

STIGMATIZED BUT TRUSTED: PARADOXICAL EFFECTS OF ADHD DISCLOSURE IN
INTERDEPENDENT RELATIONSHIPS

Daniel Seth Lewis

An approved thesis substitute submitted to the faculty at the University of North Carolina at Chapel Hill in partial fulfillment of the requirements for the degree of Master of Science in the Kenan-Flagler Business School (Organizational Behavior).

Chapel Hill

2021

Approved by:

Michael S. Christian

Shimul Melwani

© 2021

Daniel Seth Lewis

ALL RIGHTS RESERVED

ABSTRACT

Although people with attention-deficit/hyperactivity disorder (ADHD) make up a substantial proportion of the working-age adult population and ADHD is directly relevant to many of the constructs in organizational behavior, little research has been conducted on ADHD in organizations. This study begins to integrate the Organizational Behavior literature with the cross-disciplinary ADHD literature by examining how the sharing of personal information related to an ADHD diagnosis affects the working relationships of organizational members.

Building on the trust literature, I show that ADHD disclosure, relative to learning about an ADHD diagnosis from a third party, functions as a basis for trust formation. This effect is robust even in the case where interdependence is high and disclosure might call attention to job-relevant impairments. I demonstrate that ADHD disclosure makes the discloser more likeable and that trust fully mediates the effect. Finally, I offer evidence that interdependence moderates the mediated effect of disclosure on liking through trust. These research findings suggest that organizations should allow their members with ADHD the opportunity to disclose having ADHD to their colleagues directly, and individuals with ADHD should consider the relational benefits of disclosure when weighing the decision of whether to disclose having ADHD at work.

To everyone I have relied on in ways big and small

ACKNOWLEDGEMENTS

Many people, both in and out of my university, offered me critical support during this project. I must first thank my advisor and reader, Mike Christian, for giving me this opportunity. I enjoyed collaborating with him on this research. His open-mindedness, humor, unwavering encouragement, and enthusiastic instruction are gifts to anyone who has a chance to work with him. I am also very grateful to my graduate program director and reader, Shimul Melwani, without whose support and commitment I would not have even began this project. In addition, Kim Yates helped me navigate the official side of the process. I owe a special debt to the director of the Accessibility Resources & Service, Tiffany Bailey, who was a tireless advocate and champion for me.

Several people lent their insights to the research itself. My cousin and a psychotherapist with experience working with ADHD patients, Ilana Cuttler, contributed the insight that people may discount the truth of an ADHD diagnosis when communicated through a third party rather than through self-disclosure. My mother and the acting CEO of a management consulting firm, Sheryl Lewis, offered the critical insight that people on a team might attribute disclosure from a teammate to the functional necessity of the situation but disclosure from an acquaintance to the disposition of the discloser. Of course, my advisor, Mike Christian, gave extensive theoretical and methodological guidance throughout this research project.

I am incredibly thankful to my team of people who held me accountable, celebrated my successes, encouraged me, and helped me manage each obstacle I encountered along the way. My

coach, Suzanne Ostrowski-Dansel, boosted me every Tuesday and Friday morning with problem-solving, planning, organization, motivation, and, especially, self-education. On her suggestion, and with the effort of Tiffany Bailey, I found an amazing person, Megan Foxworth, to help me plan, prioritize, and activate every day. My friend, Ilan Kaplan, and my brother, Julian Lewis, went above and beyond to support me throughout this project by meeting with me every week for collaborative working sessions. My mother, Sheryl Lewis, outdid them both by working with me every day. My father, Eric Lewis, reflected my curiosity in this research and was an excellent partner in thinking through the various ideas under investigation. And my girlfriend, Emily Rubenstein, reliably motivated me over and over with her collaboration, encouragement, and celebrations. My grandmother, Helene Lewis, was a bottomless well of love and a reliable champion. I am also grateful to my friend, Joshua Remba, and my sister-in-law, Rachel Lewis, for their support.

Finally, I would like to acknowledge my grandfather, Herbert Lewis, of blessed memory; my undergraduate professors, Aaron Sachs and Mary Katzenstein; my classmates, Ricky Burgess and Ben Rogers; my friend, Nava Jacknis; my cousins, Freddi and Harry Gallack; and (although he is too young to realize it) my nephew, Henry Lewis, for bolstering me throughout my graduate school journey.

PREFACE

This research project almost did not happen.

I entered the PhD program at UNC Chapel Hill with naïve trepidation, aware that long-term academic success was a longshot for anyone and vaguely suspecting that I may be underprepared for the demands of graduate school. But I knew I had an unslaked curiosity about organizational behavior and its sub-field of judgment and decision making, and I determined to pursue my interests as far as I could.

I greatly enjoyed my academic life—the reading, writing, courses, seminars, and research—but in my second semester, I began floundering. Difficult and boring tasks, no matter how small (like IRB applications or survey panel pricing) stalled my research progress. At the beginning of my three-hour lecture courses, I would sit down at the front of the room with notetaking materials ready and every intention of learning—only to find at the end that I had instead updated my to-do list, jotted down unrelated thoughts, or simply doodled. I failed to keep track of minor scheduling changes, like a seminar taking place at a different time, and missed important events as a result. Long periods of time during winter and summer breaks, where I had little structure to my working day or accountability for deadlines, passed without meaningful accomplishments. Keeping up with chores and personal tasks—laundry, taxes, meals—occluded my more important academic work, and I blamed myself for my errors in prioritizing. Even while learning about the constructs of motivation, goal-striving, and self-regulation in my courses, I ruminated about why it seemed so difficult for me to enact those behaviors.

Comparing myself to my classmates, I began to see myself as lazy, disorganized, and even immature.

Having tried every kind of self-help solution and still frustrated with my own behavior, I sought help from student health services at the start of my second year. My provider speculated about a litany of possible disorders which might cause the kind of struggles I had described. I researched each in detail upon returning home. When I read the description of attention deficit/hyperactivity disorder (ADHD), I experienced a lurching clarity. I felt like the cat who looked upon a mirror for the first time and became bewildered to find she was not a dog (Singer, 1977).

I began a program of self-instruction on ADHD by reading *Driven to Distraction* (Hallowell & Ratey, 2011) that weekend. I came to understand why nearly every concept I had been taught about productivity and performance simply did not apply to me, or at least not in the way it was presented. Those productivity tips and tricks were formulated by and for people *without ADHD*. For instance, the more I tried to repeat the same activity in the same way and at the same time each day, rather than becoming habitual, it simply became uninteresting. Every organizing tool I tried would exceed expectations at first, then quickly become unsustainable as the novelty wore off. The tangible goals of academia—noteworthy insights, reproducible findings, R&R's and publications, recognition, a professorship, tenure—were too conceptual (and their rewards too-far off) to register at all. Clearly there were better ways to motivate my work and interface with the non-ADHD world I inhabited, but I still did not understand what they were at the time.

It would take quite a bit more time before I would be able to persevere through a research process without being stymied by some adverse interaction of my ADHD and the academic

environment. Diagnosis took two months from when I first learned I had ADHD, and finding an appropriate medication took approximately a year from when I was diagnosed. Most importantly, I began learning about ADHD; developing a conceptual toolkit; educating the relevant others in my life about ADHD; and building a social and structural environment around myself that supports rather than punishes my ADHD. That process started nearly two years ago and I do not envision it ending soon. Perhaps it is not surprising, then, that merely finding out that I had ADHD was not sufficient to immediately turn my academic prospects around.

With my department's support, I decided to finish my coursework, complete a master's thesis, and graduate. This thesis would require further incursion into the research process than I had yet successfully achieved, and for a while it appeared I might not be able to finish. But in that academic nadir, I had the opportunity to relearn who I am and how I work. And I am proud to say that I have made this project a success. I advocated for myself and the accommodations I would need to be successful; I selected a research topic that was personally relevant and interesting; I learned to ask for help and sought out daily accountability for myself; and I relied on my conceptual toolbelt when I hit stumbling blocks. I do not claim that this success was entirely my own—only that I led my team of supporters well.

Although I have only scratched the surface of research into ADHD in organizations with this project, I hope this research will encourage organizational scholars to continue this work. And while the evidence I found for the relational benefits of ADHD disclosure is only preliminary, I hope it gives those who are on the fence a small dose of courage. My personal experience and my research have both led me to believe that organizations and their members with ADHD can operate most effectively when ADHD is proactively addressed, and that can only happen if it is discussed publicly.

TABLE OF CONTENTS

Abstract.....	iii
Acknowledgements.....	v
Preface	vii
Introduction.....	1
Theoretical Background.....	4
Hypothesis Development.....	13
Methods	21
Results.....	26
Discussion.....	33
Appendix A – Vignettes	39
Appendix B – Scales.....	41
References.....	43

INTRODUCTION

Attention deficit/hyperactivity disorder (ADHD) is common in the adult working population, with a global prevalence estimated at 6.8% (Song et al., 2021). ADHD causes meaningful differences in perception (Fuermaier et al., 2018; Weissenberger et al., 2020), cognition (Fuermaier et al., 2015; Knouse & Mitchell, 2015), emotion (Bodalski et al., 2019), and motivation (Volkow et al., 2011) compared to the non-ADHD population. As a result, ADHD has the potential to impact many processes and outcomes studied by the field of organizational behavior, including creativity (Boot et al., 2020), diversity & inclusion (Doyle, 2020), and entrepreneurship (Moore et al., 2019). The effects of ADHD in organizations extend well-beyond the locus of the individual; leaders and teams who strive to be inclusive must adapt their own behavior and processes to be compatible with the different ways ADHD causes people to think and work. It is possible that not doing so may damage the well-being and productivity of an individual with ADHD and set up team processes for eventual failure.

To date, most of what we know about ADHD at work stems from research on ADHD and entrepreneurship. Individuals with ADHD may be both more drawn to entrepreneurship than others (Wiklund et al., 2017) and well-equipped for entrepreneurship (Moore et al., 2019). Yet, most people with ADHD do not earn their living as entrepreneurs. Given the prevalence of ADHD and its relevance to organizations, it is important to understand how ADHD affects organizational processes and outcomes in a more general working context.

One possible reason why ADHD has received little research attention from organizational scholars is that, despite the many predictable, job-relevant individual differences it produces, ADHD is not immediately recognizable to observers. Even trained medical professionals may substantially underdiagnose ADHD in their patients (Kooij et al., 2010). Compounding the problem is the fact that many people with diagnosed ADHD are hesitant to disclose having ADHD to their employers (Madaus, 2008); in fact, they are frequently counseled against it by ADHD professionals who fear that, with respect to the individual with ADHD, the costs in stigma and discrimination will outweigh any benefits (e.g., Bell, 2017).

But organizations are limited in the proactive steps they can take to adapt to ADHD-related differences unless they are made aware that a member of the organization has ADHD. Similarly, individuals with ADHD are limited in the work accommodations they can request and receive if they have not disclosed having ADHD. Thus, there is immense practical value in understanding how ADHD disclosure functions in organizations, and it is a logical starting point for research on ADHD in organizations.

In beginning to answer the question of how organizational members react to ADHD disclosure, this paper makes four contributions. First, by examining ADHD disclosure in an organizational context, this research lays a foundation for future research on ADHD in organizations. Second, it adds to the trust literature by arguing that disclosure of sensitive personal information (i.e., a diagnosis of a stigmatized and disabling disorder) is a basis for interpersonal trust formation, not merely an epiphenomenon of pre-existing high-trust relationships. Third, it makes a counterintuitive argument that the very content of disclosure which causes people to fear it is exactly what generates that trust and leads targets of disclosure

to like disclosers more. Fourth, it contextualizes the direct and indirect effects of disclosure by explaining why they are moderated by interdependence.

In the next section, I review the existing literature on ADHD in organizations and define disclosure, trust, and interdependence. I situate ADHD in a typology of personal matters organized by visibility, stigma, and disability. In the second section, I argue that stigma associated with ADHD paradoxically causes disclosure to stimulate trust and liking between interaction partners. Then I place boundaries on that claim by arguing that perceived disability of ADHD leads interdependence to dampen the beneficial effects of disclosure. In the remaining sections of the paper, I describe the methods of the vignette study I conducted, present the results of the hypothesis tests, and discuss their implications.

THEORETICAL BACKGROUND

ADHD in Organizations

Attention-deficit/hyperactivity disorder (ADHD) is a neurodevelopmental condition that first presents in childhood and commonly persists into adulthood. According to the psychiatric model of ADHD, as described in the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association, 2013), ADHD has two primary observable (i.e., behavioral) features: inattention and hyperactivity-impulsivity. The DSM-5 notes that inattention is associated with difficulties in listening to others, organizing, following instructions, and completing difficult tasks, while hyperactivity-impulsivity is associated with fidgeting, excessive talking, and impatience. People with ADHD may exhibit inattention or hyperactivity-impulsivity, or both, but inattention tends to dominate in adults with ADHD (Vitola et al., 2017).

The behavioral features of ADHD likely derive from differences in executive function, which comprises inhibitory control, working memory, and cognitive flexibility (Banich, 2009). Inhibitory control describes the ability to suppress prepotent impulses. Working memory is the capacity to temporarily remember task-relevant information. And cognitive flexibility refers to the ease of task-switching. Taken together, executive function has both a cognitive control component (self-regulation of attention, thought, and memory) and a reward component (self-regulation of emotion and motivation) (Moore et al., 2019). Thus, people with ADHD exhibit a diminished capacity for goal-directed self-regulation of all three aspects of the trilogy of mind: cognition, emotion, and conation (Hilgard, 1980).

The effects of these differences are wide-ranging and extend beyond the two behavioral features described in the DSM-5. People with ADHD experience impairments that adversely affect their job performance, job satisfaction, personal well-being, relationships, and life expectancy (Barbaresi et al., 2013). At the same time, ADHD is positively correlated with entrepreneurship and creativity (Moore et al., 2019; White & Shah, 2006).

The present research is primarily concerned with the social effects of ADHD disclosure, which stem in part from how people perceive the features of ADHD described in the previous section. For example, much research has been devoted to evaluating social skills deficits and interventions in individuals with ADHD (Bora & Pantelis, 2016; Uekermann et al., 2010). It is likely, then, that some of the diminished social status people with ADHD obtain is due to intrinsic features of the condition. Yet, although we know that ADHD can reduce social status, previous work has not examined the effects of ADHD disclosure. The relationship between ADHD and social status is potentially caused by features of ADHD rather than those of disclosure.

But, as is argued next, ADHD disclosure is indeed critical to understanding ADHD and social status. ADHD is a social construct and functions like other marginalized identity categories and stigmatized disorders (Lebowitz, 2016; Masuch et al., 2019). Individuals with ADHD are aware of the social costs they experience—sufficiently, even, to develop self-stigma (McKeague et al., 2015). Thus, despite the possible benefits of disclosure, including the potential to receive accommodations, people with ADHD are hesitant to disclose (Brouwers et al., 2020; Madaus, 2008; Masuch et al., 2019) and are frequently counseled against disclosing that they have ADHD (e.g., Bell, 2017).

Reactions to ADHD Disclosure

Research on the interpersonal effects of self-disclosure in social psychology began more than six decades ago (Jourard & Lasakow, 1958). The finding that self-disclosure tends to make the discloser more likeable has been replicated many times (Collins & Miller, 1994). But ADHD presents a unique, and particularly difficult, disclosure puzzle because it is hidden, stigmatized, and disabling. The three dimensions of this original typology are illustrated with examples in Table 1. Unlike visible or apparent social categorization markers, such as a wheelchair or skin color, ADHD is invisible. For most people with ADHD, it is therefore a choice whether to reveal their diagnosis. In this way, it functions more like sexual orientation than gender, age, or race.

The second distinguishing feature of ADHD is stigma. Stigmatized attributes “mark [people] as different and lead them to be devalued in the eyes of others” (Major & O’Brien, 2005, p. 395). Like other marginalized social groups, people with ADHD are often the objects of others’ fear, anger, avoidance, and discrimination (Canu et al., 2008; Jastrowski et al., 2007; Kellison et al., 2010; Lebowitz, 2016; Lebowitz et al., 2016; A. K. Mueller et al., 2012; Speerforck et al., 2019; Thompson & Lefler, 2016). ADHD disclosure, then, represents a choice to publicly categorize oneself as a member of a stigmatized group. Along this dimension, ADHD

TABLE 1
Examples of Personal Matters in Typology of Visibility, Disability, and Stigma

	Disabling		Non-Disabling	
	Stigmatized	Non-Stigmatized	Stigmatized	Non-Stigmatized
Hidden	ADHD	Acute back pain	LGBT*	Weekend plans
Non-Hidden	Mobility impairment	Extremely tall stature	Acne	Brown hair

*Lesbian, gay, bisexual, and transgender

is similar to sexual orientation. But ADHD is different from other matters of disclosure that have received research attention, including positive events (Watkins, 2021), personal life details (Nifadkar et al., 2019), and potential bias (Wang et al., 2018). Stigma deters people with ADHD from disclosing (Masuch et al., 2019), but it may also change the meaning of disclosure for the target.

ADHD disclosure has not been studied directly by organizational researchers, but sexual orientation disclosure is analogous and research on the latter offers a similar logic. A pair of papers published during a period of rapidly-changing attitudes about gay rights in the United States presented the experiences of gay and lesbian employees making decisions about whether to come out to their coworkers (Griffith & Hebl, 2002; Ragins et al., 2007). First, Griffith & Hebl (2002) found that perceptions of coworkers' reactions fully mediated the relationship between disclosure behaviors and job attitudes. But the cross-sectional design of the study makes causality difficult to establish; it is equally likely that perceptions of coworkers' (potential) reactions were among the strongest *predictors* of disclosure behaviors. Then, Ragins et al. (2007) examined the disclosure decision more closely and discovered a fascinating result: "employees who perceived that they had encountered sexual orientation discrimination in past positions reported more fear of disclosure, but also disclosed to a greater extent in their current position" (Ragins et al., 2007, p. 1114). The authors speculate that, in some cases, the desire for authentic self-presentation can outcompete the fear of social reprisal. Perhaps the experience of discrimination even motivates a defiant resilience that manifests behaviorally as disclosure. According to this account, disclosure represents both self-expression and a political act. Because ADHD, like sexual orientation, is a hidden and stigmatized characteristic, ADHD disclosure may produce similar interpretations.

Finally, disability is the third distinguishing feature of ADHD. According to the traditional medical model, disabilities are essentially pathologies: biological in origin, intrinsic to an individual, impairing, and treatable (American Psychiatric Association, 2013; Fisher & Goodley, 2007). Sociologists have proposed an alternative view, known as the social model, that disability is socially constructed, arising from an interaction of individual differences, cultural concepts, group identities, and power relations (Samaha, 2007). Both models have been criticized within and outside their respective fields. The medical model is criticized for focusing on the negative aspects of conditions to the exclusion of the positive (Kapp et al., 2013) and for ignoring the evolutionary pressures that may have caused certain conditions—including ADHD—to be so common in the human population (Doyle, 2020). The social model is criticized for lacking practical implications (Samaha, 2007) and ignoring individuals' concerns about impairment (Mulvany, 2000). Researchers have attempted to reconcile the medical and social models of disability by integrating the medical model with social factors (Sartorius, 2009) or proposing alternative paradigms, such as neurodiversity (Doyle, 2020).

The neurodiversity perspective depathologizes neurodevelopmental disorders (e.g., ADHD) by reframing them as continua of natural variation in the human population. At the same time, the neurodiversity perspective acknowledges that individuals may experience functional impairments that cause them hardships in working environments that were constructed without their differences in mind. When applied to ADHD, neurodiversity and continuum beliefs are destigmatizing (Speerforck et al., 2019), yet they do not deny the suffering individuals experience. Neurodiversity is also a useful construct for researchers because it is a theoretical basis for operationalizing individual differences as continuous variables (Wiklund et al., 2017)

and conceptualizing them as normatively neutral with context-dependent costs and benefits (Lerner et al., 2018).

Most organizations are designed without ADHD in mind, and the mismatch between people with ADHD and their environment manifests as disability. It is common for organizations to demand and reward rule following, time management, goal striving, and consistency in their employees. In such organizations, people with ADHD may struggle to meet expectations because ADHD is disabling with respect to those behaviors (Doyle, 2020). At the same time, people with ADHD may excel in highly-stimulating roles, such as those that require cooperation, creativity, and curiosity, as well as those that frequently deal with urgent, present crises (Lasky et al., 2016). How people respond to disclosure may depend in part on whether ADHD is perceived to be disabling or not in the given context.

ADHD Disclosure in Interdependent Relationships

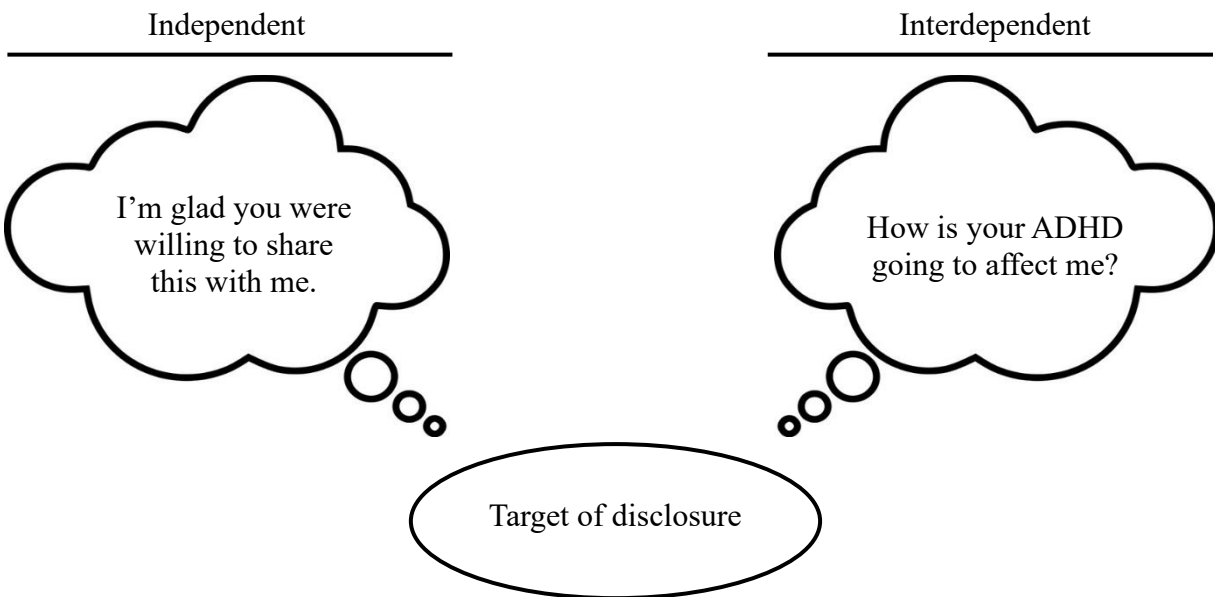
Interdependence is a hallmark of organizations and their component teams. Thus, in studying how ADHD is perceived in organizations and how its perception may differ from other contexts, it is natural to ask whether interdependence might influence reactions to ADHD disclosure. Interdependence is the degree to which an individual's own incentives are dependent on the contributions and performance of others (Pearsall et al., 2010). Within Steiner's Taxonomy of Tasks, I am here referring to interdependence for additive tasks, in which the group's productivity "is a summative combination of the outputs contributed by all group members" (Steiner, 1972, pp. 17–18). However, it is outcome interdependence, not task interdependence that is most relevant to the present research. Outcome interdependence occurs when every group member depends on every other's contribution for the achievement of a successful outcome. Interdependence is a continuous phenomenon and varies to the extent that

more or fewer of a group's incentives are tied to additive tasks. For example, in an independent reward structure, where interdependence is low, one's performance is evaluated and rewarded separately from others. At the other extreme is a cooperative reward structure, where interdependence is high and performance is assessed only in the aggregate for a group. From the perspective of an individual, interdependence is relational; it exists with respect to certain people (e.g., a teammate) and not to others.

Interdependence is directly relevant to ADHD and its perception. When learning that a colleague has ADHD, people will consider how the other's ADHD will affect them. With pure relational independence (i.e., the colleague with ADHD is on a different team with no shared responsibilities), people will have little cause for concern about how the colleague's ADHD will affect them. But when interdependence is a factor, people may worry whether their teammate's ADHD will reduce the team's chances of success. This dichotomy is illustrated by Figure 1.

Interdependence also motivates helping behaviors among teammates. Although helping

FIGURE 1
POTENTIAL COGNITIONS OF DISCLOSURE TARGETS



may benefit individuals with ADHD who are more likely to need help, help-givers incur costs

from helping and may feel resentful unless their efforts are reciprocated (Grodal et al., 2015; J. S. Mueller & Kamdar, 2011). Whether helpers direct their resentment at the organization, a supervisor, or the individual with ADHD is difficult to predict, but it is likely that blame will fall on the latter. Outside an interdependent context, in comparison, ADHD should be less of a burden to colleagues and therefore is unlikely to be met with either worry or resentment.

ADHD Disclosure and Trust

Disclosure is facilitated by, and a catalyst of, trust. Borrowing again from the sexual orientation disclosure literature, for example, “in organizations where policies and practices generate trust, employees are more willing to disclose their minority identity” (Capell et al., 2018). Disclosure exposes individuals to risk—of discrimination, ostracization—but trust can reduce the perceived risk of disclosure by reassuring individuals that their confidence will not be abused. Reversing the causal direction, disclosure can also function as a basis for trust formation. For example, Nifadkar et al. (2019) demonstrated that when supervisors share details about their personal lives with their subordinates, they foster employee trust.

ADHD disclosure is likely to have distinct effects on two types of trust: affective trust and cognitive trust. As considered in the present research, both are forms of particularized trust; they have their loci in specific relationships, rather than in an individual’s generalized attitude (Schilke et al., 2021). Affective trust and cognitive trust are analogous to the constructs of warmth and competence, respectively, from the impression management literature. Affective trust is based in the emotional bonds between individuals (McAllister, 1995, p.). It is conceptually related to emotional safety, interpersonal loyalty, and caring. In contrast with stigma, affective trust is associated with a desire to be socially close with someone. As I will argue in the following section, disclosure should promote affective trust by demonstrating a

willingness to invest in a personal relationship with the target. Cognitive trust, in comparison, derives from the reasons people have to form beliefs and expectations about others' future behavior (McAllister, 1995). This form of trust is closely tied to impressions of competence, reliability, and dependability. Reasons to trust need not be strictly rational; they may be based on a small sample of observed behavior, reputation, rumor, or stereotypes. At work, having cognitive trust in a colleague means expecting them to perform their job well. How ADHD disclosure will affect cognitive trust is murkier. While the act of disclosure could be ascribed to self-awareness, proactivity, or confidence, the fact that ADHD is disabling may generate concerns about the discloser's performance potential.

HYPOTHESIS DEVELOPMENT

ADHD Disclosure and Liking

As I argue, disclosure of sensitive personal information such as ADHD creates the impression of authenticity and honesty, ultimately increasing liking. First, an ADHD diagnosis is sensitive personal information. As I have already shown, a diagnosis of ADHD is stigmatized (A. K. Mueller et al., 2012). Information about individuals that can mark them as stigmatized is sensitive personal information. It is sensitive because, in becoming public, it can have emotional (e.g., fear) and social (e.g., ostracization) consequences for the individual. And it is personal because its locus is the individual, rather than a group.

This voluntary disclosure of personal sensitive information will guide dispositional attributions towards the disclosure. Observers tend to attribute volitional choices to the traits of decision makers (Trope, 1986). From the perspective of the disclosure target, disclosure communicates both its literal content (e.g., that the person has ADHD) and implicit information about the discloser. Because ADHD is hidden, disclosure implies a decision to reveal the diagnosis, and decisions can inform person perception. To borrow an example from a different context, people used information about a single ethical decision to form general impressions of hypothetical executives (Decker & Calo, 2007). It is likely that the act of disclosure will color the impression targets form of the discloser.

This impression, I argue, will be of an open, honest, and authentic discloser. Although the stigmatized and disabling aspects of ADHD itself are likely to elicit negative reactions from

targets of disclosure, the act of disclosing sensitive personal information may paradoxically have the opposite effect. On the one hand, the content of ADHD disclosure communicates potentially undesirable personal traits of inattentiveness, impulsivity, and shiftlessness. On the other, a decision to disclose sensitive personal information suggests that the discloser possesses desirable personal traits, including authenticity and honesty. Authenticity and honesty are related but distinct concepts. While authenticity implies that something is “true to itself” (Lehman et al., 2019, p. 5), honesty implies a “refusal to pretend that facts of reality are other than what they are” (Becker, 1998, p. 158). ADHD disclosure is an act of authenticity because it integrates a facet of the private self with the public self. ADHD disclosure is also an act of honesty because it is an expression of the truth.

Lastly, I contend that appearing more authentic and honest increases liking. People appreciate when others demonstrate authenticity and honesty. Authenticity and honesty are desirable traits on their own, and they further intimate that the other is known, which is strongly associated with liking (Wessels et al., 2020). To reiterate, regardless of how information about an individual’s diagnosis becomes known, its content may taint others’ impressions of the individual; but if the information is intentionally self-disclosed, targets of disclosure may attach the positive qualities of authenticity and honesty to the discloser, too. Compared to learning about an ADHD diagnosis from a third, different colleague, then, direct self-disclosure should make a colleague with ADHD more likeable. Thus, I hypothesize that disclosure will increase liking.

Hypothesis 1: Disclosure will be associated with more liking than non-disclosure.

Interdependence and Liking

That people like members of their own groups more than members of other groups is a precept of social psychology known as in-group bias (Brewer, 1979). Perhaps work groups, as delineated by task and outcome interdependence, will produce the same phenomenon. But research on in-group bias has treated social groups (i.e., those based on a shared identity) rather than work groups (i.e., those based on task and outcome interdependence). For instance, Gómez et al. (2000) conceptualized team membership and in-group membership as orthogonal. Furthermore, as an identity, ADHD may be the only salient social category for work groups. Thus, it is unknown whether team members with ADHD will be liked more than non-team members.

There are instrumental social and individual reasons to expect that interdependence will lead to liking. Socially, people use in-group bias as a tool to maintain solidarity, motivate members' contributions to the group, and advance group goals in the external social context (Scheepers et al., 2006). Thus, interdependent teams should rely on in-group bias to achieve shared goals. As a result, team members should be more likely to express liking for each other. Individually, interdependent team members may expect to find their work easier and more pleasant if they like their team members. It is likely, then, that they will be motivated to self-regulate their attitudes about their team members and construct mental states that can facilitate their work. To be clear, it is not necessarily the case that all group members prefer to work in a cooperative context, which can produce social loafing and individually costly helping behaviors

(Pearsall et al., 2010). Rather, I hypothesize that the mere fact of being interdependent causes people to express liking for their associates.

Hypothesis 2: High interdependence will be associated with more liking than low interdependence.

ADHD Disclosure and Trust

Trust is the mechanism through which disclosure increases liking. First, as described above, disclosure conveys personal attributes of honesty and authenticity. Both attributes are types of integrity—integrity with the truth and integrity of the self, respectively—and integrity is closely related to trustworthiness (Becker, 1998). Affective and cognitive trust should both more readily emerge where interaction partners each believe the other to be trustworthy.

The effect on affective trust should be particularly strong because ADHD disclosure additionally signals that the discloser has a genuine desire to connect and be open with the target. As sensitive personal information, an ADHD diagnosis qualifies as a “deep” disclosure, which has large effects on positive interpersonal outcomes (Collins & Miller, 1994). ADHD disclosure may also represent an investment in the relationship, thereby reinforcing the emotional bonds between the discloser and the target. For these reasons, I hypothesize that disclosure will have a positive effect on affective trust.

Hypothesis 3a: Disclosure will be associated with more affective trust than non-disclosure.

It is less clear what effect ADHD disclosure will have on cognitive trust. On the one hand, disclosers may be viewed as self-aware and proactive, both of which should increase cognitive trust. And as described above, disclosers may appear more trustworthy in general, which may affect cognitive trust. On the other hand, disclosure should draw attention to ADHD.

ADHD is disabling and is especially disabling with respect to work and productivity. When job-relevant impairments associated with ADHD are made salient through disclosure, the target can be expected to downgrade their evaluation of the discloser's competence. Furthermore, the content of self-disclosure ought to be treated as more valid than the same information transmitted through rumor or gossip (i.e., non-disclosure), and therefore should have a greater impact. Overall, I expect that ADHD disclosure will reduce cognitive trust.

Hypothesis 3b: Disclosure will be associated with less cognitive trust than non-disclosure.

Trust, although theoretically distinct, is directionally aligned with liking. It is hard not to like someone with whom we have emotional bonds or on whom we willingly rely for our job success. Conversely, we are indifferent to or even dislike those who have not invested in a relationship with us or fail to earn our faith in their abilities. Combining Hypotheses 1, 3a, and 3b with the assumption that both types of trust make one more likeable, I further expect that affective trust and cognitive trust will explain the relationship between ADHD disclosure and liking. Mediation by affective trust and cognitive trust should sum to a moderate indirect effect of disclosure on liking.

Hypothesis 3c: Affective trust will mediate the effect of disclosure on liking.

Hypothesis 3d: Cognitive trust will mediate the effect of disclosure on liking.

Interactive Effects of Disclosure and Interdependence

Lastly, I posit that the way in which interdependence contextualizes ADHD disclosure decreases the latter's effects on affective trust, cognitive trust, and liking. This is equivalent, in statistical terms, to arguing that interdependence moderates the indirect effects of disclosure on

liking through affective trust and cognitive trust. The logic of moderation by interdependence varies between affective trust and cognitive trust, which I treat here in turn.

In a relationship without task interdependence (e.g., a friendship), ADHD disclosure is supererogatory; that is, people with ADHD have no duty to disclose. Indeed, it would be unreasonable to expect that they would disclose to every coworker. ADHD is not contagious, nor is it considered disabling with respect to normal social activities, like sharing a meal or talking. However, on a team with a collective goal (i.e., an interdependent context), knowledge of a team member's ADHD diagnosis is directly relevant to team functioning. Upon learning that a team member has ADHD, the team may need to adapt its processes, change its composition, request support from the organization, reallocate team resources, or reassign tasks. Although it is ultimately an individual's choice whether to disclose having ADHD, given the instrumental value of disclosing when a team has task interdependence, team members ought to attribute the disclosure to the situation, rather than the disposition or attitudes of the discloser. As a result, I expect interdependence to diminish the effect of disclosure on affective trust. In addition, because affective trust is hypothesized to be a mediator, I expect interdependence to diminish the indirect effect of disclosure on liking through affective trust, too.

Hypothesis 4a: The positive effect of disclosure on affective trust will be weaker when interdependence is high than when interdependence is low.

Hypothesis 4b: The indirect effect of disclosure on liking through affective trust will be weaker when interdependence is high than when interdependence is low.

Disclosure may call attention to the discloser's ADHD, which, in an interdependent context, can sow doubt about the discloser's abilities to contribute to the team's goals. When a

team member discloses having ADHD, its job-relevant impairments—manifesting behaviorally as procrastination, clumsiness, forgetfulness, and tardiness—may be viewed as obstacles to success. In that situation, interdependence may hamper the formation of cognitive trust by eliciting concerns about the team member’s competence and reliability in completing team tasks. However, when an acquaintance—with whom one has low outcome interdependence—is revealed to have ADHD, there are no salient personal economic consequences. Consequently, I hypothesize that interdependence will accentuate the effect of ADHD disclosure on cognitive trust. Furthermore, because interdependence both contextualizes ADHD disclosure and heightens the importance of cognitive trust, I predict that interdependence will enhance the effect of cognitive trust on ADHD disclosure and liking.

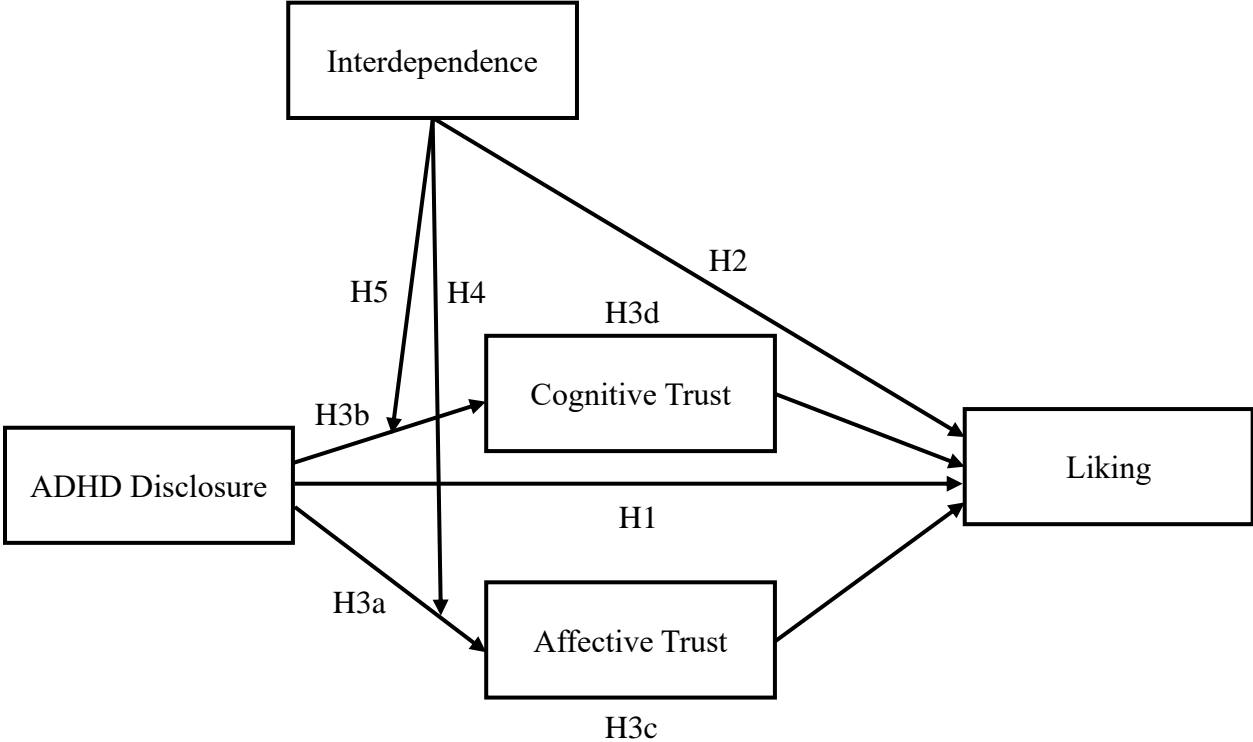
Hypothesis 5a: The negative effect of disclosure on cognitive trust will be stronger when interdependence is high than when interdependence is low.

Hypothesis 5b: The indirect effect of disclosure on liking through cognitive trust will be stronger when interdependence is high than when interdependence is low.

Overall, despite appreciating the disclosure of personal information, on the one hand, and showing a bias for in-group members, on the other, disclosure and interdependence may combine to create a situation where their effects on liking are weaker than they each otherwise would be alone. Where interdependence is high, the meaning of ADHD will be contextualized as a possible threat to team performance; then, when disclosure draws attention to the team member’s ADHD, it may reduce cognitive trust, and therefore liking, of the person with ADHD. Where interdependence is low, ADHD will have fewer tangible consequences for the target of

disclosure, allowing the positive effect of disclosure on affective trust and liking to dominate. All hypotheses are illustrated by the conceptual path diagram in Figure 2.

FIGURE 2
Conceptual Model of Variables and Hypotheses



METHODS

An online vignette study was conducted as an initial test of the hypotheses related to ADHD disclosure, interdependence, trust, and liking described in the preceding section.

Sample

Four hundred and forty-four participants were recruited on Amazon Mechanical Turk (MTurk) to respond to a questionnaire. As an incentive, participants who completed the questionnaire received \$0.30. Forty-one observations (10% of the sample) were low-quality in one or more ways: 12 participants made three or more mistakes (e.g., selecting both “Prefer not to answer” and simultaneously providing an answer to the same question); 18 participants declined to respond to at least half the questionnaire, which indicates survey satisficing (Krosnick et al., 2002); and 18 participants spent fewer than 90 seconds on the questionnaire, which may suggest careless responding (Wood et al., 2017). Excluding these 41 observations substantially improved the reliabilities of the measures and the accuracy rates on the manipulation checks; thus, the results reported here were based on a sample without them. Analyses and results based on the full sample are included in the supplementary materials.¹

The final sample was approximately half female ($N_{\text{female}} = 205$) and majority white ($N_{\text{white}} = 312$) with a median age of 37 (mean = 39.83, s.d. = 12.15). Majorities of the sample were currently fully employed ($N_{\text{full-time}} = 263$), white-collar workers ($N_{\text{white-collar}} = 248$), and college

¹ All supplementary materials can be found online at <https://dsethlewish.github.io/thesis/>.

graduates ($N_{\text{college}} = 302$). Politically, the sample overall leaned liberal ($N_{\text{liberal}} = 190$, $N_{\text{moderate}} = 100$, $N_{\text{conservative}} = 103$). Finally, participants were asked about whom they knew personally with ADHD. More than half of the sample reported knowing someone with ADHD, and more than 1 in 10 reported having ADHD themselves ($N_{\text{myself}} = 42$, $N_{\text{other}} = 221$, $N_{\text{nobody}} = 140$). There was no significant difference between conditions in the proportion of people who knew someone with ADHD for both disclosure, $t(401) = 1.81$, $p > .05$, and interdependence, $t(401) = 0.53$, $p > .05$. All demographic variables were assessed after the main study to avoid priming participants.

Procedure

Participants were presented with a short vignette about a fictional colleague with ADHD. For each participant, one of four vignettes—corresponding to the two experimental conditions for each of the two independent variables—was randomly presented. The first 35 participants showed poor comprehension of the vignettes on the manipulation checks. Therefore, the remaining 409 participants were required to respond correctly to a simple comprehension check on the same page as the vignettes before continuing with the survey.

After reading the vignette, participants responded to a questionnaire. The questionnaire included a manipulation check for each of the two independent variables, a four-item scale for each of the three endogenous variables, and eight demographic background questions. The vignette study procedure was modeled after numerous other studies of ADHD stigma that used similar experimental paradigms (Canu et al., 2008; Jastrowski et al., 2007; Kellison et al., 2010; Lebowitz et al., 2016; Meza et al., 2019; A. K. Mueller et al., 2012; Ohan et al., 2011; Speerforck et al., 2019; Thompson & Lefler, 2016).

Manipulations

Using an early study of ADHD disclosure reactions (Jastrowski et al., 2007) as a template, I developed a novel vignette to manipulate the two independent variables of interest: interdependence and disclosure. The full vignette is presented in Appendix A. The fictional coworker in the vignette was given the gender-neutral name ‘Alex.’

Interdependence. The vignette began in one of two ways, varying according to condition. In the interdependent condition, the target in the vignette is presented as a teammate of the participant. In addition, it is made explicit that the target and participant work in a cooperative reward structure (i.e., have shared responsibilities; Pearsall et al., 2010). In the independent condition, the vignette suggests that the target and participant are familiar with each other but work separately in an independent reward structure.

Disclosure. Next, the vignette reveals that the target has ADHD in one of two ways, again varying by condition. In the disclosure condition, the target speaks directly to the participant, using the first- and second-person points of view. In the non-disclosure condition, the participant learns about the target having ADHD from a third party.

Manipulation checks. Two manipulation checks (one per manipulation) were included in the questionnaire. Given the straightforward, textual manipulations, the manipulation checks function partially as attention checks (Kane & Barabas, 2019).

Measures

Sub-scales for affective and cognitive trust were adapted from McAllister (1995, p. 37). Sample items are referenced here; full scales used in this study can be found in Appendix B. The referent for all items was ‘Alex’ (the name of the fictional coworker in the vignettes). All scales used a five-point Likert scale ranging from ‘strongly disagree’ to ‘strongly agree.’

Affective Trust. A four-item sub-scale from McAllister (1995, p. 37) was used to measure affective trust. A representative item is “Alex and I can both freely share our ideas, feelings, and hopes.”

Cognitive Trust. A four-item sub-scale for cognitive trust was also adapted from McAllister (1995, p. 37). The scale included items such as “I can rely on Alex not to make my job more difficult by doing careless work.”

Liking. The degree to which participants liked the person with ADHD in the vignette was assessed using a four-item scale from Wessels et al. (2020, p. 156). An example of an item is “I find Alex very sympathetic.”

Measurement Assessment

Affective trust, cognitive trust, and liking were measured with four-item scales each. I examined the inter-item reliability of each scale using Cronbach’s α and MacDonald’s ω , an estimate of inter-item reliability that is more accurate in realistic conditions (i.e., where tau-equivalence should not be assumed; Trizano-Hermosilla & Alvarado, 2016). Then, I evaluated the construct validity of the three scales using exploratory factor analysis (EFA) and confirmatory factor analysis (CFA).

Affective trust had the greatest reliability ($\alpha = .91$, $\omega = .88$), possibly because it was the only scale without any reverse-coded items. Liking had sufficient reliability ($\alpha = .80$, $\omega = .73$), but cognitive trust’s reliability lagged ($\alpha = .67$, $\omega = .61$). In an EFA, the 12 items coalesced into the three appropriate factors. While they did not load more strongly on other factors, the items from the cognitive trust scale had highly variable—and mostly low—loadings on their own factor, indicating a possible validity issue.

TABLE 2
Model Fit Statistics for Confirmatory Factor Analysis

Statistic	Value
χ^2 ($df = 51$)	290.53
Root Mean Square Error of Approximation (RMSEA)	0.10
Tucker-Lewis Index (TLI)	0.98
Comparitive Fit Index (CFI)	0.98

$n = 403$

To determine the source of concern, a CFA with all 12 items was conducted. Overall, the CFA indicated somewhat good model fit for the three scales, as the fit statistics in Table 2 suggest, but the RMSEA statistic is well above the .06 cutoff suggested by Hu & Bentler (1999). The CFA suggested that the fourth item for cognitive trust, the only one which is reverse-coded, may be the issue with the cognitive trust scale. The fourth item's loading on the cognitive trust factor was weak but significant ($\lambda = .20$, $SE = .08$, $p < .05$). Excluding the fourth item for cognitive trust increased the reliability of the cognitive trust scale ($\alpha = .75$, $\omega = .70$) and the overall model fit (RMSEA = .08). Because of these mixed signals, subsequent analyses were run both with and without the item to assess whether its exclusion would affect the results. Excluding the item did not affect the outcomes of any hypothesis tests. Therefore, the results presented here include all four original items. For reference, all item loadings are reported in the supplementary materials.

RESULTS

Manipulation Checks

Consistent with the manipulations, participants assigned to the disclosure condition were much more likely to believe that “Alex chose to share having a diagnosis of ADHD with me” ($M = 4.89$, $SD = 0.38$) than participants in the non-disclosure condition ($M = 1.14$, $SD = 0.57$, $t(333) = 76.72$, $p < .01$).

The interdependence manipulation produced differences that were less stark but nevertheless significant. Participants in the interdependence condition agreed that “The only way I will be successful at work is by making sure that Alex is successful at work” ($M = 4.38$, $SD = 0.81$) more strongly than participants in the independence condition ($M = 1.77$, $SD = 1.15$, $t(369) = 26.45$, $p < .01$).

Tests of Hypotheses

Means, standard deviations, and intercorrelations among variables in the hypotheses are presented in Table 1. I tested all hypotheses using structural equation modeling (SEM) with the R package ‘lavaan’ with default settings (Rosseel, 2012). SEM combines confirmatory factor analyses (which parameterizes the weights of scale items) with path modeling (which estimates relationships among multiple variables simultaneously). Because SEM is essentially a form of regression, for the six hypotheses about bivariate main effects, I will simply present the unstandardized results as regressions. For the path models involving additional variables,

TABLE 3**Means, Standard Deviations, and Intercorrelations Between Variables of Interest**

Variable	Mean	s.d.	1	2	3	4
1. Disclosure	0.52	0.50				
2. Interdependence	0.49	0.50	-.03			
3. Affective trust	3.56	0.93	.37***	.36***		
4. Cognitive trust	3.37	0.74	.08	-.02	.40***	
5. Liking	3.96	0.66	.22***	.06	.53***	.49***

$n = 403$; the three measured variables are Likert scores (means) of 4-item scales. Note that the regression analyses produced slightly different results because they used structural equation modeling with latent variables, which parameterizes the loadings (i.e., weights) of each item.

*** $p < .001$

including the mediation models, I will report the model fit statistics, too. Additional results recommended by Journal Article Reporting Standards of the American Psychological Association (JARS-Quant; Appelbaum et al., 2018)—including distributional assessment, covariance matrix, path diagrams, fit statistics, standardized coefficients, and indirect effects—can be found in the supplementary materials.

Main Effects. Disclosure was positively associated with liking ($\beta = 0.45$, $SE = 0.10$, $p < .001$), supporting Hypotheses 1. Interdependence was positively associated with liking ($\beta = 0.20$, $SE = 0.09$, $p < .05$), supporting Hypothesis 2. Disclosure was positively associated with both affective trust ($\beta = 0.67$, $SE = 0.09$, $p < .001$) and cognitive trust ($\beta = 0.23$, $SE = 0.09$, $p < .01$), demonstrating partial support for Hypothesis 3.

Indirect Effects. Hypothesis 3c predicted that affective trust would mediate the effect of disclosure on liking, and Hypothesis 3d predicted that cognitive trust would also mediate the effect of disclosure on liking. Using the traditional mediation approach (Baron & Kenny, 1986)

TABLE 4
Parameter Estimates for the Total, Mediated, and Direct Effects of Disclosure and Affective Trust on Liking

Path	Estimate	SE	Wald statistic	<i>p</i>
Total Effect	0.44	0.10	4.64	.000
Indirect Effect (Affective Trust)	0.57	0.08	7.64	.000
Indirect Effect (Cognitive Trust)	0.24	0.08	3.00	.003
Direct Effect	-0.31	0.11	-2.95	.000

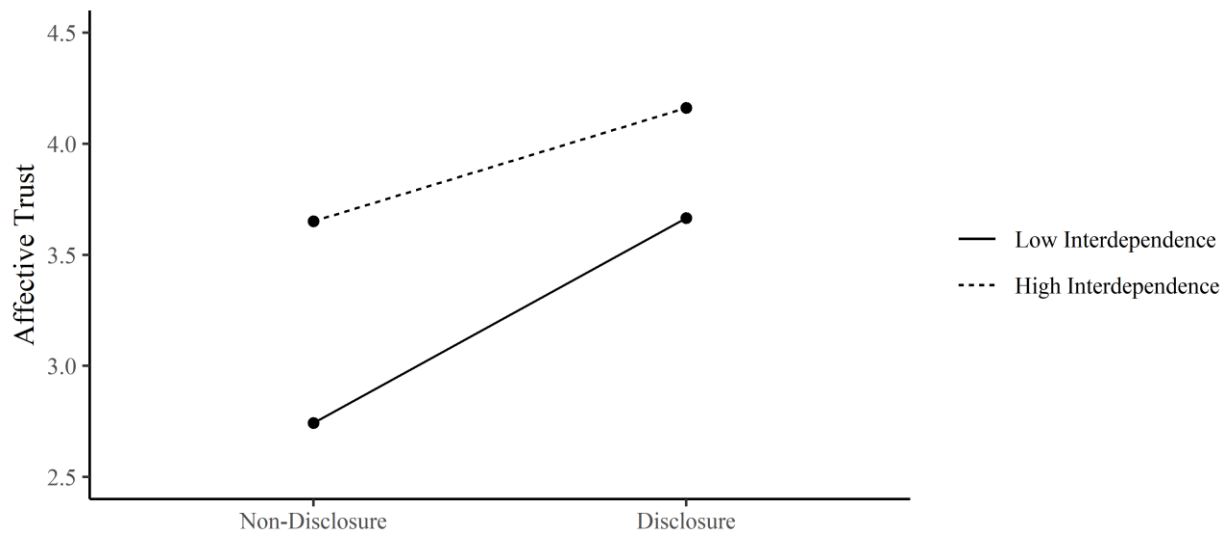
n = 403

but with multiple mediators, I constructed a path model to test the indirect effects of disclosure on liking through affective trust and cognitive trust simultaneously. According to this approach, mediation is found when four conditions are met: disclosure increases liking, disclosure increases trust, trust increases liking, and controlling for trust reduces the effect of disclosure on liking. The results meet all four conditions for both types of trust, as shown in Table 2. Yet, they reduce the direct effect of disclosure on liking so far as to become significantly negative. This unexpected result suggests that affective trust and cognitive trust more than fully mediate the effect of disclosure on liking—or rather, they suppress a third, unmeasured mediator with an opposite effect. Disclosure may have both a positive effect on liking via increased trust *and* a negative effect on liking as was hypothesized for cognitive trust but through a third, different variable.

Interactive Effects. The results of the moderation analyses supported the hypothesized interaction between disclosure and interdependence on affective trust ($\beta = -0.45$, $SE = 0.18$, $p < .05$) but not on cognitive trust ($\beta = 0.04$, $SE = 0.15$, $p > .05$). As predicted, the effect of

FIGURE 3

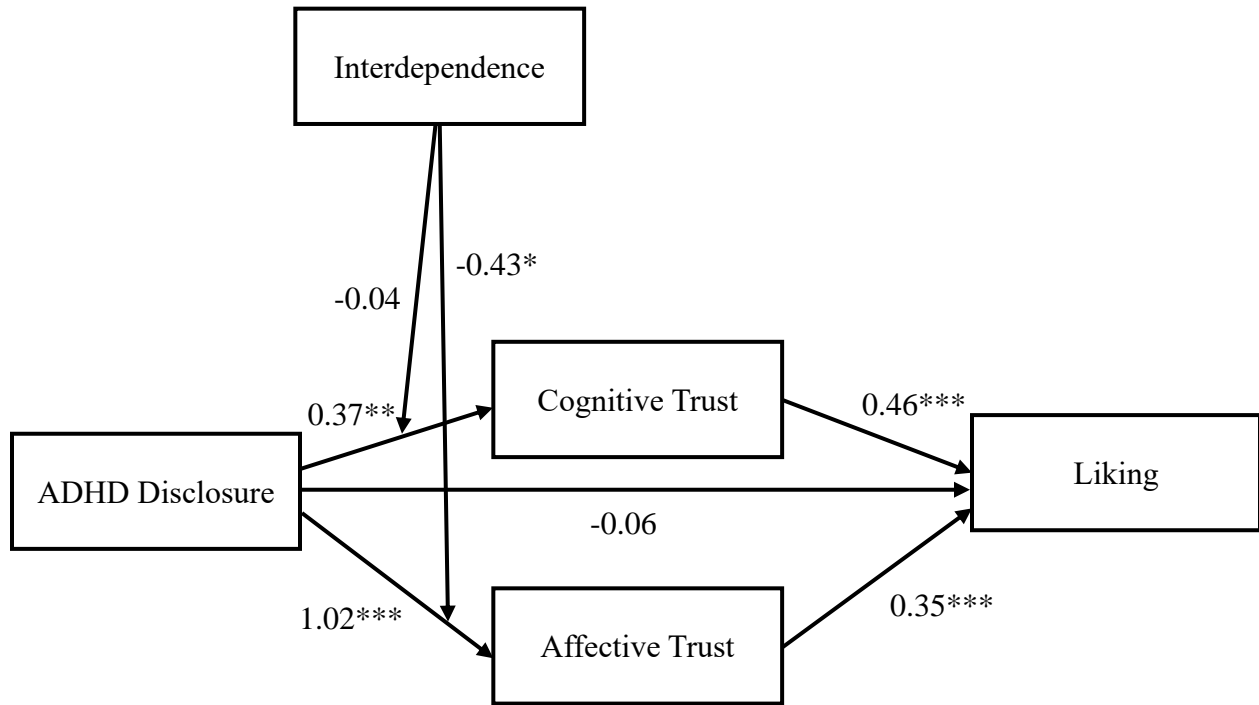
Simple Slopes for the Interaction of Disclosure and Interdependence on Affective Trust



disclosure on affective trust was strongest when interdependence was low. A graph of the simple slopes (Figure 3) illustrates the effect. I had not hypothesized a main effect of interdependence on affective trust, but the intercepts of the simple slopes show that interdependence substantially increases affective trust. Overall, there was no significant interaction effect overall on liking ($\beta = -0.05$, $SE = 0.19$, $p > .05$).

Moderated Mediated Effects. Finally, I tested the hypotheses that interdependence would moderate the indirect effects of disclosure on liking through affective trust and cognitive trust. As the path coefficients labeled on the full model in **Error! Reference source not found.** show, interdependence moderates the effect of disclosure only on affective trust ($\beta = -0.43$, $SE = 0.18$, $p < .05$), in line with the results of the prior moderation analyses. In a change from the mediation results given above, the direct effect of disclosure on liking ($\beta = -0.06$, $SE = 0.06$, $p > .05$) is no longer significant. This suggests full mediation by trust without the apparent suppression effect

FIGURE 4
Path Diagram and Estimates for Moderated Mediation Model



of a third, unmeasured variable. To demonstrate moderated mediation, I parameterized both the conditional indirect effects and their differences using SEM. The conditional indirect effects of disclosure on liking through affective trust were estimated at 0.20 (SE = 0.05, $p < .001$) for high interdependence and 0.35 (SE = .06, $p < .001$) for low interdependence. Overall, the between-groups difference in indirect effects of disclosure on liking through affective trust was -0.15 (SE = .06, $p < .05$), supporting Hypothesis 4b. The difference in conditional indirect effects of disclosure on liking through cognitive trust was -0.02 and non-significant (SE = .08, $p > .05$). Therefore, Hypothesis 5b was not supported.

Measures of model fit for the moderated mediation model are presented in Table 5. Although the χ^2 statistic is adequate, the estimates for RMSEA, TLI, and CFI were not. Both the individual path coefficients and model fit statistics suggest the model is not appropriate for the sample data.

TABLE 5
Model Fit Statistics for Moderated Mediation Model

Statistic	Value	<i>p</i>
χ^2 (<i>df</i> = 81)	503.34	.000
Root Mean Square Error of Approximation (RMSEA)	.11	.000
Tucker-Lewis Index (TLI)	.76	
Comparative Fit Index (CFI)	.81	

n = 403

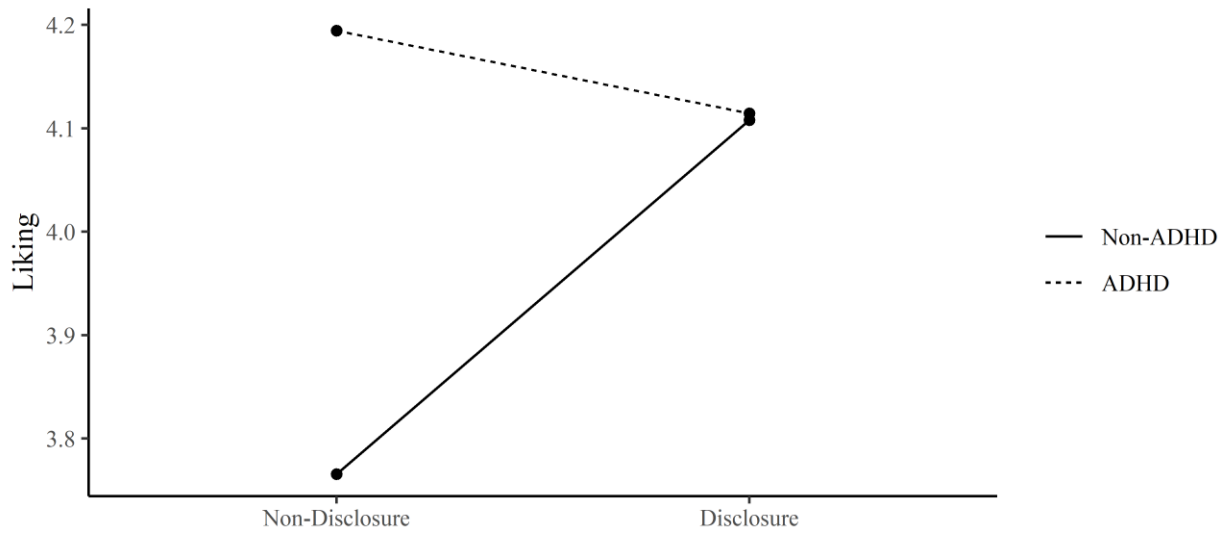
Exploratory Analysis

Because exploratory analyses are not firmly rooted in theory, prior research, and *a priori* hypotheses, their results should be considered at most tentative. These results could be the products of statistical or experimental artifacts or Type I error. Nevertheless, they may also be the results of real phenomena that could be worth analyzing in future studies. Findings from an exploratory analysis suggest avenues for later confirmatory research (Hollenbeck & Wright, 2017).

An interaction between disclosure and ADHD was present in the data. Participants who self-reported having ADHD liked Alex significantly more overall than people without ADHD ($\beta = 0.54$, $SE = 0.18$, $p < .01$). And, as before, disclosure significantly increased liking ($\beta = 0.39$, $SE = 0.08$, $p < .001$). However, ADHD neutralizes the effect of disclosure on liking ($\beta = -0.49$, $SE = 0.23$, $p < .05$). Put another way, disclosing ADHD did not make an impression on participants with ADHD. The simple slopes for this interaction are shown in Figure 5.

FIGURE 5

Simple Slopes for the Interaction of Disclosure and Self-Reported ADHD on Liking



DISCUSSION

In this paper, I present a preliminary exploration of how ADHD disclosure is interpreted and evaluated by organizational members. I find that two types of trust are mechanisms, showing how ADHD disclosure influences trust formation, and through it, interpersonal liking. In support of my predictions, I find that ADHD disclosure, in comparison to non-disclosure, significantly increases both trust and liking. Further, my hypothesis that trust mediates the effect of disclosure on liking was partially supported. In addition, the results partially support my hypothesis that interdependence moderates the indirect effect of disclosure on liking through trust. In both cases the hypothesized effects were found for affective trust but not for cognitive trust. *Post hoc* analyses suggest that ADHD disclosure is indeed a double-edged sword, but one which may operate differently than originally proposed.

Theoretical Contributions

This study makes contributions to theory and research in the functions and meaning of ADHD, disclosure, and trust in working relationships between organizational members. First, this research makes one of the first attempts to understand how ADHD affects organizations outside of the entrepreneurship context. The first paper on ADHD to be published in the organizational sciences (i.e., Verheul et al., 2015) was relatively recent; and although research into ADHD in organizations has accelerated rapidly since then, it has continued to focus exclusively on entrepreneurship. This research establishes an alternative line of inquiry into

ADHD in organizations by asking a novel question that is relevant to a broader set of organizations, teams, and individuals: ‘What impressions do people form when they learn that a colleague has ADHD?’

Second, this study develops theory on disclosure and trust formation by characterizing disclosure of sensitive information and trust as mutually-reinforcing constructs. Building on previous research that has described trust as an *antecedent* of disclosure (Capell et al., 2018), this research explains how trust also emerges as an *outcome* of disclosure. Once introduced exogenously, either trust or disclosure can initiate a positive feedback cycle in which each increases the strength or frequency of the other. This study focused on one such type of disclosure, ADHD disclosure, that represents a basis for trust formation. However, the theory is generalizable to disclosures of other hidden and stigmatized personal characteristics, such as sexual minority status.

Third, this research makes a counter-intuitive argument that ADHD disclosure leads to trust and liking because of the stigma associated with ADHD, rather than merely in spite of it. I argued that disclosure conveys disclosers’ authenticity and honesty to their interaction partners. Paradoxically, my results suggest that drawing attention to an ADHD diagnosis may actually produce personal benefits, in terms of trust and liking, by making the personal costs of disclosure salient to an interaction partner. Those personal benefits are squandered when information about an ADHD diagnosis is communicated another way, such as through a third party.

Fourth, this investigation discusses an important boundary condition, interdependence, for the effects of disclosure. Interdependence reduces the direct effect of disclosure on affective trust and the indirect effect of disclosure on liking through affective trust. I argue that this is because disclosure most increases affective trust when it is supererogatory (i.e., not demanded by

the work context). Also, anxiety about a teammate with ADHD's prospective performance may inhibit affective trust formation.

Practical Implications

The main implication of this research is for individuals with ADHD. If it will eventually become known that an individual has ADHD, a preventative disclosure strategy is very effective. Importantly, ADHD disclosure produces desirable outcomes even from teammates who might worry that the discloser's ADHD will hurt their own chances of success at work. However, it is too early to offer guidance about whether to disclose having ADHD to teammates in the case where an individual can avoid being labeled at all. Ultimately, the decision to disclose is highly personal. Individuals should weigh the costs—potential stigma and discrimination—against the benefits—authenticity, honesty, trustworthiness, and liking, as well as opportunities for disability accommodations and team adaptation.

When possible, organizations should permit individuals with ADHD to choose when and how to disclose their diagnosis to their colleagues. While an employee's ADHD diagnosis is relevant information to managers and team members, there are clear benefits to allowing the information to be disclosed by the employee directly. Disclosure is a meaningful action that fosters trust and liking between team members, with positive consequences for the organization. Leaders, HR professionals, and other employees who learn about another employee's ADHD diagnosis should avoid sharing the information with others, *ceteris paribus*.

Limitations and Future Directions

Future research can improve on the present research in several ways. First, the cross-sectional nature of the data means that even full mediation does not imply the hypothesized causal path: instead of trust causing liking, liking may cause trust, or a spurious variable may be

present. Assigning causality among the various mental states discussed here is a challenge. Nevertheless, statistical mediation contributes evidence in support of the hypothesis that trust mediates the effect of disclosure on liking. Future studies of disclosure and trust may better be able to assign causality by manipulating trust and measuring liking, and *vice versa*.

Second, this study did not include a condition where the label of ‘ADHD’ is not assigned. In practice, ADHD disclosure combines two conceptually distinct constructs: direct communication and labeling. In other words, if an individual chooses not to disclose having ADHD, a potential target of disclosure may never learn of the diagnosis at all. As previous research has addressed the question of how people respond to the label of ‘ADHD’ (Jastrowski et al., 2007), I decided to focus on the effects of the direct communication aspect of ADHD disclosure. However, it is not yet known how the label of ‘ADHD’ functions in an interdependent context. Future research should consider whether the label of ‘ADHD’ damages cognitive trust in the way this paper originally hypothesized disclosure would.

Third, it is unclear why the hypotheses related to interdependence and cognitive trust were not supported. It is possible that disclosure does not draw more attention to the discloser’s ADHD, as I had theorized. Alternatively, it is possible that disclosure does draw the target’s attention to the discloser’s ADHD, but at the same time, the act of disclosure is evidence for positive personal qualities—like confidence, self-awareness, and proactivity—that make the discloser simultaneously appear more competent. A third possibility is measurement error. Issues with the study, reflected in the lower accuracy scores on the interdependence manipulation check (relative to that for disclosure) and low reliability and convergent validity of the cognitive trust scale, generated measurement error that obscured the real phenomena. An improved version of the study might increase the concreteness and felt impact of the interdependence manipulation by

using a pay-for-performance task and real teams, rather than vignettes. In addition, other scales may perform better as measures of cognitive trust, such as a scale for perceived competence.

Fourth, this study has the typical limitations associated with MTurk studies, including issues with external validity, representativeness, and data quality. Like laboratory studies, MTurk studies have internal, but not external, validity; that is, this study shows that disclosure can increase trust and liking in an idealized situation but not whether disclosure actually does increase trust and liking in practice. The population of MTurk workers does not proportionally represent the actual population of interest. For example, the proportion of people who self-reported having ADHD in the present study is nearly twice the estimated proportion of people with clinical ADHD in the adult population. Thus, these results should not be generalized to the general population. Also, online questionnaires may not engage and motivate research participants, or select self-motivated participants, as well as in-person laboratory studies, resulting in satisficing and reduced data quality.

Finally, the results of the exploratory analysis do not fully explain what occurred. For instance, because the variable that trust appeared to suppress in the exploratory mediation analysis is unmeasured, it is impossible to say with confidence what it is. One possibility is that disclosure, as hypothesized, calls attention and attaches weight to the label of ADHD more than non-disclosure, and the stigma associated with ADHD reduces liking. Another possibility is that the act of disclosure in some way damages the impression the discloser makes, such as by conveying social ineptitude. But it could also be the case that, although they were only correlated at .4, multicollinearity of the two trust measures produced a statistical artifact.

The results of the exploratory moderation analysis are similarly murky. Disclosure may lose its impact on liking with people with ADHD because it does not signal the same willingness

to take risks as it would to someone without ADHD. Or, it may be explained by ceiling effects from agreement scales with insufficiently extreme options. Nonetheless, these findings suggest promising lines of inquiry for future research.

Much is still unknown about how ADHD functions in organizations, including how people with ADHD work differently than others, what leads individuals with ADHD to disclose, how intersectional identities (e.g., race, gender) influence reactions to ADHD disclosure, and how teams adapt their processes around team members with ADHD. But as one of the first investigations into ADHD in organizations, this study lays a strong foundation for future research. It demonstrates that ADHD affects organizations from the moment it becomes known that an employee has ADHD, with consequences for interpersonal trust and beyond.

APPENDIX A – VIGNETTES

The following table shows how the vignettes were constructed. One and only one cell from each row was selected to form a vignette. Thus, participants were presented with one of four possible vignettes, chosen at random. After each section, participants were required to correctly answer the comprehension question. The template for this vignette was borrowed from Jastrowski et al. (2007).

TABLE 6
VIGNETTE OPTIONS AND VALIDATION CHECKS

<p>Alex is a colleague of yours at work. You have known each other since you started this job. However, you have <u>never</u> worked together.</p> <p>Alex and you are on different teams. You work on separate projects that have nothing to do with each other.</p> <p>Whether Alex does well at work or struggles at work <u>does not</u> affect you in any way. Whether you do well at work or struggle at work does not affect Alex in any way.</p> <p>On your own, you are responsible for completing a project by the end of the year. If you are successful, <u>you</u> will earn a bonus of \$10,000.</p> <p>Because you are not working on this project with Alex (who is on a different team), Alex’s performance at work <u>will not</u> affect</p>	<p>Alex is a teammate of yours at work. You have been teammates since you started this job. You work together <u>every</u> day.</p> <p>Alex and you are a team. You work on the same projects together as a team.</p> <p>Whether Alex does well at work or struggles at work affects you <u>directly</u>. Whether you do well at work or struggle at work will affect Alex directly.</p> <p>As a team, Alex and you are responsible for completing a project by the end of the year. If Alex and you are successful together, <u>you will each</u> earn a bonus of \$10,000.</p> <p>Because you are working on this project with Alex (who is on your team), Alex’s performance at work <u>will</u> affect your chances of earning the \$10,000 year-end bonus.</p>
---	---

<p>your chances of earning the \$10,000 year-end bonus.</p>	
<p>Do you work with Alex?</p> <p>a) Yes, Alex and I are teammates b) I used to work with Alex, but I don't anymore</p> <p>c) No, Alex and I are on different teams. d) I do not know.</p>	
<p><u>Privately, you heard from someone else that Alex has ADHD.</u></p> <p>You have noticed that Alex is a little different. Often in meetings, Alex is doing multiple things and not paying full attention to what is going on. Alex has many useful and interesting ideas but seems to have trouble following through on them.</p> <p>You were told this information in confidence and asked to <u>keep it from Alex</u> that you know.</p>	<p><u>Privately, Alex told you about having ADHD:</u></p> <p>“You may have noticed I’m a little different. Often in meetings, I find myself doing multiple things and not paying full attention to what is going on. I have so many useful and interesting ideas, but I have trouble following through on them.</p> <p>I’m telling you this information in confidence. Please <u>keep it between us</u> for now.”</p>
<p>Who told you Alex has ADHD?</p> <p>a) Someone else b) Alex</p> <p>c) Nobody d) I do not know.</p>	

Notes. One and only one box from each row was presented to each participant. The validation checks were not shown to the first 35 participants, who were shown only the vignettes.

APPENDIX B – SCALES

Items marked with an asterisk (*) were reverse-coded.

Affective Trust

Adapted from McAllister (1995, p. 37)

1. Alex and I have a sharing relationship.
2. Alex and I can both freely share our ideas, feelings, and hopes.
3. I could talk freely to Alex about difficulties I am having at work and know that Alex will want to listen.
4. If I shared my problems with Alex, I know Alex would respond constructively and caringly.

Notes. One item from the original scale was excluded for lack of contextual relevance. The removed item for affective trust was “We would both feel a sense of loss if one of us was transferred and we could no longer work together.” This item was excluded because it would not make sense in the independent condition, wherein it is suggested that the participant and the target already do not work together.

Cognitive Trust

Adapted from McAllister (1995, p. 37)

1. Alex approaches the job with professionalism and dedication.
2. I see no reason to doubt Alex’s competence and preparation for the job.
3. I can rely on Alex not to make my job more difficult by doing careless work.
4. If people knew more about Alex, they would be more concerned about Alex’s performance.*

Notes. Two items from the original scale were excluded for lack of contextual relevance. The removed items for cognitive trust were “Other work associates of mine who must interact with this individual consider him/her to be trustworthy.” and “Most people, even those who aren't close friends of this individual, trust and respect him/her as a coworker.” Both were excluded for containing references to third parties that did not exist in the context of the study.

Liking

Adapted from Wessels et al. (2020, p. 156)

1. I like Alex very much.
2. I find Alex very sympathetic.
3. I am critical of Alex.*
4. I do not like Alex.*

Notes. This scale was originally developed and validated in German. Item 3 was edited for readability; the translation of the original German item presented in Wessels et al. (2020, p. 156) was “I have a critical stance toward [this person].”

REFERENCES

- American Psychiatric Association. (2013). Neurodevelopmental Disorders. In *Diagnostic and Statistical Manual of Mental Disorders* (Fifth Edition). American Psychiatric Association. <https://doi.org/10.1176/appi.books.9780890425596>
- Appelbaum, M., Cooper, H., Kline, R. B., Mayo-Wilson, E., Nezu, A. M., & Rao, S. M. (2018). Journal article reporting standards for quantitative research in psychology: The APA Publications and Communications Board task force report. *American Psychologist*, *73*(1), 3–25. <https://doi.org/10.1037/amp0000191>
- Banich, M. T. (2009). Executive Function: The Search for an Integrated Account. *Current Directions in Psychological Science*, *18*(2), 89–94. <https://doi.org/10.1111/j.1467-8721.2009.01615.x>
- Barbarelli, W. J., Colligan, R. C., Weaver, A. L., Voigt, R. G., Killian, J. M., & Katusic, S. K. (2013). Mortality, ADHD, and Psychosocial Adversity in Adults With Childhood ADHD: A Prospective Study. *Pediatrics*, *131*(4), 637–644. <https://doi.org/10.1542/peds.2012-2354>
- Baron, R. M., & Kenny, D. A. (1986). The Moderator-Mediator Variable Distinction in Social Psychological Research: Conceptual, Strategic, and Statistical Considerations. *Journal of Personality and Social Psychology*, *51*(6), 10.
- Becker, T. E. (1998). Integrity in Organizations: Beyond Honesty and Conscientiousness. *The Academy of Management Review*, *23*(1), 154–161. <https://doi.org/10.2307/259104>

- Bell, T. (2017, May 3). *Don't Tell Your Boss You Have ADHD*. Vice.
<https://www.vice.com/en/article/ezj4kw/dont-tell-your-boss-you-have-adhd>
- Bodalski, E. A., Knouse, L. E., & Kovalev, D. (2019). Adult ADHD, Emotion Dysregulation, and Functional Outcomes: Examining the Role of Emotion Regulation Strategies. *Journal of Psychopathology and Behavioral Assessment, 41*(1), 81–92.
<https://doi.org/10.1007/s10862-018-9695-1>
- Boot, N., Nevicka, B., & Baas, M. (2020). Creativity in ADHD: Goal-Directed Motivation and Domain Specificity. *Journal of Attention Disorders, 24*(13), 1857–1866.
<https://doi.org/10.1177/1087054717727352>
- Bora, E., & Pantelis, C. (2016). Meta-analysis of social cognition in attention-deficit/hyperactivity disorder (ADHD): Comparison with healthy controls and autistic spectrum disorder. *Psychological Medicine, 46*(4), 699–716.
<https://doi.org/10.1017/S0033291715002573>
- Brewer, M. B. (1979). In-group bias in the minimal intergroup situation: A cognitive-motivational analysis. *Psychological Bulletin, 86*(2), 307–324.
<https://doi.org/10.1037/0033-2909.86.2.307>
- Brouwers, E. P. M., Joosen, M. C. W., van Zelst, C., & Van Weeghel, J. (2020). To Disclose or Not to Disclose: A Multi-stakeholder Focus Group Study on Mental Health Issues in the Work Environment. *Journal of Occupational Rehabilitation, 30*(1), 84–92.
<https://doi.org/10.1007/s10926-019-09848-z>
- Canu, W. H., Newman, M. L., Morrow, T. L., & Pope, D. L. W. (2008). Social Appraisal of Adult ADHD: Stigma and Influences of the Beholder's Big Five Personality Traits.

- Journal of Attention Disorders*, 11(6), 700–710.
<https://doi.org/10.1177/1087054707305090>
- Capell, B., Tzafrir, S. S., Enosh, G., & Dolan, S. L. (2018). Explaining sexual minorities' disclosure: The role of trust embedded in organizational practices. *Organization Studies*, 39(7), 947–973. <https://doi.org/10.1177/0170840617708000>
- Collins, N. L., & Miller, L. C. (1994). Self-disclosure and liking: A meta-analytic review. *Psychological Bulletin*, 116(3), 457–475. <https://doi.org/10.1037/0033-2909.116.3.457>
- Decker, W. H., & Calo, T. J. (2007). Observers' Impressions of Unethical Persons and Whistleblowers. *Journal of Business Ethics*, 76(3), 309–318.
<https://doi.org/10.1007/s10551-006-9283-2>
- Doyle, N. (2020). Neurodiversity at work: A biopsychosocial model and the impact on working adults. *British Medical Bulletin*, 135(1), 108–125. <https://doi.org/10.1093/bmb/ldaa021>
- Fisher, P., & Goodley, D. (2007). The linear medical model of disability: Mothers of disabled babies resist with counter-narratives. *Sociology of Health & Illness*, 29(1), 66–81.
<https://doi.org/10.1111/j.1467-9566.2007.00518.x>
- Fuermaier, A. B. M., Hüpen, P., De Vries, S. M., Müller, M., Kok, F. M., Koerts, J., Heutink, J., Tucha, L., Gerlach, M., & Tucha, O. (2018). Perception in attention deficit hyperactivity disorder. *ADHD Attention Deficit and Hyperactivity Disorders*, 10(1), 21–47.
<https://doi.org/10.1007/s12402-017-0230-0>
- Fuermaier, A. B. M., Tucha, L., Koerts, J., Aschenbrenner, S., Kaunzinger, I., Hauser, J., Weisbrod, M., Lange, K. W., & Tucha, O. (2015). Cognitive impairment in adult ADHD—Perspective matters! *Neuropsychology*, 29(1), 45–58.
<https://doi.org/10.1037/neu0000108>

- Gómez, C., Kirkman, B. L., & Shapiro, D. L. (2000). The Impact of Collectivism and In-Group/Out-Group Membership on the Evaluation Generosity of Team Members. *The Academy of Management Journal*, 43(6), 1097–1106. <https://doi.org/10.2307/1556338>
- Griffith, K. H., & Hebl, M. R. (2002). The disclosure dilemma for gay men and lesbians: “Coming out” at work. *Journal of Applied Psychology*, 87(6), 1191–1199. APA PsycArticles. <https://doi.org/10.1037/0021-9010.87.6.1191>
- Grodal, S., Nelson, A. J., & Siino, R. M. (2015). Help-Seeking and Help-Giving as an Organizational Routine: Continual Engagement in Innovative Work. *Academy of Management Journal*, 58(1), 136–168. <https://doi.org/10.5465/amj.2012.0552>
- Hallowell, E. M., & Ratey, J. J. (2011). *Driven to distraction: Recognizing and coping with attention deficit disorder from childhood through adulthood* (1st Anchor Books ed). Anchor Books.
- Hilgard, E. R. (1980). The trilogy of mind: Cognition, affection, and conation. *Journal of the History of the Behavioral Sciences*, 16(2), 107–117. [https://doi.org/10.1002/1520-6696\(198004\)16:2<107::AID-JHBS2300160202>3.0.CO;2-Y](https://doi.org/10.1002/1520-6696(198004)16:2<107::AID-JHBS2300160202>3.0.CO;2-Y)
- Hollenbeck, J. R., & Wright, P. M. (2017). Harking, Sharking, and Tharking: Making the Case for Post Hoc Analysis of Scientific Data. *Journal of Management*, 43(1), 5–18. <https://doi.org/10.1177/0149206316679487>
- Hu, L., & Bentler, P. M. (1999). Cutoff criteria for fit indexes in covariance structure analysis: Conventional criteria versus new alternatives. *Structural Equation Modeling: A Multidisciplinary Journal*, 6(1), 1–55. <https://doi.org/10.1080/10705519909540118>

- Jastrowski, K. E., Berlin, K. S., Sato, A. F., & Davies, W. H. (2007). Disclosure of Attention-Deficit/Hyperactivity disorder may minimize risk of social rejection. *Psychiatry (Washington, D.C.)*, *70*(3), 274–282.
- Jourard, S. M., & Lasakow, P. (1958). Some factors in self-disclosure. *The Journal of Abnormal and Social Psychology*, *56*(1), 91–98. <https://doi.org/10.1037/h0043357>
- Kane, J. V., & Barabas, J. (2019). No Harm in Checking: Using Factual Manipulation Checks to Assess Attentiveness in Experiments. *American Journal of Political Science*, *63*(1), 234–249. <https://doi.org/10.1111/ajps.12396>
- Kapp, S. K., Gillespie-Lynch, K., Sherman, L. E., & Hutman, T. (2013). Deficit, difference, or both? Autism and neurodiversity. *Developmental Psychology*, *49*(1), 59–71. APA PsycArticles. <https://doi.org/10.1037/a0028353>
- Kellison, I., Bussing, R., Bell, L., & Garvan, C. (2010). Assessment of stigma associated with attention-deficit hyperactivity disorder: Psychometric evaluation of the ADHD Stigma Questionnaire. *Psychiatry Research*, *7*.
- Knouse, L. E., & Mitchell, J. T. (2015). Incautiously Optimistic: Positively Valenced Cognitive Avoidance in Adult ADHD. *Cognitive and Behavioral Practice*, *22*(2), 192–202. <https://doi.org/10.1016/j.cbpra.2014.06.003>
- Kooij, S. J., Bejerot, S., Blackwell, A., Caci, H., Casas-Brugué, M., Carpentier, P. J., Edvinsson, D., Fayyad, J., Foeken, K., Fitzgerald, M., Gaillac, V., Ginsberg, Y., Henry, C., Krause, J., Lensing, M. B., Manor, I., Niederhofer, H., Nunes-Filipe, C., Ohlmeier, M. D., ... Asherson, P. (2010). European consensus statement on diagnosis and treatment of adult ADHD: The European Network Adult ADHD. *BMC Psychiatry*, *10*(1), 1–24. <https://doi.org/10.1186/1471-244X-10-67>

- Krosnick, J. A., Holbrook, A. L., Berent, M. K., Carson, R. T., Hanemann, M. W., Kopp, R. J., Mitchell, R. C., Presser, S., Ruud, P. A., Smith, K. V., Moody, W. R., Green, M. C., & Conaway, M. (2002). The Impact of “No Opinion” Response Options on Data Quality: Non-Attitude Reduction or an Invitation to Satisfice?*. *Public Opinion Quarterly*, 66(3), 371–403. <https://doi.org/10.1086/341394>
- Lasky, A. K., Weisner, T. S., Jensen, P. S., Hinshaw, S. P., Hechtman, L., Arnold, L. E., W. Murray, D., & Swanson, J. M. (2016). ADHD in context: Young adults’ reports of the impact of occupational environment on the manifestation of ADHD. *Social Science & Medicine*, 161, 160–168. <https://doi.org/10.1016/j.socscimed.2016.06.003>
- Lebowitz, M. S. (2016). Stigmatization of ADHD: A Developmental Review. *Journal of Attention Disorders*, 20(3), 199–205. <https://doi.org/10.1177/1087054712475211>
- Lebowitz, M. S., Rosenthal, J. E., & Ahn, W. (2016). Effects of Biological Versus Psychosocial Explanations on Stigmatization of Children With ADHD. *Journal of Attention Disorders*, 20(3), 240–250. <https://doi.org/10.1177/1087054712469255>
- Lehman, D. W., O’Connor, K., Kovács, B., & Newman, G. E. (2019). Authenticity. *Academy of Management Annals*, 13(1), 1–42. <https://doi.org/10.5465/annals.2017.0047>
- Lerner, D. A., Hunt, R. A., & Verheul, I. (2018). Dueling Banjos: Harmony and Discord between ADHD and Entrepreneurship. *Academy of Management Perspectives*, 32(2), 266–286. <https://doi.org/10.5465/amp.2016.0178>
- Madaus, J. W. (2008). Employment Self-Disclosure Rates and Rationales of University Graduates With Learning Disabilities. *Journal of Learning Disabilities*, 41(4), 291–299. <https://doi.org/10.1177/0022219407313805>

- Major, B., & O'Brien, L. T. (2005). The Social Psychology of Stigma. *Annual Review of Psychology*, 56(1), 393–421. <https://doi.org/10.1146/annurev.psych.56.091103.070137>
- Masuch, T. V., Bea, M., Alm, B., Deibler, P., & Sobanski, E. (2019). Internalized stigma, anticipated discrimination and perceived public stigma in adults with ADHD. *ADHD Attention Deficit and Hyperactivity Disorders*, 11(2), 211–220. <https://doi.org/10.1007/s12402-018-0274-9>
- McAllister, D. J. (1995). Affect- and Cognition-Based Trust as Foundations for Interpersonal Cooperation in Organizations. *The Academy of Management Journal*, 38(1), 24–59. <https://doi.org/10.2307/256727>
- McKeague, L., Hennessy, E., O'Driscoll, C., & Heary, C. (2015). Retrospective accounts of self-stigma experienced by young people with attention-deficit/hyperactivity disorder (ADHD) or depression. *Psychiatric Rehabilitation Journal*, 38(2), 158–163. <https://doi.org/10.1037/prj0000121>
- Meza, J. I., Monroy, M., Ma, R., & Mendoza-Denton, R. (2019). Stigma and attention-deficit/hyperactivity disorder: Negative perceptions and anger emotional reactions mediate the link between active symptoms and social distance. *ADHD Attention Deficit and Hyperactivity Disorders*, 11(4), 373–382. <https://doi.org/10.1007/s12402-019-00302-x>
- Moore, C. B., McIntyre, N. H., & Lanivich, S. E. (2019). ADHD-Related Neurodiversity and the Entrepreneurial Mindset. *Entrepreneurship Theory and Practice*, 1042258719890986. <https://doi.org/10.1177/1042258719890986>

- Mueller, A. K., Fuermaier, A. B. M., Koerts, J., & Tucha, L. (2012). Stigma in attention deficit hyperactivity disorder. *ADHD Attention Deficit and Hyperactivity Disorders*, 4(3), 101–114. <https://doi.org/10.1007/s12402-012-0085-3>
- Mueller, J. S., & Kamdar, D. (2011). Why seeking help from teammates is a blessing and a curse: A theory of help seeking and individual creativity in team contexts. *Journal of Applied Psychology*, 96(2), 263–276. <https://doi.org/10.1037/a0021574>
- Mulvany, J. (2000). Disability, impairment or illness? The relevance of the social model of disability to the study of mental disorder. *Sociology of Health & Illness*, 22(5), 582–601. <https://doi.org/10.1111/1467-9566.00221>
- Nifadkar, S. S., Wu, W., & Gu, Q. (2019). Supervisors' work-related and nonwork information sharing: Integrating research on information sharing, information seeking, and trust using self-disclosure theory. *Personnel Psychology*, 72(2), 241–269. <https://doi.org/10.1111/peps.12305>
- Ohan, J. L., Visser, T. A. W., Strain, M. C., & Allen, L. (2011). Teachers' and education students' perceptions of and reactions to children with and without the diagnostic label "ADHD." *Journal of School Psychology*, 49(1), 81–105. <https://doi.org/10.1016/j.jsp.2010.10.001>
- Pearsall, M. J., Christian, M. S., & Ellis, A. P. J. (2010). Motivating interdependent teams: Individual rewards, shared rewards, or something in between? *Journal of Applied Psychology*, 95(1), 183–191. <https://doi.org/10.1037/a0017593>
- Ragins, B. R., Singh, R., & Cornwell, J. M. (2007). Making the invisible visible: Fear and disclosure of sexual orientation at work. *Journal of Applied Psychology*, 92(4), 1103–1118. <https://doi.org/10.1037/0021-9010.92.4.1103>

- Rosseel, Y. (2012). lavaan: An R Package for Structural Equation Modeling. *Journal of Statistical Software*, 48(1), 1–36. <https://doi.org/10.18637/jss.v048.i02>
- Samaha, A. M. (2007). What Good Is the Social Model of Disability? *The University of Chicago Law Review*, 74(4), 1251–1308. <https://doi.org/10.2307/20141862>
- Sartorius, N. (2009). Disability and mental illness are different entities and should be assessed separately. *World Psychiatry*, 8(2), 86.
- Scheepers, D., Spears, R., Doosje, B., & Manstead, A. S. R. (2006). Diversity in in-group bias: Structural factors, situational features, and social functions. *Journal of Personality and Social Psychology*, 90(6), 944–960. <https://doi.org/10.1037/0022-3514.90.6.944>
- Schilke, O., Reimann, M., & Cook, K. S. (2021). Trust in Social Relations. *Annual Review of Sociology*, 47(1), annurev-soc-082120-082850. <https://doi.org/10.1146/annurev-soc-082120-082850>
- Singer, I. B. (1977). The Cat Who Thought She Was a Dog and the Dog Who Thought He Was a Cat. In *Naftali the Storyteller and His Horse, Sus and Other Stories*. Oxford University Press.
- Song, P., Zha, M., Yang, Q., Zhang, Y., Li, X., & Rudan, I. (2021). The prevalence of adult attention-deficit hyperactivity disorder: A global systematic review and meta-analysis. *Journal of Global Health*, 11. <https://doi.org/10.7189/jogh.11.04009>
- Speerforck, S., Stolzenburg, S., Hertel, J., Grabe, H. J., Strauß, M., Carta, M. G., Angermeyer, M. C., & Schomerus, G. (2019). ADHD, stigma and continuum beliefs: A population survey on public attitudes towards children and adults with attention deficit hyperactivity disorder. *Psychiatry Research*, 282, 112570. <https://doi.org/10.1016/j.psychres.2019.112570>

- Steiner, I. D. (1972). *Group process and productivity*. Academic Press.
- Thompson, A. C., & Lefler, E. K. (2016). ADHD stigma among college students. *ADHD Attention Deficit and Hyperactivity Disorders*, 8(1), 45–52.
<https://doi.org/10.1007/s12402-015-0179-9>
- Trizano-Hermosilla, I., & Alvarado, J. M. (2016). Best Alternatives to Cronbach's Alpha Reliability in Realistic Conditions: Congeneric and Asymmetrical Measurements. *Frontiers in Psychology*, 7. <https://doi.org/10.3389/fpsyg.2016.00769>
- Trope, Y. (1986). Identification and inferential processes in dispositional attribution. *Psychological Review*, 93(3), 239–257. <https://doi.org/10.1037/0033-295X.93.3.239>
- Uekermann, J., Kraemer, M., Abdel-Hamid, M., Schimmelmann, B. G., Hebebrand, J., Daum, I., Wiltfang, J., & Kis, B. (2010). Social cognition in attention-deficit hyperactivity disorder (ADHD). *Neuroscience & Biobehavioral Reviews*, 34(5), 734–743.
<https://doi.org/10.1016/j.neubiorev.2009.10.009>
- Verheul, I., Block, J., Burmeister-Lamp, K., Thurik, R., Tiemeier, H., & Turturea, R. (2015). ADHD-like behavior and entrepreneurial intentions. *Small Business Economics*, 45(1), 85–101. <https://doi.org/10.1007/s11187-015-9642-4>
- Vitola, E. S., Bau, C. H. D., Salum, G. A., Horta, B. L., Quevedo, L., Barros, F. C., Pinheiro, R. T., Kieling, C., Rohde, L. A., & Grevet, E. H. (2017). Exploring DSM-5 ADHD criteria beyond young adulthood: Phenomenology, psychometric properties and prevalence in a large three-decade birth cohort. *Psychological Medicine*, 47(4), 744–754.
<http://dx.doi.org/10.1017/S0033291716002853>
- Volkow, N. D., Wang, G.-J., Newcorn, J. H., Kollins, S. H., Wigal, T. L., Telang, F., Fowler, J. S., Goldstein, R. Z., Klein, N., Logan, J., Wong, C., & Swanson, J. M. (2011). Motivation

- deficit in ADHD is associated with dysfunction of the dopamine reward pathway. *Molecular Psychiatry*, 16(11), 1147–1154. <https://doi.org/10.1038/mp.2010.97>
- Wang, W., Xu, J. (David), & Wang, M. (2018). Effects of Recommendation Neutrality and Sponsorship Disclosure on Trust vs. Distrust in Online Recommendation Agents: Moderating Role of Explanations for Organic Recommendations. *Management Science*, 64(11), 5198–5219. <https://doi.org/10.1287/mnsc.2017.2906>
- Watkins, T. (2021). Workplace Interpersonal Capitalization: Employee Reactions to Coworker Positive Event Disclosures. *Academy of Management Journal*, 64(2), 537–561. <https://doi.org/10.5465/amj.2018.1339>
- Weissenberger, S., Děchtěrenko, F., Klicperova-Baker, M., Vňuková, M., Zimbardo, P., Raboch, J., Anders, M., Braaten, E., & Ptáček, R. (2020). ADHD Symptoms in Adults and Time Perspectives – Findings From a Czech National Sample. *Frontiers in Psychology*, 11. <https://doi.org/10.3389/fpsyg.2020.00950>
- Wessels, N. M., Zimmermann, J., Biesanz, J. C., & Leising, D. (2020). Differential associations of knowing and liking with accuracy and positivity bias in person perception. *Journal of Personality and Social Psychology*, 118(1), 149–171. <https://doi.org/10.1037/pspp0000218>
- White, H. A., & Shah, P. (2006). Uninhibited imaginations: Creativity in adults with Attention-Deficit/Hyperactivity Disorder. *Personality and Individual Differences*, 40(6), 1121–1131. <https://doi.org/10.1016/j.paid.2005.11.007>
- Wiklund, J., Yu, W., Tucker, R., & Marino, L. D. (2017). ADHD, impulsivity and entrepreneurship. *Journal of Business Venturing*, 32(6), 627–656. <https://doi.org/10.1016/j.jbusvent.2017.07.002>

Wood, D., Harms, P. D., Lowman, G. H., & DeSimone, J. A. (2017). Response Speed and Response Consistency as Mutually Validating Indicators of Data Quality in Online Samples. *Social Psychological and Personality Science*, 8(4), 454–464.
<https://doi.org/10.1177/1948550617703168>