Disabled women are underrepresented in the Canadian workforce due to unemployment or underemployment. Some research has focused on employment among disabled persons but few researchers have investigated health and underemployment among disabled women. My research addresses this gap by exploring how women with physical impairments understand and address health experiences resulting from underemployment. In this paper, I review the two theoretical frameworks that guided my analytic approach—the social model of disability and feminist disability research—and present a critical interpretive textual analysis of 10 interviews I conducted with underemployed disabled women about their experiences of disability, underemployment, and health in a Canadian context. These narratives illustrate experiences of underemployment including marginalized identities, lost opportunities, limited income, and wasted energy, as well as the negative impact on physical, mental, emotional, and social dimensions of health. They also explain how disabled women can act as change agents to realize their goals for paid employment, fulfilling careers and self-actualization.

Underemployment, which can be defined as “all dimensions of the wasted ability of the workforce, as they apply to either job holders or the unemployed” (Livingstone, 2004, p. 55), is a chronic feature of the labour market and affects all segments of the population. While one-quarter of the working-age non-disabled population is underemployed, nearly half of disabled persons are underemployed due to unemployment or involuntary part-time employment (Canada, 2009). Thus, disabled Canadians are underrepresented in the workforce; they

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also experience underemployment in the form of underutilized skills or unmet potential in the job market. Underemployment also affects annual income and lifetime earnings. Disabled persons are less likely than non-disabled persons to be employed in full-time, full-year work; of disabled Canadians who are employed, only about half (54.7%) are employed year-round (Canada, 2009). Reduced income due to part-time or undervalued work is related to health concerns; employment and income are closely linked to health status for everyone but especially those with disabilities. Significantly more employed disabled adults (37.2%) than unemployed disabled adults (25.1%) self-rate their health as ‘very good’ or ‘excellent’ (Canada, 2009). Disabled women are more likely than disabled men to be without work for the entire year (Canada, 2009). When they have paid employment, disabled women earn approximately $11,000 less than disabled men (average $24,720 versus $36,240, respectively, in 2006) (Canada, 2009).

These statistics are only the tip of the iceberg with respect to the negative impact of underemployment among disabled women and highlight the need for further research. Researchers are becoming increasingly interested in the need to increase access to job opportunities and improve economic conditions for disabled persons through paid employment (England, 2003; Fawcett, B., 2000; Kemper et al., 2010; Williams, 2006). Statistics Canada data break down employment and unemployment rates by sex, but limited information is available about the gendered aspect of underemployment. Some research has focused on employment among disabled persons (Church et al., 2008; Officer, 2009; England, 2003), but few researchers have investigated health and unemployment/underemployment specifically among disabled women (Dyck, 1999; Fawcett, G., 2000; Lonsdale, 1990).

My research addressed this gap by exploring how women with physical impairments understand and address health experiences resulting from underemployment. In this paper, I review the two theoretical frameworks that guided my analytic approach—the social model of disability and feminist disability research—and present a critical interpretive textual analysis of a series of interviews I conducted with underemployed disabled women about their experiences of disability, underemployment, and health in a Canadian context. These narratives illustrate experiences of underemployment including marginalized identities, lost opportunities, limited income, and wasted energy, as well as the physical, mental, emotional, and social dimensions of health. The findings provide insights into how Canadian workplaces have constructed disability, which may inform methods to advance social justice, both inside and outside the work contexts.
THEORETICAL FRAMEWORKS

My perspective has been informed by the social model of disability (Oliver, 1996; UPIAS, 1976) and feminist disability researchers (Fawcett, B., 2000; Hall, 2011; Garland-Thomson, 2011a). According to the social model of disability, society constructs barriers for disabled persons: attitudes, policies, physical facilities, technology, learning environments, work opportunities, and cultural representations. These barriers are disabling, so in this sense, disabilities reside outside the individual: ‘impairment’ is the individual condition, and ‘disability’ is socially constructed. Accordingly, the phrases ‘disabled person’ or ‘disabled women’ that I use in this paper reflect an understanding that the person is being ‘disabled’ by society. This differs from the individual or medical model of disability, in which a disabled person is considered to embody a medical condition: a diseased body that needs to be diagnosed, treated, and returned to the normative state.

The social model of disability can reveal specific structural, environmental, and/or attitudinal barriers within the discourse of employment, unemployment, and underemployment (French, 2001; Swain, Gillman & French, 1998). Structural barriers include macro-systems or foundational hierarchical power relations and structures, the denial of human rights and opportunities such as education and work, and welfare policies. Environmental barriers include language, institutional policies and regulations, professional practices, and inaccessible physical environments. Finally, social attitudes involve three components: cognitive (lack of understanding), emotional (reactions ranging from fear to respect), and behavioural (actions toward disabled persons).

The social model of disability provides a framework for investigating disability, but it does not address the lived experiences of gendered bodies, so I draw on feminist theories to do so. “Feminist disability research” clarifies the relationships between gender and disability (Fawcett, B. 2000; Garland-Thomson, 2005; Hall, 2011; Linton, 1998; Wendall, 1996). This framework builds on the strength of disability and feminist theories to link the two fields in an effort to integrate and transform society’s understanding of, and relationship to, differences in gender and ability. Garland-Thomson, who theorizes about this disability and feminism intersection calls for “Integration [which] suggests achieving parity by fully including that which has been excluded and subordinated. Transformation suggests reimagining established knowledge and the order of things” (2011, p. 15). Hall takes this a step further by arguing that, “feminist disability studies makes the body, bodily variety, and normalization central to analyses of all forms of oppression” (2011, p. 6). Analysis of underemployment through the
experiences of disabled women can clarify the disabled and non-disabled divide in the workplace by identifying the intersections of identity, the body, and activism, and the importance of particular social interactions. This kind of analysis can disrupt the dominant understanding of disability as ‘something wrong’, and move toward an understanding of difference in relation to a normative, non-disabled society. By incorporating both a feminist disability perspective and the social model of disability, this research can provoke a dialogue about change and identify ways to address underemployment.

RESEARCH METHODS

I investigated the effects of underemployment through qualitative interviews with disabled members of the involuntary part-time or precarious work force. The narratives I discuss here are from 10 disabled women and were drawn from a larger group of interviews I conducted that included male (n=4) and female participants (n=10) about disability, underemployment and social change. Semi-structured interviews were conducted with adults (18 years and older) who had a physical and/or visible impairment/s, had worked outside the home for at least five years, and spoke English. Physical and visible impairments were used as selection criteria because these impairments are more obvious than others and may be more likely to reveal instances of discrimination by employers. A five-year term of employment was selected because this period should be sufficient to allow promotions or to reveal a lack thereof. Interviews were conducted in-person and were recorded. First, interviewees were provided with a working definition of underemployment: “all dimensions of the wasted ability of the workforce, as they apply to either job holders or the unemployed” (Livingstone, 2004, p. 55). Next, they were asked questions including: What does underemployment mean to you? Could you provide a couple of stories or examples? Based on these examples, how did these scenarios make you feel? What did you do about the situations? How has underemployment impacted your health? The interviews were transcribed and the data were subjected to critical interpretive textual analysis to investigate the social phenomenon of underemployment.

Textual analysis can reveal rich data about social or interpersonal relations (Smith, 1999); in this case, data were extrapolated to clarify how society constructs disability. Analysis began with data collected during interviews, which were then categorized according to the social structures, environment, and attitudes that create barriers resulting in underemployment. Interviewees provided much-needed insights and perspectives on the health effects of underemployment; their narratives identified real-world activities and yielded important
findings, as the “act of noticing is a social act, which has the effect of constituting meaning of the difference so identified, as this difference interacts and acts upon our perception of it” (Titchkosky, 2007, p. 24). The passages discussed below are excerpts from interviews with disabled Canadian women, and have important implications in setting the socio-political tone for change within the discourse on disability, underemployment, and health. All the names have been changed to maintain confidentiality.

**EXPERIENCES OF UNDEREMPLOYMENT**

The critical interpretive textual analysis of the narratives revealed themes for the experiences of underemployment: marginalized identities, lost opportunities, limited incomes, and wasted energies. The disabled women described similar experiences across various fields of employment including education, healthcare, food services, government, and non-government organizations.

**Marginalized Identities**

Disclosure is a complex decision. A number of interviewees reported that disclosing their impairment/s was not always in their best interest to land a job. Patsy (aged 57, a self-described ‘WASP’ or White Anglo-Saxon Protestant with a Ph.D. in education) described juggling work as a line cook, program director, and university lecturer, and frequently being on the receiving end of exclusionary practices. She had an auto-immune condition and used a cane and wheelchair for mobility purposes, and attributed underemployment to attitudes toward impairments that often begin with an employer’s reaction to an interviewee’s self-identification during the initial hiring processes. She expressed concern that self-identification can elicit negative consequences:

> how you self-identify when you’re applying for a position and perhaps self-identifying as a person with a disability. But, I found that it doesn’t always work to my advantage. You know because if that’s known then they’re less likely to hire me. I mean if I appear to have a fully able-body, and have great energy and all that stuff, they’ll hire me. Then I can tell them later that they’re with a crip.

Patsy understood the consequences of disclosure: if she presented herself as a fully able-bodied individual who can fit into the normative, dominant culture of able-bodied others, then the hiring process was less of a barrier. She had thought carefully about her social relations with
potential employers and chose non-disclosure as an effective strategy to access a job interview and possible employment.

Larissa (a 58-year-old Ukrainian Canadian) had a visible impairment and did not have the choice of disclosure or non-disclosure: she identified as blind and said her blindness was congenital. She had a Master of Arts in English and American literature and worked as a writer and consultant; at the time of the interview, she was working on a contract for a women’s directorate, gathering and managing information to produce educational resources for the public. Larissa would have preferred full-time work to contract work. Her experience reveals how underemployment appears in different forms; Larissa felt she was treated differently than others and that her opinions were not valued in meetings; she said, “I feel that I am a token blind person.” In recalling the definition of underemployment by Livingstone (2004), her knowledge and skills were being wasted since she was not able to use them in her current employment. Larissa did not want to just sit and get paid an honorarium; she wanted to be acknowledged for her ability to contribute to meaningful discussions, rather than simply be a statistic to obtain government funding. Although she was hired for her expertise and lived experiences with blindness, she was simultaneously excluded because she was not necessarily valued as a spokesperson with knowledge and experiences to share with her work colleagues.

These scenarios point to identities that are marginalized: ‘disabled identities’ that are often perceived as inferior to the dominant non-disabled culture. Whether individuals refrain from disclosure out of fear, or disclose with the anticipation of negative attitudes or consequences, these acts are often connected to the experiences of underemployment.

Lost Opportunities

Although many of the interviewees had degrees, including Master’s and Doctoral degrees, many were working in contract jobs, and sometimes not even in their field of study. Margaret (aged 46) had multiple degrees, including a Master’s in special education and a certificate as a music teacher. She had multiple sclerosis with multiple mobility impairments and used a power wheelchair, a walker, a quad cane, and a manual wheelchair, and struggled to find work in her respective fields. At the time of the interview, she said she was underemployed as a teacher and accessibility consultant:

*Fully qualified teacher, master’s degree, extra qualifications in special education and ESL, variety of teaching subjects and levels, will work for food. (long pause) That’s me. I consider that underemployed.*
Apart from obtaining employment, interviewees said that moving up the ladder through promotions was also challenging. Rachel (aged 49) had been working as a receptionist for a government agency for more than 20 years, and has felt the missed opportunities since she has applied for various jobs over the years. She has had a visual impairment since birth. She said that job mobility was challenging because employers were not willing to accommodate her needs and did not invest in their current employees, commenting “I am good at what I am doing. I can do more but there are restrictions.” Without access to tools such as a scanner recorder, she said she was not able to increase her job responsibilities to gain the experiences that would demonstrate to future supervisors that she is capable of more.

Many of these women are well-educated: their educational backgrounds qualified them for positions as educators in higher education, consultants in specialized fields and senior level government workers. However, they were all underemployed, working part-time (often outside their field of expertise), and many were forced to work multiple jobs to pay for basic needs such as food and shelter.

**Limited Incomes**

As a result of part-time work or shortened careers, many interviewees had limited income. Marpes (aged 53) had a visual impairment and worked as a receptionist at a non-government agency in addiction services. She said, “Underemployment for me is fewer hours, between five and 10 hours per week. Not enough pay. Lack of accommodations.” At the time of this interview, she had been working in the same job for over seven years; a lack of accommodations (more current computer software technology) meant that she was unable to pursue a full-time job opportunity within the same organization. Apart from the immediate income needed for basic needs (food, clothing and shelter), Larissa, the writer and consultant, said:

*The biggest concern of all is that the money that was supposed to go into investment for my old age that would look after the care that I may need is pretty much gone. I have had to take a bit every month out of my retirement savings.*

Living in poverty makes it difficult to meet the immediate needs of food, clothing, shelter, and often, even medications. Limited income can force individuals to accept lower standards in food (limited variety of foods, r. needing to use food banks) and shelter (ranging from owning a home to renting low-income housing). Changes in income can dictate
what can and cannot be afforded even to meet the most basic needs and immediate financial needs leave little room for retirement savings.

**Wasted Energies**

Underemployment also leads to wasted energy for individuals who have little to spare. Many disabled women spend a lot of time trying to negotiate their work contexts so that they can fulfill their job responsibilities. Remi (a 50-year-old East Indian) was a university researcher with a Doctorate in education, and low vision from birth. She said she needs to take time during working hours to educate her supervisor and colleagues about the accommodations she needed: if the accommodations were not appropriate, they would be a waste of money for her employer, and useless to herself. Persons with low vision or other visual impairments may require different kinds of accommodations. Employers are not always pleased to receive accommodation requests. This was obvious in the case of Anita (a 58-year-old) who had worked in the field of education field for 26 years as a high school teacher, department head and curriculum developer. She had muscular dystrophy for more than 42 years, and used braces, a walker at home, and a scooter for mobility. She was forced to retire early from her career as an educator due to a lack of accommodations, in what she has described as a ‘hostile’ and ‘indifferent’ environment. She tried to negotiate accommodations with her principal, but was told that she had to continue with her more physical role as a classroom teacher, rather working as a cooperative education teacher. She said, “My lack of accommodations while employed, negatively impacted my health, and caused my disability to progress more rapidly.” Energies used to educate and inform current supervisors about accommodations are necessary to ensure the work environment is adjusted to the needs of the employee, but when these energies are expended and are not accommodated, they are simply wasted—and employees try to do their best with minimal accommodation.

**HEALTH IMPLICATIONS OF UNDEREMPLOYMENT**

Underemployment can affect multiple dimensions of health: physical, mental, emotional and social. This section will explore: the narratives of underemployment, the lived experiences, and the need for change.

**Physical Health**

Underemployment often involves working long hours to compensate for low paying jobs, which can have a direct impact on physical health. Patsy forced herself to adapt to the challenging physical
environment and long shifts as a line cook in a kitchen restaurant. Unfortunately, the physical toll of being asked to work long hours deleteriously affects Patsy’s health. This kind of inflexible environment can push employees with impairments beyond their physical limits. Anita also commented that her work as a teacher was physically taxing:

*Part of the medical diagnosis is physical stress on the muscle will cause it to deteriorate at a faster rate and I knew that, so I was actually taking on a workload that I knew ultimately if I continued, would cause my disease to progress more rapidly.*

Due to the lack of accommodations, the physical stress on her body worsened Anita’s medical condition. She requested a less physically taxing position as a cooperative education teacher instead of her role as a high school classroom teacher, but was declined.

**Mental Health**

Patsy explained how she was stressed both physically and mentally as a result of underemployment, which exacerbated her existing health condition:

*So I never know where the next job is coming from, and I, I’ve never had a steady job because I work professionally. So the stress of constantly looking for work and working at a variety of different jobs is both physically and emotionally challenging when you’ve already got disabilities to deal with.*

Underemployment undervalues individuals by affecting self-esteem and mental health. Mental health issues are further complicated by the lack of funds for the basic physiological needs of food and shelter. Patsy preferred “working professionally.” She was reluctant to stop working in multiple professions, as the alternative would be to access the Ontario Disability Support Program (ODSP). ODSP funding would provide her with an income similar to that of her multiple, low-paying jobs, but she chose to work professionally and maintain her professional identity. Mary (aged 41) also juggled multiple jobs to balance her income with her living expenses. She was self-employed as a registered massage therapist, copy editor, transcriber, and restaurant server; she had an honours bachelor degree in English literature and a certificate in massage therapy. She said she had been blind from birth, and used a white cane for navigation. With reference to her underemployment, she said:
I think it’s affected my mental health at different times in my life, feeling that my potential is untapped, and that I am not a regular functioning member of society is something that can eat away at you mentally. It’s been a factor in depression for me occasionally, that I’m not supporting myself, that I have too much spare time, that I can’t seem to make a success in my professional life.

These stories help illustrate how underemployment affects mental health via low-paying jobs, untapped potentials, work intensification, and technological changes. Mental health is closely linked with other factors such as emotional health, as discussed in the next section.

**Emotional Health**

Margaret described the emotional impact of underemployment and how she sometimes accepted food in exchange for her services. Margaret wanted to work and was qualified to work in her field, but her precarious employment forced her to accept less than the regular rate for her specialized skills in special education and English as a second language. She referred to these payments as ‘honourariums’, which generally do not reflect a competitive pay rate and are often a fraction of the standard rate. Margaret’s payment needed to be in the form of honorariums because she received ODSP; she was limited in what she could charge for her services without jeopardizing her limited government funding. According to Margaret, the rate of tutoring (at the time of the interview) was $15-$20, while she received $5-$10 worth of items, such as “a couple cans of soup, that’s five dollars, for the same two hours of work.” This was one way for her to handle the structural barriers related to ODSP funding. Other interviews also referred to their precarious employment and the accompanying minimal income:

*I would once in a while hire a cleaning lady. I can’t do that. Now it makes me more dependent on other people. You feel less of a person because not only are you disabled, now you are underemployed and feel unemployable.* (Larissa)

*Emotionally it’s quite draining because you are not getting to exercise your potential, and you are sitting at home and not doing something. You get a reactive depression, especially, if you are supporting yourself.* (Remi)

The worry during constant job seeking, dependence on others, and concern with career potentials can spiral into emotion problems such as
stress, dependency, and depression, all of which are also related to social health.

Social Roles

Underemployment affects the social roles of disabled women inside and outside of work contexts. Remi, the university researcher, emphasised the need for social networks at work:

*We are oppressed because we cannot network. We are oppressed because people do not understand. The attitudes are really towards persons with disabilities. We are underemployed, and they are not changing in a hurry.*

Networking at work-related social functions can help reduce underemployment, but if no deliberate moves are made to provide accommodations or support, the disabled employee will remain marginalized, will not be recognized for promotions, or may not even retain his/her job. A shortened career can affect the social dimension of health; according to Anita:

*If you are prematurely taken out of the work force, or you never get into the work force, and you add to that a disability. Socially you are extremely isolated, because the disability brings an amount of disability with it just because it’s a disability.*

All these disabled women experienced significant negative impact to their health, as revealed by an investigation of the interconnected physical, mental, emotional and social dimensions.

**DISCUSSION & SUGGESTIONS**

This section focuses on the barriers related to underemployment of interviewees, and explores their agency in terms of their identities, bodies and activism. The narratives of the disabled women helped clarify their lived experiences and the health impact of underemployment; these were both characterized by marginalized identities, lost opportunities, limited incomes and wasted energies. The social model of disability can help identify specific social conditions such as structural, environmental, and attitudinal barriers that lead to underemployment. The interviewees’ narratives revealed structural barriers including the lack of training opportunities for disabled employees and the restrictions imposed on employment opportunities by the ODSP. Environmental barriers included hiring practices, inaccessible physical environments, poor compliance to accessibility
legislation, and low wage in certain sectors of employment. Canadian census comparative data from 2001 to 2006 revealed that the average salary for working-age disabled adults has not increased ($30,490 in 2001 to $30,380 in 2006), while wages for working-age non-disabled adults increased from an average salary of $35,670 in 2001 to $38,150 in 2006 (Canada, 2009).

Negative attitudes towards disabled individuals are prevalent in the workplace: employers and co-workers often either ignore the presence of disabled persons or include them only as token representatives as they perform their job responsibilities. Individuals with ‘token’ status may stay in the same job for a long time, as they do not have access to the informal networks within an organization and miss opportunities to socializing with important contacts for job mobility. Jones (1997) found that ‘in-group’ employees could access the sponsorship, role modelling, and mentoring of supervisors, and were rewarded with challenging job assignments and decision-making situations, while ‘out-group’ employees were not able to access these opportunities. Another study found that disabled workers received fewer promotions (12%) than non-disabled workers (31%) (Officer, 2009). According to the lived experiences of the disabled women in the study discussed here, these women also encountered attitudes in the workplace that did not respect their knowledge, skills and abilities for their current jobs nor their needs to be accommodated for social functions. Many of these persons ignored the benefits of diverse identities within the workplace. This kind of negative attitude contributes to the underemployment that is prevalent among disabled persons: Officer (2009) found that approximately one-third (34%) of disabled persons reported a performance gap in that they were not able to use their skills or knowledge on the job, while nearly half (47%) reported a subjective gap in their ‘fit’ to their job and limited options for a better one or to fully realize their job potential. The limited ability to apply their skills acts as a barrier to career advancement.

Competitive wages and steady work enable more income and a less stressful life for disabled and non-disabled employees. In contrast, underpaid work generates more stress when a person needs to work multiple jobs to meet basic income needs. Limited term or contract jobs also generate stress, because they do not provide long-term financial stability. The reduced income that results from underemployment can diminish an employee’s personal agency to plan, the ability to live a healthy lifestyle increase the prevalence of depression, and trigger other stressful life events such as separations or divorces (Dooley & Prause, 2004). Job insecurity can also affect perceptions and optimism about the future in general, and can potentially affect mental health conditions that are linked to the psychosocial functions of employment.
The disabled women in the current study spoke about the negative impact of underemployment on the multiple dimensions of health: physical, mental, emotional and social. They reported feeling anxiety about their precarious work and constant job searches. Participants with invisible impairments also had to make decisions about disclosure, which contributed to stress about how employers might perceive their potential as capable employees compared to non-disabled candidates. A previous study also found that disabled job candidates were reluctant to disclose their impairment, although co-workers and managers preferred full disclosure (Church et al., 2008). Many disabled employees do not disclose their impairment due to potential stigma by work colleagues, and may go to great efforts to hide their impairments: taking work home, disguising physical changes, and scheduling medical appointments outside work hours (Wallace & Fenwick, 2010; Duckett, 2000).

Limited incomes from undervalued or part-time work severely affected the social class of the disabled women interviewed: they shared stories of using food banks and second-hand clothing stores, which affected their self-worth. More importantly, their inability to meet the expectations of society by joining friends for social functions, fulfilling a grandmother’s role, or contributing to society in a meaningful way through charities or within their particular profession affected their emotional well-being and self-identity. Along with their present difficulties, they were stressed about the future when they had already dipped into their retirement savings.

Employment, job security and working conditions can all contribute to the social determinants of health. Moreover, when these social determinants of health intersect with social identities such as gender and impairment, and geographies such as lack of accessible transportation, these factors become “synergies of oppression” whereby individuals are experiencing negative impacts greater than any single factor that they would face (McGibbon & McPherson, 2011). Within the dominant culture, lower employment incomes, part-time work, and career positions (Canada, 2009) among disabled persons and especially disabled women highlight how these populations are oppressed by: “every-day practices, not necessarily motivated by maleficient intentions, but those which place people in certain groups where they are disadvantaged and suffer from injustice” (Takala, 2009, p. 124).

Oppression is linked to the dominant social practice of making disabled persons ‘other’ to the majority of non-disabled persons: disabled persons become “objects of our experience instead of regarding them as subjects of experience with whom we might identify” (Wendall, 1996, p. 60). This dominant social practice then leads to fear and/or rejection of disabled persons. Thus, the cycle of poor health and
underemployment needs to be broken to pave the way for an improved state of well-being for disabled women who aspire to use their knowledge, skills and talents in fulfilling employment scenarios and to be contributing citizens to society.

Identity
Despite their frustration with society’s social barriers, interviewees were still hopeful. This section will explore the critical elements of identity, the body, and activism, using the feminist disability studies framework introduced at the beginning of this paper, with the specific goals of integration and transformation. The following excerpt is a good starting point in thinking about integrating disabled persons and transforming society: “Understanding how disability operates as an identity category and cultural concept will enhance how we understand what it is to be human, our relationships with one another and the experience of embodiment” (Garland-Thomson, 2011a, p. 17)

A disability identity can also be transgressive as illustrated in the following passage:
Cripple, gimp, and freak as used by the disability community have transgressive potential. They are personally and politically useful as a means to comment on oppression because they assert our right to name experience. (Linton, 1998, p. 17, italics in the original)

The disabled women in the present study identified as members of the disability community and made their presence known in workplaces that often did not expect them. True employment equity will require diversity in gender and ability/disability: difference needs to be respected, understood and welcomed, rather than feared and rejected. Garland-Thomson wrote: “Disability is an identity category that anyone can enter at any time, and we will join it if we live long enough” (2011a, p. 33, italics in the original). Instead of seeing disability as an ‘other,’ we can think about ourselves and those who are familiar to us. By acting on Patsy’s recommendation to “create a space that’s welcoming for everyone,” the intersection of gender and disability can be represented more often in the workplace. Responsibility for this identity work does not lie solely with the disability community: organizations can highlight identity by representing disabled women in recruitment materials, including disability as a topic for raising awareness during human resources training, and retaining disabled women as employees and role models for future employees.

The Body
The social model of disability critiques the social context in terms of structural, environmental and attitudinal barriers, but it tends to exclude the body because it stresses the change need for change at the
social level rather than at the individual levels (Oliver, 1996; UPIAS, 1976). However, within a feminist disability framework, the body is considered the site of knowledge and experiences (Fawcett, B. 2000; Garland-Thomson, 2005; Hall, 2011; Linton, 1998; Wendall, 1996). According to Garland-Thomson, “Inequality occurs not purely from prejudicial attitudes but is an artifact of material configurations misfitting with bodies” (2011b, p. 602). She also commented that: “One of the fundamental premises of disability politics is that social justice and equal access should be achieved by changing the shape of the world, not changing the shape of our bodies” (2011b, p. 597).

Her theory of ‘fits’ and ‘misfits’ refers to “harmony” or “disjunctures” in terms of the flexibility of the environment to adapt to varied bodies. The paradigm shift will require re-imagining the relationships between the social environment and the individual, and avoiding a simple focus on either the social barriers or the individual impairment. In the real world, efforts can focus on how the requested accommodations fit the disabled employee. Disabled employees and their employers can ask questions like: Is there accessible access to the work site? Is the workspace accessible? Are the computer software and hardware appropriate for the individuals’ needs to be able to work? If the answer is ‘no,’ then changes need to be made to the social environment, not the individual. Anything less raises the concern that “to misfit into the public sphere is to be denied full citizenship” (Garland-Thomson, 2011b, p. 601).

Along with this need to fit the social environment to the individual, it is important to consider social relations between employees. Embodied experiences can also provide knowledge and skills that can inform this discussion beyond accessible accommodations; Lindgren noted that a “focus on the body in trouble can contribute to the feminist project of revaluing bodily experience and to the development of more nuanced and inclusive theories of the body” (2004, p. 147). When embodied experiences are valued more, disabled employees will feel more welcome to bring their perspectives to invited discussions. Work relationships can then start to change, encouraging different perspectives during work collaborations and fostering more networking opportunities by inviting disabled colleagues to social functions. Regular interpersonal communications between disabled and non-disabled individuals can provide opportunities for improved understanding; unfamiliarity encourages fear and exclusion, whereas familiarity and a desire for embodied knowledge among different individuals can encourage respect and inclusion.

Activism
The interviewees felt this project was an opportunity to expose their social relations within organizations and to pave the way for activism. Their stories are critical ways of “making public private miseries and of viewing self-defined need as publicly actionable” (Fawcett, B. 2000, p. 43). One dominant concern of participants was the attitude of employers and employees. Actions such as asking for accommodations, knowing their rights, and educating work colleagues are ways for disabled women to exert the presence of disability into work contexts that have often operated in the absence of awareness about disability. More flexible hours can ensure disabled women have the energy to work and manage their family life. Previous research demonstrated how disabled women with children had the additional responsibility of juggling childcare; it also revealed that disabled women spent more time doing household tasks and preparing meals, resulting in less energy and time to pursue paid employment. Specifically, 50% of disabled women compared to 70% of disabled men received assistance with meal preparation (Fawcett, G., 2000). By educating employers and exerting their rights in the workplace, disabled women can begin to influence change.

Activism can be practised alongside allies, including non-disabled individuals who support the goals and rights of disabled individuals. Working with rather than working for is a necessary principle for a disability rights movement addressing the concerns of disabled women. To realize change, every employee must commit to individual efforts toward equity and inclusion, thereby supporting the organization’s ability to embrace disabled employees who can provide valued skills and different perspectives. Company policies, procedures, facilities, and programs should incorporate the opinions of disabled persons, and, with the insights and guidance of disabled persons, disability awareness training can address social barriers such as attitudes stemming from fear or assumptions about disability. This training will also provide a forum to initiate dialogue and open up space for change during various stages of employment: recruitment, retention, and promotion. Employees need to be aware of their rights to accommodations according to human rights legislation. While adherence to legislation can often provide a minimum level of change, a solid commitment to equity can compel and inspire paradigm shifts that address human rights – including women’s and disability rights. This change needs to be above and beyond the minimum standards in the dominant culture, and needs to be acceptable to the individuals who embody difference and desire to enter the workplace. The ability to pursue a fulfilling career with competitive pay can go a long way in addressing the physical, mental, emotional, and social health of disabled women. A move toward integration, as recommended by Garland-
Thomson (2011b), can eventually transform workplaces into more inclusive ones. These transformed workplaces can then pave the way for the transformation of society: from one that excludes disabled persons to a more inclusive and equitable environment.

CONCLUSIONS

This paper contributes to the literature about women’s perspectives on disability, underemployment and health. As a public medium, this paper represents the lived experiences of underemployed, disabled women through their own voices and narratives; it also represents an activist’s resistance to the normative, taken-for-granted way of being and behaving in an unjust society. The narratives of disabled women demonstrated that underemployment has a negative impact on the multiple dimensions of health: physical, mental, emotional, and social. The social model of disability can identify the causes of underemployment, which can be attributed to structural, environmental, and attitudinal barriers resulting in marginalized identities, lost opportunities, limited incomes, and wasted energies. The feminist disability model focuses on the primacy of identity, the body and activism, and can further explain how disabled women can act as change agents to structure their quests for paid employment, fulfilling careers and self-actualization. More insights into these social and embodied factors can support disabled women in their search for paid employment within a work culture that respects and accommodates individual differences. A commitment to equity in attitudes and real-world work situations will encourage dialogue between disabled and non-disabled persons to erase this socially-constructed divide, to foster respect for disability rights, and to create workplace accommodations that better fit our embodied differences. Only then, can there be a greater movement toward employment equity and a reduction in underemployment.

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