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PIECED TOGETHER. WRITING INVISIBLE (DIS)ABILITIES IN ACADEMIA

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Dear reader,

Below you will find a collaborative collage in which we explore how we navigate academia with invisible disabilities/conditions. We feel an ethical responsibility to provide a trigger warning before you read any further; please note that our writing includes mention of disabilities, mental health issues, and sexual violence.

I tell HR that I think there is a problem with academia and disability, or at least with our institution and me. “No-no,” HR tells me. “Academia is actually the best place to be disabled. So many people have issues here,” she says. “And there’s such flexibility!” she adds as a final nail in the coffin of me voicing my concern. I feel shut down by the institution that’s supposed to help me out. I’m not surprised, but I don’t have any words left. I blame myself. I know I shouldn’t get political, I know that it will work against me. When have I ever gained anything by talking openly about unfairness and inequality in academia?

I have been thinking about this chapter quite a lot. I like the idea of claiming space within academia for writing about the unknown, the unseen. I am eager make a political point about ableism. But the chapter also entails me coming out. A lot of people – including family, friends, colleagues and my superiors – do not know about my trauma and my experiences with post-traumatic stress. I enjoy the privilege of passing when it comes to invisible conditions. I try to grapple with both the stigma around mental health issues and the taboo around sexual violence. What will I do when the book comes out? Will I put the reference on my online profiles? Will I put it in my CV? Will I share it on social media? I never had to question these common academic practices before and I am – of course – invested in the neo-liberal academy in the sense that I need this publication to count for my track record. But what will the content of this writing do to my career opportunities? And how will the academic critique – the feedback from reviewers and readers – feel? Do I really want to make myself vulnerable in this way?

Disability is often constructed as a defect or pathology. The medical model of disability takes a functionalist perspective to argue that having a disability means that there are physical or physiological aberrations causing an impairment; something is not working the way it is supposed to (Edwards & Imrie, 2003; Grue, 2011). As captured in the universal symbol for disability, the most easily imagined disabled person is one who uses a wheelchair. Disability is furthermore understood to be a static state of being: a disabled person is often imagined not only to be someone who uses a wheelchair because they cannot walk but also as someone who will *never* be able to do so. Through this dominant ableist lens, disability often becomes a master status of identification: someone is seen as *being* disabled instead of *having* a disability (Michalko, 2009). Yet not all people who experience impairments identify as disabled. The lived reality of having a disability is more unruly than popular imaginary allows for. Besides physical disabilities, there are also cognitive disabilities and neurological disabilities (e.g. Clair, Beatty, & MacLean, 2005; Connelly & Baldrige, 2018). Some of these are congenital, some acquired. Some are visible, some are not. Impairments, symptoms, or sensations may be variable and dynamic. However, all of these impairments and disabilities carry stigma and as such impact working lives of those who deal with the physical, cognitive, neurological, as well as the social consequences of their condition (Davis, 2016).

The needle goes in. No luck, we have to do it again. I have troublesome veins and I know the nurse will probably eventually have to call the anesthesiologist. But first a few more tries. Sharp pain. The nurse is frustrated. The room is stuffy and filled with other people waiting to be hooked up to IVs: advances in methods for diagnosing multiple sclerosis (MS) have improved over the last few years, and, as a result, the treatment rooms are always filled to the brim. I look around at the others. A particularly beautiful woman in chic sandals catches my eye. I think that I would never have known that she had MS if I had seen her in the “real world.” I think that it must really help her to be able to pass so easily. I wonder if people think about me the same way.

I hope it’s over soon because I have to work. I brought my computer with me so I can work from the hospital because I didn’t want to tell anyone that I was going to the hospital again this week. I was here last week as well, for a check-up. I can’t be seen as someone running in and out of hospitals even though I regularly am, often just for routine stuff. The nurse gives it one more try and her frown turns into a smile: success. “We’ll have to start using different veins at some point,” she says, “this one is all scarred up by now.” I know. Back to my seat and my computer. I wonder how people without the flexibility of academia are able to hide their hospital visits from their employers and colleagues.

Lines between illness and disability blur. Numerous chronic illnesses result in intermittent or continuous disabilities and the consequences of musculo-skeletal disabilities may render a person more susceptible to certain chronic illnesses. (...) At what point does a condition become a disability? In whose eyes?

(Charmaz, 2010, p. 8)

We discuss the parameters of this co-authored piece. It starts with one of us admitting that she feels uncomfortable adding her experiences to the shared document we created:

I feel very reluctant to muck in what seems like your document/your experiences. Who am I to write in the first person about disability? I don't identify as disabled and I still feel uncertain about coming out so publicly with having a post-traumatic stress disorder (I don't even dare write out 'mental health issue' yikes!) And it also feels like I should not be complaining: although some may diagnose my post-traumatic stress disorder (PTSD) as chronic because I have been carrying it around with me for so long, it is not always an issue for me. Also, I seem to have options for healing that you don't. I know it doesn't make any sense, and it is gendered, and we have already established that we can relate to each other's experiences. But still. Do we create a hierarchy of suffering? If so, why? And who does it serve?

The other author responds:

I think trying to break down a hierarchy of suffering is an important step in creating solidarity and change based on empathy – and interestingly enough, I feel like I should not complain compared to your experiences, since I don't have to deal with the violence of disbelief, illegitimacy etcetera. That I have a neurological disorder is at least never questioned, and I receive medication through an IV, which almost always invokes sympathy because then it must be “very serious.” Actions don't always follow those feelings, but I enjoy privileges because of the illness I have. I think the difference in our feelings about telling people about our conditions reflect that: I think it makes a lot of sense that I find it easier, because my condition is not made into a subject for debate. There is no doubt in my mind that I have it easier. But then again: what purpose does making this hierarchy serve? Is this hierarchy not exactly in ableism's favor, constantly evaluating the extent of diversion in each body, constantly thinking about bodies in relation to how far they are from a platonic ideal of ability? I wonder how, without veering into privilege-blind territory, we can cultivate solidarity and unity instead of difference.

Funny thing: They say I have a mental health condition, but I don't experience it like that. I feel the aftermath of rape in and on my skin: it feels like bruises, abrasions, blisters, cuts, sun burns, goosebumps, and inflammation.

How can we write about our bodily experiences in a meaningful way? Writing about the body and from the body is a challenging task as many lived experiences resist being put to words, especially in a conventional academic format. Several scholars have therefore argued the need for writing styles and genres that express bodily and tacit knowledge. For example, Grey and Sinclair (2006) argue the need for writing differently; Meier and Wegener (2017) suggest that scholars need to write with resonance to make a felt impact on the reader;

Brewis and Williams (2018) suggest “writing as skin” and Helin (2018) explores how “dream writing” can open up new possibilities for accessing tacit knowledge and knowing from the body. As Fotaki, Metcalfe, and Harding (2014) suggest, choosing a different writing style and format can be considered a form of resistance to dominant power structures: “Writing from and with reference to the body involves using women’s corporeality to recreate their own subjectivity through language as a move against the masculine rhetorical structure that has defined it over time” (p. 8).

Elbow (1998) writes that collage “uses the simplest but most effective aesthetic principle: put things together if they sort of go. They need to ‘go’ ... but not too well” (p. 26). According to Elbow, this opens up new possibilities for understanding what is written. Collage writing plays with the rhythm of a text. Whereas conventional academic writing is aimed at articulating a linear argument, collage writing works with cuts, dingbats, blips, crots. As Kilgard (2009) argues, “The thesis is in the gaps, in the juxtapositions, and in the (perhaps miraculous) possibilities of the meaning-making process” (p. 2). In this chapter, our bodies collapse into our writing and vice versa; both disrupt the rhythm and linearity of academic knowledge production. Our writing aims to reflect our experiences with our bodies as disrupted and disruptive.

Time spent on MS-related activities over the past two weeks: Two visits to the hospital for medication and check-ups: 2 × 2 hours used for transportation; 1½ hours for an IV drip; 45 minutes for check-up and waiting time. One phone call to the clinic: 35 minutes wait; 10 minutes conversation; call to general practitioner: 15 minutes. Trip to GP to rule out any other cause than flare-up: 30 minutes. Time spent debating with myself whether or not to make calls at various points in the process: 5 hours. I have become the perfect calculating neo-liberal subject, quantifying my productivity in hours and minutes that I have not spent on my academic work in order to prove what? That it is not that bad? That I can still legitimately call myself a “good” scholar?

She comes to class late. When she sits down, I notice how pale she looks. Her normal ambitious energy has fallen below zero. I continue with class but feel increasingly worried and hypervigilant. All my senses become sharpened and impulses are amplified: I notice every breath she takes and her slightest movements make me jolt. She emailed me before class that she wanted to talk. Something happened that might jeopardize the completion of her thesis in time, she wrote. The wording raised a big red flag – “something happened.” I can sense the pain behind what she does not articulate.

After the other students have left she tells me, her voice low and raspy: “This weekend me and a friend were attacked on the street. My friend was beaten up and I was sexually assaulted.” Her words claw their way into my skin. “I still have to decide whether to report the incident, but the police advised against it.” I try to ignore the familiar feelings washing over me. I say what I wish someone would have told me years ago. “I am so sorry this happened to you. It never should have happened. I hope you know that you did nothing wrong. This

is not your fault.” She simply nods. I tell her she can take all the time she needs to process this. As her thesis supervisor, I will accommodate her needs in any way I can. I ask about her support system and available professional help. I tell her that I am thankful for her trust. After she leaves, my physical memories hit me full force: I am shaking, sweating, nauseous, and I feel a sharp pain in my chest that makes it difficult to breathe. I feel enraged by how utterly common these kinds of stories and the enduring silence around them are.

Expectations about how everyday life “should” be structured and unfold are tied to cultural ideas about time and progression. In *Time Binds* (2010), Elisabeth Freeman uses the concept “chrononormativity” to make sense of the relationship between norms and time. Chrononormativity is “the use of time to organize individual human bodies toward maximum productivity” (p. 3). Freeman stresses that ideas about time and the rhythms of life are normative, even if they often remain implicit. There are expectations not only about *what* one does but also about *when* things should be done and at what pace. This applies to life in organizations as well. Riach, Rumens, and Tyler (2014), for example, write about the ways in which organizational ideas about promotions, career progression, and flexible working conditions are tied up with ideas about *the right time* to be involved in partnering, parenting, and caring (p. 1678). With this, they point out how chrononormativity and heteronormativity feed into each other.

A similar argument about the relationship between hetero- and chrononormativity is made by Cosenza (2014), who shows how she – as a self-identified queer person – struggles with the demands of normative ideas about having children. Time, she argues, “is another lens through which to see the ways regulatory regimes compel bodies toward the impossible accomplishment of normativity” (p. 162). Ideas about time and progression – the *right time* to do something, the *natural* progression of things – can thus be seen as disciplinary regimes in their own right. Ideas about progression are so entrenched that they often only become visible when they are not followed, when the *naturalness* of them is disrupted.

These normative ideas about time and progression are also prevalent in the notion of how careers should evolve. As Sabelis and Schilling (2013) argue, this notion is thoroughly gendered:

The prevalent logic of career making is still linear and cumulative – as established at the beginning of industrialization in a male-dominated working world. It assumed a family model with a male breadwinner and a female home-worker, enabling each other full dedication to the tasks (professional or home-related) and an uninterrupted life course within one system (family or profession).

(pp. 127–128)

In their writing on expected rhythms in women’s careers, Sabelis and Schilling argue that there is an “underlying normativity of careers as linear” and with this a lack of recognition of the “complexity, unpredictability, and deeply temporal character of ‘career’ as part of a life course” that for women often includes childbirth, parenting, caring obligations, and menopause (p. 129). We illustrate how the presumption of linear working lives also has consequences of exclusion for those dealing with disabilities and chronic illnesses. Indeed, our experiences of the effects of chrononormativity emerge at the intersection of (dis)ability and gender; we experience ableism predominantly in relation to notions about “normal” rhythms

of academia, which intersect with gendered ideas about linearity of career trajectories. In particular contexts, these notions exclude us from performing the role of the productive, always-progressing, and thereby successful academic. The consequences of this inability go beyond personal ambitions or pride, because disability is often closely connected to stigma and ideas of personal responsibility, which as Charmaz (2010) argues, not being able to “keep up” in the workplace spurs definitions of moral failure and felt and enacted stigma (p. 10).

Tired today. It's not as bad as it could be, it's worse than it should be. I have coping strategies. I work in bed, following a self-imposed schedule: work a little – rest – work a little – rest – get some exercise – work a little – rest. Buy takeout (no shopping, no cooking, no cleanup), do one single thing at a time, work out a bit. Going to the gym gives me more energy than I spend, it's something to do with the endorphins. But I'm afraid of meeting people when I go to the gym. I'm afraid of being seen exercising because that can be interpreted as evidence of my non-sickness, that I'm just “faking it” – for what? The sympathy and free-time, I guess.

I feel there is a gold standard of being sick that I don't match on these days. I'm afraid people won't recognize me as sick, just see me as lazy, as wanting to take an easy mini-vacation from work. The gold standard is the flu. If you are sick from the flu, you can't exercise, you have a fever. When you're really sick like that you can't do anything. I feel like there isn't a box to put me in these days: I can't go 100% but maybe I can go for 30% or 50% or 60% depending on the day. But that doesn't mean that I can't do anything at all. It's not either-or; it's both-and.

They want me to have a say in my treatments. They call it empowerment. Patient empowerment and the historically gendered condition that makes women doubt their legitimacy as a voice of authority in/on their own bodies is a dangerous combination. I've spent so many years teaching myself the noble art of not feeling my body – its aches, its pains, its fatigue, its anger – how am I supposed to re-learn that now?

We recall Sabelis and Schilling's (2013) ideas about interruption and predictability of career trajectories here, since ideas about linearity, productivity, and progression also extend to understandings of illness and dis/ability. Illness is often thought of as something that only temporarily pauses the otherwise productive, linear progression of work, which will always eventually be returned to – and with this, not as something that renegotiates the very premises of this temporality. Moreover, the relationship between illness and health is generally conceived much more binarily than is often the case with chronic illness and disabilities: you are either ill/disabled or not, you are either a productive body or an unproductive body. For people with chronic illnesses and disabilities, however, the dynamic between illness/disability and productivity is often the object of a more ongoing negotiation.

Based on interviews with employees in three large organizations in Northern Belgium, Jammaers, Zanoni, and Hardonk (2016) argue that disabled employees use an array of discursive strategies for constructing (positive) workplace identities. A central strategy used by disabled employees here is to contest the discourse of lower productivity associated with disabled employees by redefining the assumed relationship between disability and

work. This is frequently done by employees emphasizing their inherent and superior dedication to work either despite or *because* of their disability (p. 1375). This resonates with Elraz's (2018) findings that employees with mental health conditions discursively position themselves in a positive way by pointing out their resilience, work ethic and dedication. Thus, they articulate "an opposing narrative to the disempowered, underperforming subject position" (p. 730).

I question the usefulness of this kind of narrative of acceptance and ability – along with the "I have overcome!" or "I'm a better person now!". It feels like something I have to perform to be a "good patient." What is really meant by that, I wonder? A passive patient maybe? A non-angry patient? A silent patient? A patient who isn't bitter? Everyone knows there's nothing worse than bitter people – so uncomfortable to be around. Yuck. People would much rather see a supercrip – that disabled person who overcomes structural barriers by sheer individual willpower, all while smiling and sharing their inspirational stories for the pleasurable consumption of the able-bodied (Schalk, 2016; Shapiro, 1994).

How does acceptance feel for you? The image that keeps popping up when I think of the struggle I have had with acceptance is that of a goose being force fed for its liver paté. I felt like someone shoved the word "rape" into my mouth and then covered my mouth with their hands shouting "SWALLOW" into my ears. I can still feel my eyes watering and my breath quickening as I write this. It is like I can't breathe and the only thing that will help is to swallow, but that is the last thing I want to do because it means literally incorporating something horrible and disgusting. The repeated phrase "SWALLOW! SWALLOW DAMN IT!" My nostrils flaring out for air, my insides burning and I just keep resisting, I keep fighting without a sound. My body is rigid and tense and I can hear myself thinking, "No, please...please don't" until finally I break and cannot do it anymore. I swallow...and then I immediately want to throw up because I just feel so sick, and I cry and cry and cry. I feel dirty, I feel like I have *become* rape and I disgust myself. I don't know how to live with this inside me.

And then time goes by and I get out of bed each day. Work is one of the few places I can pretend to still be normal, even though I feel anything but normal. I have been sleeping very little, but I focus like a hawk because I don't know what else to do to keep my mind from racing and to keep from feeling how bad I am actually feeling. And then very very slowly the nausea subsides and I start trying to live with this thing inside me. And I try to speak its name because it is undeniably there. But I still find it hard to navigate how much of it I am allowed to share, how much of it I am allowed to be. How to match this thing that is super vulnerable with feeling resilient, capable and strong? How to not let it define me?

It takes tremendous chutzpah for nonvisibly disabled people to assert our disabilities in public settings or to ask for accommodation; denial, mockery and silent disapproval are some of the cultural mechanisms used to inhibit us.

(Samuels, 2003, p. 242)

As I write this, I am not angry or even bitter, but I am FED UP with all the things that we have to be. Actually, I can feel the anger bubbling up in me, and it feels like power. It feels like slamming the letters on the keyboard O-N-E B-Y O-N-E. It feels like making a point about my own autonomy. I am sick and there is enough to deal with in my life just with that single fact. I don't need another chore or demand on my inner self. There is value in non-acceptance, non-forgiveness, in anger and in complaint. It drives me. What happened to me is not fair, and I don't know if I feel I should accept it. That does not mean that I can't also be other things at the same time, that I can't feel happiness or feel inspired or feel at peace.

I notice that I am smiling. A warm feeling spreads in my body. I'm content to be sitting right here, right now. I'm on the train on my way to a family event on a Saturday in December, and I'm spending the train ride working on a paper. I'm excited about the paper, and I've been thinking about it a lot lately. I also enjoy working on trains. There's something about the passing by of the landscape that is very stimulating. I just had an idea about how to connect two of the main theoretical points. So satisfying! Only ten minutes left until the train arrives at my station. I hurry to write down my thoughts. I think to myself that I will get back to this on my way home.

Chronic conditions and disabilities that run sometimes unpredictable courses can be seen to disrupt the rhythm and expected progressions in organizations in two distinct ways. They challenge the normalized idea of illness as a single instance of something that intrudes the body, starts, peaks and is cured/beaten by the body's immune system (like the common cold or food poisoning), and they call attention to and disturb the rhythm and linear mode of working and thinking of the specific organizational context. The discourse of freedom and flexibility associated with careers in higher education further complicates this picture. Gornall and Salisbury (2012) argue that the presumption of flexibility plays a vital role since in practice there seems to be no upper limit to the working week in academia. Technology allows ample opportunity of working from home and outside of traditional office hours: VPN connections, access to work email accounts, and the portability of computers and tablets mean that you can work anywhere, anytime. Intersecting with this is the "vocational" aspect of academic careers; they are often conceived to be a hobby and/or a type of calling driven by passions and interests that transcend boundaries between the private and public in work life (Gornall & Salisbury, 2012). Combined, these factors mean that there is much unseen – and unpaid – labor in academia, and that hour-limits are not traditionally policed at the upper end of the spectrum.

The never-ending demands of academic work have left me flat on my back. This is the second time today that I miss a chair my body was aiming for and fall. I laugh it off and mumble something about my clumsiness to the colleague I am with, while I pull myself up

and sit down on the seat – a little more carefully this time. The truth is that these last four days of conference attendance have left me utterly depleted and my body is now showing off its tiredness. With the back to back presentations, social events in the evenings, and the few hours of sleep I manage to get because my PTSD flares up when I have to sleep in unfamiliar surroundings, I feel like I do not possess the productive body academia is geared towards.

Drinks on the program after ten hours of work. The others see it as a relief, as the time to start having fun. The summer school prides itself for being “intense.” Those who are able to participate in the intensity are rewarded with community, laughs, jokes, bonds, promises of future contact. I feel invisible and hypervisible. It’s so clear that I’m not in on the jokes that bond the group together. I try to explain that I can’t do long work hours like that because I have MS. I’m met with silence. What an uncomfortable issue to bring into the group dynamic. Not another word is said about it.

The ways in which chronic conditions and disabilities shape everyday organizational experiences often depend on their visibility. Disability is generally assumed to be visible, yet there are many disabilities and chronic illnesses that are invisible (Michalko, 2009). Invisible chronic illnesses and/or disabilities may be considered invisible social identities, and as such align with identities related to, for example, sexual orientation, religious affiliation, and mixed-race heritage (Clair et al., 2005). These invisible social identities bring into view questions around information management. As Frable, Blackstone, and Sherbaum argue, given the possible costs associated with being stigmatized, people with these invisible social identities are likely to think strategically about whether, when, and how to reveal their difference (1990 as noted in Clair et al., 2005, p. 81). Although people with invisible conditions may be confronted with ableism in their work context, they often have the option to “pass” as able-bodied or healthy in order to maintain privilege and avoid stigmatization. Passing can include both passive non-disclosure of their identity/condition and active attempts to cover up their difference, and can occur both intentionally and unintentionally. On the other hand, people with invisible social identities can also choose to reveal their difference, which is often considered as coming out (Samuels, 2003).

The job interview. By chance, I heard about a position at a new research center. I contact the center director and am able to quickly set up an informal meeting to hear more. The position isn’t advertised yet, and the center is just starting, so there is little information available. For me, the meeting’s primary function is getting some information about the place. The informal meeting quickly turns into an interview. “I am keen to fill the position as soon as possible,” the director says, and adds that she finds my profile interesting; a pleasant surprise given the extreme competitiveness and long hiring processes typical of academia. There is a friendly and open feeling in the room. However, the surprise of the interview also means that I have not had time to prepare how to approach the big MS question. As the interview goes on, I feel an increasing uncertainty about how much to disclose and at what point. The center is obviously committed to excellence, and there is a lot of talk about high-profile

careers. Although nothing ablest is said, I strongly associate these words with ideals about long working hours and hectic schedules with little time for or understanding of self-care. I say nothing. I should say something. But I am not prepared, I do not have my speech ready. I don't know them well enough to assess how to present the fact of my illness to them. Framing the first introduction just right is so important.

A colleague whom I don't often talk to steps into my office. He looks awkward and asks if we can go somewhere private to speak. We walk to a place where no colleagues are working.

"So, what I want to ask you is if you would want to chair the party committee of the department next year." My first response is to laugh a little, because the question seems too ridiculous. The laughing functions to relieve some of the stress that I immediately feel. My body is tensing up and I notice the familiar feeling of a sinking stomach. I say one of the first things that comes to mind. "I think I am probably the worst person to do that."

He looks at me with a frown. "Why?" And then I struggle. I have to think really hard to come up with an answer other than the one that keeps circulating in my head: I cannot possibly be in a situation where I have to organize a party that will probably include alcohol because it means I will not be able to leave early and I may end up getting super triggered because I have rape related PTSD. After a long pause where I try to find words that allow me to pass both as a good colleague and as a mentally stable person, I say "Well, I live quite far away and I have a family I need to get back to so I usually leave work quite early and that's not very handy when you have to organize something like this." He starts pressuring me. "Oh, but I think you will be great. You are so good at thinking outside the box, and you will be able to pick your own team of people." I feel thrown off balance. There are so many good reasons not to want to do this – one of the important ones is that it costs a lot of time – but I just cannot think of any because the voice in my head is too loudly speaking the things I really do not want to share with this colleague. In the end I say I appreciate his offer and will seriously consider it, but am leaning towards a "no." I email him later and tell him no, but I end up feeling like I am overreacting. Sometimes the small and seemingly inconsequential things are the hardest. These are often not related to the main aspects of academic work such as teaching and research. It is usually the more informal aspects of academic work – such as drinks, outings, dinners, student trips – when things get tricky for me. These are considered quite essential though, because they are opportunities for personally connecting with colleagues and networking. This is important for securing funding, new job opportunities, etc. I think skipping out on work-related social events adds to my image as an individualistic scholar. Once, in my yearly performance meeting, my direct superior questioned if I was enough of a "team player" and I am definitely not seen as appropriately "fun."

Fatigue.

They call it that so it isn't confused with tiredness.

People don't take tiredness seriously
apparently

It's when you can stare at nothing for an hour and not notice

It's when there are no thoughts left

or maybe too many thoughts all at once

It's when the TV is too noisy but reading is too much work
It's waking up tired after a good night's sleep
It's being overwhelmed at everything
It's not having the energy to keep up pretense
Drained
I sometimes tell people that it's like having the worst hangover
There's not really a language for it.

Collage writing plays around with multiplicity and heterogeneity (Cosenza, 2014; Elbow, 1997, 1998; Kilgard, 2009). Kilgard (2009) argues that collages require readers to be open and reflexive about the multiple meanings presented in the fragments.

This calls on the audience to participate in the act of questioning, asking them to examine their own associations and experiences with the constitutive elements of the collage as well as the themes, ideas, and texts themselves presented in the collage work.

(p. 4)

It takes effort to read a collage such as this one. It demands activity and a shared responsibility for interpreting, reflecting, and questioning the text. It requires readers to engage from their own particular “histories, backgrounds and knowledges” (Kilgard, 2009, p. 2). It calls for a willingness to immerse oneself in the uncertainty of not knowing where the writing is going or where it will end up. In this, the collage format echoes our experiences of living with our conditions: we never know when flare ups will happen, we cannot really prepare for or predict how our bodies will react in the future, and we don't know how people will respond to our conditions or our coming out. Being uncomfortable and uncertain is central in our everyday lives: linearity is constantly disrupted, unpredictability is the norm.

As we come closer to the submission deadline, we continue to discuss and debate the chapter's format and message. We wonder whether we are explicit enough in our politicization of the personal, a classic feminist strategy for drawing attention to marginalization and inequality, not least in relation to disability (Morris, 1992). Do we need to explicate that this writing is not about us being self-indulgent but about the impact of ableism as a systemic power structure that shapes our everyday lived experiences? Should we offer more solutions, or rather focus our efforts on creating a policy, a plan? There is no doubt a dire need for these. But if they are ever to be effective and actually work for the people who need them, an ethical engagement with lived experience is necessary.

Writing this has been intense, rewarding, and draining all at once. The process of writing has in itself been an emotionally nonlinear process: We have had fun writing in new ways and experimenting with form and style; days of feeling high on joy and excitement in our work have been followed by downs of exhaustion and self-doubt about the piece, about ourselves, about our conditions, and how we frame them. We have written individually and collectively; we have passed the text back and forth; we have commented on each other's writing; we have exchanged long emails in which we reflected on both our experiences; we have felt too tired to engage; we have felt triggered by our own writing; we have felt

energized and supported; we have started many new documents when we were dissatisfied with the lack of connection we felt, especially to the theoretical, conventionally written fragments. We loved printing out all our exchanges, cutting the A4s into pieces with scissors, and physically arranging and rearranging the sequence of the bits we selected (cf. Elbow, 1997). We wish we could have included more; yet we also feel satisfied with the collage text that we managed to produce.

But now we feel unsure. We have not written a traditional literature review. Shouldn't we include a clearer outline of what has been written on disability in organization studies (e.g. Connelly & Baldrige, 2018; Elraz, 2018; Jammaers et al., 2016; Mik-Meyer, 2016; Vickers, 2011; Zanoni, 2011)? And how about the papers focusing on the legal aspects of disability (e.g. Foster, 2007; Foster & Fosh, 2009; Khan, Korac-Kakabadse, Skouloudis, & Dimopoulos, 2019; Robert & Harlan, 2006)? There just isn't enough space to address how gender intersects with disabilities of different kinds (e.g. Dobusch, 2017; Mik-Meyer, 2015; Sang, Richards, & Marks, 2016). Our embodied reality of living life as women in a patriarchal society clearly shapes our experiences in profound ways: we are constantly doubting ourselves as a legitimate voice in and on our own bodies; we fear being seen as "hysterical," "overreacting" and "faking it". We see our bodies in the context of the long history of violence against women, sexual and otherwise. But do we give the reader enough context and information to make the connections between the bits that we present here? Do we present enough theoretical insights for this writing to count as a worthy academic piece? Do we have the courage to present our own stories as theoretical in themselves (Ellis, 2004, pp. 194–196) even if this breaks with academic conventions? How can we avoid being pulled back into the normative linear mode of academic writing without becoming incomprehensible?

When did you begin to put the pieces together? Perhaps when you put the pieces back together you are putting yourself back together. We assemble something. Feminism is diy: a form of self-assembly.

(Ahmed, 2017, p. 27)

Our stories are different and somehow also surprisingly similar. We both see ourselves confronted with able-bodied ideals and ideas related to productivity, linearity and excellence in academia. We both struggle with stigma and related issues of disclosing information. We constantly negotiate whether to pass or come out about our conditions. In writing this piece, we continue this negotiation; we have debated the limits of our anonymity and have decided not to disclose which of us suffers from what condition. We both come out and continue to pass, but in this writing, we also make our conditions more visible than they have ever been. Our play with anonymity and openness has involved anxieties and doubts, and some of those remain unresolved. We have yet to encounter the readers of this piece and wonder how their responses will feel. We see our partial coming out in this chapter as a political move that aims to address and make visible the often hidden exclusionary mechanisms behind, before, and within ableism. We believe some of these can change for the better, yet we also fear the repercussions of addressing these issues on our bodies and our careers.

One narrative persists
and it frames me as
 weak, fragile, flaky, different
 unproductive and disruptive

This clashes with the
preferred academic self
Rigid rules are used
to draw
 a linear career trajectory
 a line between me and you
 a box I cannot escape
 but do not fit into

My lines scribble, scratch,
 zig zag
~~strike through~~
they circle back and forth
and sometimes they spiral
 out of control
 off the page

I want you to see
the beauty in the pattern
 I create
how it complements your
straight lines and angles;
how it sometimes runs
parallel to yours;
how it leaves open space
for thinking outside
 that perfectly shaped box
 you drew

My lines cross yours
they disrupt your neat
out-line

Feel my presence
also in my absence
I am still there
 holding the pencil
 holding space

But please do not erase
all these different lines
 I drew
without your ruler
I am multiple

Note

- 1 The authors contributed equally to this project. Names are listed in alphabetical order.

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