Recognizing the Reality of Invisible Disabilities

Training for Adults in the General Community

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EDUC649-Training for Non-Formal Education

Final Paper - Samples from Training Manual
Purpose:

The purpose of this training is to raise awareness of members of the public about invisible disabilities, and the needs of individuals who suffer from these difficult-to-recognize conditions. By sharing this training with the general community, peer trainers increase social awareness of disability, and the barriers a community may present to the disabled.

Objective:

At the end of this training, the trainee will be able to:

1. State, in their own words, the World Health Organization's definition of disability\(^1\)
2. Name and describe three invisible disabilities
3. Describe the potential impact on a person with one of these disabilities
4. Describe one place, other than an individual, where a disability resides
5. Name a stereotype or stigma specific to invisible disabilities (as opposed to more obvious disabilities)
6. Name at least one specific action their organization or community can take to ameliorate the effects of one disability described in #2

Too, they will be able to clearly explain why the comment "but you look good!" is not necessarily encouraging.

Introduction:

Invisible disabilities are frustrating both for the disabled members of the community. By definition, an invisible disability is a chronic\(^2\) condition that interferes with an individual's activities of daily living, yet is not obvious, as illness, to the casual observer. In some circumstances, the individual's condition may not be clear at all.

People with invisible disabilities may speak, act, move, and perform tasks in a way that appears typical of their peers most of the time. Many of the symptoms that are noticeable are interpreted as temporary maladies, personality quirks, rudeness, distraction, laziness, lack of motivation, flawed character, poor social skills, rebelliousness, or malingering. Once a person is labeled with any of these terms, from eccentric and unpredictable to pathologically manipulative, they may believe it themselves. It's not surprising, then, that people with invisible disabilities may not be aware of their condition. For instance, the person themselves may not be sure if their lack of motivation to succeed is nothing more than disinterest and lack of discipline, or a symptom of chronic fatigue.

Our culture values effort and personal achievement. Our medical establishment's historical tendency is to dismiss as imaginary or hypocondriacle symptoms that are hard to pin-point, and for which no specific cause can

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\(^1\) In 2001, the World Health Organization (WHO) established a new definition of disability, declaring it an umbrella term with several components:
- **impairments**: a problem in body function or structure
- **activity limitations**: a difficulty encountered by a person in executing a task or action
- **participation restrictions**: a problem experienced by a person in involvement in life situations.

\(^2\) Chronic is usually defined as a condition that has lasted a year or more.
be found. Many conditions now recognized as chiefly physiological were recently believed to be “merely” psychiatric, or behavioral in origin. Some of these conditions include Fibromyalgia, Multiple Sclerosis, chemical sensitivities, Asperger’s syndrome, and asthma. The notion that these conditions were psychological implies the person who was suffering could change their symptoms, and the resulting behavior, if they were self-aware or willing enough to do so. The irony here is that often, the stronger an individual’s wish to achieve, the more apt they are to accept the idea that they can just choose to be better. When their determination fails, their self-esteem is further eroded.

Awareness of disabilities, invisible disabilities in particular, is vital to removing the barriers that keep people from being full participants in their community.
Invisible Disability

According to the Americans with Disabilities Act of 1990 (ADA) an individual with a disability is a person who: "Has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment." Invisible Disabilities are medical conditions that interfere with the usual activities of daily life, but are not immediately apparent to others. They can involve pain, fatigue, mental confusion, medication side effects and more. It is estimated that 10% of people in the U.S. have a medical condition which could be considered a type of invisible disability.

While people in our society are often willing to be helpful to people in a wheelchair, using a walker or crutches, a white cane, or other sign of impairment, we are often confused by, and judgmental of, those who have no apparent impairment yet seem to require accommodation. We tend to think that if they just tried harder, things would work out better. Often, people who are challenged with invisible disabilities, themselves, believe things would work out better if they tried harder.

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3 Major Life Activities include mobility, communications, self care, interpersonal skills, self-direction, work tolerance/acceptability to employers, work skills and learning ability.
A one day training on society and invisible disabilities.

Materials:

- A room with chairs and tables, suitable for the number of people in the training.
- A clock or watch
- A printer to copy handouts
- Writing surface (chalk board, white board, or large newsprint pad with easel)
- Chalk or pens for writing surface
- One ball and cup game for every five training participants
- Pictures or items that symbolize various disabilities.
- A projector to use with a computer (laptop)\(^4\)
- Something to play music on
- Paper
- Pencils
- Packages of colored felt-tip markers
- Slogan hats, pins\(^5\)
- Light refreshments
- Bottled water (or invite participant to bring their own)
- A printed list of local disability advocacy and service agencies (requires a little research).

\(^4\) If a projector is not available - print the photos and comments on sturdy paper and pass them around the room.

\(^5\) Available at [http://www.cafepress.com/idastuff/](http://www.cafepress.com/idastuff/) or create your own. Hats for trainers - pins available to participants if they want them.
Training Outline

An overview for the Trainer:

One day training: Recognizing the Reality of Invisible Disabilities

Saturday: 9 am to 4 pm
Sunday: noon to 4

Times are suggested. The training can be adapted.

TRAINER: Wear your "But you LOOK Good!" hat - available from Invisible Disabilities Advocate ([http://www.invisibledisabilities.org/](http://www.invisibledisabilities.org/)) or come up with a slogan and article of apparel, or poster of your own with the message that looks can be deceiving (consult fellow trainers) Optional: Have buttons with the IDA slogan, or your slogan, available to participants.

Session 1: After this session the participants should feel more at home in the training space.

9:00-9:15 a.m. - Introduction to training - Get participants settled. Introduce leaders, and make a statement of purpose (i.e.: to increase community awareness of invisible chronic illness and the double-edged sword of "But you look great to me!")Briefly define what an invisible disability is.

Session 2: After this session the participants should feel more at home with each other.

9:15 to 9:45 a.m. - Icebreaker – Ball and Cup (or other ability-related game) Ball and Cup is a good choice because it is obviously a toy (light hearted) but does take ability and skill.

Session 3: After this session the participants will have an overview of the training contents.

9:45 -10:00 a.m. Overview: Be brief, and casual.

- FIRST: remind the participants that their sign up materials included a question about their need for Special Accommodations and assistance. Ask them to speak to you between sessions if they have a question.
- How we will spend our time, and housekeeping matters (where is the trash, what are the rules regarding food and drink, when are the breaks, where is the bathroom, etc . . )
- Training Climate: Friendly, casual. Tell participants it’s okay to disagree. It's also okay to not be "politically correct." While the desire to be inoffensive is a good thing, being overly cautious about language can keep people from speaking their mind. Be more concerned about answering a question or speaking to a concern than the language used to state the question or concern.

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6 No need to go into the details of "But you look great to me!" here. Hats, posters, whatever prop trainers choose for this purpose should just be visible. If participants ask, answer.
Define "Invisible Disability"

Simply: Invisible Disabilities are limiting conditions that are not immediately apparent to the casual observer. The condition may not be visible. The impact of the condition may not be consistent (good days and bad days). The general public may not know how to recognize the signs of the condition.

10:00 a.m. -- 10:30 am

- Pass out handout #1
- Ask participants to consider the questions, and write the answers down. Assure them the questionnaires will not be collected, and no one needs to share their answers if they don't want to.

10:30 am -- 11:15 am

- Have participants break into groups.
- Pass out Handout #2
- Ask participant to read, and discuss the handout looking for the differences and similarities between the perspective of the Americans with Disabilities Act and the World Health Organization.
- Ask for a volunteer from each group to speak to the whole room about what they had noticed about differences and similarities in ADA vs. WHO.

11:15 am - 12:00 am

- Pass out Handout #3
  
  Each group should have a different description of a person with a disability. Each person in the group should get their own (identical) handout. The handouts are written in the second person to help the participants identify with the fictional individual. If there are more than 5 groups, use the same "person" for more than one group.
- Ask participants to read, and discuss with others in the group, life as this person.
- Ask each group to choose a presenter to talk to the larger group about their fictional person, their "case", and the source of barriers in their life.
- **Wrap up statement by the trainer**: As people age, they experience different and ultimately decreasing levels of ability. Encourage participants to think about the relative advantages and disadvantages of seeing varying degrees of ability as part of the human condition for all, and defining disability as “other.”

- Participants should keep the descriptions. Tell them they will use them again after lunch. Ask them to keep their case in mind during lunch and notice what challenges they may have as this person.

12:00 Noon – 1:15 p.m. Lunch

1:15 – 1:45 p.m. Environmental elements activity

Choose 9 to 12 disabling conditions and the related description.

Break large group into small groups (3 to 5 people is ideal)

Assign a condition to each small group.

Ask them to read and discuss the condition, and then make a list of environmental factors that could interfere with a full life for someone with this condition. They don’t have to use all of the symptoms; 3 or 4 is enough.

Environmental elements include:

- Physical barriers (stairs, high curbs, not door-side parking etc)
- Other's attitudes, expectation and judgments
- Weather conditions
- Distractions
- Ambient noise
- School and job demands
- Lighting
- Air conditioning and heat

The focus is on the environment, not the person with limitations.

Ask each small group to choose a correlation (between disability and environmental challenges) that had not occurred to them before or that they find most interesting.

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This point is at the heart of this training: **At one time or another, we each become “the other.”** The trainer should consider this message and make the words their own.
1:45 - 2:00 p.m. Ask a member of each group to report to the larger group the results of the environmental exercise. (What did they discover?)

2:00 – 2:30 p.m. Seeing the invisible

Show pictures or items that symbolize various disabilities, one at a time. Ask the group to call out what kind of condition/challenge the picture makes them think of.

There are ideas at the end of this manual - almost any interesting item or image will do.

2:30 – 2:45 p.m. Break

2:45 – 3:30 p.m. Mind Maps

Pass out paper and felt-tips. Show a picture or two of mind maps for those who are not familiar with them. Give a brief instruction of mind mapping: Mind mapping is a graphical way of taking notes. Start in the center of the page. Draw something to symbolize yourself, or your main idea. Using colors or patterns, note your ideas along lines that intersect where your ideas intersect.

The mind map for this session should represent:

Insights you've had during the training.

Plans you have for the future as a result of this training

Your map can be as simple or ornate as you like.

At 3:15 - ask participants to finish (for now) their maps, and clean up.

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8 Samples are available at the end of the manual.

9 There is no right answer. The purpose of this activity is to get the participants thinking creatively about barriers, and ways to overcome them, for themselves and for their community.
3:30- 3:50 p.m. Summary and Questions and Answers

Give an over-view of what you have covered, and mention what you wish you had covered by did not.

- Encourage discussion.
- Participants may refer to their mind maps if they like.
- Draw answers from the group where possible.
- Ask participants what they plan to do next (re: disability and community awareness)

3:50 - 4:00 p.m. Evaluation

- Ask participants to fill out evaluation forms.

Points to consider:

- A person can have a disability and not have a "visible" impairment or use an assistive device like a wheelchair, walker, or cane. A person with a visible disability may also have an invisible disability that requires a different kind of accommodation.

- A person with invisible disabilities may have inconsistent performance in daily activities. It's true for everyone that some days are better than others, but a person with a chronic, disabling condition may need their friends, family, and coworkers to be more flexible with them than with members of the general population.

- Everyone wants to hear people tell them they look great, right? Yes, and no. Praise is one thing. Implying that the disabled person looks well, and therefore should be able to do more, do it better, do it faster, do it more consistently, jump higher and run faster, is another.
The following conditions fit the definition of invisible disability. \(^{10}\)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Condition</th>
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<tbody>
<tr>
<td>ADHD</td>
<td>Inflammatory bowel disease</td>
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<tr>
<td>Anxiety disorders</td>
<td>Interstitial cystitis</td>
</tr>
<tr>
<td>Arachnoiditis</td>
<td>Irritable Bowel Syndrome</td>
</tr>
<tr>
<td>Asperger Syndrome</td>
<td>Lactose Intolerance</td>
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<tr>
<td>Autism</td>
<td>Lactulose Intolerance</td>
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<tr>
<td>Bipolar disorder</td>
<td>Lupus</td>
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<tr>
<td>Brain injuries</td>
<td>Lyme Disease</td>
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<tr>
<td>Charcot Marie Tooth disease</td>
<td>Major depression</td>
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<tr>
<td>Chronic fatigue syndrome</td>
<td>Metabolic syndrome</td>
</tr>
<tr>
<td>Chronic pain</td>
<td>Multiple Sclerosis</td>
</tr>
<tr>
<td>Circadian rhythm sleep disorders</td>
<td>Personality disorders</td>
</tr>
<tr>
<td>Coeliac Disease</td>
<td>Primary immunodeficiency</td>
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<tr>
<td>Crohn's disease</td>
<td>Psychiatric disabilities</td>
</tr>
<tr>
<td>Depression</td>
<td>Reflex Sympathetic Dystrophy</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Repetitive stress injuries</td>
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<tr>
<td>Epilepsy</td>
<td>Rheumatoid arthritis</td>
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<tr>
<td>Fibromyalgia</td>
<td>Schizophrenia</td>
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<tr>
<td>Food allergies</td>
<td>Scleroderma</td>
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<tr>
<td>Fructose malabsorption</td>
<td>Sjögren's syndrome</td>
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<tr>
<td>Hereditary Fructose Intolerance</td>
<td>Temporomandibular joint disorder</td>
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<tr>
<td>Hyperhidrosis</td>
<td>Transverse Myelitis</td>
</tr>
<tr>
<td>Hypoglycemia</td>
<td>Ulcerative Colitis</td>
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</table>

\(^{10}\) The actual manual would have a once page description for a dozen of these conditions - printed as a handout master. The conditions that include descriptions would be starred. Handout # 5 (on Lyme Disease) is an example.
Handouts

Handout # 1

*Questionnaire* - For personal use of participants.
No one is required to share what they write here.

Handout # 2

*What is Disability?* *ADA vs. WHO*

Handout # 3

Fictional cases of people with invisible disabilities.

Handout # 4

On accommodation

Handout # 5 A - M

Environmental elements exercise

Handout # 6

Evaluation form
Feel free to use the back of the paper - this is yours. Do as you like.

What are you proud of doing well?

Is there something you used to do, that you can't do, or do as well, now?

What did you used to struggle with, that you find easier now?

In what ways have you adapted you environment and behavior to improve your performance? (Ergonomic keyboard, glasses, diet and exercise, your "favorite" chair, a special mattress or pillow, special knee support -- these are only a few examples of adaptive devises many people use, with, or without, a disability label. You may need a cane, prosthesis, or some adaptive technology. Look closely at what you do to make life work for you.)

What did you once want to do, that you no longer feel a capable of?

What does it mean to be disabled?

What would you like to do, but are afraid to try? Why?

What abilities do you have/lack?
Americans with Disabilities Act\textsuperscript{11}

Under the ADA, an individual with a disability is a person who:

1. has a physical or mental impairment that substantially limits one or more major life activities;
2. has a record of such an impairment; or
3. is regarded as having such an impairment.

World Health Organization\textsuperscript{12}

Disabilities is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations.

Thus disability is a complex phenomenon, reflecting an interaction between features of a person’s body and features of the society in which he or she lives.

The [WHO] puts the notions of ‘health’ and ‘disability’ in a new light. It acknowledges that every human being can experience a decrement in health and thereby experience some degree of disability. Disability is not something that only happens to a minority of humanity. The ICF thus ‘mainstreams’ the experience of disability and recognizes it as a universal human experience. By shifting the focus from cause to impact it places all health conditions on an equal footing allowing them to be compared using a common metric – the ruler of health and disability. Furthermore [WHO] takes into account the social aspects of disability and does not see disability only as a ‘medical’ or ‘biological’ dysfunction. By including Contextual Factors, in which environmental factors are listed [WHO] records the impact of the environment on the person’s functioning.

1. Are these definitions the same?
2. If not, how do they differ?
3. How are they similar?

Obviously, there is more to both definitions. Given the information you have here, discuss, as a group, the differences and similarities between the assumptions of the ADA and WHO definitions.

\textsuperscript{11}http://www.ada.gov/
\textsuperscript{12}http://www.who.int/topics/disabilities/en/
Please remember that this is intended to be a description of an individual. Other people with the same diagnosis may be quite different from the person described below. (Handout # 3-A)

**Asperger's**

You are a computer programmer and you are skilled at your work, which you enjoy. Your intelligence is above average. Your attention to detail is extraordinary, and you find it frustrating that what is obvious to you sometimes seems invisible to others. You find it difficult to sense and understand social cues. You find it awkward to deal with others, or, you may be unaware that others find you difficult to communicate with socially. It is difficult for you to maintain close friendships. You "hyper focus" and, as a result, may lose track of time and priorities not directly associated with your current project. You can describe your projects in detail and may question colleagues on their knowledge of your specialty.

Please remember that this is intended to be a description of an individual. Other people with the same diagnosis may be quite different from the person described below. (Handout # 3-B)

**Paraplegia**

You are of average intelligence, and skilled with your hands. You are an electronics technician with a secure, well-paying job. You enjoy your colleagues' company, and they both like and respect you as a person and as a valued member of their team. You spend time with them outside work when accessibility issues allow. You must use a wheelchair to move from one place to another, except for short transfers (from your chair to bed, for example) which you can achieve with the strength in your arms. You have a car adapted to drive with your hands. You live alone in a condo adapted to your needs. You need a personal care attendant (PCA) for help with household chores, personal hygiene, and safety at night. These care attendants come and go, and, as with any variety of individuals, show different degrees of respect, empathy, courtesy, and responsibility. You may have little, or no, warning that your PCA staff is about to change.
Fibromyalgia

You teach English at a community college. You have a spouse (who is also employed full-time in a field where they must bring work home with them) and an elementary school aged child. You enjoy your work and most students enjoy your classes. However, you do not have close knit relationships with your colleagues because you rarely have the time or energy for socializing outside work. It takes you a little longer than most to get your work done. Most days, you feel like you are coming down with a cold or the flu. You are achy. Prescription medication helps with the pain. You find some physical stimuli that others enjoy uncomfortable (for example: massage). Your energy levels are inconsistent, and you sometimes feel exhausted for no obvious reason. You are prone to occasional episodes of “fibro-fog” - a mental state that makes concentration difficult. Your students and colleagues joke (not unkindly) that you are "the absent minded professor." You are chronically behind in your personal chores. To keep up with your life, you must simplify and streamline your home, your work space, and your routines, as much as possible. You occasionally need help with chores that you, and others, think you should be able to take care of yourself, such as carrying groceries, taking out the trash, or weeding out your closet.

Severe facial deformity

You are a free-lance technical writer and your business is well established. You have as many contracts as you can handle. You have chosen your career because of your interests and talents, but also because it allows you to work from home and therefore have limited "face time" with others. You wear glasses, but your vision problems are slight and easily corrected. Your speech is difficult to understand for those who do not know you, but in general no more difficult than that of an English speaker with a heavy accent. Other than these issues, you are healthy. People react to you in various ways, but you often see fear or revulsion in their body language. Children may be afraid of you, and vocal about it in public. You struggle with depression and lowered self-esteem, and take anti-depressant medication. Lately, however, you have been experiencing side-effects from the medication and the doctor is unsure of what form of treatment to try next.
Please remember that this is intended to be a description of an individual. Other people with the same diagnosis may be quite different from the person described below. (Handout # 3-E)

Seizure Disorder

You are an office manager. You are organized; a skilled and respected supervisor, and well-liked by those you work with. However, while you are social, you are also a private person who does not enjoy sharing personal matters. Only your immediate supervisor and your assistant know that you have a seizure disorder. You have chosen not to wear any medical alert items. Your seizures are well controlled, and you have an active driver's license. However, recently you have noticed muscle spasms and a mental "aura" that suggest your medication levels need checking. If you do have a seizure, you will temporarily lose control of all body functions. It's likely you will not remember events occurring before, during, or shortly after the seizure.
Do people with disabilities get special favors? No.

The United States Department of Justice states:

A reasonable accommodation is any modification or adjustment to a job or the work environment that will enable a qualified applicant or employee with a disability to participate in the application process or to perform essential job functions. Reasonable accommodation also includes adjustments to assure that a qualified individual with a disability has rights and privileges in employment equal to those of employees without disabilities.

**Note:**

- enable a **qualified applicant or employee**
- rights and privileges in employment **equal** to those of employees without disabilities

Please note that the employee must be qualified, and able to do their job. Accommodations must not change the essential nature of the job. Examples: A person with a dog phobia is not a good candidate for animal control officer. A person with a severe wheat allergy cannot reasonably expect to be accommodated in a bakery.

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Accommodations must be reasonable, and not place an undue burden on the employer.

Find more information about the Americans with Disabilities Act and the Department of Justice's stand on accommodation here:

[http://www.eeoc.gov/policy/docs/accommodation.html#types](http://www.eeoc.gov/policy/docs/accommodation.html#types)
Lyme Disease

Some people do not notice these early indicators of infection. Early manifestations usually disappear, and disseminated (other organ system involvement) infection may occur. General symptoms alone do not indicate Lyme disease.

GENERAL - Profound fatigue, severe headache, fever(s), severe muscle aches/pain.

BRAIN - Nerve conduction defects (weakness/paralysis of limbs, loss of reflexes, tingling sensations of the extremities - peripheral neuropathy), severe headaches, stiff neck, meningitis, cranial nerve involvement (e.g. change in smell/taste; difficulty chewing, swallowing, or speaking; hoarseness or vocal cord problems; facial paralysis - Bell's palsy; dizziness/fainting; drooping shoulders; inability to turn head; light or sound sensitivity; change in hearing; deviation of eyeball [wandering or lazy eye], drooping eyelid), stroke, abnormal brain waves or seizures, sleep disorders, cognitive changes (memory problems, difficulty in word finding, confusion, decreased concentration, problems with numbers) and, behavioral changes (depression, personality changes).

Other psychiatric manifestations that have been reported in the scientific literature include: panic attacks; disorientation; hallucinations; extreme agitation; impulsive violence, manic, or obsessive behavior; paranoia; schiziphrenic-like states, dementia, and eating disorders. Several patients have committed suicide.

EYES - Vision changes, including blindness, retinal damage, optic atrophy, red eye, conjunctivitis, "spots" before eyes, inflammation of various parts of the eye, pain, double vision.

SKIN - Rash not at the bite site (EM) - This skin discoloration varies in size and shape; usually has rings of varying shades, but can be uniformly discolored; may be hot to the touch or itch; ranges in color from reddish to purple to bruised-looking; and can be necrotic (crusty/oozy). The rash may develop a bull's-eye rash or target look. The shape my be circular, oval, triangular, or a long-thin ragged line.

Other disseminated skin problems include:

- lymphocytoma, which is a benign nodule or tumor, and
- acrodermatitis chronica atrophicans (ACA) which is discoloration/degeneration usually of the hands or feet.

HEART and BLOOD VESSELS - Irregular beats, heart block, myocarditis, chest pain, vasculitis.

JOINTS - Pain - intermittent or chronic, usually not symmetrical; sometimes swelling; TMJ-like pain in jaw.

LIVER -Mild liver function abnormalities.

LUNGS -Difficulty breathing, pneumonia.

MUSCLE - Pain, inflammation, cramps, loss of tone.

STOMACH and INTESTINES - Nausea, vomiting, diarrhea, loss of appetite, anorexia.

SPLEEN - Tenderness, enlargement.

PREGNANCY - Miscarriage, premature birth, stillbirth, and neonatal deaths (rare). Congenital LD has been described in medical literature.

13 From http://www.lyme.org/otherdis/ld_symptoms.html - fair use
Evaluation - We are very interested in your assessment of the training provided today and would like to ask your cooperation in completing this form. Please rate each question:

1 = Not really  2 = Some  3 = More than expected  4 = A lot  5 = Much more than expected

I learned what I came here to learn

The trainers made me feel comfortable and welcome to participate

The topic was clearly defined and training objectives clearly stated.

The training offered sufficient opportunity for participant questions and discussion.

The training format provided me opportunities to get to know the other participants attending the session.

I got most of my questions answered during the training.

The presenters were knowledgeable about the topic.

The presenters were well prepared for the session.

The presenters answered questions in a complete and clear manner.

The presenters were respectful of the different skills and values presented by the participants.

I plan to keep in contact with people I met at the training.
<table>
<thead>
<tr>
<th>Hearing problem. Sensory sorting problems. Anxiety.</th>
<th>Migraines, seizure disorder, vision problems, mental confusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric problems, colorblindness, seasonal affective disorder</td>
<td>Confusion, allergies, environmental sensitivities,</td>
</tr>
<tr>
<td>Arthritis, fibromyalgia, vision problems</td>
<td>Hearing problems, sensory overload, panic</td>
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<tr>
<td>-----------------------------------------</td>
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</tr>
<tr>
<td>Chronic fatigue, depression, spinal problems,</td>
<td>Irritable bowel syndrome, food allergies,</td>
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