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Article title : **Constructing a positive work-related identity as a disabled worker through social comparison: the role of stigma and disability characteristics**

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Title: Constructing a positive work-related identity as a disabled worker through social comparison: the role of stigma and disability characteristics

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Abstract

Drawing on 36 semi-structured in-depth interviews with individuals with a variety of disabilities who are active in the labor force, we examine how such individuals construct positive work-related identities at work. The findings show how disabled workers use **downward** social comparison as a stigma identity management strategy, to compare themselves with individuals with disabilities that they perceive to be more stigmatizing, and how this affects their ability to construct a positive work-related identity. This perception of stigma is influenced by four disability characteristics: its visibility, severity, controllability and whether the disability needs workplace adaptations. Moreover, a range of contextual

factors were identified to impact their capacity to construct a positive work-related identity. The disabled workers in this study tend to compare themselves with other disabled workers with disabilities that are more severe, more visible, less controllable and present more constraints for employers. Interestingly, they use the characteristics of one's disability as resources to construct a positive work-related identity, while those characteristics simultaneously stigmatize them as a social group. However, disabled individuals who cannot engage in downward social comparison are put in a marginalized position and struggle to construct positive social identities.

Keywords: disability, stigma, work-related identity, social comparison, stigma identity management strategy

Introduction

The awareness of and interest in disability in the workplace is growing. According to the Convention on the Rights of Persons with Disabilities, disabled individuals are defined as individuals with *“long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”* (CRPD, 2006, article 1). Disability is a stigmatizing condition, referring to ‘an attribute that is deeply discrediting’ and that reduces an individual ‘from a whole and usual person to a tainted, discounted one’ (Goffman 1963, p. 3). Having a stigmatized identity, like being a disabled worker, can lead to marginalization and discrimination. 1.1 billion people worldwide are disabled, which is around one-sixth of the global population (Schur, Kruse & Blanck, 2013). Although the Convention on the Rights of Persons with Disabilities (2006) has increased global awareness of disability rights including

those in a workplace context, individuals with disabilities continue to experience a range of difficulties at work. Firstly, the employment rate of individuals with a disability is half of that of non-disabled workers (World Health Organization, 2011) and underemployment is common (Levinson et al., 2010). In addition, disabled workers have lower earnings compared to non-disabled workers (Baldwin & Johnson, 2006), experience lower job security, have less access to training (Schur et al., 2013) and experience exclusion (Schur, Kruse, Blasi & Blanck, 2009). Secondly, discrimination is prevalent, despite anti-discrimination legislation (Corby, William & Richard, 2019). These barriers do not only negatively affect their careers but also impact the way individuals with disabilities see and feel about themselves. Previous studies have started to look into the specificities of having a disability identity (Santuzzi & Waltz, 2016) and how being disabled hinders the construction of a positive work-related identity (Elraz, 2018; Jammaers, Zanoni & Hardonk, 2016). We define positive work-related identities as “aspects of identity and self-definition that are tied to participation in the activities of work [...] or membership in work-related groups, organizations, occupations, or professions” (Dutton, Roberts & Bednar, 2010, p. 266). Such positive work-related identities carry positive social meaning (Alvesson & Willmott, 2002) and provide individuals with self-worth (Fine, 1996).

We aim to understand how disabled workers construct a positive work-related identity using a social comparison lens. The literature has investigated how non-disabled individuals put disabled persons in subordinate positions (Mik-Meyer, 2016) and how disabled workers use discursive practices to construct positive identities (Jammaers et al., 2016). Building on this growing body of literature, we extend previous research by showing that individuals use **downward** social comparison as a stigma identity management strategy (Margolis & Dust, 2019) to construct a positive work-related identity. Social comparison refers to the idea that

individuals compare themselves with others who are similar to themselves (other disabled workers) and that this comparison affects one's sense of self. Previous studies focused on how situational characteristics influence one's stigma identity management strategies (King, Mohr, Peddie, Jones & Kendra, 2017) and how disability type, stigma and employee characteristics influence the acceptance of a co-worker with a disability (McLaughlin, Bell & Stringer, 2004). We build on this work by looking into how individual and contextual characteristics affect their identity management strategies that influence their ability to construct and positive work-related identity. Furthermore, we show how disabled workers compare and position themselves with other disabled workers that they perceive to carry greater stigma. By doing so, however, they do not challenge the potentially stigmatizing nature of one's disability identity, but sustain and reinforce the social order of inequalities by further suppressing individuals with more stigmatizing conditions.

We draw on 36 semi-structured in-depth interviews with workers with a range of different disabilities in France, the Netherlands, the UK, the USA and Australia. All countries involved in this study prohibit discrimination on the basis of disability. Our study makes two contributions. Firstly, we add to the literature on stigma identity management by showing that disabled workers overwhelmingly use in-group downward social comparisons. Our findings suggest that disabled workers position themselves relative to other disabled workers based on the perceived stigma related to their disability. Paradoxically, the disability characteristics they use as resources in their **downward** social comparison are simultaneously the characteristics that stigmatize them as a social group. The findings reveal that not only non-disabled individuals marginalize disabled workers, but that disabled workers themselves try to construct a positive work-related identity by further comparing themselves to individuals with disabilities that are more severe, more visible, less controllable and present more

constraints for employers, affecting the level of stigma attached to one's condition. Secondly, we advance our conceptual understanding of disability and show how four disability characteristics affect the level of perceived stigma, answering a call for more research distinguishing between different disabilities (Beatty, Baldrige, Boehm, Kulkarni & Colella, 2019). Our research question is: *How do disabled individuals construct a positive work-related identity using a social comparison lens?*

Literature review

Work-related identity and stigma

Disability identity is a unique identity, because of its complex and dynamic nature (Follmer & Jones, 2018; Santuzzi & Waltz, 2016). In this study, we look at the stigma identity management strategies individuals with disabilities engage in as they try to construct positive work-related identities.

Disability is usually considered a stigmatized identity because of its socially detrimental nature (Susman, 1994). Crocker, Major and Steele (1998, p. 505) state that “stigmatized individuals possess (or are perceived to possess) some attribute or characteristic that conveys a social identity that is devalued in a particular social context”. An important consequence of stigmatization in the work context is that the affected person will suffer negative consequences (Jones & King, 2014), depending on whether the stigma is visible and controllable (Sabat et al., 2019; Summer et al., 2018). The possession of a disability affects disabled individuals' employment opportunities, career and general achievement (Beatty et al., 2018). The workplace plays an important role in the vocational well-being of disabled workers (Moore, Konrad, Yang, Ng & Doherty, 2011) and HR policies and practices to support disabled workers in their careers have been identified (Brzykcy, Boehm, &

Baldrige, 2019; Kulkarni, 2016). In addition, disabled workers express agency and career adaptability in order to increase their life satisfaction (Santilli, Nota, Ginevra & Soresi, 2014) and tend to focus on their abilities rather than their disabilities as they craft a career path (Gupta & Priyadarshi, 2020).

Stigma is socially constructed (Link & Phelan, 2001) and therefore open to change. Individuals might be able to change the stigma related to one's potentially stigmatizing attribute such as having a disabling condition (Slay & Smith, 2011) through the use of stigma identity management strategies, defined as a set of strategies by stigma holders to avoid negative personal consequences arising from stigmatization (Ramarajan & Reid, 2013). Previous research has identified a range of tactics that stigmatized individuals can use (Bartel & Dutton, 2001; Creed & Scully, 2000). More precisely, the literature on stigma identity management (Button, 2004; Clair, Beatty, & MacLean, 2005; Roberts, 2005) has distinguished between two main categories: resonant and oppositional strategies. When stigmatized individuals make resonant claims, they do not challenge the stigma attached to a certain identity. For example, individuals can stress other, more valued social identities they possess (Creed, DeJordy, & Lok, 2010; Reid, 2015; Rogers, Corley, & Ashforth, 2017) or shift attention away from it (Shih, Young, & Bucher, 2013). They therefore engage in identity work, in which individuals create, repair and discard identities in order to maintain a social identity that is positively perceived by others (Sveningsson & Alvesson, 2003). While this may make individuals feel accepted, this does not challenge the stigma itself and does not lead to the destigmatization of the stigmatizing attribute. Individuals can also make oppositional claims by challenging the stigma that is attached to an identity. They actively manage the way they are perceived by others through explanation and creating understanding (Slay & Smith, 2011; Toyoki & Brown, 2014). As such, they put in question the meaning of a

certain stigmatized identity and try to construct a new, more positive understanding of the stigmatized identity (Creed & Scully, 2000; Thomas & Davies, 2005).

Social comparison is a resonant stigma identity management strategy that individuals can adopt. Although all individuals engage in social comparisons as they try to construct a positive identity, the variation within the population of disabled workers allows them to strategically position themselves in a context in which this can be used to their advantage.

Social comparison as stigma identity management strategy

Disabled workers as a social group differ from one another in the extent to which their condition is stigmatizing (Depierre, Puhl & Luedicke, 2013). These differences can result in social comparisons and can be used as a resource to construct a positive work-related identity. Individuals look for or notice similarities or differences with others with whom they compare themselves on some dimension, such as the characteristics of one's disability compared to the characteristics of another disabled worker. Based on the differences or similarities observed, individuals then react to this by changing their evaluation of who they are (Gerber, Wheeler & Suls, 2018). It has been argued that individuals use social comparison with others in order to improve the self, evaluate the self, or enhance the self (Suls, Martin & Wheeler, 2002). However, most research has shown that individuals use it as a means to self-enhance, rather than a way obtain an accurate assessment of oneself (Zuckerman & O'Loughlin, 2006). Social comparison influences one's identity as individuals analyze themselves in relation to others, affecting their sense of self (Stets & Burke, 2000). We argue that social comparison processes can affect the ability of disabled individuals to construct positive work-related identities.

One can distinguish between upward versus downward social comparison. Upward social comparison refers to the process in which individuals compare themselves with those individuals who are better-off than they are. Downward comparison is when individuals compare themselves with others who are worse-off than themselves. Research has shown that comparing to better-off (upward) targets leads to more negative self-evaluations, and comparing to worse-off (downward) targets leads to more positive self-evaluations (Mussweiler, Rüter & Epstude, 2004). Comparing oneself with worse-off others is also a way to protect one's own status (Garcia, Song & Tesser, 2010) and identity.

Social comparison is particularly interesting because of the diversity of potential sources of comparison (Blanton, Crocker & Miller, 2000). Applied to the case of individuals with disabilities, **downward** social comparison as a stigma identity management strategy suggests that disabled individuals might not only compare themselves with non-disabled workers, but also with other disabled individuals to put them in a positive light (Cooney, Jahoda, Gumley & Knott, 2006). Their source of comparison can therefore both be non-disabled workers (the out-group) or the in-group, that is, other disabled individuals (Blanton et al., 2000). Especially downward in-group social comparison could facilitate the construction of a positive work-related identity.

Material and methods

This study took an interpretivist epistemological position, which, as Saunders, Lewis, and Thornhill (2009) argue, is highly appropriate in the field of organizational behavior. This epistemological position allows the meanings behind the actions of interviewees to be revealed, which enabled us to capture the richness of qualitative data derived from semi-structured in-depth interviews and takes into account the importance of the way in which

individuals make sense of their experiences. An interpretivist epistemological position is related to a constructionist ontological position, as we were concerned with *what* interviewees were saying as well as *how* they said it (Holstein & Gubrium, 2007). Context is therefore important and as we are always embedded in broader institutional and organizational contexts.

Context

The legislative and cultural context influences the way persons with disabilities are treated because it shapes the social and legal parameters of required behaviors (Beatty et al., 2019). Both the impact of non-discrimination legislation (Woodhams & Corby, 2007) and the cultural context need to be taken into account (Beatty et al., 2019). The interviewees in the present study worked in different countries and had different nationalities. The use of multiple countries can be considered a weakness of this study as the differences between the national and legal contexts and the different ways in which disability is defined and are likely to affect the findings. However, it is also important to stress the similarities between the countries studied. All countries involved in this study prohibit discrimination on the basis of disability. In addition, France and the Netherlands share European legislation on this matter, while the United Kingdom, United States and Australia have similar underpinnings. Moreover, a change in disability schemes focusing on compensation of income loss towards schemes that focus on reintegration and getting disabled individuals (back) to work can be observed in the Netherlands, Australia and the United Kingdom (Prinz & Tompson, 2009, p. 51- 55). France is unique in that it still has a quota system, while the United Kingdom abandoned this in 1995. In France, an organization that employs at least 20 employees is

required by law to hire 6% of disabled individuals. If they do not comply, they have to pay a fine.

Sample

We sent a call for participation to a charity organisation for individuals with disabilities in Paris, France. This charity aims to facilitate the living conditions, studies, social and professional integration of young people with disabilities. The charity's purpose to enhance the social and professional integration of disabled individuals has probably motivated individuals to take part in the study. The second author is part of the directory board of the charity, which facilitated access to the participants. The researchers adopted a snowballing technique in which interviewees referred to individuals in other countries, which explains the international nature of our sample. This sampling technique is commonly used in studies that involve sensitive and hard-to-reach individuals (Hennekam, 2019). As interviewees were selected on a voluntary basis, a self-selection bias needs to be acknowledged. However, due to the international nature of the sample and the different demographics of disabled workers of the countries involved, it was difficult to identify in what way the individuals who agreed to participate differed from those who did not.

The sample consisted of 36 individuals with a diagnosed disability. There were 24 women (67%) and 12 men (33%). Average age was 32 years, ranging from 23 to 60 years. 60% was French, 17% was American, 14% was Dutch, 6% was British and 3% Australian. The sample consisted of individuals with a range of disabilities including mental illness (51%), physical disabilities (17%), sensory disabilities (14%), neurological disabilities (6%), learning disabilities (6%) and debilitating conditions (6%). They occupied a range of functions and worked in a variety of sectors. Although the heterogeneous nature of the

sample can be perceived as a limitation, we purposefully sampled a wide range of disabilities to show patterns despite diversity. We wanted to shed light on how individuals with different types of disabilities try to construct a positive work-related identity. The demographic characteristics of the sample are provided in Table 1.

INSERT TABLE 1 ABOUT HERE

Procedures

The study was conducted after ethical approval was obtained and interviewees had signed an informed consent form. Anonymity was guaranteed and interviewees were informed they could stop the interview at any time. We did not determine the number of interviews beforehand but ceased interviewing after 36 semi-structured interviews at which point we reached saturation as no new information was obtained. The interviews took place between January 2018 and September 2019 and lasted between 45 and 120 minutes, with an average of 90 minutes. All interviews were conducted face-to-face, apart from 9 that were conducted by telephone or Skype due to geographical distance. The face-to-face interviews were held at a place convenient for the interviewees, such as their workplace or a public space like a café. The interviews were held in English, Dutch or French, depending on the preference of the interviewees. All interviews were audio recorded, fully transcribed and translated into English through the use of parallel back-and-forth translation by two native speakers of the languages involved. An interview guide was used, but in line with our choice for semi-structured interviews, we also let the interviewees elaborate on themes we had not anticipated

and that were not included in the interview guide. The interview guide consisted of four blocks of questions: general information about the interviewee; questions about their functioning at work; questions about workplace adaptations; and finally questions about their identity and stigma. Some example questions are “Can you tell me about how you manage your identity as a disabled worker?” and “Did you disclose you disability at work? Why is that?”

Analysis

The analysis was inductive in nature and was conducted by hand without the use of a software package. Strauss and Corbin’s (1990) primary and axial coding was used to analyse the data. During the first step of the analysis, the researchers read the entire transcripts to get a feel for the data. Then, we started the coding process using open coding. The analysis was iterative in nature and the researchers went back and forth between the transcripts and coding book. The codebook was constantly modified by adding new codes, creating sub-codes or merging some codes, as the existing codes were tested against each new transcript. Then, the researchers focused on the connections between the codes. In addition, connections between the different themes and concepts that were conceptually meaningful were explored. The data analysis structure is depicted in Figure 1 below.

INSERT FIGURE 1 ABOUT HERE

Finally, while we aimed to be systematic and transparent in our analysis of the data, some reflexivity is in order regarding the methodological choices we have made throughout this research project. Reflexivity means that researchers should be reflective about the implications of their methods, values, biases and decision for the knowledge of the social world they generate (Bell, Bryman & Harley, 2018). It assumes that all researchers carry their cultural baggage, personal idiosyncrasies and implicit assumptions about the nature of reality (Russell & Kelly, 2002). **While the first author has a disability,** the second author is not disabled. The motivation to conduct the study is rooted in feelings of social justice and the wish to give underrepresented individuals in organizations a voice. With the aim to truthfully reflect their experiences, he/she kept a research diary (Blaxter, Hugher & Tight, 2010) in order to deal with possible biases. This research diary consisted of observational and methodological notes that were written each time an interview was conducted. The observational note was written with as little interpretation as possible, while the methodological note reflected on how the interview went and the role of the researcher in it. This information was used during the analysis the limit possible biases.

Findings

Drawing on 36 semi-structured in-depth interviews with individuals with a variety of disabilities in the workplace, we aimed to examine how individuals construct a positive work-related identity. The findings highlight that disabled workers compare themselves with others and that these comparisons, as a stigma identity management strategy, affect their sense of self. More precisely, four characteristics of their disability, the (in)visibility of their condition, the severity of their disability, its controllability and whether they need workplace adaptations seem to influence the extent to which they perceived their condition to be

stigmatized. This influences how they position themselves compared to other disabled workers and affect, in turn, their capacity to construct a positive work-related identity. Moreover, a range of contextual factors, such as the size, type and sector of the organization, national laws and regulations, workplace and family support as well as the onset of one's disability were identified to influence the ability to construct of a positive work-related identity. Irrespective of those factors, downward social comparison remained the most commonly-chosen stigma identity management strategy. Figure 2 shows the conceptual model based on the findings.

INSERT FIGURE 2 ABOUT HERE

The conceptual model is explained in more depth below. Quotes are used to illustrate our main points.

Disability characteristics as resources

At the left of the model, four characteristics of any given disability seem to be important in the level of perceived stigma attached to a particular disability. This perception of stigma influences the way in which individuals position themselves compared to other disabled workers. Firstly, the (in)visible nature of one's condition emerged from the findings. Individuals who had disabilities that were invisible or difficult to detect considered this as something positive as they recognized the negative connotations related to having a disability. As a French engineer reported:

I can bypass my identity as a disabled worker, because it's invisible. As long as I take on as much work as I can handle, it's invisible (Interviewee 32, neurological disability).

However, this engineer also recognized:

I talk to very few people, so few people know about it. However, as a result, they might have a negative perception of my behaviour at work, as they don't know about the characteristics of my disability (Interviewee 32, neurological disability).

Interviewee 23, a French biologist who was born with her handicap, explained that she preferred to adapt her workload than to show her disability. She reported that when someone at work knew about it, she felt her work was being more scrutinized than others' and that she had the impression that for example her slowness, a consequence of her disability, was being used by her superiors to criticize her. As a consequence, she concealed her disability as to avoid being perceived less favorably.

Interviewees with visible conditions highlighted how this negatively impacted how they were perceived by others. In such cases, interviewees had to work on the negative stereotypes they encountered. As a French digital consultant with myopathy explained:

When they see someone in a wheelchair they think you also have a mental disability. It has been very difficult to make my coworkers understand that being in a wheelchair

does not mean I'm not intelligent or that I'm mentally disturbed or anything. This negative image of a wheelchair is a real obstacle (Interviewee 36, physical disability).

Indeed, visibly disabled interviewees highlighted that they had to work twice as hard in order to make people forget about their disabilities:

I have to provide twice as much effort compared to others (Interviewee 25, physical disability).

Putting in a lot of effort seemed to work as the perception of others indeed changed. As interviewee 36 with a physical disability reported:

They no longer saw it at a certain moment. They told me at the end that they saw me as a normal worker, as someone who does her tasks well and that's it.

The severity of their condition was another issue that was frequently brought up by the interviewees. Individuals with more severe disabilities such as heavy forms of epilepsy or psychotic disorders reported on the extent to which it affected how they were being perceived by others and how they perceived themselves. A Dutch deliverer with psychotic, mood and anxiety disorders highlighted how he struggled to draw on other, more valued social identities when his mental illness played up:

When I have an episode, I can't do anything. It's difficult, as it affects not only work, but I just stop functioning completely. It's hard to state that you're a reliable worker,

while you know that sometimes you just can't be the kind of worker you want to be or need to be (Interviewee 12, mental disability).

Similarly, a researcher with epilepsy highlighted her age to draw attention to other aspects of her identity:

I've got a mild form of epilepsy, so it doesn't often affect me professionally. Anyway, I'm mindful to focus on other aspects of who I am, like the fact that I'm relatively young and therefore have a promising profile (Interviewee 35, neurological disability).

Furthermore, whether their condition needed workplace adaptations was frequently mentioned to impact the perceived stigma of their disability. When their condition did not require workplace adaptations, they were well-aware of the fact that this was an advantage for them:

I don't really need anything in particular and can work autonomously. So they put in my file that I don't need any adaptations (Interviewee 22, sensory disability).

The above French engineer explained that she had not put on her CV or in her motivational letter that she has sight problems. Rather, she had noticed throughout her experiences that this could scare employers. If she would turn up and reassure them that she feels confident she can do the job, it worked much better:

I behave as if I'm not disabled. My sight problem is a disability, but in my profession, it's fine (Interviewee 22, sensory disability).

However, when workplace adaptations were needed, they did report this as a constraint. As a British programmer with autism reported:

I need a quiet workplace, with as little stimulation as possible. I sometimes feel they're tired of my requests, that they think I exaggerate. They once told me that I'm difficult and painful, so I don't always ask for it anymore (Interviewee 8, mental disability).

Similarly, a French project manager noticed that potential employers never asked her what kind of disability she had, but inquired simply whether she needed workplace adaptations.

The extent of the required adaptations was of importance here. Finally, the controllability of their conditions was an issue that emerged from the findings. For example, a Dutch researcher with epilepsy reported on the uncontrollable nature of her fits:

I never know when I get a fit and that can be stressful. I wish I could decide when it happens, but it usually does when I want it the least. As stress increases the likelihood of getting a fit, I usually get one in situations in which I really care about my professional image (Interviewee 35, neurological disorder).

Similarly, an Australian primary school teacher with anxiety reported:

It's hard to know when I'm going to have another panic attack. It makes me feel that I'm not a good teacher when you can have an attack any time (Interviewee 5, mental disorder).

The characteristics discussed above seem to influence the extent to which the interviewees considered their condition to be stigmatizing, hindering in turn their ability to construct a positive professional identity. A French designer with anxiety and mood disorders explained that while she tried to emphasize her professional competencies and quality of the work, the stigma surrounding mental disabilities still overshadowed the more positive identities she possessed.

I think that some disabled people are better off than others in terms of how negatively they are perceived. There's still a huge taboo surrounding mental illness (Interviewee 15, mental disability).

Upward and downward social comparison

The analysis further revealed that disabled workers, in their identity work, tend to compare themselves with other disabled workers based on the perceived level of stigma of their own disability compared to that of other disabled workers. They tend to engage in downward in-group social comparison, by comparing themselves with other disabled workers who they considered to have more stigmatizing conditions. For example, individuals with invisible, mild, controllable conditions for which no workplace adaptations were needed compared themselves with those who were less well-off, which made them feel good about themselves and made them reveal or even emphasize their disability identity. The level of stigma related

to one's disability was used in this social comparison process, as is illustrated by the following French personal assistant struggling with multiple mental health conditions who engaged in upward social comparison:

There's disability and disability. Being mentally ill is something people don't really accept. It's not compatible with the strong, confident worker that is always positive and full of energy. Having multiple disorders equalizes lack of character and strength in the eyes of others, so I feel I'm at the bottom of the hierarchy of all disabilities (Interviewee 14, mental disability).

Interestingly, this interviewee talked about a "hierarchy" of disabilities, a concept that emerged in different wordings several times. A Dutch sports coach with Asperger said:

I consider myself lucky, because it's definitely not the worst of disabilities. People usually don't notice, I function well at work and people know what to expect from me. I'm clearly an easy disabled worker to hire (Interviewee 1, mental disability).

The findings show how disabled workers do not only compare themselves with non-disabled workers, but also tend to position themselves relative to other disabled workers.

The construction of a positive work-related identity

The findings suggest that the way in which interviewees compared themselves with other disabled workers influenced their capacity to construct a positive work-related identity.

Please note that we did not identify clear-cut identity strategies, but rather a continuum of different ways in which disabled workers crafted positive work-related identities.

On one extreme of this continuum, we found interviewees who used downward social comparison and positioned themselves as “the perfect disabled worker” consisting of a well-crafted identity that exclude the negative aspects of having a disability. Those individuals integrated their identity as disabled worker into their professional identity, using their disability as a professional advantage. The following project manager with cerebral palsy explained:

*I'm the perfect invisibly disabled worker who doesn't need any adaptations
(Interviewee 17, physical disability).*

Many interviewees explained the advantages of not being seen as disabled. For example, an American business analyst with eating, mood and anxiety disorders explained:

*When you're not seen as a someone disabled, this helps you in all aspects of your
career, from getting invited for an interview, getting hired and getting promoted
(Interviewee 9, mental disability).*

Higher employability was perceived to be another advantage. Individuals with mild, controllable, invisible and non-threatening disabilities who do not need adaptations at work to fully function tended to highlight their disability identity as a positive distinguishing feature in their interactions with others.

Once I declared my condition and therefore became a disabled worker, I noticed that it could actually work in my advantage as I tick a box as a disabled worker while I'm only deaf with one ear. You know, others might be advantaged because they have two ears, well, I can use my disability-status too. It's both an advantage for the company to hire an easy disabled worker and it enhances my employability (Interviewee 18, sensory disability).

It is important to highlight that the above quote comes from a French manager as the national context influences the experiences of the participants. More specifically, in France individuals can declare their disability, which makes them count in the quota system inherent to the French context. Indeed, by focusing on their identity as disabled worker, interviewees reported that this helped organizations to reach the compulsory threshold of having a workforce that includes 6% of disabled workers and would give the company a positive reputation in France.

There are not enough disabled workers as most people do not declare their disability. I am proud to help my organization by being part of their disability-target (Interviewee 17, physical disability).

I put forward that they pay less taxes by hiring me while I do the job just like any other. Financially it's interesting for a company. They hired me because it gives them a positive image (Interviewee 25, physical disability).

Interestingly, however, the interviewees did not mention that revealing their disability would help to raise awareness about disability in the workplace in general. Rather, they revealed it to use it as a personal advantage without recognizing that this sustains and reinforces the inequalities for individuals with more disabling conditions. They maintained, rather than challenged, the discourses of non-disabled workers found in earlier studies. Individuals with minor invisible disabilities, such as minor hearing or visual impairments or mild physical disabilities did not seem to acknowledge that individuals with disabilities that actually impact one's functioning might have very different experiences. The following Dutch sports coach with an autism-spectrum disorder explained:

You know, people complain they are being stigmatized and stuff, but just do your job and you'll be perceived like anyone else. This is what I say, when I'm being asked about my disability and stigmatization (Interviewee 1, mental disability).

On the other extreme of the continuum, there were interviewees with disabilities that were more stigmatizing and could not easily engage in downward comparison. Those individual either downplayed or dis-identified with their identity as disabled worker. Interviewees reported how they often downplayed their disability identity in order to avoid stigma. The following consultant with a mental illness stated:

My disability doesn't condition my life. I'm going to work to work (Interviewee 31, mental disability).

I didn't tell them during the job interview because if you say these kinds of things, I mean, I wouldn't be where I am now. Maybe in a next job I present myself for who I am, but it's difficult and I don't want to be treated and perceived as someone with a disability (Interviewee 23, neurological disability).

Although the above quote from a biologist with cerebral palsy shows that she does not want to be overprotected or treated any differently from someone without a disability, she simultaneously acknowledged:

I can't just pursue my dreams, I have to take into account my disability while simultaneously thinking about what I want and who I am, apart from being disabled. It's a balancing act (Interviewee 23, neurological disability).

The need for workplace adaptations was perceived to be a constraint for employers as well as a stigmatizing attribute, so they downplayed their needs and highlighted their ability to just deal with it.

I'm not asking for workplace adaptations and I do not want to declare myself as a disabled worker. I do not want to be perceived as a disabled worker, but as [name], junior consultant at [name of company] (Interviewee 27, debilitating condition).

If they ask me what type of workplace adaptations I need, I simply tell them that the only thing I really need is an elevator and for the rest I'll manage (Interviewee 36, physical disability).

To downplay their identity as a disabled worker, interviewees also highlighted other aspect of their identity, especially their professional identity. To do so they insisted on their ambition, expertise and competences. For example, the following HR worker with a neurological degenerative disease stressed her positive spirit, abilities and capacities, which allowed her to imagine her professional future.

I know what I want to accomplish and I'll do everything it takes to reach it with my [disability] not against it. (Interviewee 27, debilitating condition).

Similarly, another HR worker with dyslexia constantly stressed throughout the interview that she was confident, competent and knowledgeable in her area of expertise.

I'm competent, I'm autonomous. I'm a positive person, so when something goes wrong, I'll look at the positive side of it. If I just focus on my disability, I don't go anywhere (Interviewee 28, learning disability).

Finally, a consultant with a mental disability added:

I was being recruited without them knowing I'm disabled. That was a deliberate choice. I wanted to be selected for my skills, not because of my disability-status. (Interviewee 31, mental disability).

Apart from downplaying their disability identity, dis-identification was another way in which they dealt with their stigmatized identity. Interviewee 28 below suffers from dyslexia, but refused to let it define her.

It's just a disability, it's not me (Interviewee 28, learning disability).

Similarly, an interviewee with a visual impairment stated:

The key is not to define yourself through your disability (Interviewee 36, physical disability).

Interestingly, trying to “forget” about one’s identity as disabled worker was not always feasible, even when they were encouraged to do so. As an engineer with a neurological disability reported:

My father wants me not to think about my disability-identity, which is possible for others because it's invisible, but it's not possible for me, because I need some small adaptations to function properly (Interviewee 32, neurological disability).

Contextual factors

Several factors that played a role in the ability of interviewees to construct a positive identity were identified. One appeared to be the size of the organization they worked in. An international manager from French origin who is deaf on one side explained that small and medium enterprises tend to see her as someone fragile who needs to be protected and to

whom we shouldn't give more responsibilities or a higher workload. On contrast, she explained that some multinational companies she had worked for saw her as "full".

In a similar vein, a French digital consultant with myopathy reported:

It's easier to be disabled in bigger organizations than in a small start-up (Interviewee 36, physical disability).

Second, the type of organization or sector seemed to play a role in that governmental jobs and NGOs tended to be more welcoming. An American man working in an administrative role for the government highlighted:

The private sector is more competitive, it's all about profits, so working for the government is definitely better for disabled people. I mean, there are more inclusive policies and support systems in place that make that your disability, whatever it is, is taken into consideration (Interviewee 3, mental disability).

Third, national laws and regulations played a role in that more explicit support for integrating disabled workers, such as is the case in the Netherlands, the UK or Australia or a disability-quota system such as in France, helped individuals in their construction of a positive professional identity. As a Dutch care provider with anxiety reported:

When you know that the laws back you up, when you know they can't discriminate based on your condition, it's easier to say you're a disabled worker as it no longer disadvantages you (Interviewee 13, mental disability).

Moreover, experiences seemed to differ depending on the support and comprehension they received at work. For example, a French psychologist with an autism-spectrum disorder felt that the characteristics of her disability (autism) were being used to tell her everything she was lacking or doing wrong. In contrast, in a previous job where there was a supportive environment, she was able to express behaviors she was told she lacked in an unsupportive environment:

In that previous job I was able to work, I was able to work in a team, be proactive and show initiatives (Interviewee 24, mental disability).

However, a lack of resources and an unsupportive work environment hindered their capacity to construct a positive work-related identity:

I lack resources, like a role model. Given the hostile work environment I faced, I'm constructing a professional identity that is not very valuable, not very positive. I haven't been able to overcome all the challenges, I can't really project myself professionally (Interviewee 32, neurological disability).

In the same line, a digital consultant with a sight problem explained that her analysis of the environment affected her decision to work for a particular organization:

It's strategic as I analyse the environment I'll be in. I choose the organization I want to work in based on how the interview feels, how open they are (Interviewee 36, physical disability).

Relatedly, the interviewees highlighted the role of their direct manager. A French engineer with a neurological disability explained that: *“Different managers have different reactions. Some are more open and more sensitive to disability than others”*.

Apart from professional support, one's family also played a role in their capacity to construct a positive work-related identity. A French engineer with a visual impairment explained that her confidence came from her parents who had always been there for her and who never considered her disability an obstacle, which had helped her at work:

When I arrived in the organization I told them: “don't you worry, I'll manage” (Interviewee 22, sensory disability).

Finally, the onset of one's disability also seemed to play a role in the sense that individuals who were born disabled found it easier to construct a positive work-related identity as they saw it as an integral part of themselves. As a French project manager with who is deaf from one ear reported:

I'm born with it and I've never considered it to be a disability (Interviewee 29, hearing disability).

Discussion

This article aimed to shed light on how disabled individuals try to construct a positive work-related identity through **downward** social comparison as a stigma identity management strategy. Building on earlier studies (Jammaers et al., 2016; Foster & Wass, 2013), we identified that disabled workers do not only compare themselves with non-disabled workers, but use disability characteristics that potentially stigmatize them as they compare themselves with other disabled workers. Our study revealed that disabled workers engage mainly in downward social comparisons, based on their perception of the stigma related to their disability. The extent to which they perceive their condition to be stigmatizing and, in turn their chosen stigma identity management strategy seems to be influenced by four characteristics of their disability: its visibility, severity, controllability and whether their disability requires workplace accommodations or not. Individuals who compared themselves with workers with disabilities that are more stigmatizing put themselves in a superior position. We use the term integration strategy to refer to disabled individuals who integrate their identity as disabled worker into their overall professional identity. These individuals tended to highlight or emphasize their disability as a positive feature. However, disabled workers who were unable to engage in downward social comparison seemed to have more difficulties to construct positive work-related identities and downplayed or dis-identified with their identity as disabled worker.

Four disability characteristics that seem to influence the perceived level of stigma, which in turn affect their chosen stigma identity management strategies emerged from the findings: the (in)visibility of a disability; its severity; whether workplace adaptations are needed; and its controllability. These four characteristics help us to further our understanding of the stigmatizing nature of disabilities, affecting the way individuals try to construct

positive work-related identities. It should be noted that those disability characteristics are not binary or objective, but constituted subjectively.

First, previous research has already shown that the (in)visibility of a disability has an impact on work-related outcomes (Sabat et al., 2019). Moreover, the visibility of impairments has been found to affect how individuals are viewed by others (Mik-Meyer, 2016) and increases the level of perceived stigmatization (Sabat et al., 2019). Second, it seems that controllability affects the extent to which one's condition is perceived to be stigmatizing (Sabat et al., 2019). Previous research found that individuals with disabilities that are perceived to be beyond their control were more positively perceived by others (Reilly, Bocketti, Maser & Wennet, 2006). Third, research has shown that disability severity impacts the way in which individuals deal with their disability at work (Baldrige & Swift, 2016) and affects their integration in organizations (Ameri et al., 2015). Moreover, disability severity seems to play a role in getting and maintaining employment in the sense that the more severe the disability, the lower one's access to employment and the less likely one is to maintain it (Carrieri et al., 2014). Fourth, the need for workplace adaptations is a constraint for employers as organizations are obliged to provide "reasonable accommodations" for individuals with disabilities (Nardodkar et al., 2016) in many countries. However, disabled individuals seem well aware of the fact that needing adaptations at work puts them in a disadvantaged position (Wang, Patten, Currie, Sareen & Schmitz, 2011). In this study, we show that disabled individuals perceive the need for accommodations to be a stigmatization amplifier.

The above characteristics affect the level of stigma of their disability, which in turn influences their chosen stigma identity management strategy and thus their capacity to construct a positive work-related identity. More specifically, we found that interviewees who

engaged in downward social comparison integrated their disability-identity into their professional identity. They put forward the characteristics of their disability as an advantage for organizations, enhancing as such their employability and careers, which aligns with recent research that shows how disabled workers strategically reflect on their disability as they decide to reveal or conceal their disability at work (Richard & Hennekam, 2020). In addition, we add to a growing body of literature on the different ways in which disabled workers express agency and adaptability throughout their careers (Santilli et al., 2014; Kulkarni, 2016). However, individual who could not easily construct a positive work-related identity as they could not engage in downward social comparison because of the stigmatizing nature of their disability, either downplayed or dis-identified with their disability identity. They focused on their abilities to craft a career path, which aligns with recent research (Santilli et al., 2014; Gupta & Priyadarshi, 2020).

Previous research has examined how non-disabled individuals marginalize disabled persons (Mik-Meyer, 2016). The present study extends this line of research by showing that disabled individuals use **downward** social comparison as a resonant identity management strategy to establish their relative position. They tend to compare themselves with individuals with disabilities that they perceive to be more stigmatizing (Alvesson & Willmott, 2002). Contrary to most studies on social comparisons (Blanton et al., 2000), they use downward social comparison to compare themselves with the in-group (that is, other disabled workers), instead of the out-group. This study highlights the hierarchy that disabled individuals as such create, calling into question the homogeneous nature of having a disability identity (Santuzzi & Waltz, 2016). By creating a hierarchy of disabilities, disabled individuals maintain and reinforce the ableist discourses and social norms (Corker & French, 1999) established by non-disabled individuals identified in earlier studies (Rohmer & Louvet, 2016), rather than

challenging them. They contribute as such to the difficult situation for individuals with more stigmatizing disabilities.

Finally, a range of contextual factors, such as the size, type and sector of the organization, national laws and regulations, workplace and family support as well as the onset of one's disability were identified to influence their ability to construct a positive work-related identity. Those results confirm the importance of considering the interaction between the individual, organizational and societal context when studying how disabled individuals navigate the workplace (Baldrige & Kulkarni, 2017) and make career-related decisions (Richard & Hennekam, 2020).

Theoretical implications

The findings have implications for theory.

First, our results have implications for stigmatization theory (Crocker et al., 1998). We add to the dimensions or disability characteristics that affect the level of perceived stigma (Sabat et al., 2019). While Summer et al. (2018) and Sabat and colleagues (2019) identified controllability and visibility, we show that the dimension severity and the need for workplace accommodations also must be taken into account when looking at disability stigmatization.

Second, we make a contribution to the literature on identity management strategies (Dutton, 2004; Rogers et al., 2017) by exploring a resonant strategy: social comparison. Social comparison processes as resonant stigma identity management strategies have received little attention from organizational scholars, but seem relevant in the workplace (Margolis & Dust, 2019; Brown, Ferris, Heller & Keeping, 2007). While previous studies tend to focus on social comparisons with individuals who belong to different social groups (Mik-Meyer, 2016), our findings stress that individuals can use multiple sources as they

engage in social comparisons. Individuals can compare themselves with both members of the same social group (in-group) or with individuals who belong to other social groups (out-group). To construct a positive identity, disabled individuals seem to privilege in-group rather than out-group comparisons (Blanton et al., 2000), leading to a hierarchization of disabilities.

In addition, most previous studies have examined the effects of comparisons with individuals who are either better- or worse-off on a given dimension (Bruchmann, 2017; Gerber et al., 2018). However, in this study, disabled workers saw themselves on a continuum, being both better-off and worse-off than some other disabled workers. In line with Bruchmann (2017), we found that individuals selectively use information that can reflect positively on them and use mainly downward comparisons. Such selective **downward** social comparisons were also found in earlier research on dirty work (Ashforth & Kreiner, 1999). Downward in-group social comparison allowed our interviewees to differentiate themselves from other disabled individuals and helped them to construct a positive work-related identity.

Finally, we identify a paradox where the disability characteristics disabled individuals use as resources to construct a positive work-related identity through their **downward** social comparisons are simultaneously the characteristics that stigmatize them as a global social group. As a consequence, they do not challenge the potentially stigmatizing nature of one's identity as disabled worker, but reinforce the vulnerable and marginalized position of disabled individuals with more stigmatizing conditions.

Practical implications

This study has implications for practice. Firstly, the construction of a positive identity has been linked to a range of positive career outcomes (Baldrige & Kulkarni, 2017; Elraz, 2018). As a consequence, more insights in how disabled individuals construct a positive

work-related identity is important. Secondly, the findings show that disabled individuals are unequal in their capacity to construct a positive identity at work and that this depends on their disability characteristics as well as the national, organizational and personal context in which individuals operate. Employment agencies, HR practitioners and managers should be aware of how disability characteristics affect the level of perceived stigma attached to a particular disability and how this affects how disabled workers position themselves when supporting or working with disabled workers. More tailored support that acknowledges the heterogeneous nature of this population is needed to attract, retain and develop their careers (Brzykcy, Boehm, & Baldrige, 2019; Kulkarni, 2016). Similarly, it is important to recognize that contextual features such the size, type and sector of an organization as well as the support mechanisms on both national and organizational level impact the capacity of disabled individuals to construct a valued work-related identity. Government bodies should consider for example the importance of workplace support (Moore et al., 2011) as they formulate policies to enhance the inclusion of disabled individuals in the workforce. Thirdly, the findings highlight the role of **downward** social comparisons, which can be related to self-esteem for individuals with disabilities (Dagnan & Sandhu, 1999). This has implications for practitioners as they could train disabled workers to consider the differentiating characteristics of their disability in a positive way and help them improve their self-esteem, giving way to new strategies to construct positive work-related social identities.

Limitations and suggestions for future research

Firstly, while the present research design cannot establish causal relationships, the interviewees explained how the characteristics of their disability influenced the level of stigma they attached to a certain disability and how they compared themselves to other

disabled individuals, which in turn affected their ability to construct a positive work-related identity. Other theoretical lenses, such as an intersectional perspective, could be used in future studies to shed light on the ways in which disabled individuals construct positive identities in a workplace context. Moreover, the proposed conceptual model could be refined and extended in future quantitative research endeavours by, for example, studying whether the construction of a positive work-related identity has positive effects on one's career. Secondly, as the interviewees were interviewed at one point in time, it might be that a recency effect influenced their responses. A diary study **could help to explore how exactly individuals use downward social comparison on a daily basis.**

Conclusion

This article explores how disabled individuals try to construct a positive work-related identity through downward social comparison as a stigma identity management strategy. Disabled workers use downward social comparison as they compare themselves with individuals with disabilities that they perceive to be more stigmatizing. This perception of stigma is influenced by four disability characteristics: its visibility, severity, controllability and whether the disability needs workplace adaptations. Moreover, several contextual factors influence their capacity to construct a positive work-related identity. Disabled individuals who cannot engage in downward social comparison are put in a marginalized position and struggle to construct positive social identities.

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Table 1: Demographic characteristics of the sample.

Int	Gender	Age	Nationality	Disability	Type	Function
1	Man	26	Dutch	Autism-Spectrum	Mental	Sports coach
2	Woman	31	American	Anxiety/Mood	Mental	Music teacher
3	Man	58	American	Mood	Mental	Administrative worker
4	Woman	36	Dutch	Obsessive- Compulsive/Anxiety	Mental	Cleaner
5	Woman	38	Australian	Anxiety	Mental	Primary school teacher
6	Woman	46	American	Trauma- and Stress- related/Mood	Mental	Bookshop
7	Woman	29	British	Personality/Anxiety	Mental	Engineer
8	Woman	44	British	Autism	Mental	Programmer
9	Woman	32	American	Eating/Mood/ Anxiety	Mental	Business Analyst
10	Woman	38	American	Personality/Mood	Mental	Psychologist
11	Woman	41	American	Mood	Mental	Doctor
12	Man	56	Dutch	Psychotic/Mood/ Anxiety	Mental	Deliverer
13	Woman	60	Dutch	Anxiety	Mental	Care provider
14	Woman	37	French	Anxiety/Obsessive- Compulsive/Mood	Mental	Personal assistant
15	Woman	42	French	Anxiety/Mood	Mental	Designer
16	Man	25	French	Hearing impairment	Sensory	PhD candidate in

						electronics
17	Man	23	French	Cerebral palsy	Physical	Project manager
18	Woman	25	French	Hearing impairment	Sensory	International manager
19	Man	23	French	Cerebral palsy	Physical	Transportation worker
20	Man	27	French	Autism-spectrum disorder	Mental	Risk manager
21	Woman	27	French	Hemiplegia	Physical	Disability social worker
22	Woman	23	French	Visual impairment	Sensory	Engineer
23	Woman	32	French	Cerebral palsy	Physical	Biologist
24	Woman	25	French	Autism-spectrum disorder	Mental	Psychologist
25	Man	26	French	Cerebral palsy	Physical	Customer service worker
26	Woman	23	French	Hemiplegia	Physical	Project manager
27	Woman	25	French	Multiple sclerosis	Debilitating condition	HR worker
28	Woman	25	French	Dyslexia	Learning	HR worker
29	Woman	29	French	Hearing disability	Sensory	Project manager
30	Man	23	French	Visual disability	Sensory	Social Consultant
31	Woman	27	French	Not specified	Mental	Consultant
32	Man	23	French	Not specified	Neurological	Engineer
33	Man	23	French	Dyslexia	Learning	HR worker
34	Woman	24	French	Crohn Disease	Debilitating condition	Accountant

35	Woman	34	Dutch	Epilepsy	Neurological	Researcher
36	Woman	27	French	Myopathy	Physical	Digital consultant

Figure 1: Data analysis structure

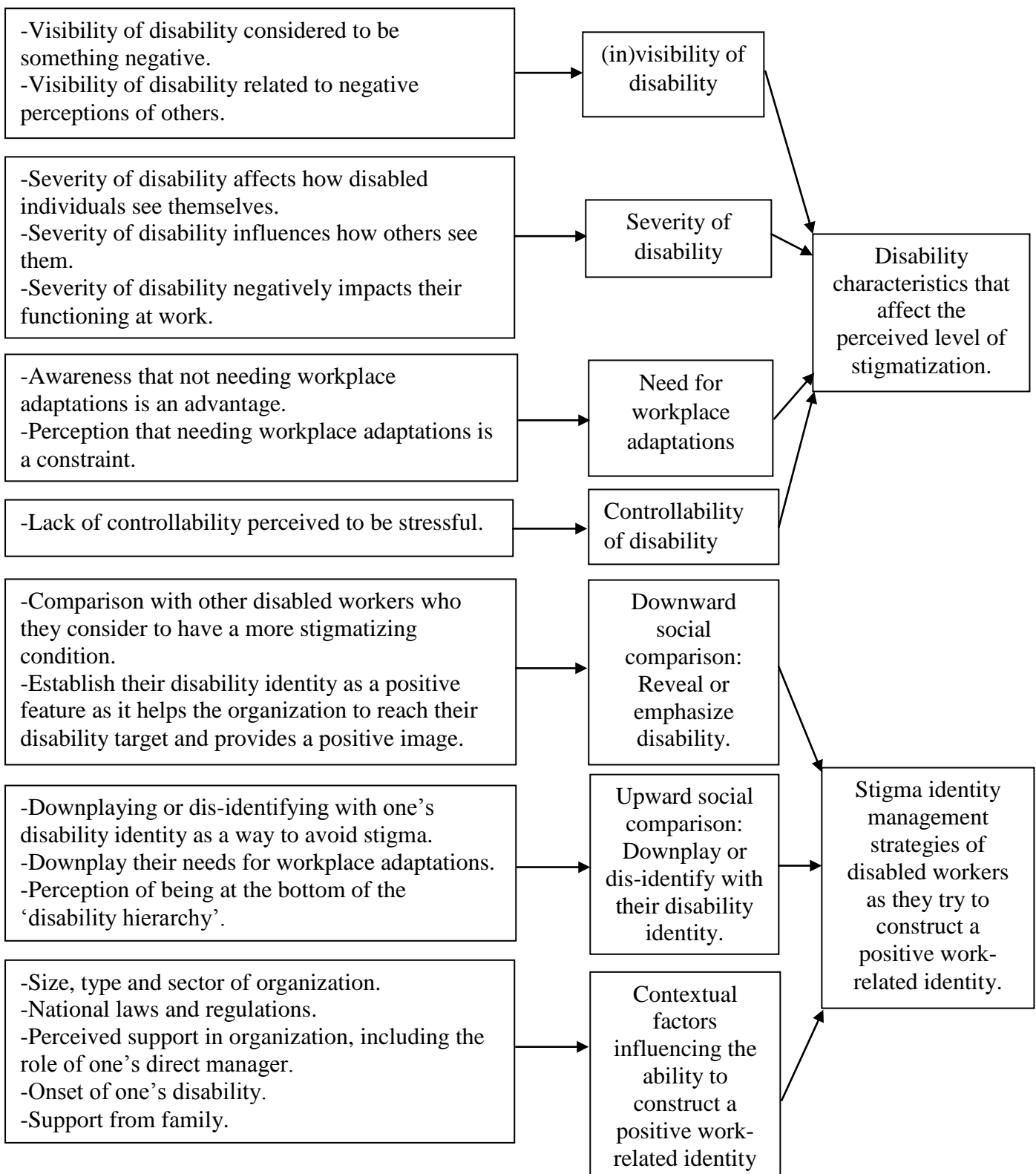


Figure 2: Conceptual model on identity construction disabled workers.

