022). The issue of the disclosure relates to an individual’s self-concept, and ultimately their self-presentation. Whether someone is born with a disability or develops one later in life, the change in lifestyle alters one’s own self-concept concerning their disability and their peers who are not living with a disability. Self-concept is made up of different structures of identity such as self-esteem, group identity, and self-efficacy (Kassin et al., 2020). Compared to groups considered normative or nondisabled, individuals with disabilities such as chronic illness have a poor self-concept (Bogart, 2014). Those negative aspects of disability identity come from one’s identity within the group, specifically through social stigma and lack of accommodations for individuals living with disabilities (Bogart, 2014).

In the workforce, where U.S. adults spend a significant amount of their time, perceived social stigma and prejudice against individuals living with disabilities are perpetuated in several ways. An example of this is the subtle managerial prejudice discovered by Lyubyk et al. (2021), who found that employees with a psychiatric disability were evaluated as more aggressive, less trustworthy, and less committed to the organization than employees without stated disabilities. These ideas could affect an employee's long-term interests and benefits (e.g., promotion) in the organization and thus contribute to the employee's decision to either self-disclose their disability to the company or to not disclose. Self-disclosure is wrapped around the idea of strategic self-presentation, in that the individual takes efforts to shape others' impressions of themselves to gain approval or seem competent (Kassin et al, 2020). As a result, individuals living with disabilities struggle with the decision of disclosing their condition to their employers. When individuals make the decision not to disclose their disability to gain approval, they are also refraining from using accommodations; without proper accommodations, an individual may risk their health and safety, as well as risk changes to work performance that may lead to termination (De Lorenzo, 2013).

Considering these consequences, it is important to understand the influences behind whether an individual with an invisible disability will disclose and how to address this issue in the workplace, specifically. Below, literature is reviewed on the organizational and personal influences of disclosure, or lack thereof. Additionally, literature is reviewed on the potential ways to address disclosure- and nondisclosure-related consequences in the workplace. Then, recommendations for disclosure-related issues are discussed.

Literature Review

The act of disclosure itself happens on a continuum; no two experiences for an individual

with an invisible disability are the same. The factors along this continuum determining disclosure range from other-focused factors, such as stigma and interpersonal relationships, to self-focused factors, such as identity and health condition. First is the perceived ableism and prejudice an employee might see in the workplace. Individuals with disabilities are likely to experience about six different types of ableism in their lives, from more prevalent versions of condescension and invalidation from peers, family, and even doctors, to fears of disability contagion (Nario, 2019). Studies have shown that individuals with less apparent disabilities are twice as likely to report experiences of invalidation and delegitimization of their condition than those with more apparent conditions (Nario, 2019; Olkin, 2019). With these public perceptions of persons living with disabilities, those who have less apparent conditions have greater flexibility in their ability to conceal their condition and strategically present themselves.

On the contrary, concealing a condition may lead to social isolation and increases in stress (Kulkarni, 2021). Many individuals hiding their condition mention worries over how coworkers would perceive them if they disclosed. Thus, individuals with invisible conditions withdraw from interacting with others at work to avoid judgment or being perceived as weak (Kulkarni, 2021). However, this social isolation and additional stress around hiding a condition may lead to lower performance at work, which puts the employee at risk of being terminated. To address potential stigma, prejudice, and negative downstream consequences when people living with invisible disabilities disclose in the workplace, companies can make organizational changes to be more disability inclusive, individuals can reflect on personal factors that may arise with disclosure or nondisclosure, and therapists can assist clients with invisible disabilities in deciding whether to disclose to their employer.

Organizational Factors and Invisible Disability Disclosure

The process of disability inclusivity has three distinct stages and is framed as a part of diversity. The first stage is building initial practices, wherein an organization takes the initial steps to build disability-inclusive strategies (Gould, 2022). Disability-inclusive strategies have been found to have significant positive associations with work engagement for employees living with disabilities (Luu, 2018). Some initial steps to disability inclusivity are for an organization to identify areas for growth around the workplace and to identify potential employee needs (Gould, 2022). Furthermore, organizations can work toward the promotion of fairness and transparency when implementing inclusive strategies. This means understanding individual differences and addressing an employee's needs in a collaborative process with human resources, the employee, and perhaps their supervisor (Gignac et al., 2021). Working with the employee and opening transparency among these channels of communication allow the employee to feel validated in their condition and understand that the organization is not intentionally engaging in practices (e.g., ableism, discrimination) that are not in their best interests. In support of this idea, Luu (2018) found that the interaction of disability and moral leadership positively and significantly predicted workplace engagement for individuals with disabilities. Moral leadership is comprised of four general characteristics (i.e., personal integrity, unselfishness, job devotion, and leading by example, and moral leaders demonstrate caring behaviors toward their employee's interests above their own interests (Luu, 2018).

To further support employees with disabilities in the workplace, there are specific supportive factors that individuals with disabilities have noted to be helpful. Qualitative interviews have shown that persons with disabilities report that the most helpful supportive factors for their peers or colleagues to have are availability, flexibility, supportiveness, accessibility, patience, understanding, respect, and learning accurate information about an

individual's condition when it is disclosed to them (Kline, 2022). With these characteristics in mind, managers or colleagues can work within an organization to support their colleagues and have an overall positive effect on the workplace.

The next phase of disability inclusivity is sustaining these inclusive practices over time (Gould, 2022). In an organization, this may look like working with affinity groups to align diversity goals and maintain actionable organizational policies. Affinity groups are commonly created within the workplace to create a sense of identity and community within the workplace (Gould, 2022). Affinity groups, also referred to as employee-resource groups, are employee-led teams that share a common interest, background, or goal (DEI Resources, 2023). Many affinity groups play a significant role in fostering inclusion within a workplace by reducing communication barriers and creating an environment where employees feel heard (DEI Resources, 2023). Sustained groups bring together the organizational culture and invoke a sense of social belonging that can help individuals with disabilities feel more involved (Kassin et al., 2020). When looking at social support in the workplace, research shows that about one-fourth of employees are weakly supported in the workplace (Caesens, 2020). Weaker support in the workplace is associated with higher levels of emotional exhaustion and absenteeism (Caesens, 2020). Additionally, about one-fourth of employees were found to be highly supported in the workplace, with a higher level of support being associated with more positive outcomes of job satisfaction, better performance, and affective commitment (Caesens, 2020). In general, Caesens (2020) found that social support is a key determinant of work outcomes, regardless of where the support comes from, hence affinity groups are an applicable source of social support for individuals with disabilities in the workplace.

When sustaining disability-inclusive practices, there is the potential for prejudiced

attitudes from managers and organizations about accommodation costs and productivity.

However, a study exploring the costs and benefits of employing workers with disabilities found that, for organizations, most workplace accommodations are low to no cost (Hernandez & McDonald, 2010). The most expensive accommodations would be the use of adaptive equipment, which averages about \$1,512, but most accommodations like changes to work schedules, modification of duties, or job reassignment average about \$0 in cost (Hernandez & McDonald, 2010). Additionally, when looking at absenteeism, workers with disabilities have been found to have fewer scheduled absent days than workers with no disabilities (Hernandez & McDonald, 2010). Lastly, Hernandez and McDonald (2010) found no significant differences in productivity between employees with and without disabilities. Findings such as these may be used by organizations to sustain disability-inclusive strategies and reduce stigma in the workplace.

The last phase of disability inclusivity is organizational growth, specifically, the growth of disability-inclusive strategies and organizational changes to further retain and support the workplace advancement of employees with disabilities (Gould, 2022). Factors that challenge growth are stigma and failure of recognition for individuals with disabilities. Qualitative interviews show that, to counteract stigma and failure of recognition, individuals with disabilities in the workplace may disclose and share their personal experiences as a way of reducing the misunderstanding of invisible disabilities (Thompson-Ebanks, 2018). Furthermore, employers may include training and educational workshops that encourage deliberative processing and perspective-taking, which encourage others to try to understand their prejudices while working toward understanding another's perspective, all in an effort to reduce their own prejudices (ABA Commission on Disability Rights, 2019). These forms of training have been shown to reduce

stereotyping and prejudice (Kassin et al., 2020). With maintained organizational practices, individuals with invisible disabilities may be more inclined to disclose their identity as they are made aware of reduced prejudices and the accommodations available to them (Thompson-Ebanks, 2018).

Personal Factors and Invisible Disability Disclosure

Beyond organizational practices to increase disability-inclusivity and thereby increase willingness of employees to disclose, there are additional personal factors that contribute to one's decision to disclose. Personal factors that contribute to disclosure are one's identity/self-image at work and their specific health condition. When an individual conceals their condition, they experience a discrepancy between their self-perception and the perception that they want others to have of them in the workplace (Kulkarni, 2021). This discrepancy creates a feeling of inauthenticity for the individual in their work setting. To resolve this feeling of inauthenticity, an individual may feel motivated to disclose their condition to feel validated and authentic in how they are perceived by others (Kassin et al., 2020). The individual's disclosure decision may also be affected by their specific health condition or other intersecting identities. For example, individuals with Autism have indicated nervousness with disclosure as they worry about being perceived as incompetent (Kline, 2022). Additionally, when looking at gender, men reported being more concerned about disability discovery than women (Kline, 2022). With intersecting identities to consider, figuring out if, how, and when to disclose can be hard to navigate.

There also may be cases where an individual feels forced to disclose their condition because of flare-ups, exacerbated symptoms, or the dangers presented with concealing their condition (Tomas, 2022). Despite moments where an individual feels forced to disclose their condition, most of the time they have their choice of when and where to disclose. Specifically, an

individual may exercise their control over the situation by being selective about their disclosure, specifically choosing with whom to share information or selecting the information shared (Tomas, 2022). This exercise of control may offer the individual some respite from their stress and social isolation while also allowing them to receive the accommodations they deserve. Even without organizational disability-inclusive practices, an individual may still find resources that positively impact their psychological and physiological well-being. Job resources in this context may mean job autonomy, performance feedback, and opportunities for professional development (Tuan, 2020). Without disclosure of a condition, performance feedback and professional development may be impacted by a disability, but even so, more chances for feedback allow the employee to understand where they stand in an organization while also learning how to improve work performance (Tuan, 2020).

Therapeutic Assistance and Invisible Disability Disclosure

The decision whether to disclose an invisible disability may also be facilitated by a therapist working with a client with a disability. Disclosure may affect the way a client is perceived in the workplace due to implicit biases held by colleagues and management. However, the disclosure will help the client benefit from identity cohesion, authenticity in their social relationships, and proper accommodations for their work (Kulkarni, 2021). For the client, this can be beneficial in reducing social isolation from others and addressing the discrepancy between their self-presentation and self-perception, and it can also be important for maintaining safety in the workplace for both the client and their colleagues (Kulkarni, 2021).

When working with a client in a therapeutic setting to decide if they wish to disclose, it may be beneficial to have the client work through the costs and benefits of disclosing in the workplace. This may be done through a variation of a card sorting technique. Card sorts allow

the client to discuss complex decisions in a tactile way. Typical card sorts are conducted in vocational counseling. For example, the Knowdell Career Values Card sort is a non-standardized assessment that allows clients to prioritize their career values into five separate categories (i.e., Always Valued, Often Valued, Sometimes Valued, Seldom Valued, and Never Valued; Esquibel, 2014). The career values card sort increases a client's awareness of their salient career values. Qualitative data also suggests that card sorts are adaptable across cultures as an empirically supported assessment tool (Esquibel, 2014). In the therapeutic setting, an employee living with a disability may be encouraged to sort the risks and benefits resulting from disclosure into five categories of salience. By sorting risks and benefits of disclosure on a continuum of importance, the client will visually comprehend the values that are most important to their decision of disclosure while also understanding the value they place on the potential consequences of disclosure in the workplace. Overall, this assessment tool may help the client come to terms with disclosure.

To further help an individual come to terms with their condition and their choice of disclosure, a therapist may also apply a framework of intersectionality in the therapeutic setting. This will instigate looking at all aspects of the client's identity, including disability status, and emphasizing the client's strengths over their limitations while also recognizing the importance of facilitating the client's self-determination and informed choice (American Psychological Association, 2011). Framing the client's limitations as opportunities for accommodation in the workplace may help a client disclose their condition as they learn ways to increase their job opportunities, productivity, and overall well-being.

Recommended Actions for Organizations and Individuals

As outlined in the above-reviewed literature, both organizations and individuals in

consultation with therapists can work through various mechanisms to improve accommodations and well-being of employees with invisible disabilities. When working with individuals who are struggling with the decision of disclosure or how to do so, there are a few interventions within an organization or in the therapeutic setting that may benefit the client the most.

If an organization aims to be more disability-inclusive, the best way to start this process would be organization-wide training and education about disabilities in the workplace, as well as accommodations available to employees with disabilities. For the organization, this is a way to start the conversation about disability inclusivity, while also letting individuals at the company know the accommodations that they may receive if they need them, especially since some employees may be unaware of these resources. Within educational training, the organization would be able to explore the low cost of accommodations, as well as encourage employees to engage in perspective-taking to reduce their potential implicit biases toward colleagues with disabilities. Although educational training is the best first step for an organization to take to become more disability-inclusive, there are other practices they can implement. The other main practice for an organization to employ would be to have a collaborative process when working with an employee with a disability. Not only should managers include human resources in the process, but they also should be open about the next steps for the employee who has disclosed their condition. This simple process allows the employee to understand what will happen in the future for their career and allows managers to better understand any changes occurring within their team. For the best possible outcome, managers and other resource providers need to remain flexible, understanding, patient, and respectful of the disclosing employee during this process.

In the therapeutic setting, a client must first parse out the potential benefits and costs of disclosing in the workplace. Allowing a client to evaluate the possibilities and consequences of a

decision may help them decide which alternatives they like the best or if disclosing is the best choice for their situation. If a client is struggling with indecision, some psychoeducation about the benefits and costs of disclosing might offer some insight into what values are most important to the client, therefore helping them make an informed decision. On the other hand, if the client already knows that they want to disclose their condition, the best intervention would be for the client to decide when, where, and to whom they wish to disclose. The therapist can encourage the client to exercise their autonomy by selecting the information and the people to whom they wish to disclose to receive accommodations. While working through these decisions, a therapist may highlight the autonomy and self-determination the client is achieving by taking the choice into their own hands. Overall, in the therapeutic setting, it is important for the client to feel that they can exercise control over their condition, as well as their decision to disclose.

With both organizational and individual therapeutic techniques, an employee will be able to decide if disclosure is the route they would like to take. Additionally, the employee will be able to take autonomous control over their personal life, and potentially reduce stress and anxiety within the workplace to ultimately boost their performance and well-being.

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