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Disclosure and concealment of stigmatized identities

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People with concealable stigmatized identities face decisions on whether, when, and to whom to disclose their stigmatized status. Research has shown that disclosing one's identity yields benefits to the individual such as greater social support and increased physical and psychological health outcomes. However, further examination shows greater nuance in the matter: Some disclosures are related to more negative health outcomes, particularly when the response to the disclosure and/or the environment are/is more hostile. Moreover, recent research shows that the active concealment of a stigmatized identity may be a more reliable predictor of psychological well-being than whether a person has disclosed. Future research should consider intersecting identities, as well as the broader consequences of living with a concealable stigmatized identity.

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“The issue is not of managing tension generated during social contacts, but rather that of managing information about his failing. To display or not to display; to tell or not to tell; to let on or not to let on; to lie or not to lie; and in each case, to whom, how, when, and where.”

In the above quotation, Erving Goffman [1, p. 42] describes the fundamental predicament for people with concealable stigmatized identities (CSIs)—a devalued attribute or identity that is not immediately knowable to others. According to Goffman [1], people with CSIs have the burden of determining in which context and social interactions they should conceal or disclose their CSI. For example, should a gay man conceal or disclose his minority sexual orientation to his colleagues and acquaintances at work? Should an individual diagnosed with

clinical depression conceal or disclose her history of mental illness to a new friend? The decision to conceal or disclose a CSI is a significant one because it is likely to impact the social interactions, sense of belonging, and physical and psychological well-being of people with CSIs. In the current essay, we (1) review relevant research on the challenges of possessing a CSI, (2) synthesize research on the benefits and harms of concealing and disclosing a CSI, (3) provide evidence from recent research that active concealment — the use of strategies such as lying or social isolation to avoid identity detection — is a more reliable predictor of psychological well-being than disclosure, and (4) conclude with a summary and suggestions for future research.

Challenges of possessing a concealable stigmatized identity

Research has found that possessing a CSI can impact psychological, physical, and behavioral outcomes [for review, Ref. 2]. For example, people with CSIs have been found to report lower self-regard and more anxiety and depression than people with visible stigmatized identities (e.g. racial minorities) and members of non-stigmatized groups [3]. The cognitive and affective processes that are theorized to contribute to these adverse outcomes are also believed to differ for people with concealable and visible stigmatized identities [4]. In addition, although there are strategies that people with visible stigmatized identities can use to buffer threats to their psychological well-being (e.g. compare adverse outcomes to others with the same stigmatized identity), people with CSIs are less likely to have access to these coping strategies if others are unaware of their CSI [5]. Thus, concealment and disclosure decisions are contributors to the unique challenges that people with CSIs experience, but they are also strategies used to cope with these challenges.

Benefits and harms of concealment

Researchers have long theorized that concealing a stigmatized identity is a strategy for bolstering social belonging and preventing instances of prejudice and discrimination. Goffman [1] suggested that by not disclosing a stigmatized identity, people with CSIs can reap the benefits associated with passing as non-stigmatized. Indeed, concealment is a strategy that many people with CSIs use when they believe that disclosure would lead to experiencing social exclusion or prejudice from others [e.g. Refs. 6,7,8]. There is some evidence that concealment can be an effective coping strategy. For example, people living with HIV who concealed their positive HIV-status were found to

have fewer personal experiences of discrimination [9]. Longitudinal studies have also shown long-term health benefits of concealing a stigmatized identity. Specifically, rejection-sensitive gay men who concealed their minority sexual orientation maintained better physical health over the course of 9-years after being diagnosed with HIV compared to rejection-sensitive gay men who disclosed their minority sexual orientation [10]. In a more recent longitudinal study, people with multiple sclerosis who had rising disability during illness onset and concealed their illness, reported experiencing lower levels of disability 1 year later [11]. Thus, there is some evidence that concealing a stigmatized identity can reduce instances of prejudice and discrimination and can have some long-term health benefits for some people with CSIs.

Despite the potential benefits of concealing a stigmatized identity, studies have shown that concealment can adversely impact people with CSIs in multiple ways. First, although concealment is often believed to facilitate social belonging, it has been shown to have the opposite effect. For example, people randomly assigned to recall or imagine concealing their CSI at work report less acceptance at work than people randomly assigned to recall or imagine revealing their CSI at work [12]. Moreover, African American home owners who conceal their mortgage strain from friends and family report feeling isolated and socially withdrawn [13]. Concealing a stigmatized identity during social interactions can also lead to thought suppression and the intrusion of stigma related thoughts [14,15]. In addition, concealing a stigmatized identity is associated with adverse health outcomes [for review, Ref. 16**] such as lower levels of mental health for gay men [17], bisexual men [18], and patients receiving substance abuse treatment [19]. The negative association between possessing a CSI and psychological well-being is exacerbated for people living in collectivistic cultures (e.g. Turkey) versus independent cultures (e.g. U.S. [20*]). With recent research demonstrating that concealment of a CSI does not always lead to reductions in experienced bias [7**], actively concealing a CSI may induce more harm than good. Thus, although concealment is often used as a strategy for increasing social belonging and reducing experiences of personal discrimination, there is substantial evidence that active concealment can hinder the social belonging and well-being of people with CSI.

Benefits and harms of disclosure

Research has shown that disclosing a traumatic event or a hidden identity can be beneficial for physical and psychological well-being. Indeed, writing about upsetting experiences has long been shown to bolster overall health [21]. Disclosure is theorized to alleviate the stress associated with active concealment, increase the likelihood of receiving social support, and change social interactions for

the better [22]. For example, disclosure of a CSI is associated with greater perceived social support for gay and lesbian individuals [23]. Specifically, disclosing one's CSI to family and friends seems to garner the greatest social support [24–26]. Disclosure of a CSI is also associated with increased use of health services [27,28], treatment adherence [29], and biomarkers of health [30,31]. In a recent study, atheists who disclosed their non-religious beliefs to others reported higher psychological well-being and fewer physical symptoms of illness [32]. However, the manner by which one's stigmatized identity is disclosed determines whether the disclosure experience is beneficial. For example, leaders who involuntarily disclose their CSI are liked less and perceived as less effective compared to leaders who voluntarily disclose their CSI [33]. Moreover, whereas sharing positive aspects of a CSI is associated with receiving less ostracism in the workplace, confirming stigma-related stereotypes of a CSI increases rejection in the workplace [34*].

Although disclosing a CSI is associated with increased social support and physical and psychological well-being, disclosure also exposes people to potential experiences of prejudice and discrimination. For example, whereas disclosing to family and friends may be beneficial, disclosing to colleagues and acquaintances is less likely to be [35,36]. Indeed, gay and bisexual men who disclose their minority sexual orientation at work have higher levels of stress biomarkers [37] and people who are HIV-positive report experiencing more discrimination when they disclose their HIV status to their colleagues and acquaintances compared to disclosure solely to their family, friends, and romantic partners [38]. These adverse effects of disclosure are likely the result of poor disclosure reactions. That is, if a confidant is not supportive to an individual disclosing his or her CSI, this rejection can contribute to poor psychological adjustment [39]. Individual differences such as socioeconomic status [40] and perceived discrimination [41] can also influence whether a disclosure experience is beneficial or harmful. Unfortunately, these poor disclosure experiences contribute to psychological distress which then contributes to greater perceived stigma-related discrimination over time [42]. Thus, although disclosure can be beneficial for social support and physical and psychological well-being, these effects are moderated by how the CSI is disclosed, to whom it is disclosed, the reactions of the confidant, and individual differences.

Active concealment versus disclosure

Given that both concealing and disclosing a concealable stigma are associated with benefits and harms, it is logical to assume that they are both equally predictive of the same outcomes. If concealment is associated with less social support, than the assumption is that disclosure is likely associated with greater social support. That is,

concealment and disclosure are believed to be two sides of the same coin. Recent research, however, provides evidence that active concealment is a more reliable predictor of overall well-being than disclosure. Specifically, active concealment has been found to be a stronger predictor of psychological well-being than disclosure for people with a history of mental illness, chronic physical illness, and minority sexual orientation [43^{**}]. Moreover, whereas active concealment has been found to be associated with increased depression and lower life satisfaction for lesbian, gay, and bisexual students, non-disclosure has not [44^{**}]. Thus, there is an important distinction between actively using strategies to conceal one's stigmatized identity from others and choosing (or not choosing) to disclose one's stigmatized identity to others.

Non-disclosure may be an adaptive coping strategy that is aligned more with selective disclosure, in which one decides to inform some people (e.g. family and friends) and not others (e.g. colleagues and acquaintances). Active concealment, however, may deplete self-regulatory abilities [45], perhaps in part due to the additional cognitive burden of preoccupation with the secret [46]. This preoccupation may lead to brooding rumination regarding the stigmatized identity, which has been linked to similar deficits in well-being, including depression [47]. It appears that active concealment may be a maladaptive coping strategy that leads to psychological stressors such as social isolation, thought suppression, hypervigilance to stigma-related cues, and the anticipation of discrimination; however, more research is needed to empirically distinguish between the antecedents and consequences of active concealment and disclosure.

Conclusions

Possessing a concealable stigmatized identity engenders social and relational challenges. People with CSIs cope with these unique challenges by choosing to conceal or disclose their stigmatized identity from others. Both concealment and disclosure have associated benefits and harms. Whereas concealment may protect people with CSIs from instances of prejudice and discrimination, it can also limit much needed social support. Likewise, whereas disclosure can increase the amount of social support people with CSIs receive, disclosing to unsupportive others can contribute to psychological distress. Given recent empirical evidence demonstrating that active concealment and disclosure are distinct predictors of physical and psychological well-being, future research must treat them accordingly. In doing so, it is vital that research examine the intersectionality of possessing both a concealable and visible stigma [e.g. Refs. 48,49]. It is also important that research begin to examine broader consequences of possessing a CSI, such as its impact on academic performance [50], workplace productivity [51], and criminal recidivism [52]. The more we know about the benefits and harms of concealing and disclosing a

concealable stigma, the better able we will be to inform the decision making and improve the experiences and challenges of people with CSIs.

Conflict of interest statement

Nothing declared.

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