

“I Had My Way of Doing Things and It Worked for Me”: Lived Employment Experiences of Adults with Psychiatric Disabilities

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ABSTRACT

Adults with psychiatric disabilities have a higher rate of unemployment and underemployment and have often suffered some form of job discrimination and poor employment accommodations due to the nature of their disabilities. However, there are few empirical investigations related to how these individuals undertake and/or perceive their employment experiences and the meaning of those experiences. This study aims to explore the lived experiences of adults with psychiatric disabilities who have received their employment-related postsecondary training in a southwestern city of the United States. Using a transcendental phenomenological approach, semi-structured interviews were conducted with six participants; each participant was interviewed twice. Based on the data analysis, six core themes emerged: subtle discrimination, work and familial support, disability awareness, accommodation, fear of embarrassment / strength limitation, and disclosure/self-advocacy. These findings advance the understanding of the core requirements and relevant accommodations needed for adults with psychiatric disabilities to help them gain and retain employment in a competitive labor market. Based on these findings, we conclude this article with a discussion of practical implications and suggestions for future research.

KEYWORDS: Adults with Psychiatric Disabilities; Employment Experience; Transcendental Phenomenology

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Introduction

According to the National Institute of Mental Health (NIMH, 2017), an estimated 10.4 million adults in America are diagnosed with serious psychiatric disabilities, which is 4.2% of all adults in the United States. The Americans with Disabilities Act (ADA, 1990) defines disability as a physical or mental impairment that substantially limits one or more of the major life activities of an individual. The *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association [APA], 2013) states that a mental or psychiatric disorder is a condition characterized by a clinically significant disturbance in an individual's cognition, emotion, or behavior that reveals a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Psychiatric disabilities are often associated with significant distress in communal, employment, or other psychosocial activities. Examples of psychiatric conditions include anxiety disorders, bipolar disorder, schizoaffective disorder, depression, personality disorders, psychosis, schizophrenia, and dissociative disorder among others. These conditions affect the mood, thinking process, and behavior of individuals (APA, 2013; Kayaalp, 2015, 2016).

For adults with psychiatric disabilities, unemployment or underemployment is still prevalent. Waghorn and Lloyd (2005) contended that psychiatric disabilities often affect long-term unemployment of individuals due to early onset or diagnoses from the age of 10 to 30 years. After all, it is during these years (10-30 years old) that significant formal education and career growth often occur. The disruption often caused by the advent of psychiatric disability—diagnosed and undiagnosed—may impede the individual's formal education, thereby limiting career prospects, leading to lower-skilled job prospects, reduced income expectation, and, consequently, unemployment or underemployment. According to NIMH (2018), a combination of various treatment options including inpatient and outpatient services (improved rehabilitative services), counseling, and prescription medication are used in the treatment of psychiatric disabilities. Yet, even with the treatment options available, NIMH contends that the majority of adults with psychiatric disabilities remain unemployed or underemployed.

According to the National Alliance on Mental Illness (NAMI, 2014), the employment rate has become progressively worse for people with psychiatric disabilities. The rate of employment has reduced to 17.8% in 2012 from 23% in 2003. Most of the people with psychiatric disabilities want to be employed, and 60% would be successful at employment with the right support (NAMI, 2014). However, people with psychiatric disabilities still have a higher unemployment rate, and even college education does not seem to alleviate their rate of unemployment (NAMI, 2014). According to Cook (2006), among adults with psychiatric disabilities, 43% of those with college degrees are not employed, compared to only 13% of college graduates with physical disabilities. Furthermore, 38% of employees with psychiatric disabilities had minimum wage employment compared to 20% of employees without disabilities, and 36% of employees with psychiatric disabilities had part-time employment compared to 16% of adult without disabilities.

The statistics suggest that adults with disabilities have a higher rate of unemployment compared to their colleagues of comparable educational qualifications who do not have disabilities, and this phenomenon is even more evident in the case of psychiatric disabilities (Kerr, Dattilo, & O'Sullivan, 2012; Kilinc, 2017; Ogurlu & Sevim, 2017; Tal, Moran, Rooth, & Bendick, 2009; Tannebaum, 2015). Moreover, adults with psychiatric disabilities constitute a social group that has been systematically discriminated against and oppressed by society, issues that have originated from the inadequate response of society to accommodate and understand their needs (Carothers & Parfitt, 2017; Kaye, Jans, & Jones, 2011) in addition to how those needs are being met by society (Darcy, Taylor, & Green, 2016). These forms of systematic discrimination in

society experienced by adults with psychiatric disabilities further complicate their employment concerns (Lamichhane, 2012).

Unemployment for adults with psychiatric disabilities frequently results in substantial economic hardship, subsequent reliance on government aids and assistance, and possibly more complicated mental health issues (Cooper, 1991; NAMI, 2014). In fact, they are the largest group of social services recipients including social security income and social security disability income (NAMI, 2014). Extended periods of unemployment are also often linked to chronic stress that makes it difficult to engage in activities related to job seeking such as applying for jobs, interviewing, and so forth (Benoit, Jansson, Jansenberger, & Phillips, 2013; Kerr et al., 2012; Iyitoglu & Aydin, 2015). While participation in employment provides most adults with daily structure, economic stability, and social opportunities, to be unemployed often means being cut off from these social values and the benefits associated with employment (Henry & Lucca, 2004; Shier, Graham, & Jones, 2009). Hence, it is beneficial for both the individual and society to increase the employment opportunities of adults with psychiatric disabilities.

The statistics show the widespread phenomenon of this unemployment; however, not many studies comprehensively understand employment issue for these individuals by addressing both postsecondary training and workplace barriers. Some existing studies only address a stigmatizing viewpoint of the employment of adults with psychiatric disabilities, in general, or explore a narrow issue of accommodating them in the workplace (Ferrie et al., 2006; Netto, Yeung, Cocks, & McNamara, 2016; Sanderson & Andrews, 2006; Stuart, 2006; Tarman & Kilinc, 2018; Tarman, 2016). Therefore, the purpose of this transcendental phenomenological study was to explore the lived experiences of adults with psychiatric disabilities who have attained postsecondary training as it relates to their employment goals. In addressing the research purpose, the study investigates the following research questions: (a) How do adults with psychiatric disabilities describe and perceive their employment experiences? and (b) What are the meaning and essence of their experiences and perceptions that may affect employment issues?

Literature Review

Various authors have tried to add to the discourse of psychiatric disabilities as it relates to employment. Stuart (2006) demonstrated positive correlations between the severity of mental disability with lower income and decreased participation in employment. It is pertinent to note that Stuart's description of mental health disabilities and employment originated from the medical model, highlighting the impact of mental health on employment. More specifically, Stuart stated that employers have a stigmatizing view of psychiatric disabilities and consequently find it difficult to hire adults with such disabilities into competitive positions. The author further asserted that they are more likely to be hired into a secondary labor market where jobs are unskilled, part-time, and/or temporary with a high turnover rate and fewer benefits.

Similarly, Netto et al. (2016) stated that the effect of stigmatization on adults with psychiatric disabilities can lead to poor employment chances. As Link (1987) studied ways to understand the labelling effect of mental disorder, the authors conclude that adults who are labeled as having psychiatric disabilities in the workplace are often rejected and demoralized for them. In other words, Netto et al. (2016) argued that adults who are labelled as having a psychiatric disability suffer higher rates of unemployment than adults not labelled as having psychiatric disabilities. They also state that the stigma of labeling alone on adults with psychiatric disabilities can limit work opportunities, knowledge, skills, and capabilities, educational competence, and abilities to perform a job; it may also lead to social exclusion.

Meanwhile, Sanderson and Andrews (2006) discussed mental disorders and workforce issues from the descriptive and social epidemiology perspectives. Descriptive epidemiology emphasizes the transmission of mental disabilities in the population, while social epidemiology examines the social determinants of health. It is imperative to view psychiatric disabilities from these perspectives; however, the medical model emphasizes mainly the health implications of having these disabilities as it relates to employment. Proponents of the medical model conclude that the workplace helps create access to mental health treatment through the employee health insurance program that adults with psychiatric disabilities can access. Other scholars (Cooper, 1991; Kato, 2018; Tal et al., 2009) also indicate that employment helps these individuals and that the lack of employment further compounds psychiatric disabilities issues; this has been corroborated with previous findings.

Based on the relational justice perspective in the workplace, Ferrie et al. (2006) addressed psychiatric disabilities and employment issues. They stated that relational justice is a part of organizational justice, which includes procedural and distributive components. According to the authors, “the procedural component refers to the perceived fairness of formal decision-making procedures while the distributive component refers to the perceived fairness of the decision themselves” (p. 443). They further suggested that “the relational component refers to the fairness with which employees perceive they are being treated by their supervisor” (p. 443). The authors concluded that employees who perceive being treated unfairly by their supervisor are at increased risk for poor mental health.

These findings of existing studies reveal that employers’ stigmatizing views and low expectations toward adults with disabilities tends to affect employment opportunities and their productivity if employed, thereby creating unemployment or underemployment situations (Critten, 2016). However, the study did not comprehensively explore whether postsecondary training had played a significant role in their ability to retain employment. Although another study (Ferrie et al., 2006) addressed relational issues with supervisors and fairness in the workplace, this study’s findings show a limited viewpoint regarding job accommodation. This is because several other barriers, such as stigmatization, prejudice, and discrimination, can affect reasonable job accommodations for adults with disabilities to allow them to participate fully in their respective work settings (Boardman, Grove, Perkins, & Shepherd, 2003; Chow, Cichocki, & Croft, 2014; Yigit & Tatch, 2017). While these barriers have an impact, there has been insufficient research seeking to understand the employment experiences of those individuals (with psychiatric disabilities) who have attained employment-related postsecondary training.

Theoretical Framework

This study takes Goffman’s stigma theory as its theoretical framework. Goffman (1963) discussed the notion of stigma as a socially non-acceptable norm or physical traits within society or deviation from the standard, acceptable practice, or behavior. In this regard, disability may be viewed as a stigma. Goffman further stated that society has established means of grouping people that are acceptable to its principle and acceptance. The norms seem ordinary and natural for members of the group. Any deviation from the norm is unacceptable and is viewed as abnormal. The concern arises from the fact that members of the group do not become aware of the norm until there is a deviation that is considered not typical (Goffman, 1963).

Goffman (1963) defined stigma as “an attribute that is deeply discrediting” (p. 3). Corrigan and O’Shaughnessy (2007) stated that social psychologists have framed stigma into four groups of cognitive constructs: cues, stereotypes, prejudice (awareness and agreement of negative

stereotypes), and discrimination (an action related to undesirable emotional reactions produced by prejudice). Corrigan and O'Shaughnessy further indicated that as stigma is typically based on skin color, body shape or size, sexual orientation, membership in a religious minority, or adults with mental illness, it typically leads to prejudice or bias when observed by majority members of the "standard or acceptable" norm. The public stigma of adults with disabilities leads to discrimination that limits or removes opportunities to attain and maintain life objectives (Larson & Corrigan 2010; Link, Yang, Phelan, & Collins, 2004). Larson and Corrigan (2010) further indicated that adults with mental illness may avoid the basic aspects of life functioning, which include employment, housing, education, politics, relationship and health goals, due to the negative label of mental illness. Hence, given the assumption that the stigmatization of adults with psychiatric disabilities by employers or employees typically leads to unemployment or underemployment from the theoretical knowledge, Goffman's stigma theory provides an overall basis to explore the lived experiences throughout the processes of their employment.

Methods

The study employed a transcendental phenomenological approach that "emphasizes subjectivity and the discovery of the essence of experience and it provides a systematic and disciplined methodology for the derivation of knowledge" (Moustakas, 1994, p. 45). This approach is appropriate as it allows adults with psychiatric disabilities to communicate their unique lived experiences/perceptions in their employment context, thereby allowing the researcher to further examine the essence and meaning of their experiences (Moustakas, 1994).

Participants

With the approval of the Institutional Research Board at the first author's university, we contacted employment vendors that specialize in assisting adults with disabilities in obtaining employment to identify a purposeful sample for this study. Participants who had received (or were receiving) services through the State Department of Rehabilitation Services were approached about participating in the research study. They all were individuals diagnosed with psychiatric disabilities according to the *Diagnostic and Statistical Manual of Mental Disorders* (APA, 2013). Finally, six participants were selected: three males and three females from different organizations located in a major city of a Southwestern state in the United States. The participants were between 24 and 42 years old and had obtained postsecondary education with a community college degree or higher. They were also certified to have disabilities by both the medical professionals and the State Department of Rehabilitation Services.

Data Collection

Data collection constituted of semi-structured interviews that were 45-60 minutes long; two interviews were conducted with each participant. Semi-structured interviews included prompts related to health concerns; family perception; employment, vocational, and educational history; and experiences of barriers in employment. This approach was necessary to ensure that the questions asked in the interview were related only to adults with psychiatric disabilities to obtain a description of their lived experience. The researchers' role in the interview process involved facilitating and guiding participants, rather than dictating thoughts or ideas. In this process, we attempted to ensure that participants were not put in any unknown or unforeseen

danger (Milner, 2007). The researchers also worked to guard against their own prior assumptions (Jones, Torres, & Arminio, 2013). In keeping with the goals of phenomenological research, researcher assumptions and prejudgments were set aside so that the researcher could be open to the lived experiences of the participants being studied, free from preconceptions and preexisting beliefs. Specifically, researcher prejudgments were labeled and written down in field notes and reviewed constantly among researchers, until we felt the internal readiness to encounter the situations open to receive whatever was offered by the participants (Moustakas, 1994).

Data Analysis

The analysis of the transcripts was conducted in accordance with a modified procedure of phenomenological data analysis that included horizontalization, determining the invariant constituents, as well as clustering and creation of themes (Moustakas, 1994). In detail, the interviews were audiotaped and transcribed verbatim. Transcripts were then analyzed following the pattern (with modification) of van Kaam's method (Moustakas, 1994). The first step, horizontalization, included reading the interview and then re-reading the interview again slowly to gain insight into specific experiences of the participants and then categorize the data into meaningful units or themes. The next step was the determination of the invariant constituents, which involves the elimination of overlapping, repetitive, and vague expression that do not meet the requirement for the research study, followed by creating themes or initial codes for the invariant constituents. Clustering and thematizing the invariant constituents occurred next to create the core themes of participants' experiences. The invariant constituents and their accompanying themes were checked against the complete record of the research participants to see whether they are expressed explicitly in the complete transcription and if they are compatible. If they had not been expressly expressed and were not compatible and irrelevant to the invariant constituents and themes, they were deleted (Moustakas, 1994). The data analysis process also included the construction of a textural description for each participant's discussion of the experiences, including verbatim examples from the transcribed interview and memo notes to identify and clarify our themes (Creswell, 2013; Moustakas, 1994). Finally, we constructed a textural-structural description of the meaning and essence of the lived experiences of each research participant using the invariant constituents and themes (Moustakas, 1994).

Findings

Significant themes emerged from the interviews using a transcendental phenomenological approach to analyzing participants' responses regarding their lived experiences in employment situations. The six themes include: subtle discrimination, familial and work support, disability awareness, fear of embarrassment/strength limitations and disclosure/self-advocacy. Participants' voices were used to illustrate these concepts. Based on the transcendental phenomenology approach, the concepts were then synthesized into the meaning and essence of the lived experiences of adults with psychiatric disabilities in employment. To protect participants' privacy, we use pseudonyms when quoting participants.

Subtle Discrimination

Adults with psychiatric disabilities who participated in this study directly and indirectly mentioned discrimination—subtle in nature—by the organizations and/or top management. The

subtlety was mainly related to accommodations required by the participants. During the interviews, while discussing the necessary accommodations to enable him to be effective on the job, Sam stated:

If the issue of accommodations for individuals with psychiatric disabilities is addressed at the corporate level, it will benefit all employees even those without disabilities. Those relatively inexpensive accommodations for few people are going to benefit everyone; however, [the] corporation has been hesitant to provide the necessary accommodations.

In the same vein, while discussing the issue of accommodations, Brent stated that:

Once you tell them (management) that something is wrong and that you have a disability, they will accommodate you for a while, and they tend to forget about your disability because you have been functioning well, and after a while, the management then decide[s] that nothing is wrong with you and they will not provide you with any further accommodations. It becomes hard to do the job. ... When I interviewed for the job I had in the past, I told the hiring manager (owner) that I have a mental health disability and he gave me the job because of my disability. He thought of me as a tax break. I never complained about anything and I got fired after two months on the job and he gave me a flimsy excuse for firing me.

This form of discrimination is hard to control as it is based on individuals' perceptions of disability and the associated stigmatization of psychiatric disabilities (Goffman, 1963). The ADA of 1990 was enacted to ensure that adults with disabilities do not suffer substantial discrimination and stigmatization in employment. Even with the ADA protections, adults with psychiatric disabilities continue to suffer silent discrimination at their places of employment.

Work and Familial Supports

Work and family supports are a key determinant in defining the success of adults with psychiatric disabilities in employment and other areas of their lives. Participants mentioned the importance of having familial and work support to be successful. However, it appears from the interviews that participants received little or no support from either work or family. The limited supports at work could be attributed mainly to the fact that the individuals did not disclose their disabilities to their employers or colleagues for fear of discrimination, stigmatization, and stereotyping. The insufficient supports could also be due to the lack of knowledge on the part of the employer about the nature of psychiatric disability. The interviews indicated that poor perception and limited insight or knowledge about the nature of the disabilities from colleagues and family play a significant role in the work performance of psychiatric disabilities. Linda commented:

One of my managers was one of the few people at work that understand my disability situations and knows about my disability. She built on my strength and my disabilities did not keep me from being a better groomer and it did not hold me back. ... One of the patrons at where I worked reported me to my manager that I did not make his coffee fast enough and that I did not even write his order very well. I do not feel like I did anything wrong and my manager transferred me to another branch because of that singular situation/event. I do not know if it was because I was not good enough or did not write down his order. I did not stay at the new branch for long. I quit the job because I was not supported by my manager and I felt alone.

On the issue of familial support, it was apparent that family, friends, and other significant individuals play a vital role in assisting adults with disabilities in their employment, as well as

their employment satisfaction. Ash highlighted the importance of this familial support: “With [my husband] by my side, I have been able to cope a lot more just because I have that support I have never had before.”

Disability Awareness

There was also consensus among the participants on the issue of self-awareness with regard to their disabilities. While discussing ways that his disability has affected his employment, Brent stated:

I get anything that has to do with numbers messed up and I am not even aware of it. I think the older I get, I am more able to deal with it and also knowing the fact that I am dyslexic, and I know how I am going to offset that problem.

Brent’s self-awareness allowed him to create strategies for responding to challenging situations. Meanwhile, Linda described her approach:

I did not do things like everyone else, I had my way of doing things and it worked for me. I had a hard time working for the company and I barely made it through the company training program. I know that I do better with hands-on type of jobs and whenever I am doing something my hands, I do it really well. I excel working with my hands and that is good for me, but I feel I cannot retire on that.

Based on the consensus among the participants, the coping strategies they employed at work enabled them to function optimally. This finding indicates that provision of reasonable accommodation, appropriate coping strategies, functional limitation awareness, and the resulting impact on their employment enable adults with disabilities function optimally at work.

Accommodations

Participants were also consistent about the utility and value of receiving necessary accommodations for retaining employment. Sam appeared to have a clear understanding of what he needs to accommodate his disabilities and the associated cost. During the interview, Sam was asked if there were any issues because of his disability that could have been taken care of, to enable him to function optimally at work. He indicated that a very inexpensive accommodation would have helped him function effectively in his role, with “nominal at best” reductions in his performance. In the same vein, Linda stated:

My manager really threw the book to the side for me, she told me to do it really well and she would grade me on what I was doing more than what I would have written down because she could see that I knew it but could not put it in paper. She was an awesome manager. I did not know if I would have made it quite frankly without her assistance and accommodation. I work for my mom now and she gives me a lot of accommodations in a certain way. If I was in another job and not working for my mom, they would have fired me, and most places would have gotten rid of me.

Accommodations for psychiatric disabilities are necessary and highly important for continued employment. It is important to note that the relevant accommodations should be tailored to specific needs. Therefore, if an organization takes psychiatric disabilities into consideration when providing accommodations, the organizations will certainly have a higher success rate in employment for individuals needing those accommodations. The turnover rate for employees with psychiatric disabilities in organizations could also be reduced with the addition of accommodations.

Fear of Embarrassment/Strength Limitation

It was obvious during these interviews that participants had a fear of embarrassing themselves at work. The fear of embarrassment limited their ability (or willingness) to seek employment or even request accommodations at work. The fear also limited their ability to perform optimally at work. The participants had a clear understanding of their strength limitations but were also confident in what accommodations were needed to overcome those limitations. Ash had “learned to just quietly do what I do and not reach out and ask for help because whenever I do, I do not get anything back.” She expressed concern that others would label her as “not a good employee” because they didn’t know the struggles she faced. She hesitated to mention her disability because “I do not think employers want that, they will just have a capable person instead, and I am not.” Likewise, Brent described the challenges of changing jobs:

You are a little bit more apprehensive about embarrassing yourself or somebody else in public. It makes it harder to get a job because you will have to explain to the new employer the personal problems you are having. It takes a good part of the year to get everything settled. It is dreadful, and you are constantly thinking something is going to happen that you are going to lose your job.

The fear of embarrassment at work can actually lead to limitations (i.e., the inability of an employee to be productive at full potential). Perhaps upon recognizing that their employees have a disability, an open-door policy would allow employees to discuss accommodations needed to functional optimally.

Disclosure/Self-Advocacy

Advocacy and self-disclosure play a significant role for adults with psychiatric disabilities in managing their disability when it comes to employment and other areas of their personal lives. This theme was also expressed by all participants. Brent stated:

I had a conversation with my new manager; they made an exception (accommodation) for me due to my disabilities. They did all the addition necessary to help me with my work. The disclosure helps me at work and to be honest they (employers) were more understanding. I worked my way up from sales associate to supervisor and to part time assistant manager. I am more stigmatized telling people I have disabilities than the effect of the disabilities on me.

Similar to Brent, Linda described how her approach to disclosure and self-advocacy had changed over time:

I did not tell the management or colleagues about my disabilities because I did not want them to look at me differently and I did not want them to look down at me. But now I feel they need to know so that they can teach me right and I can get the job done in the right way. I am pretty open about it now. In the past, I was depressed about it.

Adults with psychiatric disabilities appear to assume that requesting help could easily be misinterpreted, and they tend to expect negative perceptions of their disabilities when they disclose their disabilities to others. However, it was noted that when they do disclose their disabilities, the probability of getting the relevant accommodation is increased.

The Meaning and Essence of the Experience of Psychiatric Disabilities in Employment

The composite structural descriptions provide a synthesis of the meaning and essence of the psychiatric disabilities experiences regarding employment (Moustakas, 1994). Even though the participants in the study were from different organizations, their views with respect to their employment experiences were similar regarding how their disabilities were treated in the organizations.

To these participants, employment was more than the provision for necessities of life. Work was a way to help manage their psychiatric-related issues as well. Sam stated that his employment helped him manage his disabilities, but when he lost his employment, his psychiatric issues became worse. Adults with psychiatric disabilities who have benefited from employment would want to speak up for themselves as well as for others. They considered themselves as the best advocate for their disabilities as they had a better understanding of the nature of their disabilities and the relevant accommodations they would need to overcome their functional limitations. This was evident when Sam stated that his disabilities gave him the platform to speak for others living with psychiatric disabilities, which allowed him to make a cogent argument on their behalf when they were not able to do so.

Advocating for psychiatric disabilities might be necessary due to the misconceptions or views held by people within an organization, society, or family (Kitchin, Shirlow, & Shuttleworth, 1998). Linda indicated that her family initially thought she was stupid because she could not get things done at the same rate as family members without disabilities. Furthermore, Brent said that his dad played a small role regarding his disabilities, but his brother was always there for him; he felt the need to repay his brother by keeping his employment. These views might have detrimental or positive effects on adults with psychiatric disabilities in employment. The views also need to be mitigated by experts who have knowledge of adults with psychiatric disabilities and employment, so that employment accommodations can be provided, and stereotypes reduced.

The individuals interviewed for this study were able to advocate for themselves regarding accommodations, which enabled them to perform optimally at employment. One of the research participants displayed a thorough knowledge of his disabilities and the relevant accommodations he needed to be successful at work. At the same time, the others knew what they needed to succeed at work but were scared to ask for the relevant accommodation due to unpleasant past experiences. And yet, they indicated that if they had asked for accommodation, they may have done better at work. Hence, adults with psychiatric disabilities are their own best advocates with respect to accommodation and sensitizing people with relevant information about their disabilities (Madaus, 2008).

Discussion

This study provides evidence that corroborates some of the literature reviewed. The understanding of the various themes and perceptions affecting adults with psychiatric disabilities is of paramount interest to many researchers, policy makers, and employers. The emerging themes, as discussed earlier, play significant roles in the employment goals of these individuals as those relate to keeping employment or leading to their being unemployed.

Dealing with Misconceptions and Expectations

Due to the dynamic nature of psychiatric disabilities, we found misconceptions regarding the symptomology and the characteristics of psychiatric disabilities. One of the common misconceptions identified in these interviews is the low expected job performance when compared

to people with physical disabilities or people with no disabilities, thereby leading to discrimination because of this stigmatization. Echoing previous research findings, discrimination has an impact on the ability of the adults with psychiatric disabilities to perform optimally at the job. Boardman et al. (2003) stated that stigma or misconception, prejudice, and discrimination are barriers to employment for psychiatric disabilities. Stuart (2006) concluded that:

Stigma is both a proximate and a distal cause of employment inequity for people with a mental disability who experience direct discrimination because of prejudicial attitudes from employers and workmates and indirect discrimination owing to historical patterns of disadvantage, structural disincentives against competitive employment and generalized policy neglect. (p. 525)

Lower expectations and stigmatization from management tend to create low self-confidence, which can eventually lead to resignation from employment if management does not believe in the employee's capabilities to perform competitively. However, if subtle discrimination and stigmatization are noticed at work and mitigated well, adults with psychiatric disabilities can perform at an optimal level and be competitive.

Other studies have revealed the importance of knowing one's strengths and limitations in regard to disabilities awareness and management. Gerber, Ginsberg, and Reiff (1992) stated that having control over the disability is the key to success for adults with disabilities as they become aware of their limitations and strengths. Hence, they defined control as making a conscious decision to take charge of one's life. Participants in this study clearly displayed a thorough knowledge of the limitations on their ability to perform certain responsibilities at work. Along with that understanding, these limitations provoked the fear of embarrassment at work. The fear was regarding whether to disclose their disability or not. They understood that their disabilities could be misconstrued due to the nature of psychiatric disabilities; given that, this might lead to embarrassment and stigmatization. One participant stated she would resign from a job rather than having to deal with the circumstances that create embarrassment for her. She further indicated that she has walked out on her job due to the fear of stigmatization related to her disabilities after disclosure or the fear of employer's finding out about her disabilities. Lindstrom, Doren, and Miesch (2011) stated that the knowledge adults with disabilities have about their own strengths and limitations (e.g., self-efficacy, motivation, and coping skills) plays a significant role in their ability to maintain employment over time. In addition, Goldberg, Higgins, Raskind, and Heran (2003) argued that adults with disabilities who see their disabilities as only one aspect of their lives went on to be successful in employment. Therefore, having thorough knowledge about the dynamic nature of the disabilities significantly and positively affects employee performance at work.

“Managing” and “Accommodating”

The other pertinent finding of this study relates to the issue of reasonable accommodations. Accommodations, as perceived by the research participants, could either be the backbone of the success of their employment or the reason they would quit their employment. It was particularly interesting to note that study participants had a clear understanding of the type of accommodations they would need to perform competently at work. To implement reasonable accommodations for adults with psychiatric disabilities, employers need to consult with the affected individuals to create a proper strategy between the accommodations and each employee (Modi, 2018). There is no one-size-fits-all accommodation; individualized accommodations specific to the needs of each employee should be sought and provided. Hence, Frank and Bellini (2005) concluded that the

implementation of the ADA will be distorted if the voices of people with disabilities are omitted. The lack of these voices could lead to an erroneous conclusion based on unproven assumptions. It is important to allow adults with psychiatric disabilities to have a voice in the implementation and provision of accommodations, as this will likely reduce the high rate of employee turnover associated with psychiatric disabilities.

Since adults with psychiatric disabilities possess knowledge of the functional limitation of their disabilities, it becomes imperative to consult with these individuals when discussing the provision of employment accommodations. This will help in minimizing their limitations and maximizing their strength to achieve success and be optimally competitive at work. Gerber et al. (1992) stated the importance of having control over their life activities. They also stressed the notion of reframing, which is a set of decisions relating to interpreting one's disabilities in a more positive manner. Thus, it becomes imperative that for adults with disabilities to avoid their fear of embarrassment and stigmatization due to their functional limitations, they should have thorough knowledge of their disabilities and accommodations required to overcome their limitations (Kitchin et al., 1998). The ADA and the Individuals with Disabilities Education Act (IDEA) section 504 of the Rehabilitation Act of 1973 were designed to protect and advocate for these individuals. The research participants in this study indicated they were able to advocate for themselves when it became important or when the need arose for them to do so. Skinner et al. (2004, as cited in McConnell et al., 2012) stated that self-advocates know their functional limitations, their strengths, and their legal rights, and they can inform others about those rights, needs, and goals in an empathetic way to solicit support, accommodations, and assistance needed for their success.

The literature review showed that employers or organizations tend to equate support with accommodations for adults with psychiatric disabilities regarding employment. However, while accommodations are important, support for individuals with psychiatric disabilities includes moving beyond reasonable accommodations provided by employers. Recall that one of the study participants stated that her mother and her brother called her stupid and that she was filled with the stupidity complex at home and work; this affected how she relates to people at home and at work as she believed she was just stupid. Similarly, previous researchers suggested that perceptions of disability have a greater impact on the inability of employees with disabilities to maintain and secure employment (Shier et al., 2009). Another study also asserted the negative impact of disability stigmatization on continuing job search for meaningful employment by unemployed adults with disabilities (Benoit et al., 2013). In addressing this issue, Gerber et al. (1992) emphasized that most successful adults with disabilities surround themselves with supportive networks such as spouses, family, and friends. Bigby and Wiesel (2011) also indicated that social inclusion for adults with psychiatric disabilities will enhance their confidence and increase the possibility for meaningful employment at the societal level. Familial support, guidance, and encouragement play a significant role in preparing young adults for post-school placement and employment services (Gerber, Price, Mulligan, & Shessel, 2004; Goldberg et al., 2003; Lindstrom et al., 2011).

Current literature related to disability discrimination cases examined the patterns of discrimination and identified seven themes: "distinctive patterns across disability type; access to premises; human resource mismanagement; selection of new employees; integration of assistive technology; perception of cost of disability inclusions; and inflexible organizational workplace practices" (Darcy et al., 2016, p. 1242). While organizations and government policy makers tend to focus on certain long-practiced issues from the above themes (e.g., selection of new employment issues and the perception of the cost of inclusion and accommodations for those with disabilities),

employment-related quality-of-life issues for people with psychiatric disabilities have not been a focus and thus increased governmental support is needed. In the research literature, many scholars have addressed issues related to physical disabilities such as hearing or visual impairments (Lamichhane, 2012). However, the workplace issues related to people with psychiatric disabilities have been neglected and not pursued by many researchers. Given this perspective, our study is critical as it explores the lived experiences of adults with psychiatric disabilities within public organizational settings and identifies unique themes and plausible solutions for employees who had experienced post-secondary training for their employment in the United States.

Practical Implications

While the stress and challenges of getting and retaining employment are real and difficult for all persons, they are particularly challenging for adults with psychiatric disabilities. Understanding the assumptions, biases, and misconceptions regarding these types of disabilities will help to allay the fear and improve working experiences of adults with psychiatric disabilities. The findings of this study create an avenue to understanding issues regarding employment for adults with psychiatric disabilities. Some of the findings highlighted the fear of embarrassment and strength limitation and work support. However, at the very least, employers should be sensitive and demonstrate genuine interest and concern for adults with psychiatric disabilities; this will help in boosting self-confidence in their ability to perform the basic requirements of the job rather than focusing on the pre-assumptions and misconceptions of psychiatric disabilities.

Another finding of the research highlighted the issue of reasonable accommodations for adults with psychiatric disabilities. While adults with psychiatric disabilities display a good knowledge of reasonable accommodations needed for them to succeed at work, it will be helpful to note that employers and employees with psychiatric disabilities should work together in creating a reasonable accommodation necessary for them to perform well at their employment. In addition, employers should demonstrate a thorough understanding of ADA policies to be able to fully assist adults with psychiatric disabilities. This will help maximize the potential of adults with psychiatric disabilities.

An important consideration with respect to reasonable accommodation for adults with psychiatric disabilities is the associated cost. In some cases, the cost of accommodation appears to be relatively inexpensive, as noted by Sam. He stated that it would cost the employer \$31 per month for his accommodation of light and aroma therapy. Furthermore, the cost of psychiatric accommodations may be relatively inexpensive compared to the cost of hiring and training new employees to perform the job functions. This might possibly save the employer time, resources, and productivity in the organization. As this study highlights some of the lived experiences of adults with psychiatric disabilities, it is important to note that these barriers can be overcome, and adults with psychiatric disabilities can function and be optimal employees.

Limitations and Suggestions for Future Research

This is a small-scale study, conducted in one city in the Southwestern United States, and focused on participants who had completed at least a community college degree. In addition, participants were recruited from those receiving services from the State Department of Rehabilitation Services; individuals who are availing themselves of state services may be more experienced in navigating various administrative and bureaucratic systems in the context of their disability. Therefore, it is possible that this experience increases their self-awareness or self-

advocacy in a way that shaped the results described here. Finally, given that individuals with psychiatric disabilities could be considered members of a vulnerable population, we have neither collected nor provided more detail regarding participants' demographics or experiences (e.g., industry and career) to shield their identity and privacy.

Future studies should explore the employment experiences of individuals with psychiatric disabilities in various regions of the country and with varying levels of education. Further studies also need to consider exploring the employment experiences of individuals with psychiatric disabilities who are not otherwise supported by state-level rehabilitation services. In addition, it would be helpful to research the extent to which the industry or sector where the individual works has an impact on his or her employment/workplace experiences, as well as length of employment/career (Aslan & Aydin, 2016; Kim, 2014; Kim, Park, & You, 2017; Olson, Kim, & Hwang, 2017; Park, Kim, Park, & Lim, 2018). For example, do individuals working within K-12, profit, or nonprofit settings (where providing accommodations for *students/workers* with disabilities is required by law, presumably elevating the visibility of disability-related issues) find it easier to obtain their own accommodations than those working in other areas of employment? Further research should also explore individuals' length of employment or career track, to determine whether there are differences in employment experiences over time, including job accommodations among adults with psychiatric disabilities and supports from supervisors and peers.

Conclusion

Due to the high unemployment, underemployment, and discrimination for adults with psychiatric disabilities, it is critical to understand the various themes that played substantial roles in their inability to secure competitive employment and ways to remedy the situations. While the stress and challenges of getting and retaining employment are real and difficult for all people, they are particularly challenging for adults with psychiatric disabilities. The findings of this study create an avenue to understanding issues regarding employment for them, including the fear of embarrassment, strength limitation, and work support. At the very least, employers should be sensitive and demonstrate genuine interest and concern for employees with psychiatric disabilities. In addition, employers should demonstrate a thorough understanding of ADA policies to fully assist those with psychiatric disabilities and maximize their employment potential (Lunt & Thornton, 1994). Participants in this study displayed a good knowledge of reasonable accommodations required for their success at work. Accommodating the workforce, in fact, can be relatively effective compared to hiring and training new employees to perform the same job functions in the workplace (Lim, Smith, & Kim, 2016). Therefore, providing reasonable accommodations—as required by law—may also save the employer time, resources, and productivity in the organization. These findings further suggest that if these themes are taken into consideration when it comes to employment for adults with psychiatric disabilities, their rate of unemployment and underemployment will be reduced.

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