

HUMAN INTEREST NARRATIVE | WELLBEING IN THE WORKPLACE SERIES

The Day Marcus Stopped Putting His Hand Up.

A story about cognitive decline at work, the stigma nobody names, and the moment an organisation fails the person it needed most.

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March 2026

Marcus is a composite character. His story is drawn from documented workplace experiences of individuals living with early cognitive change. It is fictional in name and detail — and entirely real in every other sense.

He was the person everyone called. The one who remembered names, held context across projects, spotted what others missed in a meeting. Then, gradually, he wasn't. And nobody said a word.

Part One: The Man in the Room

Marcus had been with the company for eleven years. Senior project lead, well-liked, the kind of person who made rooms feel more manageable simply by walking into them. He remembered everything — client names, previous conversations, the detail from a meeting six months ago that everyone else had long since filed away or forgotten.

He was forty-seven. He had a mortgage, two teenage children, a partner who worked nights, and a calendar that had not had a free Tuesday in three years. He was, by every visible measure, absolutely fine.

He started noticing things privately first. The way a word would simply not be there when he reached for it — not occasionally, the way it happens to everyone, but consistently, in the middle of sentences he had been starting with confidence. The way he would read an email three times and still not be entirely sure what it was asking him to do.

He did what most people do. He said nothing. He worked harder. He stayed later. He checked his work twice, then three times, then stopped trusting it entirely.

The meetings were the hardest. Marcus had always been vocal — not aggressively, but reliably. He contributed. He challenged. He was the person whose hand went up when the room went quiet.

Sometime around month four of noticing, the hand stopped going up.

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Part Two: What the Team Saw — and Chose Not to Name

His manager, Sarah, noticed. Of course she did — she had worked with Marcus for six of his eleven years. She noticed that he had become quieter in the weekly project reviews. That he had started asking for things in writing that he previously absorbed in conversation. That he looked, sometimes, like a man doing complex mental arithmetic while everyone else was simply talking.

She did not say anything. Not because she did not care — she did, genuinely — but because she did not know how. There was no framework for this conversation. No policy she had been given. No training that had ever covered the gap between 'performance concern' and 'something is happening to this person that is not their fault.'

So she did what organisations without the right tools always do. She managed around him. She quietly stopped putting his name forward for the client-facing work. She redistributed complexity away from his desk without explaining why. She was kind about it — she thought she was protecting him.

Marcus noticed within a week. He did not say anything either. He understood, with quiet devastation, exactly what it meant.

His colleagues followed Sarah's lead — not maliciously, not even consciously. They began to work around him the way people work around a colleague who is known to be leaving. The meetings shifted. His contributions were met with a particular kind of careful, gentle acknowledgement that felt nothing like being heard.

The stigma of cognitive decline in the workplace does not usually arrive as cruelty. It arrives as kindness — misapplied, unspoken, and profoundly isolating.

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Part Three: The Conversation That Never Happened

Marcus received a diagnosis eight months after he first noticed the word retrieval difficulties. Early-stage cognitive impairment — not yet classified as dementia, but a clear neurological shift that his GP described as something to monitor carefully and address proactively.

He told his partner the same evening. He told his GP everything he had been experiencing. He told his mother on the phone that weekend, keeping his voice steady in the way you do when you have been practising steadiness for months.

He did not tell his employer.

Not because the relationship was bad. Not because Sarah was unkind — she wasn't. But because he had watched the organisation's response to his change already, before anyone had a name for it. He had seen himself quietly moved to the edge of things. He knew, with the particular clarity that comes from eleven years inside a culture, that disclosure would not open a door. It would close the remaining ones.

He was not wrong. He was also not right. He was simply a person who had never been given any reason to believe that his workplace was a safe place to be anything other than well.

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Part Four: What an Ethical Organisation Would Have Done

This is not a story about a bad employer. Most of the organisations where this story plays out are not bad employers. They have wellbeing policies. They have EAP programmes. They have mental health first aiders and flexible working arrangements and values statements that include words like

dignity and inclusion.

What they do not have — what most organisations do not have — is a culture of psychological safety robust enough to hold a conversation about cognitive decline without it becoming, immediately and irreversibly, a conversation about someone's future at the company.

An ethical support system for cognitive wellbeing in the workplace would have looked different for Marcus at every stage.

Before disclosure

A culture where cognitive health was discussed openly — not as a crisis category but as a normal dimension of the human experience at work. Where reasonable adjustments were already normalised, so requesting them did not mark someone as diminished.

At the point of change

A manager equipped with the language and the psychological framework to name what she was observing with compassion — not as a performance conversation, but as a wellbeing check-in. Not 'I've noticed your work has changed' but 'I've noticed you seem to be carrying something. I want you to know there is support here if you need it.'

After disclosure

A structured, confidential pathway — occupational health referral, a reasonable adjustments review, a return-to-work or adjusted-role plan built with Marcus, not for him. An assurance that disclosure would not close doors — backed by consistent organisational behaviour, not just a written policy.

Across the team

Education for the wider team — not about Marcus specifically, but about cognitive health generally. Normalising the conversation at team level so that one person's visible struggle does not become a private performance management issue in the dark.

Part Five: The SDG Dimension — Why This Is a Global Issue

Marcus's story is not exceptional. It is the pattern. Across the UK, an estimated 400,000 people are managing a health condition affecting cognition while in employment — conditions ranging from early-stage dementia and acquired brain injury to ADHD, long COVID cognitive effects and stress-induced cognitive impairment.

The United Nations Sustainable Development Goals provide the global framework within which workplace cognitive wellbeing must be understood:

<p style="text-align: center;">SDG 3</p> <p style="text-align: center;">Good Health & Wellbeing</p> <p>SDG 3.4 targets reduction in premature mortality and promotion of mental health and wellbeing. Workplace cognitive health — and the ethical support systems that sustain it — is a direct SDG 3 implementation site.</p>	<p style="text-align: center;">SDG 8</p> <p style="text-align: center;">Decent Work & Economic Growth</p> <p>SDG 8 calls for full and productive employment and decent work for all. An employee managed out of meaningful work because of unaddressed cognitive change — without ethical support, reasonable adjustments or fair process — is an SDG 8 failure.</p>	<p style="text-align: center;">SDG 10</p> <p style="text-align: center;">Reduced Inequalities</p> <p>Cognitive decline disproportionately affects those in high-demand, lower-resourced roles. The absence of ethical support systems widens inequality — those with access to private healthcare navigate this differently from those without.</p>
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Epilogue: The Hand That Stopped Going Up

Marcus left the company fourteen months after the day the hand stopped going up. He did not resign dramatically. He did not raise a grievance. He accepted a settlement, signed the agreement and cleared his desk on a Friday afternoon when most people had already left for the weekend.

His manager sent a kind email. His colleagues organised a leaving card. Someone brought in a cake.

Nobody ever said the thing that needed saying. That they had seen him change and had not known how to help. That the organisation had a responsibility it had not known how to meet. That the silence, however well-intentioned, had cost him something he would not get back.

That silence is not a management failure. It is a system failure. And it is playing out, right now, in organisations across the country — in quiet offices, in redirected emails, in hands that have learned that the safer choice is to stay down.

***The question for every organisation reading this is not 'Do we have a wellbeing policy?'
It is: 'Would Marcus have stayed?'***

References

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