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The "Disability Learning Curve": How Individuals Learn to Be Disabled

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Abstract

In recent decades, the social sciences have acknowledged that identities that were once considered static and biological, particularly gender, are actually socially constructed (Butler 1989). One identity that is seldom included in this idea is disability. Disability status is typically considered strictly biological; in reality, disability is a social construct that may be influenced by self-perception and the perceptions of others. These non-biological factors can be seen in what I propose to call the disability learning curve, the process by which one accepts that they are disabled, learns how to navigate an ableist system and environment and learns to manage the social stigma attached to the disability designation. I argue that the disability learning curve includes both physical effort and emotional self-reflection, without which the more practical learning cannot take place. This project asks how individuals come to recognize themselves as disabled. Research took place over four months of ethnographic study through participant observation and interviews with physically disabled participants, the transcripts of which were then coded and analyzed using a grounded theoretical approach (Glaser 1978). The results suggest that disabled individuals may see their disability identity differently depending on their type of disability, age of onset, symptomology and their own perception of themselves. Additionally, the disability learning curve was seen affecting the disabled participant's friends and families as well

as themselves. The results of this and future research aim to aid disabled individuals in accepting their disability identity, which has been shown to lower psychological distress (Bogart 2015).

Introduction

Disability identity has widely been considered a static, biological and sometimes biomedical category in the Western world. However, in recent years, disability has begun to be thought about as a social construct, similar to how gender is considered socially constructed (Butler 1990). There are a multitude of social factors that support the construction of disability (Wendell 1996:58). These include the increased, nonstop pace of life and the expectations of performance. These expectations that we are laden with can be emotional, psychological, and physical. Cultural factors also play a crucial role in the construction of disability. It is through these factors that our society determines what is a "normal" body and what is considered a bodily difference. This may lead to a lack of accurate and appropriate representation for disabled people which often results in the fabrication of harmful stigmas and stereotypes (Wendell 1996:61). Social support is rarely given to those who fail to meet social and cultural expectations. Thus, this unwillingness to create accessibility and accommodations only serves to add to the social construction of disability (Wendell 1996:60).

This idea of disability being socially constructed is evident in varying definitions and terminology, perceptions of the self, the perceived perceptions of others, and societal standards. This project details, not only that disability is socially constructed, but also the processes through which it is constructed and the obstacles to claiming a disabled identity. These are all factors in what I propose to call the disability learning curve, a process by which one "learns" how to be disabled. It includes learning to accept oneself as disabled and learning to navigate an ableist system that consists of an unaccommodating environment, inaccessible infrastructure and an abundance of social stigma.

The "disability learning curve" came to me after listening to the experiences of my interviewees, all of whose disability symptoms manifested or progressed later in life. My participants discussed how they had to "learn" how to be disabled in various ways. These ways include but are not limited to: learning how to identify oneself, proper terminology, navigating inaccessible areas, asking for accommodations, dealing with able-bodied people's perceptions, and combating ableist remarks and overall stigma. Their experiences are detailed below under pseudonyms to protect their identities, except in instances where they directly asked for their real name to be used.

This research also has wider real-world implications. Those who do not identify as disabled are not privy to the accommodations that those who do accept their disability identity receive. Therefore, not accepting one's disability status can negatively impact many areas of the individual's life. Additionally, psychologist Dr. Kathleen Bogart (2015:107) found that having a stronger disability identity was linked to lower psychological distress, including depression and anxiety, in people with multiple sclerosis. A strong disability identity was also found to be tied to greater self-esteem (Bogart 2015:107).

Defining Disability

Disability does not have a singular definition and has a wide range. While some definitions may be comprised only of the impairment, other definitions include social and cultural aspects that are tied to the status as well. One example of the former is the National Health Service's (NHS) definition. According to the NHS website (2024), "The Equality Act 2010 defines disability as a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities." The site goes on to clarify that, "The Act defines 'substantial' as being more than minor or trivial…" and that "'Long-term' is defined as lasting for a period of 12 months or more…" (2024). Therefore, the NHS definition focuses on the impairment, its severity, and length of time.

The Centers for Disease Control and Prevention (CDC) have a similar definition. The CDC (2025) states that, "A disability is any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions)." The CDC then defines disability as having three parts- impairment, activity limitation, and participation restrictions. This definition is almost identical to the NHS definition, except it does not include a length of time for the impairment.

The Americans with Disabilities Act's (ADA) definition is one of the most extensive and complex. Similar to the CDC's definition, it consists of three segments; however, all three are not necessary to label oneself as disabled. The ADA (n.d.) states, "A person with a disability is someone who: (1) has a physical or mental impairment that substantially limits one or more major life activities, (2) has a history or record of such an impairment (such as cancer that is in remission), or (3) is perceived by others as having such an impairment (such as a person who has scars from a severe burn)." This definition is similar to those above but differs with the addition of the third part. This third part of the definition directly supports disability as a social construct, as under the ADA you are considered disabled if others perceive you that way.

Terminology

Due to the lack of a clear definition for the term “disability” and the ambiguity that comes with it, there are multiple additional and supplementary clarifying terms that an individual may use to describe or identify themselves. These terms, like “disability,” do not have a singular definition. They are therefore also nuanced and heavily subjective. It may depend on how the person themself identifies. This extra terminology is also helpful as it can be used by those who do not fit society’s criteria of disability as mentioned above. These terms include: temporary disability, chronic illness, invisible disability, and dynamic disability.

Although “temporary disability” may have many different definitions, there are two definitions in particular that are the most well-known in the United States. These can be found as official definitions in the law for workers’ compensation. It is worth noting, though perhaps not surprising, that disability is defined here in terms of anticipated participation in capitalist production. The law divides temporary disability into two classes (1) temporary partial disability and (2) temporary total disability. Those with a temporary partial disability (TPD) “... have temporarily lost some ability to work and earn full wages” (New York State n.d.). On the other hand, an individual with temporary total disability (TTD) “...cannot work and earn wages, but only on a temporary basis” (New York State n.d.). While these definitions can be helpful for deciding how much someone receives in workers’ compensation, they have also become the default definition of “temporary disability”. This can be problematic as these terms only define disability by how much work one can do and how much money they can make. Setting this singular capitalistic definition as the standard may be harmful as it not only excludes other factors of disability but also reinforces negative stereotypes concerning the value of disabled people being tied to production.

Alternative definitions for temporary disability frequently come from accessibility offices and centers at universities. These are important definitional resources as they define "temporary disability” by time period rather than how much work one can do. For example, California State University, Chico (2025) states that, “A temporary disability is defined as a transitory impairment with an actual or expected duration of six months or less. Some examples of temporary disabilities include broken extremities, hand injuries, torn ligaments, post-surgical recoveries, etc.” Thus, universities tend to define disability by how long it impacts the person.

In the past few decades, there have been a myriad of conversations concerning the terms “chronic illness” and “chronic disease.” While the two terms may be used interchangeably in some literature, policies, and organizations, they can be classified differently. Carmel M. Martin, former professor of family medicine at the Northern Ontario

School of Medicine, has distinguished between the two in her article, “Chronic Disease and Illness Care” (2007). She writes that, “*Chronic disease* is defined on the basis of the biomedical disease classification, and includes diabetes, asthma, and depression” while “[c]*hronic illness* is the personal experience of living with the affliction that often accompanies chronic disease" (2007:2086). Martin (2007:2086) further explains that

> Chronic illness refers to the lived experience of long-term bodily or health disturbance, whether related to a communicable or non-communicable disease, condition, syndrome, or disorder; and how people live and cope with the disruption. It is ‘experience of intrusive bodily or mental unwelcome unpleasant sensations’ and includes phenomena such as fatigue, weakness, anomie, confusion, or social stigma.

Martin’s definitions for chronic disease and chronic illness and the distinction she makes between the two are similar to ones made by medical anthropologist Arthur Kleinman. Kleinman proposed a clear distinction between disease and illness. Disease is defined as “...the practitioner's construction of patient complaints in the technical terminology of a particular healing system” (Kleinman and Seeman 2003:231). On the other hand, illness is defined as “... an ‘experience near’ category, within which room can be found for the culturally patterned social and personal elements of sickness, which are often excluded as a matter of course from the technically constrained discourse on disease” (Kleinman and Seeman 2003:231). Thus, Martin and Kleinman both categorize “disease” as the medical system’s construction of an impairment, while the term “illness” is reserved for the personal or social and cultural aspects of living with an impairment.

Multiple health organizations have defined chronic illness, albeit differently from Martin. The definition of “chronic illness” from Medline Plus (2024) is as follows: “A chronic illness is a long-term health condition that may not have a cure.” The Cleveland Clinic’s (2025) definition differs as it includes a time frame: “Chronic illnesses are medical conditions that last a long time, typically a year or longer.” Finally, the American Psychological Association (APA 2025) defines chronic illness as “Illness that persists for a long period.” The APA goes on to explain that “Chronic illnesses include many major diseases and conditions, such as heart disease, cancer, diabetes, and arthritis.”

The term “invisible disability” may be known by a few different names, such as "hidden disability" and “non-apparent disability.” Individuals may prefer to use a specific name due to the connotations they have with the labels (Smith 2025:1). Some may choose to use “non-apparent disability" as they feel it affirms the presence of their disability and their experiences as a disabled person. These individuals may feel that words such as "invisible" or “hidden” carry negative implications. On the other hand, other disabled people may prefer to use “invisible disability" to describe themselves because their impression is that the term highlights how their disabilities, and by extension themselves, are being overlooked by society (Smith 2025:1). Thus, the term one uses to label this kind of disability is often based on preference.

As the Invisible Disability Project (IDP n.d.) explains, "An "invisible," "non-visible," "hidden," "non-apparent," or "unseen" disability is any physical, mental, or emotional impairment that goes largely unnoticed." The Brain Injury Association of America (BIAA 2024), defines "invisible disability" a bit differently as "...an informal term for any illness, impairment, or health problem that impacts the individual's daily life but cannot be immediately seen by other people." Finally, the Victorian Equal Opportunity and Human Rights Commission (2022) says that "'Invisible disabilities' (also known as hidden disabilities or non-visible disabilities) is a broad term which can include any disability that may not be immediately apparent to others." This paper will continue to refer to these kinds of disabilities as "invisible disabilities" as it is one of the most common names for this disability type.

Compared to the other terms above, "dynamic disability" was much more recently established. For this reason, the term has been seldom used and much less defined in medical journals or by government organizations. Therefore, the definitions used here are all from disability or patient centered organizations. DisArt, a nonprofit, defines dynamic disability as, "...a relatively new concept that means that a disability oscillates in severity (normally tied to what is called a 'flare'), where all or one of the symptoms of a chronic illness are more active or worsen for a period of time, whether it's for a matter of weeks or months" (Sarmento 2021). Another organization, AiArthritis explains that, "A dynamic disability refers to a condition or impairment that fluctuates in severity and impact over time." Furthermore, AiArthritis states that, "Unlike a static disability, such as amputation or paralysis, which remains constant, a dynamic disability may have periods of remission or exacerbation. This can make it challenging for individuals with dynamic disabilities to predict and manage their symptoms, as the level of impairment can change unexpectedly" (Davidson 2025).

All of these terms have multiple definitions, some with conflicting aspects. Due to this confusion, it is understandable that it may be complicated for people to decide which terms they identify with. For example, an individual who has had heart disease for less than a year may question whether they are chronically ill when comparing the APA's definition to the Cleveland Clinic's. According to the APA (2025), heart disease is included on the list of chronic illnesses. However, the Cleveland Clinic's (2025) definition says that a chronic illness lasts "...typically a year or longer." This begs the question, which one is correct or if there is even a right definition? Are you chronically ill or not?

In addition, some of these terms have alternative names, and there is debate about which of those are the best to use as well. "Invisible disability" is a good example of this.

As mentioned earlier, "invisible disability" can be referred to in a variety of ways. However, which of these names is the most appropriate is contested due to self-perception and the connotations each of these terms carry (Smith 2025:1). Therefore, the process of figuring out which label to identify with can be extremely time consuming and confusing, leading to frustration over one's disability identity.

On top of all of this, it is important to note that these terms may be used in place of or in addition to identifying oneself as disabled. This means that these terms are not mutually exclusive. In addition, these terms can be used together or separately to describe one's disability identity. For example, one individual may consider themselves to be chronically ill and dynamically disabled, whereas another person with the same diagnosis or symptoms may describe themselves as dynamically disabled and invisibly disabled. Still another may view themselves as chronically ill but not disabled.

As a result of these various factors, the decision to use one, some, or all of these terms heavily depends on the individual and how they identify themselves. Thus, the second question participants were asked in this research was what terminology they used for themselves. More specifically the question was, "Would you describe yourself as disabled, temporarily disabled, chronically ill, invisibly disabled, and/or dynamically disabled?"

Some people, like college students Alec and Matilda, use a combination of different terms to describe themselves. As Alec explained, "Through the best understanding that I have of my own experiences, I would probably describe myself as, like a combination of having invisible disabilities and chronically ill." When asked about what terms she would use to describe herself, Matilda expressed a similar sentiment, "A couple of them, I would use invisible disability. I would use chronically ill, and I would use disabled."

Others such as Henry, a first-year student at UNCA, may identify with a couple of terms but prefer to use more general terminology. When asked about if he saw himself as disabled and what terminology he would use for himself he replied, "I usually just say disabled. I would say that I am technically chronically ill also, but I usually just say disabled." As Henry explains here, while he may identify with being chronically ill as well, he prefers to use a more general term like disabled to describe himself. When explaining his preference Henry stated,

> I prefer the term disabled because I feel it better encapsulates the way that my chronic illness impacts me. While chronically ill is a more specific term it feels too abstract because of the many different chronic illnesses that exist, not all of which cause disability. The term disabled (specifically physically disabled) tells people my limits and not my diagnosis, which is unhelpful information if you do not know how it impacts my functioning.

Other individuals may vary in what term they use to describe themselves based on whom they are talking to or the circumstances they are in. When asked about what terminology she would use to describe herself, one interviewee, Katy, said:

> I feel like I've used multiple of those, kind of depending on the context and what's going on. I feel like chronically ill is how I most think of myself. I definitely think dynamic, dynamically disabled is a very appropriate term. I don't use it as much just because it's not as well known, but in situations where I have the opportunity to explain, I think, I think it's a very helpful term.

As Katy explains, the terminology she uses to describe herself and her disability may change based on the context of the situation she is in. Able-bodied individuals are often not educated about disability terminology and therefore disabled people may feel pressure to either educate those around them or use different language that is easier for others to understand. This shift in defining oneself can also be seen when a disabled individual knows how they will be publicly perceived. For example, Katy later described herself as invisibly disabled when not using a mobility aid. “The invisible disability definitely applies to me unless I am wearing a brace or using some other sort of assistive device. People do not recognize me as disabled, but it does color pretty much every part of my life.”

Disability Identity: Self-Perception

This definitional ambiguity, combined with Western societal assumptions of what disability is or “should be,” years of perpetuated stereotypes about disabled people, and a wide array of different types of disabilities can make it extremely difficult for individuals to determine whether they identify as disabled or not. Considering these factors, disability identity can be nuanced. Two individuals with the same diagnosis and symptomology may not both consider themselves disabled. Similarly, someone may consider their friends or family members to be disabled even if that person does not identify as such. This may be because the individuals define disability differently.

This situation was observed when one participant, Katy, was asked if her disabled friends had disabilities similar or different to hers. Katy, a young woman from Asheville, started by saying, “Um, there's some that are similar and there's some that are a little bit different.” However, she then quickly added, “And mind you, I don't know that most of them would describe themselves as disabled. That's... I'm kind of loosely applying that to them, but there's definitely some that would consider themselves disabled, or at least like heavily impacted.” While Katy’s friends may not identify as disabled, Katy considers them as such. This may be because Katy has recognized similarities in symptoms or even diagnoses between herself and her friends. Katy uses the label of disabled for herself; therefore, with these observed similarities, she may see her friends as disabled as well.

Claiming disability identity, then, may depend in part on the individual to make a choice for themselves. This constitutes the first step in what I have proposed to call the "disability learning curve." By this term, I mean the process by which one accepts that they are disabled, learns how to navigate an ableist system, and learns to manage the social stigma attached to the disability designation. This process involves a reassessment of one's own identity and worldview. It also takes time, energy, and perhaps most importantly, emotional labor. Emotional labor refers to managing one's own feelings in order to create a presentation of the face and body that puts others at ease (Hochschild 2003:7).

The choice of identifying oneself as disabled comes with a flurry of mixed emotions, questions, fear, and overall confusion. This may prove to be challenging, especially for those who are new to disability. For example, interviewee David, a junior at UNCA, considers himself to be new to the disability community. He has therefore had some confusion deciding if he identifies himself as disabled. When asked if he saw himself as disabled, David responded, "Yes and no. I'm still coming to terms, I guess, with whether or not I'm disabled, I would say yes, for the most part." Explaining further, he said,

> Um, I have a long-term pain from an injury that I never went to the doctor to get checked out. I will be going soon, though. But because of it, it causes a lot of pain when I move, even when I don't move, that scales up to my back and my hips or down to my ankle. It's my knee that is the injury, but in doing so, I have to use a cane.

Here, David goes back and forth about his disability status. He explains that he has to use a cane to get around due to chronic pain from an injury but seems unsure if he fully identifies as disabled because of this.

Another challenge when it comes to deciding one's disability identity is the specificity of societal standards for disability. This is especially true for those whose disabilities do not fit society's narrow view of what disability is supposed to "look like." Many individuals with physical impairments or chronic illnesses may question their own disability status due to these preconceived notions about what disability is. They may question their perception of themselves and if they are "disabled enough" to use disability terminology to identify themselves or to be a part of the wider disability community. During his interview David explained feeling this way, saying "And I'm having a disability right now, I feel very privileged to the point where I'm like, stopping myself at times of relating to the disabled community, because I feel like I'm not disabled enough."

David described this feeling as "imposter syndrome," citing other people's perceptions as a reason.

> I feel…like it's a lot to do with other people's perceptions less than my own. Like, yes, I deal with what's it called, when you think… Imposter syndrome, I deal with a lot of imposter syndrome. But like, I think a large part of that is because of how other people perceive me, because I've been here [at UNCA] three years, and I didn't have a cane until now. And so, I know people who look at me now and are like, 'Why the fuck do you have a cane?' Like, yeah, or even when I don't bring it all days, you know…

These examples show that David struggles with imposter syndrome over his disability identity in multiple ways. First, he is new to being disabled and using a mobility aid. Second, he feels that he is too privileged to be a part of the disability community and not "disabled enough" to be considered. Finally, he states that he does not use his mobility aid every day, which makes him contemplate other people's perceptions and in turn, question his own disability identity.

Disability Identity: Perceptions of Others

The perceptions of others that David described above were an important factor for many people. When asked to describe how her disability affects her everyday life Dr. Heidi Kelley, a professor emerita from the Department of Anthropology at UNCA, answered, "Again, perceptions of other people, I think are the most challenging." The rest of the participants seemed to agree with her perspective as many of them shared their own struggles with other people's perceptions.

Other participants also expressed how they felt about other people's perceptions of themselves, especially when using a mobility aid. Those with dynamic disabilities were also extremely concerned about being perceived as faking their disability. When talking about using her neck brace in public settings Katy said, "But I do worry that people, especially if they see me taking it on and off, if that will lend into a perception that people with disabilities, especially if they're using an aid, are faking it. But if I'm using it, it's because it hurts enough that I need it." Henry expressed a similar sentiment about using his wheelchair. Henry explained, "I know for a fact that a lot of people perceive me, as an ambulatory wheelchair user, as a faker or someone who exaggerates my symptoms, because most people don't understand what an ambulatory wheelchair user is. So, a lot of times, I feel kind of just like I'm being judged consistently." Both Katy and Henry felt not only like they were being perceived while out in public but that they were being judged. This perceived judgment made them both worry that they were being seen as faking their disabilities.

The perceptions of others can even affect whether one chooses to identify as disabled or not. As Amanda, a wheelchair user from Asheville, explained when asked about her preferences of disability terminology, “Disabled, ...and that's only if I'm pushed to give an explanation of me, is the only reason why I would call myself disabled.” For Amanda, disabled is only a term she would use to describe herself when pressed by someone else. When asked if she saw herself as disabled, she replied, “Um, in my mind, no, but in my body, yeah.” Therefore, Amanda’s self-perception (in her mind) is that of not being disabled, however she feels pressured by others to label herself as disabled. She seems to realize that society will automatically see her as disabled even if she disagrees with it. This makes sense as the majority of the public will notice Amanda’s wheelchair and categorize her as disabled without a second thought. This is just one example of how a disabled individuals' self-perception often does not match up with how others perceive them.

This rift between self-perception of one’s disability and the perception of others can also be observed in opinions over the severity of a disability. This may be especially true for those who have identified as disabled for a longer time. Dr. Kelley expressed this phenomenon when asked to describe the severity of her disability. She answered, “But I perceive, after twenty, almost twenty-nine years, I think it's, like, normal. But other people see it differently.” Continuing this thought she later added, “But yeah, I think my routine has been adjusted for my disability so long that I can't think of being disabled in my home or neighborhood.” For Dr. Kelley, having her disability for such a long time and accommodating herself by creating an accessible environment helped construct her view of her disability as normal. In addition, Dr. Kelley conveyed that she felt that others would describe her disability as being more severe than she would. However, she added, "I think not the people closest to me.”

Amanda had a similar answer when asked to describe the severity of her disability. She replied, “I don't see it as too severe. I don't know what people would say, but I don't see it as too severe. I see other people, I've seen other people with more severe disabilities than me.” Later, when she was asked about how she thought people perceived her as a wheelchair user. She responded, “Well, if they know me, then they know I'm smart and capable. If they don't know me, then I've had people pray over me because I'm in a wheelchair, which I don't like at all, so. And I've also been in situations where people have talked down to me, because I'm in a wheelchair. I hate that also.” Both Dr. Kelley and Amanda realize that except for the people who know them and are close to them, people see themselves and their disabilities differently than how they view themselves.

Emotional Labor

Awareness of other people's perceptions also caused many disabled individuals to regulate their own feelings, both mental and physical. This was done not for the disabled person themselves but rather to make the people around them more comfortable. This self-regulation of not only one's body and pain, but their emotions as well can be classified as a form of emotional labor. Emotional labor is a social theory created by American sociologist, Arlie Hochschild. Hochschild (2003:7) defines emotional labor as "…the management of feeling to create a publicly observable facial and bodily display…" She also writes that, "This labor requires one to induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others…" (Hochschild 2003:7). Disabled individuals may feel pressure to perform emotional labor in order to make the able-bodied people around them more comfortable.

Disabled people are expected to take on the brunt of emotional labor when dealing with able-bodied individuals' questions and comments. While some able-bodied people may be well-meaning, they often make ableist comments or ask inappropriate questions to disabled individuals who are just trying to live their lives. When asked about talking about accessibility with able-bodied people, Henry expressed this sentiment: "And it can be, I'd say, like it can be kind of confusing for them, or you might get some, like, inappropriate questions, or some, yeah, you know, questions about that, yeah, questions that just should be asked to someone about their medical history or whatever." Disabled individuals are expected by society to either ignore these able-bodied people or kindly explain things to them. In this way, they are expected to do the emotional labor.

Ableist questions and comments can quickly turn into microaggressions. In the article "Ableist Microaggressions, Disability Characteristics, and Nondominant Identities," microaggressions are defined as "intentional or unintentional verbal, non-verbal, and/or environmental slights that convey disparaging messages to individuals based solely on their marginalized group membership status" (Deroche, Lee, and Cook 2024:404). Unfortunately, disabled people, like many minorities, are familiar with being on the receiving end of microaggressions. This can take many forms, with one of the most common being stared at. When discussing using his mobility aid in public, David expressed contempt for the looks and questions he sometimes receives. He said, "But yeah, sometimes I just don't want to deal with the stares or, like, just, yeah, like, just the weird looks, um, or the possible questions…" Thus, for David, stares and inappropriate questions are microaggressions he deals with frequently.

In regard to microaggressions, David also had another, more egregious example. He recounted a recent visit to Florida, saying,

> … I was walking with my cane, and me and my friend were having a picnic outside, and this older woman saw me with it, and out loud, started talking to her family about me, like shit talking as if I couldn't fucking hear her. And was like, ‘I just don't understand why a young person would need a cane.’ I was like, ‘All right. I'm sorry? It's the weirdest thing, people get, like, so much audacity around it, and it's like, why? I'm just existing?

Here, David conveys the microaggression he was subjected to and his feelings regarding the whole situation. The suppression of his feelings in the moment reveals the toll of emotional labor David has experienced.

Disabled people may also feel pressure to perform emotional labor through minimizing their own feelings around the able-bodied public. This type of emotional labor can be seen with Matilda, a young woman studying at UNCA. Matilda explained how she has been managing her emotional demeanor for years while secretly in chronic pain. She said, “I'm not like, oh, I'm in pain. I'm like, okay, well, let's do this. It's like, I can deal with the pain and, like, faking it till I make it smile while my like, knee hurts. I've been doing that for like, years.” Hence, Matilda keeps up a happy facade while smiling through her pain. Due to having an invisible disability as well, it is likely that those around her would never know her true feelings.

As a woman, the pressure Matilda feels of performing emotional labor only intensifies. As Hochschild (2003:163) explains in her book, *The Managed Heart: Commercialization of Human Feeling*, “…women in general have far less independent access to money, power, authority, or status in society.” Thus, women as a whole are more likely to become what Hochschild (2003:164-165) calls “emotional managers, “meaning that they are expected to do the unpaid labor of managing other people’s feelings when the situation calls for it. Women are therefore often expected to accommodate other’s emotions rather than their own through acting and emotion work (Hochschild 2003:167). This is often attributed to women’s subordinate place in society. Due to her intersectional identity, Matilda is expected to take on double the amount of emotional labor, first as a woman and second as a disabled person.

Conclusion

As discussed in this paper, disability is a social construct and thus, disability identity is nuanced. Therefore, the process of claiming one’s disability status is extremely complicated and littered with numerous obstacles along the way. This first step in this arduous journey is to learn to accept one’s new status as disabled.

The “disability learning curve” through which individuals come to accept or reject the idea of themselves as disabled often, and understandably, begins by seeking to assess themselves and their experiences in reference to a single, shared definition of "disability." understood. However, they may search in vain for an objective measure of disability due to the multiple, overbroad, and subtly different definitions of disability in use and become more confused. Existing definitions of disability, including those promulgated by reputable institutions, are socially constructed.

Upon realizing that there is no standard benchmark for "disability," their next step may be to consider the wide array of disability terminology and their meanings, and which term or multiple terms they identify with and want to use for themselves. This process can also be perplexing, as the definitions for one term can be conflicting or have alternative names. Thus, some people may become puzzled by these contradictions and have a difficult time deciding if they should use any of these terms for themselves. Likewise, it may be difficult for them to explain these terms to their able-bodied peers. On the other hand, other disabled individuals may find the extra terminology to be clarifying and, in some cases, even reaffirming. Therefore, what disability terminology one uses for themselves and when and where they use those terms often comes down to the disabled individual's preference.

Once they have settled on a term or terms that feel appropriate to their self-perception, however, there is still the question of whether (or to what degree) their self-perception is recognized and acknowledged by others, especially able-bodied others. Those who do not conform to societal norms regarding "disability" may feel pressured by the perceptions of able-bodied others, so much so that they may question their disability status and whether it is appropriate to use the term disabled to describe themselves. This is not without practical consequences, as individuals suffering from this form of disability imposter syndrome are unlikely to avail themselves of federally mandated accommodations. On the contrary, as I have shown, others may feel pressured to identify as disabled even if that is not how they would label themselves. In both cases, individuals may feel obligated to suture the gap between their self-perception and the perceptions of others by performing a socially acceptable level of disability.

The performance of disability is a form of emotional labor: disabled people often feel the need to self-regulate their mental and physical feelings to make able-bodied people more comfortable. Because the perceptions of others are not uniform, they are tasked with the mental labor of anticipating and responding to the perceptions of others. Additionally, they may be subject to inappropriate questions, comments, and microaggressions.

Thus, the "disability learning curve" is an arduous process with a crucial first step. If one never accepts their disability identity they are unable to self-advocate for the accommodations they need. Due to disability identity being a status that can fluctuate, the "disability learning curve" is a process that is never complete. Disabled individuals often find themselves in new places and social systems and have to learn new ways to obtain accessibility. Therefore, the "disability learning curve" is a lifelong journey.

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Reference List

Americans with Disabilities Act. 2025. "Introduction to the Americans with Disabilities Act." *ADA.gov*. Retrieved: November 5, 2025 (https://www.ada.gov/topics/intro-to-ada/).

American Psychological Association. 2025. "Chronic illness." *American Psychological Association*. Retrieved: November 5, 2025 (https://www.apa.org/topics/chronic-illness).

Bogart, K. R. 2015. "Disability identity predicts lower anxiety and depression in multiple sclerosis." *Rehabilitation Psychology* 60 (1):105–109.

Brain Injury Association of America. 2024. "Brain injury as a form of invisible disability." *Brain Injury Association of America*. Retrieved: November 5, 2025 (https://biausa.org/public-affairs/media/brain-injury-as-a-form-of-invisible-disability).

Butler, Judith 1990. *Gender trouble: Feminism and the subversion of identity*. London: Routledge.

California State University Chico. 2025. "Accessibility Resource Center- Temporary Disabilities." *California State University Chico*. Retrieved: November 5, 2025 (https://www.csuchico.edu/arc/access-accomm/temp-disabilities.shtml).

Centers for Disease Control and Prevention. 2025. “Disability and Health Overview.” *Centers for Disease Control and Prevention.* Retrieved: November 5, 2025 (https://www.cdc.gov/disability-and-health/about/index.html).

Cleveland Clinic. 2025. “Chronic Illness.” *Cleveland Clinic.* Retrieved: November 5, 2025 (https://my.clevelandclinic.org/health/articles/4062-chronic-illness).

Davidson, Eileen. 2025. “Unveiling the Dynamics: Exploring the Connection Between Autoimmune and Autoinflammatory Arthritis and Dynamic Disabilities.” *AiArthritis: International Foundation for Autoimmune & Autoinflammatory Arthritis.* Retrieved: November 5, 2025 (https://www.aiarthritis.org/dynamic_disability).

Deroche, Melissa D., Lee Za Ong, and Jennifer M. Cook. 2024. "Ableist Microaggressions, Disability Characteristics, and Nondominant Identities." *Professional Counselor* 13 (4):404-417.

Glaser, B.G. 1978. *Theoretical sensitivity: Advances in the methodology of grounded theory*. Mill Valley, CA: Sociology Press.

Hochschild, A.R. 2003. *The Managed Heart: Commercialization of Human Feeling*. Berkeley, California: University of California Press.

Invisible Disability Project. n.d. “Invisible Disabilities Defined.” *Invisible Disability Project.* Retrieved: November 5, 2025 (https://www.invisibledisabilityproject.org/).

Kleinman, Arthur and Don Seeman. 2003. “Personal Experience of Illness.” pp. 230-242 in *The Handbook of Social Studies in Health and Medicine*, edited by G.L. Albrecht, R. Fitzpatrick, and S.C. Scrimshaw. London: Sage Publications.

Martin, Carmel M. 2007. “Chronic disease and illness care: adding principles of family medicine to address ongoing health system redesign.” *Canadian Family Physician Médecin de Famille Canadien* 53(12):2086-91.

Sarmento, Inês Mália. 2021. “Dynamic Disability.” *DisArt.* Retrieved: November 5, 2025 (https://www.disartnow.org/journal/dynamic-disability/).

Smith, E. R. 2025. “Non-Apparent Disabilities Fact Sheet: Common Myths.” *Utah State University: Institute for Disability Research, Policy & Practice.* Retrieved: November 5, 2025 (https://idrpp.usu.edu/projects/accessibilityhealth/files/Common_Myths_FactSheet_Final.pdf).

MedlinePlus Encyclopedia. 2024. “Living with a chronic illness - reaching out to others.” *MedlinePlus.* Retrieved: November 5, 2025 (https://medlineplus.gov/ency/patientinstructions/000602.htm).

National Health Service- England. 2024. “Disability.” *National Health Service- England*. Retrived: November 5, 2025 (https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/mental-health-services-data-set/submit-data/data-quality-of-protected-characteristics-and-other-vulnerable-groups/disability).

New York State. n.d. “Workers’ Compensation Disability Classifications.” *New York State*. Retrieved: November 5, 2025 (https://www.wcb.ny.gov/content/main/Workers/DisabilityClass.jsp).

Victorian Equal Opportunity and Human Rights Commission. 2022. “Public statement: Invisible disabilities.” *Victorian Equal Opportunity and Human Rights Commission*. Retrieved: November 5, 2025 (https://www.humanrights.vic.gov.au/news/invisible-disabilities/).

Wendell, Susan.1996. “The Social Construction of Disability.” pp.57-62 in *The Rejected Body.* New York: Routledge.