"We're not superhuman": Job Crafting Techniques of Foreign English Teachers with Chronic Illness in Japan

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ABSTRACT

Although chronic illness is increasingly widespread among teachers, how chronic illness impacts teachers remains largely under-investigated (Brown & Leigh, 2018). This qualitative study of four English teachers with chronic illness in Japan investigates their methods for attempting to bypass barriers created at work by their illnesses and the steps they take to ameliorate their situation. The data suggested that teachers employed a range of job crafting techniques (Berg, et al., 2013), such as altering or choosing not to do certain tasks, changing their interactions with others at work, and adjusting their thinking about work, tasks, and colleagues. These techniques helped the teachers reduce the impact of their illnesses. The findings of this study can act as a guide for teachers with chronic illness, in addition to raising awareness of teachers with chronic illness among the field of English language teaching in Japan.

Keywords: chronic illness, disability, English language teaching (ELT), job crafting

INTRODUCTION

Chronic illness is becoming more widespread among teachers around the world, but the phenomenon of how it affects the working lives of educators remains largely under-investigated (Brown & Leigh, 2018). Chronic illness is "a long-term health condition that persists over time, has recurring (often 'invisible') symptoms, and

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requires long-term medical intervention" (Goodwin & Morgan, 2012, para. 2). Chronic illnesses generally have no cure, but do not pose an immediate threat to the individual's life (Wendell, 2017). Symptoms of chronic illness tend to be invisible, different for each individual, and can even be different for one individual from day to day (Goodwin & Morgan, 2012).

This qualitative study draws on deductive, thematic analysis of data collected from semi-structured interviews with four foreign English teachers with chronic illness working in Japan. It investigates the barriers to work caused by chronic illness, and the job crafting techniques teachers use to bypass those barriers to improve their situations. This study contributes to an under-researched area, as very few studies have dealt with job crafting or chronic illness among foreign teachers in Japan. Furthermore, research into how chronic illness impacts on the work lives of teachers can aid efforts towards inclusivity, improving and maintaining teacher wellbeing, raising awareness among administrators and employers, and helping to ensure high quality instruction by understanding and supporting the teachers with chronic illness.

Chronic Illness

Wendell (1996) notes that coming to terms with a newly diagnosed chronic illness takes time, while Mariani (2022) refers to his own diagnosis of a chronic illness as a "catastrophe…that would cleave [his] life cleanly in two" (p. xvii). For Douglas-Fairhurst (2023) it was described as a "trapdoor" (p. 1). With regard to chronic illness in Japan, the context of this study, 946,110 people were registered for medical benefits for chronic illness in 2019, according to the Japan Intractable Diseases Information Center (2021). Previously, those with chronic illness in Japan were considered "potentially polluting" to society (Valentine, 1990, p. 29). While this stance has softened somewhat in recent decades, people with chronic illness in Japan are still marginalised (Shiobara, 2020), shunned or discriminated against to varying extents (Stevens, 2013). Shiobara (2020) notes that in Japanese society, minorities, including people with chronic illness, are "more likely to be targets of antagonism and hatred from the majority" (p. 13). Heyer (2015) asserts that "aspects of stigma and shame persist" (p. 129), that disabled people are rarely visible in public in Japan, and that people with disabilities or chronic illness should be aware of the "burden" their existence places on others (p. 156). Even the term "chronic illness" (難病, *nanbyō*) in Japanese has negative connotations: "*byō*" means "illness" and "*nan*" derives from the word for "difficult" (*muzukashii*).

Consequently, teachers with chronic illnesses must deal not only with their

medical condition(s) but also with the ableist work conditions within which they operate (Brown, 2020). Griffiths (2020) argues that due to the ableism of the education industry, openly discussing chronic illness "has become increasingly challenging" (p. 125).

Teachers with chronic illnesses can request accommodations from their employers to help them bypass the barriers inherent to their workplace (Beretz, 2003). Examples of accommodations include requesting particular classrooms that are more easily accessible, flexible working hours, and assistive technology for use in the office or classroom. However, numerous accounts from the literature on chronic illness suggest that requesting accommodations does not necessarily mean they will be granted. Many institutions do not make their policy on accommodations clear, which immediately places the individual with chronic illness at a further disadvantage (Beretz, 2003; Goodwin & Morgan, 2012). Evans, et al. (2017) note that despite the legal requirement in the USA to grant accommodations when requested, the decision is often left to the employer's whims. When they do request accommodations, teachers with chronic illness are often met with negative reactions such as disbelief (Bassler, 2009), resentment (Sheppard, 2021), and distrust (Beretz, 2003). Teachers with chronic illness who strive to overwork in order not to underperform are often refused accommodations on the basis that they were able to achieve without accommodations before and therefore do not and will not need them in the future (Ellingson, 2021).

Taylor's (2022b) study of foreign English teachers with chronic illness in Japan found that they mostly only disclosed their illnesses to a small group of trusted individuals at work to avoid negative reactions from others. These included humiliation in front of colleagues, having their personal health information shared with others without their knowledge or consent, and being harassed by employers to return to work when hospitalised.

Brown (2018) published a list of "coping behaviours" used by educators with chronic illness, which included refusing to do something, rescheduling, secluding, being assertive, and leaving. By using these behaviours, individuals with chronic illness are able to exert more control over their work situations. These techniques and behaviours can be termed "job crafting," which I will explain in the following section.

Job Crafting

Job crafting is the concept of workers actively customising and altering different aspects of their job (Berg, et al., 2007). By job crafting, workers can maintain or increase their motivation by increasing the meaning their job holds for them (Berg, et

al., 2013) and their attachment to it (Wang, et al., 2018).

According to Berg, et al. (2013), there are three types of job crafting: task, relational, and cognitive. When task crafting, workers may elect to do extra tasks or drop certain tasks, change how they carry out tasks, or alter the amount of time and effort they expend on tasks. An example of task crafting can be seen in Taylor's (2022a) study of *eikaiwa* teachers in Japan, who chose to emphasise certain tasks within the strictly structured lessons they taught. Relational crafting is adjusting the amount of time spent with colleagues, and changing the nature of interactions with others in the workplace. Joining a professional development group could be one manifestation of relational crafting. In cognitive crafting, the worker changes their way of thinking about their job and the tasks and relationships therein. This could be by focusing on the ways in which their job is meaningful to them, their family, or wider society.

Falout and Murphey (2018) note that "meaning in life…appears to be strongly connected to a sense of purpose in one's career" (pp. 211-212). However, if a worker's perception of their job or career does not hold a sense of purpose for them, job crafting may allow them to create new purpose and meaning for themselves in their job.

The literature on job crafting shows that it is applicable and beneficial to workers in various industries. Berg, et al. (2010) observed that workers in for-profit and non-profit contexts used job crafting to incorporate aspects of what they considered to be an "unanswered calling" (p. 973). An unanswered calling is defined as "an attitude toward a specific occupation that is not part of one's formal occupational role" (Berg, at al., 2010, p. 974). Berg, et al. (2010) noted that these workers employed five job crafting techniques, three of which were related to work: (1) task emphasising, which entails focusing on a task that is already part of the job but that is also related to an unanswered calling; (2) job expanding, in which workers take on extra tasks to aid their pursuit of an unanswered calling; (3) role reframing, whereby workers adjust the way they perceive the meaning of their work. Berg, et al. (2010) found that workers who used these job crafting techniques to pursue their unanswered callings were more likely to experience "enjoyment and meaning at work" (p. 982).

Other studies have focused on the use of job crafting by workers in a variety of positions and industries. Grant, et al. (2007, cited in Berg, et al., 2007) found four ways in which workers in service positions used job crafting: hairdressers incorporating additional functions into their jobs; dentists adjusting their methods to meet customer requests; hairdressers refusing to serve "unpleasant" customers; personal trainers leading classes in "a more meaningful context" such as a young offenders institute rather than the regular setting of a gym (p. 4). In another study that involved workers

who interact with customers, Cohen and Sutton (1998) noted that hairdressers endeavoured to create deeper relationships with their customers (cited in Wrzesniewski & Dutton, 2001). Similarly, Dutton, et al. (2016) observed hospital cleaners who increased their interactions with patients, visitors, and nurses, while Benner, et al. (1996) conducted a study of nurses who included patients and their family members when administering care (cited in Wrzesniewski & Dutton, 2001). In each of these cases, the workers were able "to feel like their work is making a greater and more meaningful impact" (Grant, et al., 2007; cited in Berg, et al., 2007, p. 4). In sum, these workers could change aspects of their work to enhance their perception of the value and meaning of their job by increasing their positive feelings towards their jobs.

There have also been several studies investigating the job crafting techniques utilised by teachers. In a study of teachers with chronic illness, Bassler (2009) found that several participants had "developed techniques to overcome their disabilities" and became "the most productive members of their department" (para. 13). Within the context of English language teaching in Japan, Taylor's (2022a) qualitative study of three long-term *eikaiwa* teachers showed that they actively used job crafting to overcome frustration of their basic psychological need for autonomy, relatedness, and competence (Ryan & Deci, 2017), and thereby maintain their motivation and remain in an industry that is notorious for its high turnover of teachers (Hooper & Hashimoto, 2020). Taylor's (2022a) findings seem to support Wang, et al.'s (2018) proposition that "tough times at work" lead to job crafting and therefore increased work attachment (p. 569).

Job crafting techniques seem to align with strategies used by people with chronic illness to help them manage their everyday lives, as described by Charmaz (1991). First, *simplification*, which is similar to task crafting, involves not doing some activities or attending some events. Second, *reordering time*, in which individuals must decide how much time to devote to activities and try to exert control over their own schedule. Finally, *juggling and pacing*, which involve deciding one's priorities and adjusting one's schedule as necessary. As with Bassler's (2009) participants, Charmaz (1991) notes that some people with chronic illness can "outshine their peers" thanks to their mastery of these techniques (p. 163).

As Beatty (2012) states, "People with chronic illness can benefit from knowing how others have adapted to working with chronic illness, and employers can benefit from understanding more about the kinds of career problems this population experiences" (p. 106). Thus, investigating the job crafting techniques of teachers with chronic illness adds to the collective knowledge of those teachers' experiences.

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Research on this topic, such as in this study, can also act as a guide for professional development for teachers with chronic illness.

METHODOLOGY

Participants

The participants for this study were recruited via two methods: by directly contacting colleagues; and by posting messages in online groups for teachers and foreigners in Japan. I was already acquainted with two of the participants. Before giving their written informed consent to participate, the teachers were given detailed information about the study and the opportunity to ask questions. They were aware of their right to refuse to participate or to drop out of the study at any time. Consent was reconfirmed orally at the start and end of the interview. All four participants were working as English teachers in Japan when the interviews took place, and had diagnosed chronic illnesses. The participants' information is summarised in Table 1. The participants were a purposive and criterion sample (Dörnyei, 2007, pp. 128-9). Due to their similar socioeconomic status, the participants can be classed as a homogeneous group, which is useful for a small-scale qualitative study (Smith & Osborn, 2015). This is because the aim of the study is often not to generalise, but to provide insights into a specific group with shared characteristics. Furthermore, the participants in the present study shared American nationality. Since a significant proportion of English teachers in Japan are American, this is statistically likely. This shared nationality could be beneficial to the study in that it allowed analysis of data from a group that shared several demographic characteristics. In this paper, I have made no reference to any specific chronic illness to protect the participants' anonymity and because this paper's focus is not linked to specific illnesses, but rather the job crafting techniques of teachers with chronic illness more generally.

TABLE 1
Participants

Name	Gender	Age range	Nationality	Position
P1	Male	30-39	American	*Eikaiwa* teacher/owner
P2	Male	40-49	American	*Eikaiwa* teacher
P3	Female	20-29	American	Assistant Language Teacher

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				(high school)
P4	Female	30-39	American	Assistant Language Teacher (primary school)

Positionality

Every individual holds biases and prejudices which render objectivity impossible when conducting qualitative research. However, because qualitative research is subjective (Boyatzis, 1998), these biases can be useful to the researcher if they are recognised (Eatough & Smith, 2017).

I am a white, British male with chronic illnesses, working as a teacher in Japan. My chronic illnesses led to my interest in this topic and in carrying out this study. I had an emic perspective on the topic. The potential weaknesses of an emic perspective are that my own subjectivity and biases may have impacted the data collection and analysis (Miyahara, 2019). The potential benefits of an emic perspective are that I was able to create a strong rapport with the participants by revealing my illnesses to them at the start of the interviews, which may have helped ease any anxiety participants experienced ahead of discussing a sensitive personal topic. In a further attempt to counter any possible anxiety, I reconfirmed the participants' right not to answer any questions, and before and after the interview I reconfirmed their consent orally. As noted above, I already knew two of the participants, which could be a strength and a weakness. All of these factors are connected to biases on my part, which will have impacted on our interactions.

Instrument

Each participant attended a semi-structured interview lasting approximately one hour. Questions for the interview (see Appendix A) were developed using an example from Smith and Osborn (2015). Within the interview schedule, questions were organised according to broad categories, titled "illness," "work," and "coping." Interviews are the ideal method for studies which aim to investigate individuals' experiences (Punch & Oancea, 2014). Semi-structured interviews allow the interviewee to answer in depth, and the interviewer to explore unplanned lines of questioning depending on the interviewee's answers (Punch & Oancea, 2014).

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Data Collection and Analysis

I took a qualitative approach for this study. The interviews took place using Zoom. The interviews lasted for between 40 minutes and an hour. Audio of the interviews was recorded and transcribed. Each participant received a copy of the transcript of their interview. I took a deductive, thematic approach to data analysis, following thematic coding protocol outlined by Braun and Clarke (2012) and Smith and Osborn (2015) and based on a framework from Berg, et al. (2013) outlining three types of job crafting – *task crafting*, *relational crafting*, and *cognitive crafting*. This approach required me to engage deeply and repeatedly with the data. Coding was done by hand, with relevant passages and quotations that related to the three themes (task crafting, relational crafting, cognitive crafting) being marked by latent, descriptive codes. These sections were then copied into new documents (one for each theme) in order to further revise and analyse the data. A visualisation of coding examples can be seen in Table 2.

TABLE 2
Visualisation of coding examples

Code	Definition from Berg, et al. (2013)	Sample from interview transcript
Task crafting	Doing extra tasks, dropping certain tasks, changing the way of doing certain tasks, adjusting the amount of time or effort expended on tasks.	P2 turn 16: "I make sure my students are able to operate without much influence so everything I do I barely give full instructions so they start thinking. I correct when it's necessary and er I try to make things easy for myself better for my students easier for myself"
Relational crafting	Changing the amount of time spent with certain co-workers, altering the nature of workplace interactions.	P4 turn 248: "I also try to have a good working relationship with my co-workers"
Cognitive crafting	Changing one's perception of their job and its tasks.	P3 turn 106: "I'm lucky with my work situation"

FINDINGS & DISCUSSION

The data were organised thematically according to the three types of job crafting: task; relational; and cognitive.

All four participants stated that they preferred and were used to dealing with their illnesses on their own. As such, they did not request many or any accommodations from their employers. P4 was the only participant to make an accommodation request. P4's contract stipulated that she had to travel to work by public transport, but to do so would exacerbate her illness. Consequently, she requested permission to drive her own car to work, which was granted with minimal paperwork required. Mostly, the participants used their own initiative, engaging in job crafting to find ways to reduce the impact of their illnesses in the workplace. In this section I will show and discuss the data from the interviews related to each job crafting type.

Task crafting

As described above, task crafting is when the worker adjusts the amount of time or effort devoted to tasks, elects not to do certain tasks, or chooses to take on extra tasks at work (Berg, et al., 2013). Three of the four participants engaged in task crafting to varying extents.

The most significant example of task crafting was shown by P2, who explained that he developed his entire teaching style and philosophy to mitigate any negative effects of his chronic illness on his work and his students. P2 explained that he designed activities to include minimal teacher talk time, so students "are doing most of the work." As he put it, "I do teach my students in a way where I can step back and they do the work." He continued,

> "I think well as a better teacher I make sure my students are able to function without me for some periods of time, not just because I can take a break but that just makes more logical sense anyway."

P2 used a metaphor to explain these choices: "I wanna show the students what they can do and then step back. I start the engine and let the car run." This metaphor of the class as a car shows that he thought of the car/students as the ones who need to do most of the work in class, while he as the driver/teacher only needs to steer/supervise.

P2 elaborated on his choice of in-class activities, saying that he chose from a set of "three or four optional activities throughout the week," which he used on rotation

over a period of several months. He further described his method of preparing, which involved using materials he had already made over the course of his teaching career, thus minimising his preparation time outside class. By reducing the amount of time spent on class preparation, P2 engaged in task crafting on a daily basis, and he specifically acknowledged that his chronic illness was a significant factor in his decision to do so. In these respects, P2 was "juggling and pacing" (Charmaz, 1991, p. 161), as he was able to exert enough control over his work to make the adjustments that enabled him to manage his illness in the workplace, such as by "shift[ing] burdens" (Charmaz, 1991, p.163).

Another task crafting technique used by P2 was to lie down in empty classrooms when he needed a break. Like P2, P3 said that she would go to an empty classroom when she was fatigued, in addition to occasions when she had "no choice but to rest [her] head at [her] desk" due to the effects of her illness. In this way, P2 and P3 were secluding themselves (Brown, 2018). This supports Wendell's (2017) description of the impact that fatigue has on people with chronic illness, which requires them to "adapt their pace" (Charmaz, 1991, p. 163). Although they did not refuse to perform or take on additional work tasks, by postponing the completion of tasks, P2 and P3 were task crafting and using some "ingenuity" (Charmaz, 1991, p. 155) as they dealt with their chronic illnesses.

P3 described an extreme case of task crafting. During a flare up, her illness prevented her from completing a fundamental part of her job. Due to severe pain, she "couldn't hold a pen or even like turn a page," so she "just didn't grade a single paper for like two weeks which is crazy because [she] normally grade[s] like 80 papers a day." P3 invested in extra tools to enable her to perform her work, such as a wrist support for her computer's keyboard and a hand grip for holding a pen. Postponing this particular task and using her own money to purchase items that would enable her to perform her work again were forms of task crafting used by P3.

P3 and P4 shared some task crafting activities, such as using the lift instead of the stairs when experiencing a flare up, as well as bringing their own lunch and eating outside of their designated lunchtime due to dietary restrictions and requirements. The school at which P3 worked did not have a canteen, so she needed to bring her own lunch. P4's school did have a canteen; however, she elected to bring her own meal that met her requirements instead of requesting meals from the school. This is another example of the participants taking it upon themselves to deal with their illness at work without requesting accommodations.

Furthermore, P4 used task crafting in other aspects of her job at a primary

school. She attended PE classes, but due to her chronic illness she "[couldn't] always fully participate" in all the activities. At break times she played with the children, but was unable to participate in the more physically active games. P4 engaged in task crafting when using non-teaching work time. She was able to use this time as she pleased, and often chose to attend other classes; however, during a flare up she "[would] choose to do things that are less taxing on [her] body and also mentally."

As observable in these accounts, the participants used task crafting to postpone tasks, pass the burden of tasks onto others, and change the way they did certain things. Overall, task crafting helped the participants to manage the negative impacts of their illnesses on their work.

Relational crafting

Relational crafting is the act of adjusting one's relations with others at work through increasing or decreasing the amount of time spent with certain individuals in the workplace or changing the nature of interactions with others (Berg, et al., 2013). The four participants in this study were all found to have used relational crafting techniques.

As noted above, three of the four participants preferred to try and deal with their illnesses individually, thus they had not disclosed their illnesses widely in their workplaces. They disclosed their illnesses to management, one or two colleagues, and a small number of students. The exception was P1, whose illness was disclosed to all colleagues and students by a manager. P1 professed not to be upset by what he could have construed as an invasion of his privacy, instead brushing it off as unimportant in an example of cognitive crafting.

Workplace relationships can lead individuals to feel they are losing control (Charmaz, 1991). By limiting the number of people in the workplace who knew about their illnesses and thereby attempting to maintain control of their personal information, the participants' actions could be interpreted as crafting relationships. P3 and P4 each disclosed their illnesses to one fellow ALT and their supervisor, and P2 disclosed his illness, without specifying his diagnosis, to his manager. P3 related a story about a "wretchedly awkward" situation where a colleague phoned a doctor for her in the office, where many other teachers could overhear. The memory of this incident encouraged her to use relational crafting to make sure similar incidents did not occur in future.

Like P3, P2 used his illness to help him craft relationships in such a way as to make connections with others. He used his experience as a teacher with chronic illness to "stand up" for others in similar situations and help those who needed it or who

appeared to be "struggling." He used his illness to advocate for teachers at his school getting help from management and staff:

> "In situations where the teacher would need assistance, make sure they have assistance and don't just assume that they can do everything."

In addition, P2 used his illness to foster closer relationships with students. He used his depleted energy and occasional lack of physical strength to his advantage by enlisting the help of students in carrying things to and from the classroom. His rationale for doing this was to create opportunities to thank the students and demonstrate his appreciation for their efforts. Additionally, P2 reportedly made the following comments to a tired student: "thank you for not sleeping in my class." While this comment seems ironic on the surface, it actually appears to denote empathy for the feelings and possible health problems of others.

As previously highlighted, P4 talked about her efforts to maintain a positive relationship with colleagues, specifically by not allowing occasional negative feelings brought on by her illness to cloud her work relations, for example in how she reacted to constructive criticism from others. P4 described an experience in a previous job at an *eikaiwa* involving management disclosing her illness to colleagues and students without her consent. This unpleasant experience influenced her relational crafting by making her more reticent with regards to disclosing her illness in the workplace.

Taken together, the participants engaged in relational crafting by restricting the number of people who were aware of the details of their illnesses, empathising with others who may be in similar situations, and creating opportunities for different forms of interaction with students. In this way, participants could maintain a feeling of control over their work relationships despite their illnesses.

Cognitive crafting

Cognitive crafting is altering the way one thinks about one's work, which includes reframing the tasks and relationships within the context of the workplace (Berg, et al., 2013). All three participants related instances in which they appeared to use cognitive crafting to maintain and increase their job satisfaction.

All four participants chose to focus on positive aspects of their situation rather than dwell on negatives. P3 and P4 used the word "lucky" to describe aspects of their work situation, while P2 demonstrated his positive outlook through utterances such as "I can either enjoy life or suffer," "I'm not gonna let it hold me back," and "being aware is

necessary; overthinking is not." P1 was an extreme example of this type of positivity, stating that his illness did not affect his work at all.

Self-awareness and the importance of mental health were acknowledged by three participants as part of their cognitive crafting. P2 spoke of knowing his limits and making sure that he was mentally prepared for teaching. He explained that even if he did not feel physically well, he could still teach classes if he was mentally well. He illustrated this with another metaphor: "driving a stick shift with one leg doesn't work." The implication here is that physical health, while important, is not critical to him being able to teach; whereas poor mental health would make him incapable of doing his job. By understanding this, P2 was able to cognitively craft his work.

P3 spoke about self-awareness, mindfulness, and maintaining her mental health; however, she appeared to express more negative emotions than P2. For example, P3 described her embarrassment at students noticing and talking about a time when she wore a bandage to work, but only on one wrist when in fact both were painful. P3's efforts "to make it make sense to [her]self" and convince herself that the pain was not illness-related seem to be an extension of her fight against negative self-image and internalised stigma against chronically ill people. She explained that she harboured negative feelings towards people with chronic illness despite being chronically ill herself. This appears to contradict Wendell's (1996) experience of being able to accept her own status as a person with chronic illness but struggling to obtain the same acceptance of her status from others. P3 described the extra effort she would normally have to make to hide her emotions and facial expressions, but that she did not have to do so much due to wearing a mask at work. These situations suggest P3 was attempting to use cognitive crafting, with varying degrees of success.

P4's cognitive crafting was less extensive than P2 and P3. P4 seemed to have accepted her constant pain but chose not to mention it to anyone, electing instead to work through it, which "is mentally and physically exhausting to deal with." P4 focused her efforts on stress reduction, which is closely related to the relational crafting discussed above, by accepting constructive criticism in the spirit of self-improvement and "not obsessing over things [she] can't control" or "little mistakes." She also stated that she changed her way of thinking about herself, to change her mentality from that of a "really nasty, horrible person" indulging in a "self-pity party" into a more positive one. P4 was attempting to avoid appearing to others and herself as "constantly complaining and asking for sympathy" (Wendell, 1996, p. 27).

The experiences described here demonstrate different ways that participants engaged in cognitive crafting, such as focusing on maintaining their mental health,

reducing stress, and suppressing negative feelings towards themselves. Consequently, cognitive crafting helped the participants as they tried make sense of their position in the workplace as teachers with chronic illnesses. Overall, the participants were found to be engaging in task, relational, and cognitive crafting to mitigate the deleterious effects of their chronic illnesses and enable them to continue working.

The necessity of job crafting to teachers with chronic illness can be demonstrated through one contradictory element of P2's interview. He stated that he would ask colleagues for help on certain tasks, despite admitting that he was stubborn and generally reluctant to ask for help. This suggests that there were times when the effects of his chronic illness overpowered his natural instinct to resist help, and he must accept and recognise the limitations imposed upon him by his illness and turn to job crafting. This was also true to some extent for P3 and P4, but much less so for P1.

One particularly pertinent comment that illustrates the importance of job crafting to teachers with chronic illness was made by P2: "we're not superhuman." In an industry that often expects teachers to overwork (Leigh & Brown, 2020), recognition of one's limitations and the use of methods to bypass those limitations is vital. Although this is true to some extent for all teachers, it is even more true of teachers with chronic illness.

Limitations

There are numerous limitations to this study. All of the participants were white Americans, so they do not represent a diverse cohort. Furthermore, having only four participants makes this a small-scale study. However, as noted in the Participants section, their homogeneity in this respect can be seen as a bonus for this kind of study, as it allows close analysis of a specific group that share several characteristics, rather than attempting to generalise to a wider population. My own status as a white, British male working as a teacher in Japan with chronic illnesses meant that my situation was similar to those of the participants and may therefore have influenced the data collection and analysis. These limitations could be addressed in future research by conducting a wider scale study with a more diverse cohort, or by adopting a mixed methods approach.

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CONCLUSION

This study investigated the job crafting techniques used by English teachers with chronic illness in Japan to improve their work situations. The data showed that participants utilised task crafting to alter, postpone, or pass the burden of certain tasks that were made difficult by the participants' illnesses. The data also showed that participants employed relational crafting to control information about their illnesses, empathise with others, and make opportunities for different forms of interaction with others in the workplace. Finally, the participants engaged in cognitive crafting to maintain their mental health, reduce stress, and suppress negative feelings about themselves caused in part by their illnesses. It is hoped that this study can act as a guide for professional development for teachers with chronic illness, and raise awareness of the phenomenon among those without chronic illness. As chronic illness awareness becomes more widespread among teachers, more research into the experiences of these teachers and how they manage their illnesses in the workplace is likely to represent a valuable contribution to the field of English language teaching in Japan.

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Appendix A: Interview schedule

Illness:
- Please tell me briefly about your illness from when it started to diagnosis.
- How does your illness affect your everyday life? (interests, family, other relationships)
- What does your illness mean to you?
- Has the way you think of yourself or see yourself changed since you were diagnosed?

Work:
- How does your illness affect your work?
- Have you disclosed your illness to your employer?
  (Yes: reaction from employer; No: why not?)
- Have you disclosed your illness to any colleagues?
  (Yes: reaction from colleagues; No: why not?)
- Have you disclosed your illness to any students?
  (Yes: reaction from students; No: why not?)
- Have you requested any accommodations or adjustments?
  (Yes: what, and were they permitted; No: why not?)

Coping:
- Do you spend much time thinking about your illness?
- Do you see yourself as a sick person?
- How do you deal with your illness on a day-to-day basis?
- What do you do when you're having a flare up at work?