

# Disability and 'Care': Managers, Employees and Colleagues with Impairments Negotiating the Social Order of Disability

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# Disability and ‘care’: Managers, employees and colleagues with impairments negotiating the social order of disability

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## **Abstract**

This study explores how the ‘care’ of able-bodied colleagues and managers (observers) affects their relationships with employees with cerebral palsy. Disability researchers have established that ‘help’ and ‘care’ may cause feelings of dependency with the recipient (e.g., Shakespeare, 2000). However, few workplace studies have investigated the potential negative consequences of ‘caring for’ colleagues with disabilities. Through open-ended interviews conducted in 2013 in 13 Danish work organisations with 13 employees with cerebral palsy and 62 observers, the study examines how the relational aspect of ‘care’ may result in relationships between colleagues of ‘parent-child’ or ‘helper-helpless’. The study thus clarifies the inherent contradictions embedded in the dynamics of organisational behaviour in relation to employees with disabilities, namely that workplaces may hire a person with physical limitations (perhaps to deflect accusations of social discrimination) and still end up stigmatising these workers because of the stereotypical assumptions related to employees with disabilities.

## **Keywords**

Care, cerebral-palsy, Denmark, disability, role pair, stigmatisation, token, work organizations

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## **Introduction**

Recently, body and organisational scholars have shown a growing interest in employees who differ from the norm at the workplace (Hassard et al., 2000; Wolkowitz, 2006). These studies include, for example, investigations of ‘aesthetic labour’, i.e., how to ‘sound right’ and hide your stammering (Butler, 2014) or different dialect (Eustace, 2012; Nath, 2011), how to address visible indicators of a different social class or ethnicity in elite UK law firms (Ashley, 2010), how ageism intersects with employment (Jyrkinen and McKie, 2012; Moore, 2009; Porcellato et al., 2010; Riach and Loretto, 2009), or how race and ethnicity affect the everyday wellbeing of ethnic minority employees at work (Deitch et al., 2003; Fox and Stallworth, 2005). Often the focus in these studies is how a different appearance from the norm of the workplace can lead to processes of stigmatisation through little everyday incidents, which can have large consequences (Williams L, 2001). This study follows this line of work by examining how observers reduce their perception of their colleague with disabilities to stereotypical expectations of how this ‘type’ of employee is supposed to act (Goffman, 1990a: 13). These stereotypical expectations of employees with disabilities (e.g., Stone and Colella, 1996) often result in observers entering a ‘helping’ and ‘caring’ role, which breaks with the usual way of engaging with colleagues in the workplace, as explained by one of the managers in the study reported here:

It wasn't something you would expect from an ordinary colleague. This constant attention, you know, almost like how you'd act towards a small child; that's how bad it was. ... It was very pronounced (Manager in a private Danish company)

This manager problematises a recurring theme in this study's dataset, namely how employees with cerebral palsy became the object of a type of parental attention that, in turn, placed the employee with cerebral palsy in the unfortunate role of a child. The main research question of this study is therefore the following: how do observers' 'help' and 'care' affect the relationships between observers and employees with a disability? The focus on relationships between colleagues' points to an important aspect of the analysis, namely, that employees with disabilities can only define themselves in accordance with the statuses, roles, and relationships that are consistent with the social order (Goffman, 1990b). That is, if observers perceive their colleague with disabilities as a person in need of help, then this social order affects the roles available to the employee with disabilities (i.e., to be a person in need of help).

### **Disability – a social model approach**

Most research on disability and work today applies a 'social model of disability' approach (Oliver, 1983). This approach breaks with the so-called 'medical model' approach, which until the 1970s was the dominant approach and focused on the medical aspects of disabilities (Barnes and Mercer, 2011; Barnes, 2000; Barnes and Mercer, 2005; Hughes and Paterson, 1997), i.e., the particular physical and psychological limitations of the people with disabilities. Similar to the aforementioned organisational studies of 'different' bodies and appearances in work organisations, disability studies inspired by a social model approach also investigate the particular situation of employees with disabilities in workplaces. These studies examine how broader societal barriers (Patrick, 2012) and

social policies (Barnes and Mercer, 2005) exclude employees with disabilities from the workforce, how formal policy targeting workers with disabilities may be seen as an ‘empty shell’ (Hoque and Noon, 2004), and how lower rates of employment relate to disability (Jones and Wass, 2013). These quantitative as well as qualitative studies examine, in other words, how ‘brutal’ workplace practices can be (e.g., Fevre et al., 2013) and, in general, how overt discrimination practices operate in large bureaucratic work organisations (e.g., Robert and Harlan, 2006).

Research inspired by a social model approach in the area of disability also includes more micro-sociologically and psychologically inspired research on how observers treat their colleague with disabilities (Stone and Colella, 1996). For example, how lack of support from co-workers can lead to exclusion (Naraine and Lindsay, 2011) and stigmatisation (Balser, 2000; Hyde, 1996; Vickers, 2012), and how dominating able-body norms (Hall and Wilton, 2011) and different organisational cultures (Samant et al., 2009; Spataro, 2005) may result in the inclusion or exclusion of colleagues with disabilities. The interest in common with this research is how the social environment—for instance, the ways in which observers treat their colleagues with disabilities (Colella, 2001; Stone and Colella, 1996)—affects the work lives of this group of employees (Foster, 2007: 67); an interest that this current study shares. However, the focus of this analysis is not structural discrimination such as lower wages or poor career opportunities or, for instance, discrimination due to a lack of support and explicit ill-treatment from co-workers (although these themes are definitely important issues to investigate). The focus of the current study is narrowed down to how ‘help’ and ‘care’ of observers can lead to stigmatisation of employees with disabilities. The analysis of the study is in this respect modest because it does not claim to cover all of the aspects of importance in relation to investigating the work situation of employees with disabilities.

## *Disability and care*

Care is a key theme in the broader disability literature and is often discussed in relation to stigmatisation and infantilisation practices (Shakespeare, 2000). Although the concept of care ‘invokes different experiences, different meanings, different contexts and multiple relations of power’ (Williams, 2001: 468), this current study only examines the different experiences and meanings of care in work organisations. The analysis of this study follows the definitions of ‘help’ and ‘care’ that Shakespeare suggests (2000: ix): ‘help’ thus describes various acts of assistance and is less value-laden than ‘care’, which ‘combines an emotional component and a description of basic human services’ (Shakespeare, 2000: ix). This emotional component of care—and the assumed perception of care as a positive endeavour—makes care a ‘contested and confused’ phenomenon (Shakespeare, 2000: ix): the position of the care-receiver as someone in need of care may easily turn into a position of dependency, which, for some care-receivers, is not a desirable position. However, agreeing with Shakespeare that the concept of care is both contested and confused, it is necessary to discuss in more length the definition of care used in this article.

Feminist and disability scholars take very different approaches to the examination of care, as Watson and colleagues (2004) specify in their review article on care in the research fields of feminism and disability. As opposed to the work of feminist scholars such as Kittay’s (2011: 53) work on ‘ethics of care’, the current study does not automatically perceive care as ‘a central good’ (Kittay, 2011: 52). Care is arguably a moral phenomenon (Kittay, 2011: 53); however, the present study does not regard care as solely ‘a positive, affective bond and investment in another’s well-being’ (Kittay, 2011: 52). Rather, as the analysis will show, care may result in (unwanted) stigmatising practices as well as relationships of dependency and inequality with the person providing the care. Care may thus not be the ‘heart-warming concept with a positive valance’ and dependency the ‘cold’ and ‘negative’ counterpart (Fine and Glendinning, 2005: 605): ‘Caring may

be a response to dependency; dependency is characterised by a need for assistance ... and care can itself create or deepen dependency', as Fine and Glendinning (2005: 606-7) suggest.

Many disability scholars share this focus on dependency. In this field, we see a number of studies that examine how 'care' produces (inter)dependency (Morris, 1994; Morris, 1997; Walmsley, 1993) or independency (Fine and Glendinning, 2005; Kröger, 2009), often accompanied by a particular interest in empowerment (Larkin and Milne, 2014; Morris, 1997) or other power processes (Butler, 2014; Fine, 2005; Hughes et al., 2005; Williams, 2001). This current study also examines how care—perceived as a moral phenomenon (i.e., someone doing something apparently good for someone else)—in some instances may be perceived as 'a central good' (Kittay, 2011: 52) and in other instances as behaviour causing an 'exaggeration' of the 'difference' of the (token) person positioned as in need of care (here, the employee with cerebral palsy) (Kanter, 1977: 971). In these situations, 'care' may lead to an exclusion of the individuality of the (token) employee with cerebral palsy; his/her 'own unique, non-stereotypical characteristics' (Kanter, 1993: 211). 'Care' is in other words regarded as an ambiguous and relational phenomenon invoking different experiences and meanings (Williams, 2001), why there is a need for a relational approach to analyse how observers' 'help' and 'care' affect the relationships between observers and employees with disability.

### **Organisational tokens and stigma**

Employees with visible disabilities have a heightened visibility (Kanter, 1993) in work organisations due to a dominating discourse of 'ableism' (Campbell, 2009); i.e., people with disabilities are often stereotyped and stigmatised in accordance with dominant assumptions about their particular 'type' (Campbell, 2009; Goffman, 1990a) and presumed negative effects of their impairments in work organisations (e.g., Hunt and Hunt, 2004; McLaughlin et al., 2004; Stone and

Colella, 1996). For this reason, Goffman's (1990a) work on stigma and Kanter's (1977; 1993) work on tokens are crucial because these two concepts explain how body stigma and heightened visibility affect the relationships between the employees with cerebral palsy (the token) and his/her observers (the majority) in the workplace. However, there is one important difference between Kanter's (1993) study and this study. Here, an employee's token status does not necessarily make them subject to performance pressures, a hostile work environment, and isolation, nor does it 'entrap' them in particular *work* positions as Kanter (1993) finds. In this present study, the token status of the employee with disability can result in caring relationships, which can 'entrap' him/her in the role of a child or helpless person, thus resulting in very different performance demands (accepting help and care) from those found by Kanter (1993).

Tokens are a 'skewed' group that at most constitutes 15% of an employee group (Kanter, 1977: 966) and are—as opposed to 'solos' or 'loners', who are employees of equally low numbers—identified by 'a set of assumptions about culture, status, and behaviour' (Kanter, 1977: 968). This definition fits well with employees with cerebral palsy who despite their low numbers in organisations also 'capture a larger awareness share' than other organisational members and are also subjected to the majority's tendency of exaggerating the difference between them and the majority workers (Kanter, 1977: 971).

Observers' stereotypical assumptions of employees with disabilities affect, in other words, how the employee with disability (the token) and the observers (the majority) perceive and interact with each other (Kanter, 1977: 976). These stereotypical assumptions related to particular 'different' attributes of individuals may cause stigmatisation, i.e., a process in which a person's attribute 'makes him different from others in the category of persons available for him to be, and of a less desirable kind' (Goffman, 1990a: 12). Goffman continues to explain how the process of stigmatisation is when a person is 'reduced in our minds from a whole and usual person to a tainted,



discounted one' (Goffman, 1990a: 12). He concludes by stating that '[s]uch an attribute is a stigma, especially when its discrediting effect is very extensive; sometimes it is also called a failing, a shortcoming, a handicap' (Goffman, 1990a: 12). Thus, by combining Goffman's work on stigma and Kanter's work on the particular situation of tokens, it is possible to analyse why and how the usual workplace relationships of colleague-colleague or manager-employee are replaced with unusual workplace relationships of parent-child, helper-helpless or protector-protected.

Furthermore, by making observers' perceptions key for the analysis, as in the current study, it is possible to examine how observers' reactions to the difference of their co-worker (Goffman 1990a) result in 'caregiving', which may cause 'role entrapment' (Kanter, 1977: 980) and 'role encapsulation' (Kanter, 1993: 231); i.e., that employees with disabilities become 'entrapped' and 'encapsulated' in, for instance, the role of the 'helpless child'. By including the experiences of the employees with disabilities, it is furthermore possible to examine the workings of 'role embracement' (Goffman, 1961: 90) and how token employees try to conform to the imposed social roles (Kanter, 1993), i.e., in this study, how the employees with disabilities themselves embrace the roles of the helpless child or the person in need of help.

Many Kanter-inspired studies examine how the status of tokens relates to gender, i.e., tokens having the 'unusual' gender in the examined organisational context (e.g., Cognard-Black, 2004; Flores, 2011; Hughes, 2005; Maccorquodale and Jensen, 1993). Although the heightened visibility of token employees with disabilities does not relate to their gender (this study will show both male and female observers talking about their help and care for the employee with disabilities of both sexes), many disability studies show how stereotypical expectations of people with disabilities to a large extent coincide with stereotypical expectations of women and female behaviour (e.g., Stone and Colella, 1996; Mik-Meyer, 2015). This may explain why the token

positions of employees with disabilities often lead to stereotypically feminine practices of helping and caring for the employees with disabilities.

### **Design, methodology, and data**

The goal of this study was to examine relationships between observers and their colleagues with disabilities. The reason for focusing on the work situation of employees with cerebral palsy was twofold: 1) the research interest of the author on how physical impairments (such as cerebral palsy) of employees were managed by the employees with disabilities and their observers in Danish work organisations, and 2) the available funding possibility from a private foundation that supports research on cerebral palsy. The data used for this analysis are from 2013 and are based on interviews with 13 employees with cerebral palsy (three women, 10 men), 19 managers (seven women, 12 men), and 43 colleagues (18 women, 25 men) in 13 Danish work organisations. Four of the participating employees with cerebral palsy were employed under regular conditions, eight were employed in flex-jobs, and one person was in a light job<sup>1</sup>. The participants' names have been changed into pseudonyms.

In 11 of the 13 participating work organisations, four to six interviews were conducted, and in the two remaining work organisations, the author also performed four weeks of participant observation in an effort to gain day-to-day experiences of how the work situation of the employee with disabilities was negotiated by the three participating groups. In these two organisations, the author conducted approximately 15 interviews per organisation. All 75 interviews were tape recorded and transcribed and lasted in most cases 40-70 min with an average length of 50 min. The study's participants worked in both private (8) and public (5) work organisations; e.g., some in a private foundation with 25 employees and others in a medium-sized municipality with

5,000 employees. The employees with cerebral palsy worked within the fields of IT (6), social and psychiatric services (3), service (2), and technical documentation (2).

After conducting pilot interviews with an employee with cerebral palsy, a colleague, and three disability experts, an interview guide was developed in which key questions were how observers perceived their colleague with disabilities, and how the colleague responded to the extra attention that his/her impairment gave rise to. The topics of the interview guide included 1) information about the interviewee, 2) the recruitment process, 3) the first months at work, 4) daily work life and career, 5) social life at the workplace, and 6) concluding questions about central topics for the interviewee. An important objective of the study was to examine relationships between colleagues, and therefore only employees with cerebral palsy who had collegial contact on a daily basis were chosen. Due to ethical considerations, the person with cerebral palsy was contacted first, and then he or she asked colleagues and managers if they wished to participate in the study by being interviewed. This method has probably resulted in the avoidance of colleagues or managers who in some way had conflicts with the employees with cerebral palsy. In practice, however, both the managers and colleagues interviewed spoke about problematic and difficult aspects of having a colleague with disabilities.

Cerebral palsy may appear in a variety of forms. It is a congenital or early-arising brain injury that to varying degrees inhibits a variety of motor and/or cognitive functions (Michelsen et al., 2005: 9, 11). This study addresses, from an employment perspective, a relatively privileged group among people with cerebral palsy because their impairments did not prevent them from performing their (or a) job. However, this circumstance has not excluded participants with severe physical impairments: among the participants are a few persons with severe paralyses of the legs and/or arms for whom wheelchairs, canes, or walkers are necessary aids to manage everyday life.

### *Codes: the analytical point of departure*

The study employed a constructionist interpretation of a grounded theory approach (Charmaz, 2006) and used the software programme NVivo 10 to code the dataset. A constructionist grounded approach does not develop specific hypotheses about the data before coding; instead, a very open reading of the interviews was pursued. This was of course an ideal, as knowledge of prior research will inevitably always be part of any coding process. In an effort to avoid using the interview guide to govern the analyses, it was decided for the first part of the coding process to only use the interviewees' own words and concepts. After having coded the first 24 interviews in this manner (eight interviews from each participant group), the issues that the interviewees talked about were grouped thematically. The remaining interviews were then coded using the 37 codes developed from the grounded coding of the first 24 interviews. The code 'help and care', which is the empirical point of departure for the current article's analysis, was a prominent issue in most interviews, although the researchers did not pose any questions about care relationships.

### *Anonymity and ethical considerations*

Before turning on the tape recorder in the interview situation, the interviewees were informed (yet again) that they could withdraw from the study at any moment and that their participation was completely anonymous. It was also stressed that any significant contextual details could be changed if it was found that a given analysis could be of harm to them or their work organisation.

By the end of the study, all participating employees with cerebral palsy received the final study report in print (which was also made available on the sponsoring foundation's website in an easy-to-read format). The managers and colleagues who expressed a desire to receive the report were also given one. Finally, the author has shared and debated research findings at several annual

meetings and conferences in Denmark with conference participants including people with disabilities (including cerebral palsy).

## **Findings**

### *'Caring' for a colleague with disabilities*

Care was a dominant phenomenon in the two work organisations where the author conducted four weeks of participant observation and was for this reason quickly a topic of her interest. Talk about help and care occurred in virtually every interview when colleagues, managers, and employees with cerebral palsy talked about disabilities and employment (the 'help and care' code covered 37 pages). The terms 'help' and 'care' refer here to all of the participants' statements related to 'showing attention', 'taking care of', 'helping', 'supporting', 'protecting', etc. This frequent talk about help and care was interpreted as an indication that help and care were key features of working with employees with impairments. The following quotes from two colleagues illustrate how help was discussed in interviews:

Amine: If I need to help him keep his balance or take some food from the buffet, that's fine, because it could just as well be one of my other colleagues who are suffering from a foot injury.

Marc: I pay attention if we are in a meeting and it drags on, does he need a sip of water or something, you know? But it is actually the entire department that chips in, checks if he has his straw and his glass if his aide isn't present at the meeting, right?

Or as an employee with cerebral palsy described in her interview:

Eve: I get to sit a bit more if that's what I need. ... Then, Allan would come down and ask me 'Have you even had a cup of tea?' 'No, I haven't'. 'Fine, I'll take over here and you go up and get a cup of tea and rest for a moment'.

Colleagues often described themselves, as illustrated in the quotes, as playing a supportive or helping role in relation to their colleague with cerebral palsy. As in the case with Eve, most of the participating employees with cerebral palsy were also aware of the special attention that they received.

Half of the stories in the code concerning help and care exemplified this type of help, i.e., various acts of assistance (Shakespeare, 2000), and seemed to be consistent with the general social norms in a workplace (e.g., lending a hand to a colleague in need). The remaining half of the stories grouped in the 'help and care' code, however, deviated considerably from how one could expect managers and employees to talk about a fellow colleague or employee. Many interviewees thus talked about care as value-laden and with an emotional attention (Shakespeare, 2000), which often resulted in a quite asymmetrical manner of talking about the colleague with disabilities, as discussed in other disability research as well (e.g., Kröger, 2009; Watson et al., 2004; Williams, 2001).

In the following analysis, two of the most obvious and striking trends in the interviews concerning this issue of asymmetry are addressed: child rhetoric and a change in the obvious role pairs of colleague-colleague or manager-colleague to parent-child, helper-helpless or protector-protected.

*Child rhetoric: 'he's so small and cute...', 'wet shirts', and 'bear cub'*

‘He’s so small and cute’, ‘wet shirts’, and ‘bear cub’ capture the crux of the upcoming analysis: that showing care towards employees with cerebral palsy was often accompanied by a pronounced child rhetoric. Although interviewees sometimes talked about showing care to other able-bodied colleagues, these stories were rarely accompanied by childlike descriptions. A manager, for example, talked about one able-bodied employee as being ‘a sweet and caring person’ but did not elaborate further on the matter.

This changed dramatically when analysing observers’ descriptions of their colleague with cerebral palsy. In one work organisation, the child rhetoric was particularly evident because an interviewee had observed other colleagues behave differently towards the employee with disabilities. This colleague described how some of her colleagues acted as though Philip was ‘their little son’. This experience was retold by one of these colleagues, Donna, who acknowledged the child positioning of Philip:

We have that maternal instinct, you know? He must be protected a bit. ... Because he is so small and cute [laughs]. I don’t really know why we have that motherly instinct, that’s just protection.

It was, in other words, seen as only natural to mobilise one’s ‘maternal instinct’ when your colleague had disabilities. In another interview, a colleague (Audrey) furthermore expressed that Philip was their ‘little pet’ and that they had a ‘care gene’ that was projected towards him:

Well, I guess that you could call him our little pet, right? Because we are all women [laughs], we all have children, and this care gene that isn’t always sufficiently used at home is then used here. And I guess Philip has been subjected to a bit of that here.

In this particular work organisation, several employees had special nicknames for their colleague with disabilities. Aside from being their ‘son’, ‘small and cute’, and their ‘little pet’, other interviews revealed that he was also ‘little Philip’ and ‘bear cub’.

In another work organisation, a colleague (Patrick) also explained how he regarded Eric with cerebral palsy as an ‘unprotected baby bird’: ‘I felt like he was an unprotected baby bird because he was sitting there with his disabilities and stuff’.

Nicknames such as ‘baby bird’, ‘bear cub’, and ‘little pet’ produce an image of small, defenceless animals, indicating that the employee with cerebral palsy was unable to take care of him/herself and therefore had to be looked after and protected. In many interviews, observers also used very childlike descriptions of the employee with cerebral palsy as, for example, a ‘sweet and kind boy’ (Brian, colleague) or a person who would be ‘crying from insecurity’, involved in ‘commotion’, and might at times be ‘irrational like a child’ (Ken, manager). The use of child rhetoric led to caring parties that made colleagues or managers act as a parent, helper or protector toward the employee with disabilities—and hence led to a positioning of the employee with disabilities as a child or a person in need of help or protection.

#### *Role pair: Parent-child*

The interviews also revealed that the child rhetoric was often accompanied by a kind of rearing. In one work organisation, a manager (Karen) talked about how it was her job to make sure that her employee with cerebral palsy ‘flourished’, even at the cost of more ‘attention’ and ‘nursing’. A colleague (Joan) in a different work organisation likewise talked about how she helped her colleague with cerebral palsy ‘wrap it up’ and told him that he ‘had to go home’ even though he wanted ‘to finish something first’. As she said, ‘I tell him that he can finish it tomorrow’.



This rearing tendency was also seen in another work organisation, where Ruth explained how she helped and cared for her colleague with impairments, Christian. He needed to be taught how to set limits for himself and what he could handle so he would not become ‘worn out’, as she explained. Later in the interview, she also recalled a time when Christian attended a company event. She explained that he generally used a large amount of energy to just move around and that he therefore sweated quite noticeably. Ruth remembered the day of the event as a warm summer day and explained that Christian, on that particular occasion, was ‘sweating profusely’. She had to help him take care of himself:

I told him, ‘wait until you get back here to put on your [fresh] shirt’. Oh, well, he hadn’t really thought about that. And then I told him—he has a problem with buttoning his shirts and his fingers... his motor functions aren’t quite up to the task, and I asked him, ‘Do you have someone who can help you? Because I wouldn’t mind buttoning your shirt’. ‘No it’s okay’; he had spoken to someone about it. So it was only because I thought he needed my care and I knew he would have been upset if he wasn’t dressed properly. ... And the next time he had to go to an event I said, ‘remember to put your shirt on right before you have to leave’. Ah, well, he knew that.

She admitted later in the interview, that ‘it was a bit of a Mum thing to do. ... I mean, I’m sure that his mother would have told him the same thing when he left, to do this and that. ‘Mother says...’’, she said laughing. Christian, himself, had also noticed the parent-like care of his colleagues. He explained that ‘there are a few people in here who keep an eye on me, you know, and make sure that I’m happy. They’ve never been asked to do so but they just can’t help themselves’. Jasper,

another employee with cerebral palsy, also talked about the care shown by his colleagues in a positive way:

There is a circle of people around me who care about me a lot and I care a great deal about them as well ... I don't know if it's too cheeky to say, but I think that I'm kind of perceived as a gold nugget. Meaning that I'm being taken very, very good care of.

*Care in a critical perspective: 'quit acting like my mother. You've got your own children'*

The interviews also included many examples of how participants from all three groups were critical towards the care that resulted in the positioning of the employee with impairments as a child or a person in need of help or protection. Two employees with cerebral palsy, for instance, explained how they would have liked to 'tell her [a colleague] off' (Jacob) and that the care was 'a bit too much' (Anthony). Rita, a third employee with cerebral palsy, recalled in her interview how two of her colleagues once were asked to be available to her if she needed any help and how they instead 'completely took the tasks' from her. Similarly, Pavan, a fourth employee with cerebral palsy, recalled how his manager had taken tasks away from him because he wanted Pavan to 'worry less'. Jacob similarly explained how too much care could be a bad thing—in his own words: 'nothing good ever comes from being overly protective of people'. Ed, a fifth employee with cerebral palsy, also took a critical position towards being offered too much care and help in the workplace. He said: 'if I need help, I'd like to ask for it myself, you know? Because otherwise I find it a bit degrading ... It is usually resolved by me saying: "do you know what, if I need help, I'll ask for it"'.

Philip, a sixth employee with cerebral palsy, also found that his colleagues had 'helped [him] far too much—out of kindness', as he said. His discontent was also something that his colleagues themselves had noticed. In interviews, they explained how 'he is extremely sensitive

when we begin to fuss' (Mike) and that he 'actually gets a bit mad if you become overly fussy' (Audrey). A third colleague (Mary) talked about how she 'had been reprimanded' by him, reporting that he had said: 'quit acting like my mother. You've got your own children'. This she described as something positive and found it quite 'fine' that he objected to being positioned differently than the other staff. As she elaborated:

I think that he handles his limitations extremely well by not wanting it [the care] because he is very aware that he has to be able to manage by himself. So he shouldn't have too many mothers on his heels doing everything for him. He doesn't want that at all. ... You know, he's a grown man and he can take care of himself. ... He creates a really good, a really good sense of equality by saying, 'this is me and you're not crossing this line. You are the mother of someone else but you are not my mother so just stop it'. ... I really get why he feels the need to tell us off. And it creates that sense of equality.

In the quotation below, Amine talked about how she perceived this particular type of interaction that occurred around her colleague with cerebral palsy:

I have also heard conversations where a person, when they talk to him... it's like they are sitting across from a child, you know? ... It's something I've noticed and been a bit puzzled by... When they are sitting across from this particular colleague, who has these impairments, they are not saying things they usually say or reacting the way they usually react, and you start to wonder: what's going on? It's as if they are on the phone with their own child. ... I encounter this on almost a daily basis.

Amine continued to elaborate on her perspective. According to her, there should not 'be a difference in the dialogue' because her colleague worked under 'the same conditions' as the rest of them. Many colleagues likewise noted the asymmetry, mentioning how the colleague with impairments should be 'equal to the rest of us' (Lucy).

The interviews thus showed very clearly that it was not only from an analytical perspective that this distortion of roles appeared problematic. The critical stance that many employees took towards this type of interaction towards their colleague with disabilities confirmed both that this was a key issue (because it was apparent to most) and that many recognised this form of interaction as problematic because it challenged widespread notions about how to behave towards one another at work and about acceptable behaviour in a professional context.

## **Discussion**

This study has shown how able-bodied managers/employees and their colleagues with disabilities often described their relationship as resembling the relationship between a parent-child, helper-helpless, or protector-protected. This pattern, as explained and discussed in interviews, created a type of social interaction that, in many ways, challenged equality and respect, which are values that all interviewees emphasised as important in the workplace and which disability studies have long attempted to secure (Shakespeare, 2000). Thus, the finding of this care tendency towards employees with disabilities may indicate a type of stigmatisation practice (Goffman, 1990a). However, it is a different type of stigmatisation than found by other studies that investigate overt 'bullying', 'harassment', and 'discrimination' (e.g., Fevre et al., 2013; Robert and Harlan, 2006). In this study, caregiving revealed itself as a very ambiguous social practice because it was not solely negative; in the interviews with employees with cerebral palsy, for instance, there were examples of 'role

embracement' (Goffman, 1961: 90), i.e., an active engagement with the role of a child or a person in need of help.

Thus, a key contribution from this study is that the concept of care should not be dismissed when analysing the (work) situations of people with disabilities. Although the care concept is 'contested' (Shakespeare, 2000: xi), it may embrace the ambiguities of the relationships between the observers and the employees with disabilities, as found in this study. Care is not necessarily 'a central good' as suggested by Kittay (2011: 52); caregiving can, for instance, cause dependency as much disability research has long established (e.g., Fine and Glendinning, 2005; Kröger, 2009; Morris, 1997). However, rather than focusing on the dependency issues of care, this study has examined the problem of caregiving in a slightly different manner: by investigating how care is embedded in a particular 'social order' of disability and stigma (Goffman, 1990a; Goffman, 1990b). This social order affects both observers and employees with disabilities when they discuss issues of disability. For example, observers explained how they often regarded themselves as a type of parent or helper in their relationship with their colleague with disabilities (or they explicitly rejected this role), and employees with disabilities explained the problems (and, to a lesser extent, the benefits) of being perceived as a person in need of protection or help from their able-bodied colleagues/managers. By analysing caregiving as an interactional pattern that is imbedded in a particular social order of disability and stigma, it is thus possible to explain why employees with disabilities may become 'entrapped' (Kanter 1977: 980) in the unfortunate role of a child or a helpless person, although many of the study participants found these roles problematic. In other words, by applying a relational approach that emphasises how both the observers and the employees with disabilities negotiate the social order of disability and stigma, the ambiguities of the caring relationships become observable (and accordingly, open to analysis) and thus explicate how and why caring relations in many situations can disadvantage employees with disabilities.

To fully understand the particular positioning of the employees with disabilities in the workplace, this study also draws on the work of Kanter (1977, 1993). As with Kanter's 'tokens', the employees with disabilities in this study were few in number in their workplaces, were highly visible, and experienced an exclusion of their individuality, i.e., their 'own unique, non-stereotypical characteristics' (Kanter, 1993: 211). Similar to Kanter's study, a key objective in this study was also to analyse the inherent contradictions embedded in the dynamics of organisational behaviour with regard to employees with disabilities (tokens). Kanter found that although work organisations may employ tokens, such as persons with visible disabilities (perhaps to include members of a minority group and thus deflect accusations of social discrimination), they may still ultimately stigmatise the (token) worker because of the stereotypical assumptions related to this particular type of worker. However, contrary to Kanter (1993), this study did not find that the token employee with disabilities was necessarily subjected to performance pressures, a hostile work environment, isolation, and 'entrapment' in particular *work* positions. Instead, this study revealed other consequences of the token status of employees than those found in Kanter's study: that stereotypical expectations of employees with disabilities could lead to entrapment in unfortunate roles and nearly inescapable identifications as children and helpless persons. The stereotypical identities projected onto employees with disabilities meant that the uniqueness of their situations was threatened by observers' assumptions of what they believed disability meant for the employees with impairments; this is a finding that is also supported by other studies (e.g., Campbell, 2009; Colella, 2001; Foster, 2007; Hall and Wilton, 2011; Spataro, 2005; Stone and Colella, 1996). In this study, it was the perceptions of employees with disabilities as helpless or in need of protection that were influential, although these particular social roles had nothing to do with the work assignments of the employees with disabilities and actually differed from the usual social roles in their work organisation.

## **Conclusions**

Much research on disability and work focuses on whether—and, if so, how—a specific country's discrimination acts or policies affect the work situations of employees with disabilities (e.g., Baldrige and Veiga, 2001; Hoque and Noon, 2004; Snyder et al., 2010). These studies are of course very important because they show how certain legislative and policy initiatives affect the possible discrimination of employees with disabilities. However, the analysis of this study shows that discrimination practices can take a different form than lower wages, poor career opportunities, ill-treatment, etc. Discrimination also entails subtle practices of stigmatisation that are not necessarily related to issues of legislation or policy. Stigmatisation practices can be embedded in the little day incidents (Williams L, 2001) such as practices of care, i.e., in relationships that cannot be changed or controlled by bettering the legal status and protection of employees with disabilities. For this reason, we need more knowledge of how practices such as caregiving may cause stigmatisation of employees with disabilities. There is no reason why ambiguous caregiving, as analysed in the current article, is limited to employees with disabilities such as cerebral palsy or even to the work life in Danish work organisations. Rather, it may be an important theme in work organisations in other countries in which 'different' employees are employed.

As with any other studies, this one has its limitations because its chosen analytical framework means that one cannot generalise the findings. However, the analysis of this article points to a hitherto overlooked area of research on how caring may be seen as a practice of stigmatisation; an aspect that may prove beneficial if one wants to investigate the important research topic of stigmatisation towards employees with disabilities.

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## **Notes**

<sup>1</sup> A 'flex-job' is a job in which the hours are tailored to the individual's capabilities and the needs of the workplace. The flex-job worker receives a subsidy from the employee's residential municipality. A 'light job' is a category used for early retirees who are under the age of 65 and are unable to hold a job, even at reduced hours (as in a 'flex-job').

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