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Care for the self, overcompensation and bodily crafting: The work-life balance of disabled people

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ABSTRACT

This paper argues that studies on work–life balance have neglected the impact of the self-care needs of disabled people in managing their health in and outside the workplace. Taking a social constructionist approach, we outline how the heteronormative discourse of work–life balance is not only gendered but also ableist in that it assumes an individual who is able-bodied. By analysing the narratives of 66 male and female employees with a broad range of impairments, this paper investigates how they experience work–life balance issues and reflects on how gender intersects with these. It further highlights the strategies disabled people develop, conceptualizing the individualized work of ‘*bodily crafting*’ that is undertaken to articulate work and life. Through the perspective of the Othered body, we extend current critical debates on fitness and health discourses in organizations.

Keywords: work–life balance, gender, disability, embodiment, self-care

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INTRODUCTION

The work–life balance (WLB) of workers has received much attention in the last few decades, as both practitioners and academics have identified the advantages of supporting employees in creating a balanced life through human resource (HR) policies. Recently blind spots in the literature have been identified (e.g., Beigi & Shirmohammadi, 2017; Gatrell, Burnett, Cooper, & Sparrow, 2013; Kelliher, Richardson, & Boiarintseva, 2019; Özbilgin, Beauregard, Tatli, & Bell, 2011). This includes a recognition that in much of the literature, ‘life’ stands for domestic family life to the neglect of other non-work activities, while the management of the work–life interface has been viewed predominantly as a gender issue.

Other social identities have received less attention in the study of WLB, although some examples can be found (e.g., Ali, Malik, Pereira, & Al Ariss, 2017; Richardson, Moyer, & Goldberg, 2012; Smithson & Stokoe, 2005; Schilling, 2015). This gap highlights the importance of refuting a single social category analysis, and recognizing heterogeneity within and between social groups (McCall, 2005). Issues around disability have, in particular, been side-lined, with the exception of one study on mothering and working whilst having dyslexia (Skinner & MacGill, 2015), and some studies focused on parents of disabled children (George, Vickers, Wilkes, & Barton 2008; Lewis, Kagan, & Heaton, 2000; Matthews, Booth, Taylor, & Martin, 2011). Such neglect is conspicuous given the fact that disabled people are three times as likely to experience WLB issues (Bourdeaud’hui & Vanderhaeghe, 2015) and given a number of rich narrative accounts of temporarily or chronically ill or disabled women that exist and highlight the issues of combining work and non-work activities (see Gatrell, 2013; Meldgaard-Kjae & van Amsterdam, 2019; Vickers, 2014; Wendell, 1996). Indeed, it can be expected that for disabled women, who often bear the sole responsibility of domestic labour, parenting and care-giving, and who face

discrimination stemming from both patriarchal and ableist structures in society (Schur, Kruse, & Blanck, 2013), the creation of a WLB is even more difficult.

In arguing that ableism is a concept relevant to the WLB field, we draw on a growing stream of literature exploring how the construction of work and organizations assume non-disability as an organizing norm (e.g. Jammaers & Zanoni, 2020; Sang, Richards, & Marks, 2016). Following the call made by Özbilgin and colleagues (2011) to include disability in the WLB thesis, and by Williams and Mavin (2012) for more intersectional disability research, this paper investigates how gender and disability complicate the WLB of disabled employees and the meaning given to conflicting roles in their life (Bochantin & Cowan, 2016). The research questions are as follows: 1) *How do disabled employees experience their WLB?* and 2) *What strategies do disabled employees develop to articulate work and non-work activities?* To answer these questions, we draw on in-depth interviews with 66 female and male employees with a broad range of impairments.

Addressing this knowledge gap is empirically important in contributing to the development of sound understandings of the result of multiple disadvantage in employment. The overemphasis on individuals with traditional non-work commitments can result in social exclusion of a growing segment of the workforce, whose needs remain ignored by their organizations and governments (Beigi & Shirmohammadi, 2017; Kelliher et al., 2019; Özbilgin et al., 2011). Theoretically, this study makes three contributions to the existing management and organization literature. Firstly, by investigating how gender and disability interact to shape disabled people's articulation of life and work. Secondly, it addresses ableist debates on WLB by conceptualizing 'bodily crafting' – the unofficial techniques and activities disabled employees use to work on their bodies and keep fit for both work and non-work purposes in order to better articulate life and work – to better grasp the embodied experience of a neglected group of workers. Thirdly, the study offers an alternative

approach to criticized organizational discourses of fitness and health through the perspective of the Othered body.

THEORY

WLB studies and their neglect of disability

WLB, defined as ‘the satisfaction of and good functioning at work and home, with a minimum of role conflict’ (Clark, 2000, p. 751), has become a growing concern for both researchers and practitioners over the last decade. This increase in attention can be explained by several trends such as the rising numbers of women in and the ageing of the workforce, longer working hours, technological revolution and digitalization which have all led to the increased need and possibility for smoothening the struggle between work and home demands (Beauregard & Henry, 2009). The complex appropriation of different roles becomes detrimental for both employees and employers when conflict emerges out of contradictory behaviour or because the negative tension in one domain spills over to other domains (Greenhaus & Beutell, 1985), such as *work-to-life conflict* (work domain impedes private life), or *life-to-work conflict* (private life limits work possibilities) (Bochantin & Cowan, 2016; Byron, 2005). Organizations assist their employees in reducing role conflict by offering practices such as flexible work hours, working from home, job sharing, family leave programs, on-site childcare, and financial and/or informational assistance with childcare and eldercare services (Kossek, Lautsch, & Eaton, 2006).

Although conflicts have been found to occur for men and women, discourses of professionalism, characterized by high working demands and rooted in a traditional breadwinner model are gendered (Acker, 1990) and depict women as less suited for the career path and more ‘personally willing’ to invest in private life (e.g., Dick & Hyde, 2006; Sørensen, 2017). There has been little transformation in the organization of paid work, with structural conditions of work (e.g. long working hours) originally designed to fit around men's lives, continuing to circumscribe

women's success in careers and the attainment of WLB (Guillaume & Pochic, 2009; Özbilgin et al., 2011; Özbilgin & Woodward, 2004; Watts, 2009). Women's identification as 'professional beings' is challenged because of historically assigned responsibilities outside work, leading them to experience 'moral conflict' in living up to both norms of being a 'good worker' and a 'good mother' (e.g., Blair-Loy, 2003; De Coster & Zanoni, 2018; Devine, Grummell, & Lynch, 2010). Indeed, there is an ambiguous 'double bind' creating dilemmas when stepping outside of socially proscribed gender expectations (Jamieson, 1995). At the same time, men's identification as 'family beings' is as challenging, discouraging fathers from engaging in part-time employment (Gatrell & Cooper, 2008).

Gaps in WLB research identify issues such as a widespread assumption that 'life' stands for domestic family life (Greenhaus & Beutell, 1985), omitting other aspects of life outside the family. Care-giving beyond participants' offspring (e.g., Beauregard & Henry, 2009; Hyman, Scholarios, & Baldry, 2005) includes recognizing care for 'special needs' children (George et al., 2008; Lewis et al., 2000; Matthews et al., 2011) or other family members such as elderly parents. However, parental responsibilities for young, able-bodied children have been privileged (Cousins & Tang, 2004). A main focus upon nuclear family structures means overlooking the WLB of people falling outside of such traditional structures (Wilkinson, Tomlinson, & Gardiner, 2017) and the neglect of people in jobs with non-standard working hours has similarly been called into question (Smith, 2016; Kelliher et al., 2019).

Although within the research on WLB there is a clear neglect of other social identities (Özbilgin et al., 2011) and the role of embodiment (Gatrell, 2007) on the balancing of different spheres of life, some interesting accounts about professional women with often invisible temporary or chronic health issues exist that begin to unravel the embodied complexities of articulating work and life. In her auto ethnography, Wendell (1996) explains what it is like to work as a person with chronic fatigue syndrome in a body that society 'rejects'. Similarly a study by Vickers (2014)

shows how individuals with MS have to constantly manage their body at work (e.g., bladder control), as well as co-workers' moral expectations that they will do everything in their power to 'get better soon' and return to a productive state of being. Lastly Gatrell (2013, p. 621) documents the difficulties in reconciling the 'private worlds of reproduction and public worlds of organization' through accounts of the maternal body at work. Common to all these stories, is the effort that goes into masking the carnal aspects of everyday life (e.g., pain, fatigue and inability to concentrate) inside the workplace. A last insightful auto-ethnographic account, written 'about the body and from the body', outlines the experiences of two academics and how they, even in an institution awarding much 'flexibility' and freedom to working, prefer to hide their invisible illness from co-workers and 'pass' (Meldgaard-Kjae & van Amsterdam, 2020, p. 5). To survive a culture of extreme 'long working hours and hectic schedules with little time for or understanding of self-care', the authors turned to individual coping strategies to live up to the academic ideal (p. 17).

Crafting a WLB for oneself

Offering WLB practices in itself does not solve the problems at hand, as research suggests employees often avoid the formal WLB practices offered to them by their organizations (Beigi & Shirmohammadi, 2017) and craft their own approaches to WLB. Use depends on employees' preference for strict separation of different domains (e.g., Ashfort, Kreiner, & Fugate, 2000; Clark, 2000), perceptions of supervisory support (Byron, 2005) and the presence of a family-friendly culture (Greenhaus, Ziegert, & Allen, 2012). Moreover, some employees might develop their own 'coping strategies' to resolve stress and conflict (Behson, 2002; Byron, 2005).

We build on this through Sturges' (2012) framework that examines different ways to manage WLB and which draws on the physical, cognitive and relational techniques made in the job-crafting typology (see Wrzesniewski & Dutton, 2001) to reshape aspects of their work and/or life spheres. The young professionals in Sturges' (2012, p. 1543) study responded to the high

pressure to become established whilst having a strong interest in a good WLB with unofficial, creatively crafted ‘proactive, self-initiated and goal-oriented’ techniques. We give an overview in Table 1 of studies that have engaged explicitly with Sturges’ (2012) framework or highlight coping strategies identified in other recent studies that we subsume into the framework.

INSERT TABLE 1 ABOUT HERE

In Sturges (2012) framework the first physical strategy that employees can use to craft a balance for themselves, *temporal crafting*, is orientated around controlling the length of a working day. In a second physical strategy, *locational crafting*, employees change the location of their work or home, in order to cut down the hours needed to get to or physically be present in their standard workplace. *Cognitive crafting* takes the form of employees redefining what WLB means to them, seeing it as a dynamic rather than fixed process of shifting priorities with varying interpretations of work and family ‘success’. And, finally *relational crafting* which consists of building good relationships with key people in one’s environment, both inside and outside the workplace, to establish a better balance.

These studies have been successful in highlighting the variety of unofficial techniques and activities employees use to shape their WLB. Sturges (2012) suggests decisions about specific crafting techniques are likely to be influenced by the work context (e.g., a culture of presenteeism) and individual differences (e.g., level of work involvement or having children), presenting the crafting dilemma as a rational decision and choice between alternatives. Through a consideration of disabled people’s WLB we suggest this view might prove to be too limited.

METHODS

Data collection

This study draws on 66 interviews with 33 female and 33 male disabled employees¹ in Belgium. Of the 33 women, 11 worked full-time. Among these women, 11 were single, five had a partner, 17 had children and (ex)partners. Of the 33 men, 23 worked full-time. Among these men, 15 were single, 11 had a partner, seven had children and (ex)partners. The sample included participants living with a broad range of impairments including multiple ones², of which the main impairments were: a mobility impairment for 27 participants (e.g., wheelchair or crutches); 18 had a visual impairment (e.g., blind or short-sighted); 18 had Chronic Fatigue Syndrome, fibromyalgia or Multiple Sclerosis; six had a hearing impairment; four had another chronic illness; and three had a psychosocial impairment. Even though 25 of these participants' impairment was of an invisible nature, no single participant in this sample had kept their medical condition completely hidden and this is arguably a result of our particular sampling strategy. For 45 of the participants, there was complete disclosure with regard to their disability whilst the rest had only disclosed their disability to the HR department, their direct supervisor or a colleague. Conducted by the first author, most of the interviews took place at the participant's workplace or home, lasted about one hour on average and were digitally recorded and fully transcribed. The participants occupied a wide variety of jobs in different industries and sectors.

The participants were recruited through two sampling methods. Forty per cent of the participants were sampled from three organizations in which the HR manager sent out an invitation letter from the first author, asking employees with an officially recognized impairment (known by HR) to participate in the study about the employment experiences of disabled employees. The remaining participants were sampled by distributing the invitation letter through disability

¹ All but one participants were white, with an average age of 42 and age range from 24-65. No data on social class or sexual orientation were gathered for the purpose of this study.

² Six participants reported multiple impairments, and although we recognise the unique implications this has for the participants, for the purpose of brevity and anonymity only their main self-reported impairment is used in the classification.

organizations and personal networks. In both strategies, participants were also asked whether they knew someone who was willing to share their experience with us (e.g., snowball sampling). So whilst the recruitment strategy aimed to attract both disclosed and non-disclosed employees, we ended up with participants who had all disclosed to some degree, and this may have particular implications. It could for instance be that employees who have not disclosed their disability in the workplace rely more heavily on individual coping techniques to meet impairment-related requirements and manage the boundaries between work and life instead of drawing on official work-life balance policies. Future research should further address potential differences and will need to more closely consider a number of issues in the sampling process in order to reach vulnerable populations for whom sharing experiences may lead to risk of harm (e.g. confidentiality concerns, use of inclusive eligibility parameters and language, ongoing community involvement in the research project) (Ellard-Gray et al., 2015). Common ethical guidelines concerning informed consent were followed (Creswell, 2012) and anonymity was stressed in all communication. The names included in this text are pseudonyms.

Originally, the aim of the research project was to explore the employment experiences of disabled people in Belgium and, consequently, the semi-structured interviews followed the same interview guide, consisting of general, open questions organized in five main sections: the nature of the impairment, professional trajectory, current job, social relations at work and policy-related issues. WLB issues emerged as a ‘hot spot’ in the data, particularly for disabled women, sparking interest and fascination during data analysis (MacLure, 2013) and the prevalence of WLB issues as an embodied experience became a focus. MacLure’s (2013, p. 171) work directed us to consider those moments during coding and thematising data where we experience ‘productive disconcertion’ as we worked through the initial coding process, noting the intensity of the physical and intellectual responses to data, in particular how participants, and especially women participants, indicated they experienced a complexity in the relationship between disability and

work. Whilst outside the scope of our initial coding framework we took time to consider moments of disconcertion, to pause and consider our responses, as an ‘ethical obligation’ to participants accounts (MacLure, 2013, p. 173). Pausing at the ‘hot spots’ (MacLure, 2013) enabled us to identify bodily crafting as a response to the demands of work for disabled employees as a shift away from the researcher led focus we had initially devised to acknowledge and focus upon what our careful reading of the participant’s accounts suggested should be considered.

To explore this further, we drew upon McCall’s (2005, p. 1773) ‘intercategorical complexity’-approach to intersectionality. This approach to intersectionality recognizes within any social category such as disability, there are multiple social groups, for example (as relevant to this study) disabled men and disabled women. An intercategorical analysis systematically compares and analyses the intersections of the dimensions of social groups within a social category (McCall, 2005). We therefore provisionally adopted existing analytical categories, by systematically comparing the data of disabled men and women to document relationships of inequality with regard to WLB issues. This was done in an attempt to move ‘beyond subjectivities to capture micro-level encounters, structures, systematic processes and institutional arrangements’ (Rodriguez, Holvino, Fletcher, & Nkomo, 2016, p. 205).

During the second stage of analysis, we became aware of the nuanced dimension of impairment in the category of disability, which influenced the lived experience of ‘impairment effects’ (e.g., pain and fatigue) in the workplace. Whilst we also noted age as a potential further categorical dimension in some participants’ experience, there was insufficient data to fully incorporate this into the analysis. Indeed, there is a need to consider ‘trade-offs between scale and coherence or difference and sameness’ (McCall, 2005, p. 1786-7) when deciding upon how the ‘level of detail’ (2005, p. 1787) of dimensions within each category is analysed and reported in any intersectional analysis.

Data analysis

The data analysis followed an inductive, multistage coding process, following the framework of Strauss and Corbin (1990). Excerpts that were related to issues of WLB in the broad sense were selected and inductively labelled with first-order codes. Next, codes were ordered, compared and redefined into broader, categorical, second-order codes to reveal the patterns discovered in the data. A total of 284 fragments contained information on WLB within the interviews of disabled women of which 81 fragments referred to it as 'complex', 132 fragments were identified as pertaining to issues of WLB within the interviews of disabled men of which only 25 fragments portrayed the articulation of work and life as complex, suggesting there was a gendered component³ to the way participants saw their lives as a 'complex balancing act'. Typical fragments included 'reduced working hours', 'working overtime', 'care responsibilities', 'hobbies and free time' and 'family'.

From our first reading of these coded data on WLB in general, it soon became clear how participants developed their own ways of crafting a balance, rather than relying on official policies of the organization. This led us towards the framework of Sturges (2012). Having classified the techniques our participants described along the concepts of physical (temporal and locational), cognitive and relational crafting of WLB, we reflected on the remaining techniques that could not easily be subsumed within Sturges (2012) framework, formulating a new category: bodily crafting of a WLB which was predominant among female but not male participants⁴. Considering the embodied nature of this form of crafting, the data within this category were analysed by paying

³ It is of course important to bear in mind that among the participants with children and partner, those typically known to have a more problematic WLB, only 7 were male while 17 were female, and such sample characteristics could help explain the gendered differences.

⁴ Although for men, physical crafting followed by cognitive crafting were the most reoccurring out of the four techniques for crafting a WLB, for women bodily crafting stood out as predominant, followed by physical and equally important relational crafting. One possible explanation for this are the differences in type of impairment within the male and female samples (e.g., Harlan & Robert, 1998).

attention to the materiality of disabled bodies and the way they are lived by an embodied subject (Shildrick, 2012).

As a pair of non-disabled and disabled scholars we understand that ‘the responsibility for enquiry and analysis of ableism falls on all those who participate in the relevant structures, both those identified with normative standards and those constructed as excessive to them’ (Shildrick, 2012, p. 39). We recognize how different impairment (effects) affect WLB issues differently and more broadly acknowledge the heterogeneity of lived realities of disability (Shakespeare, 1996). We also recognize that people with different impairments do not necessarily identify with one another or have a singular perspective on disability (Wendell, 1996). Neither do we want to argue that ‘disability is the most important aspect of a person's identity or social position’ (Wendell, 1996, p. 73). Yet we do believe it is important to recognize how people with different impairments often share in the experience of disability oppression and how ‘as a group’ they are disadvantaged when it comes to the distributions of means to safeguard WLB, and how within that group, being female potentially creates additional problems due to patriarchal scripts. As such we recognize the value and limitations of abstraction to shared experiences of ‘disability’ and disadvantage from the complexity for disabled people living with multiple impairments and the particularities of impairments which can vary by type, onset, fluctuability and perceptibility, which makes disability a ‘fluid and heterogeneous social category’ (Rohrer, 2005, p. 41).

RESULTS

In the first part of the findings, we recount how participants explained their work–life interface as a complex balancing act. Two reoccurring elements are highlighted: self-care and overcompensation. In the second part, we outline the WLB crafting strategies disabled workers developed. Here, we extend the framework by Sturges (2012) through incorporating the disability-specific technique of bodily crafting.

A complex balancing act: self-care and overcompensation

Many of the disabled employees in the study referred to how their life constituted a complex articulation of several roles. For some of the participants, being a ‘patient’ was a very time-consuming role on top of being an employee. Constituting an important element of ‘life’ the self-care identified here, related to one’s impairment and performed by the self or by professionals, could become so time constraining that it endangered the normal flux of a working day. The combination of work and a high need for care, is illustrative:

Getting to work requires much planning in advance and structure [...] I need a nurse to get me out of bed, shower, put on my pants [...] sweater [...] shoes, and then a taxi brings me from door-to-door [...] I only work three days, but that’s enough, I have a lot of physiotherapy and I have to keep my household going [...] I survive, that’s what I do, I survive. (John, part-time policy advisor with physical impairment, single)

Everyday routines can be time- and effort-consuming for disabled people, whilst they may be taken for granted by others. Besides caring for oneself and/or being the recipient of care from medical specialists, the following participant illustrates the compounded difficulties of being a mother, an employee and a disabled person:

I was in the hospital for four months of rehabilitation. At home, we had to rebuild everything [...] And with two small kids I can assure you that is not easy [...] When I get home from work, that is when everything begins you know [...] To be honest, that is a way more tiring job for me than working here [...] It’s the combination of both jobs that tires me out [...] There are so many things I can’t do anymore with the kids. (Carolien, part-time receptionist in a bank with physical impairment, divorced mother of two)

Carolien's account suggests how, due to her disability, she struggle with a perceived underperformance of socially proscribed gender expectations of motherhood (Jamieson, 1995).

Two of the female participants combined similar roles with taking care of an ill husband and/or parent, and also expressed a sentiment of surviving rather than 'living'. The following quote is illustrative:

My second husband had diabetes and had to stop working; he could then bring me to school [workplace] and back. But then [...] he lost his leg [...] and so I became his care-taker. He could not do grocery shopping anymore on his own [...] he then was my eyes, I his feet. [...] I combined a full-time job with care-taking the last five years of his life [...] my mother became a terminal patient so I took on her care as well. And on top of that, I had to arrange for the house to be rebuilt because my husband was deteriorating so quickly [...] (Bieke, full-time blind administrative worker in a secondary school, widow)

As the above excerpts show, participants invest much additional time and effort besides their jobs in everyday routines and in the maintenance of their health (self-care) and care for others. Although the latter was almost exclusively found among the female disabled employees, reflecting the multiplicity and simultaneity of forms of care that disabled women need to enact in accordance with gendered societal norms (Thomas, 2006; Williams & Patterson, 2018), feminization and subordination takes place in all caring relationship, regardless of gender identity (Hughes et al., 2005; Mik-Meyer, 2015). To minimise the risk to their masculinity, when men in the study talked about care needs, they highlighted the contractual rather than affective relationship with caregivers (Hughes et al., 2005). For fathers, 'fatherhood' rarely surfaced as a potential determinant of work-life conflict (as seen in Gatrell & Cooper, 2008), illustrating how 'ableist cultural reproduction and disabling material conditions can never be divorced from [...] patriarchy' (Goodley, 2014, p. 35).

A second issue in participants' narratives endangering a good WLB was the need to overcompensate which stems from societal beliefs about disabled people as less productive and less valuable employees (Jammaers, Zanoni & Hardonk, 2016). Despite awareness of the negative consequences such behaviour had on one's health, the urge to overcompensate was common in life as well as work:

I was not only [a] director but also a woman and also disabled, so I thought it was important to set an example to others, to show that disabled people should not be looked down upon [...] I threw birthday parties [...] I baked pancakes like any other mother and played along with the kids. (Jasmine, full-time director of public service department in wheelchair, married mother of one)

The extent of the negative consequences of overcompensation for health is exemplified by this example:

I try to convince my employer of this myth that he has a true advantage in hiring me, you know [...]. The moment I step into the building, I put on a mask, and what happens after work is private. If I can't manage to walk up the stairs in the evening from being overworked, that's nobody's business but mine. (Geert, full-time Information and Communication Technology consultant in wheelchair, single)

Although overcompensation occurred for both female and male disabled workers, it was more commonly expressed as a barrier to a balanced life by male participants. This is perhaps unsurprising given norms of masculinity requiring men to retain an image of being in control of their emotions and physically fit bodies (Connell, 1995) and being able to live up to long-hour cultures of presenteeism (Collinson & Collinson, 2004).

In sum, the first finding of this study is that participants described the balancing of work and non-work activities as a complex act, curbed by impairment related self-care and the urge to

overcompensate. Given these complexifying aspects, it might be more accurate to talk about ‘work–life articulation’ rather than balance, as the latter implies harmony and resolution (Smith, 2016; Crompton, 2006) which the participants in this study did not indicate had been achieved. In order to deal with such tensions, participants rarely used practices offered by their organizations, but, rather fell back on self-initiated ‘crafting’ strategies.

Extending the WLB crafting framework through bodily crafting

To manage disability and the impairment effects that stem from it, alongside a job, participants developed a number of crafting strategies (both inside and outside the workplace) to mitigate role conflict. Most strategies concerned unofficial techniques rather than strategies facilitated by the organization. Following Sturges’ (2012) WLB crafting framework, these are summarized in Table 2.

INSERT TABLE 2 ABOUT HERE

Similar to the findings of previous research, the *temporal crafting* strategy of working part-time was found to be especially common among disabled women and to a limited degree demanding flexible working hours occurred for both disabled men and women. *Locational crafting* strategies were also common for both disabled men and women, such as working from home and reducing the distance from home to work. One *cognitive crafting* strategy participants mentioned was adapting their definition of a successful career, which took the opposite form (rethinking the importance of a relationship) for a small number of male participants who mentioned struggles to find a partner. Next, *relational crafting* took two forms: the first was cutting out workplace socializing by skipping joint lunches, small talk or after-work drinks; and the second, more common, strategy was outsourcing household chores and grocery shopping to others. In addition

to Sturges' (2012) crafting techniques, one unique form of crafting was identified: *bodily crafting*. Bodily crafting – the unofficial techniques and activities disabled employees use to work on their bodies and keep fit for both work and non-work purposes in order to better articulate life and work – took several forms.

The first form entailed retaining all energy for work, where participants shut out leisure time and spent all non-work time on the recovery of their bodies and minds. Participants who used this technique explained how their lives could be summed up as working and recovering:

I have no social life [...] you can't go for dinner or for drinks [...] Can't cook anymore [...] I live only to work [...] People look at you and they cannot see anything so they think you're fine, but by the end of the day I get home and I am completely empty. I recharge myself just to get back to work the next day. (Claire, instructor with longue disease, single)

Similarly, the following participant explains the single purpose of paid holidays:

I am a single woman [...] I have to work full-time, I cannot permit myself to work less. With the 35 [days] holidays [...] I can manage to have two longer weekends each month. I specifically chose this employer because I knew there were so many days off to manage my health. I really need those two longer weekends each month to be able to function (Stefanie, full-time job coach with fibromyalgia, single)

By using her holidays for recovery, Stefanie is able to reproduce the ideal image of corporeal invulnerability in the workplace, whilst keeping her medical requirements within the home sphere. Feminist disability scholars have critiqued social norms that keep the organization of care for others within the private domain, yet still largely neglect impairment related self-care needs (Kittay, Jennings, & Wasunna, 2005). Although most participants described saving energy for

work, containing their bodies during non-work time, Jackie explains how she guards over her energy to remain fit for the weekend:

When I work from home, I can lie down now and then, and that is really helpful.

[...] One day my boss's boss called me in, and he had made an overview from all the requests I had put in for telework over the last months. I usually request for telework on Friday, as I don't want to be completely tired out before the weekend

[...] I need my strengths to take care of my two kids. He told me he thought it was bizarre that I always requested it on Friday, insinuating that this gave me a long weekend. (Jackie, part-time civil servant with Lyme disease, married mother of two)

Jackie makes clear how her employer was suspicious of any form of self-care during working hours, even if such care took place inside the home and despite employees' formal right to telework. Bodies in this organization were treated as instrumental in obtaining organizational rather than private goals.

The second kind of bodily crafting took the form of active body management throughout the working day. This occurred, for instance, by using office breaks to walk to restore health:

I can tell the difference immediately when I've moved around a bit, recharged my batteries [...] (Ann, part-time product designer with fibromyalgia, married mother of two)

However, not everyone felt at ease managing their health during breaks as they feared co-workers' reactions:

I am rather skinny, but I am very strong, I could lift that closet right there, with everything in it, without an effort [...] But when I sit still, that's when the pain kicks in, it stretches throughout my entire arm [...] The medication, it renders me so tired

and so easily distracted [...] There is a bed in the doctor's office, and to be honest, that would help me a lot if I were to go and lie down there during noon [...] But I don't [...] Because that would really spark laughter and ridicule among my colleagues. (Jean, part-time job counsellor with epilepsy, partner)

In order to retain a sense of self, marked by mastery and strength, and – importantly in this context – productive worth, Jean needs to control his body and avoid being 'visually conspicuous' (Garland-Thomson, 2002, p. 56). Any corporeal change, such as the loss of strength or a mind in need of pause, threatens this worker's subjectivity (Shildrick, 2012), as the 'comportment of the [impaired] body' does not meet ideal masculine norms (Shuttleworth, 2004, p. 167).

For many participants, the isolation that comes with having to take care of one's body during breaks, or not joining co-workers on social events or team-building days was a difficulty. Self-care often meant missing out on the 'fun' moments in the workplace that bring release to a stressful workday or increase the quality of social relations (e.g., Meldgaard-Kjae & van Amsterdam, 2020). Betty's example illustrates the price paid for engaging in workplace fun at a staff day:

... I really love to dance [...] I thought, what the heck, let's do it, I have a full weekend to recover. But I completely crashed, I was done, my energy gone [...] I collapsed. Afterwards I heard from other colleagues that someone said 'that's odd, she was not feeling ill when she was dancing the other day'. Like, really! I have managed to stay healthy for a whole year, a whole year with no absences! (Betty, full-time instructor with a back prosthesis, single)

The co-worker's reaction demonstrates the difficulties people have accepting bodies as un-static, fluctuating and dynamic (Kittay et al., 2005) which suggests a disability double bind for Betty, as failure to participate in staff day activities in the workplace potentially diminishes her ability to be

a good employee and 'fun' colleague but participation implies she is not really disabled. The additional cost to Betty beyond the disability double bind is significant health issues.

The importance of co-workers' reactions to techniques undertaken to craft a WLB also becomes clear in the following instance where, in order to maintain good health and a professional image, creativity was required:

Sometimes I have to get out [of social interactions]. It depends on my reserve at the time. I will never tell colleagues directly [to shut up], but I will fix things somehow, for instance, by faking a phone call from my wife. (Robin, part-time administrative worker with autism, married father of three)

Such quotes show how corporeality steps into the self–other relation, as disabled employees try to prevent being seen by co-workers as differently embodied. Active body management throughout the workday is used as a strategy to keep up an image of a neutral embodiment as attempts to negotiate disability and masculinity (Shuttleworth, 2004) result here in the masking of impairment effects.

The third technique of bodily crafting involved self-medicating at the workplace. Several participants talked about how medication was vital to maintaining their health, but some mentioned how they increased their medication dosage to respond to work demands:

In the beginning, I used to say 'I will never ever take additional medication, just to be able to go to work'. But in the end, that is exactly what you end up doing [...] You think well, if I take an extra little something, I will feel better in the morning [...] It has become a very difficult boundary to draw. (Jana, part-time job coach with Chronic Fatigue Syndrome, partner)

Other participants increased their medication levels to be able to be present in the workplace, showing the extreme lengths employees go to retain a perceived healthy and productive body in the workplace:

I am constantly on pain medication. Sometimes I need to increase the doses, just to be able to get into the office. But it's not really ideal since it's at the cost of my concentration [...] When I get home after that, I am done, not capable of anything.

It leaves me very drained afterwards. (Marjan, part-time job coach with fibromyalgia, married mother of one)

In sum, we see how impairment effects contributed to an explicit self-awareness of participant's embodiment falling 'outside the norm' (Erevelles, 2011) and a consequent need to enact strategies and techniques to keep their bodies fit for work and non-work purposes in an aim to better articulate life and work and comply with gendered normative expectations. '*Bodily crafting*', here in the form of retaining all energy for work purposes, active body management throughout the workday, and self-medicating, prevents the body from becoming too suspicious to others in the workplace.

DISCUSSION

Through the experiences of 66 disabled employees, we address a conspicuous lack of attention paid to disability within organizational WLB debates. Our findings confirm and further qualify the assertion that disabled people are more likely to experience WLB issues (Bourdeaud'hui & Vanderhaeghe, 2015) and contribute to debates on women's embodied struggles in the workplace (e.g. Gatrell, 2013; Meldgaard-Kjaer & van Amsterdam, 2020). This study addresses the critique of the overreliance on gender as an important social identity in debates on WLB (Özbilgin et al., 2011) and the almost exclusive theorizing about the body by non-disabled feminists making it 'both incomplete and skewed toward healthy, non-disabled experience' (Erevelles, 2011; Wendell,

1996, p. 5). Therefore in our investigation of dis/ability and WLB, we remained cognizant of fe/male norms (Goodley, 2014), widening the emerging debate on how disability and gender interact to create inequalities in the workplace which limit the career possibilities for some employees more than others (Jammaers, Zanoni & Williams, 2019; Mik-Meyer, 2015; Sang et al., 2016).

Firstly, our study highlights how alongside full-time or part-time jobs, devoting time to domestic chores and hobbies, and taking care of children and (ill) parents or spouses, disabled people spend considerable time on impairment-related self-care, primarily keeping this within the personal realm. Such self-care is in fact a self-*body*-care, a specific form of self-care consisting of voluntary activities in which people prioritize their body, although rather than focusing on a need to stay at the top of their game (Mavin & Grandy, 2018), it is to survive rather than thrive (Roulstone et al., 2003). It made the combination of work and life particularly challenging for disabled women of all ages, who experienced multiple and simultaneous forms of care: being care-providers for multiple family members as well as impairment-related self-care (e.g., taking enough rest, replacing a stoma bag, taking medication in time, making the home accessible), and care from professionals (from medical specialists such as physiotherapists, social workers or nurses). For men the predominant form of care was being a recipient of care, and although it was as time consuming as for women, the narratives reflected a ‘formal contractual’ rather than affective and embodied understanding of care, echoing previous studies findings (Hughes et al., 2005). In addition, we identified a tendency to overcompensate, especially among the younger male participants, which we suggest is in response to the perception of disabled people as less productive and less valuable employees (Jammaers et al., 2016) and masculine ideas of fitness and strength (Collinson & Collinson, 2004; Connell, 1995; Sang et al., 2016). Future WLB research should further extend the preliminary insights generated here into the intersections of disability, age and gender (Rodriguez et al., 2016).

Secondly, although disabled employees can in theory make use of both the WLB policies offered by their work organizations and assert their right to reasonable accommodations (Foster, 2007), our data illustrate a lack of engaging with such mechanisms, instead turning to self-initiated crafting techniques (Sturges, 2012) and relying on individual flexibilities to manage the difficulties of work and impairment (Foster, 2007; Meldgaard-Kjaer & van Amsterdam, 2020; Williams & Mavin, 2015). In identifying the ways our participants prioritize self-initiated, unofficial techniques, we extend Sturges' (2012) WLB crafting framework by offering an embodied 'bodily crafting' perspective, which in our study took a number of forms; retaining all energy for work purposes, active body management throughout the workday, and self-medicating. Although these were especially common among disabled women, future research should further investigate whether this has to do with the composition of our sample (Harlan & Robert, 1998) and nature of impairment (effects) (Thomas, 2007; Williams and Mavin, 2015) or whether the more narrow norms of appropriate feminine bodily comportments play a role as well (Young, 2005 cited in Erevelles, 2011). Importantly, these self-disciplining techniques almost always contain an element of physical or psychological risk, with potentially negative consequences for 'life'. Indeed, the cutting out of all forms of release and socializing or over-medicating may be strategies that only work in the short-term and prove unsustainable longer term.

The bodily crafting we observed contributes a disability perspective to WLB literature identifying organizations as spaces reserved for those who embody the norm of the healthy, able-bodied, white man (Gatrell, 2007). However such crafting – albeit in different forms – is potentially familiar to any *body* whose corporeality falls outside 'normative parameters', potentially making them both hyper visible, at risk of 'human disqualification' (Siebers, 2008) and invisible and of 'little matter' when policies are designed and support measures are distributed (Erevelles, 2011). Speaking up and demanding support, even for a group of participants of whom the majority had fully disclosed their disability, could signify raising suspicion and becoming seen

as a liability. Future research should investigate the likely scenario in which this preference for the individualized active containment and concealment of their conspicuous corporeality becomes exacerbated in WLB considerations of participants with exclusive invisible impairments or who have not disclosed (Elraz, 2018). In any case, this silent repairing and active management of the disabled worker's body, in turn, reproduces the cultural characteristics in the workplace that deem certain bodies as more legitimate, or more 'human' (Campbell, 2009), than others. Whilst disabled people's prioritizing of assimilation into normative expectations may be a viable survival mechanism in non-inclusive workplaces (Williams & Mavin, 2015), it locates the problem in our bodies rather than in the social (Hughes & Patterson, 1997) and leaves neoliberal ideas about the 'good life' unquestioned (Shildrick, 2019). Future research should further problematize how and why policies designed for inclusion may fail to incorporate the needs of disabled workers rather than recursively reinforcing ableism. In addition, a research agenda which moves beyond shared experiences of disability and disadvantage to unpick the complexities and potential multiplicity of impairment effects for WLB through an intersectional lens is needed.

Thirdly, this study contributes to the literature that critiques current 'fitness norms' that corporate elites are expected to embody (Cederström & Spicer, 2015; Johansson, Tienari & Valtonen, 2017; Maravelias, 2009; Riach & Cutcher, 2014). Our study similarly finds that the powerful neoliberal idea that people need to personally ensure optimal health and fitness for work depoliticizes and individualizes the issues at stake, stripping organizations of their duty to care for employees' health. It sends out the dangerous message that disabled people, if they put in 'sufficient personal commitment and self-management' (Shildrick, 2019, p. 599), may enjoy equal career opportunities. Replacing statutory health and safety requirements with 'wellbeing programs', organisations promote certain lifestyles as desirable aspirations for everyone, drawing attention away from the impoverished social conditions of work (Foster, 2018). Whatever the specific starting point, keeping one's body fit for work to endure extreme working conditions

(Michel, 2011; Riach & Cutcher, 2014) has become a form of self-management that gives the false impression of free choice, relieving the organisation from any responsibility in ensuring workers' health (Foster, 2018). Indeed, there is a great risk of this individualization becoming the substitute for organizational care as our study similarly testifies. Although the focus on fitness has consequences for all bodies, the disabled body becomes particularly marked as unfit, and this is likely to impact disabled people's ability to raise impairment-related issues in WLB negotiations.

Yet we also moderately see an upside to health issues becoming more discussable in the workplace. It is arguable that the current flux of discourses and workplace trends that result from the focus on health make impairment effects (e.g., fatigue) more discussable in the workplace. They might help to signal that no one is beyond the 'nomination of debility' and that 'bioprecarity is omnipresent' (Shildrick, 2019, p. 600). Might this benefit workers with impairment or ill-health for whom talk of dis/ability is currently taboo? De-marginalizing and mainstreaming the issue of illness and disability, showing how it is a universal human experience that connects us all might counter 'the assumption of "corporeal intactness"' (Ghin, 2019, p. 90) and create space for Othered bodies and their organizing requirements. Future research should investigate how fitness discourses might become mobilized in forms of resistance by disabled people (Shildrick, 2019), as well as the organizational policies necessary to fully recognize the legitimacy of impairment effects-related ways of working (Williams & Mavin, 2015).

CONCLUSION

This study identifies a double marginalization taking place due to the corporate tendency to treat both issues of WLB and disability as an individual's own responsibility in times of neo-liberal austerity, reinforcing a fundamental process of de-politicization. There is an urgent need to reframe both problematics as organisational and societal instead of belonging to the personal realm, to create space for disabled workers to feel able to communicate their WLB requirements and be heard. Future scholarly inquiries into WLB need to recognize the ableist underpinnings of current debates and their limited conceptualization of care. Intersectional approaches that take into account how other important categories such as ethnicity and age intersect with disability and gender are also warranted. More investigations are needed to shed light on the conditions necessary to increase take-up of support mechanisms, whilst longitudinal approaches to WLB of disabled people might illuminate the long-term feasibility of bodily crafting techniques.

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Table 1. Physical, cognitive and relational crafting typology

WLB crafting technique		Literature	Explanation
Physical crafting	Temporal	Watts (2009) Sturges (2012) Moen, Lam & Kelly (2014)	Working part-time Requesting flexible hours Reducing workload Non-engagement at work socializing Maintain a strict divide by blocking out time
	Locational	Sturges (2012) Watts (2009)	Requesting teleworking via technology Reducing distance from home–work Upgrading travel class to work whilst commuting
Cognitive crafting		Moen et al. (2014) Sturges (2012) Watts (2009) Blithe & Wolfe (2017)	Adapting the definition of success Reprioritizing when facing a work deadline or home milestone Short-term sacrifices for long-term benefits Do not want to have children

	Guillaume & Pochic (2009) Santos (2015) Gatrell (2007) Cahusac & Kanji (2014) Petrou & Bakker (2016) Ren and Caudle (2016)	Postpone maternity Accept lower status work Pursue leisure activities to counter workplace stress Seeing (im)balance as a consequence of choice/responsibility
Relational crafting	Sturges (2012) Guillaume & Pochic (2009) Ren & Caudle (2016) Santos (2015) Hyman et al. (2005) Watts (2009)	Build a relationship with line manager Promoting flexibility with own team Outsourcing domestic work – paid or family assistance Focused attention on family when at home Socialize with people with similar schedules

Table 2. Physical, cognitive and relational crafting of a WLB: data summary

WLB crafting technique		Explanation	Illustration
Physical crafting (18 MWD, 25 WWD)	Temporal	Working part-time	I changed to working half-time. Every once in a while, I get seduced into working more than that. I'm 43 now and I will feel it very shortly after going over the 50%, I pay the price straight away when I overcharge my body. (Lars, part-time prevention advisor for transport sector with prosthesis, married father of two)
		Requesting flexible hours	Getting out of bed and at the breakfast table, it takes me 20 minutes instead of just five. At the end of the day they expect me to work eight hours like anyone else, so I miss out on free time, you know, time to relax or sleep [...] I was lucky to be allowed to work flexible hours, because some days I just can't do eight. (Jan, part-time civil servant in wheelchair, married father of two)
	Locational	Requesting teleworking	When I started working here, the company was only 10 minutes away from my home [...] Now the office is in Brussels. I told my manager, I did not choose this, I have children now and I need time to take care of them, and my commute is now a full hour. And so we are now able to work

			from home, not just me, all of us. I work two days from home. (Rik, full-time Information and Communication Technology consultant with visual impairment, father of two and married)
		Reducing distance from home–work	I intentionally came and live here close to the railway station. For my independence, that was a conscious choice [...] In City A, I arranged with the railway men to come and see me directly at the platform to help me on the train. In City B they are not willing to do that so I have to first wait 10 minutes at the counter to request assistance and another ten for them to arrive. That's too much time loss, so I just ask for other passengers to help me there. (Amélie, part-time blind administrative/editorial assistant, single)
Cognitive crafting (12 MWD, 9 WWD)	Adapting the definition of success		I am satisfied now with the job I have now, I like doing it and so for me, I go to work to live, but I don't live to work. Building a real career [...] No, I prefer to just work in a nice atmosphere with nice colleagues and being able to be there for my son and my family and stuff. (Gwen, part-time dispatcher for transport company with visual impairment, divorced mother of one)
Relational crafting (8 MWD, 17 WWD)	Outsourcing household and grocery shopping		There is no energy left for a social life. When I get home from work, I'm tired, too tired to do anything. Occasionally I cook something when it's not too hard. I had to distance myself from it. Before, I would get home, go for grocery shopping, get the kids from school, make dinner, do some ironing. And by the time my husband got home I would have made a salad for him, decorated

		with flowers and everything [...] Now he is left with almost everything in the household. (Alice, part-time ICT worker with Chron's disease, married mother of one)
	Cutting out workplace socializing	To me it's important that I can come here every day and do the work that I am paid to do. But other than that, I don't need to do a bunch of stuff with co-workers. I have come to a certain age, I have my family, the children, I mostly want to get back home as soon as I can. (Leon, full-time civil servant in wheelchair, married father of two)