

University of Puget Sound

## Sound Ideas

---

Writing Excellence Award Winners

Student Research and Creative Works

---

12-12-2022

### **Hidden Adversity : Disclosure Among Other Overlooked Negative Outcomes of Invisible Disabilities**

Sophia Pivnik

Follow this and additional works at: [https://soundideas.pugetsound.edu/writing\\_awards](https://soundideas.pugetsound.edu/writing_awards)

---

**Hidden Adversity: Disclosure Among Other Overlooked  
Negative Outcomes of Invisible Disabilities**

Sophia Pivnik

Department of Psychology, University of Puget Sound

PSYC 401: Senior Capstone Seminar

Dr. Sarah Moore

December 12, 2022

## **Hidden Adversity: Disclosure Among Other Overlooked Negative Outcomes of Invisible Disabilities**

Life is hard; it's difficult to imagine a single person disagreeing with this statement. Across all the ways we might spend our time on Earth—from the rural villager in Papua New Guinea to the princess of Japan—no one makes it through unscathed by the hardships specific to our circumstances. Similarities and differences in the obstacles people face exist both within and across populations, as hardship often brings people together when shared and yet also distinguishes groups. Belonging to a minority group comes with a particular set of disadvantages as these groups typically face racism, marginalization, and xenophobia. While ethnic, religious, and sexuality minorities are among the most commonly acknowledged, scholars also recognize people who have disabilities as another minority group. People with disabilities also face discrimination, prejudice, and stigmatization, and in certain cases may feel the need to 'pass' or conform to the norm as a matter of survival (Jóhannsdóttir et al., 2022). In addition, being discriminated against for having a disability has been found to negatively impact health and wellbeing more than for other disadvantaged group memberships (Branco et al., 2019). Unfortunate as it is, on top of tackling the daily struggles that nondisabled people are familiar with, people who have disabilities must also rise against a long list of barriers associated with having a disability.

By conceptualizing disability as a minority group, the same approach used by researchers to analyze ethnic identity may be applied to disability. Social Identity Theory, often cited in research relating to ethnic identity, details the circumstances in which individuals tend to identify as individuals or with a group (Bogart, 2014). The idea that individuals may gravitate towards either affirming their own identity or assimilating to the majority group can thus be transferred to

the context of disability identity (Bogart, 2014). It is important to note that although individuals with disabilities constitute a minority group, its members make up a substantial percentage of the world population. In the United States alone, approximately one in four adults, or 61 million people, reports living with at least one disability (CDC, 2019). In 2011, the World Health Organization (WHO) released a report detailing that roughly 15% of the world's population lives with some type of disability. People with disabilities are arguably among the most affected by discrimination due to social and attitudinal barriers (Branco et al., 2019). Given the prevalence of individuals identifying with some form of disability and the severity of the consequences they suffer from discrimination, these issues require attention so that their negative experiences may be reduced, or ideally, eliminated.

The timeline of disability rights in the United States demonstrates a progression towards better aid coverage and inclusion over the past couple centuries. Disability rights in the United States have expanded and improved significantly since the beginning of the movement emerged in the 1800s. Although the scope of the disability community was initially principally limited to deaf and blind people, a greater understanding of the diversity of disabilities has now been established (University of Massachusetts, n.d.). The 1920 Smith-Fess Act, the 1935 Social Security Act, and the 1968 Architectural Barriers Act were all aimed at providing benefits and assistance to Americans with physical disabilities (Trainer, 2020). Finally, in 1990 the much more comprehensive Americans with Disabilities Act (ADA) was instituted to guarantee equal access to education and public facilities, as well as prohibit the discrimination of people with disabilities in the workforce (Trainer, 2020). A follow-up legislation was enacted in 2008, titled The ADA Amendments Act, which made crucial adjustments to defining 'disability' and who was considered to have one (Trainer, 2020). Thus, ideas revolving around disability have become

much more inclusive over the years and the aid outlined in the more recent acts covers more ground. Despite these improvements, people with disabilities continue to report negative incidents, so it is imperative that more be done to improve the situation.

Although the term ‘disability’ thus far has been all-encompassing, there are several distinctions to address. In general, a disability refers to any difficulty stemming from the body or mind that affects functioning or engagement and interaction with the environment. More specifically, the ADA defines a disability as any physical or mental impairment that substantially limits one or more major life activities, having a record of such an impairment, or being regarded as having an impairment (Americans with Disabilities Act, n.d.). Disabilities can be categorized in different ways, such as by mental and physical, invisible and visible, or congenital and acquired. Different disabilities yield different stigma and stereotypes, and thereby will elicit varying reactions and forms of discrimination from others. Stigma as an overarching term refers to the negative attitudes of the general public that are expressed towards people for a distinguishing trait (Kalisova et al., 2018).

It is well known that people who have disabilities face a substantial amount of stigma, the impacts of which have been extensively studied. The specific negative attitudes towards people with disabilities as well as the impact that the stigma has on them vary depending on factors such as the type of disability one has. It should be acknowledged that stigma is never the fault of the person being targeted but is rather the fault of society (Kowalski et al., 2019). Additionally, when people are aware of the stigma surrounding them and begin to internalize those associated stereotypes and negative attitudes, they engage in self-stigma (Ali et al., 2012). Self-stigma has also been studied a great deal in relation to disability. The difference between the stigma and self-stigma associated with having a disability translates to the difference between how the

general public or society perceives people who have disabilities and how those people with disabilities perceive themselves.

In addition to comparing visible to invisible disabilities in terms of stigma, self-stigma, and other areas that impact wellbeing, this review will focus on the issue of disability disclosure faced exclusively by people with invisible disabilities. Visible disabilities can be detected via general observation from the naked eye and include many different physical disabilities such as cerebral palsy, dwarfism, and multiple sclerosis. Invisible disabilities are not immediately noticeable at a first glance which allows for the individual to decide whether or not to disclose that they have a disability. Although physical disabilities are normally assumed to be visible, many physical disabilities like chronic pain may be invisible. Conversely, certain psychological or neurological disabilities like autism may have visible traits despite mental disorders generally being viewed as invisible. Since the terms physical, psychological/mental, visible, and invisible oftentimes overlap, they tend to be used interchangeably in the literature. For the purposes of this review, when not clarified in literature, it is assumed that the physical disabilities of participants are visible and psychological disabilities are invisible. The distinction between visible and invisible disabilities is important as people who have them are affected similarly to a certain extent, such as by stigma and self-stigma, yet there are distinct outcomes depending on the degree of disability visibility. Examining differences between how visible and invisible disabilities are affected by stigma and self-stigma uncovers another layer to understanding the specific issues individuals with disabilities face.

It may initially seem most logical that individuals with visible disabilities experience more negative outcomes than individuals with invisible disabilities. Since visible disabilities cannot be hidden or denied, people with visible disabilities would in theory encounter higher

rates of stigma, leading to more self-stigma and other consequences. Indeed, visible physical disabilities may influence external interpersonal judgment even more than characteristics like gender and race (Coleman et al., 2015). People with invisible disabilities would hypothetically be able to escape the difficulties that individuals with visible disabilities must face, such as avoiding negative reactions from others. In actuality, a review of the literature reveals that individuals with invisible rather than visible disabilities tend to report more accounts of negative experiences associated with having their disability, including dealing with the choice of disclosure. Contrary to popular assumption, a considerable amount of recent research has demonstrated evidence of a number of psychological challenges and stressors linked to having a concealable stigma (Quinn & Earnshaw, 2011). This review explores the predicament of disability disclosure as a significant issue faced by people with invisible disabilities that arises in response to greater stigmatization and distinguishing microaggressions in comparison to people with visible disabilities.

### **Negative Outcomes More Strongly Associated with Invisible Disabilities**

People with invisible disabilities are met with a handful of particularly tough consequences. Compared to people with visible disabilities, people with invisible disabilities are subject not only to greater stigmatization from the public, but also to greater self-stigma and unique types of microaggressions. All of these disadvantageous outcomes are likely damaging to the wellbeing of individuals with invisible disabilities.

### **Public Stigma Surrounding Visible versus Invisible Disabilities**

In general, invisible disabilities are associated with higher levels of stigma in comparison to visible disabilities. Kowalski et al. (2019) conducted a study assessing the public- and self-stigma attached to physical versus psychological disabilities. A sample of participants with either a physical or psychological disability completed an online survey that measured public stigma,

self-stigma, stigma consciousness, and several outcome measures such as self-esteem, social anxiety, depression, and ostracism. Overall, the participants with psychological disabilities reported significantly higher scores on public stigma than participants with physical disabilities. The specific dimensions for which the public stigma associated with psychological disabilities scored higher on were avoidance, fear, danger, coercion, and segregation. It is important to note that the participants with physical disabilities still reported public stigma, but at significantly lower levels than for those with psychological disabilities.

When comparing specific stigmatizing traits that range from visible to invisible, having an invisible disability is the most stigmatizing condition. St. Louis (2020) compared public attitudes towards stuttering, obesity, and mental illness, and made predictions about what specific ratings adhered to each of the particular attitudes. On a scale of most to least visible, obesity would be the most visible trait, stuttering would be less visible than obesity, and mental illness would be the least visible out of the three. While obesity on its own without an underlying physiological disorder is not officially considered a disability, it is still a highly stigmatized trait. Stuttering on the other hand is a neurophysiological disorder, and although a large part of stuttering is invisible, it is a disability that is difficult to hide as it often involves involuntary behaviors that are audibly detectable (Byrd et al., 2017). The researcher found that mental illness was the most stigmatized, with stuttering next and obesity being the least stigmatizing. These findings indicate an inverse relationship between the degree of visibility of a stigmatized trait and the public stigma associated with it.

The differences in public stigma towards visible and invisible disabilities also differ depending on the gender of the person with the disability. Coleman et al. (2015) looked at social judgments of gender and disability visibility. All participants read one of four possible

descriptions of either a man or woman with a physical or intellectual disability. Regardless of the condition, the target individual acquired his or her disability following a car accident. Although the researchers had predicted greater negative evaluations of women with a physical disability than women with an intellectual disability, the findings showed the opposite. Participants not only rated women with an intellectual disability as less competent than women with a physical disability, but also desired more social distance from women with an intellectual disability than women with a physical disability (Coleman et al., 2015). For men, however, no such distinctions were shown between having a physical or intellectual disability. This research illustrates harsher attitudes towards women with disabilities than men with disabilities, and also shows that people tend to have stronger negative attitudes specifically towards women with invisible intellectual disabilities than visible physical disabilities.

A possible reason for psychological disabilities being linked to higher levels of public stigma is perceived responsibility for the disability. Whereas physical disabilities are not viewed to be the fault of those who have them, people with psychological disabilities are more commonly seen as being responsible for their disability (Elliott & Doane, 2015). The resulting resentful feelings of anger and dislike towards those with psychological disabilities lead to much greater stigma of that group (Elliott & Doane, 2015). Another notable aspect of the stigma towards psychological disabilities is the image of unpredictability in people who are mentally ill (Kowalski et al., 2019). Assuming that people with physical disabilities are generally more mentally stable, they would not be seen as unpredictable. It appears that the theme of uncertainty and not fully understanding mental disorders may be one explanation leading to negative attitudes and greater stigma of psychological disabilities. Several other reasons for greater stigmatization of invisible disabilities likely exist, such as the public having more opportunity to

become accustomed to visible disabilities via more frequent exposure. Accordingly, the evidence suggests that visible disabilities may not be as publicly stigmatized as invisible disabilities.

### **Disability Visibility as a Function of Self-Stigma**

The way in which people living with disabilities view themselves is impacted by the visibility of their disability. As cited above, Kowalski et al. (2019) assessed the public- and self-stigma attached to physical versus psychological disabilities. They found that individuals who have psychological disabilities tend to be more aware of the stigma surrounding their disability, were more likely to agree with and internalize those stigmatizing beliefs, and consequently were more likely to experience harm (Kowalski et al., 2019). Sociodemographic factors such as age, gender, and education were not as highly correlated with self-stigma as the type of disability status (Kowalski et al., 2019). Even though the mere awareness or consciousness of public stigma does not necessarily imply the presence of self-stigma, that awareness is the primary step towards internalizing the established stigma.

People with invisible disabilities are more aware of public stigma and consequently more likely to engage in self-stigma than people with visible disabilities. Invisible disabilities have been found to correlate stronger with negative self-views in comparison to visible disabilities. Shpigelman et al. (2019) directly compared whether the type of disability, visible physical or invisible psychiatric, is related to different levels of self-concept and body image. When compared with individuals who have visible physical disabilities, individuals with invisible psychiatric disabilities typically have lower levels of self-concept and body image. The finding that body image is often worse for those with invisible disabilities rather than physical disabilities may seem counterintuitive, as it would be expected that people who are visibly disabled would have heightened awareness of their physical appearance. For example, the use of

a wheelchair, walker or hearing aid may welcome a plentitude of discrimination and stigmatization. According to Shpigelman et al. (2019), however, disability visibility appears to function as a protective role for individuals with physical disabilities more so than for individuals with psychiatric disabilities. Those with mental disorders are particularly vulnerable to damage to their self-esteem as a result of perceived stigmatization (Bos et al., 2009).

The self-stigma commonly found in individuals with invisible disabilities may lead to deleterious impacts on their wellbeing. Ali et al. (2012) investigated the self-stigma experienced by people with intellectual disabilities in comparison to the courtesy and affiliate stigmas experienced by their family carers. Intellectual disabilities are a type of invisible disability that limit an individual's ability to learn at an expected level, negatively impacting everyday functioning. A systematic review of 37 papers indicated several adverse effects on the wellbeing of those with intellectual disabilities. Decreased self-esteem, negative social comparisons, negative self-evaluations, and psychiatric symptoms all resulted from the self-stigma associated with having an intellectual disability (Ali et al., 2012). In addition, the amount of stigma awareness that the participants had was directly related to their degree of acceptance and internalization of the intellectual disability label (Ali et al., 2012). People with invisible disabilities evidently experience a greater deal of public stigma, self-stigma, negative self-concept, and negative body image than those with visible disabilities. Disability visibility thereby impacts the way in which people living with disabilities view themselves.

### **Microaggressions Targeted at People with Invisible Disabilities**

Exploring the microaggressions primarily aimed towards people with invisible disabilities exposes some of the specific beliefs held by people without disabilities that lead to greater stigmatization of those with invisible disabilities. Microaggressions are a type of

discrimination that involve hostile or derogatory verbal expression, behaviors, and environmental factors in everyday interactions, and are a large contributor to the perpetuation of ableism (Olkin et al., 2019). Microaggressions are commonly deemed as subtle statements that on the surface could be interpreted as nondiscriminatory or benign. Such statements, however, are guised as socially-accepted remarks that reflect ignorance or insensitivity of the condition or condescension of the person with the disability. People who are constantly exposed to microaggressions are at increased risk of a number of negative outcomes on health, performance, and feelings of belonging (Kattari et al., 2018). Telling someone that they are lucky to have their dog with them wherever they go or that they speak very well for a deaf person are just a couple examples of what microaggressions could look like.

Individuals with invisible disabilities are more susceptible to accusations of fraud and invalidation of their disability status than individuals with visible disabilities. Olkin et al. (2019) conducted semi-structured focus groups to study experiences of microaggression in women with both visible and hidden disabilities. Two microaggressions that stood out the most applied principally to women with invisible disabilities: (1) When medical professionals do not believe symptoms of people with hidden disabilities, which prolongs the process of getting a proper disability diagnosis; (2) Women being told that they are either too healthy or attractive looking to be disabled, which denies recognition of the disability altogether. In addition, the women with hidden disabilities were more frequently questioned or challenged over the use of accommodations in the workplace, handicapped parking, and reserved seating on public transportation. The researchers suggested that the general public may have a better understanding of visible disabilities than invisible disabilities due to a majority of disability signs utilizing symbols for visible disabilities such as a wheelchair.

The idea of ‘deserving’ access to accommodations causes many problems for individuals with invisible disabilities who do not outwardly appear to qualify for such use. Just like the women in Olkin et al.’s (2019) study, people with invisible disabilities are more likely to experience ableism and microaggressions when occupying disability-designated spaces or services, since others do not recognize them as having the right to use such accommodations. These situations are often tense and awkward, causing the person with the disability to experience intense discomfort (Kattari et al., 2018). Not only do individuals with invisible disabilities have to deal with the conflicting decision of whether or not to disclose their disability, but they also feel forced to decide whether or not to educate others who act ignorantly towards them. The extra work of having to educate others and ‘prove’ one has a disability may be tiring for the individual. A common negative outcome of navigating such frustrating circumstances is internalizing ableism (Kattari et al., 2018). It should be noted that the research of Kattari et al. (2018) focused on cases where people had “invisible” physical disabilities, some of which the sample represented were chronic pain, traumatic brain injury, limited mobility, being hard of hearing, multiple sclerosis, and artificial knees. This specification serves as a reminder that not all physical disabilities are visible even though many studies seemingly assume so through an absence of clarification.

### **Conflict of Disclosing or Concealing a Disability**

In response to the comparatively harsher public stigma, self-stigma, and micro-aggressions discussed above, people with invisible disabilities tend to hesitate to tell people that they have a disability. The conscious decision to conceal one’s disability may thus be seen as an avoidance mechanism, protecting one from harm to their wellbeing. Depending on the situation, however, disclosing one’s disability may be preferable. Because of the potential for beneficial

and negative results, the choice of whether to disclose one's disability can be rather stressful, which in turn leads to more unwanted consequences. The disclosing or concealing of a disability is also unique to individuals with invisible disabilities as visible disabilities inherently reveal themselves outwardly.

### **The Dangers of Disclosure and Concealment**

Being initially perceived not to have a disability has potentially detrimental consequences for individuals with invisible disabilities. Unlike other minority groups where conspicuous features like skin color allow others to immediately differentiate groups visually, having a concealable stigmatized identity lets people with invisible disabilities 'pass' (Elliott & Doane, 2015; Pachankis, 2007; Quinn & Earnshaw, 2011). Having the capacity to decide when to disclose having a disability and to whom might be compared to the struggle members of the LGBTQ+ community face in 'coming out' (Corrigan & Matthews, 2003). Many folks who are in the closet worry that the community they generally interact with, including their families and friends, will not react well to an announcement of their sexuality or gender identity. Depending on the environment and how accepting others are, coming out is oftentimes not seen as an option as the situation could become dangerous and even life-threatening (Corrigan & Matthews, 2003). Likewise, people with invisible disabilities may choose to keep their disability hidden so as to avoid unpleasant interactions and stigmatization. Over time, however, continuing to hide a significant aspect of one's identity has the potential to harm one's overall wellbeing.

Choosing whether to disclose or conceal one's disability is a particularly tricky circumstance typically accompanied with harmful consequences. A plausible explanation for people with invisible disabilities having a more negative body image is the emotional burden and distress created by the idea of disclosure and constantly having to hide a part of their identity

(Shpigelman et al., 2019). Plus, a common pattern that has been shown in previous literature is that the willingness of people with mental disabilities to disclose their disability is negatively influenced by the extent of the stigma they perceive (Kowalski et al., 2019). In addition to facing greater public stigma than participants with physical disabilities, participants with psychological disabilities in Kowalski et al.'s (2019) previously cited study were found to be less likely to tell others about their disability. People who have psychological disabilities are thus likely not to identify as strongly with their disability group as people who have physical disabilities (Kowalski et al., 2019). The fear of being stigmatized and targeted with microaggressions leads many individuals with invisible disabilities to feel a need to hide their disability. Identifying with one's disability group comes with several positive outcomes that people with invisible psychological disabilities would be missing out on.

In general, concealing any stigma tends to invite negative results for the individual. Concealing a stigma has several harmful effects on wellbeing such as identity ambivalence, a negative view of the self, and diminished self-efficacy (Pachankis, 2007). Inconsistencies between a person's self-perception and the way that person is perceived by others is often a consequence of hiding or denying any element of one's identity (Shpigelman et al., 2019). Such inconsistencies stemming from the perceived need to conceal an identity component would negatively impact a person's identity formation process, and so individuals with invisible disabilities may not have as stable of an identity as those with visible disabilities. Additionally, people with a hidden stigma typically find themselves in socially ambiguous situations and decide to conceal their disability in an attempt to avoid social rejection (Pachankis, 2007). Unfortunately, if people do not disclose their disability to others, they could lose crucial opportunities to benefit from external support. Individuals with an invisible stigma, such as an

invisible disability, must therefore handle an added set of psychological challenges and stressors that do not pertain to individuals with visible stigmas (Pachankis, 2007).

### **Factors Influencing the Disclosure Decision**

The decision to conceal or disclose one's stigmatized identity is highly conflicting as both options have particular benefits, yet drawbacks are almost always guaranteed no matter the choice. Elliott and Doane (2015) investigated the positive and negative outcomes of a mental illness diagnosis on wellbeing, plus how personal and group discrimination as well as identity concealment factors in. A sample of 255 university students, all of which self-reported having a mental illness, completed an online survey. A majority of the participants had the ability to conceal their mental illness from others, but they reported more instances of personal discrimination the more often they chose to reveal their mental illness. Concealing a mental illness diagnosis could thereby be viewed as a protective mechanism to avoid social rejection and discrimination. On the other hand, frequently making the decision to reveal one's mental illness diagnosis was an indication that the disability was a central component of that person's personal identity and enabled social identification with others who had similar diagnoses (Elliott & Doane, 2015). Group discrimination may actually lead to increased social identification for people who are unable conceal their disability. Therefore, the relationship between group discrimination and social identification may be moderated by how conspicuous or concealable one's stigmatized identity is.

The social context where one lives may also dictate how revealing or concealing a stigmatizing status will affect a person's sense of belonging. A person living in an environment in which the general public tends to be more tolerant and accepting of mental illnesses will likely experience an increase in their sense of belonging if they choose to reveal their disability (Elliott

& Doane, 2015). Conversely, someone living in an area where people with mental illnesses are judged, avoided, and feared would have a reduced sense of belonging if they decide to reveal their disability. People's sense of belonging and identification as well as experiences of discrimination and identity concealment have also been linked to their wellbeing (Elliott & Doane, 2015). Overall, wellbeing may be better for individuals who are able to connect with others who have similar disabilities as they could receive social support and solidify their identity both individually and as part of an in-group (Elliott & Doane, 2015). The first step towards receiving these positive outcomes is disclosing one's disability. Revealing a mental illness diagnosis, however, may entail enough undesirable, negative responses that people resort to distancing themselves from the label of having a mental illness (Elliott & Doane, 2015). Seeing as there are both benefits and disadvantages associated with revealing or concealing a disability, the decision can be quite conflicting and burdensome.

Hence, the predicament of choosing whether to disclose or conceal one's disability is highly problematic for people with invisible disabilities. People with visible disabilities must actively cope with reactions from others such as the aforementioned stigmatization and microaggressions. Therefore, they do not typically face the issue of disclosure since there is no option to keep their disability hidden. People with invisible disabilities, on the other hand, constantly face the question of disclosure and the threat of potential discovery, and this dilemma may have a negative impact on their psychological wellbeing (Pachankis, 2007). The fear of disclosing a disability may also represent a form of self-stigma (Hielscher & Waghorn, 2017), which implies that a greater fear of disclosure would indicate stronger internalization of negative attitudes and stereotypes. Even when people do choose to disclose their disability, they may have to 'prove' that they have one if others are skeptical. It seems as though some form of drawback

will always emerge no matter what decision is made regarding disclosure. The negative outcomes that arise from tackling the task of either concealing or disclosing having a disability are definitively part of the experience of individuals with invisible disabilities. People with visible disabilities do not appear to be burdened with managing this decision.

### **Different Approaches to Disclosure**

Being upfront in disclosing one's disability may positively influence observer perceptions. Byrd et al. (2017) studied how disclosing that one stutters prior to initiating conversation affects perceptions of the observer. As mentioned previously, stuttering stems from a neurophysiological issue with a genetic predisposition and results in noticeable behaviors of speech disruption. The researchers prepared four video recordings involving either a male or female speaker who either self-discloses or does not self-disclose that he or she stutters, and each participant viewed two out of the four possible videos. Personality traits such as friendly, outgoing, and confident were significantly less likely to be attributed to speakers who did not self-disclose their disability during the video. Speakers who did not self-disclose were also perceived to stutter more throughout the video than speakers who did disclose. Similar to the gender differences described by Coleman et al. (2015), the participants were much harsher in their ratings of female speakers than male speakers regardless of whether the stuttering disability was disclosed in any of the videos. Female speakers were significantly more likely to be considered more shy, unfriendly, insecure, unfriendly, unintelligent, and distracting than male speakers (Byrd et al., 2017). In addition, there was no significant effect of previous interaction with persons who stutter on observer perceptions. It appears that self-disclosure at the beginning of social interactions may benefit individuals with invisible disabilities, and even more so for male-identifying individuals.

While some people actively choose to hide their disability, others simply do not recognize that they have one, therefore eliminating the need for disclosure. Several of the studies examined by Ali et al. (2012) indicated that many people with intellectual disabilities do not consider themselves to have an intellectual disability, and thus prefer to describe themselves according to a minor limitation such as not being able to drive a car. Whether these individuals accept and internalize the label of having an intellectual disability as part of their identity correlates with their awareness of the stigma towards people with intellectual disabilities (Ali et al., 2012). Those who do not identify with having an intellectual disability have seemingly avoided internalizing the label and stigma associated with having one. In some cases, people who previously identified as having a disability will shift to identifying as nondisabled. This transition is most likely to occur once these individuals have learned to live with their disability and properly accommodate it to the point where daily life is no longer significantly affected (Dalgin & Gilbride, 2003). People with invisible disabilities evidently display a range of approaches to handling disclosure, with many choosing not to identify as having one.

### **Implications of Disclosure for Employment**

Based on the considerable stress and negative outcomes that come with the issue of disclosure, the employment arena tends to become complicated for people with invisible disabilities. Avoiding differential treatment is a prime reason for choosing not to disclose one's disability (Pachankis, 2007); within the affair of employment, potential employers may refuse to consider candidates with disabilities, or co-workers may exclude and look down upon employees with disabilities. As such, the hiring process may seem even more daunting to people with invisible disabilities than to people with visible disabilities or to people without a stigmatized identity. In comparing visible and invisible developmental disabilities, Teindl et al. (2018) found

that adults with visible disabilities struggled more with becoming employed while adults with invisible disabilities struggled more with maintaining their employment. Fundamental distinctions in how employees with visible and invisible disabilities are viewed in the workplace likely exist. While an adult with down syndrome was often viewed as “cute” by coworkers, adults with mental illness were met with fearful attitudes (Teindl et al., 2018). Seeing as stigmatized individuals generally tend to avoid situations where they may be vulnerable, people with invisible disabilities may avoid employment as a coping mechanism and neglect to seek out new job opportunities (Hielscher & Waghorn, 2017). Even though people with invisible disabilities are more likely to be hired than people with visible disabilities, once they are employed they will be exposed to difficulties whether they do or do not disclose their disability.

Disclosing one’s disability has critical implications throughout the employment process. Applying for jobs, maintaining employment, developing healthy relationships with coworkers, and getting promoted can all be affected greatly by the disclosure or concealment of a disability. The fear of disclosing a disability seems to be closely related to the level of self-stigma one has, and greater self-stigma appears to function as an internal barrier to seeking employment (Hielscher & Waghorn, 2017). If employees do not disclose their invisible disabilities, once hired they may fail to meet high standards and expectations from coworkers, creating tension and strained work relationships (Teindl et al., 2018). Nor are these employees likely to receive adequate accommodations since their difficulties would not be fully acknowledged (Teindl et al., 2018). While adults with invisible disabilities feel pressure to disclose to employers, it is the implied responsibility of employers to address a disability when it is visible, and thus those adults do not have to disclose (Teindl et al., 2018).

Moreover, people with concealable disabilities must not only decide whether or not to disclose their disability to hiring representatives, but also how to go about doing so. Lyons et al. (2017) examined disability onset controllability (i.e., whether the applicant is seen as responsible for their disability onset) as a boundary condition for how disclosure strategy type influences the affective reactions (i.e., pity, admiration) that underlie observers' hiring intentions. Two experiments simulating a hiring process had participants evaluate two candidates who either disclosed a disability or did not disclose a disability. The researchers concluded from their findings that the onset controllability of one's disability directly determined the effectiveness of various disclosure strategies on observers' hiring intentions. For instance, decategorization (distancing oneself from the disability) decreased pity reactions when applications were perceived as responsible for their disability, elevating hiring intentions. When applications were perceived as not responsible for their disability, however, pity reactions were increased which reduced the hiring intentions of observers. Disability disclosure in employment is clearly a complicated and challenging issue that is unique to individuals with concealable disabilities.

Some adults may strategize to avoid disability disclosure entirely by purposefully seeking jobs that have 'built-in' accommodations. Dalgin and Gilbride (2003) conducted a focus group along with a series of individual interviews to gauge the process of employment disclosure for people who had psychiatric disabilities. Many participants emphasized the importance of job matching as a means of removing the need to disclose a psychiatric label. When the nature of a workplace aligned with the needs of the applicant or employee, the environment provided built-in ways to manage their disability. Some participants even reported that they no longer considered themselves to have a disability if it was 'under control' and 'manageable'. Although the ADA stipulates that qualified applicants or employees are entitled to proper

accommodations, coworkers may still act in a discriminatory manner that deters adults with disabilities from disclosing (Dalgin & Gilbride, 2003). To avoid seemingly inevitable unwanted responses from coworkers that negatively impact one's job, people with invisible disabilities may consider job matching to eliminate the task of deciding whether to disclose their disability. The visibility of one's disability appears to impact how these individuals experience the employment process, particularly by way of the relevance of disclosure.

### **Recommendations and Conclusion**

Life isn't fair; regrettably, the greater negative outcomes for people with invisible disabilities are all too often overlooked. Compared to those with visible disabilities, people with invisible disabilities experience greater stigmatization and distinctive microaggressions. Greater negative stigma, self-stigma, self-concept, and body image have been linked to people with invisible disabilities compared to those with visible disabilities (Shpigelman et al., 2019). Women with invisible disabilities are also more stigmatized than both women with visible disabilities and men with invisible disabilities (Coleman et al., 2015). Perceived responsibility (Elliott & Doane, 2015) and unpredictability (Kowalski et al., 2019) of psychological disabilities may account for some of this disparity. With respect to microaggressions, the general public tends to question how deserving people with invisible disabilities are of accommodations and accessibility, sometimes resulting in accusations of fraud and invalidation (Olkin et al., 2019).

Perhaps most weighty of these disadvantageous outcomes is the predicament of disability disclosure. People with invisible disabilities must decide whether to disclose or hide their disability since it is not discernible at first glance. Due to the nature of outward appearance, this issue of disclosure is unique to people with invisible disabilities. Individuals may decide to hide or deny their disability, often in an attempt to avoid the prevalent, recently discussed

stigmatization and microaggressions from the public. Nondisclosure, however, may result in unintentionally missed opportunities to access beneficial peer support (Elliott & Doane, 2015). In the workplace, disclosure may lead to discrimination from coworkers, but concealment may cause tension as high expectations cannot be met without proper accommodations (Teindl et al., 2018). Alternatively, adults may seek out jobs that already suit their accommodation needs, eliminating the need to disclose (Dalgin & Gilbride, 2003). This conflicting and stressful decision is known to yield a handful of harmful effects no matter the final choice.

Although this review has demonstrated profound negative outcomes of having an invisible disability, people with invisible disabilities should not interpret these findings in a way that severely discourages them. One must also avoid drawing the faulty conclusion that people with visible disabilities do not experience significant hardship. The aim of this review was to draw attention to some of the commonly overlooked and unique consequences of having an invisible disability. It should also be noted that the literature on these topics is predominantly based on Western experiences, attitudes, and perceptions of disabilities. Stigma towards visible and invisible disabilities varies around the world due to cultural differences, and so the findings outlined in this review may not necessarily be generalized to all societies. Aside from this decreased cross-cultural generalizability, the body of literature surrounding visible and invisible disabilities is fairly extensive and the findings across articles appear to have strong reliability.

A major limitation of this body of research is the failure to differentiate between visible versus physical disabilities and invisible versus psychological disabilities. These terms are not mutually exclusive and often overlap, yet many studies that draw a discrepancy between physical and psychological disabilities do not establish whether they are visible or invisible. For instance, Kowalksi et al. (2019) compared physical and psychological disabilities, not clarifying the

degree of visibility for each type. It is thus essential that future research explicitly clarify whether participants' disabilities are visible or invisible. Only stating that the disabilities of the sample were developmental, psychological, neurological, or physical forces readers to assume the visibility of each category. A sample containing various physical disabilities, for example, could have immensely different experiences. Given the clear distinctions between visible and invisible disabilities, it is important not to neglect this descriptor in future literature.

Future research should explore the specifics of how selective disclosure can be used as an optimal strategy for individuals with invisible disabilities. Selective disclosure involves carefully choosing who is best to reveal one's disability to, both optimizing social support and limiting stigmatization (Bos et al., 2009). Researching the particular circumstances in which disclosure or concealment may be more effective in minimizing negative repercussions would help individuals with invisible disabilities to manage the uncertainties around disclosure. Becoming aware of what types of people may be best to reveal one's disability to and how to go about doing so would greatly benefit people with invisible disabilities. Another recommended area of research to explore is productive coping mechanisms for confronting the negative outcomes of disclosure, or strategies to eliminate the need for the complicated decision. Findings from Dalgin and Gilbride (2003), for example, bring to light the strategy of job matching to avoid the need for disability disclosure. Other such tactics may alleviate the stress caused by the issue of disclosure. People with invisible disabilities may experience more favorable outcomes upon learning how to efficiently and effectively disclose their disability, how to cope with the negative consequences of disclosure or nondisclosure, and ways to remove the need for such a decision.

In practice, professionals like therapists and counselors should take the varying negative outcomes between visible and invisible disabilities into account. When a client is diagnosed with

an invisible disability, the psychologist assisting that person should initiate a conversation about the concept of disclosure. Understanding ahead of time that disclosure will be a source of stress may give individuals more time to think about how they would go about certain situations, and who they might want to share their diagnosis with. Therapists and counselors should also provide ongoing support specifically for clients who are tackling disclosure throughout their lives. The question of disability disclosure will constantly arise each time the individual meets new people, and if that person is applying to jobs, disclosure may be important to think about beforehand.

Expanding the public understanding and awareness of the concept of accessibility will open the door for people with invisible disabilities to achieve productive, everyday functioning. Accessibility essentially entails providing the means for people of all abilities to complete the same task and achieve a desired result (Garland-Thomson, 2022). Installing resources such as ramps, reserved seats, handicapped parking, and elevators often accommodates visible disabilities, and it is equally important to accommodate the needs of people with invisible disabilities. Recognizing that people function differently and that some of these human variations may not be visibly apparent is vital to living in a society where everyone is set up for success. Comprehensive accessibility should be normalized in classrooms, workspaces, public spaces, and all other spaces that people occupy. Making a lecture presentation more accessible, for example, would involve providing the material in multiple formats (visual, textual, auditory), utilizing captions, and hiring a sign language interpreter. Complete access for all is an aspirational ideal since people's needs and the ways they use spaces are constantly changing, but efforts should nevertheless be ongoing (Garland-Thomson, 2022).

The above recommendations may not always be realistically achievable as it is not possible for all facilities to offer all the accommodations one might possibly need. Donations as a

source of funding may be the simplest way to start building resources to make changes, as it is doubtful that the government would agree to pay for so many installments. Academic institutions may not have the monetary means to, for example, hire a sign language interpreter for all classrooms. At present, it is more reasonable to expect facilities to accommodate individuals upon request rather than provide all accommodation types in case someone may need them. If a deaf student enrolls in a class, a sign-language interpreter may be hired for that specific student. Ideally a sign language interpreter could be hired for all major assemblies, but that may not be prioritized unless it is well known that at least one audience member relies on that form of communication.

People with invisible disabilities are a particularly stigmatized group that must deal with typically overlooked negative outcomes as a result of how they are viewed and treated in society. The majority of the difficulties these individuals encounter could quite possibly be reduced and even eliminated since they are issues that others perpetuate. The general public is fairly unaware of the extent to which issues like stigmatization and disability disclosure negatively impact people with invisible disabilities. Addressing the existence of these issues and continuing to research the factors involved in the negative experiences of people with invisible disabilities are steps in the right direction for positive change. Once other people begin to recognize and change their behavior, people with invisible disabilities may live their lives with significantly fewer concerns.

## References

- Americans with Disabilities Act. (n.d.). *What is the definition of disability under the ADA?* Information, Guidance, and Training on the Americans with Disabilities Act. Retrieved November 14, 2022, from <https://adata.org/faq/what-definition-disability-under-ada>
- Ali, A., Hassiotis, A., Strydom, A., & King, M. (2012). Self stigma in people with intellectual disabilities and courtesy stigma in family carers: A systematic review. *Research in Developmental Disabilities, 33*(6), 2122–2140. <https://doi.org/10.1016/j.ridd.2012.06.013>
- Bogart, K. R. (2014). The role of disability self-concept in adaptation to congenital or acquired disability. *Rehabilitation Psychology, 59*(1), 107. <https://doi.org/10.1037/a0035800>
- Bos, A. E. R., Kanner, D., Muris, P., Janssen, B., & Mayer, B. (2009). Mental illness stigma and disclosure: Consequences of coming out of the closet. *Issues in Mental Health Nursing, 30*(8), 509–513. <https://doi.org/10.1080/01612840802601382>
- Branco, C., Ramos, M. R., & Miles Hewstone. (2019). The association of group-based discrimination with health and well-being: A comparison of ableism with other “isms.” *Journal of Social Issues, 75*(3), 814–846. <https://doi.org/10.1111/josi.12340>
- Byrd, C. T., McGill, M., Gkalitsiou, Z., & Cappellini, C. (2017). The effects of self-disclosure on male and female perceptions of individuals who stutter. *American Journal of Speech-Language Pathology, 26*(1), 69–80. [https://doi.org/10.1044/2016\\_AJSLP-15-0164](https://doi.org/10.1044/2016_AJSLP-15-0164)
- CDC. (2019, November 18). *Prevalence of disability and disability types*. Centers for Disease Control and Prevention. <https://www.cdc.gov/ncbddd/disabilityandhealth/features/disability-prevalence-rural-urban.html>

- Coleman, J. M., Brunell, A. B., & Haugen, I. M. (2015). Multiple forms of prejudice: How gender and disability stereotypes influence judgments of disabled women and men. *Current Psychology, 34*(1), 177–189. <https://doi.org/10.1007/s12144-014-9250-5>
- Corrigan, P., & Matthews, A. (2003). Stigma and disclosure: Implications for coming out of the closet. *Journal of Mental Health, 12*(3), 235–248. <https://doi.org/10.1080/0963823031000118221>
- Dalgin, R. S., & Gilbride, D. (2003). Perspectives of people with psychiatric disabilities on employment disclosure. *Psychiatric Rehabilitation Journal, 26*(3), 306. <https://doi.org/10.2975/26.2003.306.310>
- Elliott, M., & Doane, M. J. (2015). Stigma management of mental illness: Effects of concealment, discrimination, and identification on well-being. *Self and Identity, 14*(6), 654–674. <https://doi.org/10.1080/15298868.2015.1053518>
- Garland-Thomson, Rosemarie. (2022, November 2). *Building a World that Includes Disability*. [Lecture presentation].
- Hielscher, E., & Waghorn, G. (2017). Self-stigma and fears of employment among adults with psychiatric disabilities. *The British Journal of Occupational Therapy, 80*(12), 699–706. <https://doi.org/10.1177/0308022617712199>
- Jóhannsdóttir, Á., Egilson, S. Þ., & Haraldsdóttir, F. (2022). Implications of internalised ableism for the health and wellbeing of disabled young people. *Sociology of Health & Illness, 44*(2), 360–376. <https://doi.org/10.1111/1467-9566.13425>
- Kalisova, L., Michalec, J., Hadjipapanicolaou, D., & Raboch, J. (2018). Factors influencing the level of self-stigmatisation in people with mental illness. *International Journal of Social Psychiatry, 64*(4), 374–380. <https://doi.org/10.1177/0020764018766561>

- Kattari, S. K., Olzman, M., & Hanna, M. D. (2018). “You Look Fine!”: Ableist experiences by people with invisible disabilities. *Affilia*, 33(4), 477–492.  
<https://doi.org/10.1177/0886109918778073>
- Kowalski, R. M., & Peipert, A. (2019). Public- and self-stigma attached to physical versus psychological disabilities. *Stigma and Health*, 4(2), 136–142.  
<https://doi.org/10.1037/sah0000123>
- Lyons, B. J., Volpone, S. D., Wessel, J. L., & Alonso, N. M. (2017). Disclosing a disability: Do strategy type and onset controllability make a difference? *Journal of Applied Psychology*, 102(9), 1375–1383. <https://doi.org/10.1037/apl0000230>
- Olkin, R., Hayward, H., Abbene, M. S., & VanHeel, G. (2019). The experiences of microaggressions against women with visible and invisible disabilities. *Journal of Social Issues*, 75(3), 757–785. <https://doi.org/10.1111/josi.12342>
- Pachankis, J. E. (2007). The psychological implications of concealing a stigma: A cognitive-affective-behavioral model. *Psychological Bulletin*, 133, 328–345.  
<https://doi.org/10.1037/0033-2909.133.2.328>
- 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(1), 160–190. <https://doi.org/10.1111/j.1751-2409.2011.01029.x>
- Shpigelman, C., & HaGani, N. (2019). The impact of disability type and visibility on self-concept and body image: Implications for mental health nursing. *Journal of Psychiatric and Mental Health Nursing*, 26(3–4), 77–86. <https://doi.org/10.1111/jpm.12513>

St. Louis, K. O. (2020). Comparing and predicting public attitudes toward stuttering, obesity, and mental illness. *American Journal of Speech-Language Pathology*, 29(4), 2023–2038.

[https://doi.org/10.1044/2020\\_AJSLP-20-00038](https://doi.org/10.1044/2020_AJSLP-20-00038)

Teindl, K., Thompson-Hodgetts, S., Rashid, M., & Nicholas, D. B. (2018). Does visibility of disability influence employment opportunities and outcomes? A thematic analysis of multi-stakeholder perspectives. *Journal of Vocational Rehabilitation*, 49(3), 367–377.

<https://doi.org/10.3233/JVR-180980>

*The history of disability rights in the United States*. (n.d.). University of Massachusetts, Office of the President. [https://www.umassp.edu/inclusive-by-design/who-before-how/history-](https://www.umassp.edu/inclusive-by-design/who-before-how/history-disability-rights-united-states)

[disability-rights-united-states](https://www.umassp.edu/inclusive-by-design/who-before-how/history-disability-rights-united-states)

Trainer, M. (2020, December 1). Equality for Americans with disabilities: A timeline.

*ShareAmerica*. <https://share.america.gov/equality-for-americans-with-disabilities-a-timeline/>

WHO. (2011, December 14). *World report on disability*. World Health Organization.

<https://www.who.int/publications-detail-redirect/9789241564182>