

Experiences of English Teachers with Chronic Illness in Japan

James Taylor

International College of Technology, Kanazawa

Research into teachers with visible physical disabilities and some forms of hidden disability, such as learning disabilities, has increased in recent years (Evans et al., 2017). However, the experiences of teachers with chronic illness remain under-represented in academic literature despite the increasing prevalence of chronic illness among teachers (Brown & Leigh, 2018). This qualitative study aims to explore the effects of chronic illness on foreign English language teachers' working lives in Japan. Data were collected from semi-structured interviews with four foreign English teachers and underwent deductive thematic analysis based on Braun and Clarke (2012) and Smith and Osborn (2015). The findings show that participants avoided disclosing their illness as much as possible due to fear of others' reactions, choosing mainly to disclose to management and a few selected, trusted colleagues and students. The data also reveal that chronic illness affected the participants' work in other ways, such as their attendance and in-class actions.

Chronic illness (also known as invisible illness) is defined as "a long-term health condition that persists over time, has recurring (often 'invisible') symptoms, and requires long-term medical intervention" (Goodwin & Morgan, 2012, para. 2). Arthritis, Crohn's disease, cystic fibrosis, diabetes, epilepsy, fibromyalgia, and multiple sclerosis are just a few examples of chronic illness. The symptoms of chronic illness can vary from person to person and even from day to day for the same person, and the symptoms are usually invisible (Goodwin & Morgan, 2012).

Chronic illness is becoming increasingly prevalent among teachers around the world (Brown & Leigh, 2018), and although there has been more research into the experiences of teachers with visible physical disabilities and some forms of hidden disability (Evans et al, 2017), as yet there is only a small body of research detailing the experiences of teachers with chronic illness in academia, and none in English on the experiences of teachers with chronic illness in Japan. This study explores the lived experiences of foreign English language teachers with chronic illness in Japan through thematic analysis of interviews with four teachers. It examines the effects of chronic illness on teachers' working lives, in particular the issues regarding disclosure and workload.

Chronic Illness

Bury (1982) posits that chronic illness constitutes a form of biographical disruption, whereby the individual's life, routines, and identity are disrupted by their illness. However, the biographical disruption is not necessarily constant; rather, the individual eventually comes to terms with their illness and constructs a new biography or identity for themselves (Brown, 2018b).

The term "chronic illness" is rendered in Japanese as 難病 (*nanbyō*). *Byō* signifies "illness," while *nan* carries a negative nuance, as it is also the stem of the adjective *muzukashii* (difficult). In official contexts *nanbyō* is translated as "intractable," as in the name of the Japan Intractable Diseases Information Center. The English word "intractable" also conveys a negative meaning of being hard to deal with or control, in contrast to the term "chronic illness," in which the word "chronic" denotes

ongoing or long-term, and is more neutral in meaning.

It is impossible to know the precise number of people with a diagnosed chronic illness in Japan, but statistics from the Japan Intractable Diseases Information Center (2021) show that in 2019 there were 946,110 people in receipt of special medical benefits for chronic illness in Japan. Not everyone who is diagnosed with a chronic illness is eligible for the benefits, and not everyone who is diagnosed with a chronic illness applies for the benefits, therefore those people are not included in the statistics. People with undiagnosed chronic illnesses are also not included. Furthermore, there is no data to show the employment status of those claiming the medical benefits, so it is unclear how many are employed in education.

Society's expectations of individuals are that they are "healthy and productive members of society" (Stevens, 2013, p. 1). Consequently, those who are not able-bodied are "othered" (Stevens, 2013, p. 1) and often marginalised or rendered an outsider. This is often the case in Japan, where Shiobara (2020) notes that social division is an integral part of modern Japanese society. Several decades ago "those who suffer certain kinds of illness or damage [were] regarded as marginal and potentially polluting in Japanese society" (Valentine, 1990, p. 29). In a country such as Japan, which is considered by many to be homogeneous, a difference such as disability "disrupts the cultural norms" and the person with disability is shunned by society (Heyer, 2015, p. 156). Heyer (2015) adds that for many years, people with disabilities in Japan have rarely been visible in public. Heyer (2015) explains that people with disabilities in Japan are often segregated, patronised and/or infantilised, and constantly faced with an expectation that they "be conscious of the 'burden' (*meiwaku*) they impose on others" just by existing (p. 156).

In many cases, disability—and by extension chronic illness—has been ignored rather than explicitly commented on in Japan (Stevens, 2013). Stevens (2013) explains that in Japanese society, silence and "euphemisms" are common ways of avoiding directly acknowledging the differences between people with and without disabilities (p. 45). Stevens (2013) also notes the use of "problematic language" with regard to people with chronic illness (p. 54). However, Shiobara (2020) adds that phrases such as "disabled people only bring misery" became prominent after a high-profile mass murder at a residential facility for people with disabilities, and that such language can influence even members of the public who do not necessarily hold extreme views on the subject (p. 13). As a result, the marginalisation of people with disabilities is compounded.

Choosing to disclose a chronic illness that reveals oneself not to be "able-bodied" leaves the individual open to "the complexities of identifying as 'disabled'" (Griffiths, 2020, p. 129). Beatty (2012) argues that "illness is a shared, intersubjective, and social experience" as it affects not only the person with the illness but also those with whom they interact (p. 92). The perceptions and reactions of co-workers influence the working lives of teachers with chronic illness, often negatively.

Positionality

Qualitative research often foregrounds the importance of objectivity on the part of the researcher; however, it is impossible for humans to be completely objective. As such, every person carries "biases, preoccupations and assumptions" (Eatough & Smith, 2017, p. 6). Since "qualitative research is subjective" (Boyatzis, 1998, p. 15), within the context of certain types of qualitative research, these biases can be used to the researcher's advantage by reflecting on their influence on the study.

I am a white British male with a chronic illness working as a teacher in Japan. My chronic illness was a major factor in deciding to conduct this study, and my own experiences of chronic illness meant that I was able to empathise closely with the participants. My status as a teacher in Japan with a chronic illness gave me an insider perspective, and disclosing my illness to the participants during the interviews helped to build a rapport. I enjoyed a pre-existing relationship with two of the participants, which may have affected their demeanour and willingness to reveal more of themselves when answering. The study deals with a sensitive topic, so at the start of each interview I reiterated the participants' right to refuse to answer any questions, and I reconfirmed their consent at the beginning and end of each interview.

Disclosure

Issues surrounding disclosure occur frequently in the literature on teachers with chronic illness. People with chronic illness can choose to "disclose, pass or conceal" (Brown, 2020, p. 60). Stevens (2013) states that the "socially marginalised" in Japan often choose to pass as non-disabled, due to the perception among people without disabilities that people with disabilities "are treated like second-class citizens" (p. 32). For many people with chronic illness, the decision to pass as able-bodied or disclose one's condition is difficult. The stigma around chronic illness has been well-documented (Goodwin & Morgan, 2012; Stevens 2013; Valentine, 1990). Therefore, by disclosing an illness, the individuals may feel that they are leaving themselves open to a variety of negative reactions and judgements from others in the workplace. Negative reactions can range from a lack of empathy (Bassler, 2009), disbelief that they truly are ill (Finkelstein, 2018), and discriminatory comments or actions from others (Joritz-Nakagawa, 2018; Leigh & Brown, 2020; Newton et al., 2018), to the more

extreme example of threats of job loss (Joritz-Nakagawa, 2018). It is not just others who may display negativity towards the chronically ill, as the stigma can be internalised by the individual with chronic illness, and they may worry about the possible perception that others will have of them "seeming unable to do the job" (Beretz, 2003).

Support groups are an option for the marginalised, particularly those who are not able or do not want to pass or conceal. Valentine (1990) explains that belonging to a group is important for individuals in Japanese society, therefore some individuals who are excluded from certain aspects or areas of society find a sense of belonging by forming or joining a support group. By joining a support group, they may be able to reduce their outsider status, in addition to receiving the support that they need from others in similar situations.

However, opting to conceal one's illness or pass as able-bodied instead of disclosing one's condition does not avoid all negative situations. Brown (2020) warns of the risk of a "toxic" situation and "emotional pain" when the chronically ill individual feels pressure "to manage and control information" (p. 70). By concealing their illness, the individual may experience high levels of stress and anxiety, for example of being discovered and outed in front of others (Goodwin & Morgan, 2012; Valentine, 1990). While passing is a legitimate strategy employed successfully by many chronically ill teachers, its long-term viability is uncertain (Ellingson, 2021; Lewis, 2021). Concealing chronic illness, like disclosing, can have a negative impact on the individuals' career, as a dip in the quality or timeliness of their work may not be understood by others (Newton et al., 2018).

Workload

The education sector is widely acknowledged as a highly competitive field that prizes those who overwork (Leigh &

Brown, 2020). Furthermore, the field is increasingly being recognised as ableist, in that it assumes all workers are “able-bodied and able-minded until proven otherwise” (Andrews, 2020, p. 106). The pressure to overwork can have negative consequences even for workers without chronic illness. In Japan, particularly in “white-collar professions...working late is considered a badge of pride [and] a sign of how essential that worker really is to the organisation” (Zielenziger, 2006, p. 205). In many Japanese schools, teachers are expected to work long hours with extracurricular duties in addition to their regular classes (Tsuboya-Newell, 2018), which carries a risk of psychological distress and burnout (Bannai et al., 2015). This is corroborated by data from the Ministry of Education, Culture, Sports, Science and Technology (2021), which show that 5,478 teachers took leave for mental health reasons in 2019. This constitutes the highest number ever recorded and the third consecutive annual increase.

For those with chronic illness, the “heroic stamina” required to keep up with the pressure to overwork can be debilitating (Beretz, 2003). Brown (2021) highlights the “sense of failure many academics experience because they cannot meet expectations placed upon them” (p. 1). In the *eikaiwa* (private conversation school) industry, Taylor (2017; 2020) found that teachers in national *eikaiwa* chains experienced infringements on their personal time by their employers, through being asked to travel what they thought were unreasonable distances to work at other branches, and by their schedules being changed at short notice. One manager interviewed in Taylor (2020) described his long workdays and working on his days off and outside his scheduled working hours. These situations led the teachers to feel irritated and angry, but they were able to cope. For teachers with chronic illness, such situations could become impossible to work in and create feelings such as those described by Beretz (2003).

Another effect of passing on the chronically ill teacher is the increased likelihood of being denied the accommodations they need to overcome “structural impediments” and enable them to carry out their work (Beretz, 2003). Many feel that the pressure to overwork that is endemic in education forces them to overextend themselves in order to achieve to the same level as colleagues without illnesses (Bassler, 2009; Ellingson, 2021; Leigh & Brown, 2020). This situation further damages the teacher with chronic illness as they are often denied accommodations on the basis of their achievements without them (Ellingson, 2021), which creates a vicious circle (Ellingson, 2021; Finkelstein, 2018). However, chronic illness does not necessarily negate productivity. Bassler’s (2009) participants included some who had made adjustments by themselves to increase their work output and quality, thereby making them more productive than many of their co-workers without chronic illness. Similarly, Brown (2018a) compiled a list of strategies used by teachers with chronic illness to cope with work and life in education.

Teachers with chronic illness face difficult decisions regarding disclosing or concealing their illness or passing as not ill, and whichever they choose can have negative consequences. Additionally, the nature of education in Japan and academia in general means that they face pressure to overwork, which can have a deleterious impact on illness. This study aims to contribute to an under-researched aspect of the teacher experience in Japan, as no similar studies could be identified during preliminary research.

Methodology

Participants

Participants for this study were a convenience sample found through messages posted in online groups for English speakers in Japan, special interest groups of the Japan Association for Language

Teaching, and to colleagues and contacts in the teaching profession. I knew two of the participants prior to the study. All participants gave their informed consent in writing to participate in the study, and their consent was given again orally at the beginning and end of the interview. The participants all had diagnosed chronic illnesses and were employed as English teachers in Japan at the time of the interviews in May, 2021. Thus, they were a small, purposive, largely homogeneous sample, which is ideal for a study of this nature (Smith & Osborn, 2015). The participants' information is summarised in Table 1. Their specific illnesses have not been named in this paper for two reasons. Firstly, to protect the participants' anonymity. Secondly, as with Sheppard (2021), the purpose of this study is to explore the experiences of teachers with chronic illness more generally, rather than as they relate to specific chronic illnesses.

Table 1
Participants

Name	Gender	Age range	Position
Participant A	Male	30-39	<i>Eikaiwa</i> teacher and owner
Participant B	Male	40-49	<i>Eikaiwa</i> teacher
Participant C	Female	20-29	ALT (high school)
Participant D	Female	30-39	ALT (primary school)

Instrument

I developed an interview schedule based on the literature and a sample schedule used with a dialysis patient from Smith and Osborn (2015). As with the sample schedule, I grouped questions according to pertinent themes that arose from the literature on chronic illness in education, and

then ordered them so the more sensitive questions were later in the interview. I decided to conduct semi-structured interviews due to the leeway they allow me as the researcher to adapt questions based on the participant's responses. Additionally, semi-structured interviews offer participants the space to give more wide-ranging answers.

Data Collection and Analysis

This was a qualitative study. Interviews took place over Zoom, and were recorded and transcribed verbatim. I sent each participant their transcript to confirm its accuracy with them. I analysed the data thematically, using the approach described by Braun and Clarke (2012) in addition to Smith and Osborn's (2015) suggested approach for analysing semi-structured interview data. I coded by hand, highlighting and assigning latent, descriptive codes to relevant passages of the transcripts. I then copied those excerpts into a new document for each participant. This allowed me to collate the data for the main themes. Four main clustered themes were identified at that stage, and these were further coded into two main themes.

Findings and Discussion

During analysis, data were collated and organised according to the two overarching themes seen in the literature review above: disclosure and workload. In this section I will show the data related to each of those themes.

Disclosure

Disclosure to students

Brown (2020) notes that individuals with chronic illness have to decide whether to "disclose, pass or conceal" (p.60). All four participants in this study expressed a general reluctance to disclose their illness at work, but found that by disclosing to a select few, they were able to receive some support, although not without some difficulties as they

navigated the “shared, intersubjective, and social experience” of illness with others in the workplace (Beatty, 2012, p. 92). With regards to disclosing to students, the participants’ reluctance was due to the young age of most of the students, which would make it “hard” (Participant D) and would lead to embarrassment (Participant C). Participant C concealed her illness, but noted that on one occasion when she worked while wearing a visible sign of her illness (in this case, a bandage), students were “really nosy about it like pointing it out and whispering to each other in a really noticeable way,” which caused her discomfort. Participant C was able to conceal her illness most days, but when she had a flare up and needed to wear a bandage, she drew attention to her hitherto concealed illness and increased her anxiety about others knowing about her illness. This supports Goodwin and Morgan’s (2012) assertion that attempting to conceal can lead to the fear of being discovered.

Participants did disclose their illness to some students, however. Participant B disclosed his illness to three students, one adult and two children, because he felt “comfortable in front of them.” The adult student worked in medicine and had noticed Participant B’s condition fluctuate according to the state of his illness, while the young students also experienced ongoing medical issues. Participant D was also forced to disclose to a group of adult students at a previous workplace after acquiring visible illness-related injuries. Participant A’s illness was disclosed to all students at his workplace by a manager without his prior knowledge or consent, a situation with which he was displeased: “if he [the manager] asked me it’s fine. I mean I still wouldn’t want him to.” Participant A explained that he believed the manager’s rationale for doing so was to remove any concerns among students that he had caught COVID-19. Participant A’s phrasing casts doubt onto whether he really did think it was “fine,” and suggests that he felt “emotional pain” forecast by Brown

(2020, p. 70) regarding the loss of control of personal information. However, Participant A went on to explain that he would have disclosed to certain students if he knew that they had the same illness as him so that he could “make a connection” with them. This seems to show that Participant A recognises the importance of support groups as explained by Valentine (1990).

Despite their reluctance to disclose to students, three of the participants did so and found that students’ reactions were mostly positive, ranging from sympathetic and understanding (Participant A), “fine with it” (Participant B), and “interested” (Participant D). In terms of negative reactions, only Participant A perceived embarrassment from some students who did not comment on his illness when most others did, which is reminiscent of Stevens’ (2013) reporting of silence around issues of disability and illness in Japanese society, as those who do not know what to say often choose to say nothing at all. However, in most of the participants’ cases, the reactions of students suggest that when they did so, disclosing to students was a positive experience overall, which supports similar findings by Newton et al. (2018).

Disclosure to colleagues

The participants also elected not to disclose to most of their colleagues. The exception was Participant A, whose illness was disclosed to colleagues on his behalf. Participants B, C and D elected to disclose their illness to one current colleague. Participants C and D explained that they disclosed to a fellow ALT. Participant C did so because she found the relationship between ALTs to be “really intense...in terms of just disclosing like everything about yourself,” whereas Participant D felt that she needed to when her co-worker encountered her stretching awkwardly at work. These are examples of the “awkward social interactions” of which Goodwin and Morgan (2012, para. 9) warn. Participant B said that

“getting a support group together is kind of difficult because people don’t wanna be exposed,” but by choosing to disclose to a trusted co-worker, the participants seemed to feel that they had at least someone to whom they could rely on and “vent to a limited extent” (Participant C).

Participant B was the only interviewee to have encountered conflict with a colleague due to his illness. He told the story of a Japanese co-worker who, upon seeing Participant B’s medicine on his desk, “grabbed it and waved it around in the air and said ‘what’s this are you sick or something?’” Participant B was “pissed off” and “angry,” but the conflict reached a swift resolution as the co-worker apologised to the manager, who had heard the exchange. Participant B said that he did not receive a direct apology, but that he was happy to let the incident go. However, the fact that Participant B still remembers the incident and the way he felt clearly, and the fact that he was worried that other colleagues would experience the same humiliation, suggests that it had a profound effect on him. There are several possible interpretations of this incident. One is that the co-worker’s actions were a manifestation of socio-cultural differences, such as the idea of othering disabled people in Japanese society (Stevens, 2013), of illness being a pollutant (Valentine, 1990), or of having internalised exclusionist ideas regarding people with disabilities (Shiobara, 2020). For those reasons, it is therefore possible that the co-worker did not intend to humiliate Participant B or invade his privacy. The opposite is also true, however: the co-worker may have chosen those words, actions and setting in an attempt to maximise the potential for Participant B to be humiliated and his privacy to be invaded. It may also have been the case that the co-worker was being insensitive for other reasons.

From this episode, similar to Participants C and D working with visible signs of their illness, we can see that despite

choosing to conceal with most people in the workplace, slight lapses can create the risk of being exposed as chronically ill (Goodwin & Morgan, 2012). These episodes also demonstrate the stress the participants felt trying “to manage and control information” (Brown, 2020, p. 70) about themselves.

Disclosure to management

All four participants disclosed their illness to management, either through choice or necessity. In Participant A’s case, he needed to disclose his illness when he was hospitalised for several weeks upon diagnosis. Participant B disclosed to his manager because he knew the manager also experienced chronic illness and therefore it was easy to talk to him. This links to Valentine’s (1990) explanation of the value of support groups, although in the case of Participant B, seeking support from someone in a similar situation was in addition to concealing his illness from most others in the workplace. Participant C explained that she had to disclose her illness early in her employment period because she did not have the Japanese language ability to attend medical appointments and needed help. Participant D also disclosed her illness when she began her current job, and did the same at her previous job at an *eikaiwa*, and had no qualms about doing so: “an employer OK like they need to know that this is a potential issue.” All the participants received support from management in their current workplaces. Participant A’s co-managers visited him in hospital, Participant B’s manager gave him half a day of mental health leave when he asked for it, and Participants C and D noted that nobody took issue with them being ill.

However, Participants B and D talked about problems they had with previous employers after disclosure. Participant B quit a previous *eikaiwa* job after receiving persistent phone calls while hospitalised asking him to return to work. A lack of empathy is one of the possible negative

reactions noted by Bassler (2009) as a reason for non-disclosure. Participant D talked about the management at the *eikaiwa* that she worked in prior to becoming an ALT, where “face-to-face the reaction was fine but um my employer was discussing my health with my co-workers” and with some students “in detail” behind her back. She found this betrayal of trust “very upsetting.” Participant D’s situation demonstrates that she may have “opened [her]self to prejudice, ignorance and discrimination” (Leigh & Brown, 2020, p. 176), and it also shows that she was being othered by her managers and possibly by co-workers and students (Stevens, 2013). These unsavoury reactions from management show the risks associated with disclosing chronic illness to employers.

Overall, the participants opted to conceal rather than disclose their illness. Participants B and C both referred to the use of masks as aiding their attempts to conceal, as they were able to hide any true emotions that might show on their faces due to their illness. Participant B stated, “I barely show my students that I’m in pain and now that we have masks on all the time” he could conceal his illness more easily. Participant C explained that during a recent flare up she had been “quite emotional at work actually having a mask is great ‘cause no one can see my facial expression.” Participants also explicitly talked about their worries of being perceived negatively by others. Participant B acknowledged “there’s a stigma” and said, “especially a chronic condition people tend to look down at you like you’re weaker or something or at least that’s what I feel,” while Participant C explained in detail:

I’ve been chronically ill my whole life. I don’t think my thoughts towards chronically ill people are always very kind and I guess I project and I imagine people think I’m like a hypochondriac or weak.

This extract, along with Participant B’s fears, suggests that the participants had internalised the stigma and “negative stereotypes” (Goodwin & Morgan, 2012, para. 9) around chronic illness to a significant extent, as they felt that others would see them as incapable of doing their job (Beretz, 2003). This internalised stigma subsequently influenced their decision to conceal in most cases rather than disclose their illness in the workplace, which in turn led to increased anxiety in some cases.

Workload *In class*

Chronic illness impacted most of the participants’ in-class actions. Participant A was the only interviewee who maintained that he did not experience a negative impact on his work as a result of his illness. Participant B said that during flare ups, he was “more of a wallflower than usual” and unable to move freely. He also spoke in detail about having developed a teaching style in which “students are able to operate without much influence,” thereby making things “better for [his] students [and] easier for [him]self.” The overall aim of this teaching style is not only to develop students’ autonomy but also to ensure that his illness is not too disruptive to their learning. It also means that Participant B is able to ration his energy according to his workload on any given day: when he only has one class, he can expend more energy in it; on a day with several classes, he can use his energy in short bursts. Participant C explained that during flare ups it was “really difficult to walk around the classroom,” which impinged on her ability to form relationships with students or monitor their work. Participant C also spoke of her need to leave the classroom to drink water, which she was able to do easily because of the presence of another teacher in her lessons. Participant D talked about the ways her illness restricted her physical movement when working in *eikaiwa*, which made teaching classes of young children

difficult. In her current position as an ALT, Participant D said her main challenge was not being able to participate in PE class or physically active games during break time. By refusing to participate when she feels unable to do so, Participant D is using one of the techniques listed by Brown (2018a).

Outside class

The participants were also affected at work outside class. Fatigue was mentioned as a factor by Participant C, who described “bouts of like just overwhelming fatigue” when she had “no choice but to rest [her] head on [her] desk.” Participant D also described experiences of fatigue, and having to “go and work and work through the pain,” which “is mentally and physically exhausting to deal with.” She reiterated that she would often “just kinda push through it but that can be as I said mentally exhausting as well as physically exhausting.” Another factor was physical pain. Participant C recounted a time when she was unable to hold a pen and therefore could not grade any papers for two weeks, compared to her usual rate of approximately 80 papers per day. Although she did not get into trouble for the sudden downturn in her work rate, there was a risk that Participant C could have been reprimanded had her employer noticed and taken action, as noted by Newton et al. (2018). Participants C and D both talked of having to leave the office frequently to stretch or do activities similar to yoga, which is listed by Brown (2018a) as a technique used by chronically ill teachers in the workplace. These participants showed that they were in a constant battle not to expend all their already depleted energy reserves (Beretz, 2003).

Schedule

Chronic illness affected all four participants’ work schedule, mainly through increased instances of lateness or absence. Participant A needed to alter the schedule at his *eikaiwa* so that he could attend medical

appointments on the same morning every week. Participant B talked about occasions when he had to cancel classes due to “emergency illness flare ups” or be absent from work to see a doctor. Participant C said that illness has caused her to miss “seven days of work at least partially or full days,” due to symptoms of the illness or medical appointments. During flare ups, she said she was “late to work pretty often.” Participant D explained that although she worked more hours as an ALT than in *eikaiwa*, she felt that she had more time as an ALT because of the more regular schedule. However, she said she occasionally had to miss work due to physical pain or illness-related injury.

As an extension of schedule, Participant D talked about the importance of routine to managing her illness, and how her work schedule was or was not conducive to a steady routine and actually led to her changing jobs. Maintaining a regular sleep and meal schedule was critical to managing her illness, but the nature of *eikaiwa* work meant that her class schedule differed from day to day, therefore her mealtimes and bedtime changed from one day to the next. Furthermore, she was often unable to make medical appointments that did not clash with work. As a result, she decided to search for new employment, as she explained: “part of the reason I changed jobs was um because of my health to have steady hours always the same so that my body could be in a routine.” This tallies with the experiences of *eikaiwa* teachers in Taylor (2017; 2020), who found their schedule, and sudden changes to it, negatively affected their mental wellbeing and motivation. In the case of Participant D, working in an *eikaiwa* became untenable due to the schedule as well as the physical demands.

Pressure to overwork

Pressure to overwork was mentioned by two of the participants as one of the ways their illness and their work affected each other. Participant B explicitly mentioned that

“if [he is] team leader [he] can’t show” when he experienced pain. He explained that “people see [him] as somebody who’s very capable” and who “can do a lot,” and said that he had “pushed it as much as [he] could and [he had] ended up in management positions.” His phrasing suggests that these achievements were in spite of his illness, and his description of others’ perception of him hints at self-doubt regarding whether he really is as capable as others think. Participant B’s work ethic despite his chronic illness seems to support Bassler’s (2009) claim that chronically ill teachers increase their work efforts to overcompensate for their illness. Participant B described himself as “stubborn” and reluctant to ask for help, while simultaneously being careful not to overburden himself or others by trying to take on too much work. Participant D, as mentioned above, explained that she often felt she had to work through fatigue or physical pain.

The pressure to overwork seems to have been internalised by the participants. They felt compelled to work harder to keep up with others, or to achieve more than colleagues without chronic illness, perhaps to show to themselves and others that their illness cannot hold them back. In addition to worsening a pre-existing illness, this course of action can negatively affect mental health.

Overall, the participants’ chronic illness affected their work in a variety of ways. Participants did not widely disclose their illness, choosing instead to disclose to a small number of trusted colleagues and students with similar conditions. The participants did disclose to management, but mostly elected to conceal due to perceived stigma and worries about others’ reactions, although they usually found that others were supportive when they did disclose. The participants also needed to miss work due to illness, injury, or medical appointments, in addition to feeling the effects of their condition in the classroom.

These findings seem to demonstrate that findings from similar studies outside Japan are present to some extent in the experiences of the participants in this study, who work in *eikaiwa* and primary and secondary education in Japan. This can be seen through Participants A and B recognising the value of finding support from others in similar situations, and through Participants C and D disclosing to fellow ALTs without chronic illness. Participant B’s experience of a negative reaction from a co-worker is similar to findings in Leigh & Brown (2021) and Newton et al. (2018), as well as the experience of Joritz-Nakagawa (2018). Participant C’s fear of being exposed as chronically ill is reminiscent of findings from Goodwin and Morgan (2012).

These examples show that although chronic illness is experienced differently by each individual, and indeed can be experienced differently by the same individual from one day to the next, many aspects of the experiences of teachers with chronic illness in Japan are not specific to the Japanese context.

Limitations

This study has limitations. The participants were a self-selecting convenience sample, which meant they had higher motivation to participate. This may reflect higher motivation in general, and as such the study does not show the experiences of chronically ill teachers with lower motivation. As stated above, I already knew two of the participants, which may have influenced their answers in the interviews. The participants were all white, “native speakers” of English, which means the experiences of teachers of other races with chronic illness, or those who are not seen as “native speakers” of English, are not represented. My positionality, as a foreign teacher with chronic illness in Japan, may also have affected the data collection and analysis. Notwithstanding these limitations, the study sheds valuable light on an

under-investigated section of the foreign teacher cohort in Japan.

Conclusion

This qualitative study investigated the experiences of foreign English teachers with chronic illness in Japan. The data showed that participants were generally reluctant to disclose their illness to others in the workplace, but did disclose to management, often out of necessity, and to a small number of trusted colleagues and occasionally students as a way of gaining support from others in similar situations. The data also showed that participants' work life was affected by their chronic illness, particularly during flare ups, as they missed work due to symptoms or medical appointments, altered their teaching, and had to work through pain and/or fatigue. This study, despite its small scale, can help people recognise that they may work with chronically ill teachers without realising, raise awareness of the phenomenon, and encourage people to consider their actions and attitudes towards others.

References

- Andrews, A. (2020). Autoimmune in the ableist academy. In N. Brown & J. Leigh (Eds.), *Ableism in academia: Theorising experiences of disabilities and chronic illnesses in higher education* (pp. 103–123). UCL Press.
- Bannai, A., Ukawa, S. & Tamakoshi, A. (2015). Long working hours and psychological distress among school teachers in Japan. *Journal of Occupational Health*, 57(1), 20–27. <https://doi.org/10.1539/joh.14-0127-OA>
- Bassler, S. (2009). "But you don't look sick": A survey of scholars with chronic, invisible illnesses and their advice on how to live and work in academia. *Music Theory Online*, 15(3 and 4).
- Beatty, J. E. (2012). Career barriers experienced by people with chronic illness: A U.S. Study. *Employee Responsibilities and Rights Journal*, 24, 91–110.
- Beretz, E. M. (2003). Hidden disability and an academic career. *Academe*, 89(4), 50–55. <https://doi.org/10.2307/40252496>
- Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic analysis and code development*. Sage.
- Braun, V. & Clarke, V. (2012) Thematic analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA handbook of research methods in psychology, Vol. 2: Research designs: Quantitative, qualitative, neuropsychological, and biological* (pp. 57–71). American Psychological Association.
- Brown, N. (2018a, 14th July). What neurodiverse, chronically ill and disabled academics do to manage life in academia. *Chronically Academic*. <https://chronicallyacademic.blogspot.com/2018/07/what-neurodiverse-chronically-ill-and.html>
- Brown, N. (2018b). Exploring the lived experience of fibromyalgia using creative data collection methods. *Cogent Social Sciences*, 4(1). <https://doi.org/10.1080/23311886.2018.1447759>
- Brown, N. (2020). Disclosure in academia: A sensitive issue. In N. Brown & J. Leigh (Eds.), *Ableism in academia: Theorising experiences of disabilities and chronic illnesses in higher education* (pp. 51–73). UCL Press.
- Brown, N. & Leigh, J. (2018). Ableism in academia: Where are the disabled and ill academics? *Disability & Society*, 33(6), 985–989.
- Brown, N. (2021). Introduction: Being 'different' in academia. In N. Brown (Ed.), *Lived experiences of ableism in academia: Strategies for inclusion in higher education* (pp. 1-13). Policy Press.

- Bury, M. (1982). Chronic illness as biographical disruption. *Sociology of Health and Illness*, 4(2), 167–182.
- Eatough, V. & Smith, J. (2017). Interpretative phenomenological analysis. In C. Willig & W. S. Rogers (Eds.), *The SAGE handbook of qualitative research* (pp. 193–211). SAGE.
- Ellingson, L. L. (2021). A leg to stand on: Irony, autoethnography and ableism in the academy. In N. Brown (Ed.), *Lived experiences of ableism in academia: Strategies for inclusion in higher education* (pp. 17–35). Policy Press.
- Evans, N. J., Broido, E. M., Brown, K. R. & Wilke, A. K. (2017). *Disability in higher education: A social justice approach*. Jossey-Bass.
- Finkelstein, A. (2018). To share or not to share? Pedagogical dilemmas of a chronically-ill lecturer in teaching with invisible disability. In M. A. Jeffress (Ed.), *International perspectives on teaching with disability: Overcoming obstacles and enriching lives* (pp. 20–33). Routledge.
- Griffiths, E. (2020). “But you don’t look disabled”: Non-visible disabilities, disclosure and being an “insider” in disability research and “other” in the disability movement and academia. In N. Brown & J. Leigh (Eds.), *Ableism in academia: Theorising experiences of disabilities and chronic illnesses in higher education* (pp. 124–142). UCL Press.
- Goodwin, S. A. & Morgan, S. (2012). Chronic illness and the academic career. *Academe*, 98(3).
<https://www.aaup.org/article/chronic-illness-and-academic-career#.YHD2nh8zblV>
- Heyer, K. (2015). *Rights enabled: The disability revolution, from the US, to Germany and Japan, to the United Nations*. University of Michigan Press.
- Japan Intractable Diseases Information Center. (2021). *Reiwa gannendo eisei gyousei houkokurei. Reiwa gannendo matsugenzai* [Health Administration Reports Cases for 2019].
<https://www.nanbyou.or.jp/wp-content/uploads/2021/03/koufu20201.pdf>
- Joritz-Nakagawa, J. (2018). Fibropoetics. *Gender Awareness in Language Education*. 22–32.
- Leigh, J. & Brown, N. (2020). Internalised ableism: Of the political and the personal. In N. Brown & J. Leigh (Eds.), *Ableism in academia: Theorising experiences of disabilities and chronic illnesses in higher education* (pp. 164–181). UCL Press. 164–181.
- Lewis, C. (2021). Invisible disabilities and (re)negotiating identity: Life after major traumatic injury. In N. Brown (Ed.), *Lived experiences of ableism in academia: Strategies for inclusion in higher education* (pp. 301–313). Policy Press.
- MEXT (Ministry of Education, Culture, Sports, Science, and Technology). (2021). *Reiwa gannendo kouritsugakkou kyoushokuin no jinjigyouseijyoukyou ni tsuite* [2019 Survey of the Administrative Status of Public School Teachers and Staff Personnel].
https://www.mext.go.jp/content/20210409-mxt_syoto01-000011607_02.pdf
- Newton, P. T., Jeffress, M. S. & Thomas, A. K. (2018). Disclosing disability around the water cooler. In M. S. Jeffress (Ed.), *International perspectives on teaching with disability: Overcoming obstacles and enriching lives* (pp. 120–136). Routledge
- Sheppard, E. (2021). “I’m not saying this to be petty”: Reflections on making disability visible while teaching. In N. Brown (Ed.), *Lived experiences of ableism in academia: Strategies for inclusion in higher education* (pp. 185–196). Policy Press.
- Shiobara, Y. (2020). Introduction: Social division and exclusionism in

- contemporary Japan. In Y. Shiobara, K. Kawabata & J. Matthews (Eds.), *Cultural and social division in contemporary Japan: Rethinking discourses of inclusion and exclusion* (pp. 3–23). Routledge.
- Smith, J. A. & Osborn, M. (2015). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp. 53–80), 3rd ed. Sage.
- Stevens, C. (2013). *Disability in Japan*. Routledge.
- Taylor, J. (2017). Teacher demotivation in a national *eikaiwa* chain in Japan. In P. Clements, A. Krause, & H. Brown (Eds.) *Transformation in language education* (pp.62–67). JALT.
- Taylor, J. (2020). Exploring teacher demotivation in *eikaiwa* schools in Japan. *Explorations in Teacher Development*, 26(2), 4–8.
- Tsuboya-Newell, I. (2018, 13th March). Japan's overworked and underpaid teachers. *The Japan Times*. <https://www.japantimes.co.jp/opinion/2018/03/13/commentary/japan-commentary/japans-overworked-underpaid-teachers/>
- Valentine, J. (1990). On the borderlines: The significance of marginality in Japanese society. In E. Ben-Ari, B. Moeran & J. Valentine (Eds), *Unwrapping Japan: Society and culture in anthropological perspective* (pp. 26–41). Routledge.
- Zielenziger, M. (2006). *Shutting out the sun: How Japan created its own lost generation*. Vintage Departures.

About the Author

James Taylor works at International College of Technology, Kanazawa. His research interests include the experiences of teachers, with a particular focus on *eikaiwa* schools and chronic illness. jamestaylor@neptune.kanazawa-it.ac.jp

