The Disability-Authenticity Dilemma:
A Randomized Trial of Responses to Disability Disclosure

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Abstract

Background: Should employees with disabilities be their "authentic selves" at work, and if so, how can managers support this? Despite societal gains in disability inclusion, there remains an inherent tradeoff between the freedom to disclose and the potential for stigma-based backlash.

Objective: We experimentally explore the risks of disability disclosure by presenting participants with a hypothetical colleague who reveals the details of a disability and gauge the reactions of participants acting in the role of colleagues (Study 1) and of real managers (Study 2).

Methods: Study 1 utilized an experiment with a 3x3x2 design (*Disability Type*: prosthetic arm, dyslexia, depression; *Background Story:* none, disability link, job reassurance; *Gender:* male, female). Quantitative and qualitative items measured general reactions to the email as well as perceptions of work success and trustworthiness. Study 2 surveyed working managers about their current practices with respect to disability disclosure, presented new tools for their use, and measured their likelihood to adopt these. Statistical tests include analyses of variance/t-tests, Chi-squared tests, and cluster analyses.

Results: Participants felt more positively about some disabilities (a prosthetic arm; dyslexia) over others, with mental health (depression) being the most problematic. Ratings did not improve with added reassurance about their skills for and commitment to the job. Managers responded most positively to employee-supporting behaviors over social sharing behaviors.

Conclusions: Mental health disabilities remain the greatest challenge in the realm of disability disclosure, and managers must navigate the outsized reactions to this particular "share" among their employees and signal that disclosure is valued.

Introduction

People want to be who they truly are at work, and companies have begun crafting mission statements and job ads that promote their employees' ability to bring their whole selves to the job (see examples at Verizon,[1] Accenture,[2] and Intel[3]). The field of psychology supports this movement and points to advantages when people can relax the dividing lines between their work and home selves (including gains in positive mood,[4] well-being,[5] relationship building,[6] and increased productivity/reduced turnover[7]). But are people tolerant of hearing about all facets of your experiences? Or is there a need for more "strategic authenticity,"[8] where you must project competence and professionalism while also sharing just enough (but not too much) about your personal life to seem approachable? And are the rules the same for everyone?

For employees with disabilities, deciding how much to share of their personal life story and circumstances has always been a challenge. The decision to disclose, or not, is a carefully calculated step, shaped by historical stigma.[9] Disclosing a disability or even requesting accommodations may perpetuate stereotypes such as being perceived as burdensome, costly, socially awkward, lacking commitment, or hindering productivity, each of which can drive bias[10]. Some may even ignore pursuing legally sanctioned accommodations[11] to protect their reputation. Without a sense of holistic belonging,[12] the reality of the disability employment experience often results in a decision to avoid being authentic.

While the stakes are high, our understanding of disability disclosure is low. There is general agreement that authenticity at work has limits,[13] but it's unclear whether discussion of various types of disability cross those lines, and if they do, how managers should handle them. To explore this tension for employees with disabilities, we conducted a pair of experiments to look at how coworkers and managers respond to these authentic disclosures.

Method

The Institutional Review Board approved this research, which used the CONSORT reporting guidelines.[14] Informed consent was obtained for all participants.

Statistical Analyses

Both studies were completed online using the Prolific Academic platform. Data was analyzed only once all participants had completed the task. To explore differences between conditions, analyses of the quantitative items included analyses of variance (ANOVA) and subsequent independent sample t-tests to assess the relationship between the independent variables (disability/explanation status) and the dependent variables (ratings of teammates, Future Work Comfort, Value of Authenticity at Work), Chi-square analyses, and cluster analyses. All statistical tests were completed using SPSS 31 and R 4.4.1.

Study 1 Survey Design and Study Sample

In total, 2,636 individuals participated in this study online. To qualify for the study, participants had to be above 18 years of age, US citizens, and currently employed. The sample was roughly 84% between the ages of 25 and 54, 49% male, 50% female, and 1% other, and 93% had at least some college education or higher. Only 12% identified as living with a disability or long-term health condition.

Study 1 Variables/Measures

We built a fictitious company and a team of three whose members all varied in what they disclosed in a getting-to-know-you conversation. Different participants saw different versions of the third teammate introducing themselves. Participants were sorted into a 3x3x2 design (disability type by explanation type by gender) using the Qualtrics randomizer tool, and were blind to condition. All participants read about teammate 1 (who introduced himself as an avid

dog trainer with championships under his belt), teammate 2 (who introduced herself as a parent of three and spoke of some of the struggles of parenting), and teammate 3 (who always contained a description of a disability, but the specifics and their gender varied by conditions). The disability was either living with a prosthetic arm, dyslexia, or depression. Additionally, some conditions contained more backstory to explain the history of their particular disability. In the case of depression, additional versions of the backstory condition added reassurance about the person's commitment to getting the job done, effective skills for the job, or both. See Online Appendix for the full presentation of materials.

After seeing the manipulation, participants rated their impressions of Teammate 3's decision to disclose information as such, as well as their reactions to the topic of authenticity at work more generally, in a series of 7-point scale questions. Four items created for this study, called *Future Work Comfort* (Cronbach's α=0.79), described how much the participant would want to work with Teammate 3, their judgment of how appropriate it was for the teammate to share such personal information about themselves, and whether or not they or someone else would want to work at this company. Another of seven items, the *Value of Authenticity at Work* (α=0.85), described how comfortable people are with authenticity at work in general. See Online Appendix for full list of items.

Study 1 Results

See Table 1 for descriptive statistics on all study variables. When rating each individual teammate in turn about how much the participant would want to work with them, results showed that people were significantly more comfortable working with a non-disabled teammate (dog trainer or parent) than one with a disability (prosthetic arm, dyslexia, and depression combined)

on a single-item measure of how much the participant would want to work with that one teammate (F=111.5, p<0.001, df=2,7905, η^2=0.03).

Within the disability category, a further hierarchy existed with respect to the Future Work Comfort Variable—overall ANOVA (F[2,2633]=107.96, p<0.001, η^2=0.08). Participants were significantly less comfortable working with a teammate who spoke about their depression than about a prosthetic arm (t[1968]=-12.20; p<0.001; 95% CI=[-0.70, -0.51]; *Cohen's d*=-.58) or their challenges with dyslexia (t[1973]=-10.98; p<0.001; 95% CI=[-0.66, -0.46]; *Cohen's d*=-0.52), regardless of any additional information they provided. Even when that person added commentary about their commitment to the job and their skills for doing the job, the lower ratings persisted—there was no statistical difference between depression without extra explanation and depression with any explanation (t[2630]=-.81, *ns*), but even with extra explanation, the significant differences between depression and prosthetic arm (t[2630]=-11.17; p<0.001; 95% CI=[-2.22, -1.56]; *Cohen's d*=-1.86), and dyslexia (t[2630]=-10.29; p<0.001; 95% CI=[-2.07, -1.41]; *Cohen's d*=-1.71), remained.[a]

We then explored the potential spillover consequences of disability disclosures on participants' attitudes about the Value of Authenticity at Work and found significant differences between disability stories (F[2,2633]=72.28; p<0.001; η^2=0.057). Participants felt authentic disclosures were significantly less valuable overall after reading any of the depression disclosures as compared to prosthetic arm (t[1968]=-10.41; p<0.001; 95% CI=[-0.61, -0.42]; *Cohen's d*=0.50) or to dyslexia (t[1973]=-8.82; p<0.001; 95% CI=[-0.54, -0.34]; *Cohen's*

[a] When examining just that subset of participants who themselves self-identified as living with a disability or long-term health condition, the pattern of results was the same—no extra understanding was afforded to those describing their mental health struggles by these participants (see Online Appendix).

d=0.50). This is a strong signal that such a particular "share" about depression crossed a boundary between helpful and concerning/inappropriate.

While a full 94% of our participants said they felt comfortable sharing personal information about themselves at work and 84% agreed that authenticity can help improve team dynamics (indeed, one participant even noted that it was especially challenging to work with a colleague who refused to share anything at all about their personal life and asked to be skipped in moments when everyone was offering some information about themselves), nearly 75% also noted that it is possible to be "too authentic" and that some information may create tensions. It seems that people support the idea of authenticity at work, provided there are some kinds of boundaries around what gets discussed.

In study two, we continue this exploration by examining how managers can mitigate this dilemma for employees with disabilities specifically. The results of study one highlight a potential tension for managers when addressing disclosures at work: Should they focus on their interpersonal relationship with the employee directly or work to normalize and reframe disability disclosures to create an open climate more broadly?

Study 2 Survey Design and Study Sample

In this study, 251 individuals participated online. To qualify for the study, participants had to be above 18 years of age and currently employed in the role of manager (98% had been in management for longer than a year). The sample was roughly 83% between the ages of 25 and 54, 55% male, 44% female, and 1% other, and 94% had at least some college education or higher. In this sample, 19% identified as living with a disability or long-term health condition.

Study 2 Variables/Measures

We asked managers to rate their opinions on authenticity in the workplace and to share their experiences of "overshares." We then presented managers with eight strategies for dealing with disability disclosures and asked them to rate if they had used them in the past, would use them in the future, and how effective they found them. The eight strategies were:

- **Acknowledge:** Acknowledge the person's comments and move on ("Thank you for sharing.")
- **Continue Privately:** Tell the person that you'd like to continue the conversation one-on-one ("I'd be happy to discuss this with you further, let's set up a meeting.")
- **Support:** Ask directly how to support this employee ("I'd like to learn more about how I can support you.")
- **Follow Up:** Follow up later to show continued support ("You mentioned something last week that stuck with me. I just wanted to check in and see how things are going.")
- **Research:** Do external research about how to be an ally for employees with disabilities (reading or watching videos about supporting employees with disabilities)
- **Personal Example:** Lead by example and share something challenging from your own life/your own disability ("I have a child with a disability and understand the struggles it can cause.")
- **Reframe:** Reframe challenges in a positive light ("I know that having challenges such as these builds a tremendous amount of resilience.")

- **Team Members:** Encourage other team members to support this person and share their own struggles ("I'm sure others also face challenges, and I hope everyone feels comfortable sharing so that we can all support one another.")

We then showed them three specific examples (story 1 was the same depression discussion from study 1, story 2 referred to a "bad flare-up" of an unnamed medical condition, and story 3 referred to being overwhelmed by the lighting and noise at a bar for an office happy hour) and had them rate whether they would use each strategy (see Online Appendix for full study materials).

Study 2 Results

First, we confirmed our findings regarding the differences between disability types as seen in Study 1. Managers rated discussing mental health at work, such as depression, (M=3.91, SD=1.34) as significantly less appropriate than discussing physical health, such as having a prosthetic arm, at work (M=4.45, SD=0.95), t[500]=-5.17, p<.001, 95% CI=[-0.737, -0.331]. Managers also said that these conversations came up less often and reported that mental health (M=2.41, SD=1.08) was discussed less than physical health (M=3.12, SD=0.93), t[500]=-7.87, p<.001, 95% CI=[-0.886, -0.532].

Since managers rated all eight strategies on previous use, future use, and perceived effectiveness, we conducted within-subjects analyses looking at managers' ratings of each strategy. Managers reported that they would be more likely to use six strategies in the future than they had in the past (*Continue Privately, Reframe, Team Members, Support, Research,* and *Follow Up*). There was only one strategy, *Acknowledge*, that participants reported being less

likely to use in the future than they had used in the past. Additionally, there was no difference in past and future use of the *Personal Example* strategy (see Table 2).

This suggests that managers may currently not know how to handle disability disclosures and default to simply acknowledging them; however, once they learn other options for handling disability disclosures, they would be willing to use them. Additionally, managers generally acknowledged that they didn't always have the tools to respond to comments about disability. One participant noted that the best they could do was to say something like, "I'm sure everything will work out," or "Maybe you need to talk to a professional." Several others felt that discussions of the mental health challenges of family members "simply felt like too much" and that they "did not know what to do with that."

We next explored ratings of perceived strategy effectiveness. First, we conducted a cluster analysis (using the R package "cluster") to identify whether some strategies were considered more similar in terms of their perceived effectiveness than others. Results revealed two clusters. The first cluster contained five strategies (*Acknowledge, Continue Privately, Support, Research,* and *Follow Up)*. We called this the Cluster 1-Supportive group, which included all supportive employee-focused behaviors involving listening, learning, and checking in. The second cluster contained three strategies (*Team Members, Personal Example, Reframe).* We called this the Cluster 2-Sharing group, since they all focus on broadening the conversation away from the disabled employee and normalizing these disclosures. We recoded the strategies into these two clusters and found that managers rated Cluster 1-Supportive behaviors as more effective (M=4.21, SD=0.91) than Cluster 2-Sharing (M=3.76, SD=1.17) ones (t[12.99]=8.90, p<.001, *Cohen's d*=0.44). See Table 3 and Figure 1.

We then explored the likelihood that managers would use the strategies for each of the examples (see Table 3 for manager ratings of each strategy). We created a binary "Would Use/Would Not Use" variable and used chi-squared to compare managers' likelihood of using each cluster. For all examples, participants were more likely to use Cluster 1-Supportive behaviors than Cluster 2-Sharing behaviors (example 1, χ^2=210.12, $p < 0.001$, Φ=-0.32; example 2, χ^2=180.58, $p < 0.001$, Φ=-.03; example 3, χ^2=42.67, $p < 0.001$; Φ=-.15).

In short, managers often relied on acknowledging disability disclosures in the past but judged it as less effective than more engaged responses, such as supporting or following up, for specific simulated situations and for their own use in the future. Once they had learned about the strategies presented, managers responded well to continuing such support. However, they also recognized the difficulty other team members may have in being authentic after such disclosures and were hesitant to endorse strategies that put others or themselves on the spot.

Discussion

Our results show that disability disclosure, particularly surrounding mental health, remains a challenge. Results of Study 1 demonstrated that, unique among disability disclosures, the presentation of details about a mental health condition (in this case, depression) made participants uneasy. They became less likely to endorse the merits of authenticity in general, and less likely to want to engage with that teammate specifically. Additional comments about the focal employee's commitment to and success on the job did little to alleviate these concerns, even among participants who themselves live with a disability or long-term health condition.

Study 2 brought these questions to active managers and revealed the discomfort that many felt regarding disability disclosures in the workplace, especially as related to the topic of mental health. Fortunately, they seemed open to suggestions on how to move forward in both

supporting their employees and maintaining a professional atmosphere for everyone, including strategies for connecting with the employee through an ongoing and interactive process.

The experimental research designs employed, including the use of random assignment and a within-subjects design, offer the opportunity to assess causality in the judgments made by our participants, regardless of individual differences. However, at the same time, the use of vignettes limits the realism that we can recreate. Even when asking about participants' real-world experiences, taking part in an online survey such as this may change the way they think about the topics presented. Perhaps participants were more accepting of a fictitious disclosure than they would be in a similar moment at work. Future research can aim to better understand how disability disclosure unfolds in a true professional context.

Conclusion

On the job, managers have the power to set the tone and should make it clear that the line for authenticity cannot be in a different place for different people. Of course, these steps can't solve the inherent bias that colleagues may hold against mental health disability, and it's also not the goal to have a manager sanction everyone sharing every personal detail of their lives. Instead, managers are responsible for ensuring that professional conversations and team building remain reasonable and comfortable across topics. When challenging and potentially bias-provoking topics such as mental health disabilities come up, managers can reinforce that authenticity doesn't have to end where mental health begins by engaging with their employees (publicly and/or privately) instead of avoiding the conversation, by learning more about how to better support their employees, and by building partnerships that invite employee input. When leaders model this genuine openness,[15] others take the cue,[16] and culture can change.

In the end, disability disclosure isn't unprofessional; it's human. It allows people to meet their needs at work,[17] helps broaden coworkers' perspectives,[18] and increases empathy.[19] To gain these benefits, managers must actively signal that disclosure is valued. As one manager put it, "my role is not just to respond to challenges, but to anticipate them and build a workplace where authenticity is honored with dignity and care." The right tools can help make that goal a reality, particularly within disability employment.

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Table 1 – Study 1 Differences between conditions

DV	Condition: Type of Story	N	Mean	SD	95% LLCI	95% ULCI
Future Work Comfort	Dog Training	2636	5.79	1.02	5.75	5.83
	Parenting	2636	5.59	1.13	5.55	5.64
	Depression	666	4.91	1.55	4.80	5.03
	Depression w. hard skills	215	4.90	1.59	4.69	5.12
	Depression w. reliability	216	4.91	1.58	4.70	5.12
	Depression w. hard skills+reliability	212	4.90	1.55	4.69	5.11
	Prosthesis	661	5.75	1.04	5.67	5.83
	Dyslexia	666	5.63	1.21	5.54	5.72
Value of Authenticity at Work	Depression (All versions)	1309	4.76	1.08	4.70	4.81
	Prosthesis	661	5.27	0.94	5.20	5.34
	Dyslexia	666	5.20	1.00	5.12	5.27

Table 2 – Study 2 Between and Within Condition Differences

Cluster	Strategy	Used Before Mean (SD)	Use in Future Mean (SD)	Mean Diff	*t*	*p*	LL 95% CI	UL 95% CI	Find Effective Mean (SD)	*t*	*p*
Supportive Employee-Centered Behaviors	Acknowledge	4.34 (0.89)	4.11 (1.01)	-0.22	-4.15	0.00	-0.33	-0.12	4.09 (0.95)	--	--
	Continue Privately	3.89 (1.20)	4.15 (0.98)	0.26	3.89	0.00	0.13	0.38	4.15 (0.93)	1.79	0.07
	Support	4.15 (1.00)	4.32 (0.86)	0.17	3.38	0.00	0.07	0.27	4.34 (0.78)	5.00	0.00
	Research	3.46 (1.39)	3.97 (1.14)	0.51	7.38	0.00	0.38	0.65	4.01 (1.06)	-0.49	0.63
	Follow Up	4.25 (1.03)	4.43 (0.76)	0.19	3.42	0.00	0.08	0.30	4.45 (0.76)	6.87	0.00
Social Sharing Behaviors	Personal Example	3.63 (1.37)	3.67 (1.30)	0.04	0.70	0.49	-0.07	0.15	3.87 (1.12)	-2.96	0.00
	Reframe	3.61 (1.30)	3.73 (1.28)	0.12	2.05	0.04	0.01	0.23	3.81 (1.18)	-3.83	0.00
	Team Members	3.28 (1.40)	3.48 (1.29)	0.21	3.73	0.00	0.10	0.32	3.61 (1.20)	-7.17	0.00

Table 3 – Manager Usage Ratings for Study 2 Scenarios

	Strategy	Very Likely	Might Use	Wouldn't Use
Scenario 1 – Depression				
Cluster 1 - Supportive	Acknowledge	161 (64.1%)	69 (27.5%)	21 (8.4%)
	Continue Privately	113 (45.0%)	95 (37.8%)	43 (17.1%)
	Support	152 (60.6%)	78 (31.1%)	21 (8.4%)
	Research	90 (35.9%)	104 (41.4%)	57 (22.7%)
	Follow Up	163 (64.9%)	62 (24.7%)	26 (10.4%)
Cluster 2 - Sharing	Personal Example	65 (25.9%)	94 (37.5%)	92 (36.7%)
	Reframe	53 (21.1%)	97 (38.6%)	101 (40.2%)
	Team Members	48 (19.1%)	80 (31.9%)	123 (49.0%)
Scenario 2 – Flare up				
Cluster 1 - Supportive	Acknowledge	181 (72.1%)	55 (21.9%)	15 (6.0%)
	Continue Privately	72 (28.7%)	103 (41.0%)	76 (30.3%)
	Support	135 (53.8%)	76 (30.3%)	40 (15.9%)
	Research	74 (29.5%)	86 (34.3%)	91 (36.3%)
	Follow Up	151 (60.2%)	72 (28.7%)	28 (11.2%)
Cluster 2 - Sharing	Personal Example	53 (21.1%)	92 (36.7%)	106 (42.2%)
	Reframe	44 (17.5%)	93 (37.1%)	114 (45.4%)
	Team Members	41 (16.3%)	65 (25.9%)	145 (57.8%)
Scenario 3 - Overstimulating				
Cluster 1 - Supportive	Acknowledge	189 (75.3%)	47 (18.7%)	15 (6.0%)
	Continue Privately	50 (19.9%)	73 (29.1%)	128 (51.0%)
	Support	107 (42.6%)	85 (33.9%)	59 (23.5%)
	Research	56 (22.3%)	71 (28.3%)	124 (49.4%)
	Follow Up	84 (33.5%)	77 (30.7%)	90 (35.9%)
Cluster 2 - Sharing	Personal Example	70 (27.9%)	80 (31.9%)	101 (40.2%)
	Reframe	47 (18.7%)	83 (33.1%)	121 (48.2%)
	Team Members	40 (15.9%)	73 (29.1%)	138 (55.0%)

Figure 1 – Study 2 Manager usage ratings for strategies by cluster and scenario