COMMENTARY

The devil you know versus the devil you don't: Disclosure versus masking in the workplace

Kate E. Kidwell[1]*, Rebecca L. Clancy[2], and Gwenith G. Fisher[2]

[1]Georgia Institute of Technology, Atlanta, GA, USA and [2]Colorado State University, Fort Collins, CO, USA
*Corresponding author: Email: kate.e.kidwell@gatech.edu

In addition to the costs associated with choosing to disclose an "invisible" or "concealable" identity, neurodiverse workers must also consider a unique cost of *non*disclosure: masking. This commentary extends LeFevre-Levy and colleagues' (2023) focal article by identifying additional considerations for disclosure of invisible identities, incorporating existing literature on masking in the workplace, and emphasizing the risks and benefits of disclosure and masking for neurodiverse workers.

Disclosure

Disclosure for neurodivergent individuals is often a matter of voluntary or proactive disclosure. Proactive disclosure is disclosure that is worker initiated and typically occurs before any negative work-related performance issues appear (McIntosh et al., 2022). Neurodiverse conditions are often concealable at work, although certain symptoms or their behavioral manifestations, as well as medication side effects, can make these conditions more or less concealable (Brohan et al., 2012). Workers with a largely concealable neurodivergent identity often face choices regarding whether and/or when to voluntary disclose (e.g., during pre-employment stages or after obtaining employment).

Ideally, disclosure comes with the benefit of receiving needed workplace accommodations. Neurodivergent individuals may experience a variety of functional barriers or limitations while attempting to perform their job, including impairments in communication or executive functioning. Difficulty with executive function is a common psychological complaint, which includes difficulties with short-term and working memory, attention regulation, planning, prioritization, organization, and time management (Doyle, 2020). Because self-regulation of work performance is required in many modern employment contexts (e.g., working from home), these executive function issues may be exacerbated for neurodiverse workers (Doyle, 2020; Doyle & McDowall, 2021). Therefore, proactive disclosure may be worthwhile if it results in workers obtaining specific accommodations to counteract difficulties with executive functioning or self-regulation (e.g., scheduling flexibility, deadline extensions, job description modifications, or reductions in workload; Zafar et al., 2019).

Though accommodations can be beneficial, in a survey of 500 college graduates with learning disabilities (i.e., neurodivergent workers), only 55% reported self-disclosing at work, and only 12% pursued formal accommodations (Madaus, 2008). This substantive incongruence between rates of disclosure and rates of accommodation seeking highlights an area ripe for future research. Namely, what prevents workers from seeking formal accommodations? Further, in practice, which formally recognized accommodations are available for neurodivergent workers? A persistent

challenge is the subjectivity inherent in determining the forms and extent of accommodations that are considered "reasonable" (Harlan & Robert, 1998). A gap exists in understanding how organizations, HR departments, and direct supervisors navigate issues that arise specifically from supporting neurodivergent workers who choose to proactively disclose (Kalfa et al., 2021).

One of the major risks associated with disclosure and seeking accommodations is anticipated and/or realized stigma (Kalfa et al., 2021). Workers with concealable disabilities who choose to disclose open themselves up to potential workplace victimization, discrimination, harassment, and negative attitudes from colleagues and supervisors (Follmer & Jones, 2018; Jones, 2017; Toth et al., 2021). On the other hand, workers who choose *not* to disclose may struggle to perform their job effectively without necessary accommodations. They also face the risk of accidentally being "outed" at work and may have to manage differences between their professional and personal (i.e., work and home) identities (for a review of concealable disability disclosure, see Ragins, 2008). For the neurodiverse population, workers who choose not to disclose often need to engage in more frequent and intensive masking in the workplace. This is a key issue we would like to raise that was not discussed by LeFevre-Levy and colleagues' (2022).

Masking

Masking is when individuals use cognitive or behavioral strategies to hide their neurodivergent traits from neurotypicals and conform to conventions of neurotypical social behavior (Barkley, 2010; Sedgewick et al., 2021). Other names for this phenomenon in the extant literature include "social camouflaging" or "compensation" (Mandy, 2019). Some examples of masking behavior include forcing oneself to make eye contact during conversation, concealing discomfort or headache when experiencing sensory overload, scripting conversations, and mimicking written or oral communication styles displayed by neurotypical colleagues (e.g., Sedgewick et al., 2021). In a recent study, 70% of autistic adult participants reported that they consistently mask (Cage & Troxell-Whitman, 2019).

Neurodiverse workers may engage in masking even after disclosure, but we argue that masking is a particularly vital piece of identity management for workers who have chosen not to disclose. Motivation for masking can be understood via social identity theory and self-categorization (Pearson & Rose, 2021). Broadly, social identity theory explains the factors and processes involved in developing and maintaining one's sense of identity, including how we see ourselves as individuals and how we see ourselves as members of a group (Hogg & Terry, 2000; Tajfel, 1982; Turner et al., 1981). Individuals are able to emphasize or minimize parts of themselves as they evaluate and move between groups, and individuals will self-categorize into groups based on fit and accessibility. Viewed through this lens, masking enables neurodivergent workers to minimize parts of themselves believed to be "undesirable" in the workplace and to adopt behaviors that match those of their colleagues and organizations. Masking becomes a means of access to work ingroups and optimizes the fit of neurodivergent workers with such groups. The choice to engage in identity management like masking is nuanced. There are powerful mechanisms and motivations to conceal stigmatized identities, such as tailoring behavior to conform with workplace norms to appear professional (e.g., McCluney & Rabelo, 2019) and reducing the risk of psychological or even physical violence (e.g., Lidderdale et al., 2007). When evaluating possible identity management strategies, there is innate tension between workers' motivation to remain unique or to "stand out" and their motivation to fit in or belong (e.g., McCluney & Rabelo, 2019; Shore et al., 2011).

Neurodiversity in particular is understudied in applied psychology (Doyle & McDowall, 2021), so the individual and organizational risks and outcomes associated with workers masking are largely unknown. For individuals with a variety of physical and mental disabilities, research has shown that identifying with that disability, *rather* than masking or concealing it, is linked

to positive outcomes such as higher self-esteem (Chalk, 2015; Nario-Redmond et al., 2013), use of beneficial coping strategies (Nario-Redmond & Oleson, 2016), better quality of life (Bogart, 2014), and lower depression and anxiety (Bogart, 2015).

Additional individual and organizational consequences can be inferred by comparing masking to several other work-related behaviors, including surface acting, impression management, and other identity management strategies. Surface acting is a form of emotion regulation that involves suppressing, amplifying, or faking emotions at work (Grandey, 2000). Impression management tactics include a wide range of targeted behaviors workers use to control their public work identity, especially with regard to superiors (Bolino et al., 2008; Leary & Kowalski, 1990). These tactics may include using more formal language at work, dressing in a way deemed traditionally professional, or controlling what personal information is accessible by employers. Code-switching, or changing language, behaviors, or appearance to optimize the comfort of other (i.e., White) employees in exchange for desired outcomes, is an impression management tactic used by racial minority employees (e.g., McCluney et al., 2021). Last, other identity management strategies are used by historically marginalized workers to control their workplace identities in the face of stigma (Woods, 1994). For example, for LGBTQ+ workers, these strategies include "counterfeiting," or attempting to pass as straight; "avoidance," or self-editing and minimization of sexual orientation cues; and "integration," or revealing your LGBTQ+ identity and actively managing consequences if possible.

All three of these types of behaviors have been theoretically or empirically linked to resource drain (e.g., Grandey, 2000; Hulsheger & Schewe, 2011; Klotz et al., 2018; Ragins, 2008; Woods, 1994). Surface acting, impression management, and identity management strategies each require time, energy, and directed effort to enact in the workplace. Surface acting and impression management in particular have been related to ego depletion (Hulsheger & Schewe, 2011; Klotz et al., 2018), and surface acting is also associated with markers of resource depletion like emotional exhaustion, psychological strain, and psychosomatic complaints (Hulsheger & Schewe, 2011). Therefore, masking in the workplace may very well place neurodivergent workers at risk of resource drain and any associated deleterious effects. When compared to their neurotypical peers, neurodiverse workers likely expend more resources like time and energy throughout their workday to achieve similar individual and organizational performance outcomes. Indeed, masking has been discussed in the popular press and the limited empirical literature as damaging to well-being. For example, making research suggests efforts to fit in and act "normal" pose costs to mental health (Hull et al., 2017) and links masking with negative individual consequences such as depression, anxiety, stress, exhaustion, and decreased self-efficacy (Cook et al., 2021). Further, each time an individual masks and "passes" as a neurotypical person, implicit pressure to maintain that created persona and imposter phenomenon-like feelings may develop or grow with time (Londero, 2021).

Recommendations for research and practice

To reduce the burden already placed on neurodiverse workers, we offer the following recommendations for future research and for organizations who wish to provide a supportive and inclusive work environment. First, I-O and occupational health psychology researchers should consider neurodivergent individuals an important, understudied, timely, and high-priority population for study. As mentioned in the focal article, neurodiverse workers comprise a sizeable portion of the current workforce, and neurodivergent diagnoses like ADHD, autism, and dyslexia have been on the rise for the last 2 decades (e.g., Chung et al., 2019; Diallo et al., 2018; Montejano et al., 2011; Murphy et al., 2016; Vasiliadis et al., 2017). Second, masking is an important and particularly understudied construct. Foundational knowledge is needed about the frequency, intensity, and types of masking behaviors exhibited in the workplace. Given the potential costs

of masking outlined within this commentary, it would also be prudent to consider additional individual and organizational consequences associated with masking.

In terms of HR and organizational policies and practices, organizations should aim to provide an inclusive and psychologically safe environment in which workers may be more comfortable disclosing their neurodiversity and minimize the extent to which workers engage in masking. For example, promoting and sustaining a diversity climate has been linked to beneficial worker outcomes (e.g., Hofhuis et al., 2016; Newman et al., 2018). A strong diversity climate, or a climate characterized by "openness towards and appreciation of individual differences" (Hofhuis et al., 2016, page 1) could encourage workers to display their neurodivergent traits rather than mask them. Similarly, organizational initiatives aimed at increasing awareness, knowledge, acceptance, and inclusion, as well as decreasing stigma more generally, may reduce the necessity of masking behavior in the workplace. Workers may also benefit from seeing authentic disclosure and healthy role modeling from neurodivergent supervisors and/or executive leadership, emphasizing that the aforementioned diversity climate can "walk the walk" at all levels of the organization.

Organizations can also provide and promote a sensory-friendly environment. This could include changes such as: (a) minimizing work flow disruptions and background noise; (b) providing alternative office layouts so workers can have a choice between open work spaces, more private offices, or remote work; (c) reducing the number of overhead or fluorescent lights; (d) supplying workstation tools like monitors or tablets to manage large quantities of information; and (e) providing quiet areas for overstimulated workers to take a break. Sensory-friendly work environments may decrease instances of sensory overload and thus decrease the need to mask overstimulation. We also encourage organizations to seek and act upon feedback from their workers to better understand how their work environments could be more sensory friendly, as many of these changes could be beneficial for neurodivergent and neurotypical workers alike.

Finally, organizations can increase the availability of resources aimed to combat resource drain resulting from masking such as supervisor support. Supervisor support is a valuable work resource that buffers stress and reduces strain (e.g., Demerouti et al., 2001; Hobfoll, 1989), and supervisor support has been associated with lower emotional exhaustion (e.g., De Lange et al., 2004; Lambert et al., 2010) and increased organizational identification (Wiesenfeld et al., 2001). Specific and thoughtful accommodations are also a powerful means of support. As long as individuals present with different challenges, individualized accommodations to address differing needs are essential. Accommodation approaches that only focus on *mitigating deficits* in performance can explicitly or implicitly suggest that success is contingent upon masking neurodivergence (Shmulsky et al., 2021). To the extent that workers internalize this, they may miss out on the opportunity to incorporate their unique ways of thinking and being into a positive work identity and self-worth. Prior research on the positive correlates of disability identity (e.g., Bogart, 2015; Nario-Redmond et al., 2013) has shown that accommodations combined with identity-supportive activity may yield the best individual performance and organizational outcomes.

Conclusion

To summarize, we lack sufficient information about masking as a strategy for coping with neurodiversity in the workplace. Neurodiversity at work is understudied, and our understanding of the costs associated with worker masking is limited. We sought to highlight the concept of masking and discuss the benefits and risks associated with both disclosure and masking. Future research is needed to increase our understanding of when, how, and why masking occurs and to identify specific workplace outcomes related to masking. In the meantime, organizations can enact changes outlined here to reduce the burden placed on neurodivergent workers, work to diminish the perceived necessity of masking in the workplace, and foster more inclusive and supportive work environments for every worker.

References

Barkley, R. A. (2010). *Taking charge of adult ADHD*. Guilford Press.

Bogart, K. R. (2014). The role of disability self-concept in adaptation to congenital or acquired disability. *Rehabilitation Psychology*, **59**, 107–115.

Bogart, K. R. (2015). Disability identity predicts lower depression and anxiety in multiple sclerosis. *Rehabilitation Psychology*, **60**, 105–109.

Bolino, M. C., Kacmar, K. M., Turnley, W. H., & Gilstrap, J. B. (2008). A multi-level review of impression management motives and behaviors. *Journal of Management*, **34**(6), 1080–1109.

Brohan, E., Henderson, C., Wheat, K., Malcolm, E., Clement, S., Barley, E. A., Slade, M., & Thornicroft, G. (2012). Systematic review of beliefs, behaviours and influencing factors associated with disclosure of a mental health problem in the workplace. *BMC Psychiatry*, **12**(1), 1–14.

Cage, E., & Troxell-Whitman, Z. (2019). Understanding the reasons, contexts and costs of camouflaging for autistic adults. *Journal of Autism and Developmental Disorders*, **49**, 1899–1911.

Chalk, H. M. (2015). Disability self-categorization in emerging adults: relationship with self-esteem, perceived esteem, mindfulness, and markers of adulthood. *Emerging Adulthood*, **4**, 200–206.

Chung, W., Jiang, S. F., Paksarian, D., Nikolaidis, A., Castellanos, F. X., Merikangas, K. R., & Milham, M. P. (2019). Trends in the prevalence and incidence of attention-deficit/hyperactivity disorder among adults and children of different racial and ethnic groups. *JAMA Network Open*, **2**(11), e1914344. https://doi.org/10.1001/jamanetworkopen.2019.14344

Cook, J., Hull, L., Crane, L., & Mandy, W. (2021). Camouflaging in autism: a systemic review. *Clinical Psychology Review*, **89**, 1–16.

De Lange, A. H., Taris, T. W., Kompier, M. A. J., Houtman, I. L. D., & Bongers, P. M. (2004). The relationships between work characteristics and mental health: examining normal, reversed and reciprocal relationships in a 4-wave study. *Work and Stress*, **18**(2), 149–166. https://doi.org/10.1080/02678370412331270860

Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The job demands–resources model of burnout. *Journal of Applied Psychology*, **86**(3), 499–512.

Diallo, F. B., Fombonne, É., Kisely, S., Rochette, L., Vasiliadis, H. M., Vanasse, A., Noiseux, M., Pelletier, É., Renaud, J., St-Laurent, D., & Lesage, A. (2018). Prevalence and correlates of autism spectrum disorders in Quebec: prévalence et corrélats des troubles du spectre de l'autisme au Québec. *Canadian Journal of Psychiatry*, **63**(4), 231–239.

Doyle, N. (2020). Neurodiversity at work: a biopsychosocial model and the impact on working adults. *British Medical Bulletin*, **135**(1), 108–125.

Doyle, N., & McDowall, A. (2021). Diamond in the rough? An "empty review" of research into "neurodiversity" and a road map for developing the inclusion agenda. *Equality, Diversity and Inclusion: An International Journal*, **41**(3), 352–382.

Follmer, K. B., & Jones, K. S. (2018). Mental illness in the workplace: an interdisciplinary review and organizational research agenda. *Journal of Management*, **44**(1), 325–351.

Grandey, A. A. (2000). Emotional regulation in the workplace: a new way to conceptualize emotional labor. *Journal of Occupational Health Psychology*, **5**(1), 95.

Harlan, S. L., & Robert, P. M. (1998). The social construction of disability in organizations: why employers resist reasonable accommodation. *Work and Occupations*, **25**(4), 397–435.

Hobfoll, S. E. (1989). Conservation of resources: a new attempt at conceptualizing stress. *American Psychologist*, **44**(3), 513–524.

Hofhuis, J., Van Der Rijt, P. G., & Vlug, M. (2016). Diversity climate enhances work outcomes through trust and openness in workgroup communication. *SpringerPlus*, **5**(1), 1–14.

Hogg, M. A., & Terry, D. J. (2000). Social identity and self-categorization processes in organizational contexts. *Academy of Management Review*, **25**(1), 121–140.

Hull, L., Petrides, K. V., Allison, C., Smith, P., Cohen, B., Lai, S., & Mandy, W. (2017). Putting on my best normal: social camouflaging in adults with autism spectrum conditions. *Journal of Autism and Developmental Disorders*, **47**, 2519–1534.

Hülsheger, U. R., & Schewe, A. F. (2011). On the costs and benefits of emotional labor: a meta-analysis of three decades of research. *Journal of Occupational Health Psychology*, **16**(3), 361.

Jones, K. P. (2017). To tell or not to tell? Examining the role of discrimination in the pregnancy disclosure process at work. *Journal of Occupational Health Psychology*, **22**(2), 239.

Kalfa, S., Branicki, L., & Brammer, S. (2021). Organizational accommodation of employee mental health conditions and unintended stigma. *International Journal of Human Resource Management*, doi: 10.1080/09585192.2021.1910536

Klotz, A. C., He, W., Yam, K. C., Bolino, M. C., Wei, W., & Houston III, L. (2018). Good actors but bad apples: deviant consequences of daily impression management at work. *Journal of Applied Psychology*, **103**(10), 1145.

Lambert, E. G., Altheimer, I., & Hogan, N. L. (2010). Exploring the relationship between social support and job burnout among correctional staff. *Criminal Justice and Behavior*, **37**(11), 1217–1236.

Leary, M. R., & Kowalski, R. M. (1990). Impression management: a literature review and two-component model. *Psychological Bulletin*, **107**(1), 34.

LeFevre-Levy, R., Melson-Silimon, A., Harmata, R., Hulett, A. L., & Carter, N. T. (2023). Neurodiversity in the workplace: considering neuroatypicality as a form of diversity. *Industrial and Organizational Psychology: Perspectives on Science and Practice*, **16**(1).

Lidderdale, M. A., Croteau, J. M., Anderson, M. Z., Tovar-Murray, D., & Davis, J. M. (2007). Building lesbian, gay, and bisexual vocational psychology: A theoretical model of workplace sexual identity management. In K. J. Bieschke, R. M. Perez, & K. A. DeBord (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, bisexual, and transgender clients* (pp. 245–270). American Psychological Association. https://doi.org/10.1037/11482-010

Londero, C. (2021, November 8). How to stop masking your neurodivergent true self [Blog post]. Retrieved from https://tinyurl.com/4ky8ubhy

Madaus, J. W. (2008). Employment self-disclosure rates and rationales of university graduates with learning disabilities. *Journal of Learning Disabilities*, **41**(4), 291–299.

Mandy, W. (2019). Social camouflaging in autism: is it time to lose the mask? *Autism*, **23**(8), 1879–1881.

McCluney, C. L., Durkee, M. I., Smith II, R. E., Robotham, K. J., & Lee, S. S. L. (2021). To be, or not to be . . . Black: the effects of racial codeswitching on perceived professionalism in the workplace. *Journal of Experimental Social Psychology*, **97**, 104199.

McCluney, C. L., & Rabelo, V. C. (2019). Conditions of visibility: an intersectional examination of Black women's belongingness and distinctiveness at work. *Journal of Vocational Behavior*, **113**, 143–152.

McIntosh, C. K., Hyde, S. A., Bell, M. P., & Yeatts, P. E. (2022). Thriving at work with ADHD: antecedents and outcomes of proactive disclosure. Advance online publication. *Equality, Diversity and Inclusion*. doi: 10.1108/EDI-02-2022-0033

Montejano, L., Sasané, R., Hodgkins, P., Russo, L., & Huse, D. (2011). Adult ADHD: prevalence of diagnosis in a US population with employer health insurance. *Current Medical Research and Opinion*, **27**(sup2), 5–11.

Murphy, C. M., Wilson, C. E., Robertson, D. M., Ecker, C., Daly, E. M., Hammond, N., . . . & McAlonan, G. M. (2016). Autism spectrum disorder in adults: diagnosis, management, and health services development. *Neuropsychiatric Disease and Treatment*, **12**, 1669–1686.

Nario-Redmond, M. R., Noel, J. G., & Fern, E. (2013). Redefining disability, re-imagining the self: disability identification predicts self-esteem and strategic response to stigma. *Self and Identity*, **12**, 468–488.

Nario-Redmond, M. R., & Oleson, K. C. (2016). Disability group identification and disability-rights advocacy: contingencies among emerging and other adults. *Emerging Adulthood*, **4**, 207–218.

Newman, A., Nielsen, I., Smyth, R., Hirst, G., & Kennedy, S. (2018). The effects of diversity climate on the work attitudes of refugee employees: the mediating role of psychological capital and moderating role of ethnic identity. *Journal of Vocational Behavior*, **105**, 147–158.

Pearson, A., & Rose, K. (2021). A conceptual analysis of autistic masking: understanding the narrative of stigma and the illusion of choice. *Autism in Adulthood*, **3**(1), 52–60.

Ragins, B. R. (2008). Disclosure disconnects: antecedents and consequences of disclosing invisible stigmas across life domains. *Academy of Management Review*, **33**(1), 194–215.

Sedgewick, F., Hull, L., & Ellis, H. (2021). *Autism and masking: How and why people do it, and the impact it can have*. Jessica Kingsley Publishers.

Shmulsky, S., Gobbo, K., Donahue, A., & Klucken, F. (2021). Do neurodivergent college students forge a disability identity? A snapshot and implications. *Journal of Postsecondary Education and Disability*, **34**(1), 53–63.

Shore, L. M., Randel, A. E., Chung, B. G., Dean, M. A., Holcombe Ehrhart, K., & Singh, G. (2011). Inclusion and diversity in work groups: a review and model for future research. *Journal of Management*, **37**(4), 1262–1289.

Tajfel, H. (1982). Social psychology of intergroup relations. *Annual Review of Psychology*, **33**, 1-39.

Toth, K. E., Yvon, F., Villotti, P., Lecomte, T., Lachance, J. P., Kirsh, B., Stuart, H., Berbiche, D., & Corbière, M. (2021). Disclosure dilemmas: how people with a mental health condition perceive and manage disclosure at work. *Disability and Rehabilitation*, 1–11.

Turner, J.C. (1981). The experimental social psychology of intergroup behaviour. In J. C. Turner & H. Giles (Eds), *Intergroup Behaviour*. Blackwell.

Vasiliadis, H. M., Diallo, F. B., Rochette, L., Smith, M., Langille, D., Lin, E., ... & Lesage, A. (2017). Temporal trends in the prevalence and incidence of diagnosed ADHD in children and young adults between 1999 and 2012 in Canada: a data linkage study. *The Canadian Journal of Psychiatry*, **62**, 818–826.

Wiesenfeld, B. M., Raghuram, S., & Garud, R. (2001). Organizational identification among virtual workers: the role of need for affiliation and perceived work-based social support. *Journal of Management*, **27**, 213–229.

Woods J. D. (1994). *The corporate closet: The professional lives of gay men in America*. Free Press.

Zafar, N., Rotenberg, M., & Rudnick, A. (2019). A systematic review of work accommodations for people with mental disorders. *Work*, **64**(3), 461–475.