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FOCAL ARTICLE

Invisible Disabilities: Unique Challenges for Employees and Organizations

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Abstract

Workers with invisible disabilities encounter unique challenges compared to workers with other concealable identities and even workers with visible disabilities. These challenges occur not only in the decisions of whether to disclose the invisible disability in the workplace but also in the detection and acceptance of having a disability to disclose. Disclosure of disabilities in the workplace likely has implications for the individual worker's health, social relationships, and work performance as well as for an employing organization's outcomes. We argue that current legislation and policies might not be sensitive to the unique experiences and disclosure decisions faced by workers with invisible disabilities. We invite researchers and practitioners to consider adjustments to current legislation and workplace practices in order for employing organizations to account for the unique challenges facing workers with invisible disabilities and fully accommodate those workers.

Invisible disabilities include a wide range of physical and psychological conditions that often have no visible manifestation or have visible features that are not clearly connected to a disability. Common invisible disabilities include sensory disabilities (low vision, hearing loss), autoimmune disorders (HIV/AIDS), chronic illness or pain (rheumatoid arthritis, fibromyalgia), cognitive or learning challenges (ADHD), sleep disorders, and psychological disorders (post traumatic stress disorder [PTSD], depression). For many of these conditions, some evidence of an impairment or functional difficulty may be apparent. For example, a worker who has arthritis might demonstrate slow or labored movement. However, the visible manifestations of the underlying disability may be misattributed by observers to other causes such as poor physical fitness or temporary fatigue. For other conditions, such as diabetes, a worker might be able to successfully conceal evidence of his or her disability to coworkers. In either instance, if the worker does not disclose that he or she has a disability, the disability label remains invisible.

In addition to variations in the manifestations of symptoms that might allow the disability to be more or less effectively concealed, invisible disabilities differ on a number of features that might affect the way coworkers react to the disability and how workers manage their disability identities. For example, these conditions might be genetic in origin or acquired after an event occurring in the recent or distant past. The course of symptoms and the disruption they cause in an individual's life activities might be stable, progressive, or transitory. Moreover, the features of an invisible disability might affect some life and work activities but not others. Invisible

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disabilities, along with their variability in symptoms and implications for work activities, make them uniquely challenging to identify and legally define (Americans with Disabilities Act (ADA), 1991; ADA Amendments Act, 2008; Colella & Bruyère, 2011). These challenges are exacerbated by the difficulty of distinguishing some invisible disabilities from normal variation and the complex roles of environmental factors in workers' decisions to disclose invisible disabilities in the workplace.

In this focal article, we discuss the unique experience of managing an invisible disability in the workplace and the implications of an employee's disclosure decision for themselves, other employees, and the employing organization. Throughout our analysis, we question the viability of current legislation to adequately protect individuals with invisible disabilities or to equip them and their employers to navigate the unique psychological challenges of disclosure in the workplace. We conclude with a call to industrial–organizational (I–O) psychologists to increase research and advocacy for policy adjustments in light of these issues.

Invisible Disabilities and the Importance of Disclosure

Estimates of the prevalence of disability within the United States (and in countries around the world) vary widely depending on how ''disability'' is defined and measured. For example, estimates from two commonly cited U.S. Census Bureau measures, the American Community Survey (ACS) and the Survey of Income and Program Participation (SIPP), put the prevalence of disabilities among adults aged 21–64 at 10.3% (Erickson, Lee, & von Schrader, 2012) and 16.5% (Brault, 2012), respectively. Although measures such as the SIPP report on the functional limitations experienced by the holder (e.g., difficulty walking or using stairs) as well as the severity of the condition (e.g., use a wheelchair or cane), the current measures do not specifically report, nor do they allow confident estimates to be made, of the prevalence of nonobvious disabilities in the United States. Moreover, for reasons that we will address in this article, even tentative estimates that some in the popular media have ventured may be underestimates. Given that an estimated 6.8% of the 2010 United States workforce reported having a disability (SIPP as cited in Brault), and that the estimate is likely an underestimate for invisible disabilities, it is surprising that very little research has been conducted specifically on the plight of workers whose disabilities are not visually apparent. This is even more surprising given that invisible disabilities are well represented among the most recent U.S. Equal Employment Opportunity Commission (EEOC) claims filed under the ADA. Within the past year, the media has highlighted employment discrimination cases related to hearing impairments (*EEOC v. Toys ''R'' Us*; U.S. EEOC, 2013a), traumatic brain injury (*EEOC v. OSI Restaurant Partners, LLC d/b/a Outback Steakhouse and OS Restaurant Services, Inc.*; U.S. EEOC, 2013b), seizure disorders (*Mashek v Soo Line Railroad Co d/b/a Canadian Pacific*, 2012), cancer (*EEOC v. Home Depot*; U.S. EEOC, 2012), and HIV (*Baffo v. New York Institute of Technology*, 2012).

The Americans with Disabilities Act of 1991 and its successor the ADA Amendments Act (ADAAA, 2008) are intended to protect employees with disabilities from unfair discrimination in the workplace. The EEOC is tasked with issuing regulations (e.g., 29 CFR 1630) and interpretive guidance (e.g., Appendix to Part 1630) in order to implement and enforce the ADA in the workplace. A key feature of the ADA is the requirement that employers must, as long it does not create undue hardship to the organization, provide reasonable accommodations to enable qualified individuals with legally defined disabilities to perform the essential functions of a job. Importantly, in order for employees with invisible disabilities to receive accommodations, they must disclose the disability and engage in an interactive dialogue with their employer about how the disability may be affecting performance and what accommodations

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might be useful. Even if an employer suspects that disability might be a factor in an employee's poor or unexpected performance, without the employee's formal disclosure, the employer is obligated to interpret the employee's behavior under the assumption that disability is *not* a factor.

Although it might seem at first blush in employees' best interest to formally disclose a disability (as they cannot be protected by legislation without disclosure), there may exist psychological incentives that lead employees with invisible disabilities to choose not to disclose. That is, the potential stigma that could accompany coworkers and supervisors' knowledge of the disability may lead employees with invisible disabilities to keep those features concealed at work, even at the cost of health and performance impairments. This may be especially true among workers who are concealing highly stigmatized disabilities such as mental illness (Dalgin & Bellini, 2008) or conditions for which coworkers might hold the worker accountable (e.g., past drug addiction; Stone & Colella, 1996). Workers with invisible disabilities must weigh the social costs against the work (and potential physical/mental/social) benefits of disclosing their condition to employers and coworkers. As we discuss below, the research on invisible identities and stigma has much to say about how this phenomenon unfolds.

What We Know About Invisible Identities in General

The visibility of a potentially stigmatizing identity has been suggested to be the primary feature affecting observer and coworker reactions (Jones et al., 1984). Beatty and Kirby (2006) note that although social categorization theories such as social identity theory (Tajfel & Turner, 1986) can explain reactions to and experiences of people with visible stigmatizing features (e.g., minority race, paraplegia), such theories cannot easily apply to invisible conditions where others do not immediately know the social category. With invisible stigma, the feature that observers would use to distinguish themselves from the stigmatized person is not available or not definitively connected to a stigmatizing label. This means that the person with the invisible stigma sees herself as different from others, but others may not be aware of the social identity difference. Others' reactions, therefore, cannot confidently be attributed to the invisible stigma, as the stigma may not be salient to them. Thus, adopting an invisible social identity is unique in that the decision to do so is internal and under the control of the individual. Consequently, the disclosure process is of primary importance in that the decision to disclose allows others to recognize the social label attached to holders' of the disability, which may subsequently interfere with social and work functions (Clair, Beatty, & MacLean, 2005).

Concealing a potentially stigmatizing identity even if just in the workplace involves a very active and effortful management process that can absorb cognitive resources and energy (Smart & Wegner, 1999, 2000). Research has shown that concealing invisible identities leads to feelings of isolation and a fragmented self (Beatty & Kirby, 2006). Some research suggests that individuals who have concealable stigmatized identities generally experience more negative psychological, behavioral, and physical outcomes than those with visible stigmas (Quinn & Earnshaw, 2011). Individuals with concealed stigmatized identities may experience negative psychological states (depression, anxiety, low self-esteem, and distress) and engage in risky health behaviors if they have negative expectations about others' reactions to the identity. Consequently, individuals with invisible stigmatized conditions are expected to experience more physical illness, severity of symptoms, and/or lower quality of life. Thus, individuals with concealable identities have the option to keep them hidden, but the choice to conceal will come at a cost that could affect their health, work performance, and social relationships.

The negative individual outcomes associated with having an invisible and potentially stigmatizing identity likely carry over to employing organizations in the

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form of lost productivity and higher rates of turnover (Beatty & Kirby, 2006). Concealing a stigmatizing identity at work might encourage negative job attitudes like decreased job satisfaction and lower commitment to the job, leading to more psychological strain at work, lower promotion rates, and higher rates of turnover (Ragins, Singh, & Cornwell, 2007). The negative work attitudes and accompanying productivity losses of individuals who are concealing an invisible identity can ''ripple through'' an organization and affect broader organization outcomes. Moreover, nondisclosure limits the ability of an organization to comply with equal opportunity legislation in order to ensure fair treatment of employees with nonobvious disabilities.

The take-home message from the current invisible identities literature is that disclosure could potentially reduce the stress of trying to hide an identity. Disclosure could reduce feelings of isolation, as being ''out'' can facilitate social support networks with others who have the same condition (Chaudoir & Quinn, 2010). Although this may imply positive health and work outcomes for workers and organizations when invisible disabilities are disclosed, disclosure must be balanced with potential risks of prejudice and discrimination that, even in the face of legislation, can still negatively impact individuals (Acemoglu & Angrist, 2001; Charles, 2004; Ragins, 2008).

Why Are Invisible Disabilities Unique?

Although much of the current literature on invisible and potentially stigmatizing characteristics (e.g., Ragins, 2008 on sexual orientation; also see Quinn & Earnshaw, 2011) may be applied directly to the broad array of invisible disabilities, there are some notable caveats that distinguish invisible disabilities. Disability is not simply a demographic characteristic but rather involves an impairment that may directly impact job performance. In team-based environments that characterize many workplaces, one's own task impediment may impact the ability of others to effectively carry out their tasks. Furthermore, workers with invisible disabilities may face additional, *indirect* performance decrements due to regulatory depletion caused by the decision of whether to disclose the disability at work and request accommodations.

Importantly, without disclosure, any of these performance decrements would be attributed by others (who are unaware of the true cause of the impairment) to the employee's lack of knowledge, skill, or ability to do the job. Although perhaps avoiding social stigma, these workers risk experiencing performance declines and negative appraisals as consequences of concealing a performance-relevant disability. In the absence of disclosure, poor performance and negative evaluations cannot be traced to characteristics that, when apparent, would entitle the worker to legal protections. Thus, in the case of invisible disabilities, disclosure may be more of a necessity than a right in order to ensure accurate performance attributions and buffer the impact on the work performance of coworkers. Yet, research suggests that a very small percentage of employees with concealable disabilities actually disclose their disability to their employer (Colella & Stone, 2005). Disability disclosure in the form of accommodation requests are especially unlikely among workers who are young and/or have recently acquired their disability (Baldridge & Swift, 2013).

With all of the negative task and health consequences of concealing, why aren't employees disclosing their disabilities? As noted by research on invisible identities more broadly, the expected negative reactions from coworkers and supervisors may be enough to motivate workers to keep potentially stigmatizing information concealed. As reviewed by Stone and Colella (1996), the stereotypes associated with having a disability may include being unsociable, submissive, hypersensitive, insecure, dependent, and less capable of competing with others. It is noteworthy that many of the features of the disability stereotype are directly related to job

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performance, especially in jobs involving a great deal of task interdependency and interpersonal communication or high levels of cognitive ability. If supervisors and coworkers endorse stereotypes about disability, workers with disabilities are at risk of being unfairly deemed as unqualified for many jobs that involve the features of the stereotype.

However, the specific type and features of the disability might have a strong effect on the degree of stigma associated with the disability (Jones et al., 1984). Stone and Colella (1996) suggested that disabilities whose onset can be attributed to the actions of the employee, whose course is progressive or permanent, and whose symptoms are disruptive to social interactions are likely the most stigmatized in the workplace. For instance, someone with HIV/AIDS might be blamed for contracting the condition and thus might be susceptible to more negative evaluation than a worker with a genetic mobility impairment. On the basis of past research reviewed by Stone and Colella, psychiatric disorders, learning disabilities, chronic illness, HIV, and past drug addiction may be among the most stigmatizing conditions in the workplace. Many of these highly stigmatized disabilities are also invisible. Connecting this body of work to evidence from the invisible stigma literature, we suspect that the higher degree of stigma attached to some disabilities (e.g., mental illness) would discourage disclosure in the workplace more than would less stigmatizing conditions (e.g., paraplegia). However, this speculation requires empirical investigation. Importantly, general stigma attached to particular disabilities may be determined in the broader social context and not a function of experiences specifically within an employing organization. Thus, the cultural stigma attached to some disabilities might not be in the control of the organization or its policies.

In addition to the stigma of having a disability, the invisible quality of the disability may bring its own set of stigmatizing experiences. When workers disclose a disability, especially in combination with a request for accommodation, their case might be viewed as suspicious or illegitimate when the disability is not visible. For example, others in the work environment might assume someone is falsely claiming the disability to acquire special privileges (Colella, 2001; Paetzold et al., 2008) or doubt that the disclosed condition is really a legitimate disability. The complexity of the stigma that may result from being seen as trying to claim an illegitimate disability, compounded with the work-related stigma of having a disability, is an experience that is unique to workers with invisible disabilities (and will be discussed further below).

Beyond expected stigma, workers with invisible disabilities have additional experiences that might interfere with the disclosure decision process. In the following sections, we argue that the stages of the disclosure process, the contextual factors that impact decision making at each stage, and the outcomes associated with the disclosure decision are unique for workers with invisible disabilities. Unlike other potentially stigmatizing conditions or identities (including *visible* disabilities), disclosure of an invisible disability relies heavily on an individual's ability to detect the challenges or symptoms he or she is experiencing and accept them as part of a legitimate disability. As a consequence of this and other factors unique to invisible disabilities, we argue that understanding the experiences of and accommodating individuals with invisible disabilities in the workplace presents distinct challenges for researchers and practitioners. Unfortunately, we believe that legislation and most workplace policies currently do not address these challenges.

In the following section, we classify the factors that affect how employees manage their invisible disabilities at work into two broad categories: challenges of identifying invisible disabilities and consequences of disclosing disability at work.

Challenges of Identifying Invisible Disabilities

We believe that one of the signature challenges of dealing with invisible disabilities

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(as compared to other invisible identities) is that it is difficult to clearly label such conditions as disabilities. This challenge stems from not only the ambiguity in clinical diagnoses and legal definitions of disability, but also in an individual's detection and acceptance of a disability label.

Ambiguous Detection

First, individuals with invisible conditions may face difficulties even determining whether they are experiencing signs of disability or simply normal variation in functioning. For instance, a student who experiences difficulty while reading might attribute these challenges to low personal ability or high difficulty of the reading material rather than to a learning disability (Licht, 1983). Similarly, individuals with acquired hearing loss may blame themselves for not listening closely or others for not speaking clearly rather than attribute their increasing difficulties to a hearing impairment (Southall, Gagné, & Jennings, 2010). A worker who is clinically depressed might write off depressive episodes as merely being in a bad mood or responding to negative events. As such, individuals with invisible disabilities might face uncertainty regarding their own experiences. They might not believe their challenges are signs of a disability and may fail to seek help. As a consequence, some individuals may experience a gradual build-up of negative stress and frustration associated with factors such as participatory losses in their social lives, increasingly uncomfortable and negative workplace experiences, and/or the lack of access to appropriate information about their condition (Southall et al., 2010). For some individuals, the mounting stress may become unmanageable leading to an abrupt search for help. Others may decide they are poor performers in a particular domain (e.g., reading or math), experience low self-efficacy, and engage in avoidance behaviors. For example, undiagnosed difficulties as a result of dyslexia and dyscalculia were found to greatly impact the academic and subsequent occupational choices of individuals who struggle in those domains (Wadlington, Wadlington, & Rupp, 2006).

Ambiguous Diagnosis

Second, many invisible disabilities are only vaguely understood by researchers and clinicians. The fact that invisible disabilities are not obvious makes them more difficult to examine and understand what life activities are affected by them. By their nature, the symptoms of invisible disabilities are often not salient to others and, thus, might receive less attention in both research and practices designed to gather information about those disability types. Sustaining the low level of understanding of some invisible disabilities, disproportionately less national research funding has been awarded to support the research and publicity of less-known disabilities (e.g., dyscalculia) relative to more high-profile disabilities (e.g., dyslexia; Butterworth, Varma, & Laurillard, 2011). As a result, symptoms of these less-known disabilities are less likely to be detected or properly diagnosed and treated (Wadlington & Wadlington, 2008). One cannot disclose a disability that she or he does not know exists or when experts are uncertain about the diagnosis.

Adding to the challenge of diagnosis, the clinical and legal criteria for identifying a disability may change over time. The Diagnostic and Statistical Manual (DSM) revises criteria for psychological disorders (e.g., substance abuse) and occasionally changes the status of a condition from being a disorder to not being a disorder (e.g., premenstrual syndrome) and vice versa (e.g., binge eating disorder). Given the fluctuations in formal definitions of conditions, some individuals might receive multiple labels for the challenges they face. In a 20-year longitudinal study of individuals with learning disabilities, Higgins and colleagues found that ''the labeling event'' for a disability was for many individuals a lengthy process that oftentimes resulted in conflicting diagnoses ranging from being speech/language delayed to being an underachiever and lazy (Higgins, Raskind, Goldberg, & Herman,

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2002). Individuals were left with the task of identifying which labels to accept and which to reject. In response, some individuals who were diagnosed with learning disabilities simply rejected the label as inaccurate, offering their own explanation for their challenges (e.g., emotional problems that interfered with learning).

Furthermore, a clinical diagnosis of a condition is not sufficient to warrant a legal definition of disability in the employment context. Prior to the ADAAA (2008), for example, diagnosed conditions that had episodic interference or were transitory in nature were not protected by the ADA even if there was a clear clinical diagnosis. Thus, employees with cancer, HIV/AIDS, and arthritis were not protected because the symptoms were not constant. With the passage of ADAAA (2008), many additional (and many invisible) conditions are now considered as potentially fitting the legal definition of disability. Under the ADAAA, Congress broadened the definition of ''major life activities'' by specifically including bodily functions and providing a nonexhaustive list of examples such as endocrine system function. This has extended ADA coverage to individuals who previously were not afforded protection under the act (e.g., people with diabetes). Although the ADAAA broadened the legal definition of disability, and although this significantly increased the number of individuals who could request accommodation, much ambiguity remains in deciding what conditions legally qualify as a disability for different types of work and what kinds of accommodations are considered ''reasonable'' in the legal/economic sense.

Aside from the episodic or constant nature of the condition, the extent to which the condition impairs work and life activities plays a central role in a legally qualifying it as a disability. According to the ADA and ADAAA, a condition must interfere with at least one major life activity in order to qualify under the legal definition of disability. Importantly, what constitutes a ''major life activity'' is subject to the interpretation of the legal system and has often served to exclude invisible disabilities from consideration. For example, whether PTSD is considered a legal disability in an employment context depends on whether the worker experiences and provides evidence of major life activities being challenged. For this reason, one worker with PTSD might be granted a disability accommodation (e.g., flexible work schedule) whereas another person with the same diagnosis and similar symptoms might be denied accommodation. Although legislation provides some guidance in labeling what is and what is not a disability, the outcome of a filed ADA claim against an employer rests on a court's subjective interpretation of the criteria for ''disability,'' ''major life activity,'' ''reasonable accommodation,'' and/or ''undue hardship.''

Personal Denial of Disability

Third, even if a disorder, disease, or other impairment is professionally diagnosed, the employee must decide whether to accept the label of having a ''disability.'' Denial is a strategy that is adopted by some individuals to cope with a diagnosis of a chronic illness or disability (see Livneh, 2009a, 2009b, for a review). In general, when used as a short-term strategy in a gradual process of acceptance and resource mobilization, denial can serve a beneficial stress-reducing mechanism. However, even as a short-term strategy on the road to adaptation, this strategy may yield negative outcomes for some employees. For example, if the side-effects of recently prescribed medication result in a worker becoming drowsy and falling asleep at work, the worker may be subject to disciplinary action. However, if the worker has not yet come to terms with a disability diagnosis, s/he may be unwilling to disclose the reason for her/his ''misconduct.'' Importantly, even though the worker may later choose to disclose a disability diagnosis and request an accommodation to address issues related to drowsiness, the employer has no obligation to remove the prior disciplinary action from the employee's file because the incident

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occurred prior to the disability disclosure (U.S. EEOC, 2011).

Moreover, for other employees, denial may far outlive its utility, becoming a pervasive, long-term strategy that adversely impacts interpersonal relations, precludes help-seeking behaviors, and in some cases, endangers the employee and others (Livneh, 2009a). Denial may be particularly likely to persist when the employee fears being stigmatized by coworkers or the potential of negative employment consequences such as being passed over for promotion if a disability was disclosed. For example, in the face of evidence from a hearing specialist and the testimony of close others, hearing-impaired workers often engaged in denial, minimization, avoidance, and attempts to normalize their difficulties in order to maintain a positive self-image (Hétu, Riverin, Getty, Lalande, & St-Cyr, 1990). Qualitative research has revealed that the reluctance of people with hearing loss to accept and/or disclose their identity is often associated with the fear of negative stereotypes (e.g., ageism) and negative connotations of being disabled (Southall et al., 2010; Wallhagen, 2010). Unfortunately, even though an employer may know that a worker's failing hearing is causing performance problems and may ask if an accommodation would be helpful to address the problem (perhaps likely in the case of a previously high-performing employee), the employer cannot force the worker to accept that he or she might have a disability. If the worker refuses to discuss his or her condition, the employer may continue to address the performance problem pursuant to company protocol, which may eventually lead to dismissal (U.S. EEOC, 2011).

Another way to deny an invisible disability label is to refuse or fail to use corrective devices (e.g., mobility aids, magnifying equipment) that might improve affected life activities to more normative levels. One reason for this is that the devices themselves may not only signal the undesired disability label and associated stereotypes but also trigger vanity concerns in youth- and appearance-focused cultures (Wallhagen, 2010). Rather than publicly use devices that likely would reduce strain during tasks and improve performance, workers with some invisible disabilities will hold strong to denying the label. For example, workers who are reluctant to acknowledge a hearing disability might not actively seek out corrective solutions (Stephens & Hétu, 1991). Others, fearing their social images would be damaged by the stigma of ''deafness,'' have been unwilling to wear hearing aids in spite of the challenges this decision creates for social and work activities (Wallhagen, 2010). The stigma attached to corrective devices has been referred to as a *secondary handicap* by virtue of the additional prejudices believed to be (and actually) evoked by the device (Hétu et al., 1990).

This raises interesting practical workplace challenges. Should we hold an employee accountable for failing to disclose a disability that she or he has not come to terms with having? According to current legislation, employers cannot accommodate employees unless those employees disclose a disability and engage in an interactive process to discuss reasonable accommodations. Thus, interpreting the employee's behavior as a performance decrement would be in line with legislation, but is it fair (to both employees and employers)? Of course, arguments could also be made that prying into the personal challenges faced by workers or monitoring behaviors to detect legitimate performance challenges may also violate worker privacy. We welcome comments and ideas on how these complex issues might be fairly balanced.

Consequences of Disclosing Disability at Work

Even under the scenario that a worker has (a) clearly detected a disability, (b) received a clear diagnosis that meets the legal definition of disability, and (c) personally accepted that label, there remain several additional factors that may still

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preclude disclosure, which are linked to the perceived negative consequences of such a course of action.

Expected Stigma and Unfairness Perceptions

As noted in the invisible identities literature cited above, one of the most commonly suspected reasons that workers do not disclose concealable identities is to avoid stigmatization. In an effort to avoid stigma from coworkers, an employee might conceal a known disability. People with depression, for example, might be fully aware of their diagnosis and eligibility for disability accommodations but choose to keep their condition concealed to avoid awkwardness in work relationships. For example, they might not want their coworkers to avoid them or treat them differently because of the disorder. Similarly, workers with hearing impairments might determine that the social costs of disclosure (e.g., social exclusion) far outweigh the benefits (e.g., receiving correct auditory information from coworkers). It is important to note that in such cases, workers do not necessarily deny or even devalue their concealed disability identities (Madaus, 2008). Rather, they recognize that there are likely negative social and work-related consequences to highlighting stigmatizing characteristics and, thus, do not disclose them at work.

Research also has shown that disclosing a disability through a request for accommodation can yield suspicious and even negative reactions from coworkers. When an employee's disability is visible, differential treatment may be perceived as obviously related to and justified by the worker's disability (e.g., a worker in a wheelchair is permitted to park in covered parking otherwise reserved for upper management). But, given the nature of invisible disabilities, coworkers may fail to link the accommodation to a disability-related condition. If a worker with an invisible disability has not shared information about the condition with coworkers (e.g., chronic pain due to severe arthritis), the ADA's confidentiality provisions prohibit an employer from informing coworkers that an employee is receiving accommodations for a disability. Consequently, coworkers may deem differential treatment to accommodate an undisclosed and nonobvious disability to be inequitable and distributively unfair (Colella, 2001). For example, accommodations that allow a worker to come in an hour later due to the effects of medication for a sleep condition may place additional duties on coworkers (e.g., they must cover the phones for the worker until she arrives) and/or may be perceived as unfairly providing valuable perks to the worker (e.g., she is able to arrive later than everyone else).

Consequently, the EEOC strongly counsels employers to train frontline supervisors to effectively handle inquiries from curious coworkers about the perceived special treatment that an accommodated worker may be receiving: ''An employer could respond that she does not discuss one employee's situation with another in order to protect the privacy of all employees, but she could assure the coworker that the employee is meeting the employer's work requirements'' (U.S. EEOC, 2011). However, legal constraints on information disclosure may have the unintended consequence of eliciting coworker perceptions of unfairness, especially when the accommodated disability is invisible. This may also make the employee susceptible to other forms of prejudices and exclusion, which could be completely unrelated to the actual disability he/she faces.

However, even if coworkers are aware that different treatment is being given to accommodate a worker's disability, accommodations for workers with invisible disabilities are more likely to illicit negative coworker reactions compared to accommodations for workers with obvious disabilities (Colella, 2001; Colella, Paetzold, & Belliveau, 2004). For example, coworkers may question the legitimacy of the condition, believing that a person with an invisible disability (e.g., back pain caused by spinal stenosis) is faking to get desired perks (e.g., flexible hours). Likewise, coworkers

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may also perceive accommodations to be distributively unjust when they believe they give the worker who is claiming to have a disability an unfair advantage. A recent empirical study found that perceptions of distributive unfairness were strongest when a confederate with an invisible disability (i.e., dyslexia) was granted an accommodation and subsequently outperformed others on a word search task (Paetzold et al., 2008). Moreover, accommodations for an invisible disability may be seen as procedurally unfair, driven by beliefs that the accommodation was made on the basis of inaccurate information provided by the worker or that the employer is granting the request to avoid potential litigation (Colella et al., 2004).

Indeed, economic research has reported more negative employment outcomes for workers who requested and received accommodations (Charles, 2004). As a consequence, the high risk of stigmatization for people with invisible disabilities who disclose and receive accommodations is likely to perpetuate less disclosure among workers, hindering accommodation and integration of these workers in the workplace.

Social Awareness of the Disability

As noted previously, invisible disabilities, due to their invisible nature, tend to be less known about by the general public. Importantly, workers who have disabilities that are low in social awareness might have especially challenging work experiences. For example, past research on dyscalculia—a math-related learning disability—showed that the low social awareness surrounding the disability affected workers' psychological well-being, social relationships with coworkers, and even the type of occupations they pursued (Wadlington et al., 2006). Conditions with low social awareness also might be less likely to be listed as meeting the legal definition of disability and consequently protected by legislation. Particularly relevant to performance appraisal, research has shown that low social awareness disabilities are more likely to be confused with having low ability or qualifications (Butterworth, 2008; Wadlington & Wadlington, 2008). Taken together, we can expect those with invisible disabilities to experience additional challenges if those disabilities are also low in social awareness.

These combined features are also expected to impact the disclosure decision process. When disclosing an invisible disability that also is low in social awareness, the burden of proof on the employee likely increases as s/he not only has to convince the employer that s/he has a disability but also that the condition is a legitimate disability. If a worker knows that s/he has a rare condition of which her supervisor might not be aware, s/he knows that she cannot simply tell her employer that she has XYZ condition and needs ABC accommodations to perform to his/her potential. Anecdotal testimony shows that individuals with invisible disabilities often feel that they have to first ''prove'' they have a disability when the features are not visible to others. For example, disabilities resulting from strokes are typically expected among older adults not young people. Indeed, strokes among young adults are low in social awareness. In open-ended interviews with young female survivors of hemorrhagic stroke, Stone (2005) found that in comparison to other stroke victims who were obviously physically impaired, women with less obvious disabilities felt fraudulent and guilty when attending survivor support group meetings. One participant recounted that it was only when she lost her balance and fell on her face in front of the group that she stopped feeling guilty for ''complaining'' about her condition. Similarly, workers with less well-known disabilities, due to either lack of knowledge of the disability type or stereotypes about who usually suffers from the disability, may feel the need to prove to supervisors and coworkers the extent of their suffering or impairment in order to gain credibility.

Employees must be concerned not only with the perceptions of employers when disclosing a low social awareness disability but

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also with the perceptions of their coworkers. A recent study found that participants used their (lack of) knowledge of various disabilities to determine whether the confederate's condition (dyslexia, depression, or headache from staying up too late) constituted a legitimate disability and whether the accommodations granted by the experimenter were fair (Carpenter & Paetzold, 2013). Coworker perceptions about the legitimacy of a disability may be of critical importance in determining how the accommodated worker is regarded and treated in the organization. Given the ambiguity in definitions and diagnoses described earlier, the cost of this burden of proof may outweigh the eventual benefit of disclosing and receiving accommodations.

Relevance of the Disability to Performance

From an employer's perspective, the disclosure of a disability is only relevant when the disability somehow interferes with the job or the safety of others in the workplace. Legally, the disability can only be addressed by the employer if (a) the disability is disclosed and (b) it inhibits the worker's ability to carry out the *essential job functions* (defined as the tasks that are core to the job description, U.S. EEOC, 2011). These essential functions are job-specific. Consequently, aspects of a disability might affect the essential functions for one job but not another.

The limited research on disability disclosure provides mixed suggestions about whether the relevance of the disability to the work tasks would lead to increased or decreased disclosure. Although contrary to the interests of an organization, some research suggests that workers might not disclose a disability even when they believe the disability affects job performance (Madaus, 2008). Workers might be especially motivated to keep job-relevant disabilities concealed due to an increased stigma associated with such conditions in the workplace. Research has shown that the relevance of the disability features to the job tasks consistently predicts negative coworker reactions (McLaughlin, Bell, & Stringer, 2004) and may interfere with personnel evaluations (Colella, DeNisi, & Varma, 1998), likely leading workers with performance-relevant disabilities to conceal. This hesitation to disclose can have negative implications for the organization's productivity. Depending on the type of work, the lack of disclosure also could have negative implications for the safety of the employee, as well as coworkers, customers/clients, and the general public.

On the other hand, if the disability does not have direct implications for carrying out the job, an employee has little reason to risk the social stigmatization of disclosure. However, this places them at risk of having to disclose the disability at a later time if the job tasks or job design changes in a way that is implicated by the disability or if the nature of the disability changes in a way that makes carrying out the essential job functions difficult or impossible. For example, an employee who was treated for cancer and in remission might experience no interference with her/his job or job schedule; but if the cancer comes out of remission, or the hours required for the job change such that it places health risks to the employee, then the condition may become very relevant to job functions. Similarly, an employee with a learning disability might take an entry-level position and perform without any interference until promoted to a supervisory position, where the features of the disability might become more relevant. In both cases, the employee is likely not to disclose the disability initially because the social cost outweighs any benefit of disclosure and because accommodations were not required to perform essential job duties. However, as the job definition (or the nature of the disability) changes, disabilities that previously were not disclosed might now require accommodations, warranting a disclosure to the employer. Unfortunately, the timing of the disclosure carries weight in the perceived legitimacy and ultimately accommodation decisions made by employers. Under certain circumstances, a late disclosure may be

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perceived by coworkers and supervisors as dishonesty (Roberts & Macan, 2006; Stone & Colella, 1996) or perhaps as an excuse for poor performance in a new and challenging situation. However, as in many areas of invisible disability, research on this topic has been limited.

The Ironic Roles of Legislation

In comparison with other invisible identities with the potential for stigmatization (e.g., homosexuality), one could argue that individuals with invisible disabilities have an advantage because they are protected by legislation such as the ADA and ADAAA. However, this reasoning is not always borne out by research. Acemoglu and Angrist (2001) find that post-ADA legislation employment levels among workers with disabilities actually decreased. Moreover, Charles (2004) showed that workers who were accommodated paid for the accommodation in the form of lower wages.

Even though the presence of protective legislation may influence the disclosure decision process for workers with invisible disabilities, it does not always lead to increased disclosure. Legislation and organizational policies that aim to protect certain types of workers draw attention to those workers and their differences and, ironically, increase the stigma associated with the conditions involved (Gordon & Rosenblum, 2001). This is especially likely if coworkers view legislative protections as coercive and/or as creating unfair advantages (Colella, 2001; Colella et al., 2004; Stone & Colella, 1996).

Moreover, the legal definition of disability is ambiguous and might be subject to change with court rulings and the political ideology of incumbent administrations. Therefore, whether a specific condition is considered a disability might vary over time and place as a result of amendments to disability legislation, state-specific laws, and city ordinances that are more stringent that the ADA; court rulings in various jurisdictions; revisions to clinical diagnosis criteria; and changes in the symptoms an individual experiences over time (Beatty & Kirby, 2006). Such variability creates a number of challenges for individuals with invisible disabilities and for practitioners who must decide whether accommodations are warranted, realizing that their decision will serve to establish a precedent in the eyes of coworkers.

In addition, the fact that invisible symptoms may change over time challenges practitioners to accept as legitimate a disability label for symptoms that may be transitory (e.g., migraine headaches), progressive (e.g., multiple sclerosis, rheumatoid arthritis), or for a diagnosis that previously did not affect work performance (e.g., intellectual disability only relevant to new job duties). Consider the reaction of a professor when a student ''all of a sudden'' discloses an invisible disability late in the academic semester. Research from the general stigma literature typically shows that disclosing later in a relational process may be beneficial in that it protects individuals from being stereotyped or stigmatized during initial impression formation (Buck & Plant, 2011). However, findings are different for those with invisible disabilities, in that withholding this information early on can have upstream negative consequences for work performance (Hebl & Skorinko, 2005; King & Botsford, 2009). Further, the general reaction to a late disclosure of a disability may be negative (Roberts & Macan, 2006). Although not legally supported, the perceived fairness of accommodations and emotional reaction to the worker may lead to denial of accommodations (Carpenter & Paetzold, 2013). Current legislation and policies in the workplace are not sensitive to the unique timing of the onset, severity, and disclosure of invisible disabilities.

Contributions to Interventions, Policy, and Practices

The recently enacted and interpreted changes to the ADA in the ADAAA (2008) broaden the definition of disability and shift the emphasis to employer compliance rather than employee eligibility (U.S.

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Department of Labor, 2011). Still, many hurdles to being protected in the workplace remain for employees with invisible disabilities. Given the challenges to detecting and labeling an invisible disability and the perceived (and oftentimes real) negative consequences of disclosing at work, we believe that much more policy review and analysis is needed to fully understand the issues facing workers with invisible disabilities and how they can be most effectively and fairly accommodated.

One key issue is the requirement that workers with invisible disabilities disclose the disability to an employer in order to be covered by legislation. As noted throughout our article, there are several barriers to labeling and disclosing a labeled disability at work. By identifying where and why the disclosure decision breaks down, more sensitive and effective workplace policies could be developed. One action item could be to develop policies and practices that focus on training and educating supervisors and coworkers about the ambiguous and transitory nature of many invisible disabilities. Training could highlight the unique challenges that invisible disabilities present to workers who must discern whether a known disability might interfere with performance or whether an as-yet undiagnosed disability might be causing performance declines, and then decide whether or not to disclose it. For example, most people have heard of dyslexia and are generally aware of its features. Conversely, dyscalculia, which impacts approximately the same number of individuals, carries very little social awareness (Waltz, Rupp, Santuzzi, & Finkelstein, 2012). Individuals in the workplace should be open to the possibility that disabilities may exist of which they are unaware. Likewise, employers should be prepared to accept as legitimate those disabilities that are not always obvious, well-known, or create visible performance interference.

In addition, workplace policies should be in place to assist workers who may be in an ambiguous situation regarding the detection, diagnosis, and/or personal acceptance of a disability. If a worker does not have clarity on his or her own disability status, that worker cannot feasibly disclose a disability and/or request accommodations to buffer the impact of the disability on work performance. Currently, legislation places the burden of proof and action in the hands of the worker who may feel quite uncertain or insecure about the nature of their condition. Oftentimes, however, the label of the condition as a disability is not in the hands of the worker. Even if the worker has reason to claim a disability, the process of fully accepting the label and then gaining the courage to disclose it may be delayed in fear of negative social and work consequences. Such fears are quite substantiated by the social science literature and ADA legal precedents.

If a worker discloses a disability, practitioners face the challenge of managing the social environment of the workplace when administering requested accommodations. Providing a noticeable accommodation such as installing an assistive listening system in a conference room for a hearing-impaired employee would likely ''out'' the worker to his or her coworkers. This might attach a stigmatized label to that worker and disrupt the social dynamics in the workplace. In some cases, providing a legally mandated accommodation without explicitly declaring the reason for the accommodation might lead coworkers to assume that the worker (with no known disability) is receiving unfair, preferential treatment. For example, a worker with PTSD might arrange for a flexible work schedule to accommodate the sleep disruptions that often accompany the disability. Coworkers who observe or are impacted by this arrangement and who do not know a disability is involved may develop a negative impression of both the worker and the organization providing the preferential treatment. One way around these challenges is to identify accommodations that are less apparent to others, a task made easier in some jobs than others. For example, teleworkers might have more flexibility in keeping disability status private when using assistive devices because they can more easily control their public images

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through technology. However, many jobs do not afford the same privacy. In addition, the development of some accommodations has not yet advanced to the level of being able to accommodate work functions in a discreet manner. Further, the more sophisticated accommodations that do exist might be beyond the range of ''reasonable accommodations'' for smaller employing organizations. Supervisors and human resource practitioners should aim to minimize the social costs of providing accommodations. However, the limits to what accommodations can be provided and the extent to which they can remain private makes this role especially challenging.

Although disclosure does open the door for workers with disabilities to be protected under federal legislation, future research and practices should consider conditions under which the beneficial protections and accommodations might be outweighed by negative social and work consequences for individuals with invisible disabilities (e.g., Acemoglu & Angrist, 2001; Charles, 2004). We suggest that policymakers consider amendments to the ADA and changes to workplace policies to provide flexibility to the disclosure process and alternative ways in which workers with disabilities may receive accommodations. For instance, organizations might use accommodation specialists to ensure workers' potentially stigmatized identities can be protected (when feasible and safe to do so). Employers could also adopt practices that regularly assess the well-being and work challenges of all employees. This is especially important when job roles and job designs might change in a way that causes previously job-irrelevant disabilities to require accommodation. Such check-ups would not only detect disability-related changes among individual employees but also would convey a universal concern and value for all employees. Keeping a regular check on employee well-being as well as the climate and culture for fairness (Rupp & Thornton, in press) could assist in creating a culture that encourages disclosure and psychological safety. Interventions aimed at providing accommodations while preserving employees' rights to privacy could influence how employees assess the perceived pros and cons of disclosure in a way that protects their rights and heightens their productivity and well-being. Future research is sorely needed that explores these ideas empirically.

An Opportunity for Impact and Influence

Recent SIOP presidential addresses by Colella (2012) and Reynolds (2013) have highlighted the impact and influence of I–O psychologists on society and have called on each of us to think about how we can extend our influence. Throughout this article, we call attention to the unique and often-neglected features of invisible disabilities that may hinder disclosure at work and consequently negatively impact the livelihoods of individuals with such conditions. We take the position that current legislation and workplace policies might not adequately address the needs of workers with invisible disabilities. We believe that the unique plight of those many individuals with invisible disabilities in our workplaces can and should be improved with the mobilization of scientists, practitioners, and advocates in our field. Through our discussion, we hope to encourage and inspire practitioners and policymakers to think critically about how legislation and workplace policies might be amended to better accommodate the challenges these workers face.

Furthermore, we hope to inspire multidisciplinary research on the experiences of workers with invisible disabilities to inform these policy changes. Much remains to be learned regarding the impact of invisible disabilities on individuals' health and well-being, and the implications these issues have for employing organizations. We note that research on disability issues in the workplace has been more visible in other disciplines such as rehabilitation psychology. Echoing the sentiments of Colella and Bruyère (2011) and by Ruggs et al. (2013)

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in this journal, industrial–organizational psychologists are in a good position to lead such research. The complexity of the topic, however, demands collaboration among stigma researchers, practitioners, legal experts, disability scholars, and HR thought leaders. We look forward to commentaries from varying perspectives in the hopes of generating such collaborations for research and policy development.

References

Acemoglu, D., & Angrist, J. D. (2001). Consequences of employment protection? The case of the Americans with Disabilities Act. *Journal of Political Economy*, *109*, 915–957.

ADA Amendments Act of 2008. (2008). Pub. L. No. 110–325, 122 Stat. 3553.

Americans with Disabilities Act of 1990. (1991). Pub. L. No. 101–336, § 2, 104 Stat. 328.

Baffo v. New York Institute of Technology, No. CV 10-1245 (LDW)(ETB) (E.D.N.Y. January 18, 2012) (LEXIS 6884).

Baldridge, D. C., & Swift, M. L. (2013). Withholding requests for disability accommodation: The role of individual differences and disability attributes. *Journal of Management*, *39*, 375–385.

Beatty, J. E., & Kirby, S. L. (2006). Beyond the legal environment: How stigma influences invisible identity groups in the workplace. *Employee Responsibilities and Rights Journal*, *18*, 29–44.

Brault, M. W. (2012). *Americans with disabilities: 2010* (Report No. P70-131). Washington, DC: U.S. Census Bureau.

Buck, D. M., & Plant, E. A. (2011). Interorientation interactions and impressions: Does the timing of disclosure of sexual orientation matter? *Journal of Experimental Social Psychology*, *47*, 333–342.

Butterworth, B. (2008). Developmental dyscalculia. In J. Campbell (Ed.), *Handbook of mathematical cognition* (pp. 455–467). New York, NY: Psychology Press.

Butterworth, B., Varma, S., & Laurillard, D. (2011). Dyscalculia: From brain to education. *Science*, *332*, 1049–1053.

Carpenter, N. C., & Paetzold, R. L. (2013, January 21). An examination of factors influencing responses to requests for disability accommodations. *Rehabilitation Psychology*. Advance online publication. doi: 10.1037/a0030853

Charles, K. K. (2004). The extent and effect of employer compliance with the accommodations mandates of the Americans with Disabilities Act. *Journal of Disability Policy Studies*, *15*(2), 86–96.

Chaudoir, S. R., & Quinn, D. M. (2010). Revealing concealable stigmatized identities: The impact of disclosure motivations and positive first disclosure experiences on fear of disclosure and well being. *Journal of Social Issues*, *66*, 570–584.

Clair, J. A., Beatty, J. E., & MacLean, T. L. (2005). Out of sight but not out of mind: Managing invisible social identities in the workplace. *Academy of Management Review*, *30*, 78–95.

Colella, A. (2001). Coworker distributive fairness judgments of the workplace accommodation of employees with disabilities. *Academy of Management Review*, *26*, 100–116.

Colella, A. (2012, April). *Presidential address*. Speech presented at the 27th Annual Conference of the Society for Industrial and Organizational Psychology, San Diego, CA.

Colella, A., & Bruyère, S. (2011). Disability and employment. In S. Zedeck (Ed.), *American psychological association's handbook of industrial/organizational psychology (Vol. 1): Building and developing the organization* (pp. 473–504). Washington, DC: APA.

Colella, A., DeNisi, A. S., & Varma, A. (1998). The impact of ratee's disability on performance judgments and choice as partner: The role of disability-job fit stereotypes and interdependence of rewards. *Journal of Applied Psychology*, *83*, 102–111.

Colella, A., Paetzold, R., & Belliveau, M. A. (2004). Factors affecting coworkers' procedural justice inferences of workplace accommodations of employees with disabilities. *Personnel Psychology*, *57*, 1–23.

Colella, A., & Stone, D. L. (2005). Workplace discrimination toward persons with disabilities: A call for some new research directions. In R. Dipboye, & A. Colella (Eds.), *Discrimination at work: The psychological and organizational bases* (pp. 227–253). Mahwah, NJ: Lawrence Erlbaum.

Dalgin, R. S., & Bellini, J. (2008). Invisible disability disclosure in an employment interview: Impact on employers' hiring decisions and views of employability. *Rehabilitation Counseling Bulletin*, *52*, 6–15.

Erickson, W., Lee, C., & von Schrader, S. (2012). *Disability statistics from the 2010 American Community Survey (ACS)*. Ithaca, NY: Cornell University Employment and Disability Institute (EDI). Retrieved April 14, 2013, from www.disabilitystatistics.org

Gordon, B. O., & Rosenblum, K. E. (2001). Bringing disability into the sociological frame: A comparison of disability with race, sex, and sexual orientation statuses. *Disability & Society*, *16*, 5–19.

Hebl, M. R., & Skorinko, J. L. (2005). Acknowledging one's physical disability in the interview: Does ''when'' make a difference? *Journal of Applied Social Psychology*, *35*, 2477–2492.

Hétu, R., Riverin, L., Getty, L., Lalande, N. M., & St-Cyr, C. (1990). The reluctance to acknowledge hearing difficulties among hearing-impaired workers. *British Journal of Audiology*, *24*, 265–276.

Higgins, E. L., Raskind, M. H., Goldberg, R. J., & Herman, K. L. (2002). Stages of acceptance of a learning disability: The impact of labeling. *Learning Disability Quarterly*, *25*, 3–18.

Jones, E. E., Farina, A., Hastorf, A. H., Markus, H., Miller, D. T., & Scott, R. A. (1984). *Social stigma: The psychology of marked relationships*. New York, NY: Freeman.

King, E. B., & Botsford, W. E. (2009). Managing pregnancy disclosures: Understanding and overcoming the challenges of expectant motherhood at work. *Human Resource Management Review*, *19*, 314–323.

https://doi.org/10.1111/iops.12134 Published online by Cambridge University Press

Licht, B. G. (1983). Cognitive-motivational factors that contribute to the achievement of learning-disabled children. *Journal of Learning Disabilities*, *16*, 483–490.

Livneh, H. (2009a). Denial of chronic illness and disability: Part I. Theoretical, functional, and dynamic perspectives. *Rehabilitation Counseling Bulletin*, *52*, 225–236.

Livneh, H. (2009b). Denial of chronic illness and disability: Part II. Research findings, measurement considerations, and clinical aspects. *Rehabilitation Counseling Bulletin*, *53*, 44–55.

Madaus, J. W. (2008). Employment self-disclosure rates and rationales of university graduates with learning disabilities. *Journal of Learning Disabilities*, *41*, 291–299.

Mashek v. Soo Line Railroad Company, Civil File No. 11-487 (MJD/JJG) (D. Minn. December 14, 2012) (LEXIS 177176).

McLaughlin, M. E., Bell, M. P., & Stringer, D. Y. (2004). Stigma and acceptance of persons with disabilities understudied aspects of workforce diversity. *Group & Organization Management*, *29*, 302–333.

Paetzold, R. L., García, M. F., Colella, A., Ren, L. R., Triana, M. D. C., & Ziebro, M. (2008). Perceptions of people with disabilities: When is accommodation fair? *Basic and Applied Social Psychology*, *30*, 27–35.

Quinn, D. M., & Earnshaw, V. A. (2011). Understanding concealable stigmatized identities: The role of identity in psychological, physical, and behavioral outcomes. *Social Issues and Policy Review*, *5*, 160–190.

Ragins, B. R. (2008). Disclosure disconnects: Antecedents and consequences of disclosing invisible stigmas across life domains. *Academy of Management Review*, *33*, 194–215.

Ragins, B. R., Singh, R., & Cornwell, J. M. (2007). Making the invisible visible: Fear and disclosure of sexual orientation at work. *Journal of Applied Psychology*, *92*, 1103.

Reynolds, D. (2013, April). *Presidential address*. Speech presented at the 28th Annual Conference of the Society for Industrial and Organizational Psychology, Houston, TX.

Roberts, L. L., & Macan, T. H. (2006). Disability disclosure effects on employment interview ratings of applicants with nonvisible disabilities. *Rehabilitation Psychology*, *51*, 239.

Ruggs, E. N., Law, C., Cox, C. B., Roehling, M. V., Wiener, R. L., Hebl, M. R., & Barron, L. (2013). Gone fishing: I–O psychologists' missed opportunities to understand marginalized employees' experiences with discrimination. *Industrial and Organizational Psychology: Perspectives on Science and Practice*, *6*, 39–60.

Rupp, D. E., & Thornton, M. (in press). The role of employee justice perceptions in influencing climate and culture. In B. Schneider, & K. M. Barbera (Eds.), *Handbook of organizational climate and culture: An integrated perspective on research and practice*. New York, NY: Oxford University Press.

Smart, L., & Wegner, D. M. (1999). Covering up what can't be seen: Concealable stigma and mental control. *Journal of Personality and Social Psychology*, *77*, 474–486.

Smart, L., & Wegner, D. M. (2000). The hidden costs of hidden stigma. In T. Heatherton, R. Kleck, & J. Hull (Eds.), *The social psychology of stigma* (pp. 220–242). New York, NY: Guilford.

Southall, K., Gagné, J. P., & Jennings, M. B. (2010). Stigma: A negative and a positive influence on help-seeking for adults with acquired hearing loss. *International Journal of Audiology*, *49*, 804–814.

Stephens, D., & Hétu, R. (1991). Impairment, disability and handicap in audiology: Towards a consensus. *International Journal of Audiology*, *30*, 185–200.

Stone, D. S. (2005). Reactions to invisible disability: The experiences of young women survivors of hemorrhagic stroke. *Disability & Rehabilitation*, *27*, 293–304.

Stone, D. L., & Colella, A. (1996). A model of factors affecting the treatment of disabled individuals in organizations. *Academy of Management Review*, *21*, 352–401.

Tajfel, H., & Turner, J. C. (1986). The social identity theory of inter-group behavior. In S. Worchel, & L. W. Austin (Eds.), *Psychology of intergroup relations* (pp. 7–24). Chicago, IL: Nelson-Hall.

U.S. Department of Labor's Office of Disability Employment Policy, Job Accommodation Network. (2011). *Accommodation and compliance series: The ADA amendments act of 2008*. Retrieved from http://askjan.org/bulletins/adaaa1.htm

U.S. Equal Employment Opportunity Commission. (2011). *The Americans with Disabilities Act: Applying performance and conduct standards to employees with disabilities*. Retrieved from http://www.eeoc.gov/facts/performance-conduct.html

U.S. Equal Employment Opportunity Commission. (2012, September). *Home Depot to pay $100,000 to settle EEOC disability discrimination suit*. Retrieved from http://www.eeoc.gov/eeoc/newsroom/release/9-5-12c.cfm

U.S. Equal Employment Opportunity Commission. (2013a, March). *EEOC sues Toys "R" Us for disability discrimination*. Retrieved from http://www.eeoc.gov/eeoc/newsroom/release/3-1-13.cfm

U.S. Equal Employment Opportunity Commission. (2013b, March). *Outback Steakhouse to pay $65,000 to settle EEOC disability discrimination lawsuit*. Retrieved from http://www.eeoc.gov/eeoc/newsroom/release/3-22-13.cfm

Wadlington, E. M., & Wadlington, P. L. (2008). Helping students with mathematical disabilities succeed. *Preventing School Failure: Alternative Education for Children and Youth*, *53*, 2–7.

Wadlington, E. M., Wadlington, P. L., & Rupp, D. E. (2006). Teachers with dyslexia and dyscalculia: Effects on life. *Academic Exchange Quarterly*, *10*, 110–123.

Wallhagen, M. I. (2010). The stigma of hearing loss. *The Gerontologist*, *50*, 66–75.

Waltz, P., Rupp, D. E., Santuzzi, A., & Finkelstein, L. (2012, April). *Defining disability: The role of labels in justice perceptions*. Paper presented at the 27th Annual Conference of the Society for Industrial and Organizational Psychology, San Diego, CA.

https://doi.org/10.1111/iops.12134 Published online by Cambridge University Press