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Thompson, L, Ford, H, Stroud, A et al. (1 more author) (2019) Tortoise or hare? Supporting the chronotope preference of employees with fluctuating chronic illness symptoms. Psychology & Health, 34 (6). pp. 695-714. ISSN 0887-0446

https://doi.org/10.1080/08870446.2019.1565128

TORTOISE OR HARE? SUPPORTING THE CHRONOTOPE PREFERENCE OF EMPLOYEES WITH FLUCTUATING CHRONIC ILLNESS SYMPTOMS

Accepted by Psychology & Health December 2018

RUNNING HEAD: CHRONOTOPE PERFERENCE

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Acknowledgements

This work was supported by a Multiple Sclerosis Society grant (974/12). We would like to thank Sookhoe Eng (Senior Research Nurse) for moderating the focus groups and coaching Amanda Stroud in her role as focus group facilitator. This research would not have been possible without the generosity of the people with MS who shared their experiences and we extend to them our sincere gratitude.

ABSTRACT

Objective

Our aim is to understand how to facilitate the job retention of employees with chronic illness. We focus on multiple sclerosis (MS) as a criterion chronic illness.

Design

An opportunity sample of 20 individuals of working age (13 female; 7 male) were recruited who had been in paid employment for over 28 months with a concurrent diagnosis of MS. Participants took part in one of three focus groups with a topic guide comprising eight keywords: work, coping, performance, support, future, expectations, and sharing symptoms. Data were analysed using dialogical analysis.

Main outcome measures

As a qualitative study, no outcome measure was used. However, the specific focus of interest was to search for differential patterns of 'timespace' – chronotope - that people with chronic illness utilize to manage their condition in the workplace.

Results

Participants oriented to two distinct chronotope types: unsustainable epic (characterized by condensed time) and temporary idyll (characterized by condensed space). Perceived managerial discretion was identified as possibly influencing participants' chronotope preference.

Conclusion

Identifying chronotope preference has practical implications for health psychologists and related professionals who provide and advise on support to facilitate people with chronic illness to thrive in the workplace.

TORTOISE OR HARE? SUPPORTING THE CHRONOTOPE PREFERENCE OF EMPLOYEES WITH FLUCTUATING CHRONIC ILLNESS SYMPTOMS

The population of employees with chronic illness is substantial with estimates reaching 15-20% of the total workforce (Munir, Yarker, Haslam, Long, Leka, Griffiths, & Cox, 2007). Legislation, such as the Americans with Disabilities Act (1990) and the UK's Equality Act (2010), entrusts employers to provide reasonable adjustments where necessary. Indeed, workplace support can facilitate symptom management and health-related self-efficacy in chronic illness (Munir, Randall, Yarker, & Nielsen, 2009): known correlates of reduced employee anxiety (Garfield & Lincoln, 2012) and job retention (Wicks, Ward, Stroud, Tennant, & Ford, 2016; Ford, Wicks, Stroud & Tennant, 2018). In this article, we offer evidence for two differential patterns that people with chronic illness utilize to manage their condition in the workplace: i.e., 'tortoise' or 'hare'. We argue that identifying an individual's preferred pattern has important practical implications for health psychologists and related professionals who provide and advise on support to facilitate some of the most vulnerable employees not only to keep their jobs but to thrive in the workplace.

Multiple Sclerosis (MS) is salient to study in relation health-related job instability. While, as a group, individuals with MS have reduced participation in paid employment (Moore, Harding, Clarkson, Pickersgill, Wardle, & Robertson, 2013), many do remain in productive work with appropriate accommodation (Simmins, Tribe & McDonald, 2010). Moreover, like most chronic illnesses, the symptoms of MS are heterogeneous with problems spanning memory and attention to weakness, loss of sensation, and impaired balance. Accordingly, MS can be considered a potential criterion chronic illness given common impacts on quality of life (e.g., depression, insomnia, and impaired cognition: Megari, 2013).

A challenge of realizing the benefits of reasonable adjustments in the workplace is deciding what kind of support is appropriate or desired. Characteristic of many chronic illnesses, MS has an uncertain trajectory and as symptoms evolve and fluctuate different forms and graduation of accommodation may be necessary (Royer, 1998). There may also be variability in how symptoms are experienced at work in terms of interaction between person and organizational structure (Pierret, 2003). Moreover, an individual may experience difficulties adapting their professional identity to the practicalities of their illness (Charmaz, 1987) and in developing new strategies to manage their work performance (Munir et al., 2007).

People develop their work self-concept through narratives that create a sense of coherence over time (Savickas, 2002). In this context, chronic illness is likely to constitute a 'biographical disruption' (Bury, 1982) that can challenge a person's fundamental assumptions about their body and anticipated life course (Reeve, Lloyd-Williams, Payne, & Dowrick, 2010). Hence, a diagnosis of chronic illness may necessitate a substantial re-crafting of one's self-concept and re-evaluation of career goals, abilities, and personas. An employee's response to this crisis will be influenced by their work landscape which includes their experience of physical, cognitive and interactional demands (Munir, Jones, Leka & Griffiths, 2005) as embedded within the culture and implemented by different managers (Schur, Kruse & Blanck, 2005). As such, employee narratives offer an important resource for understanding, and responding to, the biographical impact of chronic illness in the workplace (Beatty & McGonage, 2016).

Bakhtinian dialogism (1984) is gaining traction in the social and health sciences, particularly with regard to the analysis of chronic illness narratives (e.g., Gomersall & Madill, 2014). As adapted by Sullivan (2012), dialogism offers a new

and meaningful theoretical orientation for health psychology through attending the rhetorical features of language, construed of as addressed always to another (e.g., co-workers, managers) and pre-emptive of anticipated argumentative exchange even when the relevant interlocutor is not physically present. Bakhtin, who himself lived with chronic illness and physical disability, distinguishes abstract truth (istina) from embodied truth (pravda). An emphasis on pravda allows us to explore how personally-invested, lived truths shape, and are shaped by, discussions between self and (imagined) other (Sullivan, 2012). This has offered a salient counterbalance to the current, dominant cognitive paradigm in health psychology (Gomersall & Madill, 2014) and may help penetrate the ways in which social contingencies (e.g., how co-workers are perceived to react to symptoms) might threaten a chronically ill employee's sense of self (Thompson, Ford, Stroud, & Madill, forthcoming).

The manner in which illness can alter the relationship between body, time, and space has been explored through narrative analysis (Radley, 1999). Importantly, a key analytical concept of dialogism – chronotope – captures the ways in which narrative embeds a particular constellation of time and space through genre forms (Morson & Emerson, 1990, see Table 1). Genres are relatively stable ways of structuring texts (e.g., epic, idyll, romance, tragedy, parody) and provide templates for conveying character and moral action. For instance, (and to provide useful context for our analysis to come), in epic, success is offered as a demonstration of inherent nobility, strength, and virtue, with heroes who meet many challenges on long journeys without seeming to change or age. On the other hand, idyll tend to convey time as passing in slow, regular cycles and to focus on intimate scenes with happy ambience (Madill & Sullivan, 2010).

Chronotope is also emerging in organizational research as a useful concept in the Communicative Constitution of Organizations (CCO) paradigm (e.g., Cooren, Kuhn, Cornelissen & Clarke, 2011). Hence, chronotope has been used to exam time and space as a frame for calculating work activities (e.g., how much time do we have and over what distance?: Musca, Rouleau, Faure, 2015); as a foundation for professional identity (e.g., computer/operator versus manufacturing chronotopes: Lorino & Tricard, 2012); and in sense-making with regard to work objectives (Musca, Rouleau, Faure, 2015). However, the time-space relation in organizational theory and research is still maturing and, to our knowledge, ours is the first study to apply the concept of chronotope to chronic illness at work.

In summary, our aim is to understand how best to facilitate the job retention of employees with chronic illness. We focus on MS as a criterion chronic illness in order to do so. Through a dialogical analysis of focus group data, we address the research questions: 'How does MS affect people's sense of self and motivation to remain in paid employment?' and 'Can we identify patterns of chronotope use in the participants' narratives?'

METHOD

Ethics

Ethical approval for this research was granted by the National Research Ethics Service Committee, Yorkshire and Humber. Pseudonyms are assigned to participants throughout this article.

Participants

Participants were recruited through the West Yorkshire MS Treatment Programme outpatient clinics (NHS) in the UK. While an opportunity sample, with individuals at variable stages of illness, all participants met two inclusion criteria: (a) having been in

paid employment for over 28 months; (b) with a concurrent diagnosis of confirmed MS. A total of twenty working-age individuals provided written informed consent (13 female; 7 male). Ages ranged from 28-58 years (M=45.75 yrs). Participants were mostly in white collar employment with roles spanning healthcare, education, non-profit and commercial sectors. Fifteen were in full-time and five in part-time work. In terms of illness status, sixteen (10 female; 6 male) were diagnosed with Relapsing-Remitting MS and 4 (3; female; 1 male) with Secondary Progressive MS. Baseline Expanded Disability Status scores (EDSS) ranged from 0-6.5 (16 EDSS 0-3; 4 EDSS 6.0-6.5) on a scale from 0-10, whereby 0 represents normal neurological examination and 10 represents death due to MS. Patients in 0-3 range are fully ambulatory. Patients with scores of 6.0 require 1 stick to walk 100m, while those rated 6.5 require 2 sticks or bilateral support to walk 20m.

Data Collection

The three focus groups took place in the Neuropsychology Department at St James's University Hospital, Leeds, led by two women: a Senior Research Nurse with a background in qualitative methods and a Clinical Neuropsychologist who had been trained by her in focus group facilitation. The original aim was to elicit a range of key psychological constructs that could be measured (via related validated scales) in a prospective longitudinal cohort study of people with MS in paid employment to inform the development of interventions to target job retention. The interviews were unstructured, with a broad topic guide employed comprising eight keywords: work, coping, performance, support, future, expectations, and sharing symptoms. The duration of focus groups was 65, 62 and 66 minutes respectively. Discussions were audio-recorded with participants' consent and transcribed verbatim.

Analytical Procedure

Presented in this article is a secondary analysis of interviews originally generated with the aim of identifying relevant psychological constructs to measure in a prospective longitudinal cohort study of people with MS in paid employment (Eng, Stroud, Tennant, Spilker, & Ford, 2014; Ford et al., 2018). However, the opportunity was identified to conduct a more detailed analysis to capitalise on the richness of the material and provide additional, in-depth insights. Accordingly, the first and fourth authors of the present article were invited to re-analyse the interviews. After becoming familiar with the material, dialogical analysis (Sullivan, 2012) was selected given the interesting use of time and space in the participants' talk and new research questions devised: 'How does MS affect people's sense of self and motivation to remain in paid employment?' and 'Can we identify patterns of chronotope use in the participants' narratives?'

Transcripts were then examined to capture 'key moments' (Madill & Sullivan, 2010), operationalised as emotionally-laden stories relevant to the research questions. While no comprising no definitive length, key moments retain a narrative structure in having a recognisable beginning, middle and end. Thirty-seven key moments were identified: 14, 11, and 12 in each of the three focus groups respectively. Each key moment was assigned broad labels to help identify its core referents and from this we identified three distinct analytically-interesting themes: overcompensating at work, separating self from work, and managerial discretion.

Insert Table 1 here

Within each theme, all key moments were analysed for content which operationalised Bakhtin's (1981, 1984) theory of chronotope: genre, emotional register, time-space elaboration, and context. This allowed us to identify patterns within the data which formed the basis of a more targeted analysis. During this more detailed interrogation of the key moments, analytic commentary was produced on the extracts that drew upon Bakhtinian concepts regarding the rhetorical features of language (Table 1). This provided insight into the participants' workplace concerns through analysis of the ways in which their speech was constructed as addressed both to self and other (Sullivan, 2012). This detail scrutiny of the interactions facilitated the conceptual development of our themes and allowed us to identify and capture the meaning of two distinct chronotope patterns: i.e., unsustainable epic and temporary idyll. Identification of these patterns was data-led and captured the ways in which participants' own narratives embedded two structures of time and space through bespoke nuances of genre forms identified by Bakhtin (1981, 1984).

RESULTS

The analysis is structured in three sections. The first two present contrasting chronotope preferences utilized by participants to characterize their work life. We define chronotope preference as a relatively stable orientation in participants' discourse to a style of interaction with workplace space-time in service of a (long or short-term) goal of self-preservation. All narratives were future-oriented, structured, in part, by the threshold prospect of relapse or deterioration of their MS. However, this was embedded in either condensed time or condensed space which we relate respectively to the chronotope preference of unsustainable epic or temporary idyll. The third section, managerial discretion, presents a key aspect of employment which overshadows participants' working life and may influence chronotope preference.

Each section includes quotes from the focus groups illustrating and evidencing the patterns identified.

Unsustainable Epic

Some participants conveyed their life with MS as an epic in which they demonstrated strength and courage through facing a long series of challenges. However, ultimately, epic appeared unsustainable as a narrative structure for their working life. This is shown clearly in the following extract in which Liz presents herself as physically robust, but then has to admit how a prior medical investigation had devastated her first day in a new job.

Extract 1 (focus group 1)

> Liz …I can literally get by on four hours sleep a night. I work, gym, go out every night and I just forget about it. That's the way I am. I'm only twenty-three so all my mates are like 'Oh gosh you should slow down.' But I think at work you know you mentioned that- the first day I started two years ago I went home after half an hour because I was sick of it. I'd had a lumbar puncture two days before so my manager- had to straight from the beginning well she didn't know at the time but I just said 'I'm sorry I don't feel well' and she goes 'you do look drugged.' I was like 'I have to go home.' I couldn't drive home…

Time is an important feature of Liz's account. Specific points in, and periods of, time litter this short extract and flows in excessively short, fast cycles: "I can literally get by on four hours sleep", "go out every night", "the first day I started", "after half an hour". Within the context of her relatively young age - "I'm only twenty-three" – this condensed time conveys the sense that she ought to be living fully and in the moment. And this is magnified by the spaces of intense activity she mentions: "work, gym, go out." Hence, Liz at first suggests a stable self who is moving robustly and at speed through timespace. Interestingly, though, it is still a self who is defined in relation to MS, although in relation to ignoring her MS: "I just

forget about it. That's the way I am". In a sideways glance - "Oh gosh you should slow down" – she acknowledges a counter position, but this works further to establish her as a fully-formed, unchangeable epic hero who meets life's challenges with aplomb.

Liz attempts to incorporate this sense of immediacy and movement also into her experience of MS. She starts a new job having had a "lumbar puncture two days before" and, when this proves too much, tells her manager there and then that "I have to go home." However, she is then faced with a new problematic in that "I couldn't drive home," an otherwise routine journey becoming a troublesome obstacle. Enlisting a third party assessment of her as ostensibly "drugged", she adds to this a sense of the viscousity of her subjective timespace through which she moves in a slow and cumbersome manner.

Liz describes a confrontation with the physical implications of her MS in the workplace in which her ability to act as if unchanged and to live life in a flurry of activity is challenged. Arun, too, presents himself as an epic hero and, like Liz, is forced to consider the sustainability of this narrative vis-à-vis his experience in the workplace.

Extract 2 (focus group 2)

Arun	…it feels like you have to prove something. You've got to get that step further to show that 'No I'm not useless. I'm still the same person.' It's strange that you say that. It really is because I'm just the same as well where I've got to prove that every time I walk through that door at work. I've got to prove that 'I'm the same as you you and you and I can do as everybody else does'. It really is.
Christina	So do you think you over-task what you're meant to do at work?
Arun	Yes to prove to them that I'm worthy to work for them.
Group	[General agreement]

As is typical of epic, Arun presents the social landscape as hierarchical but one in which he feels oppressed and at the baseline point of proving that he is "not

useless" but "can do as everybody else does". Oppressiveness is also conveyed in the affective boundary he experiences between work- and non-work-space, noting how "every time I walk through that door at work" he feels vulnerable to the judgment of colleagues and having "to prove that 'I'm the same as you you and you'". His account is future-oriented in that his aim "to prove something" is unremitting and, in this, is a condensation of time through a focusing of effort. Moreover, as in epic, time loops in in series of challenges and he must face this "every time" he goes to work. Hence, Arun displays his heroic virtue through, not only continuing to engage with work, but through 'over-tasking'.

Arun incorporates an explicit micro-dialogue with his colleagues using reported speech through which he rehearses an intensely salient problem. He says: "'No I'm not useless. I'm still the same person.' […] 'I'm the same as you you and you and I can do as everybody else does'". In this, he negates an implicit charge that MS has made him into a different person and, moreover, made him into a different kind of person, specifically one who is less capable than his colleagues. Arun's resistance to the impact of MS on his performance contributes strongly to his self-presentation as an epic hero, essentially unchanged by the challenges that beset him. However, this sense of self is precarious and his orientation to the feared voices of co-workers and managers makes palpable the felt threat of marginalization and their influence on his self-worth to the extent that Arun feels that he must even prove himself "worthy to work for them."

In the final extract in this section, Sarah, too, presents herself as an epic hero who is noble and brave. And, like Liz and Arun, she describes a condensation of time though a focusing of effort in a demonstration of ability to achieve. However, in the following extract, Sarah conveys awareness of how periods of intensely condensed

time is a carefully considered strategy for managing the anticipated impact of MS and not, for her, sustainable in and of itself.

Extract 3 (focus group 3)

> Sarah I might only have 10-15 years of being able to work so I need to get to the top of where ever I can get to so I've got enough money so- to look after me and my husband and then that way I can say kind of rest a little bit so I'm not trying to over work myself at a point where I'm not very well […] Sometimes I actually think that's what's making me ill because you really over-achieve so that you'll get given a little bit of leeway if you're off because you never know what's going to happen.

In Sarah's extract, time is provisionalised. With MS, she "might only have 10-15 years of being able to work" and "you never know what's going to happen." For Sarah, this uncertainty requires a strategy of inoculation against anticipated periods of incapacity, to "over-achieve so that you'll get given a little bit of leeway if you're off" and "not trying to over work myself at a point where I'm not very well". Hence, time and space intermingle: Sarah articulates an ultimate deadline in the metrics of "10-15 years of being able to work" linked to her aim "to get to the top of where ever I can get to." Work is therefore presented, as in Arun's extract, as a hierarchical space containing the potential for variable levels of achievement, higher levels requiring more time. And Sarah must manage time strategically, describing a subjective acceleration of effort in which work is condensed within a threshold of relative well-being.

It is in this context that Sarah presents a self as epic hero. Her ambition to achieve is noble in its aim of obtaining "enough money so- to look after me and my husband." However, she also suggests that, in relation to this strategy of over-achievement, "Sometimes I actually think that's what's making me ill". The damaging impact of overworking in order to provide for her family allows us to speculate that Sarah is speaking also to a hidden addressee: those with the power to create a work

environment in which Sarah, a person with MS, does not have to put her health at risk for future security. That is, her focus on 'over-achieving' projects an external observer with the authority to assess the quality of her output and the discretion to grant her 'leeway'.This dialogical aspect of the extract also demonstrates Sarah's engagement with her vulnerability as epic hero. She cannot just ignore her MS, as Liz has attempted to do, or just work harder like Arun. She can condense effort into short bursts when she is able, but the sustainability of this strategy is determined, at least in part, by colleagues on whom she depends to give "a little bit of leeway if you're off."

The workplace is an important landscape in which the self can be realized and a domain for demonstrating worth. However, for a person with MS, it is an environment of comparatively able-bodied or healthy colleagues and, for some, MS magnifies an epic battle and catalyzes a heroic struggle in which time is condensed in an intensification of effort. At the same time an epic narrative is engaged, it appears also undermined as recounted events and dialogicisation evoke the distance between the epic hero's invulnerability and the realities of MS and the living body.

Temporary Idyll

Whereas some participants approached life with MS through an intensification of effort, others decided on a deliberate de-acceleration of pace and maintenance of level. While intensification of effort evokes the struggles of an epic hero, 'slow-and-steady' has resonances with the idyll: a genre conveying peaceful harmony with the leisurely cycles of nature. Both approaches are future-oriented in being ways of managing the threshold prospect of relapse or deterioration of MS. However, whereas the former condenses time, the latter condenses space. Jonathan captures this contrast.

Extract 4 (focus group 1)

Jonathan It's actually quite a bit less of the greasy pole- less of climbing the greasy pole. I was diagnosed what three years ago. Yes three years to the day I think it was but you know prior to that it was

> oh yeah I need to get to this level by this time and things and really yeah you know it's actually more about just consolidating where I am now and actually just being very good at what I do. I suppose I'm alright at what I do I don't know really but you know my career aspirations I have kind of parked those really but my intention is to work for as long as I can…

Jonathan makes a distinction between how he approached work before and after his diagnosis of MS. The massive impact of diagnosis is indicated by the way in which it marks a clear transition point in time "three years ago. Yes three years to the day". He describes work as a deliberately, hazardous vertical space, a "greasy pole", and career progression as an effortful and strategic "climbing" in order to "get to this level by this time". With MS, he is in a stiller, more condensed space, focused on "consolidating where I am right now." And in an evocative metaphor - "my career aspirations I have kind of parked" - he indicates how this apparent stasis is about being less driven. Whereas achievement had been a perversely difficult challenge created by a vertical organizational structure, it is now about the personally-meaningful value of "just being very good at what I do." What had been measured in height: "climbing the greasy pole", is now measured in terms of longevity: "work for as long as I can".

Jonathan's indication of reduced pace, condensed space and revised values evokes a sensible moderation and even contentment. However, anxiety is hinted at in his sideways glance that "I'm alright at what I do. I don't know really" Notably, his self-assessment "alright" is significantly less than his aim of being "very good" and, in the loophole "I don't know really", we can hear the possibility of a hidden dialogue with his colleagues in that he fears that they, too, may find him wanting. Moreover, his description "just consolidating" and "just being very good at what I do" minimizes the worth of his current aims relative to his former ambitions. As well as the ever present threat of MS-related problems, it is anxieties such as these that undermine the

stability of participants' idyll and, hence, our description of this chronotope as temporary.

Ian conveys a similar strategy, indicating that it is a deliberate choice though acknowledges that he could "push myself sometimes a bit further."

Extract 5 (focus group 2)

Ian	…I am happy where I am now. I'm in sales. I'm happy. I've got the hours I'm happy with. The company's happy with the work I do. Yes I can push myself sometimes a bit further but I think I've learned how far I can take myself before it gets too much. I think that's key to a lot of it.
Mel	I think that's key to a lot of it.
Anna	Yes knowing your limitations.

Ian is positive with regard to the place he occupies within work space: "I am happy with where I am". He is content with regard to the time he spends in this space: "I've got the hours I'm happy with," and he feels valued by his employer: "(t)he company's happy with the work I do". He intimates that getting to this point has taken some adjustment in that it has been a 'learning' process which has involved finding his limits. His limits are measured in distance, in that he could push himself "a bit further" but he has a good sense of what is now "how far I can take myself before it gets too much too much". Like Jonathan's 'parking' there is a sense of stasis in Ian's focus on "where I am now" but, for both, a limited horizon within the workplace is positively intoned and creates a sense of containment. Moreover, this is a perspective with which at least two other interviewees in the group immediately concur.

Mary also indicates a changed approach to work in which she measures achievement in terms of 'longevity' as opposed to 'height' but puts a less positive spin on this than Jonathan or Ian. For Mary, the slow-and-steady of the idyll is very much a compromise and does not provide her the same solace.

Extract 6 (focus group 3)

Mary …I'm going to keep going in every day. Do my job and go. But the thing is I've said to you I don't go over and above. I do what I'm required which is not like me. It's not how I used to work but I think that bitterness sort of prevents me from pushing for what I could do.

Like Jonathan, Mary describes how she has changed in that "(i)t's not how I used to work". Her job is a proscribed space in which she does not "go over and above" but just does "what I'm required" and she implies that before she was diagnosed with MS she moved more freely in the vertical space of achievement. Her aim now is merely to maintain engagement with work over time, to "keep going in every day" but for strictly contained chunks in that she will just "(d)o her job and go". This description implicates also a loss of vertical movement, achievement measured in terms of regular, if proscribed engagement, rather than height.

Again, as in Jonathan's extract, Mary alludes to a hidden dialogue with colleagues. She says, "I do what I'm required which is not like me. It's not how I used to work". In this, Mary distances herself from the limitations she has placed on her engagement with work. Specifically, she implies that her restraint is due to her illness and not an intrinsic quality. This pre-empts a possible negative inference from others that she is being lazy or selfish. On the other hand, she concedes that "bitterness sort of prevents me from pushing for what I could do". Hence, she acknowledges holding herself back from effortful engagement - of "pushing" - due to her own negative 'bitter' feelings, possibly of disappointment and despair.

Mary has distanced herself from work and become alienated in that, at work "this is not like me". Simon offers a similar strategy of compartmentalization but appears to manage it in different way.

Extract 7 (focus group 1)

Simon …try to do everything in as normal a way as I can and work is just part of life and so I just apply that philosophy to work in the same way that I do everything else, so I just sort of try to deal with MS just as a series of symptoms rather than kind of you know allowing it to kind of form part of my identity really and when I go to work I just you know try to forget about it and just operate you know, fortunately at the moment I am sort of functional so I just try to just sort of I suppose be grateful for that and yes just sort of press on sort of- not you know not regardless but you know I try to carry on doing things in the way that I ordinarily would and work just fits in to that philosophy really.

As with all participants quoted in this section, there is a palpable and, possibly very special and important sense, in which work space feels viscous (see also extract 1). Progress requires "climbing", "pushing", and for Simon, "press(ing) on". While in unsustainable epic, participants address this through a somewhat fatalistic intensification of effort and force, potentially beyond normative expectations, in temporary idyll there is a tangible slowing where participants move with rather than against that viscousity. As Simon states, he engages with this effort, but within limits: "press on sort of- not you know not regardless". Moreover, for Simon, "work is just part of life". He therefore does not present employment as a distinct and alienating space. What he does separate is a space for "MS just as a series of symptoms" from the space of "my identity" so that when he goes to work he can "try to forget about it". So, while Liz (extract 1), attempts to forget about her MS through condensing time in a flurry of activity, Simon does so through condensing space into compartmentalized aspects of MS.

An important feature of Simon's account is the hidden dialogue around the extent to which things, including work, can remain the same after a diagnosis of MS. He tries "to do everything in as normal a way as I can", "work in the same way that I do everything else", "try to carry on doing things in the way that I ordinarily would".

This is a response to an alternative argument that adjustments are required but, in contrast to the ambitious aspirations of the epic hero, Simon's are mundane. And, even if Arun's aims are similarly modest (extract 2), unlike Arun, Simon is not out to prove himself. Like Sarah (extract 3), he indicates that his strategy is premised on being "functional" and his 'gratefulness' is an acknowledgement that this may be temporary. However, whereas Sarah manages this through focusing her achievements in condensed periods of time, Simon is content to "just sort of press on" through a deliberately condensed working space.

Managerial Discretion

The terrain of employment with MS is a viscous one, meaning that it can be experienced as effortful to move through in both time and space. We have identified two major strategies to deal with this: to attempt to fight viscosity through condensing time or accede to it through condensing space. However, both are precarious strategies in that an epic concentration of effort is probably not sustainable and idyllic stillness probably temporary.

In this final section, we consider how the working landscape can be experienced also by participants as an insecure one, not because of MS per se, but because managers can appear to have latitude of action within formal policies, procedures, and even the law. We saw this in extract 3 where Sarah implicitly addressed those who may have the power to create a work environment in which people with MS do not have to put their health at risk for future security. In the following extract, Luke explores the impact of managerial discretion from the perspectives of both being and having a line manager.

Extract 8 (focus group 3)

Luke I think a lot of it you find now that your line manager has a lot of discretion on things. I'm a line manager of two and I have so much discretion on things and I think 'Well where's the policy on this'

you know. Somebody must say ‘Yes’ or ‘No’ and it's never that black or white on anything that you look at. You’ve got that decision on that person but somebody could review me and see it in a different way and I just don’t understand that. There must be a way of doing things. And I don’t honestly quite get or understand why it's down to your manager- your line manager. My line manager has been very good and very supportive in a lot of ways but there's always that niggle there that you know that they could pull the rug from under you and that’s the thing I think.

Jean Yes because even though the line managers are following the same policy it’s their interpretation.

Luke describes a work landscape in which people inhabit spaces of differential power. The generic “your line manager” invokes an always overseen position in which the employee is subject to decisions made by others. Hence, although Luke is “a line manager of two”, he, himself, has a manager. A particularly unsettling aspect of this hierarchical series of managers is that decisions can appear inconsistent and volatile. Managers have “a lot of discretion” but even when a decision is made “somebody could review me and see it a different way”. Reporting his internal dialogue, “Well where’s the policy on this”, Luke indicates that, even for those with decision-making power, the terrain has few stable landmarks. And, even though his own “line manager has been very good and very supportive”, his experience as an employee is polluted with distrust: “there's always that niggle there that you know that they could pull the rug from under you”. For Luke, there is no stable ground on which to stand and he feels vulnerable to his employer’s caprice, immediately validated and expanded upon by Jean as the line-managers’ “interpretation.”

What might motive such seeming caprice? Simon suggests a possibility.

Extract 9 (focus group 1)

Simon I think there's a tendency for employers generally to be nice if it suits them to be nice and try and take credit for being nice when it suits them. But actually if they kind of feel that doesn’t really fit in with their business case then they're quite happy just not to be nice.

Simon evokes the spatial metaphor of 'fit'. Specifically, employers move from "nice" to 'not nice' when it "doesn't really fit in with their business case". The issue, therefore, is whether a person with MS can be molded to the 'right shape' in a terrain with inconsistent yet inflexible topography. Notably, employers are described as emotional, making decisions on what they "kind of feel", present an insincere, affilative front - "nice if it suits them" - and unreliable because they are also "quite happy just not to be nice". In terms of values, they are presented as operating on self-interest, trying to "take credit for being nice when it suits them" and only concerned with their "business case". Hence, this is a particularly unstable landscape in which the way you are treated depends on your perceived usefulness to a powerful, volatile, and unscrupulous other.

Richard presents a similar picture of his work that he experiences as having a powerful, private space from which he is excluded.

Extract 10 (focus group 3)

> Richard You don't know what's being discussed behind closed doors and I think that's the thing isn't it? I think it goes through everybody's heads. It did through mine. You think 'What are they actually saying about me when they go to these meetings?' You get paranoid- you can get paranoid as well can't you about it? And it can take over your mind if you're not careful because you think 'Well I'm doing the best I can and I can do better or as good as everybody else'…

The private space of Richard's workplace from which he is excluded exists "behind closed doors". This is a nebulous but ubiquitous region: it is potentially everywhere Richard finds himself on the 'wrong' side of a door. This creates anxiety for Richard, not just because he is excluded from this region by definition, but because what he fears happens there at specific times that people gather - "when they go to these meetings." A particularly interesting feature of Richard's extract is the way in which he alternates between generalizing and personalising anxiety. So, he

tells us that is his fear is linked to a general lack of knowledge in that "(y)ou don't know what's being discussed behind closed doors", continuing to generalize this to others in that "I think it goes through everybody's heads." However, this lack of knowledge is then personalized in his sideways glance "It did through mine", and when he specifies that he is thinking "What are they actually saying about me." The persecutory feeling engendered is generalized: "You get paranoid", "it can take over your mind", "because you think"; and then semi-personalized in an 'as if' thought: "I'm doing the best I can".

In this, we can identify a hidden addressee. Richard's account is an attempt to inoculate himself from the charge of being pathologically suspicious of his employer through normalizing his feelings. And we can understand his semi-personalized reported thought – "I'm doing the best I can and I can do better or as good as everybody else" – to be addressed directly to his employer in an inner dialogue in which he defends himself against the criticism he imagines is made against him in "these meetings."

It is important to recognize in Richard's extract how his wellbeing at work is eroded by the perception that he is being excluded from discussion about him or, at least, that concern him. Similarly, although we know that Simon has decided on a 'slow and steady' approach to work (extract 7), he conveys anxiety about the potential of losing his job if he cannot be molded into new shapes (extract 9). Finally, and returning to the first theme of our analysis - unsustainable epic - Andrea makes an explicit link between the perceived self-interest and power of the employer to the potentially damaging strategy of over-compensating by some employees with MS.

Extract 11 (focus group 2)

Andrea …I also think that if they want to get rid of you they will. They'll find a way regardless of the law. But again like you I want to go to

> work because I'd hate to stay at home. And I have stayed at home on the odd occasion when I've had really bad relapses and I had a hip replacement in January so I was off for eight weeks with that and I couldn't wait to get back to work. But then I was thinking 'Oh heck you know they're going to say I can't do this and I can't do that and I can-' so we get back to me over compensating I think and I'm always worried...

There is a tension between the two spaces central to Andrea's account: those of work and home. Work is a place where employers can "get rid of you" to the extent of finding "a way regardless of the law". Use of the pronoun "they" depersonalizes this villainous employer and suggests a purely instrumental relationship with the employee who can be discarded like a piece of rubbish. Even so, Andrea says "I want to go to work because I'd hate to stay at home". Time is pertinent to Andrea's experience of 'staying at home' in that it is linked to periods of intense ill-health: "really bad relapses" and "a hip replacement". Notably, here, time is highly circumscribed as just "on the odd occasion", "in January", "eight weeks" and, most interestingly, she states that she "couldn't wait to get back to work". In this we might perceive a sideways glance anticipating a threshold moment of being 'got rid of' by her employer: a tangible sore spot that her absences might be viewed as lack of willingness to work. However, it is the same "they" who try to stop Andrea from overworking because "they're going to say I can't do this and I can't do that-". But this is experienced as interfering with her ability to demonstrate value in a space in which Andrea feels highly insecure.

DISCUSSION

Our aim in this article is to understand how best to facilitate the job retention of employees with chronic illness. We focus on MS as a criterion chronic illness in order to do so. Through a dialogical analysis of focus group data, we addressed the research questions: 'How does MS affect people's sense of self and motivation to remain in

paid employment?' and 'Can we identify patterns of chronotope use in the participants' narratives?' The findings demonstrate that MS can pervade the temporal and spatial experience of work, self-concept at work, and role of work in the life-course. Specifically, in relaying their individual narratives, participants oriented to one of two chronotope types representing alternative strategies for coping with the biographical perturbations of chronic illness (Bury, 1982): unsustainable epic (characterized by condensed time) and temporary idyll (characterized by condensed space). A third theme - managerial discretion - was identified as overshadowing participants' working life and possibly influencing their chronotope preference. To our knowledge, this is the first study to consider and identify the chronotope preference of employees with chronic illness.

With qualities analogous to Aesop's fable of 'The Tortoise and the Hare', some employees with chronic illness may assume a 'slow-and-steady' approach to facilitate their longevity, contentedness, and maintenance of position within paid employment. This may be characterized by a healthy sense of self-compassion, perspective, and work-life balance and provide some protection from burnout (Peeters, Montgomery, Arnold, & Wilmer, 2005). However, 'slow-and-steady' may also be explicitly self-limiting in terms of career progression, fragmented in that the experience of work, illness, and self tend to be compartmentalized, and unrealistic in the implication that a moderate pace is always sufficient to meet job expectations. Meanwhile, epic 'hares' may approach the work 'race' as ambitious, resolute heroes, stoically striving, despite adversity, to 'pass a test of character' (Sullivan, 2012, p.48). Here, employees may engage in a daily battle to prove themselves and achieve all that they can before their illness 'overtakes' them. While a fusion between work and self makes productivity and career progression likely, at least in periods of remission, this

strategy may be unsustainable in the long term and there is a risk of trying to overcompensate for perceived incapacities. Although contrasting starkly, both stances do represent the increased 'stakes' foregrounded in the workplace when chronic illness, such as MS, is implicated: 'pressing on' too hard – or not enough – can have substantial financial, psychological and/or physical costs.

Tailored support is vital to job retention for vulnerable employees (Munir et al., 2009; Wicks et al., 2016) and interventions which account for the personal experience of chronic illness are highly valued (Varekamp, Krol & van Dijk, 2011). Transformational Leadership Theory (TLF), the most studied contemporary management theory (Barling, Christie & Hoption, 2011), also incorporates 'individualized consideration' (Bass & Avolio, 2004) as one of its four key components of leadership. This refers to the cultivation of a supportive climate through attending to the specific and unique needs of staff (Northouse, 2013). Proposals have been made for the relevance of TLF with regard to the health and performance of employees with disabilities (Parr, Hunter & Ligon, 2013), not least because it may have a positive impact on employee self-concept (Kensbock & Boehm, 2016).

In practical terms, understanding whether an employee with chronic illness is tending towards 'idyll' or 'epic' can help capitalize on the strengths of each strategy, while avoiding the pitfalls, and help guide individualized support appropriate to sustainable employment for that person. Indeed, the concept of 'sustainable working life' is increasingly championed and organisations encouraged to devise career paths that support staff to retain their health (physical and mental), productivity, and motivation over an extended period of employment (Eurofound, 2015). Our two chronotope orientations lend themselves to this task, implied through their conceptual

labels: unsustainable epic and temporary idyll. It may be that vulnerable employees cycle between the more- and the less-adaptive poles of each chronotope, and even between chrontopes given that people with chronic illness are known to draw on a range of self-management strategies over time (Audulv, 2013). Hence, health psychologists have a role in understanding the evolution of these patterns and advising on the relevant implications for support over time (Ferreira & Martinez, 2012).

In this respect, the distinction in TLF between a developmental and supportive orientation may be meaningful. Developmental leadership displays a significantly stronger association with job satisfaction, career certainty, effective commitment to the organization, and employee self-efficacy than does supportive leadership (Rafferty & Griffin, 2006). Importantly, the notion of chronotope preference allows scope for adopting a personalised and developmental approach to the discussion of work plans, career trajectory, and support needs in the context of the individual's own framing assumptions, which have likely suffered with the diagnosis of a chronic illness (Beatty, 2012, 2016). Indeed, as similarly observed in relation to life with diabetes (Gomersall & Madill, 2014), accounts across chronotope preference are structured according to the prospect of future relapse albeit, here, with contrasting effect: i.e., condensing space to reduce effort or condensing time in increased effort.

This common mechanism may be suggestive of overlap in workplace chronotope preferences across chronic illnesses. While MS cannot represent all chronic illnesses, arguably this 'provisionalised' time (Gomersall & Madill, 2014) is attributable to illness chronicity, rather than condition-specific nuances. And in this article, we identify two strategies that are likely open to individuals as responses to the impact of this chronicity at, and on, work. Accordingly, it would be interesting to

explore whether, indeed, the same chronotope preferences are found in work-focused narratives from participants with other chronic illnesses.

Health psychologists might also consider the impact of manager-employee asymmetry and the degree to which colleagues perceive there to be latitude within formal policies, procedures, and even the law (Wangrow, Schepker, & Barker, 2014). Our participants actively ascribed motivations to managers in their decision-making utilizing common-sense notions or 'folk psychology' (Bruner, 1990; Sullivan, 2012) and, overwhelmingly, the manager was cast in an ominous role. For example, one participant made an explicit causal link between the perceived self-interest and power of her employer and her own use of a potentially damaging 'epic' strategy of over-compensation (see extract 11). People with chronic illness also experience misunderstanding and skepticism regarding the legitimacy of their symptoms and ensuing needs from colleagues at all levels of the organisation (Thompson, Ford, Stroud & Madill, forthcoming). This, too, will likely influence their chronotope preference in potentially self-damaging ways, e.g., to disengage or attempt to prove their worth.

Senior staff could usefully be helped to consider how their perceived power of discretion might impact their interactions with vulnerable employees. Indeed, disability status has been found to affect leader-member exchange. For example, Colella and Varma (2001) found that it was more important for employees with disabilities to engage in upward influence tactics (i.e., ingratiation) than it was for others. Moreover, internalised messages from meaningful others, such as colleagues, form an important resource for identity construction (Pierce & Gardner, 2004). Managers have the opportunity to facilitate a positive sense of self in the people they support through the work context they foster and their leadership behaviour

(McAllister & Bigley, 2002). An important implication of our findings is that, where managerial discretion is available, it may be useful to head-off a potential assumption of vulnerable employees that this will always work against and not in support of their wellbeing.

Our analysis was based on 20 participants, virtually all of whom were in white collar employment, diagnosed with one chronic illness, and with a greater weighting of women to men. It is possible that people in different kinds of employment, and/or with different chronic illness, may invoke other kinds of chronotope preference and, indeed, that preference may be gendered. Relatedly, there may be several other factors that account for chronotope use: one might look towards variables such as baseline personality characteristics, resilience, self-efficacy, stage of illness or of career. These would be interesting topics to explore in the extension of this research, possibly using a mixed methods approach. Personality, for example, is linked to work performance and stress (Janjhua & Chandrakanta, 2012), but also self-management in chronic illness e.g. conscientiousness is a predictor of self-care agency (Erlen et al., 2011). Likewise, resilience is associated with illness self-management, found to interact with external environments, like employment, in the development of resilience strategies (Wilson, McNaughton, Meyer & Ward, 2017).

The focus group discussions may have been affected by peer influence and social desirability. However, these are ubiquitous phenomena, likely operative in conversations with colleagues, supervisors, and managers at work and, hence, it could be argued that our data actually has a certain ecological validity. Moreover, we have identified at least one important contingency potentially related to chronotope preference: perceived managerial discretion.

Future research might utilize micro-ethnography (e.g., Le Baron, 2006) and analyse workplace interactions, such as appraisals, as they occur between supervisors and employees with chronic illness. This could identify how chronotope preferences manifest in their discussion and if supervisors appear to recognize and respond to them. This could inform the development of guidance and training to help managers identify, and provide a mutually productive response in relation to, the chronotope preference of employees with chronic illness. Moreover, a qualitative approach to enhancing the identification of, the usually implicit, assumptions employees have about their work-life would be a useful complement to appraisal processes so often characterised by measurement and standardization (Erdogan, Kraimer & Liden, 2001).

Bakhtin's (1984) notion of chronotope, as increasingly applied in health psychology, offers a useful prism for viewing, and understanding, the well documented challenges experienced by employees with chronic illness in their embodied relationship with, or being in, time and space (e.g. Charmaz, 1991; Gomersall & Madill, 2014). Through the notions of chronotope preference and perceived managerial discretion we have provided conceptual tools to help health psychologists penetrate the complexity of workplace identity and behaviour in chronic illness. Given narratives consistently signal a constellation of time and space (Carr, 1986; Murray, 2000), facilitating manager sensitivity to chronotope preference can assist them in developing supportive strategies and making accommodations that account for employees' own temporal and spatial interaction with the workplace and their 'character' role as a 'tortoise' or a 'hare' within it.

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Table 1: Bakhtinian concepts utilized in the analysis

Rhetorical feature	Definition
Chronotope	Ways in which narrative embeds a particular constellation of time and space through genre forms.
Epic hero	For the hero in epic genres, the future is certain so long as characters pass a test of virtue – often the hero has a static personality e.g. noble, brave.
Hidden addressee	Anticipated other or audience who implicitly structures and shapes the present discourse.
Hidden dialogue	Where the unsaid and repressed are detectible within discourse and the other's voice is continually anticipated - suggests a struggle between the self and the other.
Loophole	A form of disclaimer based on the hope of potential future redemption, it appears to be an ultimate judgment but retains the possibility of being a penultimate judgment.
Micro-dialogue	Reported internal dialogue with self which recreates others' points of view within private discourse.
Reported speech	Such as: He said 'I was unhappy', which brings life to the hidden addressee.
Sideways glance	A form of disclaimer in which the speaker alludes to another's judgment or attempts to escape from a definitive statement regarding which they are not entirely committed.
Sore spot	Exaggeration tangled-up with a fear of being wrong, suggesting a particular sensitivity on the part of the speaker.
Threshold moment	When there is uncertainty as to the truth, then time and space

	are full of potential.
Timespace	Literally ‘chrono’ and ‘tope’ (see ‘chronotope above).