



Journal of Social Issues, Vol. 73, No. 2, 2017, pp. 397–412
doi: 10.1111/josi.12223

Identity Concealment and Social Change: Balancing Advocacy Goals Against Individual Needs

Michael H. Pasek*

The Pennsylvania State University

Gabrielle Filip-Crawford

St. Catherine University

Jonathan E. Cook

The Pennsylvania State University

We consider the conflicting multilevel forces around concealment and disclosure that may weigh on individuals as they navigate life with a concealable stigmatized identity. In particular, we explore a tension that can arise between immediate personal motivations to conceal and the potential for disclosure to increase the visibility of a stigmatized group and normalize it, thus helping to change social attitudes and reduce structural stigma. We argue that personal benefits of disclosure are moderated by individual differences and situational characteristics. This suggests that a one-size-fits-all approach that focuses exclusively or primarily on the benefits of disclosure can be problematic. We thus recommend that any intervention campaign that seeks to encourage disclosure should balance social advocacy goals with individual needs. We conclude with a discussion of possible intervention strategies that could be used to (1) help individuals manage the disclosure process and (2) help create more favorable organizational and civic climates where concealment is less necessary.

*Correspondence concerning this article should be addressed to Michael H. Pasek, Department of Psychology, The Pennsylvania State University, University Park, PA 16802. [e-mail: michael@michaelpasek.com].

This material is based in part upon work supported by a National Science Foundation Graduate Research Fellowship awarded to Michael H. Pasek under Grant No. DGE1255832. Any opinions, findings, and conclusions or recommendations expressed in this material are those of the authors and do not necessarily reflect the views of the National Science Foundation.

Disclosing a concealable stigmatized social identity is potentially risky. People who disclose can be exposed to discrimination, bias, or negative stereotypes (Goffman, 1963; Jones et al., 1984). Individual decisions to conceal are thus reactions to structural-level social stigma (Pachankis, 2007; Quinn, 2017). However, consistent with ecological systems theory, individuals are not just affected by social structures; they also have the potential to influence them (Bronfenbrenner, 1977, 1992). For instance, individual decisions to conceal or disclose can collectively have implications for the visibility of a stigmatized group (e.g., Herek & Capitano, 1996) and consequently for the likelihood of reducing structural-level stigma (e.g., Hatzenbuehler & Link, 2014).

Tensions can thus emerge between what can be seen as prevailing social pressures to disclose (e.g., National Coming Out Day, Twitter campaigns for disclosure of mental illness or abortion history) and individuals' own assessments of the costs and benefits of concealment versus disclosure. In many cases, people personally benefit from disclosure (e.g., feeling a greater sense of authenticity) and thus, pressures to disclose are aligned with a person's best interests. In other cases, disclosure may not be in a person's best interest and pressures to disclose may create additional stress. In this article, we explore these tensions from an ecological systems perspective.

This article is the conclusion to an edition of *Journal of Social Issues* (JSI) focusing on identity concealment (Quinn, 2017). As such, we begin by reviewing insights emerging from this issue, primarily that (1) concealment is a multilevel phenomenon—meaning that individual decisions to conceal or disclose are influenced by social environments, and (2) the personal consequences of concealment are often, but not always, negative. Second, we discuss social benefits of disclosure, while noting a tension that can arise between social pressures to disclose and personal motivations to conceal. Third, we explore possibilities for reducing this tension. Throughout, we assume (1) that the reduction and elimination of stigma is a societal goal and (2) that collectively, disclosure can increase the visibility of a stigmatized group and normalize it, thus helping to change social attitudes and reduce structural stigma.

Causes and Consequences of Concealment

The articles in this JSI issue are notable for focusing on a wide range of potentially concealable stigmatized identities. Authors considered people who might conceal their sexual orientation, chronic physical or mental illness, socioeconomic status (SES), exposure to interpersonal violence, and history of incarceration. Thus, one contribution of the issue is to bring together research on how causes and consequences of concealment may be similar and different across stigmatized identities. These articles suggest, for example, how unfavorable social

environments may be a common element in concealment decisions, but that consequences of concealment may vary across identities. The articles also make clear that more research is needed to understand how differences between individuals, identities, and situational contexts affect the psychology of concealment.

A clear theme is that individual decisions to conceal or disclose are shaped by environmental factors. For example, Wessel (2017) finds that lesbian, gay, and bisexual (LGB) individuals are more likely to disclose in work contexts that have supportive (e.g., nondiscrimination) policies and when there is at least one supportive coworker in one's work group. Lyons, Zatzich, Thompson, and Bushe (2017) note that organizations often have incentives that can simultaneously encourage and discourage disclosure, and they explore how variation in such incentive systems can affect individual concealment and disclosure decisions. The importance of the social environment is also demonstrated by Ryan, Legate, Weinstein, and Rahman (2017), who find that LGB individuals—especially those high in internalized homophobia—are more likely to disclose and have greater well-being when they perceive their environment as supportive of their autonomy. Similarly, cultural factors at the national level can influence individuals' decisions to conceal or disclose HIV/AIDS (Iwelenmor, Sofolahan-Oladeinde, Nwaozuru, Conserve, & Airhihenbuwa, 2017). These articles demonstrate the proximal and distal structural forces that give rise to concealment or that foster greater disclosure. Another emergent theme is that individual differences, like a person's degree of internalized stigma, can moderate the influence of environmental characteristics (Overstreet, Gaskins, Quinn, & Williams, 2017; Ryan et al., 2017). In sum, these articles highlight how factors at the structural level can interact with those at the individual level to affect decisions to conceal or disclose.

Articles in this JSI issue also highlight some of the negative personal consequences of concealment, including social isolation (Moore & Tangay, 2017), and lower belonging and job satisfaction (Newheiser, Barreto, & Tiemersma, 2017). These effects may be in part because people who conceal, particularly those high in internalized stigma, may pursue an avoidance regulatory strategy (Lattanner & Richman, 2017). While these studies might lead us to associate concealment with uniformly negative outcomes, Cook, Salter, and Stadler (2017) find that consequences of concealment can depend on individual differences, like severity of symptoms among people with a chronic illness. These articles highlight negative personal outcomes associated with concealment, but also suggest how these may vary as a function of individual differences and characteristics of a given stigma.

Together, the research presented in this JSI issue contributes to the literature by illuminating the antecedents and consequences of concealment, particularly the discrete and interactive effects of structural factors and individual differences. In so doing, this issue elucidates the complex array of factors that influence decisions to conceal and disclose. The articles presented suggest that social environments

affect concealment and disclosure decisions and that individual psychological benefits often accompany identity disclosure.

Social Benefits of Disclosure

In 1991, Earvin “Magic” Johnson, a widely known and admired professional basketball player, disclosed that he had contracted HIV. This disclosure has been credited with helping to increase public awareness and knowledge about HIV/AIDS and promote widespread adoption of prevention strategies (Brown & Basil, 1995; Kalichman, 1994). Other examples of impactful celebrity disclosures abound, including the professional baseball player, Lou Gehrig, who revealed his amyotrophic lateral sclerosis (ALS) diagnosis in 1939; the actor, Michael J. Fox, who revealed in 1988 that he had Parkinson’s disease; and the former Olympian and reality TV star, Caitlin Jenner (formerly Bruce), who disclosed being transgender in 2015. Celebrity disclosures, such as these, increase the visibility of stigmatized groups, which in turn can alter public discourse and reduce structural stigma (Schiappa, Gregg, & Hewes, 2006). These are examples of how individual decisions to disclose can promote social change.

Although disclosure from public figures may be particularly memorable and impactful, the possibility of generating social change through disclosure is not limited to celebrities. Harvey Milk, the first openly gay elected official in California, notably articulated the ability for ordinary individuals to affect social change through disclosure. In 1978, Milk, then a San Francisco City Supervisor, entreated to sexual minorities:

You must come out. Come out to your parents. I know that it will hurt them but think about how they will hurt you in the voting booth! Come out to your relatives. I know that is hard and will upset them but think of how they will upset you in the voting booth. Come out to your friends, if indeed they are your friends. Come out to your neighbors, to your fellow workers. To the people who work where you eat and shop. . . . But once and for all, break down the myths, destroy the lies and distortions. (Milk, 1978, p. 4)

Central to Milk’s plea was the recognition that individual acts of disclosure could mitigate stereotypes and combat stigma. At the core of this is the understanding that intergroup contact and cross-group friendships, made salient through disclosure, offer powerful psychological tools to reduce prejudice (Davies, Tropp, Aron, Pettigrew, & Wright, 2011; Herek & Capitanio, 1996; Lytle & Levy, 2015; Pettigrew & Tropp, 2006). In fact, disclosure of a concealed stigmatized identity may often occur in close relationships (Cook, Arrow, & Malle, 2011), potentially magnifying the transformative potential of intergroup contact. Although any one person’s disclosure may reach a limited number of people, collectively, individual disclosures can reach a broad audience and facilitate social change in a bottom-up process.

Balancing Social Benefits Against Individual Needs

For many people, disclosure can serve both their own long-term interests and those of society. As noted in this JSI issue, disclosure can yield psychological benefits including increased feelings of belonging, reduced stress, and greater authenticity. To the extent that these individual benefits are realized, social advocacy goals are well matched with individual needs.

However, the personal difficulty of disclosure (noted for example in the Milk quotation above) and the potential that individual benefits may not always accrue—and indeed that negative individual consequences may emerge—suggest that social pressures to disclose may not always be matched with individual interests. Indeed, one influential review concludes, “it is not clear that the benefits of revealing actually outweigh the costs of revealing in most circumstances” (Kelly & McKillop, 1996, p. 454). This can create a tension between the long-term benefits *to society* from people disclosing and the immediate benefits *to individuals* that can come from concealing (e.g., avoiding discrimination). Perhaps ironically, this tension is likely to be most pronounced in contexts where high levels of stigma simultaneously suggest the greatest need for social change—i.e., the type of change that disclosure could promote—and the highest likelihood that people will conceal. In a sense, concealment in rejecting environments can present a tragedy of the commons (Hardin, 1968), in that rational individual interests sometimes can lead to outcomes contrary to group interests. Individual-level choices to hide a group membership, potentially offering some protection from the immediate risks of disclosure, can have the effect of reducing the visibility of a group (Bos, Kanner, Muris, Janssen, & Mayer, 2009). Concealment can function as a spiral of silence (Bowen & Blackmon, 2003), in which negative stereotypes and bias go unchallenged. Thus, the structural features that give rise to stigma and concealment are perpetuated, impeding social change.

Below, we explore for whom and in what contexts the tension between individual concerns and social pressures may be greatest. We focus specifically on how purported individual-level benefits of disclosure may (1) depend on the nature of a stigmatized identity, (2) differ as a function of demographics and individual differences, and (3) vary within individuals across contexts. In so doing, we join previous researchers (e.g., Kelly & McKillop, 1996) in seeking to highlight how, for some people in some contexts, there may be little motivation to disclose. We argue that in these situations, the above-described tension will be greatest.

Personal benefits of disclosure depend on the nature of the stigmatized identity. Most research suggesting that disclosure can be personally beneficial has investigated a limited number of stigmas, such as those related to sexual orientation and mental illness, with some research examining chronic illnesses like HIV. We suspect that benefits may not always generalize to other stigmatized

groups (see also Kelly & McKillop, 1996). For example, disclosing sexual orientation is typically seen as a healthy part of accepting oneself. Disclosing mental or physical illness may allow people to receive needed support. In contrast, disclosing a history of incarceration, for example, is less likely to accrue these benefits. People with a history of incarceration are less likely to consider this a defining component of their identity requiring disclosure to demonstrate self-acceptance (Harding, 2003) and are less likely to receive social support from disclosure (in part because of attributions of personal responsibility). Thus, while greater collective disclosure could help reduce the stigma of being convicted of a crime, it may offer few short-term personal benefits and entail substantial personal risks.

The example above highlights how a mismatch between what may be best for reducing a stigma and what is best for an individual may be more likely to emerge for some stigmatized identities than for others. As another example, people who disclose that they have been the victim of a sex crime may encounter doubts about the authenticity of their revelations or attributions of personal responsibility. These reactions can serve as a form of secondary victimization (Ahrens, 2006; Ahrens, Campbell, Ternier-Thames, Wasco, & Sefl, 2007) that forms a powerful individual motivation to conceal even though this weighs against individual interests in justice and collective benefits of disclosure in facilitating social change.

Personal benefits of disclosure depend on demographics and individual differences. Individual-level benefits of disclosure do not accrue uniformly and inevitably for members of a stigmatized group. For instance, Cole, Kemeny, and Taylor (1997) found that health benefits for gay men of disclosing their sexual orientation were limited to participants low in rejection sensitivity. In this study, disclosure of sexual orientation was associated with accelerated HIV progression (i.e., worse health) among participants high in rejection sensitivity. Moreover, personal health benefits of disclosure for gay and bisexual men appear limited to people from higher SES groups, with disclosure associated with health problems for those low in SES (McGarrity & Huebner, 2014). Disclosure of sexual orientation may also be more beneficial for gay and bisexual men who belong to ethnic majority than ethnic minority groups (Seidman, 2002). These examples illustrate how, despite the generally positive personal outcomes reported, disclosure is not uniformly beneficial.

A variety of other individual differences in addition to race/ethnicity, SES, and rejection sensitivity could moderate the consequences of concealment and disclosure. These include coping style (e.g., approach vs. avoidance; Chaudoir & Fisher, 2010; Roth & Cohen, 1986), motivation goals (Garcia & Crocker, 2008), and severity of chronic illness symptoms (Cook et al., 2017). Together, these examples demonstrate potential variability in the degree to which individual benefits of disclosure are in alignment with larger goals of increased visibility to reduce stigma. For many, the potential for negative personal consequences of

disclosure can outweigh any motivation to “do their part” to increase visibility. For these individuals, pressures to disclose are likely to increase stress and stigma, and potentially reduce identification with groups or individuals seen as promoting disclosure, who might otherwise be a source of support.

Personal benefits of disclosure vary within individuals and across contexts.

Decisions to conceal or disclose are ongoing and continuously negotiated over time, particularly as people encounter new acquaintances. One factor likely to affect concealment and disclosure decisions is people’s assessment of a given social context. Disclosure in supportive environments or to supportive confidants can help individuals maximize social support while limiting experiences of discrimination (Bos et al., 2009; Kelly & McKillop, 1996; Ragins, 2008; Ullman, 1996) or stereotype threat (Quinn, Kahng, & Crocker, 2004) that might accompany disclosure in more hostile or stereotype-relevant environments. People can also choose how and when to disclose, even within a given social context. For example, some people may choose to disclose immediately and overtly, while others may choose to disclose only after observing the people and prevailing attitudes in a social context and concluding that disclosure is safe and warranted.

Selective disclosure as a balanced strategy. Selective strategies for disclosure, such as disclosing in some situations but not others, allow individuals to find what works best for them in response to the characteristics of a given social context. By using this type of selective disclosure strategy, individuals may be able to maximize the psychological benefits of disclosure and minimize any potentially negative consequences. This suggests that for some people a pattern of selective disclosure might often be the most personally beneficial and realistic.

Of course, if individuals selectively disclose in less threatening environments and conceal in hostile ones, the potential for selective disclosure to advance social change is inherently limited. However, selective disclosure can still be an effective tool for advancing social change, in part because it can facilitate indirect contact. Indirect contact, such as when one is aware of or observes in-group members being friends with members of an out-group, has been shown to reduce prejudice and intergroup anxiety, while simultaneously shielding stigmatized individuals from more hostile reactions (Wright, Aron, McLaughlin-Volpe, & Ropp, 1997). Additionally, selective disclosure can be an effective strategy for members of stigmatized groups to recruit allies, who can help advocate on behalf of stigmatized individuals and condemn prejudice in contexts where the risks of disclosure for members of stigmatized groups may be too great (Blanchard, Crandall, Brigham, & Vaughn, 1994; Blanchard, Lilly, & Vaughn, 1991; Monteith, Deneen, & Tooman, 1996; Zitek & Hebl, 2007).

Interventions Sensitive to a Multilevel Focus

In the preceding sections of this article, we have sought to emphasize the potential tension that can arise between disclosure as a driver of social change and immediate personal motivations that perpetuate concealment. In the remainder of this article we explore potential interventions to decrease this tension. We seek to increase disclosure and, as a result, accelerate social change, while being sensitive to the tensions created by advocating disclosure. Interventions can include strategies that help individuals psychologically process and manage disclosures. They can also include strategies for governments and organizations to create more hospitable environments. Intervention strategies aimed at these different levels of a multilevel system are not mutually exclusive. Indeed, they can be synergistic and help facilitate reciprocal responses that bounce back and forth between system levels to accelerate change (Cook, Purdie-Vaughns, Meyer, & Busch, 2014).

Managing the Disclosure Process

In this section, we focus on possible interventions that can be directed at individuals who belong to stigmatized groups to help minimize the risks of disclosure. The content of interventions directed at people with concealable stigmas could focus on strategies to help with the disclosure process and motivational systems that can lead people to want to disclose. We offer these as examples of possible intervention strategies rather than as an exhaustive list. Central to these strategies is the idea that positive disclosures beget more disclosures, which in turn increase visibility and promote structural change favoring inclusion and equality.

Creating positive first disclosure experiences. Research suggests that a positive first disclosure experience can reduce fear of disclosing and help improve self-esteem (Chaudoir & Quinn, 2010), as well as increase willingness to disclose in the future (Zea, Reisen, Poppen, Bianchi, & Echeverry, 2007). Given this, helping improve the quality of first disclosures may be a natural point of intervention. One strategy might be to develop educational interventions that encourage people with concealable stigmas to choose supportive confidants for initial disclosures (Kelly & McKillop, 1996; Weisz, Quinn, & Williams, 2015). Often, this may be a strategy that people intuitively select (Chaudoir & Quinn, 2010). However, people's intuitions can be misleading. For instance, people may feel a desire to disclose to parents or other caregivers who play a central role in their lives. However, such individuals may be a bad first-disclosure choice if there is a possibility that the disclosure will be met with discomfort or ambivalence. This may be particularly true if the confidant could withhold needed physical or emotional resources. Thus, it may sometimes be wise to advocate for a less consequential first-disclosure

confidant. Information about creating a positive first-disclosure experience could be delivered to members of stigmatized groups directly. For instance, a physician or social worker could have a conversation about disclosing with someone who recently received an HIV diagnosis. Or as another example, a facilitator of a support group for sexual minority youth might routinely devote time to discussing disclosure strategies. It may be more difficult to directly intervene on individuals with concealable identities that are known only by the individual him or herself, like for some sexual minority individuals or when a group membership is present from a very early age (e.g., a learning disorder). For members of these groups, information about how to create positive first disclosure experiences may need to be delivered as part of larger anti-stigma campaigns.

Delayed disclosure. In some cases, interpersonal outcomes might benefit from delayed disclosure, which allows members of stigmatized groups to form positive social bonds that could increase others' ultimate receptiveness to a disclosure (Buck & Plant, 2011; King, Reilly, & Hebl, 2008). Although a strategy of delayed disclosure may maximize the chance that a disclosure experience ultimately unfolds positively, the period before disclosure may require filtering or active dissembling, which can be experienced as stressful or inauthentic for people with a concealed identity. There is also a risk of waiting too long, in which case a confidant may feel betrayed (Kelly & McKillop, 1996). Despite the risks, delayed disclosure may enhance personal control and strengthen interpersonal social bonds so that rejection is less likely. Such a strategy could be introduced using the same sorts of informational interventions described above.

Intervening on motivational processes related to disclosure. Social psychological interventions offer a strategy for reducing threat and encouraging proactive motivational goals that could make disclosure more frequent and positive. One example includes interventions based on self-affirmation theory (Cohen & Sherman, 2014; Steele, 1988). These interventions can be implemented subtly and relatively unobtrusively. They typically consist of a brief writing exercise repeated several times that focus people on their core values and characteristics that provide a sense of adaptive adequacy or self-integrity. In so doing, they can provide a "supportive nudge" that weakens inhibiting forces, such as psychological threat, and encourages a focus on achieving positive outcomes (i.e., a promotion orientation; Goyer et al., 2017). As Cohen and Sherman (2014) have noted, "if a threat is seen as important and addressable . . . affirmations make it less likely that people will shrink away from the threat or deny its importance to themselves" (p. 339). People with a promotion orientation may focus on the positive aspects of disclosure relative to people with a greater prevention orientation (i.e., a focus on avoiding losses; Cole, Kemeny, Taylor, & Visscher, 1996). Affirmation may thus help encourage disclosure. Moreover, to the extent that individuals with a

promotion focus are more comfortable disclosing, their disclosure may receive more positive responses from others (Chaudoir & Fisher, 2010)—a dynamic between psychological and social processes that has been documented in previous research (Cohen & Sherman, 2014). A promotion focus could also be achieved with a regulatory focus induction (e.g., Freitas & Higgins, 2002). Research in this area has found that priming people to focus on their hopes and aspirations, instead of their duties and obligations, can increase eagerness toward goals even when these require unpleasant actions (Freitas & Higgins, 2002).

Other intervention strategies might directly address the tension between motivations for social advocacy goals and motivations for personal protection. For instance, people who focus on compassion and the collective nature of their actions are more likely to have positive interpersonal interactions, disclose more, and also experience less threat and greater benefits from disclosure compared to those who focus on their self-image (Crocker & Canevello, 2008; Garcia & Crocker, 2008). Hence, interventions that make compassion goals salient (e.g., encouraging people to consider the collective nature of a stigmatized identity and the potential for their disclosure to benefit others) may increase the likelihood of positive disclosure experiences.

Changing Social Structures

In the preceding sections, we focused on interventions to facilitate positive disclosure experiences for members of stigmatized groups. Interventions can also be implemented at the structural level with the goal of creating environments that reduce stigma and support disclosure. Structural-level interventions can focus on education or public awareness campaigns directed at reducing prejudicial attitudes in the general public (Corrigan, Morris, Michaels, Rafacz, & Rüsck, 2012). They can also target laws or institutional policies that directly change social structures to protect members of these groups. To the extent that structural interventions encourage disclosure, in a best-case scenario they can initiate a chain reaction, such that increased visibility further changes attitudes and results in additional legal and policy protections. As noted elsewhere (e.g., Cook et al., 2014), structural interventions can be difficult to implement and resistance at the individual level can cause change in attitudes to lag. Once initiated, however, structural interventions offer the best potential to directly affect many people at once. While a complete review is beyond the scope of this article, in this section we consider structural interventions to change organizational policies and create legal protections, as these types of approaches may have the most direct relevance for setting conditions that promote safe disclosure.

Organizations that demonstrate support for diversity with non-discrimination policies, recognition of diversity-related events, and other activities can help create an environment that facilitates disclosure. The importance of supportive

workplace policies in facilitating disclosure and reducing stigma has been demonstrated for members of sexual minority groups (King, Reilly, & Hebl, 2008; Ragins & Cornwell, 2001), pregnant women (Fox & Quinn, 2015), and cancer survivors (Martinez & Hebl, 2015). Organizations that demonstrate their support for inclusivity and employee well-being are likely to have more employees that disclose and thus more recognized diversity within the organization. Over time, this can reduce concerns around disclosure for new employees who join the organization, as the environment becomes one that supports diversity and authenticity. Organizations might be encouraged to initiate such policies by research showing the organizational benefits of having diverse employee perspectives and experiences (Martin, 2014).

Legal protections can also foster a less hostile disclosure environment. Legislation—whether initiated by legislative bodies or executive orders from presidents, governors, mayors, or other municipal leaders—can ban overt discrimination (e.g., employment nondiscrimination laws) and signal inclusivity in a number of ways (e.g., by adding a gender-nonconforming category on the U.S. Census and other official forms; Barron & Hebl, 2010). Judicial rulings also have the potential to protect individuals by establishing legally binding precedents about how individuals from minority groups should be treated (e.g., recent rulings establishing same-sex marriage; Keck, 2009; Kreitzer, Hamilton, & Tolbert, 2014). Of course, initiating these types of laws and policies can be a long-term process involving coordinated advocacy efforts—a process, ironically, that is likely to be facilitated by the greater visibility that comes from disclosure.

Where Does This Leave Us and Where Do We Go From Here?

In this article, we have tried to highlight a potential tension between immediate individual-level motivations to conceal a stigmatized identity and the broader interests of creating a more equitable society, which may be furthered through identity disclosure. Given this tension, we conclude that a one-size-fits-all approach that focuses exclusively or primarily on the benefits of disclosure can be problematic. We have noted the influence of social structures on people's decisions to conceal or disclose, as well as the potential for these decisions to influence social structures. And we have emphasized how (1) disclosure by individuals and (2) structural changes to reduce stigma can reinforce each other in an ongoing reciprocal process.

Although identity disclosure can be a powerful and effective individual-level strategy for increasing visibility and advancing social change, many people continue to conceal stigmatized identities, despite the fact that psychologists and others routinely warn of the dangers of concealment. It would seem that researchers and advocates should perhaps better recognize that at any given point in time and/or in any given situation, many individuals may consider disclosure to be too

personally risky. In fact, we join other researchers (Cole, Kemeny, & Taylor, 1997; Kelly & McKillop, 1996) in questioning whether for some individuals, depending on individual differences and stigma group membership, the personal risks of disclosure can outweigh the benefits in a given situational context. For such individuals, admonitions to disclose are likely to add stress and potentially increase stigma. It should also be noted that any political strategy that depends on disclosure for the advancement of social change relies on targets to be the agents of change and to assume additional risks in order to be such agents. These risks may include increased exposure to bias and discrimination.

The foregoing notwithstanding, we recognize that individuals with concealable stigmatized identities may be among the most motivated to affect change in a social system and that without their efforts, the status quo and the stigma it perpetuates may go unchallenged. We recommend that any intervention campaign that seeks to encourage disclosure should balance social advocacy goals with individual needs, which are likely to vary within a given stigmatized group. Campaigns that lack such a balance and focus exclusively on the positive benefits of disclosure have the potential to further stigmatize and alienate individuals who may see disclosure as too risky. However, to the extent that interventions foster social environments, and thus, psychological states, where disclosure appears to be safer, we expect visibility to reduce stigma over time and to help foster a more equitable society.

Considering the above, we advocate intervention strategies that encourage disclosure, but do so in a way that is sensitive to individual-level risks and benefits. For example, this could include educational approaches that emphasize the long-term benefits of disclosure, while simultaneously encouraging individuals to use selective and/or delayed disclosure if these are the most sensible for their personal circumstances. Even if disclosure is limited, it can still be helpful. Once supportive others learn of a concealable identity, they become allies who can actively advocate or change attitudes through indirect contact. Social psychological interventions may help people become more motivated to disclose, but this has not been empirically investigated, leaving an opening for future investigation.

In addition to efforts at responsibly increasing disclosure, interventions that directly target inequitable social structures can have a broad impact. A wide body of research suggests how structural change can reduce stigma. Organizational and legal policies that promote structural reforms can lead to greater disclosure and accelerate change over time by increasing visibility, which further prompts structural reforms in a mutually reinforcing process.

Our goal in this article has been to consider the conflicting multilevel forces around concealment and disclosure that may weigh on individuals as they navigate life with a concealable stigmatized identity. Although recent years have seen a preponderance of research noting the psychological benefits of disclosure, it is important to consider the potential psychological benefits of concealment as well, and

the moderating role of individual differences and situational characteristics. Doing so may help reduce tension between individual interests and social advocacy goals.

References

- Ahrens, C. E. (2006). Being silenced: The impact of negative social reactions on the disclosure of rape. *American Journal of Community Psychology, 38*(3-4), 263–274. doi:10.1007/s10464-006-9069-9
- Ahrens, C. E., Campbell, R., Ternier-Thames, N. K., Wasco, S. M., & Sefl, T. (2007). Deciding whom to tell: Expectations and outcomes of rape survivors' first disclosures. *Psychology of Women Quarterly, 31*(1), 38–49. doi:10.1111/j.1471-6402.2007.00329.x
- Barron, L. G., & Hebl, M. (2010). Reducing “acceptable” stigmatization through legislation. *Social Issues and Policy Review, 4*(1), 1–30. doi:10.1111/j.1751-2409.2010.01016.x
- Blanchard, F. A., Crandall, C. S., Brigham, J. C., & Vaughn, L. A. (1994). Condemning and condoning racism: A social context approach to interracial settings. *Journal of Applied Psychology, 79*(6), 993–997. doi:10.1037/0021-9010.79.6.993
- Blanchard, F. A., Lilly, T., & Vaughn, L. A. (1991). Reducing the expression of racial prejudice. *Psychological Science, 2*(2), 101–105. doi:10.1111/j1467-9280.1991.tb00108.x
- Bos, A. E. R., Kanner, D., Muris, P., Janssen, B., & Mayer, B. (2009). Mental illness stigma and disclosure: Consequences of coming out of the closet. *Issues in Mental Health Nursing, 30*(8), 509–513. doi:10.1080/01612840802601382
- Bowen, F., & Blackmon, K. (2003). Spirals of silence: The dynamic effects of diversity on organizational voice. *Journal of Management Studies, 40*(6), 1393–1417. doi:10.1111/1467-6486.00385
- Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist, 32*, 513–531. doi:10.1037/0003-066X.32.7.513
- Bronfenbrenner, U. (1992). Ecological systems theory. In R. Vasta (Ed.), *Six theories of child development: Revised formulations and current issues* (pp. 187–249). London, England: Jessica Kingsley Publishers.
- Brown, W. J., & Basil, M. D. (1995). Media celebrities and public health: Responses to ‘Magic’ Johnson’s HIV disclosure and its impact on AIDS risk and high-risk behaviors. *Health Communication, 7*(4), 345–370.
- Buck, D. M., & Plant, E. A. (2011). Interorientation interactions and impressions: Does the timing of disclosure of sexual orientation matter? *Journal of Experimental Social Psychology, 47*(2), 333–342. doi:10.1016/j.jesp.2010.10.016
- Chaudoir, S. R., & Fisher, J. D. (2010). The disclosure processes model: Understanding disclosure decision making and postdisclosure outcomes among people living with a concealable stigmatized identity. *Psychological Bulletin, 136*(2), 236–256. doi:10.1037/a0018193
- Chaudoir, S. R., & Quinn, D. M. (2010). Revealing concealable stigmatized identities: The impact of disclosure motivations and positive first-disclosure experiences on fear of disclosure and well-being. *Journal of Social Issues, 66*(3), 570–584. doi:10.1111/j.1540-4560.2010.01663.x
- Cohen, G. L., & Sherman, D. K. (2014). The psychology of change: Self-affirmation and social psychological intervention. *Annual Review of Psychology, 65*(1), 333–371. doi:10.1146/annurev-psych-010213-115137
- Cole, S. W., Kemeny, M. E., & Taylor, S. E. (1997). Social identity and physical health: Accelerated HIV progression in rejection-sensitive gay men. *Journal of Personality and Social Psychology, 72*(2), 320–335.
- Cole, S. W., Kemeny, M. E., Taylor, S. E., & Visscher, B. R. (1996). Elevated physical health risk among gay men who conceal their homosexual identity. *Health Psychology, 15*(4), 243–251. doi:10.1037/0278-6133.15.4.243
- Cook, J. E., Arrow, H., & Malle, B. F. (2011). The effect of feeling stereotyped on social power and inhibition. *Personality & Social Psychology Bulletin, 37*(2), 165–180. doi:10.1177/0146167210390389

- Cook, J. E., Purdie-Vaughns, V., Meyer, I. H., & Busch, J. T. A. (2014). Intervening within and across levels: A multilevel approach to stigma and public health. *Social Science & Medicine*, *103*(0), 101–109. doi:10.1016/j.socscimed.2013.09.023
- Cook, J. E., Salter, A., & Stadler, G. (2017). Identity concealment and chronic illness: A strategic choice. *Journal of Social Issues*, *73*(2), 359–378.
- Corrigan, P. W., Morris, S. B., Michaels, P. J., Rafacz, J. D., & Rüsch, N. (2012). Challenging the public stigma of mental illness: A meta-analysis of outcome studies. *Psychiatric Services*, *63*(10), 963–973. doi:10.1176/appi.ps.201100529.
- Crocker, J., & Canevello, A. (2008). Creating and undermining social support in communal relationships: The role of compassionate and self-image goals. *Journal of Personality and Social Psychology*, *95*(3), 555–575. doi:10.1037/0022-3514.95.3.555.
- Davies, K., Tropp, L. R., Aron, A., Pettigrew, T. F., & Wright, S. C. (2011). Cross-group friendships and intergroup attitudes: A meta-analytic review. *Personality and Social Psychology Review*, *15*(4), 332–351. doi:10.1177/1088868311411103.
- Fox, A. B., & Quinn, D. M. (2015). Pregnant women at work: The role of stigma in predicting women's intended exit from the workforce. *Psychology of Women Quarterly*, *39*(2), 226–242. doi:10.1177/0361684314552653.
- Freitas, A. L., & Higgins, E. T. (2002). Enjoying goal-directed action: The role of regulatory fit. *Psychological Science*, *13*(1), 1–6.
- Garcia, J. A., & Crocker, J. (2008). Reasons for disclosing depression matter: The consequences of having egosystem and ecosystem goals. *Social Science & Medicine*, *67*(3), 453–462. doi:10.1016/j.socscimed.2008.03.016.
- Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Englewood Cliffs, NJ: Prentice-Hall.
- Goyer, J. P., Garcia, J., Purdie-Vaughns, V., Binning, K. R., Cook, J. E., Reeves, S. L., & Cohen, G. L. (2017). Into swifter currents: Self-affirmation nudges minority middle schoolers onto a college trajectory. *Manuscript submitted for publication*.
- Harding, D. J. (2003). Jean Valjean's dilemma: The management of ex-convict identity in the search for employment. *Deviant Behavior*, *24*(6), 571–595. doi:10.1080/713840275.
- Hardin, G. (1968). The tragedy of the commons. *Science*, *162*(3859), 1243–1248.
- Hatzenbuehler, M. L., & Link, B. G. (2014). Introduction to the special issue on structural stigma and health. *Social Science & Medicine*, *103*(0), 1–6. https://doi.org/10.1016/j.socscimed.2013.12.017.
- Herek, G. M., & Capitanio, J. P. (1996). "Some of My Best Friends" Intergroup contact, concealable stigma, and heterosexuals' attitudes toward gay men and lesbians. *Personality and Social Psychology Bulletin*, *22*(4), 412–424. doi:10.1177/0146167296224007.
- Iwelenmor, J., Sofolahan-Oladeinde, Y., Nwaozuru, U., Conserve, D., & Airhihenbuwa, C. O. (2017). Disclosure narratives of women living with HIV in South Africa. *Journal of Social Issues*, *73*(2), 273–288.
- Jones, E. E., Farina, A., Hastorf, A. H., Markus, H., Miller, D. T., & Scott, R. A. (1984). *Social stigma: The psychology of marked relationships*. New York, NY: Freeman.
- Kalichman, S. C. (1994). Magic Johnson and public attitudes toward AIDS: A review of empirical findings. *AIDS Education and Prevention*, *6*, 542–557.
- Keck, T. M. (2009). Beyond backlash: Assessing the impact of judicial decisions on LGBT rights. *Law & Society Review*, *43*(1), 151–186. doi:10.1111/j.1540-5893.2009.00370.x.
- Kelly, A. E., & McKillop, K. J. (1996). Consequences of revealing personal secrets. *Psychological Bulletin*, *120*(3), 450–465. https://doi.org/10.1037/0033-2909.120.3.450.
- King, E. B., Reilly, C., & Hebl, M. (2008). The best of times, the worst of times: Dual perspectives of "coming out" in the workplace. *Group & Organization Management*, *33*, 556–601. doi:10.1177/1059601108321834.
- Kreitzer, R. J., Hamilton, A. J., & Tolbert, C. J. (2014). Does policy adoption change opinions on minority rights? The effects of legalizing same-sex marriage. *Political Research Quarterly*, *67*(4), 975–808. doi:10.1177/1065912914540483.

- Lattanner, M., & Richman, L. S. (2017). Effect of stigma and concealment on avoidant-oriented friendship goals. *Journal of Social Issues, 73*(2), 379–396.
- Lyons, B. J., Zatzick, C. D., Thompson, T., & Bushe, G. (2017). Stigma identity concealment in hybrid organizational cultures. *Journal of Social Issues, 73*(2), 255–272.
- Lytle, A., & Levy, S. R. (2015). Reducing heterosexuals' prejudice toward gay men and lesbian women via an induced cross-orientation friendship. *Psychology of Sexual Orientation and Gender Diversity, 2*(4), 447–455. doi:10.1037/sgd0000135.
- Martin, G. C. (2014). The effects of cultural diversity in the workplace. *Journal of Diversity Management, 9*(2), 89–92. doi:10.2307/2667087.
- Martinez, L. R., & Hebl, M. R. (2015). Adult survivors of childhood cancers' identity disclosures in the workplace. *Journal of Cancer Survivorship, 10*(2), 416–424. doi:10.1007/s11764-015-0487-2.
- McGarrity, L. A., & Huebner, D. M. (2014). Is being out about sexual orientation uniformly healthy? The moderating role of socioeconomic status in a prospective study of gay and bisexual men. *Annals of Behavioral Medicine, 47*(1), 28–38. doi:10.1007/s12160-013-9575-6.
- Milk, H. (1978). That's What America is. Retrieved from https://www.sfpd.org/heritage/_documents/1978_harvey_milk_gay_freedom_day_speech.pdf.
- Monteith, M. J., Deneen, N. E., & Tooman, G. D. (1996). The effect of social norm activation on the expression of opinions concerning gay men and Blacks. *Basic and Applied Social Psychology, 18*(3), 267–288. doi:10.1207/s15324834basps1803_2.
- Moore, K. E., & Tangay, J. P. (2017). Managing the concealable stigma of criminal justice system involvement: A longitudinal examination of anticipated stigma, social withdrawal, and post-release adjustment. *Journal of Social Issues, 73*(2), 322–340.
- Newheiser, A. K., Barreto, M., & Tiemersma, J. (2017). People like me don't belong here: Identity concealment is associated with negative workplace environments. *Journal of Social Issues, 73*(2), 341–358.
- Overstreet, N. M., Gaskins, J. L., Quinn, D. M., & Williams, M. K. (2017). The moderating role of centrality on the association between internalized intimate partner violence-related stigma and concealment of physical IPV. *Journal of Social Issues, 73*(2), 307–321.
- Pachankis, J. E. (2007). The psychological implications of concealing a stigma: A cognitive-affective-behavioral model. *Psychological Bulletin, 133*(2), 328–345. doi:10.1037/0033-2909.133.2.328.
- Pettigrew, T. F., & Tropp, L. R. (2006). A meta-analytic test of intergroup contact theory. *Journal of Personality and Social Psychology, 90*(5), 751–783. doi:10.1037/0022-3514.90.5.751.
- Quinn, D. M. (2017). Identity concealment: Multilevel predictors, moderators, and consequences. *Journal of Social Issues, 73*(2), 230–239.
- Quinn, D. M., Kahng, S. K., & Crocker, J. (2004). Discreditable: Stigma effects of revealing a mental illness history on test performance. *Personality and Social Psychology Bulletin, 30*(7), 803–815. doi:10.1177/0146167204264088.
- Ragins, B. R. (2008). Disclosure disconnects: Antecedents and consequences of disclosing invisible stigmas across life domains. *Academy of Management Review, 33*(1), 194–215. doi:10.5465/AMR.2008.27752724.
- Ragins, B. R., & Cornwell, J. M. (2001). Pink triangles: Antecedents and consequences of perceived workplace discrimination against gay and lesbian employees. *Journal of Applied Psychology, 86*(6), 1244–1261. doi:10.1037/0021-9010.86.6.1244.
- Roth, S., & Cohen, L. J. (1986). Approach, avoidance, and coping with stress. *American Psychologist, 41*(7), 813–819. doi:10.1037/0003-066X.41.7.813.
- Ryan, W. S., Legate, N., Weinstein, N., & Rahman, Q. (2017). Autonomy support fosters lesbian, gay, and bisexual identity disclosure and wellness, especially for those with internalized homophobia. *Journal of Social Issues, 73*(2), 289–306.
- Schiappa, E., Gregg, P. B., & Hewes, D. E. (2006). Can one TV show make a difference? Will & Grace and the parasocial contact hypothesis. *Journal of Homosexuality, 51*(4), 15–37. doi:10.1300/J082v51n04_02.
- Seidman, S. (2002). *Beyond the closet: The transformation of gay and lesbian life*. New York, NY: Routledge.

- Steele, C. M. (1988). The psychology of self-affirmation: Sustaining the integrity of the self. In L. Berkowitz (Ed.), *Advances in experimental social psychology* (Vol. 21, pp. 261–302). San Diego: Academic Press.
- Ullman, S. E. (1996). Correlates and consequences of adult sexual assault disclosure. *Journal of Interpersonal Violence, 11*(4), 554–571. doi:10.1177/088626096011004007.
- Weisz, B. M., Quinn, D. M., & Williams, M. K. (2015). Out and healthy: Being more “out” about a concealable stigmatized identity may boost the health benefits of social support. *Journal of Health Psychology*. doi:10.1177/1359105315589392.
- Wessel, J. L. (2017). The importance of allies and allied organizations: Sexual orientation disclosure and concealment. *Journal of Social Issues, 73*(2), 240–254.
- Wright, S. C., Aron, A., McLaughlin-Volpe, T., & Ropp, S. A. (1997). The extended contact effect: Knowledge of cross-group friendships and prejudice. *Journal of Personality and Social Psychology, 73*(1), 73–90. doi:10.1037/0022-3514.73.1.73.
- Zea, M. C., Reisen, C. A., Poppen, P. J., Bianchi, F. T., & Echeverry, J. J. (2007). Predictors of disclosure of human immunovirus-positive serostatus among Latino gay men. *Cultural Diversity and Ethnic Minority Psychology, 13*(4), 304–312. doi:10.1037/1099-9809.13.4.304
- Zitek, E. M., & Hebl, M. R. (2007). The role of social norm clarity in the influenced expression of prejudice over time. *Journal of Experimental Social Psychology, 43*(6), 867–876. doi:10.1016/j.jesp.2006.10.010

MICHAEL H. PASEK is a graduate student in social psychology at The Pennsylvania State University, where he is a National Science Foundation Graduate Research Fellow and a University Graduate Fellow. His research focuses on the consequences of stigma and prejudice as they affect various social identities, including but not limited to race, religion, sexual orientation, and gender. Additionally, Michael is interested in the development and implementation of psychological interventions designed to buffer individuals from the negative consequences of real or perceived prejudice and to foster a more equitable society.

GABRIELLE FILIP-CRAWFORD is an Assistant Professor in the Psychology Department at St. Catherine University. Her research explores the ways in which individuals and groups identify and manage opportunities and threats in their social environments, and the implications of this for interpersonal and intergroup relations. Dr. Filip-Crawford is also interested in the concealability and visibility of sexual orientation, and how this affects both person perception processes and LGBT physical and mental health.

JONATHAN COOK is an Assistant Professor in the Department of Psychology at The Pennsylvania State University. His research investigates how social categories like race, gender, sexual orientation, or chronic illness, can affect motivational, behavioral, and neurobiological processes over time. Dr. Cook also studies how brief psychological interventions can help people manage concerns related to negative stereotypes or bias in social environments. His research has been supported by grants from the National Science Foundation, the National Multiple Sclerosis Society, and the Consortium of Multiple Sclerosis Centers, among others.