

WORKING LIFE STRESS, REHABILITATION COUNSELLING AND INCLUSION

“To tell or not to tell?” Managing a concealable identity in the workplace

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Abstract

The management of identities, particularly stigmatized identities, represents considerable challenge. This article considers some of the issues around the decision to conceal or reveal a stigmatized or potentially stigmatizing identity. The potential consequences of “telling or not telling” are examined. There is a need for all individuals to monitor behaviours, attitudes, systems and structures that convey disrespect, discrimination, and derogation towards those with a stigmatized identity (concealed or otherwise).

Keywords: *identity; stigma; workplace; disclosure; theory*

The warp and weft of everyday working life involves the management of multiple identities and for the most part these are seamlessly intertwined. We can at the same time be friend, acquaintance, colleague, worker, and boss. The notion of social identity and the management of multiple identities are well canvassed in the psychological literature (e.g. Brook, Garcia, & Fleming, 2008; Dutton, Roberts, & Bednar, 2010; Gregg, 1995; Settles, 2004). But at the same time there may be other identities that we wish to conceal (often because of

their potentially stigmatizing nature). Goffman (1963) defines a stigma as an attribute that prevents an individual from being fully accepted in or connected to the social world. Goffman makes the distinction between stigmas that are “discredited” versus those that are “discreditable”. The discredited are those that are more obvious such as race, physical disability while the discreditable are those that can be hidden such as sexual orientation, HIV/AIDS, mental illness and so on. A non-exhaustive list of stigmatised identities might include

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mental illness, HIV/AIDS, sexual orientation, race, chronic illness (e.g. epilepsy, arthritis), sexual assault, childhood sexual abuse, and abortion (Chaudoir & Fisher, 2010).

A central issue facing an individual with these invisible, discreditable identities is “Do I tell or do I keep it to myself?” The potential negative consequences of revealing such an identity are well documented (e.g. Pachankis, 2007; Rose Ragins, Singh, & Cornwell, 2007). The protection of vulnerable groups in the workplace has received much legislative and research attention in past decades but as Bell (2007) notes, “After more than two decades of diversity research, four decades of antidiscrimination legislation, and extraordinary media attention to diversity, discrimination and exclusion in organizations persist” (p. 3).

The present article seeks firstly to briefly review some research on examples of concealable stigmatizing identities. The aim is to bring to the foreground the potential vulnerability of those groups such that those who are concerned with wellbeing in the workplace might gain some additional insights and understandings. Secondly, I review, from a psychological perspective, research concerned with documenting some of the antecedents, contextual factors, and consequences of the decision to disclose a stigmatised concealable identity. Then it considers a number of theoretical models that have been advanced as frameworks for organising and understanding this research, and highlight some of the commonalities across these models. Finally, drawing on some of the research on the psychology of secrecy, the current article makes a case that

sometimes it may in fact be “better” to simply keep the identity secret.

As noted earlier, Goffman (1963) defined stigma as some type of devalued or unacceptable negative characteristic that sets an individual apart from others, creating what he referred to as a spoiled identity. The stigmatising effects of mental illness are extensive. Individuals are disliked, feared, avoided, excluded and seen as fundamentally “different” from the wider society (e.g. Crabtree, Haslam, Postmes, & Haslam, 2010). Workers with mental illnesses worry about their illnesses being “discovered”. The direct stigmatization effects of mental illness are profound (Jones, 2011) and indirect effects (stigma by association, or courtesy stigma) have also been noted (Parfene, Stewart, & King, 2009). Simply being a parent, sibling, caregiver, or friend of a person with mental illness may result in the same kinds of discrimination, exclusion, and avoidance experiences that are the reality for members of the stigmatized group.

Sexual orientation has carried with it a significant stigma (e.g. Herek, Gillis, & Cogan, 2009). Whilst there has been a considerable shift in societal attitudes toward sexual orientation (Herek, 2010), hate crimes and other crimes of violence are not uncommon experiences for sexual minority adults (Herek, 2009). Rose Ragins et al. (2007) emphasise the ongoing importance of understanding the fear of disclosure of a gay identity in the workplace.

Among physical illnesses much has been written about HIV/AIDS as a widely recognised stigmatising physical health condition (e.g. Munir, Leka, & Griffiths, 2005; Neal, Lichtenstein, & Brodsky, 2010; Phillips, Moneyham, &

Tavakoli, 2011; Rutledge, Whyte, Abell, Brown, & Cesnales, 2011; Sengupta, Banks, Jonas, Miles, & Smith, 2011; Sowell & Phillips, 2010). Perhaps one of the less high profile but equally profound examples of a chronic physical illness that is a stigmatized identity is epilepsy (Munir et al., 2005). A study by Smith et al. (2009) provides extensive discussion of psychosocial factors associated with stigma in adults with epilepsy and noted that epilepsy and HIV/AIDS have similar stigma levels. Bishop, Stenhoff, Bradley, and Allen (2007) showed that individuals with cancer in remission, depression, history of heart problems, mild mental retardation, or spinal cord injury were seen by a sample of employers and HR professionals as more likely to get hired than a person with epilepsy.

The overarching picture that emerges here is of identities that individuals are highly motivated to conceal for good reasons—the psychological, social, emotional and practical costs of such identities being revealed or discovered is potentially very high. What then do we know about the psychology behind the management of such identities? How do I decide when to tell? Who to tell? How to tell? What are the consequences of telling (or not telling)?

A number of models have been proposed as a means of understanding the dynamics of concealed identities. The process model of the psychological implications of concealing a stigma (Pachankis, 2007) outlines some of the cognitive, affective and behavioural implications driving the disclosure decision. He notes some important aspects of the situation (salience of the stigma, the threat/consequences of discovery) and

some of the self evaluative implications such as identity ambivalence, reduced self-efficacy and negative views of self that underlie the decision to disclose, and the consequences of the feedback elicited by that disclosure decision. Chaudoir and Fisher (2010) outline a “Disclosure Processes Model (DPM)” which is aimed at providing a framework for understanding when and how disclosure might be a positive experience that is beneficial in terms of subsequent wellbeing. They argue that there are approach and avoidance motivations that impact on the decision to disclose (e.g. wanting more understanding, intimacy, greater acceptance versus trying to avoid conflict, rejection, distancing and so on). The model outlined by Ragins (2008) emphasises the influence of the extent of a disclosure decision on what she calls “disclosure disconnects” (p. 194). She suggests the fact that there can be a continuum of disclosure in both work and non-work domains can lead to “disclosure disconnects”. If I tell everyone in my non-work environment about my heretofore concealed identity but decide to continue to keep it secret at work then this “... disclosure disconnect[s] may result in psychological stress and conflict as individuals attempt to manage an identity that is concealed to various degrees across life settings” (p. 2008). Other models from the research literature on secrecy provide some additional insights into the kinds of strategies people might use to reveal a secret identity (e.g. The Revelation Risk Model), (Afifi & Steuber, 2009), or why such an identity might continue to remain hidden (e.g. The Cycle of Concealment Model), (Afifi & Steuber, 2010). It is beyond the scope of this

article to provide a detailed critical analysis of these and other relevant models reported in the literature. At the risk of stating the obvious, it is clear that there is substantial psychological “work” involved in the maintenance of a concealable stigmatized identity.

A useful distinction proposed by Goffman and others is between “passing” and “revealing”. Revealing is the disclosure of the previously invisible identity (often referred to in the sexual orientation literature, as well as in popular parlance, as “coming out”). The emphasis in the literature is on revealing as being “good” for an individual in a normative sense. Everyday language reflects this view. People claim that it is important for an individual “to get it off your chest”, “to clear the air”, “to be true to yourself”. The notion of self-verification suggests that individuals find it important for others to see them as they see themselves (Chen, English, & Peng, 2006; Gómez, Morales, Huici, Gavia, & Jiménez, 2007; Swann, Polzer, Seyle, & Ko, 2004). The positive benefits of revealing suggest that “... considered together, disclosure is a powerful behaviour that can shape nearly every domain of people’s lives” (Chaudoir & Fisher, 2010, p. 3). On the other hand, “revealing” may be something of a two-edged sword. Potential negative consequences might include; increases in discrimination, prejudice and stigmatization experiences (Clair, Beatty, & Maclean, 2005), increasingly strained relationships with co-workers (Jones, 2011), rejection, social avoidance and disapproval (Mak, Ng, Mo, & Chong, 2010), and more generally experiences ranging from “... social isolation ... to verbal harassment, job

discrimination, job loss, and even physical assault ...” (Ragins, 2008, p. 201). Clearly “revealing” must be a carefully considered decision.

“Passing” is, in simple terms, keeping the identity hidden—“passing” on any opportunities that may arise to reveal the identity. Goffman (1963, p. 74) notes that “... because of the great rewards in being considered normal, almost all persons who are in a position to pass will do so on some occasion by intent”. There is evidence that management of a concealed identity or multiple concealed identities is both effortful and stressful in terms of the need for emotion regulation and suppression (to avoid intrusive thoughts associated with the concealed identity), creates a sense of cognitive dissonance, and generally reduces well-being and increases stress (Beals, Peplau, & Gable, 2009; Hatzenbuehler, Nolen-Hoeksema, & Dovidio, 2009). There is some evidence, deriving from the pre-occupation model of secrecy (Afifi & Caughlin, 2006), that the process of thought suppression—attempting to suppress any thoughts about one’s concealed identity in order to avoid any inadvertent “slips of the tongue” that may result in the identity being revealed, may in fact increase the frequency of those thoughts, a supposed “rebound effect” (Afifi & Caughlin, 2006). In broad brush stroke terms, the implicit message in the research literature seems to be that, all things considered, “revealing” may be a “better” strategy for the individual to consider, depending on the target audience (Chaudoir & Quinn, 2010).

So, what to do? How does an individual resolve what seems to be an intractable dilemma—“do I tell” or, “do I not tell?” There are no clear advantages to

either strategy. Perhaps the fundamental question to ask oneself is “Does it bother me?” If the answer to that question is “no” then don’t tell (Kelly & McKillop, 1996). If the answer is “yes” then the decision making process becomes more complex. Most of the models emphasise some form of risk assessment process (Afifi & Steuber, 2009; Chaudoir & Fisher, 2010; Omarzu, 2000; Pachankis, 2007; Ragins, 2008). A pivotal factor here is the assessment of the availability of social support from the target for the disclosure, and the general likelihood that there will be a positive reaction to the disclosure from that target. Afifi and Steuber (2009) argue that feelings of closeness to the target of disclosure might reduce perceptions of risk. Other writers emphasise the importance of supportive relationships in general and having a supportive confidant in particular (Beals et al., 2009; Chaudoir & Fisher, 2010; Gignac & Cao, 2009; Ragins, 2008). The expectation of a hostile, angry, or aggressive reaction from a potential disclosure target is likely to perpetuate an ongoing “cycle of concealment” (Afifi & Steuber, 2010). If a potential confidant is assessed as being discreet, non-judgemental, and able to help (Kelly & McKillop, 1996) then disclosure becomes more likely. The stress buffering effects of such social support are well documented (e.g. Cohen & Wills, 1985) and may be an important resource with which an individual might confront any of the post-disclosure turbulence that occurs. Evidence suggests that workplace managers have an important role to play here in providing emotional and practical support particularly for those disclosing and coping with a chronic health condi-

tion in the workplace (Munir, Pryce, Haslam, Leka, & Griffiths, 2006; Munir, Randall, Yarker, & Nielsen, 2009).

On the other hand, keeping a concealable identity concealed may simply be the best decision. One must ask the question “do other people really need to know?” Kelly and McKillop (1996) suggest that “... Although confessions may be ‘good for the soul’, given that they can wreak havoc with one’s network of friends and supporters, some things truly are better left unsaid ...” (p. 461). Maintaining that boundary between work and non-work through a lack of disclosure may be important for the equilibrium of the workplace (Phillips, Rothbard, & Dumas, 2009). Significant asymmetries in disclosure levels can exacerbate status differences, cause discomfort and embarrassment, and leave individuals vulnerable to exploitation. Having a “private sense of self” containing information, thoughts, feelings, desires that are known only to the individual is arguably a positive aspect of ego development (Kelly & McKillop, 1996). It is important to try and untangle these notions of “public” and “private”, “individual” and “collective” when trying to understand identity. What one thinks about oneself as a member of a stigmatised group may be quite different (and potentially much more favourable) from one’s ratings of how other people see that same group (Ashburn-Nardo, 2010).

In summary, the decision to disclose a concealable and stigmatized identity is an important one that cannot be taken lightly. At the same time one must be careful to avoid gloomy and pessimistic assumptions about a potential post-disclosure life inevitably fraught with

danger and difficulty. Quinn and Chaudoir (2009) note that "... some people exhibit distress; others do not. Some situations result in negative outcomes; some do not ... many people, despite living in a culture that often devalues them, can be happy, resilient, and well adjusted" (p. 649). Stigmatized individuals may indeed "... flourish despite others' negative perceptions ..." (Shelton, Alegre, & Son, 2010, p. 621). The challenge for researchers involves one of specificity; what kinds of disclosures?, what types of people?, what types of identities?, what kinds of circumstances?, lead to the most adaptive outcomes. The theoretical models and associated empirical research reviewed here provides the roadmap for further elaboration of the question "to tell or not to tell?"

To conclude, individuals are able to manage multiple identities without major dissonance (DeJordy, 2008) and can successfully maintain a distinction between one's working and non working life without living in a constant state of anxiety that their secret identity will be discovered. There is not an inevitable long term health cost associated with concealing a private identity (even though it may be a stigmatized one). A study by Kelly and Yip (2006) concluded that: "By demonstrating that keeping a major secret is not linked to greater symptomatology down the road, perhaps the results from this study will provide some comfort to those who feel that they cannot reveal a personal secret" (p. 1366). The literature on resilience and psychological flexibility (Kashdan & Rottenberg, 2010; Newman, 2005; Windle, 2011) indicates that people do have, or with appropriate supports can

develop, the resources to "bounce back" from adversity. However one must be cautious about sending a mixed message here. All individuals in the workplace and the wider community have the fundamental and inalienable right to be treated with dignity and respect. We must be ever vigilant in monitoring behaviours, attitudes, systems and structures that convey disrespect, discrimination, and derogation towards those with a stigmatized identity (concealed or otherwise). The research is clear about the potential destructiveness of those experiences in the lives of people living with stigma and the research agenda must be vigorous in the pursuit of understandings and insights into how prejudice and discrimination might best be dismantled and overcome. These things will take time. But, as noted above, as well as elsewhere in the literature (Shih, 2004; Thoits, 2011), individuals with concealed stigmatised identities can reveal them, can overcome the consequences of that revelation, and lead positive and optimistic lives. The research agenda needs to be equally vigorous in developing understandings of that process of empowerment.

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