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“Going the Extra Mile”: Disclosure, Accommodation, and Stigma Management among Working Women with Disabilities

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Abstract

Although research has quantitatively evaluated the impacts of stigma on working women with disabilities (WWD), nuanced, qualitative accounts voiced by these women are rare. To address this literature gap, we conducted seven focus groups with forty-two WWD. We asked: “What are women’s experiences of disability disclosure and accommodation in the workplace?” Findings reveal that WWD face intentional and unintentional structural discrimination and must weigh the pros and cons of disclosure and navigate devaluation threats in pursuing workplace accommodations. “Going the extra mile” emerged as a stigma management technique that was prevalent among women of higher social capital.

Keywords

Disability; stigma; employment; discrimination; social capital

People with disabilities, the largest minority group in the United States, routinely face stigmatization that negatively impacts their life choices and life chances (Brown 2016; Goffman 1963). Stigma is “a form of deviance that leads others to judge individuals as illegitimate for participation in an interaction, because they are incompetent, unpredictable, inconsistent, or a threat to the interaction” (Elliott et al. 1982:275). Scholars have chronicled both the processes through which people with disabilities are stigmatized and the lived experience of stigma (Brown 2013; Brown 2015; Corrigan, Markowitz, and Watson 2004). Both strands of research acknowledge that stigma is reliant upon power and status hierarchies (Link and Phelan 2014). Nevertheless, there persists a tendency to emphasize individual cognitive or social psychological processes among stigma recipients (for a review,

see Corrigan et al. 2004) and thus overlook the ways in which lived stigma experiences are embedded in structural realities.

The central premise of this paper is that cognitive or social psychological processes of stigmatized individuals are inextricably bound to and intersect with larger social structures and status hierarchies, including gender. Using the lens of intersecting inequalities (Bones 2013) and the model of structural discrimination articulated by Corrigan and colleagues (2004), we develop an understanding of how working women with disabilities (WWD) navigate the devaluation threat in pursuing occupational advancement. Although research has quantitatively evaluated the impacts of stigma on WWD, nuanced, qualitative accounts voiced by women with disabilities are rare (for an exception see: Taub, McLorg, and Fanflik 2004). To address this literature gap, we conducted multiple in-depth focus groups to explore how structural constraints influence workplace experiences of disclosure and accommodation, as well as the ways in which WWD are able to cope with discrimination in the workplace. This work contributes to the deviance literature by: a) documenting societal reaction to disability in the workplace; b) advancing the structural understanding of disability discrimination; and c) considering how WWD navigate disclosure, accommodation, and stigma management.

BACKGROUND

The model of structural discrimination that we draw upon emphasizes the salience of both intentional and unintentional structural forms of discrimination. Intentional structural forms of discrimination include explicitly prejudicial laws, programs, and policies (Corrigan et al. 2004). Unintentional structural discrimination forms include ostensibly neutral laws, programs, and policies that disadvantage a stigmatized group (Corrigan et al. 2004; Link and Phelan 2014). Both discrimination forms influence the acceptance of self-stigmatizing attitudes and correspondent loss of opportunities (Corrigan et al. 2004). This model further acknowledges that opportunity loss partly derives from the self-defeating effects of self-stigmatizing attitudes (Corrigan et al. 2004). The experience of a stigmatizing characteristic is understood as one of constrained choice based upon embedded structural realities (Brown 2013).

Few social contexts demonstrate the salience of structural constraints as succinctly as the workplace. Research indicates that, even in countries with progressive disability rights laws, employer and workplace discrimination impedes the ability of people with disabilities to find, secure, maintain, and advance in their chosen fields of employment (Wilson-Kovacs et al. 2008). In the United States, the workplace-related mandates of the 1990 Americans with Disabilities Act (ADA) may create both intentional and unintentional forms of structural discrimination. For example, employers can intentionally discriminate against employees by invoking the ADA allowance that provision of employee accommodation can be denied on the basis of undue employer hardship (Schwab and Wilborn 2003). Because ADA (1990) mandates do not cover productivity accommodations, workers with disabilities who are deemed less productive can be (intentionally or unintentionally) discriminated against even when they can perform all of their necessary job functions (Schwab and Wilborn 2003).

Structural discrimination is necessarily varied and complex because it is influenced by one's position within multiple status hierarchies. While working women face a well-documented "double bind" of higher expectations and lower reward (Catalyst 2007), WWD may face a "triple bind" as contradictory gendered expectations and rewards intersect with disability-related discrimination. WWD have lower employment rates compared to men with or without disabilities, as well as women without disabilities (Emmett and Alant 2006; Lindstrom, Doren, and Miesch 2011; Pawlowska-Cypriak and Konarska 2013). In addition to needing resources available to women without disabilities in search of employment (i.e. child care, transportation), women with disabilities often seek workplace accommodations and rehabilitation services (Timmons et al. 2001). Thus, employers may have fewer incentives to hire women with disabilities compared to their male or non-disabled female counterparts (Foley, Schuster, and McInerney 2002; Hanna and Rogovsky 1991).

When employed, WWD are more likely to work part-time or low-skill jobs (Lindstrom et al. 2011). WWD also earn less than men with disabilities and both men and women without disabilities (Doren, Gau, and Lindstrom 2011; Emmett and Alant 2006). In 2014, WWD working full-time were paid just 67.3% of what full-time working men without disabilities were paid. In addition, women with disabilities working full-time were paid just 82.5% of what their male counterparts with disabilities were paid (National Women's Law Center 2014).

These observations suggest that decisions related to disclosure and/or accommodation-seeking may be particularly fraught for WWD. To receive ADA workplace accommodations, one must first disclose a disability and thus "contribute to the ableism that singles out disabled people as targets of resentment" (S1_Reference26_S1_Reference26Jung 2002:186). Disclosure is a double-edged sword: disclose and possibly suffer stigma, or don't disclose and lack access to accommodations. This disclosure model is consistent with the identity integration perspective which asserts that disclosure of stigmatized identity is psychologically and economically beneficial *and* costly (Corrigan and Matthews 2003). This perspective helps explain the steady decline in employment among WWD since the passing of the ADA (Maroto and Pettinicchio 2015) and supports the idea that experiences of structural discrimination contribute to opportunity loss.

These observations also underscore the importance of WWD's stigma management techniques. Although Goffman originally described stigma management as a defense mechanism (1963), it has also been described as a proactive and intentional controlling of others' understanding of a stigmatized condition (Anspach 1979). Women with disabilities are sometimes viewed as epitomizing negative female stereotypes (e.g., passive, weak, and dependent); thus many have described increased self-monitoring, vigilance, suspicion of others, and feedback-seeking in various social situations (for a review, see Pawlowska-Cypriak and Konarska 2013). These strategies may be necessary for self-preservation and survival; however, they may also increase susceptibility to self-stigmatizing attitudes and contribute to opportunity loss. Other status inequalities – including class, age, and ethnicity – may limit stigma management strategies or, conversely, provide opportunities to counter discriminatory experiences (Brown 2015; McMullin and Marshall 1999). In other words,

stigma management may be less self-stigmatizing and more self-actualizing among those with greater social capital.

Although we are aware of no study that has assessed status variation in stigma management, there is evidence that the ability to cope with stigma is not egalitarian. One study of women and men with disabilities found that those of higher status (i.e., men) were more likely to draw upon psychosocial coping resources when confronted with perceived stigma (Brown 2014). Another study of family members of people with psychiatric disabilities found that families from higher-status backgrounds were better able to conceal details of psychiatric treatment than those of lower-status backgrounds (Phelan, Bromet, and Link 1998).

Also worth considering is the concealability – or lack thereof – of a stigmatized identity. Individuals with non-visible, or concealable stigmatized identities experience greater distress and more negative health outcomes, compared to individuals with visible stigmatized characteristics (Quinn and Chadoir 2009). Individuals who have visible stigmatized identities typically do not have the option of delayed disclosure, but may have the benefit of set social and accommodation scripts. Individuals with invisible disabilities, conversely, may pose unique workplace challenges as current legislation and policy do not account for their unique needs (Santuzzi et al. 2014).

To further examine status differentials in stigma management, and the unique experiences of WWD, we conducted focus groups comprised of WWD and asked: “*What are women’s experiences of disability disclosure and accommodation in the workplace?*” Findings reveal that the experiences of WWD are multi-faceted, complex, and influenced by visibility of disability. Stigma emerged as the common thread that wove itself through these narratives. “Going the extra mile” is introduced as a stigma management technique that was prevalent among women of higher social capital.

METHODS

“Working It Out Together: Working Women with Disabilities and Employment” was a multi-method, multi-site project that examined how WWD fared in the workforce. Broad research questions were designed to understand the personal, gender, and disability factors that influence employment and income status of WWD as well as the personal and employer supports critical for these individuals. Special attention was paid to the challenges they faced and the methods and accommodations they used to overcome barriers.

WWD were recruited through multiple IRB-approved methods: flyers in public venues; announcements to advocacy groups, state agencies, and mental health social clubs; and a public access television commercial. Eligible women were aged 22 or over, spoke either English or Spanish, and were working at least 20 hours per week. Some of the women left their jobs between the time of the recruitment and the focus group; they were still included in the project.

We employed focus groups because they are ideal for understanding complex interactions between individual characteristics (e.g., disability, socioeconomic status, and gender), institutional policies, and cultural attitudes (O’Day and Killeen 2002:11). The mixture of

active and passive contribution within focus groups allows for “amplification, qualification, amendment, or contradiction” among participants (Lofland and Lofland 1995:21).

Forty-two women participated in seven focus groups. Five groups were conducted in Boston, Massachusetts and two in Washington, D.C. For reasons of accommodation, two women (in Massachusetts) completed telephone interviews using the same semi-structured protocol as the groups. Participants were clustered by: type of job (federal v. private sector), seniority within job, type of disability, and in one case, primary language spoken. Intentional clustering allowed salient group components to come to the forefront without alienating or impeding the experience of other members. This format simultaneously provided critical accommodations. This was especially important for women with cognitive disabilities, and the group of Spanish-speaking women with psychiatric disabilities. Table 1 provides detail on group composition and size.

Participants ranged in age from 22 to 61. Most were single, and few had children. Most women self-identified as having a disability; more than half stated that issues related to their disability affected their choice of workplace. About one-third of the participants had graduate degrees. Even so, one third of the women earned below poverty-level wages, and approximately half received some form of government income support. The women reported a range of disability conditions, and many listed multiple disabilities. Because there is concern that the ability to conceal one’s symptoms is an understudied dimension of perceived stigma (Quinn and Chaudoir 2009), we paid particular attention to issues of visibility and/or concealment. For further demographics, see Table 2.

Focus group questions were developed to loosely structure the conversation and encourage discussion (Charmaz 2014). The facilitator included questions about work history, career aspirations, accommodations, and supports received. However, related and tangential topics were allowed to emerge organically (Charmaz 2014). Participants consented to having conversations tape-recorded and transcribed. The focus groups lasted about 90 minutes, and phone interviews had a somewhat shorter duration (45–60 minutes). All participants were assigned pseudonyms, and these pseudonyms are used in this paper.

Using Lofland and Lofland’s (1995:199) stages of coding qualitative data, we began analysis using their specified increments of “emergent induction of analysis.” Transcripts were entered into QSR NVIVO 2.0 (2002) and the text was coded for specific content. Initial coding produced a wide range of diverse codes. Next, focused coding narrowed the concentration to those codes which appeared most frequently and informed the structure of findings. Memos were constructed as elaborations of the codes themselves (Lofland and Lofland 1995).

FINDINGS

In this section we organize analytic findings thematically. Throughout, we highlight areas where the findings overlap with and extend previous work. First, we describe the “double-edged sword” of disability disclosure. Next, we note WWD’s experiences with requesting and receiving accommodations. Finally, we provide insight into the stigma management

techniques used by WWD. Rather than providing numerous example quotes, we present excerpts that exemplify commonly reported perspectives. Viewed separately, each section offers valuable insights into the lived experience of WWD. Taken together, these data provide a nuanced portrait of interpersonal and structure-based discrimination and its consequences among WWD.

Disclosure

Study participants' discussions of disclosure are largely consistent with the suggestion of identity integration theory that disclosure is both psychologically beneficial and costly in terms of its stigma potential (Corrigan and Matthews 2003). Among study participants, disclosure was most often described as a personal choice dependent on many factors including the non-apparent or apparent nature of their disability, and the level of social stigma associated with their particular disability. In this study, non-apparent disabilities included cognitive, learning, and psychiatric disabilities. Apparent disabilities included physical, orthopedic, or mobility impairments, and sensory disabilities. Serious and/or chronic illness varied in terms of apparency.

Regardless of disability type, participants often reported a heightened sense of self-awareness and environmental vigilance prior to and during disclosure. As Goffman (1963:14) wrote, "the stigmatized individual is likely to feel that he is "on," having to be self-conscious and calculating about the impression he is making, to a degree and in areas of conduct which he assumes others are not." This self-monitoring may be a dimension of self-stigma. It also reflects an awareness of the potential for opportunity loss among study participants.

Participants with both apparent and non-apparent disabilities discussed the disclosure "choice," but with clear temporal distinctions. Women with apparent disabilities noted that disclosure could be achieved merely by entering a room and argued the merits of disclosing their disability prior to or during a job interview. Some participants held the view that delaying disclosure would help them get their "foot in the door" and not face automatic rejection; this was their only opportunity for control over the visible nature of their disability. In short, these "personal choices" were clearly influenced by structural constraints and fear of discrimination. Tasha, a woman who is paraplegic, told us:

If I was going into a job cold, I wouldn't want to go in telling them, up-front, "I have a disability" because I want to get in the door first. ...[W]hen I first got out of college I got lots of interviews, but when I'd get in the door I'd have a whole different change of attitude. They'd want to put me in the mailroom and I had a business degree.

Sasha, a woman with a visual impairment, noted that "you can be more open-minded with someone sitting across the table from you" and Jerri, who is blind, discussed the importance of using social networking to circumvent discrimination. She told us:

My initial experience was having every single door slammed in my face as soon as they saw I had a vision impairment. The way I got that door to open was to have a former boss network for me, someone whom I had worked with at Social Security

knew someone who knew someone, and they got me an interview. [B]efore I even walked in the door, they were thinking I was hard worker, good worker, and someone you want to hire.

Conversely Gretchen, who also has a visual impairment, did not advocate for the “foot in the door” approach. She noted her disability status on her resume, reasoning, “...I might spend a lot of time that I would otherwise not have to, just going to dead-end interviews.”

Individuals like Gretchen who choose forthright disclosure may avoid the “pronounced stickiness of interactional flow” (Davis 1972:132). Davis (1972) notes that this type of uncomfortable exchange is more likely and perhaps felt more acutely in instances of impersonal (i.e. not “social”) encounters. Felicia, a woman of short stature, chose the “foot in the door” method of disclosure, but highlighted the potentially negative results:

...I had a very uncomfortable interview, where I was highly qualified, already had an MBA, and was interviewed for a financial management position. I swear to God that this man was either going to pass out or wet his pants. ... He was so visibly uncomfortable and he was hemming and hawing and hyperventilating and everything else. It was awful.

While Felicia exercised an identity management strategy by delaying disclosure, having a visible disability removes elements of choice and privacy. Individuals with apparent disabilities may feel forced to deal with their feelings and ideals surrounding not just their disability, but others’ reactions to it (Goffman 1963). The “spoiled identity” ascribed to Felicia by the interviewer created an immensely difficult interaction to navigate.

Compared to their peers with visible disabilities, women with non-apparent disabilities typically had more time to consider disclosure decisions. Persons with non-apparent stigmas may choose to “pass” in order to protect their identity; alternatively, they may choose disclosure as a means of “resisting” a spoiled identity (Lee and Craft 2002:278). Still, applying and interviewing for jobs presented distinct dilemmas. Marsha, a trial attorney with major panic disorder and depression, discussed how she felt potential employers might view her resume:

[If] I were to show somebody my resume, it would say Attorney General’s Advisory Committee for People with Disabilities.... They would say, “I’ll bet she has some disability,” and the whole interview would be trying to figure out what it was.

Marsha’s statement implies a well-justified anxiety that her successes will be overshadowed by her “discrediting” disability. Her resume contains social information including both “prestige symbols” (her many accomplishments) and “stigma symbols” (her work in a disability rights office) (Goffman 1963). The juxtaposition of these disparate symbols creates a “debasing identity discrepancy, breaking up what would otherwise be a coherent overall picture, with a consequent reduction in our valuation of the individual” (Goffman 1963:44).

Several women with non-apparent disabilities also discussed the “pros and cons” of disclosure. Ella, a woman with a psychiatric disability, said: “If you don’t disclose, then

there are needs that you can't have met." Janet, a woman with a psychiatric disability, felt that up-front disclosure was ideal but the reality more complex. She acknowledged that failure to disclose meant maybe not "getting what you need in that environment" but cautioned against potential discrimination: "The employer can find some other reason not to hire you." Janet also noted the risk of looking incompetent due to non-disclosure: "I know that if I don't [disclose], I'm going to set myself up for failure in the job market, because I need accommodations that are ever-changing and are so different from putting a ramp in for a wheelchair."

Failing and being seen as incompetent differ considerably from having needs unmet. Neither are desirable outcomes. Yet, disclosing a non-apparent disability may render the individual with a feeling of additional scrutiny and/or employer questioning. This dilemma parallels the image offered by Goffman of a person in a wheelchair being peppered with questions about their disability by perfect strangers (Goffman 1963). As noted, all of these respondents described disclosure as an individual, personal choice. The impact – or potential impact – of this choice is consistently linked to one's self-attitudes and connected with opportunity loss. These discussions further reflect a clear spirit of self-efficacy, in the sense that properly managing interactions with potential employers was overwhelmingly seen as a strategy to circumvent interpersonal discrimination and avoid structural discrimination. All of these decisions were based upon concerns related to discrimination or the potential for discrimination.

Accommodation

In contrast to disclosure conversations, self-efficacy was notably absent from workplace accommodation discussions. However, the link between interpersonal discrimination and structural discrimination is more explicit. Among the women we spoke with, disability laws related to accommodation were commonly viewed as a means through which employers or potential employers can act upon prejudicial attitudes. Asking for accommodations was seen as a double-edged sword: a necessary but painful reminder to all parties involved that a disability and its subsequent limitations were present and ongoing. When requesting computer accommodations Gretchen said, "I try to be low-key about it...but at the same time, I'm reminding people that I'm disabled. 'Here is Gretchen, and Gretchen cannot use this.'"

Despite the ADA's (1990) efforts to ensure reasonable accommodation in the workplace without adverse consequences, some participants revealed that the request and/or receipt of accommodations resulted in discrimination. In addition, respondents' discussions of discrimination often reflected some degree of self-stigma. Like the conversations about disclosure, experiences of asking for and receiving accommodations varied widely among participants and often hinged on the (non-)apparent nature of their disability. Tara, a woman with learning and emotional disabilities, said: "They'd rather have someone in a wheelchair so they can just make a ramp. Where if you have ADHD or other emotional disabilities, each situation you walk into needs to be revamped...That is more exhausting than just making the ramp." Conversely Eva, a wheelchair user, said:

Sometimes I think the interviewer...when they see you that you're disabled, that you're in a chair, some of them don't want to deal with it because that means they have to figure out, "How are we going to set her up?" "Does she need any different kinds of devices or whatever?" "What would happen if something happens to her as far as insurance?"

The above perspectives are noteworthy in their contradictory nature. Perhaps, regardless of disability type, there is no "easy fix."

Sonya, a scientist with a hearing impairment, described one of the many ways using accommodations both assisted her and interfered with her communication with colleagues.

It's sometimes difficult to go into a room with an interpreter and gain the respect of your professional colleagues.... Most of them are males. You come in as a woman—and I have this dependency. ... I'm very concerned about not talking over people...But I also realize I have to be assertive, or I'm not going to be able to say anything.

Sonya gives an excellent example of the kind of "triple bind" that is particular to the experience of being a woman with a disability (Fine and Asch 1988; Pawlowska-Cypriasiak and Konarska 2013). As Russo and Jansen (1988:238) write: "...[S]tereotypes of dependency, passivity, and incompetence are applied to both women and disabled persons." The intersection of these stereotypes results in Sonya exerting extra effort to "normalize" the situation in order to "gain the respect of [her] professional colleagues" (Davis 1972; Goffman 1963).

For some participants, social isolation was an issue related to accommodations. Doris relayed an incident in which, because her co-workers failed to consider her transportation needs, she found herself unable to attend the staff holiday party. Doris's response was to invite them to have the party at her apartment.

And they said, "we're not driving 40 minutes out of here to go to a party"...So you're telling me I have to hire a PCA and have them wait through the party, and spend \$40 to go to the par, and then go right home. No – sorry....But that was a team-building thing that, if I had been there, maybe I would have felt a little closer to these people.

Women with non-apparent disabilities often found that, in order to receive accommodations or to avoid being seen as "incompetent" by employers, they must self-label as "disabled" and thus risk being stereotyped as weak, vulnerable, dependent, and incompetent (Fine and Asch 1988; Russo and Jansen 1988). Anna's poignant quote reveals the irony of her situation. Her perceived vulnerability, as a woman with a psychiatric disability, requires that she make herself "very vulnerable" and endure the scrutiny of her employer. Anna said:

Today's the first day I'm at a half-dose of medication on one of my medicines because we're trying to taper off so we can try to have kids. That takes a toll in the workplace. It's something you have to sit there and discuss with all of your managers and sort of open your life up to such an extent.... You really have to make yourself very vulnerable.

Nia, a schoolteacher with mental illness and breast cancer, shared experiences illustrating disparate reactions to the socially constructed stigma of illness. Though both of her disabilities were ostensibly non-apparent, stigma and stereotypes varied widely and affected Nia's decisions both in disclosing and asking for accommodations. When asked if she had disclosed her mental illness at work, Nia responded:

Not a soul, not a soul, not a soul. And I don't think I ever will. I can almost guarantee it would get me axed so fast the dust wouldn't settle for days. I'm sorry to be so cynical about this, and I know that legally, of course, everything is on my side, but on the other hand, I've seen too many friends disclose at their work places...with disastrous results. On the other hand, I want to say, if somebody doesn't start doing it, then nothing will change and it will all be the same and we'll all have these skeletons in our closets. But I am not going [to] make myself the sacrificial lamb, no way.

Conversely, when asked if she had disclosed her breast cancer she replied "Yes, 100%." She added that her co-workers' response was "extremely supportive." When asked about accommodations Nia said, "I never have needed them.... I mean *nobody* knows about mental illness. Breast cancer is a whole other story...in that sense I have had the total opposite [experience]. I've had accommodations, the red carpet rolled out the window."

While disclosure of a cancer diagnosis reminds others of their inherent vulnerability and may result in reactions of fear and social isolation, it is not considered the "fault" of the individual, nor is it considered contagious or morally corrupt (Fife and Wright 2000). Disclosure of mental illness, conversely, has been demonstrated to result in greater amounts of stigma which may reduce employment opportunities, lessen income, incite fear, internalize shame, and diminish social support (Link et al. 2001).

In sum, participants acknowledged that accommodations were helpful and sometimes necessary, but they were also a constant, salient reminder of "otherness" and "dependence" that sometimes resulted in social isolation. Again, these discussions link employer prejudice with opportunity loss, but here the links to social structure are more explicit. As these examples highlight, accommodation laws may be a conduit through which prejudice operates. Participants personally reified this prejudice and saw themselves as having "this dependency" (Sonya), "not wanting to be seen as disabled" (Gretchen), and having "too much to lose" (Nia).

Stigma Management— Participants spoke of an identity management, or interactional technique, designed to counteract the downward mobility and "social death" of stereotyping and stigmatization. Drawing from the participants' own words, we label this technique "going the extra mile." This technique aimed to avoid "professional death." Women adopted this practice to ensure that others did not focus solely on their disability when considering the quality of their work. These participants did not try to hide their disability or "pass" as non-disabled. Instead, they engaged in coping techniques designed to make them appear "as good as normal." In short, these women used a primary behavioral coping strategy with a distinct element of overcompensation to ameliorate the stressors of their stigma and improve their professional status (Miller and Kaiser 2001). Strikingly, all but one of the respondents

who noted this strategy were management-level federal employees of higher SES. (All emphasis added.) Bobbie noted:

...[I]n the sense of being an African-American woman and someone with a disability..... Disability will be a question before some type of racial prejudice or something of that nature on the job. ...I sometimes wonder if for me, at least, if part of the pressure that I place on myself because I have a disability, being visually impaired, is that **I don't allow room for error**. Whereas, others who may not have a disability and make that same error, are discounted differently than I am, especially in relationship to me criticizing myself. **I have a high standard for what I need to do because of the way I may be perceived if I don't do it in a certain manner.**

Jerri expressed a similar view:

I think if you have a vision impairment, people are likely to say you made an error because you had a vision impairment. Whereas someone else might make the identical error and it's just inadvertence. But you have to be **doubly careful** because it's going to be your disability that's the cause in other peoples' minds.

Mya, who also has a visual impairment, agreed: "I set myself to being perfect. ... [I]t's 'How are you going to do it and do it better than somebody else without a disability?'"

Marsha, who has a panic attack disorder, noted:

You try to go the extra mile to make sure that you don't make mistakes. ...I want to prove to myself and to my supervisors that I'm not going to let my disability get in the way of having all the trials and tribulations of a professional career.

Only one of the women we spoke with who is of lesser means commented upon this concept of overcompensation. Candice, who worked in a low-wage job, noted:

...[W]hen I went up to one of the women who works behind the customer service desk, and the manager said to me, "How are the shoes looking, Candice?" I said, "Pretty good." The other woman said, "Oh she says pretty good, but she always does very good." I said, **"That's because if I don't do very good, I don't feel I'm doing enough."**

Whether their perceptions are accurate or merely expected, many of these women have reported that negative stereotypes about individuals with disabilities precede their entry into the workplace. Whether or not they are actually perceived in light of the negative stereotype may be irrelevant; the mere possibility of confirming or adhering to a negative preconception may induce stress (Miller and Kaiser 2001). In order to compensate, or some may say "overcompensate," for stereotypical perceptions about individuals with disabilities such as laziness, dependence, and lack of desire to work, these women are apt to work twice as hard, take on extra assignments, etc. to prove that they are *as good as* their non-disabled peers.

In contrast, women of lower occupational status were seemingly more focused on maintaining their job, as opposed to excelling in it. Although they mirrored the above discussion, in that, "...minor failings or accidental impropriety may....be interpreted as a direct expression of [the] stigmatized differentness" (Goffman 1963:15), the theme of

getting fired from a job was more prevalent. These women were in lower-paying, less skilled work, and the majority had far less education.

Amy discussed a combination of lowered expectations and stereotyped reactions:

...[W]hen you make mistakes and you have a disability – at least this is how I feel – it feels like it just climaxes and goes to the next thing. And they remember all that. Where if you were just a regular, normal person, it would be “ah, you know.”

Angie seems to have internalized a negative self-perception linked to the stigma of being a felon with mental illness. “I’ve been taking computer classes down at the unemployment office. But right now, it’s too confusing for me... I just can’t get it to sink into my thick brain.” Discussing the accommodations she asked for, Janet expressed frustration:

The supervisor said, “You need to monitor your own behavior,” and I’m saying, “I don’t even know my own behavior -- how can I monitor it?”.... That idea is something that needs to be looked at, because there are times when we’re not all responsible for our actions; we don’t know that we’re doing them.

This sentiment appears diametrically opposed to the ideals of participants who discussed “going the extra mile.” Instead of using a coping technique, Janet appeals to others to control her behavior, and in fact, seemed to think that this was not an unreasonable accommodation.

The above text is noteworthy because the participants discussed stigma and stereotypes, but eschewed discussion of coping, moving ahead or “going the extra mile.” Some seemed to indicate that maintaining a job of any kind was the most important thing. Certainly, these women experienced workplace discrimination and linked it with opportunity loss and self-stigmatizing attitudes. However, these women were typically employed in lower-paying, lower-skill jobs.

Human and social capital, or the lack thereof, may be an explanatory factor in their probable lack of stigma coping skills. According to _S1_Reference12Coleman (1990:304) human capital is derived from acquiring skills and capabilities. “Social capital, in turn, is created when the relations among persons change in ways that facilitate action.” Human and social capital, however, are not typically considered in conjunction with disability (Pavey 2006). We suggest that it is necessary to possess sufficient amounts of human and social capital in the form of positive skills and relationships in order to best facilitate stigma coping mechanisms.

As the previous examples indicate, some individuals are better able and more likely than others to use coping techniques such as “going the extra mile.” In this sample they happened to be, overwhelmingly, the women with greater access to financial, educational, and social resources. In addition, one-third of the women who used this technique were racial or ethnic minorities. One participant remarked that, “always as an African-American, it’s a culture thing that you’re taught ‘Whatever you do you have to do it better’ because if you don’t they’re going to say you’re not capable of doing it.” It is possible that other populations who experience stressors or stigma are also more likely to use behavioral coping techniques.

Some evidence of this is provided by Baltes and colleagues whose work demonstrated strategies of “successful aging” in older adults (Baltes and Baltes 1991; Freund and Baltes 1998).

DISCUSSION

Being a working woman with a disability may create a special kind of “triple bind” (Fine and Asch 1988; Russo and Jansen 1988), but data from the perspectives of WWD are limited. This study asked: “What are women’s experiences of disability disclosure and accommodation in the workplace?” Our findings revealed multiple insights about these complex processes and the opportunity loss that often resulted. Concerns related to prejudice and both interpersonal and structural forms of discrimination infused the whole of the data and stigma management techniques emerged as a primary theme.

Discussions of disclosure decisions amplified insights into opportunity loss. Among these participants, disclosure was linked with one’s self-attitudes and with the potential for discrimination. While women with visible disabilities defaulted to “apparency” disclosure in face-to-face meetings, they discussed the pros and cons of *choosing* to disclose one’s disability before face-to-face contact occurred. Some felt this was a way to get their “foot in the door.” Others opted for forthright disclosure, and one woman speculated that it would save her the time of going to “dead-end” interviews. Women with non-apparent disabilities discussed the catch-22 inherent in their decisions. Forthright disclosure put them at risk for discrimination and labeled them as “disabled,” but was the only way to have their accommodation needs met. Withholding disclosure meant avoiding the stigma of being seen as someone with a deviant characteristic but, not only did needs go unmet, they ran the risk of being seen as incompetent.

Women with apparent and non-apparent disabilities were almost evenly split in their decisions between forthright disclosure and withholding disclosure, but both groups emphasized that disclosure should always be a personal choice. As Anna, a woman with a non-apparent disability discussed, the disclosure experience made her feel “very vulnerable” and multiple women with apparent disabilities discussed feeling “dependent.” These characteristics in particular are stigmatized stereotypes applicable to both women and individuals with disabilities, and possibly amplified fears of discrimination.

Participants did not necessarily feel that discrimination would be ameliorated by ADA accommodation laws. In fact, the laws may be a conduit through which prejudice covertly operates. Employers are legally allowed to deny accommodations that would place undue strain on employer resources and productivity accommodations are not covered (Schwab and Wilborn 2003). Thus, women who appear to pose a threat to employers’ resources – or even their psychological comfort (e.g., Felicia’s experience with an interviewer who “was either going to pass out or wet his pants”) – may be denied employment. As Janet noted, “The employer can find some other reason not to hire you.” Further, women face the ADA-necessitated “double-edged sword” – one must either face stigma as they disclose their disability in an effort to receive accommodations, *or* face stigma due to non-disclosure that results in “incompetent” work.

Similar to previous work, we found that request or receipt of accommodations could produce paradoxical impacts (Wilson-Kovacs 2008). Despite their obvious benefits and potential for “normalization,” accommodations also served as stigma symbols imputing dependency, failure, and “otherness.” As one participant noted, “I’m *reminding* people that I’m disabled” (emphasis added). A trend evocative of “the grass is always greener...” occurred among some participants. Women with non-apparent disabilities felt that “the workplace wants an easy fix. They’d rather have someone in a wheelchair so they can just make a ramp.” Women with apparent disabilities, conversely, talked about the complexity of receiving accommodations that actually operated effectively and their fear that employers would reject them out of hand on the assumption of additional complexity and accommodation costs. In some cases, the provision of insufficient accommodation resulted in social isolation.

The symbolic interactionist perspective on deviance and stigma, primarily as conceived by Erving Goffman (1963), provided a useful theoretical framework for this analysis. Stigma infused the discussions on disclosure and accommodation and was also remarkable for its impact on the identities and coping techniques of the participants. Several of the participants indicated that they had internalized the stigma surrounding their disabilities and had adjusted their expectations and identity accordingly. Some women did more than just mention the negative impact of these stereotypes; they discussed “going the extra mile” in an effort to compensate, some would say over-compensate, for the misinformed perceptions of their capabilities.

Human and social capital in the form of education, type of employment, income, and family mapped quite closely onto the nine participants who coped by “going the extra mile,” regardless of their disability type (Coleman 1990). The use of this technique was almost evenly split between women with apparent and non-apparent disabilities - 4 women had non-apparent disabilities, and 5 women had apparent disabilities. Seven of the women had educational attainment levels of at least a master’s degree, and four of the seven had PhDs and earned \$50,000 or greater annually. None of these women received government assistance for their disabilities. Five of the women were married and four had children. One-third of the women were members of a racial/ethnic minority; membership in a minority group may also influence coping techniques as certain groups are more likely to have experience in compensating for stigmatized expectations (Brondolo et al. 2009). Gender must also be considered. A study of female lawyers by Kay and Hagan (1998) indicated that women are required to demonstrate greater commitment to their careers than their male counterparts in order to receive equivalent affirmation and reward. Additionally, if promoted to high leadership positions, women are more likely to be promoted to positions they deem extremely risky and often lack the organizational support in more traditionally competitive, male-oriented occupations (Glass and Cook 2016). Similarly, the women in the federal/management level focus group described their occupations as very competitive and traditionally male; these project participants spoke most vividly of “going the extra mile” in order to receive treatment and recognition they perceived as being equal to their non-disabled peers.

Naturally, there is a reciprocal relationship involved in coping skills and degrees of human and social capital, and it is very nearly impossible to disentangle social selection (because

they have greater human and social capital the women are able to use coping/compensation techniques) from social causation (the coping methods used by the women have allowed them to accumulate greater human and social capital). There is likely some of both occurring. However, we speculate this is an instance of social selection; access to multiple resources allows these women with more human and social capital to cope more effectively. This seems to correspond with the idea set forth by Miller and Kaiser (2001:76) that “adaptive resources” including “psychological, social, behavioral, economic, or educational” may reduce or ameliorate the stressful effects of stigmatization.

Miller and Kaiser (2001) elucidate quite clearly the key compensatory element of “going the extra mile” as well as its inherent effectiveness as a coping technique. “Compensation involves adapting one’s social integration strategies in an attempt to achieve goals despite the existence of prejudice by behaving in a socially skillful or stereotype-disconfirming fashion” (Miller and Kaiser 2001:83). In challenging an employer’s assumption that a worker with a disability is likely to be less effective and more dependent, women who used the coping technique of over-compensation were using a highly effective social strategy to achieve their goals and combat the stress of stigmatization (Miller and Kaiser 2001).

Like all research, this study has noteworthy limitations. As in any study where participants are asked to speak about previous events, recall bias may be present. Although the small number of participants preclude these data from being generalizable, the point of qualitative research is rarely to provide generalizability over insight (Charmaz 2014). These numbers are high enough for qualitative work as they offered thematic saturation and stimulated unexpected insights. Further, these data represent a unique application and elaboration of the model of structural discrimination that we utilize, and may be seen as an opportunity to generate further hypotheses about the experiences of WWD.

Despite these limitations, this work contributes to the literature by providing rich, layered, first-person insight into the disclosure, accommodation, and stigma management experiences of working women with disabilities. These findings also confirm the major elements of Corrigan and colleagues’ (2004) model of structural discrimination and extend it by demonstrating that one’s ability to counter discrimination is status-dependent. Future research could focus on a particular sub-population within disability and take a more in-depth look at the potential relationship between human and social capital and effective coping skills. More focused inquiries make sense from a methodological, as well as from a value-added, standpoint. Statements generated about these sub-populations will be less broad and more specific, the better to generate improved policy implications.

Inspiration to discover what compels some individuals to “go the extra mile” may be found in the words of our participant Bobbie. “...I continue to forge ahead. You can’t sit still. It’s not going to change what is, so you may as well move forward. ... If you have a disability, it’s like, ‘Well, dream with this limitation.’ No, you can still dream.”

REFERENCES

- Americans with Disabilities Act. 1990. Public Law No. 101–336, 104 Stat. 327 [codified at 42 U.S.C.A. 12101–12213 (West Supplement, 1991) and 47 U.S.C.A. 225, 661 (West, 1991)].

- Anspach Renee R. 1979 "From Stigma to Identity Politics: Political Activism among the Physically Disabled and Former Mental Patients." *Social Science and Medicine. Part A: Medical Psychology and Medical Sociology* 13:765–773.
- Baltes Paul B. and Baltes Margaret M.. 1991 *Successful Aging*. New York: Cambridge University Press.
- Bones Paul D. 2013 "Perceptions of Vulnerability: A Target Characteristics Approach to Disability, Gender and Victimization." *Deviant Behavior* 34(9):727–750.
- Brondolo Elizabeth, Ver Halen Nisha B., Pencille Melissa, Beatty Danielle, and Contrada Richard J.. 2009 "Coping with Racism: A Selective Review of the Literature and a Theoretical and Methodological Critique." *Journal of Behavioral Medicine* 32(1):64–88. [PubMed: 19127420]
- Brown Coleman L. 2013 "Stigma: An Enigma Demystified" Pp. 147–160 in *The Disability Studies Reader*, edited by Davis LJ. New York: Routledge.
- Brown Robyn L. 2014 "The Intersection of Gender and Physical Disability: Considering Appraisals of the Self and Social Relationships." *Sex Roles* 71:171–181.
- Brown Robyn L. 2015 "Perceived Stigma among People with Chronic Health Conditions: The Influence of Age, Stressor Exposure, and Psychosocial Resources." *Research on Aging* 37(4):335–360. [PubMed: 25651574]
- Brown Robyn L. 2016 "Functional Limitation and Depressive Symptomatology: Considering Perceived Stigma and Discrimination within a Stress and Coping Framework." *Stigma and Health* 2(2):98–109. [PubMed: 28497112]
- Catalyst. 2007 "The Double-Bind Dilemma for Women in Leadership: Damned If You Do, Doomed If You Don't." Retrieved December 15, 2016 (http://www.catalyst.org/system/files/The_Double_Bind_Dilemma_for_Women_in_Leadership_Damned_if_You_Do_Doomed_if_You_Dont.pdf).
- Charmaz Kathy. 2014 *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis*. London: Sage.
- Coleman James S. 1990 *Foundations of Social Theory*. Cambridge, Massachusetts: The Bellknap Press of Harvard University Press.
- Corrigan Patrick W., Markowitz Fred E., and Watson Amy C.. 2004 "Structural Levels of Mental Illness Stigma and Discrimination." *Schizophrenia Bulletin* 30(3):481–491. [PubMed: 15631241]
- Corrigan Patrick and Matthews Alicia. 2003 "Stigma and Disclosure: Implications for Coming Out of the Closet." *Journal of Mental Health* 12(3):235–248.
- Davis Fred. 1972 *Illness Interaction and the Self*. Belmont, California: Wadsworth.
- Doren Bonnie, Gau Jeff M., and Lindstrom Lauren. 2011 "The Role of Gender in the Long-Term Employment Outcomes of Young Adults with Disabilities." *Journal of Vocational Rehabilitation* 34(1):35–42.
- Elliott Gregory C., Ziegler Herbert L., Altman Barbara M., and Scott Deborah R.. 1982 "Understanding Stigma: Dimensions of Deviance and Coping." *Deviant Behavior* 3(3):275–300.
- Emmett Tony and Alant Ema. 2006 "Women and Disability: Exploring the Interface of Multiple Disadvantage." *Development Southern Africa* 23(4):445–460.
- Fife Betsy L. and Wright Eric R.. 2000 "The Dimensionality of Stigma: A Comparison of Its Impact on the Self of Persons with HIV/AIDS and Cancer." *Journal of Health and Social Behavior* 41(1): 50–67. [PubMed: 10750322]
- Fine Michelle and Asch Adrienne. 1988 *Women with Disabilities: Essays in Psychology, Culture, and Politics*. Philadelphia: Temple University Press.
- Foley Susan M., Schuster Jennifer L., and Zoe McInerney. 2002 *Does Gender Matter? Differences in Employment Outcomes for Women and Men with Disabilities Using Vocational Rehabilitation Services*. Institute for Community Inclusion, Boston.
- Freund Alexandria M. and Baltes Paul B.. 1998 "Selection, Optimization, and Compensation as Strategies of Life Management: Correlations with Subjective Indicators of Successful Aging." *Psychology and Aging* 13(4):531–543. [PubMed: 9883454]
- Glass Christy and Cook Alison. 2016 "Leading at the Top: Understanding Women's Challenges above the Glass Ceiling." *The Leadership Quarterly* 27(1):51–63.

- Goffman Erving 1963 *Stigma: Notes on the Management of Spoiled Identity*. Englewood Cliffs, NJ: Prentice Hall.
- Hanna William J. and Rogovsky Betsy. 1991 "Women with Disabilities: Two Handicaps Plus." *Disability, Handicap and Society* 6(1):49–63.
- Jung Karen E. 2002 "Chronic Illness and Educational Equity: The Politics of Visibility." *NWSA Journal* 14:178–200.
- Kay Fiona M. and Hagan John. 1998 "Raising the Bar: The Gender Stratification of Law-Firm Capital." *American Sociological Review* 63(5):728–743.
- Lee James D. and Craft Elizabeth A.. 2002 "Protecting One's Self from a Stigmatized Disease...Once One Has It." *Deviant Behavior* 23(3):267–99.
- Lindstrom Lauren, Doren Bonnie, and Miesch Jennifer. 2011 "Waging a Living: Career Development and Long-Term Employment Outcomes for Young Adults with Disabilities." *Exceptional Children* 77(4):423–434.
- Link Bruce G. and Phelan Jo. 2014 "Stigma Power." *Social Science and Medicine* 103:24–32. [PubMed: 24507908]
- Link Bruce G., Struening Elmer L., Sheree Neese-Todd Sara Asmussen, and Phelan Jo C.. 2001 "Stigma as a Barrier to Recovery: The Consequences of Stigma for the Self-Esteem of People with Mental Illnesses." *Psychiatric Services* 52(12):1621–1626. [PubMed: 11726753]
- Lofland John and Lofland Lyn H.. 1995 *Analyzing Social Settings: A Guide to Qualitative Observation and Analysis*. Belmont, CA: Wadsworth.
- McMullin Julie A. and Marshall Victor W.. 1999 "Structure and Agency in the Retirement Process: A Case Study of Montreal Garment Workers" Pp. 305–338 in *The Self and Society in Aging Processes*, edited by Ryff C and Marshall VW. New York: Springer.
- Maroto Michelle and Pettinicchio David. 2015 "Twenty-Five Years after the ADA: Situating Disability in America's System of Stratification." *Disability Studies Quarterly* 35(3):1–34.
- Miller Carol T. and Kaiser Cheryl R.. 2001 "A Theoretical Perspective on Coping with Stigma." *Journal of Social Issues* 57(1):73–92.
- National Women's Law Center. 2014 "How Wage Gap Hurts Women and Families." Fact Sheet. Retrieved December 12, 2016 (http://www.nwlc.org/sites/default/files/pdfs/wage_gap_hurts_women_and_families.pdf)
- O'Day Bonnie and Killeen Mary. 2002 "Research on the Lives of Persons with Disabilities: The Emerging Importance of Qualitative Research Methodologies." *Journal of Disability Policy Studies* 13(1):9–15.
- Pavey Barbara. 2006 "Human Capital, Social Capital, Entrepreneurship and Disability: An Examination of Some Current Educational Trends in the UK." *Disability & Society* 21(3):217–229.
- Pawlowska-Cyprysiak Karolina and Konarska Maria. 2013 "Working Life of Women with Disabilities - A Review." *International Journal of Occupational Safety and Ergonomics* 19(3):409–414. [PubMed: 24034883]
- Phelan Jo C., Bromet Evelyn J., and Link Bruce G.. 1998 "Psychiatric Illness and Family Stigma." *Schizophrenia Bulletin* 24(1):115–126. [PubMed: 9502550]
- QSR NVivo (Version 2) [Computer software]. 2002 Victoria, Australia: QSR International Pty.
- Quinn Diane M., and Chaudoir Stephanie R.. 2009 "Living with a Concealable Stigmatized Identity: The Impact of Anticipated Stigma, Centrality, Salience, and Cultural Stigma on Psychological Distress and Health." *Journal of Personality and Social Psychology* 97(4): 634–651. [PubMed: 19785483]
- Russo Nancy F., and Jansen Mary A.. 1988 "Women, Work and Disability: Opportunities and Challenges" Pp. 229–244 in *Women with Disabilities: Essays in Psychology, Culture and Politics*, edited by Fine M and Asch A. Philadelphia: Temple University Press.
- Santuzzi Alecia M., Waltz Pamela R., Finkelstein Lisa M., and Rupp Deborah E.. 2014 "Invisible Disabilities; Unique Challenges for Employees and Organizations." *Industrial and Organizational Psychology* 7(2):204–219.
- Schwab Steward J. and Willborn Steven L.. 2003 "Reasonable Accommodation of Workplace Disabilities." *William and Mary Law Review* 44(3):1197–1254.

- Taub Diane E., McLorg Penelope A., and Fanflik Patricia L.. 2004 “Stigma Management Strategies among Women with Physical Disabilities: Contrasting Approaches of Downplaying or Claiming a Disability Status.” *Deviant Behavior* 25(2):169–190.
- Timmons Jaimie C., Foley Susan M., Jean Whitney-Thomas, and Joseph Green. 2001 “The Path to Employment for Individuals with Disabilities in the Welfare System.” *Journal of Poverty* 5(3):87–111.
- Wilson-Kovacs Dana, Ryan Michelle K., Haslam Alexander S., and Rabinovich Anna. 2008 “‘Just Because You Can Get a Wheelchair in the Building Doesn’t Necessarily Mean That You Can Still Participate’: Barriers to the Career Advancement of Disabled Professionals.” *Disability & Society* 23(7):705–717.

Table 1:

Focus Groups, Working Women with Disabilities

Focus Groups	Number of participants in group
Federal employees, senior level	5
Federal employees, junior level	6
Non-federal, senior level	5
Non-federal, junior level (younger)	6
Women with cognitive disabilities	6
Latinas with psychiatric disabilities	7
Non-federal, junior level (older)	5
Individual Interviews *	2
Total N =	42

Table 2:

Demographic Information, Working Women with Disabilities

Characteristics	Definition	N
Age	21 to 29	3
	30 to 39	19
	40 to 49	14
	50 to 59	5
	60 +	1
Marital status	Married	15
	Single	23
	Partnered	1
	Divorced	3
Has children	Yes	9
	No	33
Race/Ethnicity	Caucasian	26
	African-American	6
	Latino/Hispanic	8
	Native American	2
Education	Some high school	5
	HS graduate	8
	Some college	5
	College degree	9
	Graduate degree	15
Yearly income	Under \$8,500	7
	8,501 to 17,000	6
	17,001 to 26,000	3
	26,001 to 38,000	3
	38,001 +	5
	Not reported	18
Self-identify as having a disability?	Yes	38
Disability	Physical	8
	Visual Impairment	8
	Learning	12
	Psychiatric	11
	Deaf/Hearing Loss	3
Income benefits	SSI/SSDI	14
	Welfare	6

Characteristics	Definition	N
Disability affects choice of workplace	Yes	27
	No	15