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Non-Apparent Disabilities Fact Sheet: Common Myths

Introduction

Many disabilities are not immediately apparent, yet they profoundly impact the lives of those who live with them. Non-apparent disabilities challenge traditional perceptions of disability, highlighting the importance of fostering greater understanding and inclusion in all areas of life, including healthcare and the workplace.

Understanding the Term

The use of terms like "invisible" or "hidden" disability carries unintended implications. This fact sheet uses the term *non-apparent disability* to affirm the presence and experiences of individuals whose disabilities may not be outwardly visible.

Legal Context

The Americans with Disabilities Act (ADA) protects individuals with non-apparent disabilities, recognizing that major life activities extend beyond physical functions to include cognitive, emotional, and social capacities.

Common Myths About Non-Apparent Disabilities

Non-apparent disabilities include a broad range of conditions, from mental health diagnoses to chronic illnesses, learning disabilities, and more. Because of this variety, it's impossible to create a definitive list of myths that applies to all non-apparent disabilities.

However, by understanding and challenging common misconceptions highlighted here, the reader can begin to reflect on their own beliefs and assumptions. By doing so, they can contribute to a more inclusive, empathetic, and supportive environment for individuals with all types of disabilities—whether visible or not.



A Note on Terminology

While this fact sheet uses *non-apparent disabilities*, many individuals prefer *invisible disabilities* to emphasize the struggle of being overlooked by support systems.

Terminology is personal, and both terms are valid.

Existence and Legitimacy	
Myth	Fact
If you can't see a disability, it doesn't exist.	Non-apparent disabilities are just as legitimate as visible ones, often causing significant life challenges despite being unseen. ¹
People with non-apparent disabilities are faking it.	People with disabilities, whether visible or not, do not fake disabilities, and often hide their disability due to stigma. Further, stereotypes around "faking disabilities" prevents people from accessing resources and makes it more difficult to ensure laws that mandate disability rights are carried out. ²
People with non-apparent disabilities just need to "try harder."	Conditions like chronic fatigue, executive dysfunction disorders (which is common with major depressive disorder, generalized anxiety disorder, and other mental health conditions), sensory processing disorders, PTSD, and neurological conditions such as epilepsy or multiple sclerosis cannot be overcome by willpower. They require medication/other appropriate medical interventions, understanding of symptoms, and accommodations.

Effort and Productivity	
Myth	Fact
Individuals with non-apparent disabilities are lazy.	Symptoms like chronic fatigue, pain, executive dysfunction, sensory overload, brain fog, or conditions like fibromyalgia and severe anxiety can significantly impact daily functioning. These limitations stem from medical conditions, not a lack of effort. ^{3,4}
Accommodations give unfair advantages.	Accommodations ensure the most basic level of access for people, regardless of health status or ability, enabling individuals to participate fully in work, education, and public life. Without them, barriers remain that others may not face. ⁵ Accommodations also make public spaces easier for all people to access, regardless of disability status. ⁶
If someone is productive sometimes, they don't need accommodations.	Many disabilities have fluctuating symptoms, meaning a person may function well one day and not the next. Because these conditions don't always present consistently, individuals with fluctuating disabilities often struggle to access medical care and accommodations, as their needs may be overlooked or questioned. ⁷



Stigma and Stereotypes

Myth	Fact
People with mental illness are more violent.	This stereotype is perpetuated by media portrayals that depict individuals with mental illness as violent and unpredictable, contributing to a harmful stigma. ⁸ Research shows that individuals with mental health conditions are often more likely to be victims of crimes rather than perpetrators. ^{9,10}
Non-apparent disabilities aren't as serious as visible ones.	Both types of disabilities can significantly impact daily life; neither is "more valid" than the other.
People with ADHD or autism are only seeking attention.	ADHD and autism affect focus, sensory processing, and executive function—not attention-seeking behavior. While autistic individuals may seek attention, it's often a response to anxiety or a need for safety and connection, not manipulation. Misinterpreting this overlooks the real challenges they face in social interactions. ¹¹
If someone can joke, smile, or engage socially, they aren't struggling.	Many people with non-apparent disabilities mask their symptoms to navigate social interactions and avoid stigma. Autistic individuals often engage in masking, which can lead to stress and burnout. ¹² Similarly, those with chronic illnesses may experience fluctuating symptoms, appearing fine one day and struggling the next. ¹³ Outward expressions don't always reflect internal struggles.

Health and Treatment

Myth	Fact
People with chronic pain can manage it through rest or medication.	Chronic pain often requires a comprehensive approach, including physical therapy, medication, mental health support, and adaptive strategies. ¹⁴
Diabetes is manageable if people just follow their diet.	Diabetes management involves much more than diet; it requires consistent monitoring, medication, and adjustments based on lifestyle and stress. ¹⁵
Mental health conditions can be cured with a positive attitude.	While mindset can play a role in mental health, conditions like depression and anxiety are medical issues that often require therapy, medication, or other structured support. ¹⁶



Cognitive and Learning	
Myth	Fact
People with learning disabilities are less intelligent.	Learning disabilities reflect differences in information processing, not intelligence, and many individuals achieve academic and professional success. ^{17,18,19}
Neurodivergent individuals can "outgrow" their conditions.	Neurodivergence symptoms can change, but it is usually a lifelong aspect of a person's brain function. ²⁰ Support can help manage challenges, but these traits do not simply "go away."
People with memory-related conditions are just forgetful or careless.	Conditions like ADHD, brain injuries, and neurological disorders can affect memory, focus, and the ability to process information—challenges that are beyond a person's control. Research shows that ADHD can impair working memory, ²¹ and brain injuries often make it harder to retain and recall information. ²² These difficulties stem from the condition itself, not carelessness.
If someone is verbal and articulate, they don't have a communication disability.	Communication disabilities can affect how people process information, manage conversations, or understand social cues, not just how they speak. For example, individuals with autism may speak well but struggle with social interactions. Research shows this is common even among those with strong verbal skills. ²³ Being able to talk doesn't mean someone doesn't have a communication disability.

Blame and Responsibility	
Myth	Fact
HIV/AIDS is a result of irresponsible behavior.	HIV/AIDS affects people of all backgrounds, and stigma around transmission harms prevention and treatment efforts. Many acquire HIV through means beyond their control, including medical procedures and perinatal transmission. ²⁴
Substance use disorders are a choice, not a disability.	Addiction is recognized as a chronic disease by medical professionals. It changes brain function and requires medical and psychological treatment, not just "willpower." ²⁵
People with lung disease caused by smoking or environmental exposure "did it to themselves."	Many factors contribute to lung disease, including genetic predisposition and environmental exposure. ²⁶ Blaming individuals ignores structural and social factors, such as workplace hazards ²⁷ and targeted and



	misleading advertising. ²⁸
Obesity-related disabilities are just a result of poor choices.	Obesity is influenced by genetics, ²⁹ medications, ³⁰ and socioeconomic conditions, ³¹ not just personal choices. Disabilities related to weight deserve the same respect and accommodations as any other disability.
If someone developed a disability later in life, it must be their fault.	Disabilities can develop due to genetics, illness, injury, or other factors outside a person’s control. No one “deserves” a disability.

Challenging Our Biases for Great Accessibility

We all carry assumptions about disability—many of which are shaped by societal narratives rather than lived realities. Non-apparent disabilities, in particular, challenge the way we think about health, ability, and access. Recognizing our biases is the first step toward dismantling them.

When you encounter someone with a non-apparent disability, ask yourself:

- **Am I assuming their experience based on how they look or act?**
- **Do I expect them to "prove" their disability to be valid?**
- **Am I judging their need for accommodations based on my own perspective of what disability "should" look like?**
- **How would I want others to treat me or a loved one in this situation?**

By questioning our beliefs and listening to disabled voices, we can help create a more inclusive and accessible world—one where health care, workplaces, and public spaces recognize and accommodate all disabilities, seen and unseen. Real accessibility starts with understanding, and understanding starts with unlearning.

Authors

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