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Rising Above Stigma: A Theoretical Model and Empirical Tests of Stigma-Based Assets and Workplace Outcomes

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Rising Above Stigma: A Theoretical Model and Empirical Tests of Stigma-Based Assets and Workplace Outcomes

By

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B.S., Drexel University, 2010
M.B.A., University of Tampa, 2013

Advisor: Melissa J. Williams, Ph.D.

An abstract of
A dissertation submitted to the Faculty of the
James T. Laney School of Graduate Studies of Emory University
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Abstract

Rising Above Stigma: A Theoretical Model and Empirical Tests of Stigma-Based Assets and Workplace Outcomes

By Gabrielle Lopiano

In this dissertation, I apply a novel lens on stigma to illuminate unknown strengths that can come from enduring the systematically harder life experiences associated with having a stigmatized social identity. Integrating research on coping with stigma, identity management, and experiential learning, I theorize a process through which stigmatized individuals might develop *stigma-based assets* – or socioemotional skills acquired through learning to cope with recurring instances of stigmatization. I further articulate how and when these skills will benefit individuals' work performance in the form of interpersonal organizational citizenship behavior (OCB). These ideas are tested in four studies. First, in a pilot study utilizing archival survey data from a nationally representative sample, I find evidence for more helping behavior among gay, lesbian, and bisexual (vs. heterosexual) individuals. Next, in two field surveys of LGBTQ+ professionals, I find that the degree of stigma participants experienced in their lifetimes is positively and linearly associated with their self-reported empathy (Studies 1 and 2) and curvilinearly (inverted-U-shaped) associated with their ability to accurately identify others' emotions, assessed via an objective ability test (Study 2). In turn, empathy, but not emotional awareness skill, was associated with self (Studies 1 and 2) and peer (Study 2) ratings of interpersonal OCB. Finally, I demonstrate the generalizability of these findings with a community sample covering multiple stigmatized identities (Study 3). This multi-time-point study, which used a behavioral measure of interpersonal OCB, showed that participants' lifetime experienced stigma is positively and linearly related to both their self-reported empathy and their ability to accurately identify others' emotions (again assessed via an objective ability test). In turn, both empathy and emotional awareness skill were positively associated with persistence on a helping task. Overall, these findings articulate the potential for stigma to strengthen, not solely diminish, those who bear its mark – benefitting their careers and the organizations that embrace them.

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INTRODUCTION

As demographic trends point to an increasingly diverse workforce (Cheng et al., 2020), practitioners and scholars alike have directed their attention to the challenges and opportunities related to this change. Scholarship aimed at building the "business case for diversity" has focused on uncovering the ways in which organizations can benefit from employing and embracing members of underrepresented, marginalized, and *stigmatized* social identity groups (Cox & Blake, 1991; Robinson & Dechant, 1997). Much of this work highlights the different knowledge and perspectives that these employees possess. Such information may provide organizations with unique insights into underrepresented customers and constituents, or even just new ways of solving a problem (Avery et al., 2012; Ely & Thomas, 2001; McLeod et al., 1996; Richard, 2000; Williams & O'Reilly, 1998), such as when an African-American journalist easily accesses interviews from Black community members (Cha & Roberts, 2019) or when an Asian-American employee relies on her knowledge of Chinese cooking to solve a chemistry problem (Thomas & Ely, 1996).

This value-in-diversity approach, however, has overlooked an essential and fundamental aspect of the experience of living with stigma (defined as a socially devalued characteristic and including identities such as race, sexual orientation, physical disability, and more; Crocker et al., 1998; Goffman, 1963). That is, it is rarely considered that life is not merely *different* for individuals with stigma – rather, it is systematically *harder*. Neglecting the relative difficulty of stigmatized individuals' life experiences matters because, as I propose, organizational diversity scholarship is missing key avenues by which such individuals may acquire unique resources that they contribute to their organizations. Applying a stigma lens to the diversity literature can illuminate unknown strengths that can come from enduring a harder life.

By the time they enter the workforce, many stigmatized individuals have spent substantial time experiencing and overcoming arduous social obstacles associated with their low-status identities, hurdles that are persistently present throughout their lives. Members of stigmatized groups face disadvantages across life domains, including employment, education, housing, and healthcare, as well as repeated interpersonal experiences of social rejection in the form of negative stereotypes, prejudice, and discrimination (Crocker et al., 1998; Link & Phelan, 2001; Pager & Shepherd, 2008). Yet research shows that despite the pain and suffering such rejection inevitably yields, many individuals respond to stigmatizing experiences not by withdrawing from the world, but by coping and persevering. Extensive research in psychology has documented the many ways in which stigmatized people cope with identity threats (Major & O'Brien, 2005; Miller & Kaiser, 2001). Management scholars, noting the ability of stigmatized individuals to build successful careers despite undue obstacles, have further documented how employees manage their identities at work in order to cope with potential stigmatization and achieve more positive interaction outcomes (Petriglieri, 2011; Roberts, 2005; Roberts et al., 2014).

Importantly, although these literature streams have established when and how stigmatized individuals enact coping or identity management strategies, they primarily describe the coping process as it unfolds in a *single instance*. A defining feature of stigma, however, is that identity threats are experienced many times over and anticipated regularly in social interactions (see, e.g., everyday racism; Essed, 1991; and everyday discrimination; Swim et al., 1998). While this work has provided a critical starting point for understanding how stigmatized individuals persevere in the face of systematically more challenging life and work experiences, it generally has not applied a long-term lens to stigma management and has not yet considered what might be

strengthened as coping or identity management experiences accumulate *over time*. Put differently, research addressing how coping with stigma over recurring instances might result in valuable learned resources in the *long run* – both for employees themselves and for their organizations – is lacking.

I address this important lacuna in this dissertation. Specifically, I explore what it means to have coped with the pain of a stigmatized identity – not just in a single instance, as existing literature has investigated, but repeatedly – when a person arrives at an organization's door. To advance understanding of the strengths and organizational value contributed by employees with stigmatized social identities, I build and test a theoretical model of *stigma-based assets,* which I define as compensatory skills that may arise from experiencing and learning to cope with stigma over recurring instances and are transferrable to the workplace. My theorizing considers how stigmatized individuals can develop unique socioemotional skills by learning to cope with recurring instances of social rejection, and how those abilities produce advantages for diverse and inclusive organizations (see Figure 1 for full model). Specifically, I integrate insights from theories of coping with stigma (Major & O'Brien, 2005; Miller & Kaiser, 2001) and experiential learning (Kolb, 1984) to theorize a learning cycle of adaptive coping through which stigmatized individuals might develop skill advantages in the areas of emotional awareness and emotion management. In turn, I suggest that these stigma-based assets will benefit diverse organizations via stigmatized individuals' increased interpersonal helping behavior.

Critically, this novel perspective moves the organizational diversity literature forward by considering how employees who have stigmatized social identities can learn from their harder life experiences and, via accumulated coping experiences, develop organizationally valuable skills. Moreover, I join recent work exploring the "asset" side of minority identity groups at

work (Cha & Roberts, 2019; Dittmann et al., 2020; Leigh & Melwani, 2019; Martin & Côté, 2019; Volpone et al., 2018) to complement the large body of past research focused on the liabilities and challenges associated with stigma. Crucially, I make no claim that the disadvantages faced by stigmatized individuals are any less pervasive or challenging than previously thought. I do not seek to minimize the negative experiences of stigmatized individuals, nor do I imply that organizations should move to exploit their suffering for corporate gain. Rather, I aim to highlight the unique capacities that employees with stigmatized social identities may develop because of – rather than in spite of – their suffering, and bring to organizations that value them.

In the chapters that follow, I first build a theoretical model by positing how stigmatized individuals, through an ongoing cyclic process of learning to cope with the challenges that accompany their disadvantaged identity, may develop distinct socioemotional skills – or stigma-based assets. Further, I argue that these skills, because they are embedded as abstract knowledge within employees who have stigmatized social identities, may be transferred to and deployed in organizational settings, leading to increased interpersonal organizational citizenship behavior (OCB). Finally, I theorize that an inclusive organizational climate is necessary to fuel the transfer of stigma-based assets to organizational life.

Next, I derive testable hypotheses from the proposed theoretical model and introduce four empirical studies. Using pilot data from the General Social Survey (GSS), I demonstrate that lesbian, gay, and bisexual respondents reported engaging in more interpersonal helping behavior than heterosexual respondents. In Study 1, a cross-sectional survey of full-time employees affiliated with a lesbian, gay, bisexual, transgender, and queer (LGBTQ+) labor union organization who identify as LGBTQ+, I show that the degree of stigma participants reported

having experienced throughout their lives is associated with increased self-reported emotional awareness (i.e., empathy) and, in turn, increased interpersonal OCB. I then replicate these results in a sample of LGBTQ+ MBA students and professionals (Study 2), using a multi-time-point survey and adding peer ratings of interpersonal OCB. I further demonstrate a curvilinear relationship between experienced stigma and stigma-based assets, assessed with a more objective, valid, and workplace-situated ability test. Finally, I demonstrate the generalizability of these findings in an online sample covering multiple stigmatized identities and a behavioral measure of interpersonal OCB (Study 3).

I conclude this dissertation with a general discussion of theoretical, empirical, and practical contributions and implications, as well as limitations and suggestions for future work.

THEORETICAL MODEL

The Experience of Stigma

A stigma is a distinguishing attribute or characteristic that conveys a socially devalued identity (Crocker et al., 1998; Goffman, 1963). As a result of this devalued identity, stigmatized individuals hold a low-status position in the social hierarchy and face a host of disadvantageous outcomes. Evidence finds that stigmatized individuals encounter discriminatory practices in nearly all domains of life, including the housing market, the workplace, educational, health care, and the criminal justice system (see Link & Phelan, 2001; Pager & Shepherd, 2008, for reviews). Moreover, stigmatized individuals are often the targets of interpersonal attacks in the form of social exclusion, ridicule, and violence, which result in psychological distress (Chan & Mendoza-Denton, 2008; Crocker et al., 1998; Meyer, 2003; Quinn & Chaudoir, 2009). Expectations, as well as actual experiences, of prejudice and discrimination lead to increased anxiety and diminished psychological well-being among the stigmatized (Clark et al., 1999; Meyer, 2003). In sum, limited access to critical resources (e.g., employment, income, housing, education, healthcare) combined with the psychological stresses yielded by stigma compromise the health, safety, and well-being of stigmatized targets (Allison, 1998; Clark et al., 1999; Pascoe & Smart Richman, 2009). Even among people with the same stigmatizing characteristic, however, individual and interpersonal experiences of stigma vary.

Conceptualizing Experienced Stigma

Although the construct of stigma is not new, my conceptualization of experienced stigma (outlined in this section) goes beyond past work, focusing especially on variations among people with stigma. I define *experienced stigma* as the degree to which a person anticipates or encounters recurring social rejection across interpersonal interactions in the form of negative

stereotypes, prejudice, and discrimination, based on a socially devalued identity (or multiple socially devalued identities). Below I further explain three important aspects of my conceptualization of experienced stigma that inform my theorizing: (1) it is experienced as identity-based social rejection; (2) it is expected to recur across many interpersonal interactions; and (3) it is experienced as a matter of degree.

Stigma as Identity-Based Social Rejection

Social rejection is an extremely stressful and painful experience for all people (Eisenberger et al., 2003; Kross et al., 2011; MacDonald & Leary, 2005). It violates the fundamental need to belong and feel accepted by others (Baumeister & Leary, 1995) and can lead to increased anxiety, depression, and aggression and decreased self-esteem and life satisfaction (see Williams, 2007, for a review). Because of their socially devalued identity, targets of stigma anticipate and encounter social rejection to a far greater extent than the non-stigmatized (Crocker et al., 1998; Miller & Major, 2000) and, as a result, they must continuously manage the associated stress (Smart Richman & Leary, 2009; Williams, 2007).

The types of identity-based social rejection experienced by the stigmatized fall broadly into three categories: stereotypes, prejudice, and discrimination (Fiske, 1998). *Stereotypes* are cognitive (socially shared and usually negative) beliefs about people who have a certain stigmatized identity or characteristic. Stereotypic beliefs can lead to *prejudice*, which involves negative affective attitudes toward or evaluations of people with a stigma. These negative attitudes often manifest themselves as *discrimination*, or harmful behavioral responses toward the stigmatized, such as not hiring them or inflicting physical violence on them. Stigmatized people are well aware of their societally devalued status and the possibility they might be a target of negative stereotypes, prejudice, and discrimination in their interpersonal interactions. The

anticipation of these identity threats, in addition to the actual experience of them, are unique sources of social stress for stigmatized persons (Crocker et al., 1998; Meyer, 2003).

Note that my conceptualization integrates extant research on stigma with that of stereotypes, prejudice, and discrimination. Although research on stigma (stemming from Goffman, 1963) and prejudice (stemming from Allport, 1954) have emerged in largely separate, but parallel streams, scholars have recently called for an integration of these literatures, noting that they describe overlapping social phenomena (Phelan et al., 2008; Stuber et al., 2008). In light of this conceptual overlap, my definition regards the components of stereotyping, prejudice, and discrimination as central to the experience of stigma (see also, Dovidio et al., 2002; Hebl & Dovidio, 2005).

Stigma as Recurring or Repeated

For most stigmatized individuals, social rejection is not a one-time stressful event, but something that recurs (or has the potential to recur) in many social interactions (Major & O'Brien, 2005; Miller & Major, 2000). Although, as I discuss in the following subsection, people can differ in the degree to which they anticipate and encounter stigmatizing events, a defining feature of the experience of stigma is that it is expected to occur in at least some, if not many, interpersonal interactions (Crocker et al., 1998; Major & O'Brien, 2005). Stigmatized individuals are acutely aware of their socially devalued status and, thus, routinely anticipate prejudicial and discriminatory treatment in their daily social interactions with non-stigmatized others (Swim & Thomas, 2006).

Research on “everyday discrimination” suggests they are not wrong to anticipate such treatment (Deitch et al., 2003; Swim et al., 1998). Daily diary studies suggest that experiences of stigma are relatively common, occurring daily to about two to three times per week, and ranging

from subtle to blatant (Swim et al., 2001; Swim et al., 2003; Swim et al., 2004). This means that social rejection faced or feared by those with a stigma is not confined to infrequent, isolated encounters, but rather has the potential to repeatedly recur. The stress that results from the often-present possibility of stereotyping, prejudice, and discrimination is unique to the experience of stigma and requires additional adaptation efforts above those needed to manage general stressors (Crocker et al., 1998; Meyer, 2003).

Stigma as a Matter of Degree

Stigma is typically conceptualized in the literature as a distinguishing, devalued characteristic that one either possesses or does not possess. It is most commonly studied by comparing the outcomes of stigmatized individuals to a comparison group without the stigma. An implicit assumption underlying this approach is that individuals sharing a stigma have relatively consistent stigmatizing experiences. Here, I take a divergent approach, conceptualizing stigma as a continuous construct, or a matter of degree (Link & Phelan, 2001), rather than as dichotomous. When referring to stigma, I mean the *extent to which* a person anticipates, or experiences, social rejection based on his or her devalued identity. I draw attention to the fact that the experience of stigma can vary widely, both between and within stigmatized groups. By conceptualizing stigma as a matter of degree, I can take a more nuanced approach to theorizing the consequences of experiencing stigmatization than binary conceptualizations can provide.

To gain a deeper understanding of how stigma may impact individuals' efforts to cope with its associated interpersonal social rejection (i.e., negative stereotypes, prejudice, and discrimination), it is useful to examine the dimensions of the construct that capture the extent to which it is experienced – namely the frequency and severity with which stigmatizing experiences

occur. While other taxonomies distinguish among dimensions from a perceiver's perspective (Jones et al., 1984; Pachankis et al., 2018), my theory is focused on the perspective of the target.

The first dimension is the *frequency* to which an individual anticipates or encounters identity-threatening situations. A number of factors can influence the frequency with which a person experiences stigma; among these is the range of social domains in which an identity or characteristic is stigmatized. For example, whereas a woman may feel no stigma in social settings outside of work, her lower-status gender may become more salient in a male-dominated workplace, where she is more subject to negative stereotypes and discrimination. Other characteristics, like obesity or race, are stigmatized in society more broadly and, as a result, are salient in a wider range of social interactions.

Some features of the stigma or the local social environment may also affect the frequency of stigmatizing encounters. African Americans, for example, vary in the frequency with which they experience discriminatory treatment, based on factors such as the racial typicality of their physical appearance (Hebl et al., 2012), and gays and lesbians have fewer stigmatizing experiences in liberal, urban centers than in more conservative, rural areas (Kenny & Patel, 2017). Moreover, people vary at baseline in terms of their tendencies to anticipate and perceive social rejection in interpersonal encounters (Pinel, 1999); individuals high (vs. low) on rejection sensitivity would be expected to experience stigma anxieties more frequently (Mendoza-Denton et al., 2002).

One other factor that may affect the frequency with which an individual anticipates or encounters social rejection from stigma is how visible, or easily observed, the stigma is to perceivers. Some stigmas, such as race or physical disability, are highly visible, while others, such as sexual orientation or chronic illness, are less obviously detectable and able to be at least

partially concealed by targets (Goffman, 1963; Smart & Wegner, 1999, 2000). People with non-visible stigmas may be protected from more overt forms of discrimination to the extent that their identity is not known to observers. Yet having to constantly struggle to conceal one's identity exposes those with non-visible stigmas to additional psychological stressors because they must constantly monitor the social environment for potential identity threats, while simultaneously monitoring their own actions to ensure they do not unintentionally reveal their stigma (Clair et al., 2005; Meyer, 2003; Pachankis, 2007). Thus, whereas having a less-visible stigma may reduce the frequency with which individuals have unambiguously stigmatizing encounters, it may simultaneously increase the frequency of ambiguously stigmatizing encounters in which the possibility of disclosure must be managed.

The second dimension is the *severity* or intensity of the threatening encounters a person has faced. Some identity-threatening events may be more traumatic than others. For example, Black men likely appraise the experience of getting pulled over by police as more threatening than overhearing a racial slur, since the potential consequences of the former are life-threatening. Moreover, individuals may differ the degree to which they appraise a given experience as stressful (Landrine & Klonoff, 1996).

Beliefs held by perceivers about how a stigma was acquired, or about the degree to which it can be controlled, may also affect how severely a target is treated. People who are assumed to be responsible for causing their stigma (as in the case of HIV), or as able to "fix" themselves (as in the case of obesity), tend to be evaluated and treated more poorly than individuals whose stigma is perceived as beyond their control (Crocker et al., 1998; Weiner et al., 1988), producing greater distress among targets.

One factor that is likely to impact both the frequency and severity of stigmatizing experiences a person encounters is the number of stigmatizing identities or characteristics a person possesses. Persons with multiple marginalized identities (for example, someone who is both Black and disabled) are likely to experience a greater degree of stigma than those possessing only one (Berdahl & Moore, 2006). Although research on intersectional identities suggest that these processes are complex (Hall et al., 2019) and not always simply additive (e.g., in the case of Black, gay male stereotypes; Remedios et al., 2011), I suspect that having multiple stigmas increases a person's vulnerability to more frequent and more severe stigmatizing encounters and anxieties, at least to some extent.

Establishing the Boundaries of Stigma

My theorizing relies on learning to *repeatedly* cope with identity threats present in interpersonal encounters. As such, there are several boundaries to the types of stigmatized individuals to whom my theory applies. Specifically, my definition of stigma applies to individuals who are marked with a socially devalued characteristic that they expect to be generally permanent, who are aware that they possess this mark, and who directly anticipate or encounter some degree of recurring social rejection as a result.

One group of stigmas that this definition necessarily excludes is those that are understood by those who possess them to be temporary. Some stigmas, such as pregnancy or a short-term disability (e.g., a broken leg), are expected, at their onset, to last only for a short time, while others, like race or sexual orientation, are more permanent identities. Of course, short-term stigmas may yield some of the same challenges as more stable stigmas, including stereotyping, prejudice, and discrimination (Gabriel et al., in press; Morgan et al., 2013). However, because one is required to cope only for the brief length of the stigma, the learning of successful

strategies and related skills is short-lived, compared to those who must cope over longer periods of time. For this reason, I do not expect my theorizing to apply to individuals with inherently temporary stigmas. In contrast, although some individuals may experience a lessening of stigma with time (e.g., a cure may eventually be found for a disease, or an obese person may lose weight), such individuals are included in my model, because, until change arrives, they would generally view their stigma as a relatively long-lasting aspect of themselves and expect to encounter discriminatory treatment because of it.

Another implication of my definition is that having a close relationship with a stigmatized person would, in most cases, be insufficient to meet my definition for a stigma experience, even while such a relationship likely brings compassion for stigmatized individuals. For example, parenting a disabled child is likely to make one particularly conscious of and sensitive to the stigma faced by people with disabilities. While this is a challenging experience to be sure, I argue that it is different than being directly stigmatized oneself. This would change, however, if the parent were being stigmatized for raising a disabled child. In this instance, the parent would be experiencing a degree of stigma directly and therefore would need to learn to cope with such treatment.

A final question is whether my definition includes individuals affected by stigma by association. Stigma by association is a process by which stigma is transferred from a focal target to an associated target (Goffman, 1963; Neuberg et al., 1994; Pryor et al., 2012). This may include, for example, stigma experienced by volunteers at an HIV clinic (Dwyer et al., 2013) or someone merely standing adjacent to an overweight individual (Hebl & Mannix, 2003). Such individuals would be included in my definition *only* to the extent that they are aware of being stigmatized, and anticipate that their stigmatization will persist in future encounters. Pryor et al.

(2012) demonstrated that stigma-by-association effects often operate nonconsciously, outside of the awareness of either the perceiver or the associate. In most cases, associates would not be included in my definition because, being unaware that they have been stigmatized, they would not learn to cope with such stigma over time.

In sum, because my theory focuses on the repeated coping that stigmatized individuals must perform, it includes those stigmatized in a way that they expect to persist rather than those whose stigma is known to be temporary, and individuals linked to stigma (by means of a close relationship or other association) only to the extent that these individuals directly experience stigma themselves and are aware of doing so.

A Theory of Stigma-Based Assets

As I have articulated, stigma is a unique and destructive source of ongoing stress. Stigmatized individuals anticipate and encounter stereotyping, prejudice, and discrimination to some degree in their social interactions. Yet many stigmatized people are able to live successful lives in the face of such significant obstacles (Shih, 2004). For instance, stigmatized individuals often have the same – or even higher – self-esteem than the non-stigmatized (see, e.g., Crocker et al., 1994; Crocker & Major, 1989; Nosek et al., 2002; Twenge & Crocker, 2002).

To resolve this apparent contradiction, stigma scholars have used the traditional psychological stress-and-coping framework (Lazarus & Folkman, 1984) to understand how stigmatized individuals appraise and cope with threats to their identities (Major & O'Brien, 2005; Miller & Kaiser, 2001). Management research has drawn on this work to consider how employees manage their stigmatized social identities and respond to identity threats at work (Holmes et al., 2019; Petriglieri, 2011; Ramarajan & Reid, 2013; Roberts, 2005; Roberts et al., 2014; Roberts & Creary, 2013; Shih et al., 2013). For example, people with stigma might avoid

interactions or domains in which they expect to be stigmatized (Steele & Aronson, 1995; Swim et al., 1998), alter their behavior in social interactions they perceive as potentially threatening (Miller et al., 1995; Roberts, 2005; Shelton, 2003; Shelton et al., 2005), or attempt to create more positive impressions about themselves and their stigmatized group (Roberts, 2005; Roberts et al., 2008; Shih et al., 2013).

It is clear from this rich body of work that while stigmatized individuals may not evade distress in every social situation, they frequently can and do cope successfully. Yet the focus of this literature has been almost exclusively on how stigmatized people cope with a *single* identity threat at a time, such as overhearing a derogatory remark or detecting a tone of contempt. Little is known about what is learned from coping with stigma repeatedly over the *long term*.

As I indicated above, people with stigma generally do not just experience isolated, infrequent stigmatizing encounters. Rather, they face recurring identity threats across many social interactions, all of which require some kind of coping response. Picking up where the current one-time coping models stop, I consider what happens to stigmatized individuals as they repeatedly and continuously cope with stigma-related stress over time. I argue that depending on the degree of stigma they experience, stigmatized individuals may be motivated to engage in a process of adaptive coping, whereby learn from social feedback they observe in each individual coping situation they encounter. Here, I use the term *adaptive coping* to denote the ongoing, cyclical learning process, depicted in Figure 2, by which stigmatized individuals reflect on and incorporate socioemotional information from their stigmatizing experiences to update their thinking and behavior over recurring instances of coping. It is through this continuous learning process, I argue, that stigmatized individuals can develop advantages in the socioemotional skills of emotional awareness and emotion management.

Learning Through a Cycle of Adaptive Coping

I argue that experiencing and learning to cope with stigma over numerous instances can enhance the development of adaptive skills. Theories of learning suggest that learning occurs when individuals directly interact with and observe cues in their environment (Kolb, 1984). Moreover, memory theorists posit that learning and skill-building occurs through repetition and practice, because retrieval of encoded information becomes easier when there are more memories to access (Tulving, 2002; Tulving & Craik, 2000) and when they are more frequently accessed (Karpicke & Roediger, 2008). I integrate these insights to articulate a process of adaptive coping through which stigmatized individuals learn from their recurring experiences of coping with stigma to ultimately build skill advantages in related socioemotional capacities. In doing so, I build off recent management research showing that people belonging to minority groups can cultivate transferrable personal resources through engaging with people who are different from them (those in majority groups; Volpone et al., 2018). I extend this work by illuminating the process through certain socioemotional skills are learned from the minority experience (i.e., repeatedly coping with stigma).

Experiential learning theory describes the cyclical process by which people learn from their direct experience (Kolb, 1984). According to experiential learning theorists, learning takes place in four stages beginning with a concrete experience or interaction with one's environment, which becomes the basis for reflective observation. Reflections on and observations of the experience then aid the learner in forming new abstract conceptualizations or modifying existing ideas or schemas. From there, the learner can apply his or her newly updated knowledge to subsequent concrete experiences, thus starting the cycle over again. Learning then occurs

through the continuous updating of one's understanding of the world and the way people and things behave.

I use the experiential learning cycle as the framework for my proposed cycle of adaptive coping. As with general learning, experiencing and coping with stigma involves directly interacting with one's social environment – it is a fundamentally social experience that involves appraising and responding to identity-threatening cues. Because they are aware of their socially devalued status and the negative attitudes people might hold about them, and because they anticipate future stigmatizing encounters, stigmatized individuals may be motivated to learn from their past experiences in order to cope better in the future. Finally, stigmatized individuals confront numerous, potentially identity-threatening encounters over time, giving them "opportunities" to apply what they have learned to new interactions, and hone related skills through repeated coping experiences. I articulate this process, which is modeled in Figure 2, below.

Stage 1: Single Coping Experience

Stigmatized individuals are generally aware of their devalued status in society (Crocker et al., 1998; Steele, 1997), and as a result, they often anticipate social rejection in the form of stereotyping, prejudice, and discrimination in interpersonal encounters where their stigma is salient – this constitutes many social situations for a stigmatized person. A coping experience can occur in any social encounter in which a person's stigmatized identity is salient and potentially threatened. For example, an overweight woman may feel particularly threatened at a party full of slim people, or a gay man might feel threatened when asked about his relationship status.

According to extant coping models (Major & O'Brien, 2005; Miller, 2006; Miller & Kaiser, 2001), in a single coping experience, a stigmatized person will initially scan the social environment for possible identity threatening information. To do so, targets of stigma must attune to socioemotional cues signaling safety or threat (Shelton & Richeson, 2006). Appraising such cues as threatening is easier in the case of blatant displays of prejudice (such as the overt use of a derogatory name), but, for many stigmas, such prejudicial expressions are increasingly socially unacceptable (Crandall et al., 2002; Plant & Devine, 1998). Rather, most expressions of prejudice in the current day are more difficult to appraise as such because they tend to be ambivalent (Glick & Fiske, 2001), subtle (Hebl et al., 2002), or unconscious (Devine, 1989; Dovidio et al., 2002). This fact only makes the job of a stigmatized individual harder and requires more attention and vigilance toward others' social cues in order to accurately decode another person's intent (Barreto & Ellemers, 2005; Salvatore & Shelton, 2007). These subtle emotion-laden signals may be decoded from others' nonverbal cues, such as perceiving less eye contact (Hebl et al., 2002) or a tone of discomfort (Major & O'Brien, 2005). In the process of scanning the social environment, stigmatized individuals may also attend to cues that signal acceptance and opportunities to fulfill belongingness needs (Baumeister & Leary, 1995). This appraisal process can occur consciously or automatically outside a stigmatized person's awareness.

If a stigmatized person appraises the social environment as identity threatening, they will enact a coping response (or multiple coping responses) to try to mitigate stigma-related stress. This may involve exiting or avoiding the encounter altogether (Purdie-Vaughns et al., 2008; Roberts et al., 2014; Swim et al., 1998), if possible. Otherwise, stigmatized individuals may resort to a number of different coping techniques, such as behaving in socially skilled or

stereotype-disconfirming ways to better affiliate in a social setting (Miller et al., 1995; Shelton, 2003; Shelton et al., 2005), reappraising a stressful stimulus to downregulate its emotional impact (Crocker & Major, 1989), or using humor to acknowledge their stigma and reduce tension (Roberts et al., 2014). A successful coping experience is one that effectively mitigates the stress and meets the interaction goals of the stigmatized person, given the constraints of the situation (Swim & Thomas, 2006).

As mentioned earlier, this initial stage has been extensively covered by extant coping models. New to the current model, I suggest that, following a threatening encounter, stigmatized individuals are motivated to reflect on and learn from their experience in order to improve the likelihood that they will be able to successfully cope with identity threats in future social interactions.

Stage 2: Reflection on Coping Experience and Observation of Social Feedback

The second step of the cycle of adaptive coping with stigma involves the person reflecting on their stigmatizing experience and how well they coped during it. In doing so, they will recall situational details and note any social feedback that informs them whether their appraisal of socioemotional cues was accurate and whether their coping responses was effective in the situation. Although rumination on a negative experience can be psychologically damaging (Nolen-Hoeksema et al., 2008), recent work in psychology and management shows that rumination or reflection that is focused on the task at hand can be adaptive and lead to improved performance on subsequent tasks (Ciarocco et al., 2010; Dahlin et al., 2018; Ellis & Davidi, 2005). Ciarocco et al. (2010) define this type of active rumination as “task oriented, focusing on how to achieve the goal and how past missteps possibly could have been rectified” (p. 1058).

It is in this second step, which occurs after the single coping experience concludes, that my proposed adaptive coping process goes beyond existing models of coping with stigma. I argue that stigmatized individuals may be motivated to reflect on and extract useful information from their past coping experiences for several reasons. First, because they are aware of their stigmatized status, they expect to encounter future identity-threatening situations, at least to a certain degree (Crocker et al., 1998). That is, there is no avoiding it. Second, the stakes are high – if they fail to learn to cope effectively, stigmatized individuals risk suffering extreme psychological and possibly physical harm (Meyer, 2003). Third, stigmatized individuals may seek to get better at navigating tricky social interactions in order to fulfill their fundamental needs for belongingness and control, which have been compromised by their stigma (Major & Eccleston, 2004). Finally, facing identity threats is a negative emotional experience, which is more likely to be ruminated on, stored in memory, and easily accessed compared to positive experiences (Kensinger, 2007).

Support for the idea that stigmatized individuals draw on past coping experiences to inform their future identity management decisions comes from work by Clair et al. (2005) suggesting that gay men and lesbians recall prior disclosure events when deciding whether to disclose in a current or future interaction. For these reasons, I submit that stigmatized people may be motivated to increase the likelihood of positive outcomes in their future social interactions, and thus engage in active reflection on their coping experiences.

Consider, for instance, an African American family who moves to a new, predominantly White neighborhood and notices off-putting stares and a lack of friendliness from their neighbors. Members of the family are likely to appraise this situation as identity threatening and enact a coping response, such as going out of their way to be overly friendly to their new

neighbors. Over time the family may notice a reciprocation of that neighborly friendliness, confirming that their coping response was indeed effective. Imagine also that the Black family notices another White family new to the neighborhood being welcomed right away. This information would confirm that their initial appraisal of the socioemotional cues they observed was accurate.

Stage 3: Incorporation of New Information into Existing Knowledge Base

The third stage in the adaptive coping process involves targets of stigma abstracting generalizations about their reflections incorporating their new information, acquired through reflection and observation in Stage 2, into existing mental models or schemas regarding emotions. Once a stigmatized person appraises a social encounter as threatening, and confirms that the appraisal was accurate, they will then come to associate the observed socioemotional cues (e.g., subtle remarks, tone of voice, facial expressions) as stressful or threatening, and store this association in memory (Kuhbandner et al., 2011). Repeated occurrences will strengthen this link in the stigmatized target's memory (Hintzman, 2010). Returning to the example of the African American family above, family members will have noted the reactions from neighbors that led them to appraise the situation as potentially threatening. They will then store these cues with all the other cues they have accumulated over their lifetimes of coping with racial stigma. With more of these memories to access, they will become more accurate in detecting others' emotional cues.

Stigmatized individuals will also get better at understanding which coping responses are effective at resolving tension in different types of social interactions. Depending on the situational goals and constraints, this may involve attenuating their own distress, alleviating their interaction partner's discomfort, or both. For example, consider a physically disabled woman

who uses a wheelchair. She may come to recognize others' unease when interacting with her and try to assuage that distress by making a joke acknowledging her disability. As she accumulates more of these experiences, she will ultimately gain a better understanding of the types of situations in which a humor strategy effectively puts everyone at ease.

Stage 4: Application of Newly Updated Knowledge to Subsequent Coping Experience

The fourth and final step involves utilizing the updated knowledge a stigmatized person has acquired from previous experiences to guide thinking and behavior in new, potentially identity-threatening social encounters. This allows stigmatized individuals to make more accurate appraisals of socioemotional cues and activate better coping responses based on what they learned from their previous experiences. Some of these later experiences might be completely novel, like starting a new job, while others might be more familiar. The subsequent coping experience restarts the cycle of experiential learning and individuals will begin again.

Consider a gay man returning home to his conservative family for the holidays. The previous year, he spoke freely about his dating life, but was met with disinterest and judgement from his family. Based on his prior experience, this year, he decides to focus the conversation on other parts of his life (e.g., work, hobbies) in order to enjoy his time with his family and avoid feeling threatened.

Now that I have explained how stigmatized individuals can reflect on their coping experiences to extract and absorb useful socioemotional knowledge, I next articulate the related, general skills that are most likely to be developed and refined over time by repeating the cycle of adaptive coping across recurring instances of stigmatization.

Stigma-Based Assets: Socioemotional Skills Developed Through Adaptive Coping

As individuals encounter additional stigma-related social stress and repeat the cycle of adaptive coping, they will continue to accumulate a broader and more accurate base of emotional knowledge. Over time, retrieving this encoded emotional information will become more routinized for stigmatized individuals – ultimately giving rise to stigma-based assets. I define *stigma-based assets* as socioemotional capacities that may arise from repeatedly coping with stigma and subsequently transfer to other domains, including the workplace. The core idea of my theory is that adaptive capacities will evolve as a result of ongoing effective coping and become incorporated into the social repertoire of stigmatized targets.

Emotional Awareness

As individuals repeat the cycle of adaptive coping, they continuously monitor the social environment for emotional cues, and appraise them with greater accuracy. Over time, they build knowledge around what stimuli cause certain emotional states and what the outcomes of those felt emotions are. For example, a lesbian woman might become particularly skilled in detecting others' feelings of discomfort, signaled through their facial expressions, body language, and behavior.

It is through this greater emotional knowledge that, I suggest, stigmatized individuals will develop advantages in emotional awareness skills. Emotional awareness refers to the broad set of abilities that comprise emotion recognition (attention to and accurate identification of one's own and others' emotions through non-verbal cues; Elfenbein & Ambady, 2002; Izard, 1971; Lane & Schwartz, 1987; Mayer et al., 1999), emotion understanding (knowledge of the causes and consequences of different emotional states in oneself and others; Castro et al., 2016; Joseph &

Newman, 2010), and empathy (accurately perceiving and taking on others' emotional states, often distress; Cuff et al., 2016; Decety & Jackson, 2006; Salovey & Mayer, 1990).

Supportive of my argument, the painful experience of social rejection (or the threat of rejection), a defining feature of the experience of stigma, has been linked to emotional awareness skills. For instance, research has demonstrated that social rejection (Pickett & Gardner, 2005) and a heightened need to belong (Pickett et al., 2004) heighten people's attention toward, and increase their accuracy in reading, the emotional information conveyed by others' nonverbal cues. Rejection also increases people's ability to distinguish genuine from insincere facial expressions (Bernstein et al., 2008) and to recall social information (Gardner et al., 2000; Gardner et al., 2005). Additional support for the assertion that experiencing stigma may improve emotional awareness abilities comes from research demonstrating that women judge the emotional meanings of nonverbal cues with more accuracy (Hall, 1978; Hall & Briton, 1993; Hall et al., 2001; Hall & Matsumoto, 2004) and have more complex emotional understanding (Ciarrochi et al., 2005) compared to men. However, this work is limited to women and has not yet been linked to other stigmatized groups.

Further support comes from past work demonstrating that having less social power (a defining property of stigma) increases perspective-taking (Galinsky et al., 2006) and empathic concern for others' suffering (van Kleef et al., 2008). In addition, psychology scholars have postulated and demonstrated the phenomenon of *altruism born of suffering* (Lim & DeSteno, 2016; Staub, 2003; Staub & Vollhardt, 2008; Vollhardt, 2009; Vollhardt & Staub, 2011) to describe how individuals who have suffered may become particularly motivated to help others. Rather than becoming hostile or vengeful, many survivors of persecution, torture, or genocide against their group seem to respond empathically (Staub, 2003). Having faced adversity may

increase individuals' tendencies both to adopt the perspectives of others and to feel a sense of responsibility for their welfare, which generally lead to a prosocial behavioral response (Lim & DeSteno, 2016; Staub & Vollhardt, 2008; Vollhardt, 2009).

As I have described, the process of adaptive coping with stigma involves appraising emotional cues to detect identity threatening information, which becomes more accurate over time (with more recurring coping experiences). This ongoing cycle is likely to result in increased skill in emotional awareness.

Emotion Management

More complex than emotional awareness, emotion management involves the ability to modulate or regulate the emotions of oneself and others (Joseph & Newman, 2010; Lopes et al., 2005; Mayer et al., 2008) in ways that effectively match contextual demands and situational goals. Emotion management refers to the broad set of abilities that comprise emotion regulation (Gross, 2015), coping flexibility (Cheng et al., 2014), and conflict management (Thomas, 1992) skills that aid people in handling emotional labor (Hochschild, 1979). Over time, as they repeat the cycle of adaptive coping across different social interactions, stigmatized individuals may develop a wider repertoire of coping responses and a better understanding of which responses are effective in certain contexts, or to achieve certain interaction goals. They are able to use their observations of their own and others' emotional feedback to guide their choice of coping responses. For example, an African American man might have learned, via adaptive coping, effective ways to calm himself down when angry to avoid being perceived according to the "angry Black man" stereotype (Wingfield, 2007). He might also be able to respond to those causing his anger in calming ways that deescalate tensions. According to my proposed cycle of adaptive coping, this skill, after being honed over many stigmatizing encounters, will be

abstracted into general knowledge that can be transferred to other non-stigma-related situations. For instance, the African American man might be better able to deal with angry clients or rude customers than employees who have not spent a lifetime regulating their anger. He might also be able to use this skill to calm a stressed-out coworker and offer words of encouragement.

The breadth of one's coping repertoire, in terms of context sensitivity, variability of regulatory responses, and sensitivity to feedback, is generally associated with adaptive outcomes (Bonanno & Burton, 2013). Stigmatized individuals may come to recognize what types of regulatory efforts effectively resolve their own stress, as well as their interaction partner's discomfort, and which work well in different situations. Thus, I suggest that as stigmatized individuals continuously engage in the learning cycle of adaptive coping over repeated coping experiences, they will develop skill advantages in emotion management.

The Relationship Between Experienced Stigma and Stigma-Based Assets

Here, I link the degree of stigma a person has experienced to the socioemotional skills of emotional awareness and emotion management, which, as I have argued, result from the process of learning to adaptively cope with stigma over time. I would be mistaken to assert that all stigmatized individuals engage in our proposed process of adaptive coping and develop skill advantages as a result. Rather, I establish the boundary conditions of our theorizing by suggesting a curvilinear relationship between the degree of experienced stigma and stigma-based assets.

First, regarding frequency of stigmatizing experiences, I expect that those who encounter potential identity threats at a moderate frequency will be most likely to engage in adaptive coping because they will anticipate future stigmatizing encounters and thus be motivated to learn from them so that future interactions go more smoothly. In doing so, they will be most likely to

develop the related skills of emotional awareness and emotion management. In contrast, individuals who have infrequent stigmatizing experiences (or none at all) have fewer "opportunities" to engage in post-coping reflection and thus, will accrue a narrower knowledge base of socioemotional information relative to those who experience stigma more frequently. Further, they will not be motivated to engage in adaptive coping because they will not anticipate many future stigmatizing experiences and will likely cope with the relatively fewer encounters by simply avoiding those contexts that form the basis of reflection. On the opposite end, those who face an extreme frequency of stigmatizing encounters are not likely to engage in the adaptive coping process because they lack time to replenish their resources between coping instances (Baumeister et al., 1999). Because these individuals consistently face cues signaling their low societal worth, they may come to internalize the negative beliefs others hold about them (known as self-stigma, Corrigan et al., 2016; Corrigan et al., 2010; or internalized stigma, Herek, 2007).

Second, regarding severity, I suggest that people who experience stigma at moderate level of severity will be most likely to engage in adaptive coping. I expect these individuals to be motivated to engage in adaptive coping because they will have the desire and efficacy to achieve more positive interaction outcomes in the future. Individuals experiencing stigma at a low level of severity, in contrast, will find social situations less stressful, and thus will be unlikely to engage in deeper post-coping reflection. Yet experiencing extremely severe stigma can be traumatic and demoralizing for individuals and may lead them to perceiving all future stressors as uncontrollable – that is, a belief that any coping effort would be unsuccessful, as suggested by work on learned helplessness (Maier & Seligman, 1976, 2016). Believing that they lack the

necessary coping resources to effectively mitigate the threat is likely to deter severely stigmatized individuals from any adaptive coping efforts.

Overall, I suggest that people who have experienced a moderate degree of stigma (as captured by the dimensions of frequency and severity) will have the greatest need and motivation to engage in the process of adaptive coping. Such individuals will, in turn, be the most likely to develop the skills of emotional awareness and emotion management (see Figure 1). As such, I formally propose the following:

> *Proposition 1: The degree of experienced stigma will have a curvilinear (inverted-U-shaped) effect on stigma-based assets (emotional awareness and emotion management skills) such that these skills will be strongest among those having experienced a moderate degree of experienced stigma.*

Note, however, that while I have posited adaptive coping as a learning process that produces stronger emotional awareness and emotion management skills, I do not suggest that such coping is without its drawbacks. I acknowledge that continual coping efforts (e.g., heightened vigilance and regulation), while facilitating learning and socioemotional skill development, may nonetheless be experienced by stigmatized individuals as arduous and depleting. Indeed, research indicates that constant vigilance of this sort can lead to long-term disadvantages for the stigmatized (Allison, 1998; Clark et al., 1999; Inzlicht et al., 2012; Meyer, 2003), in addition to the assets I propose. Although I leave further exploration of those disadvantages to future research, it is critical to remember that the idea that adaptive coping may yield benefits for the stigmatized does not mean that such benefits will always outweigh stigma's hardships.

Stigma-Based Assets and Interpersonal Helping

I have argued thus far that, perhaps contrary to conventional wisdom, individuals who have suffered the experience of a stigmatized identity may develop certain socioemotional capacities as a consequence of their experiences. Specifically, I have proposed that moderately stigmatized individuals, through a process of learning to adaptively cope with stigma, will develop greater skill in emotional awareness and emotion management, relative to those with little to no stigma and those having experienced an extremely high degree of stigma. In this section, I consider how these assets may manifest in organizations.

Organizational scholarship has previously theorized that resources generated in a non-work role can promote performance at work (Greenhaus & Powell, 2006), and that societal experiences can leave a lasting imprint on work outcomes (Bianchi, 2013). Likewise, I suggest that employees' workplace performance may be enhanced as a result of the skills fostered by stigma-related coping. I view these stigma-based assets as personal resources that can aid stigmatized individuals in responding to emotionally demanding situations that occur at work, such as when colleagues are under intense stress and in need of help.

Research on learning transfer suggests that skills are more likely to transfer to new domains (i.e., those different from the domain in which the knowledge or skills were attained) when they are abstracted into general knowledge structures (Edwards & Rothbard, 2000; Guberman & Greenfield, 1991), developed over periods of deliberate and distributed practice (Benjamin & Tullis, 2010; Campitelli & Gobet, 2011; Cepeda et al., 2006), and deployed in functionally similar contexts (Barnett & Ceci, 2002). As I have argued, moderately stigmatized individuals will enter a cycle of experiential learning in which they abstract the socioemotional information from specific coping instances into general conceptual schemas or knowledge

structures. As they accrue additional knowledge across a broad range of coping situations, the structures will become more abstract with time (as when, for instance, the skill of "getting my neighbors to be comfortable with me at block parties" becomes abstracted to "increasing others' comfort with me"), and thus more readily transferrable to new (non-stigma-related) domains like the workplace. Further, I have suggested that these skills begin to develop through intentional reflection on stigmatizing experiences – and they become honed over repeated coping instances throughout a stigmatized person's lifetime. This deliberate and distributed practice enhances the abstraction of knowledge, facilitating skill transfer (Benjamin & Tullis, 2010).

Skill transfer is also enabled when the functional context of the task is similar (Barnett & Ceci, 2002). Since the skills of emotional awareness and emotion management were obtained in response to coping with social stress (stigma), they should readily transfer to other socially stressful or emotionally charged situations, like those that occur at work. Recent work has shown that emotional capacities garnered in one life domain have been found to transfer to other, unrelated, stressful contexts (Mittal et al., 2015; Young et al., 2018). Organizations are both social and emotionally demanding contexts, and employees face numerous stressors in their work. In addition to workload and productivity demands, employees are also confronted with time pressures, role and performance ambiguity, emotionally laborious interactions, conflict in teams, job insecurity, and work-family pressures (Demerouti et al., 2001). Because managing workplace stressors requires similar functions as coping with stigma-related stress (i.e., appraising socioemotional cues and enacting an effective coping response), I argue that the socioemotional assets moderately stigmatized individuals have developed will transfer to and yield performance benefits – specifically in workplace contexts that are emotionally demanding.

Note that I do not suggest that stigma-based assets will necessarily aid in all aspects of job performance, but rather only those that involve responding to emotionally demanding or stressful demands. Many work responsibilities, such as those that are easy, routinized, expected, or cognitively (but not emotionally) effortful, can be performed well without strong emotional awareness and emotion management skills. For such performance outcomes, I would not necessarily expect a correlation with experienced stigma.

Rather, where I expect individuals with stigma to particularly thrive at work is when things go south – when the emotion factor is ramped up, and typical employees might be unlikely to perform at their peak. Such situations might include angry clients, looming deadlines, work overload, product failures, co-worker conflict, or unforeseen pandemics. At these moments, the non-stigmatized employee might be hampered by an inability to recognize, cope with, and appropriately manage his or her own emotions. They might become frazzled, miss others' cues, or become too distracted to perform well. In contrast, an employee practiced at coping with stigma might be able to retain self-control and continue to do what needs to be done.

One individual performance aspect that is likely to be enhanced by the increased socioemotional abilities of stigmatized individuals is interpersonal organizational citizenship, or helping. When others are stressed and in need of help, the situation calls for awareness and management of others' emotions. Socioemotional assets derived from learning to cope with stigma may lead employees to amplify the performance of others, via interpersonal organizational citizenship behavior (OCB; Smith et al., 1983). OCB is defined as voluntary and discretionary behavior by employees that positively contributes to organizational functioning but falls outside formal role requirements (Organ, 1988). Interpersonal OCB generally includes acts of helping and cooperation directed toward other people (e.g., colleagues, supervisors,

subordinates, clients, patients) who are dealing with work-related problems or stress (Lee & Allen, 2002). Employees who have learned to cope with stigma and have developed stronger emotional awareness and emotion management skills may increase their interpersonal OCB and therefore others' performance.

With regard to emotional awareness skills, stigmatized individuals with these skills may be more likely to engage in interpersonal OCB because they will be more attuned to their colleagues' cues of distress, and thus more likely to recognize opportunities to help them manage their stress. For instance, they may be quick to notice a colleague's distractedness during a lunch conversation, indicating that the colleague might be preoccupied by work stress. Enhanced awareness of such information may lead stigmatized employees to subsequently respond to others' signals for help more appropriately than those lacking in this skill (Côté & Miners, 2006; Eisenberg, 2000). Once she recognizes her male colleague's distress over a looming project deadline, a woman who has developed stigma-based assets may offer to help him with his workload or reassure him that he can meet the deadline. Indeed, empirical evidence has supported the link between emotional awareness and interpersonal OCB (Carmeli & Josman, 2006).

Emotion management skills among stigmatized individuals also should foster interpersonal OCB. As I have discussed, those who are skilled in emotion management know the most effective strategies to generate desired emotional states in others and can better regulate their own affective states (Salovey & Mayer, 1990). As a result, they are better able to sustain positive moods at work (Parke et al., 2015) and help others do the same. Positive moods, in turn, lead employees to respond with helping behaviors that benefit others and the organization (Chang et al., 2007; Fredrickson, 2001; Tsai et al., 2007). Stigmatized individuals may also help

their colleagues by sharing their knowledge of effective coping and emotion management strategies; for instance, by teaching them to remain calm during a disagreement with a client or colleague, or by reminding them that a looming project deadline is a small part of a bigger goal. Extensive past research has confirmed that emotion management abilities are predictive of interpersonal OCB (Carmeli & Josman, 2006; Grant, 2013; Kluemper et al., 2013; Turnipseed & Vandewaa, 2012).

Because emotional awareness skills help employees identify opportunities to engage in interpersonal helping in response to others' distress, and emotion management skills help them allay others' distress, I posit the following:

Proposition 2: Stigma-based assets (emotional awareness, emotion management) will increase interpersonal OCB.

The Critical Role of an Inclusive Organizational Climate

I have suggested that the assets garnered through coping with stigma may increase the frequency with which stigmatized individuals engage in interpersonal OCB. Here, however, I propose that inclusive organizational climates are an essential component in this equation. In other words, an inclusive organizational climate is a critical moderator of the relationship between stigma-based assets and interpersonal OCB (see Figure 1).

An inclusive organizational climate is one in which employees from diverse backgrounds perceive that their full participation and contribution are appreciated and encouraged (Shore et al., 2011). Such climates foster an understanding among all members that inclusive behaviors (i.e., fairly implemented employment practices, an integration of differences, and inclusion in decision making) are expected, supported, and rewarded by the organization (Nishii, 2013). For stigmatized employees, inclusive climates reduce identity threats, allowing them to let up on

their stigma-management efforts. Inclusive climates promote feelings of psychological safety, and give employees the freedom to be their authentic selves at work – without concealment or other identity management tactics – which directly increases work performance (Critcher & Ferguson, 2014). In such settings, stigmatized employees do not lose their socioemotional capacities (i.e., emotional awareness and emotion management skills) developed over a lifetime of coping with stigma – to the contrary, they are freed up to draw on these skills as a resource at work. Further, stigmatized employees who perceive their colleagues and their organizations as supportive may seek to reciprocate by helping others and contributing positively to the organization.

In non-inclusive organizations, on the other hand, employees with stigmatized identities may regularly experience social exclusion or discrimination at work (Deitch et al., 2003; Goldman et al., 2006; Ragins & Cornwell, 2001; Triana et al., 2015), which constrains their ability and motivation to contribute to organizational functioning (Roberson & Block, 2001). In workplaces where they feel devalued, employees may need to rely on their personal resources to cope with stigmatizing experiences and potentially threatening work environments, limiting their capacity to apply these resources to their work performance (Inzlicht et al., 2006). Employees who are stigmatized at work may even seek to enact revenge by purposefully ignoring opportunities to help their colleagues in need, even if they recognize them, or contribute in any way beyond their formal role requirements. Thus, I propose that the more inclusive an organization's climate is, the more stigma-based assets will enhance interpersonal OCB.

Proposition 3: Organizational inclusion climate moderates the effects of stigma-based assets on resilience and interpersonal OCB, such that these relationships will be more positive in highly inclusive organizational climates.

OVERVIEW OF STUDIES AND TESTABLE HYPOTHESES

The empirical studies in this dissertation are intended as initial tests of the theoretical model developed in the previous chapter. I have proposed that stigmatized individuals, as a result of routinized coping efforts, will become skilled in emotional awareness and emotion management. These abilities, I have argued, will enhance their workplace performance in the form of increased interpersonal OCB, particularly when employees feel that their organization is inclusive of themselves and their stigmatized group. My primary aim in these studies was to establish preliminary support for the relationships between stigma, socioemotional assets (i.e., emotional awareness and emotion management), and interpersonal OCB (or helping behavior). Confirmatory evidence of these relationships will provide support for my theoretical model and will be the first to suggest that experiencing stigma has organizationally relevant benefits.

Four studies comprise this dissertation. In the first three studies, I focus on a single stigmatized identity group, the LGBTQ+ population, for the initial tests of my theoretical model. There were several reasons behind this choice. First, the LGBTQ+ community is "one of the largest, but least studied, minority groups in the workforce" (Ragins, 2004, pp. 35) and more empirical research is needed to develop the field's understanding of their life and work experiences. Second, attitudes toward LGBTQ+ individuals have changed substantially in the past few decades (McCarthy, 2017; Newport, 2001) so there is likely to be a high degree of variability in stigmatizing experiences. Finally, not only do LGBTQ+ people, like all stigmatized individuals, have to be vigilant to potential stigmatizing social encounters and regulate their emotions accordingly, but the concealable nature of their stigma also requires them to continuously determine when to reveal or conceal their identity. Unlike other concealable stigmas (e.g., a prior conviction record), LGBTQ+ individuals typically have strong desires to

reveal their authentic selves in social situations (Chaudoir & Fisher, 2010) and look for social cues signaling both safety (e.g., other "out" LGBTQ+ people, nondiscrimination policies) and threat (e.g., derogatory remarks or homophobic/transphobic jokes) when deciding whether to disclose or conceal their sexual orientation or gender identity (Creed & Scully, 2000; Frable, 1997; Griffith & Hebl, 2002). As a result of their heightened vigilance, they may be particularly likely to develop the stigma-based assets proposed above. Combined, these factors make the experiences of LGBTQ+ individuals an interesting and informative research setting to test my hypothesized relationships between stigmatizing experiences, socioemotional abilities, and interpersonal OCB. In the fourth and final study, however, I utilized an online sample of the general population in which multiple stigmas were represented to determine the generalizability of my proposed effects.

Specific Hypotheses

From my theoretical model, I derived several specific hypotheses to test in the empirical studies. I theorized that the degree of stigma a person has experienced will be associated with increased emotional awareness and emotion management skills in a curvilinear (inverted-U-shaped) fashion, and that these stigma-based assets will, in turn, relate to increased interpersonal OCB. I operationalized emotional awareness skills in two ways. I first measured participants' self-reported empathy, via a scale widely used in past research (Studies 1-3). Additionally, I measured participants' ability to accurately appraise others' emotions (Studies 2 and 3), using subtests of a validated emotional ability test. Finally, I measured participants' emotion management skills with the remaining subtests designed to assess participants' ability to effectively manage their own and others' negative emotions.

Although I have theorized a curvilinear relationship between experienced stigma and the proposed socioemotional assets, there is reason to expect that a linear relationship might emerge in these data instead. By sampling stigmatized employees through LGBTQ+ advocacy groups (Studies 1 and 2), it is unlikely that I have accessed samples that are representative of the entire stigmatized population. Not only have these participants managed to actively engage in the workforce, but their involvement in work-related advocacy groups suggests that they may have learned to cope with their stigmatizing experiences and are proactively trying to better their workplace outcomes. As such, they are more likely to represent the low to moderate ranges of experienced stigma (i.e., the positive and linear portion, or that to the left of the apex, of the theorized curvilinear relationship) than the extreme end of the distribution (i.e., the portion to the right of the apex of the curve).

Considering the multiple operationalizations of emotional awareness and the possibility of both linear and curvilinear effects of experienced stigma on socioemotional assets in these samples, I derived the following hypotheses based on my theoretical model:

Hypothesis 1: Experienced stigma will be positively and linearly related to (a) self-reported empathy, (b) emotional awareness skills, and (c) emotion management skills.

Hypothesis 2: Experienced stigma will be curvilinearly (inverted-U-shaped) related to (a) self-reported empathy, (b) emotional awareness skills, and (c) emotion management skills, such that these stigma-based assets will be strongest at a moderate degree of experienced stigma.

Moreover, I anticipate that these relationships will be moderated by organizational inclusion climate. Formally stated, I posit the following:

Hypothesis 3: There will be an indirect effect of experienced stigma on interpersonal OCB through its effects on (a) empathy, (b) emotional awareness skills, and (c) emotion management skills.

Hypothesis 4: The indirect effect of experienced stigma on interpersonal OCB will be moderated in the second stage, such that the effects of (a) empathy, (b) emotional awareness skills, and (c) emotion management skills on interpersonal OCB will be stronger in more (vs. less) inclusive organizational climates.

Finally, I sought to test the mediation hypothesis involving empathy against an alternative explanation for the experienced stigma-interpersonal OCB relationship. While I have proposed that emotional awareness, as captured by self-reported empathy (arguably an altruistic motivation), mediates the relationship between experienced stigma and interpersonal OCB, it is possible that stigmatized individuals may have additional egoistic motivations for engaging in such OCB. Specifically, to avoid further stigmatization and to satisfy disrupted belongingness needs, stigmatized employees might be more concerned about making a positive impression and thus be more likely to behave in a prosocial manner toward their colleagues in need. To account for this purely egoistic mechanism, and to determine whether self-reported empathy explained additional variance over and above the influence of impression management motives, I included impression management motives as a parallel mediator when testing the indirect effect of experienced stigma on interpersonal OCB through self-reported empathy in Studies 1-3.

Overview of Studies

These hypotheses are tested in four studies. In an initial pilot study, I utilized data from the General Social Survey (GSS) to explore whether individuals with stigmatized sexual orientations are more likely to engage in general helping behavior (as opposed to helping at work, or interpersonal OCB) than those with heterosexual orientations.

Study 1 provided a more nuanced and organizationally relevant test of the relationships among stigma, emotional awareness, and interpersonal OCB in a sample of employed LGBTQ+ adults involved in an identity-based advocacy group serving LGBTQ+ union members. This study examined whether experienced stigma (operationalized as a continuous construct) was associated with increased emotional awareness (operationalized as self-reported empathy in this study) and, in turn, interpersonal OCB. I also tested whether this indirect relationship was moderated by organizational inclusion climate.

Study 2 employed a more robust design that utilized multiple time points for data collection, an emotional ability assessment, and peer ratings of interpersonal OCB to replicate the findings from Study 1. I utilized a sample of LGBTQ+ MBA students and professionals in this study.

Recognizing the limitations of focusing only on a single stigma, however, in the final study, I demonstrate the generalizability of the findings in an online sample of the general population in which multiple stigmas (i.e., gender, race, immigrant status, sexual orientation, social class, physical disability, and weight) are represented. I also designed a behavioral measure of interpersonal OCB to complement the earlier findings with self- and peer-reported behavior.

PILOT STUDY

The aim of the pilot study was to explore whether existing archival data could provide initial empirical support for the idea that having experienced greater stigma is associated with greater interpersonal helping. To do so, I compared lesbian, gay, and bisexual (LGB) individuals to heterosexual individuals in a nationally representative adult sample.

Method

Data

I analyzed data from the General Social Survey (GSS), a biannual U.S. nationwide survey conducted by the National Opinion Research Center. The GSS employs probability sampling on English-speaking, non-institutionalized U.S. adults at least 18 years of age. The GSS includes core questions asked in all (or most) survey years, as well as rotating in-depth modules pertaining to a variety of topics.

While the GSS contains specific modules related to workplace experiences and attitudes, none contained any measures of interpersonal OCB. Rather, I turned to the Altruism module, which included questions about respondents' non-work-related interpersonal helping. I analyzed GSS data for years 2002, 2004, 2012, and 2014, as these were the four years in which the Altruism module was incorporated into the survey. Respondents were included in analyses if they provided valid responses to all model variables, which yielded a sample size of 3,980, 53.1% female; M_{age} = 45.8, SD_{age} = 16.5. Of these, the majority (78.3%) were White; 13.5% Black, 8.2% Other.

Measures

All measures were adapted from the GSS, as outlined below.

LGB Identity

Because sexual orientation was not explicitly asked of GSS respondents until 2008, I used the reported gender of past sexual partners to assess sexual orientation. Respondents provided numerical responses to two questions, "Now thinking about the time since your 18th birthday (including the past 12 months) how many male/female partners have you had sex with?" A respondent was coded as LGB (1 = LGB identity, 0 = heterosexual identity) if he or she had reported at least one same-gender partner in adulthood, and as heterosexual if no same-gender partners were reported. Using this coding method, 7.6% (n = 304) of the sample indicated at least some same-gender behavior and was thus coded as LGB.

However, this coding method may have categorized as LGB some respondents who had a same-gender partner at some point in their adult life but who do not identify as LGB, and therefore are unlikely to have encountered the same degree of stigma as older adults who self-identify as LGB. To address this concern and check for robustness, I created three alternative measures of LGB identity. Similar to the primary LGB identity measure explained above, two of the alternative measures were based on respondents' gender and the gender of their sexual partners within (a) the last five years and (b) the last year only. Respondents were asked two questions, "Have your sex partners in the last five years / 12 months been exclusively men, both men and women, or exclusively women?" A respondent was coded as LGB if he or she reported any same-gender partners and as heterosexual if he or she reported no same-gender partners. Using these measures, 4.5% (n = 159, last five years measure) and 3.7% (n = 118, last 12 months measure) of respondents were coded as LGB[1]. The final measure was an explicit measure of

[1] These percentages are based on the total number of respondents who provided valid responses to the associated questions for each measure. The total number of respondents for the last five years measure was 3,507 and the total number of respondents for the last 12 months measure was 3,170.

sexual orientation asked of respondents in years 2012 and 2014 only. Respondents were asked "Which of the following best describes you?" Those who identified as "gay, lesbian, or homosexual" or "bisexual" were coded as LGB, while those who identified as "heterosexual or straight" were coded as heterosexual. Via this self-identification measure, 4.9% of respondents (n = 102) in the two survey years (N = 2,086) reported an LGB identity.

Interpersonal Helping

Interpersonal helping was measured with the fifteen behavioral items asked in all four GSS focal years (2002, 2004, 2012, 2014). Eleven items came from the Altruism module and the remaining four items came from the Social Networks & Support Systems module. I included the latter four items because they were similarly phrased, used the same response scale, and included in the same four survey years as the items in the Altruism module. The fifteen items comprising this measure include all relevant GSS survey questions concerning interpersonal helping. Respondents indicated how often they engaged in the behavior in the past 12 months (1 = *More than once a week,* 6 = *Not at all in the past year*; α = .77). Responses were reverse coded so that higher scores reflected more frequent behavior. Items included a range of behaviors, including "Done volunteer work for a charity," "Looked after a person's plants, mail, or pets while they were away," and "Offered your seat on a bus or in a public place to a stranger who was standing" (for full list of items, see Appendix A).

Control Variables

To conduct conservative tests of the hypotheses, I included several control variables that relate to experienced stigma and altruistic behavior. Respondents' *age* (in years) and *gender* (0 = male, 1 = female) were included as predictors since prior work has indicated that older people (Sze et al., 2012) and women (Eagly, 2009; Kidder, 2002) tend to behave in more prosocial ways

than younger people and men. I also controlled for respondents' *race* (0 = White, 1 = non-White) because racial identity likely influenced how respondents experienced sexual orientation stigma. Next, because more affluent respondents would have had greater disposable income to engage in several of the interpersonal helping items, I controlled for respondents' household *income* (in U.S. dollars). Fourth, because respondents who work full time might have less discretionary time to engage in non-work prosocial behavior, I included a dummy variable for *employment status* (0 = not employed full time, 1 = employed full time). Finally, I included three dummy variables for survey years 2004, 2012, and 2014 (with year 2002 as the reference category) to account for any cohort effects. Note, however, that all results are robust to the exclusion of controls.

Results and Discussion

Means, standard deviations, and correlations for all variables included in the primary analyses (except survey year dummies) are shown in Table 1. As expected, there was a positive correlation between being LGB and interpersonal helping.

OLS regression results are reported in Table 2. Model 1 includes only control variables as predictors of interpersonal helping, while Model 2 includes LGB identity as an additional predictor. Consistent with my theoretical model, LGB identity was positively associated with interpersonal helping (b = .125, SE = .035, p < .001). In addition, results were identical for the alternative measures of LGB identity (shown in Table 2, Models 3-5), which was consistently positively associated with interpersonal helping (same-gender partners in the past five years: b = .167, SE = .047, p < .001; same-gender partners in the past year: b = .214, SE = .055, p < .001; self-reported LGB identity [GSS years 2012 and 2014 only]: b = .217, SE = .061, p < .001).

In sum, in a representative sample of U.S. adults, the data yielded robust evidence that LGB individuals engage in more interpersonal helping behavior than heterosexual individuals, as

predicted, across several operationalizations of LGB identity. To my knowledge, this is the first empirical evidence to support this claim.

These results, while offering initial support, do not substantiate a robust test of my theoretical model because stigma was assessed in a binary fashion via the gender of respondents' sexual partners (in most measures) rather than via self-identification, stigma-based assets (i.e., emotional awareness and emotion management) were not measured, and interpersonal helping behavior was non-work related. I sought to supplement this initial support and to address these limitations in Studies 1-3.

STUDY 1

Study 1 was designed to test the predictions that experienced stigma, operationalized as a continuous rather than a binary construct, will be associated with greater self-reported empathy and, in turn, interpersonal OCB. The continuous measure of experienced stigma allowed me to test whether the relationship was linear (Hypothesis 1a) or curvilinear (Hypothesis 2a). The study design also allowed me to test my theorized mediation hypothesis, that experienced stigma is indirectly related to interpersonal OCB through its effect on empathy (Hypothesis 3a). I tested these predictions in a sample of full-time working adults who self-identify as lesbian, gay, bisexual, transgender, and queer (LGBTQ+) and who are associated with a national non-profit organization serving labor union members and activists. Additionally, I tested for an alternative, egoistic motivation of impression management motives that may alternatively explain the relationship between experienced stigma and interpersonal OCB. Finally, I examined the second-stage moderation prediction of my theoretical model, such that the empathy-interpersonal OCB relationship will be stronger when stigmatized employees perceive their organizations as more (vs. less) inclusive (Hypothesis 4a).

Whereas the pilot study was able to compare stigmatized individuals (LGB-identified) to non-stigmatized individuals (heterosexual-identified), this study is unable to do so because the non-LGBTQ+ participants in this study were allied with a national organization supportive of LGBTQ+ employment issues. Thus, they are not representative of non-LGBTQ+ individuals in the general population and were removed from analyses *a priori*. Rather, in this study, and consistent with my theorizing above, I created a continuous measure of experienced stigma to capture the variability within a sample of self-identified LGBTQ+ employees (non-LGBTQ+

participants were not given this measure). Thus, I was able to capture the effects of the *degree* of stigma experienced with more nuance than binary operationalizations allow.

Method

All measures and data exclusions are reported.

Sample

To examine the relationships between experienced stigma, empathy, and interpersonal OCB, I surveyed full-time LGBTQ+ employees belonging to a national nonprofit organization of labor union activists that acts as a liaison between the organized labor movement and the LGBTQ+ community. Participants were able to participate if they were at least 18 years old and were employed full time (30 hours per week or more).

After removing non-LGBTQ+ participants (self-identified as heterosexual, male or female, and non-transgender) participants and those who provided low-quality responses[2], the final sample consisted of 393 valid participants who self-identified as LGBTQ+ (M_{age} = 33.5, SD_{age} = 10.3). (Note that degrees of freedom vary slightly across analyses due to missing data.) In terms of sexual orientation, 79.9% of study participants identified as lesbian or gay, 15.5% identified as bisexual, and 4.6% identified as another sexual orientation. In terms of gender identity, 57.3% of participants identified as male, 39.9% identified as female, 1.5% identified as non-binary, and 1.3% identified as another gender or did not identify their gender. Moreover, 14.8% of participants identified as transgender (asked separately from gender identity). The sample was 50.6% White, 27.0% Black/African American, 15.5% Hispanic/Latinx, 2.8% Native

[2] Survey participants were removed from analysis if they did not complete a minimum of 90% of the survey, had missing data on more than half of the items comprising primary measures, provided identical or irrational responses to open-ended questions, or provided inconsistent responses to similar survey items.

American, 1.6% Asian/Pacific Islander, and 2.6% another race or two or more races. In terms of education, 27.5% of participants had earned a bachelor's degree or higher.

Participants were employed in a wide range of industries and functional areas. The most common industry was Government and Public Administration (10.9%) followed by Finance and Insurance (9.7%), Health Care and Social Assistance (8.4%), and Professional, Scientific, or Technical Services (8.1%). The most common functional areas were Customer Service (13.2%) and Human Resources (12.2%), followed by Marketing (8.9%) and Business Management (7.9%). Overall, participants were satisfied with their jobs, with 77.1% somewhat or strongly agreeing with the statement "All in all, I am satisfied with my job" (1 = *strongly disagree*, 5 = *strongly agree*; $M = 3.92$, $SD = 0.87$). The majority of participants were "out" about their LGBTQ+ identity in their workplaces, with 76.9% identifying that at least half of their coworkers were aware of their sexual orientation.

Procedure

Participants were recruited via email and social media announcements distributed by the partner organization, and they accessed the online survey by clicking on an embedded survey link. Participants first responded to screening and demographic questions, followed by individual difference measures (including empathy and impression management motives, counterbalanced). The second half of the survey asked participants descriptive questions about their jobs, and, finally, their OCB[3]. Participants earned a $5 electronic gift card for completion of the study.

[3] On the last page of the survey, participants were asked to voluntarily refer coworkers who could evaluate their OCB via a valid email address. Initially, I had planned to account for common methods variance by testing my hypotheses with coworker-rated OCB. However, only 5% of the sample volunteered contact information of their coworkers. Since this would have yielded a substantially under-powered sample, I did not survey participants' coworkers in this study.

Measures

Experienced Stigma

To assess the degree of stigma participants had experienced, I adapted the Schedule of Racist Events scale (Landrine & Klonoff, 1996) to create twelve items pertaining to LGBTQ+ stigma, specifically. For each item, participants indicated the frequency with which they have experienced the stigmatizing incident in their lifetimes (0 = *never* to 4 = *almost always*) and subsequently indicated how stressful the event was (0 = *not at all* to 4 = *extremely*). Thus, each item yielded a frequency response and a stress appraisal response. Consistent with my theorizing, both scores are necessary to assess the overall degree of stigma a participant has experienced. Two individuals, for example, may have experienced the same stigmatizing treatment at similar frequencies, but one may appraise it as more stressful than the other. Similarly, a stigmatizing incident that is appraised equally in terms of stress may have occurred more frequently to one individual than to another. Because my aim was to assess the overall degree of stigma participants had experienced throughout their lifetimes, I computed a weighted average of Frequency × Stress for each individual scale item (possible range = 0 to 16; see Mendoza-Denton et al., 2002, for a similar approach). Sample items include "How often have you been called a derogatory name referring to your LGBTQ+ identity? / How stressful was this for you?" and "How often have your relationships with family or friends suffered because of your LGBTQ+ identity? / How stressful was this for you?" ($\alpha = .89$). The full list of scale items and response options can be found in Appendix B.

Empathy

Consistent with previous organizational research (e.g., Aw et al., 2020; Joireman et al., 2006), empathy was assessed with the 7-item empathic concern and 7-item perspective-taking

subscales from the Interpersonal Reactivity Index (IRI; Davis, 1980; Davis, 1983). These fourteen items were averaged into a single measure of empathy (α = .84). Sample items include "I often have tender, concerned feelings for people less fortunate than me" (empathic concern) and "I try to look at everybody's side of a disagreement before I make a decision" (perspective taking). For each item, participants indicated how much they felt the statement described themselves (1 = *not like me at all*, 5 = *very much like me*).

Impression Management Motives

Following past research (Carleton et al., 2011; Rodebaugh et al., 2004; Weeks et al., 2005), impression management motives were assessed with eight items of the Brief Fear of Negative Evaluation scale (Leary, 1983). Sample items include "I am afraid that others will not approve of me" and "I am usually worried about what kind of impression I make" (α = .82). For each item, participants indicated how much they felt the statement described themselves (1 = *not like me at all*, 5 = *very much like me*).

Interpersonal OCB

Interpersonal OCB was assessed with six items from Lee and Allen (2002). Two items were removed from the original 8-item scale to improve survey length. Sample items include "How often do you willingly give your time to help coworkers who have work-related problems and "How often do you assist coworkers with their job duties?" (α = .73). For each item, participants indicated their frequency of engaging in the behavior (1 = *never* to 5 = *very often*).

Organizational Inclusion Climate

Participants' perceptions of their organization's inclusion climate were assessed with the 4-item diversity climate scale from McKay et al. (2008). I adapted the items to measure participants' perceptions of the climate for LGBTQ+ employees, specifically. Participants

responded on a five-point scale (1 = *strongly disagree* to 5 = *strongly agree*). Scale items included "I trust my organization to treat LGBTQ employees fairly," "My organization maintains a LGBTQ-friendly work environment," "My organization respects the views of its LGBTQ employees," and "Top leaders in my organization demonstrate a visible commitment to LGBTQ-related diversity" ($\alpha = .82$).

Control Variables

I controlled for several variables that may influence experienced stigma, empathy, and interpersonal OCB, including participants' *age* (in years), *race* (0 = White, 1 = non-White), *gender* (0 = male or other gender identity, 1 = female), *education* (1 = less than high school, 2 = high school degree, 3 = some college, 4 = 2-year college degree, 5 = 4-year college degree, 6 = graduate degree), *organizational tenure* (in years), and *job interdependence* (number of coworkers participants interact with on a regular basis) as covariates in all analyses.

Exploratory Measures

I included several other measures for exploratory purposes. Because they are beyond the scope of this dissertation, they are not included in any analyses presented below. Exploratory measures included self-monitoring (Lennox & Wolfe, 1984), Big Five personality traits (Gosling et al., 2003), personal values (Sandy et al., 2017), perceived organizational support (Eisenberger et al., 1997), organizational identification (Mael & Ashforth, 1992), OCB directed at the organization (Lee & Allen, 2002), felt authenticity at work (van den Bosch & Taris, 2014), organizational citizenship motives (Rioux & Penner, 2001), and other job characteristics (e.g., organization size, hierarchical position, job security).

Results

Means, standard deviations, and correlations for all model variables are reported in Table 3. Experienced stigma was positively correlated with empathy. Conceptually replicating the pilot study, experienced stigma was also positively correlated with interpersonal OCB. Finally, experienced stigma was positively correlated with impression management motives.

Confirmatory Factor Analysis

I sought to verify the factor structure of the primary measures in the model by modeling with MPlus (Muthén & Muthén, 2013) the latent factors for experienced stigma, empathy, impression management motives, interpersonal OCB, and organizational inclusion climate. The hypothesized five-factor model (χ^2 [892] = 2326.7, $p < .001$; RMSEA = .06, CFI = .78; SRMR = .08) fit the data better than the four-factor model combining empathy and impression management motives (χ^2 [896] = 3032.9, $p < .001$; RMSEA = .08, CFI = .67; SRMR = .11; $\Delta\chi^2$ [4] = 706.2, $p < .001$). Moreover, reducing the possibility that common method bias accounted for the results, the one-factor model loading all items for the five measures on a single latent factor had relatively poor fit to the data (χ^2 [902] = 4527.4, $p < .001$; RMSEA = .10, CFI = .43; SRMR = .13).

To further rule out the possibility that common source and method bias account for the proposed mediation results (in which all pathways are hypothesized to be positive), I conducted a confirmatory factor analysis containing latent factors for the three variables of the mediation sequence: experienced stigma, empathy, and interpersonal OCB. This three-factor model (χ^2 [461] = 1625.8, $p < .001$; RMSEA = .08, CFI = .75; SRMR = .09) provided superior fit to the data compared to any of the two-factor combinations: experienced stigma and empathy combined (χ^2 [463] = 2410.9, $p < .001$; RMSEA = .10, CFI = .59; SRMR = .12; $\Delta\chi^2$ [2] = 785.1,

$p < .001$), experienced stigma and interpersonal OCB combined (χ^2 [463] = 2042.4, $p < .001$; RMSEA = .09, CFI = .67; SRMR = .11; $\Delta\chi^2$ [2] = 416.6, $p < .001$), and empathy and interpersonal OCB combined (χ^2 [463] = 1704.7, $p < .001$; RMSEA = .08, CFI = .74; SRMR = .09; $\Delta\chi^2$ [2] = 78.9, $p < .001$). Overall, these analyses support the intended factor structure.

Hypothesis Tests

I used hierarchical linear regression to test whether experienced stigma within a sample of LGBTQ+ working adults is related to increased empathy and interpersonal OCB, beyond the effects of control variables. Regression results for empathy are shown in Table 4 and those for interpersonal OCB are shown in Table 5. Model 1 in Tables 4 and 5 reports regression coefficients when only control variables are included in the analyses for empathy and interpersonal OCB, respectively. Experienced stigma was positively and linearly associated with empathy (Table 4, Model 2, $b = .047$, $SE = .011$, $p < .001$), supporting Hypothesis 1a, but there was no curvilinear relationship between them (Table 4, Model 3, $b = .005$, $SE = .004$, $p = .167$), failing to support Hypothesis 2a. To account for social desirability bias, I also examined whether the linear relationship between experienced stigma and empathy remained beyond the effect of impression management motives. Indeed, experienced stigma is positively and linearly related to empathy when controlling for impression management motives (Table 4, Model 4, $b = .057$, $SE = .011$, $p < .001$). Experienced stigma was also positively and linearly associated with interpersonal OCB (Table 5, Model 2, $b = .075$, $SE = .014$, $p < .001$), but no curvilinear relationship emerged (Table 5, Model 3, $b = .000$, $SE = .005$, $p = .959$).

Mediation

I used the SPSS PROCESS macro (Model 4; Hayes, 2017) with 5,000 bootstrapped estimates to test the proposed indirect effects – that experienced stigma is associated with greater

empathy (an altruistic motivation), which, in turn, is associated with greater interpersonal OCB. I also tested whether this indirect relationship remained when accounting for a possible mediation pathway through impression management motives (an egoistic motivation for engaging in interpersonal OCB). Therefore, I included both empathy and impression management motives as parallel mediators of the experienced stigma-interpersonal OCB relationship.

Results revealed that empathy was associated with greater interpersonal OCB (Table 5, Model 4, $b = .509$, $SE = .060$, $p < .001$), but there was no effect of impression management motives (Table 5, Model 4, $b = .063$, $SE = .042$, $p = .135$). Accordingly, a significant indirect effect of experienced stigma on interpersonal OCB emerged through empathy, 0.024 (Boot $SE = .008$), 95% CI [0.008, 0.040], indicating support for Hypothesis 3a. In contrast, there was no indirect effect of experienced stigma on interpersonal OCB through impression management motives, .004 (Boot $SE = .004$), 95% CI [-0.004, 0.012]. Thus, the positive relationship between experienced stigma and interpersonal OCB was explained by increased empathy, but not impression management motives. Figure 3 graphically demonstrates these mediation results.

Moderating Role of Organizational Inclusion Climate

I theorized that stigmatized individuals would be most motivated and able to help their colleagues, via their increased empathy, when they perceive their organization as more (vs. less) inclusive. Thus, to explore whether the indirect effect of experienced stigma on interpersonal OCB, through empathy, was moderated in the second stage (i.e., the empathy-interpersonal OCB link) by participants' organizational inclusion climate (Hypothesis 4a), I used Model 14 of the SPSS PROCESS macro (Hayes, 2017) with 5,000 bootstrapped samples. Empathy and impression management motives were entered as parallel mediators, and their respective interactions with organizational inclusion climate were also included in the model

simultaneously. Although, I did not have any predictions *a priori* for the interaction between impression management motives and organizational inclusion climate, I nonetheless included it in the model for thoroughness and exploratory purposes.

Contrary to my theorizing, regression results revealed no significant Empathy × Organizational Inclusion Climate interaction (Table 5, Model 5, $b = .039$, $SE = .061$, $p = .524$), failing to support Hypothesis 4a. The Impression Management Motives × Organizational Inclusion Climate was also non-significant (Table 5, Model 5, $b = .013$, $SE = .039$, $p = .733$). Accordingly, the index of moderated mediation was estimated at 0.001 (Boot $SE = .004$), 95% CI [-.007, .010], indicating that the indirect effects did not vary with participants' perceptions of their organizations' inclusion climate.

Discussion

Study 1 showed that, in a sample of LGBTQ-identifying employees, experiencing a greater degree of stigma in one's lifetime was linearly (but not curvilinearly) associated with greater empathy, supporting Hypothesis 1a. In turn, empathy was positively related to greater interpersonal OCB, supporting Hypotheses 3a. Results are summarized in Tables 6 and 7. This indirect relationship emerged beyond the effect of impression management motives, which did not mediate the experienced stigma-interpersonal OCB relationship. Importantly, these results demonstrate that people who have experienced a greater degree of stigma have altruistic motivations (empathy), rather than egoistic motivations (impression management motives) to contribute positively to their colleagues and organizations in the form of increased interpersonal OCB.

As I alluded to previously, the lack of a curvilinear relationship between experienced stigma and empathy (Hypothesis 2a) may be due to the sample employed in this study. These

participants were all employed full-time and involved in an identity-based professional advocacy group. It is likely that they do not represent the extreme range of the stigmatized population.

Counter to Hypothesis 4a, there was no interaction between empathy and organizational inclusion climate, indicating that stigmatized individuals drew upon their empathy (stemming from their stigmatizing experiences) to engage in interpersonal OCB to a similar extent, regardless of how inclusive they perceived their organization to be. One reason the predicted interactive effect may not have emerged in this study is due to the high mean and low variance on the measure of inclusion climate (M = 3.97, SD = 0.74).

Study 1 is limited that it is cross-sectional and single-sourced, thus, it is subject to common method and social desirability biases. I sought to address these limitations in several ways in Study 2.

STUDY 2

The aim of Study 2 was to replicate Study 1 and address its limitations with a more robust design involving multiple waves of data collection, a skill-based emotional assessment, and peer ratings of interpersonal OCB. Specifically, this study allowed me to test my predictions that experienced stigma is associated with greater emotional awareness (Hypotheses 1b and 2b) and emotion management skills (Hypotheses 1c and 2c) and that these stigma-based assets, in turn, are associated with increased interpersonal OCB (Hypotheses 3b and 3c). In this study, I employed both the self-reported empathy measure used in Study 1 (Hypotheses 1a, 2a, 3a, and 4a) and, new to Study 2, an objective assessment of socioemotional skills. Additionally, as in Study 1, I tested whether the theorized indirect effects are enhanced when employees perceive their organizations as more (vs. less) inclusive (Hypotheses 4a-c).

Method

All measures and data exclusions are reported.

Sample

I partnered with a national organization that supports LGBTQ+ MBA students and professionals in order to recruit participants via email. Recipients of the email recruitment were eligible to participate if they identified as LGBTQ+ and were either currently enrolled in an MBA program or were employed full time (at least 30 hours per week).

Data was collected in three parts: a Time 1 survey, a Time 2 survey and emotional ability assessment, and a Time 3 peer survey. Initially, 313 participants completed the Time 1 survey and were invited to complete the Time 2 survey approximately one week later. Of those, 248 (79.2%) completed the Time 2 survey, although 5 participants were unable to complete the emotional ability assessment due to technical issues (analyses reflect their missing data on

related measures). In terms of gender, the majority (64.5%) of participants identified as male, 31.5% identified as female, 2.4% identified as non-binary, and 1.6% preferred to self-describe, M_{age} = 29.7 years. In addition, five participants (2.0%) identified as transgender (assessed separately from gender identity). In terms of sexual orientation, the majority of participants identified as gay (62.1%), while 12.5% identified as lesbian, 17.3% identified as bisexual, 2.8% identified as pansexual, and 5.2% preferred to self-describe. The majority of participants identified as White (56.0%); 16.1% identified as East or Southeast Asian, 6.0% identified as South Asian, 10.5% identified as Latinx, 2.0% identified as Black, and 9.3% identified with multiple/another racial group. Further, 29.4% were born outside of the U.S. Most were current MBA students (79.4%) and the remainder were working professionals (largely MBA alumni) employed full time. There were no significant differences on any primary Time 1 survey measures between participants who completed the Time 2 survey and those who did not. This sample was used in all analyses except those involving peer ratings of interpersonal OCB.

Of the 243 participants who completed the assessment successfully, 153 (63.0%) referred at least one peer to the peer survey. This resulted in 582 peers (classmates or coworkers) being invited to complete the Time 3 peer survey. Of those, 425 (73%) completed the peer survey, corresponding to 149 focal participants.

In exchange for their participation, all focal participants received a summary report of their emotional ability scores, and those who referred peers who completed the peer survey received an aggregated peer report. Further, MBA students received a $20 gift card to an online retailer. For full-time employees, a donation will be made to the partnering organization on their behalf. Finally, peers who completed the Time 3 peer survey were entered into a raffle to win one of five $50 gift cards.

Procedure

Participants completed the study in two parts, approximately 1-3 weeks apart, which provides separation between the measurement of the independent variable and other variables, reducing the impact of common methods bias (Podsakoff et al., 2003).

Time 1 Survey

After eligibility screening questions informed consent, participants responded to questions about their demographics, stigmatizing experiences, and LGBTQ+ identity centrality. MBA student participants then reported on their MBA program (e.g., size, type of program) and the inclusion climate of their university. Employees reported on their jobs and employers and the inclusion climate at their organizations.[4] Finally, participants were asked to provide their name and email address to receive the Time 2 survey link. MBA student participants were required to enter a university-affiliated email address to further verify their student status.

Time 2 Survey

Approximately one week later, participants who provided valid contact information were contacted via email to complete the Time 2 survey, which included the emotional ability assessment. Participants were first asked to report on their empathy, impression management motives, and interpersonal OCB. Then they completed a 60-minute emotional ability test (described below). Following the ability test, participants were asked to provide contact information for 3-5 peers (classmates for MBA students, coworkers for full-time employees) with whom they have worked frequently in the past year. Participants were told that their peers would be rating them on their emotional skills and the same interpersonal helping behaviors on

[4] Current MBA students who worked at least 10 hours per week were also asked the same questions about their jobs and organizations as the non-student employees. However, there responses were measured for exploratory purposes and are not included in any of the analyses presented in this dissertation.

which they just rated themselves. They were also told that they would receive an aggregated peer report if they provided valid contact information for at least three peers.

Time 3 Survey

Peers were contacted approximately 1-2 days later via email with a link to the Time 3 peer survey. Peers reported their perceptions of focal participants' interpersonal OCB and socioemotional skills. The name of the focal participant whom they were rating was piped into the text of each question to increase salience and accurate responding.

Measures

Experienced Stigma (Time 1)

The primary measure of experienced stigma was the same Frequency × Severity measure used in Study 1[5] ($\alpha = .82$).

Inclusion Climate Perceptions (Time 1)

Participants' perceptions of their organizations' inclusion climates were assessed with eight items from the LGBT Climate Inventory ($\alpha = .87$; Liddle et al., 2004). For current MBA students, I adapted the items to reflect the inclusion climate at their university. Sample items included "At my school/workplace, LGBTQ+ students/employees are treated with respect" and "At my school/workplace, there is pressure for LGBTQ+ students/employees to conceal their identity." This measure was more applicable to the student population than the measure used in Study 1. Further, this measure captured interpersonal experiences of inclusion (or exclusion) than the Study 1 measure (which captured more diffuse perceptions of the organization as a whole) so

[5] The only difference was that when participants reported that they never experienced a given stigmatizing treatment, they were not asked how stressful the experience was for them.

I anticipated that it would have more variation and explanatory power to detect the proposed moderation patters.

Empathy (Time 2)

Participants' empathy was assessed with the same self-report scale used in Study 1 (α = .87).

Impression management motives (Time 2)

Participants' impression management motives were assessed with the same scale used in Study 1 (α = .93).

Emotional Abilities (Time 2)

Participants' *emotional awareness* and *emotion management* abilities were assessed with the Geneva Emotional Competence Test (GECo; Schlegel & Mortillaro, 2019). The GECo is an hour-long ability test designed to measure emotion recognition, emotion understanding, emotion regulation in oneself, and emotion management in others. Emotion recognition is assessed using short video clips of actors, rather than still faces, and the other three abilities are assessed with situational judgement items of work-related scenarios (see Appendix C for sample questions).

The GECo has several advantages for the current project compared to other commonly used tests of emotional abilities (e.g., Mayer-Salovey-Caruso Emotional Intelligence Test [MSCEIT]; Mayer et al., 2003). First, the GECo vignettes comprise situations that are likely to occur in a workplace context, whereas other tests use work-unrelated scenarios (e.g., MacCann & Roberts, 2008; Mayer et al., 2003). Second, whereas other tests use consensus scoring, in which participants' scores are based on the extent to which their responses match those of norming or expert samples, the GECo utilizes theory-driven scoring, in which participants' scores are determined by the extent to which they choose theoretically correct responses.

Criticisms of the consensus scoring method center around the concern that participants' scores are merely a measure of their tendency to choose the most popular response, and whether the popular response is the most appropriate response (Fiori, 2009; Maul, 2012). Theory-based item development and scoring follows previously identified best practices for measuring emotional abilities (Côté, 2014; Miners et al., 2018). Third, the GECo has superior psychometric quality, relative to other tests, in terms of measurement precision, internal consistency, difficulty level, and factor structure (Schlegel & Mortillaro, 2019). Finally, participants' social desirability does not positively bias the ability scores in the GECo (Schlegel & Mortillaro, 2019).

General socioemotional competence was assessed with the overall score on the ability test. Emotional awareness skill, specifically, was assessed via the emotion recognition and emotion understanding subtest score, and emotion management skill was assessed via the emotion regulation and emotion management subtest scores. Each subtest score was analyzed independently to avoid modifying the four-factor structure determined in the original assessment validation (Schlegel & Mortillaro, 2019). Each is described briefly below, and a sample item from each subtest can be found in Appendix C.

Assessing emotional awareness skill, the emotion recognition subtest asks participants to determine the correct emotion (out of fourteen emotions) expressed by an actor in a 1-3s video clip using nonverbal cues in the face, vocal tone, and upper body. The emotion understanding subtest asks participants to read a series of vignettes describing various emotional situations in the workplace and identify the emotion a character is feeling.

Next, assessing emotion management skill, the emotion regulation subtest asks participants to read vignettes about experiencing a negative emotion and identify the appropriate emotion regulation strategies. Half of the response choices contain adaptive strategies (e.g.,

acceptance, positive reappraisal) that are considered appropriate or correct, and the other half contains maladaptive strategies (e.g., rumination, catastrophizing). Finally, the emotion management subtest asks participants to read vignettes in which they are interacting with another person (e.g., a colleague or supervisor) who is experiencing a particular negative emotion and to identify the most appropriate conflict resolution strategy (competition, collaboration, compromise, avoidance, or accommodation). Correct responses are determined by theory. For example, in a situation where a person has little stake in the relationship, avoidance or competing strategies are considered appropriate, whereas in a situation where a person has high stakes in the relationship or associated outcomes, collaboration is considered the most appropriate response strategy.

Subtests are scored on a 0-to-1 scale and a total score is computed by averaging the four subtest scores.

Interpersonal OCB (Time 2 and Time 3)

Interpersonal OCB was assessed by participants themselves and by their referred peers with the same scale used in Study 1, with one item ("How often do you adjust your work schedule to accommodate other employees' requests for time off?") substituted for another from the original scale (Lee & Allen, 2002) because it was not applicable to a majority-student sample. Items in the peer survey piped in the name of the focal participant (e.g., "How often does Jane Doe assist coworkers with their work duties?").

When focal participants had two or more peer ratings, I aggregated their ratings after confirming within-participant agreement among peer raters. The within-participant interrater agreement index, r_{WG}, was calculated for each focal participant (James et al., 1984, 1993; LeBreton & Senter, 2008). The mean value of r_{WG} was 0.93, indicating high agreement among

the peer ratings of each focal participant. Both the participant-rated measure (α = .82) and the peer-rating measure (α = .88) had high reliability and were correlated with each other (r = .37, p < .001).

Control Variables

As in Study 1, I controlled for participants *age* (in years), *race* (0 = White, 1 = non-White,), and *gender* (0 = male or other non-female gender identity, 1 = female). I also controlled for whether participants were *born outside the U.S.* (0 = born in the U.S., 1 = born outside U.S.) as this may have influenced their stigma experiences and their perceptions of their organization's inclusion climate. In all analyses, I controlled for whether participants were current MBA students or full-time employees (*sample type*, 0 = current MBA student, 1 = employee, non-student). For the analyses using peer ratings of interpersonal OCB, the *number of peer raters per participant* was also included as a control variable.

Exploratory Measures

I included several other measures for exploratory purposes beyond the scope of this dissertation. Exploratory measures included participants' LGBTQ+ identity centrality (Mohr & Kendra, 2011); occupational stress (Motowidlo et al., 1986); and the degree to which their LGBTQ+ identity was known to close friends and family, classmates (for current MBA students), and coworkers (for employees). I also included several items in the peer survey to assess how peers observed focal participants' emotional abilities.

Results

Means and standard deviations for key study variables are presented in Table 8 and correlations between the variables are presented in Table 9. As in Study 1, experienced stigma (measured at Time 1) was positively correlated with empathy (measured at Time 2), providing

support for Hypothesis 1a. Inconsistent with Study 1, however, experienced stigma was not correlated with either participant- or peer-rated interpersonal OCB. Further, experienced stigma was not correlated with any of the four emotional ability subtest scores.

Confirmatory Factor Analysis

I made several methodological design decisions to reduce common methods bias (Podsakoff et al., 2003) in this study, including separating the collection of the independent variable and the dependent variables by one week of time and collecting peer ratings of interpersonal OCB. To verify the factor structure, I modeled the latent factors for the six primary measures in the analyses – experienced stigma, empathy, impression management motives, overall emotional ability (with each subtest score loaded on the latent factor), and interpersonal OCB (with participant and peer ratings loaded on independent subfactors). The hypothesized six-factor model (χ^2 [1578] = 2939.5, $p < .001$; RMSEA = .06, CFI = .77; SRMR = .08) fit the data better than the five-factor model combining empathy and impression management motives (χ^2 [1583] = 3519.6, $p < .001$; RMSEA = .07, CFI = .67; SRMR = .10; $\Delta\chi^2$ [5] = 580.1, $p < .001$), the five-factor model combining experienced stigma and empathy (χ^2 [1583] = 3494.7, $p < .001$; RMSEA = .07, CFI = .67; SRMR = .10; $\Delta\chi^2$ [5] = 555.2, $p < .001$), and the five-factor model combining empathy and participant-rated interpersonal OCB (χ^2 [1580] = 3256.2, $p < .001$; RMSEA = .07, CFI = .71; SRMR = .09; $\Delta\chi^2$ [2] = 316.7, $p < .001$). Thus, the data support the hypothesized factor structure.

Hypothesis Tests

Regression results for empathy are shown in Table 10. Experienced stigma was positively and linearly associated with empathy (Table 10, Model 2, $b = .059$, $SE = .017$, $p < .001$), even when controlling for impression management motives (Table 10, Model 4, $b = .058$, $SE = .018$, p

= .002), supporting Hypothesis 1a and replicating Study 1. Consistent with Study 1, there was no curvilinear relationship between them (Table 10, Model 3, *b* = .003, *SE* = .007, *p* = .675), again failing to support Hypothesis 2a.

In examining the emotional ability test scores, I first ran a hierarchical linear regression on the total score (Table 11). Experienced stigma was not linearly related to the total emotional ability score (Table 11, Model 2, *b* = -.003, *SE* = .002, *p* = .237), but with the squared term was entered into the model, it was significantly associated with the total score in the predicted curvilinear fashion. (Table 11, Model 3, *b* = -.002, *SE* = .001, *p* = .029), demonstrating initial support for the theorized curvilinear relationship. This inverse-U-shaped relationship is depicted graphically in Figure 4.

Next, I analyzed the relationship between experienced stigma and each subtest score separately (Tables 12-15). For emotion recognition, the linear relationship was nonsignificant (Table 12, Model 2, *b* = -.002, *SE* = .004, *p* = .505) but the curvilinear relationship was significant (Table 12, Model 3, *b* = -.003, *SE* = .001, *p* = .041), adding support for Hypothesis 2b. However, the remaining relationships were nonsignificant; specifically, the linear (Table 13, Model 2, *b* = -.004, *SE* = .004, *p* = .329) and curvilinear (Table 13, Model 3, *b* = -.002, *SE* = .002, *p* = .239) relationships for emotion understanding, the linear (Table 14, Model 2, *b* = -.004, *SE* = .004, *p* = .227) and curvilinear (Table 14, Model 3, *b* = -.001, *SE* = .001, *p* = .311) relationships for emotion regulation, and the linear (Table 15, Model 2, *b* = -.001, *SE* = .004, *p* = .862) and curvilinear (Table 15, Model 3, *b* = -.002, *SE* = .002, *p* = .212) relationships for emotion management all failed to reach significance. Thus, Hypotheses 2b was supported in terms of the emotion recognition subtest score, but not the emotion understanding subtest score, and no support was found for Hypotheses 1b, 1c, or 2c.

Mediation

I then tested the mediation prediction that experienced stigma has an indirect effect interpersonal OCB through its effect on empathy. Since there was no curvilinear relationship between experienced stigma and empathy, I used only the linear term in the mediation regression models. Using the SPSS PROCESS macro (Model 4; Hayes, 2017) with 5,000 bootstrap samples and empathy and impression management motives entered as parallel mediators yielded results consistent with Study 1. Empathy (stemming from experienced stigma) was associated with greater self-rated interpersonal OCB (Table 16, Model 4, b = .386, SE = .075, p < .001), but there was no effect of impression management motives (Table 16, Model 4, b = .019, SE = .039, p = .624). Accordingly, I found an indirect effect of experienced stigma on self-rated interpersonal OCB through empathy, 0.023 (Boot SE = .008), 95% CI [0.009, 0.041], but not through impression management motives, 0.003 (Boot SE = .006), 95% CI [-0.009, 0.016], further supporting Hypothesis 3a. Figure 5a graphically displays these mediation results.

Mediation results for peer-rated interpersonal OCB revealed an identical pattern of results. Empathy derived from experienced stigma was associated with greater peer-rated interpersonal OCB (Table 17, Model 4, b = .211, SE = .073, p = .005), but there was no effect of impression management motives (Table 17, Model 4, b = -.006, SE = .039, p = .880). Accordingly, an indirect effect of experienced stigma on peer-rated interpersonal OCB emerged through empathy, 0.018 (Boot SE = .009), 95% CI [0.004, 0.037], but not through impression management motives, -0.001 (Boot SE = .006), 95% CI [-0.013, 0.011], again supporting Hypothesis 3a. Figure 6a graphically demonstrates these mediation results.

When testing for mediation of the indirect effect of experienced stigma on interpersonal OCB through emotional ability test scores, I used the MEDCURVE macro for SPSS, as it is

more appropriate than the PROCESS macro for testing mediation with non-linear constituent paths (Hayes & Preacher, 2010).[6] All mediation analyses below used 5,000 bootstrap estimates.

Neither the total score (Table 16, Model 5, *b* = -.146, *SE* = .570, *p* = .797) nor the emotion recognition subtest score (Table 16, Model 6, *b* = -.514, *SE* = .389, *p* = .187) of the emotional ability assessment had a significant effect on self-rated interpersonal OCB. Accordingly, no indirect effect emerged at any value of experienced stigma through the emotional skill total score ($\theta_{X=2.10}$ = -.001, Boot *SE* = .005, 95% CI [-.018, .007]; $\theta_{X=4.06}$ = .0001, Boot *SE* = .002, 95% CI [-.003, .005]; $\theta_{X=6.02}$ = .001, Boot *SE* = .006, 95% CI [-.008, .016]) or the emotion recognition subtest score ($\theta_{X=2.10}$ = -.006, Boot *SE* = .007, 95% CI [-.030, .002]; $\theta_{X=4.06}$ = -.0004, Boot *SE* = .002, 95% CI [-.008, .003]; $\theta_{X=6.02}$ = .005, Boot *SE* = .006, 95% CI [-.001, .023]), failing to support Hypotheses 3b and 3c. Figures 5b and 5c graphically demonstrate these mediation results. Since there were no significant relationships between experienced stigma and the other three subtest scores, I did not conduct mediation analyses on those measures.

Results were the same for peer-rated interpersonal OCB. The emotional skill total score was not associated with peer-rated interpersonal OCB (Table 17, Model 5, *b* = .406, *SE* = .601, *p* = .500), and neither was the emotion recognition subtest score (Table 17, Model 6, *b* = -.004, *SE* = .419, *p* = .991). Consequently, there were no indirect effects at any value of experienced stigma through the emotional skill total score ($\theta_{X=2.18}$ = .001, Boot *SE* = .004, 95% CI [-.003,

[6] The indirect effect, or the rate at which a change in the independent variable, *X*, changes the dependent variable, *Y*, indirectly through changes in some mediating variable, *M*, can be estimated as the product of the first partial derivative of *M* with respect to *X* and the first partial derivative of the *Y* with respect to *M*. When *X* has a linear relationship to *M* and *M* has a linear relationship to *Y*, this product is constant for all values of *X*. However, when *X* has a curvilinear relationship to *M*, as it does here in the case of experienced stigma on emotional abilities, the product or the estimate of the indirect effect changes as *X* changes. Thus, the instantaneous indirect effect (θ) of *X* on *Y* through *M* will vary as a function of *X* and should be estimated for different (e.g., high and low) values of *X*. The MEDCURVE macro estimates theta for high (+1SD), average, and low (–1SD) values of *X* (Hayes & Preacher, 2010).

.018]; $\theta_{X=4.09}$ = -.001, Boot *SE* = .003, 95% CI [-.010, .002]; $\theta_{X=6.01}$ = -.002, Boot *SE* = .005, 95% CI [-.017, .005]) or the emotion recognition subtest score ($\theta_{X=2.18}$ = -.001, Boot *SE* = .006, 95% CI [-.018, .008]; $\theta_{X=4.09}$ = .0000, Boot *SE* = .002, 95% CI [-.004, .005]; $\theta_{X=6.01}$ = .001, Boot *SE* = .006, 95% CI [-.009, .015]), again failing to support Hypotheses 3b and 3c. Figures 6b and 6c graphically demonstrate these mediation results.

Moderating Role of Organizational Inclusion Climate

To determine whether the indirect effect of experienced stigma on self-rated interpersonal OCB, through empathy, was moderated in the second-stage (i.e., the empathy-interpersonal OCB link) by participants' organizational inclusion climate (Hypothesis 4a), I used Model 14 of the SPSS PROCESS macro (Hayes, 2017) with 5,000 bootstrapped samples. As in Study 1, empathy and impression management motives were entered as parallel mediators, and their respective interactions with organizational inclusion climate were also included in the model simultaneously. Failing to support Hypothesis 4a, regression results revealed no significant Empathy × Organizational Inclusion Climate interaction (Table 16, Model 7, *b* = .008, *SE* = .101, *p* = .933). Accordingly, the index of moderated mediation was estimated at 0.001 (Boot *SE* = .006), 95% CI [-.013, .012], indicating that the indirect effects of experienced stigma on self-rated interpersonal OCB did not vary with participants' perceptions of their organizations' inclusion climate.

Results were identical for peer-rated interpersonal OCB. There was no significant Empathy × Organizational Inclusion Climate interaction (Table 17, Model 7, *b* = -.074, *SE* = .101, *p* = .464) on peer-rated interpersonal OCB. Accordingly, the index of moderated mediation was estimated at -0.006 (Boot *SE* = .008), 95% CI [-.011, .021], again failing to support Hypothesis 4a.

The second-stage interaction of the emotional skill total score and organizational inclusion climate on self-rated interpersonal OCB was not significant (Table 16, Model 8, *b* = .065, *SE* = .765, *p* = .525); however, the second-stage interaction of the emotion recognition subtest score and organizational inclusion climate reached marginal significance (Table 16, Model 9, *b* = .936, *SE* = .489, *p* = .057). The pattern of this interaction is generally consistent with my theorizing (see Figure 7). The effect of emotion recognition on self-rated interpersonal OCB leaned positive in more (+1 *SD*) inclusive organizational climates (*b* = .269, *SE* = .563, *p* = .633), albeit to a nonsignificant degree, whereas in less inclusive climates (-1 *SD*), emotion recognition skill was negatively related to self-rated interpersonal OCB (*b* = -1.065, *SE* = .483, *p* = .029).

The pattern of results for peer-rated interpersonal OCB differs slightly. There was no second-stage Emotion Recognition Score × Organizational Inclusion Climate interaction (Table 17, Model 9, *b* = -.155, *SE* = .516, *p* = .764), but there was a marginally significant Emotional Skill Total Score × Organizational Inclusion Climate interaction (Table 17, Model 8, *b* = -1.485, *SE* = .786, *p* = .061). However, counter to the directional pattern predicted in Hypotheses 4b and 4c, a graphical plot of this interaction (see Figure 8) reveals that the effect of the emotional skill score on peer-rated interpersonal OCB leaned positive in less (-1 *SD*) inclusive organizational climates (*b* = 1.231, *SE* = .762, *p* = .109) and negative in more (+1 *SD*) inclusive organizational climates (*b* = -.756, *SE* = .823, *p* = .360), although these simple effects did not reach statistical significance.

Overall, these results fail to support for the second-stage moderated mediation sequence proposed in Hypotheses 4a-4c.

Discussion

In a robust study design utilizing an ability test of emotional skills and peer ratings of interpersonal OCB with data collection occurring at three points in time, I found partial support for my theoretical model. Results are summarized in Tables 6 and 7. Specifically, this study demonstrated that the degree of stigma experienced by a sample of LGBTQ-identified MBA students and professionals was positively and linearly related to their self-reported empathy (Hypothesis 1a), replicating Study 1. In other words, people view themselves as more empathetic to the extent that they have experienced more stigma in their lives. Note that this relationship emerged across two quite different samples of LGBTQ+ employees – union members (most without a college degree) in Study 1 and MBA students and professionals in Study 2. Further replicating Study 1, the predicted indirect relationship between experienced stigma and interpersonal OCB (both participants' self-ratings and their peer ratings) was mediated by empathy (Hypothesis 3c) and not by impression management motives.

With regard to objectively assessed emotional abilities, I found that experienced stigma was curvilinearly (inverse-U-shape) related to emotional awareness skill (Hypothesis 2b) when it was measured by participants' emotion recognition ability. Although a similar curvilinear relation emerged for participants' overall socioemotional ability score, no linear nor curvilinear relationships were found for emotion management skill specifically (Hypotheses 1c and 2c). Further, no support was found for the proposed indirect effects of experienced stigma on interpersonal OCB through emotional awareness (Hypothesis 3b) or emotion management skill (Hypothesis 3c). Thus, participants who had experienced a *moderate* degree of stigma showed the strongest ability to accurately recognize others' emotions, as measured by an objective test. However, this path did not in turn lead to more interpersonal helping at work.

Contrary to my theorizing, yet consistent with Study 1, none of the indirect effects were significantly moderated by organizational inclusion climate (Hypotheses 4a-c). Similar to my discussion of these null effects in Study 1, it is possible that there was insufficient variance in participants' ratings of organizational inclusion climate in this sample since the majority were LGBTQ+ MBA students involved in an identity-based professional organization whose universities are likely more inclusive than organizations in general.

In these data, the relationship between experienced stigma and emotional awareness was linear when emotional awareness was measured as self-reported empathy (a general tendency) and curvilinear when emotional awareness was measured as a skill. Thus, a different tipping point of the theorized curvilinear relationship (i.e., the apex of the curve) between experienced stigma and emotional awareness might exist, depending on whether emotional awareness is measured as a tendency or a skill. It is possible that a curvilinear relationship still exists for empathy, but the tipping point (or the point at which empathy no longer increases interpersonal OCB) is beyond the degree of experienced stigma that was represented in this sample.

Although this study demonstrates partial support for my theoretical model, it is limited in that it only focuses on one stigmatized identity, that of being LGBTQ+, and it uses (self and peer) reports of rather than a behavioral measure of interpersonal OCB. In Study 3, I address these limitations by including individuals with multiple different stigmatized identities and employing a behavioral measure of interpersonal OCB.

STUDY 3

While Studies 1 and 2 provided partial empirical support for my theoretical model, Study 3 was designed to determine whether the hypothesized relationships emerge in the population as a whole, in addition to the LGBTQ+ community. Further, in this study, I aimed to supplement the earlier findings involving self- and peer-ratings of interpersonal OCB with a real-time behavioral measure of helping. In a two-wave design and a broad online sample, I tested whether and how (linearly or curvilinearly) experienced stigma in the general population is associated with greater emotional awareness, operationalized as self-reported empathy (Hypotheses 1a and 2a) and scores on an emotion recognition test (Hypotheses 1b and 2b). I also tested whether empathy (Hypothesis 3a) and emotion recognition scores (Hypothesis 3b) were, in turn, associated with increased interpersonal OCB, measured as the number of additional tasks participants voluntarily completed.

Method

All measures and data exclusions are reported.

Sample

Participants were adults recruited through the crowdsourcing platform Prolific to complete a survey about their social identities and personal experiences in exchange for a small payment. I used Prolific's screening question to ensure that all participants lived in the U.S.

I aimed to recruit 800 participants to complete both study parts. Initially, 1,052 participants completed the Time 1 survey. From this group, I excluded participants who attempted the survey more than once (n = 13) or who failed an attention check ("Please select 'Somewhat central' for this question;" n = 33). This yielded 1,006 participants who were eligible to be recruited to the Time 2 survey. Of those, 786 (78%) completed the Time 2 survey. I further

excluded participants who took the survey on an ineligible mobile device (e.g., phone, tablet) despite instructions to use a desktop or laptop computer (n = 10). I also excluded participants who reported that they experienced technical issues (e.g., audio or visual problems with the videos or photos in the study) as it likely influenced their emotion recognition assessment score and/or their willingness to help by completing additional photo tasks (n = 26).

This process yielded a final sample of 750 participants. In terms of gender identity, 50.8% of participants identified as female, 47.1% identified as male, 1.7% identified as non-binary, and 0.4% preferred to self-describe their gender, M_{age} = 35.4. years. Most (64.5%) identified as White; 10.9% identified as East or Southeast Asian, 6.8% identified as Black, 4.5% identified as Hispanic or Latinx, 1.7% identified as South Asian, 0.4% identified as Native Hawaiian or Pacific Islander, 0.4% identified as American Indian or Alaskan Native, 0.3% identified as Middle Eastern, 9.1% reported belonging to multiple racial groups, and 1.3% did not identify their race. Just under half (41.9%) had a Bachelor's degree, and 21.1% had a graduate degree. Further, 50.9% reported being employed full time (at least 30 hours per week).

Procedure

Participants completed the study in two parts, approximately one week apart, which provides separation between the measurement of the independent and dependent variables, reducing the impact of common methods bias (Podsakoff et al., 2003). After providing informed consent, participants began the Time 1 survey by answering questions about a set of seven stigmatized identities that were the focus of this study: gender, race, immigrant status, sexual orientation, social class, physical disability, and weight. I chose to focus on these stigmas specifically because they are generally long-lasting and have been widely studied in past research. Notably absent from this list are non-physical disability and mental health stigmas. The

decision not to include these identities was intentional, as they may influence empathy and emotional awareness skill in ways other than experienced stigma.

Participants then reported on the stigmatizing experiences they have had based on these seven identities. Specifically, they were asked how often they encountered various stigmatizing treatments that they attributed to one or more of the identities listed above. Finally, they completed measures of identity centrality and visibility for each of the seven identities and rated their perceptions of societal discrimination toward different social groups.

About one week later, participants were invited to take the Time 2 survey via Prolific. They first completed measures of empathy and impression management motives. Then they took an emotion recognition assessment (approximately 10-15 minutes) in which they watched 1-3s video clips of actors displaying various emotions and chose the emotion they thought the actor was expressing. Next, they were asked to rate 12 pairs of photos for their similarity on a scale of 0-100% (see sample trial in Figure 9). As participants' similarity ratings on these photos were not the focus of the study, they were not analyzed. Rather, this task set up the context for the measure of interpersonal OCB. After participants completed rating the first 12 pairs of photos, they read the following:

> **Thank you for your efforts on the photo rating section!**
>
> Before you finish the study, please read the request below from the lead researcher on this project:
>
> *Hello! My name is Gabby and I'm a PhD candidate at Emory University. Thank you so much for the time and effort you have given to my study. This study is part of my PhD dissertation that needs to be completed before I graduate next month. As a graduating student, I am completely out of research funds. Because I'm on a tight deadline and have*

a very limited budget, I'm struggling with collecting all of the data I need. ***It would be a great help to me if you could rate a few more pairs of photos.***

Since my budget is limited, your payment for the study will remain the same regardless of whether you rate additional photos or not. However, I would be so appreciative of any extra photo pairs you're willing to rate.

If you're willing to rate additional photos (indicate below), you will receive photo pairs one at a time. After each pair, you will be asked whether you want to continue or stop rating photos after each pair. You can stop rating at any time and submit the study to Prolific. Again, I am grateful for any additional photos you can rate.

(Note that rating extra photos will NOT increase your payment for this study.)

The purpose of this request was to mimic the types of work demands that occur in organizations (i.e., tight deadlines and limited budgets). After they rated each pair of photos, participants were asked to choose between two options: "Yes, I'll do another one" or "No, I'm done." Once participants selected "No," the photo-rating task ended, and they proceeded to the final page of the study where they were asked to report whether they experienced any technical issues on any part of the study (e.g., the videos/photos not loading or displaying properly). If participants did not intentionally end the task (i.e., by selecting "No"), it was programmed to end automatically after 36 photo pair similarity ratings had been submitted. The number of photo pairs rated constituted the measure of interpersonal OCB in this study. The photo-rating task was chosen because it was unrelated to any particular skill, socioemotional or otherwise, that may have impacted participants' efficacy on the task and thus, their willingness to complete additional tasks. To further reduce the concern about efficacy, participants were told that there

were no right or wrong answers to the task and that the researcher was only interested in how similar or dissimilar they perceived the pair of photos to be.

Measures

Stigmatized Identities

I measured seven different stigmatized identities in this study: gender, race, immigrant status, sexual orientation, social class, physical disability, and weight.

Participants' *gender stigma* was coded based on their responses to two questions: "With what gender do you identify?" and "Do you or have you ever identified as transgender?" They were coded as 1 if they identified as "female," "non-binary/third gender," or if they opted to self-describe their gender. They were also coded as 1 if they indicated that they had ever identified as transgender, regardless of the gender with which they currently identified. Participants were coded as 0 if they identified as "male" and indicated that they had never identified as transgender.

Participants' *race stigma* was based on their responses to the question, "With what race or ethnicity do you identify?" Response options included "Black / African American," "East or Southeast Asian (e.g., China, Japan, South Korea, Vietnam, Thailand, etc.)," "South Asian (e.g., Afghanistan, India, Pakistan, Bangladesh, etc.)," "Hispanic or Latino/a/x," "Native Hawaiian or other Pacific Islander," "American Indian or Alaska Native," "Middle Eastern (e.g., Egypt, Iran, Israel, Saudi Arabia, Syria, UAE, etc.)," "White / Caucasian," and "Other race/ethnicity not listed." Participants were instructed to "Choose all that apply." They were coded as 1 if they identified with any racial group other than White and 0 if they only identified as White.

Participants' *immigrant stigma* was based on their response to the question, "Were you born in the United States?" They were coded as 1 if they responded "No" and 0 if they responded "Yes."

Participants' *sexual orientation stigma* was based on their response to the question "With what sexual orientation do you identify?" Response options included "Gay or lesbian," "Bisexual," "Pansexual," "Asexual," "Straight or heterosexual," and "Other sexual orientation not listed." Participants were coded as 1 if they identified as any non-heterosexual orientation and 0 if they identified as straight.

Participants' *social class stigma* was based of their responses to two questions: "What is your parent/guardian's (parent/guardian #1) highest level of education?" and "What is your parent/guardian's (parent/guardian #2) highest level of education?" Response options for each question included "Less than high school," "High school degree or equivalent," "Some college credits," "2-year degree (e.g., Associate's degree)," "4-year degree (e.g., Bachelor's degree)," "Graduate degree (e.g., Master's degree or doctorate)," "Unsure / I don't know," and "Not applicable." Participants were coded as 1 if they reported that neither of their parents attained a 4-year college degree and 0 if they reported that at least one parent attained a 4-year college degree. If they chose either of the latter two options (unsure or not applicable), they were coded as missing on this dummy variable. Parental education status is a common operationalization of social class (Dittmann et al., 2020; Phillips et al., 2020).

Participants' *physical disability stigma* was based on their response to the question, "Do you have or have you ever had a physical disability that inhibits (or inhibited) a major life activity?" They were coded as 1 if they responded "Yes" and 0 if they responded "No." Participants who indicated they had or have had a physical disability were asked to describe it in

a subsequent open-ended question, but this qualitative data was collected for exploratory purposes and not analyzed for this dissertation.

Participants' *weight stigma* was based on their response to the question, "Are you or have you ever been very overweight or obese?" To assist participants in responding and to provide more objective boundaries for their responses, they were shown a body mass index (BMI) chart and instructed to respond "Yes" if their BMI (based on their height and weight) was ever over 29. Participants were coded as 1 if they responded "Yes" and 0 if they responded "No."

Finally, I computed the *number of stigmas* participants had by summing the seven dichotomous variables described above. The range on this measure was 0-6 (no participant had all seven stigmatized identities), $M = 2.0$.

Experienced Stigma

To measure participants' degree of experienced stigma, I adapted the measure used in Studies 1 and 2 by revising the items to reflect stigmatized treatment broadly (as opposed to LGBTQ-specific). I added an additional four items to ensure that the measures were comprehensive of the seven focal stigmas for a total of 16 items ($\alpha = .92$). All instructions, items, and response options are detailed in Appendix D. Again, participants were instructed to rate the frequency that the stigmatizing treatment described in each item occurred in their lifetimes with respect to their gender or gender identity, race or ethnicity, immigrant status, sexual orientation, social class, physical disability, and weight, collectively. As in Study 2, participants who indicated that an event had happened to them were then asked how stressful (severe) the experience was. Finally, participants were asked if they experienced the treatment in the item with more, the same, or less frequency in the past 12 months relative to the rest of their life.

(This recency measure was included for exploratory purposes beyond the scope of this dissertation to investigate the impact of the COVID-19 pandemic on stigmatizing experiences.)

Empathy

Participants' reports of their own empathy were assessed with the same scale used in Studies 1 and 2 ($\alpha = .88$).

Impression Management Motives

In this study, participants' impression management motives were measured with the 10-item Brief Need to Belong scale (Leary et al., 2013; 1 = *strongly disagree* to 5 = *strongly agree*; $\alpha = .86$). Sample items include "I try hard not to do things that will make other people avoid or reject me" and "I seldom worry about whether other people care about me" (reverse-coded). Those who have experienced stigma may be particularly likely to be high on Need to Belong as the social rejection that accompanies having a stigmatized identity violates individuals' belongingness needs. In turn, they may voluntarily help others in need as a means of fulfilling their diminished belongingness needs, rather than because of their empathic tendencies. I intentionally switched to this measure in this study (from the Brief Fear of Negative Evaluation scale [Leary, 1983] used in Studies 1 and 2) to account for impression management motives that are driven by actively seeking out helping opportunities to fulfill belongingness needs, as opposed to engaging in helping behavior to avoid further social rejection (captured by the previous measure). As in Studies 1 and 2, this measure was included in all mediation analyses with the self-reported empathy measure to account for this alternative explanation of the indirect effect of experienced stigma on interpersonal OCB.

Emotional Awareness Skill

Participants' emotional awareness skill was assessed with the short form of the Geneva Emotion Recognition Test (GERT-S; Schlegel et al., 2014), which is the same test that makes up the Emotion Recognition subtest of the GECo assessment used in Study 2. In addition to its substantially shorter length (approximately 10-15 minutes vs. 60 minutes for the GECo), I also chose to focus specifically on this skill since it was the only GECo subtest score that was significantly associated with experienced stigma in Study 2. As in the GECo, the GERT uses 42 short video clips (1-3s each) of professional actors instructed to express one of 14 different emotions (6 positive, 8 negative). A sample item can be found in Appendix C (under *Emotion Recognition Subtest Sample Item*). Participants were instructed to watch the video clip and then choose which of the 14 emotions the actor expressed. Participants' scores reflected the total number of emotions they chose correctly.

Interpersonal OCB

As described above, interpersonal OCB was measured as the number of additional photo pairs participants rated. The possible range on this measure was from 0 (if a participant chose not to complete any additional photo-rating tasks beyond the initial 12 that were required) to 37 (if a participant completed all 36 additional photo-rating tasks beyond the initial 12 that were required and were willing to complete another).

Control Variable

I controlled for participants' *age* (in years) in all analyses to account for its possible relationships with experienced stigma, empathy, emotional awareness skill, and interpersonal OCB. I did not control for other demographic indicators (e.g., gender and race) in the analyses for this study as I did in the previous studies since these factors were incorporated into the

experienced stigma measure and controlling for them would have suppressed meaningful variance.

Exploratory Measures

I included several other measures for exploratory purposes beyond the scope of this dissertation. In the Time 1 survey, I asked participants what age they first realized they identified as non-binary, transgender, or non-heterosexual (if they did). Similarly, I asked participants who indicated they were not born in the U.S. what age they moved to the U.S. I also asked participants who indicated that they had a physical disability or were very overweight or obese how old they were when their disability/overweight began and ended (if applicable). I asked participants about their socioeconomic status (SES) in several ways in addition to parental the educational attainment, including their current employment status, their current personal and household income, their own educational attainment, and their ratings on a subjective measure of SES (Adler et al., 2000) currently and when they were growing up. I asked all participants to indicate how much they were thinking about each of their seven identities while they were completing the experienced stigma measure, how central they felt each of their seven identities were to them, and how visible they believed each of their seven identities to be to a stranger. Finally, I asked participants to indicate how much discrimination various social groups experienced in society today. No exploratory measures were included in the Time 2 survey.

Results

Means, standard deviations, and correlations for key study variables are presented in Table 18. Experienced stigma (measured at Time 1) was positively correlated with empathy (measured at Time 2), providing support for Hypothesis 1a; with emotion recognition scores (measured at Time 2), providing support for Hypothesis 1b; and with interpersonal OCB

(measured at Time 2). Further, both empathy and emotion recognition scores were positively correlated with interpersonal OCB.

To verify that the measure captured the intended experienced stigma construct, I examined the mean scores for each subgroup within each stigma dimension. As demonstrated in Table 19, scores for stigmatized participants were significantly higher than those for non-stigmatized participants in four of the stigmatized categories (gender, sexual orientation, physical disability, and weight) and marginally higher in the social class category. I also examined the relationship between the number of stigmatized identities participants reported they had and the experienced stigma measure. These two measures were positively correlated (r = .38, p < .001). Figure 10 graphically depicts this relationship. Table 19 also tabulates the means for the other primary study variables (empathy, emotion recognition skill, and interpersonal OCB).

Confirmatory Factor Analysis

As in Study 2, I took several steps to reduce common methods bias (Podsakoff et al., 2003) in this study, including separating the collection of the independent variable and the dependent variables by one week of time and employing a real-time behavioral measure of interpersonal OCB. To verify the factor structure, I modeled the latent factors for the five primary measures in the analyses – experienced stigma, empathy, impression management motives, emotion recognition score, and interpersonal OCB. The hypothesized five-factor model (χ^2 [811] = 3995.5, p < .001; RMSEA = .07, CFI = .77; SRMR = .07) fit the data better than the four-factor model combining empathy and impression management motives (χ^2 [815] = 6147.2, p < .001; RMSEA = .09, CFI = .62; SRMR = .10; $\Delta\chi^2$ [4] = 2151.7, p < .001) and the four-factor model combining experienced stigma and empathy (χ^2 [815] = 7222.3, p < .001;

RMSEA = .10, CFI = .55; SRMR = .13; $\Delta\chi^2$ [4] = 706.2, p < .001). Thus, the data support the hypothesized factor structure.

Hypothesis Tests

Regression results for empathy are displayed in Table 20. Consistent with the previous two studies, experienced stigma was positively and linearly associated with self-reported empathy (Table 20, Model 2, *b* = .034, *SE* = .010, *p* < .001), even when controlling for impression management motives (Table 20, Model 4, *b* = .025, *SE* = .010, *p* = .010), but no curvilinear relationship emerged (Table 20, Model 3, *b* = -.002, *SE* = .003, *p* = .523). These results provide further support for Hypothesis 1a and fail to support Hypothesis 2a.

Results for emotion recognition scores are included in Table 21. Unlike in Study 2, which revealed a curvilinear relationship between experienced stigma and emotion recognition scores, here the two were positively and linearly related (Table 21, Model 2, *b* = .178, *SE* = .090, *p* = .048), supporting Hypothesis 1b. Failing to support Hypothesis 2b, no curvilinear relationship emerged (Table 21, Model 3, *b* = .007, *SE* = .024, *p* = .775).

Mediation

To determine whether experienced stigma was indirectly associated with interpersonal OCB via empathy, I again used the SPSS PROCESS macro (Model 4; Hayes, 2017) with 5,000 bootstrap samples to estimate the indirect effect. Mediation results were consistent with those from Studies 1 and 2. Participants' self-reported empathy was related to interpersonal OCB (Table 22, Model 4, *b* = 1.453, *SE* = .655, *p* = .027) and the corresponding indirect effect emerged, 0.050 (Boot *SE* = .027), 95% CI [0.003, 0.108], supporting Hypothesis 3a. Participants' self-reported impression management motives, however, were again unrelated to interpersonal OCB (Table 22, Model 4, *b* = -.604, *SE* = .564, *p* = .285), and thus there was no

indirect effect of experienced stigma on interpersonal OCB through impression management motives, -0.034 (Boot *SE* = .037), 95% CI [-0.112, 0.035].

Since the relationship between experienced stigma and emotion recognition scores was linear (rather than curvilinear), I use the same analytical approach to determine the indirect effect of experienced stigma on interpersonal OCB through emotion recognition scores. Results revealed that emotion recognition was associated with increased interpersonal OCB (Table 22, Model 5, $b = .450$, $SE = .068$, $p < .001$) and the corresponding indirect effect was estimated at 0.080 (Boot *SE* = .039), 95% CI [0.005, 0.157], supporting Hypothesis 3b.

Additional Analyses

I ran several follow-up analyses to determine the robustness of the effects detailed above. First, to account for the possibility that non-stigmatized people (in this sample, those whose number of stigmas [of the seven included] was zero) may have inflated their experienced stigma, I re-ran the primary analyses with only participants whose number of stigmas was at least one ($N = 678$). Overall, results were consistent with the primary analyses reported above. Experienced stigma was positively and linearly ($b = .038$, $SE = .010$, $p < .001$), but not curvilinearly ($b = -.002$, $SE = .003$, $p = .373$) related to self-reported empathy, and the linear effect remained when impression management motives was included as an additional predictor ($b = .028$, $SE = .010$, $p = .005$). The relationship between experienced stigma and emotion recognition skill dropped to only marginal significance ($b = .168$, $SE = .093$, $p = .071$), but was directionally consistent with the primary results. Again, no curvilinear effect of experienced stigma on emotion recognition skill emerged ($b = -.004$, $SE = .025$, $p = .871$). Mediation results were similarly consistent. The indirect effect of experienced stigma on interpersonal OCB through empathy (again with impression management motives included as a parallel mediator) emerged, 0.066 (Boot *SE* =

.033), 95% CI [0.011, 0.141]. However, due to the drop in the effect of experienced stigma on emotion recognition skill, the associated indirect effect was not significant at a 95% confidence level, 0.079 (Boot *SE* = .042), 95% CI [-0.001, 0.163], it was marginally significant at the 90% confidence level, 0.079 (Boot *SE* = .042), 90% CI [0.013, 0.150].

Second, I sought to shed some light on the experience of belonging to multiple stigmatized groups. To do so, I re-ran the primary analyses using *number of stigmas* as the independent variable in lieu of *experienced stigma*. Number of stigmas had no linear (*b* = .002, *SE* = .020, *p* = .935) or curvilinear (*b* = -.007, *SE* = .013, *p* = .565) effect on empathy, but there was a linear indirect effect through experienced stigma (i.e., number of stigmas was positively and linearly related to experienced stigma [*b* = .768, *SE* = .068, *p* < .001], and experienced stigma, in turn, was related to increased empathy [*b* = .040, *SE* = .011, *p* < .001]), indirect effect = 0.031 (Boot *SE* = .008), 95% CI [0.018, 0.044]). This suggests that having multiple stigmas corresponds to an increase in the degree of stigma a person experiences, and it is that increase in experienced stigma that is related to greater empathy. The results for emotion recognition skill were different. Replicating the primary analysis above, the number of stigmas was linearly (*b* = .584, *SE* = .179, *p* = .001), but not curvilinearly (*b* = -.135, *SE* = .114, *p* = .237) associated with emotion recognition skill. However, unlike the mediation pattern for empathy, there was no indirect relationship between number of stigmas and emotion recognition skill through experienced stigma (indirect effect = 0.060 (Boot *SE* = .072), 95% CI [-0.061, 0.177]) since experienced stigma was not related to emotion recognition score when number of stigmas was included as a predictor (*b* = .078, *SE* = .097, *p* = .423). Thus, experienced stigma did not explain any additional variance in emotion recognition skill above and beyond what was already explained by the number of stigmas. This could imply that the experienced stigma measure did

not fully capture the unique experiences of people who have multiple stigmatized identities, and that those unique experiences influence their emotion recognition skill.

Discussion

This study provides support for the generalizability and robustness of my theoretical model by demonstrating that experienced stigma, captured in a broad community sample, is associated with increased empathy (Hypothesis 1a) and emotion recognition ability (Hypothesis 1b). These stigma-based assets, in turn, are associated with an increase in real-time helping behavior (Hypotheses 3a and 3b). Results are summarized in Tables 6 and 7. This pattern of results demonstrates that the tendency for experience coping with stigma over one's lifetime to yield socioemotional assets and, in turn, prosocial behavior is not limited to members of the LGBTQ+ community, but may be found across a wide variety of the kinds of social marks that prevent individuals from being fully included in society. Inconsistent with the previous study, the relationship between experienced stigma and emotion recognition ability was positive and linear (Hypothesis 1b) rather than curvilinear (inverse-U-shape; Hypothesis 2b).

A primary contribution of this study is the experienced stigma measure. To my knowledge, this is the first attempt to measure the experience of stigma across multiple stigmatized identities simultaneously. Although the measure yielded a few unexpected patterns (i.e., the lack of significant mean differences between Non-White and White participants and immigrant and non-immigrant participants), it offers researchers a first step at comparing the experience of stigma across different groups. Further, it allows for the integration to explore the experience of belonging to multiple stigmatized groups. Additional analyses revealed varying patterns of results (i.e., those for empathy compared to those for emotion recognition skill) that suggest future work is needed to build our understanding of unique intersectional experiences.

GENERAL DISCUSSION

As the workforce becomes increasingly diverse, it is essential that organizational scholarship recognize all the ways that employees with stigmatized social identities can and do contribute. In this dissertation, I have theorized a model that considers how stigmatized individuals may learn and master certain socioemotional skills, or stigma-based assets, that they can deploy at work. Analysis of archival survey data in the pilot study demonstrated that people who have experienced stigma related to their sexual orientation were more likely to help others. Studies 1, 2, and 3 leveraged divergent samples, multiple waves of data collection, peer ratings of behavior, and a real-time behavioral measure to demonstrate the same pattern of results – that having experienced more stigma was associated with greater levels of empathy, and in turn, increased interpersonal helping, or OCB. Further, in a sample of LGBTQ+ MBA students and professionals, Study 2 found that experienced stigma was curvilinearly (inverse-U-shaped) related to skill at recognizing the emotions of others, meaning that having experienced a moderate degree of stigma was most likely to result in skill development. In Study 3, experienced stigma, measured in the general population and based on multiple stigmatized identities, was positively and linearly related to emotion recognition skill. Overall, this work expands on the traditional lens through which stigma consequences are studied, pushing stigma and diversity scholarship forward while offering management scholars and practitioners a comprehensive framework for exploring the unique strengths that stigmatized individuals may bring to their organizations.

Theoretical Contributions

The current research extends existing stigma and identity management theories by considering how stigmatized individuals might learn as they accumulate coping experience. Past

research in psychology and management has concentrated on identifying the coping responses deployed by stigmatized targets (Crocker & Major, 1989; Shih, 2004; Swim et al., 2003); categorizing coping (Miller, 2006; Miller & Kaiser, 2001; Miller & Major, 2000; Swim et al., 1998) and identity management (Roberts et al., 2014; Roberts & Creary, 2013) responses; and theorizing the process of appraising an identity threat and initiating a response (Major & O'Brien, 2005; Petriglieri, 2011; Roberts, 2005; Swim & Thomas, 2006). Notably, each of these approaches, while foundational, considers only singular instances of coping at a time. But this static approach neglects the fact that people with stigma experience, or anticipate experiencing, identity threats like prejudice and discrimination on a regular or recurrent basis. My dissertation considers the dynamic nature of the experience of stigma to propose that stigmatized individuals are motivated to learn from repeated coping occurrences and as a result, develop a set of related, but transferrable, socioemotional skills. In doing so, I offer scholars a novel way to think about the consequences of ongoing stigma management efforts.

I further contribute to stigma research by conceptualizing and operationalizing the experience of stigma as a matter of degree, rather than the more traditional binary approach that treats stigmatized group members as having relatively uniform experiences. This allowed me to theorize about the experience of stigma broadly and empirically examine the consequences of variations in experienced stigma both within a single stigmatized group (i.e., LGBTQ+ employees in Studies 1 and 2) and across several stigmatized identities simultaneously (as in Study 3). Traditional organizational diversity scholarship, in contrast, has tended to consider stigmatizing characteristics as something one either has or does not have, a binary conceptualization that overlooks the complexity of individual experiences (as noted by Clair et al., 2019; Glynn & Navis, 2013; Prasad, 2012). Here, I have addressed the need to “refocus the

dichotomous lens through which we are often encouraged to view human diversity" (Hammack, 2008, p. 226) by contributing a more nuanced understanding of how the experience of stigma can vary and yield unique resources.

This research also advances scholarship on diverse teams and organizations by introducing an additional pathway (i.e., the accumulation of stigmatizing experiences and the resulting socioemotional capacities) through which employees with stigmatized identities contribute to their organizations. Diversity research often aims to strike a difficult balance between the advantages that come from a greater variety of knowledge, perspectives, and skills with the disadvantages stemming from interpersonal difference and conflict (Tasheva & Hillman, 2019). I have added clarifying nuance to this equation by demonstrating the set of socioemotional skills that stigmatized individuals bring to their workplaces as a result of their systematically harder life experiences. In doing so, this work joins emerging organizational diversity research suggesting that experiences of being in a historically disadvantaged group result in cultural strengths that promote relationship bridging (Cha & Roberts, 2019; Leigh & Melwani, 2019; Martin & Côté, 2019), acculturation to new countries (Volpone et al., 2018), effective group processes (Dittmann et al., 2020) and the construction of more positive and accurate images of oneself and one's stigmatized group (Cha & Roberts, 2019).

My consideration of stigma as dimensional and continuous, rather than binary, may also shed light on the literature on the organizational effects of demographic diversity, which has demonstrated null (Horwitz & Horwitz, 2007; Webber & Donahue, 2001) or weakly negative (Bell et al., 2011; Joshi & Roh, 2009) effects of demographic diversity on performance outcomes. In the aggregate, the traditional binary approach may have failed to uncover the organizational benefits from demographic diversity. By conceptualizing stigma as a continuous,

rather than a binary, experience, I have revealed a pathway by which people from disadvantaged backgrounds may bring advantage to their workplaces. Future scholarship might consider how the individual-level assets and performance benefits (i.e., interpersonal OCB) uncovered in this research impact team-level processes and outcomes.

Relatedly, this dissertation contributes to the recent discussion questioning existing ontologies that differentiate between demographic and knowledge- or skill-based diversity (Nkomo et al., 2019; Tasheva & Hillman, 2019; van Knippenberg et al., 2004). Extant diversity research has tended to divide its theorizing and empirical tests on the effects of diversity around these two broad groups, often using different terminology, including surface- versus deep-level diversity (Bell, 2007; Harrison et al., 1998; Harrison et al., 2002), relations-oriented versus task-related diversity (Jackson et al., 1995; Joshi & Roh, 2009), or demographic versus informational diversity (Jehn et al., 1999; van Knippenberg et al., 2004). Nkomo et al. (2019) recently criticized this ontological distinction, arguing that it implies that demographic characteristics "only have import as phenotypical or biological differences among individuals" (p. 509). My work supports this dissenting perspective. Whereas these sources of difference have often been viewed as distinct, an implication of the current research is that demographic and functional diversity are not independent – rather, demographic diversity may, in fact, underlie certain skill differences that manifest as a result of experiencing the world in in systematically different ways (as a result of stigma).

Limitations and Future Work

To my knowledge, this is the first empirical evidence to demonstrate advantageous outcomes from experiencing greater stigma. However, this dissertation is not without limitations. First, the survey methodology utilized in this set of studies prevents me from making reliable

claims regarding the *causal* links between experienced stigma, emotional capacities, and interpersonal OCB. Although I took several measures to ensure a robust design (i.e., multiple time points, peer ratings, skill assessments, and a behavioral measure) and theory would suggest that experiencing stigma over a lifetime would lead to a current skill, it is possible that the reverse direction could also be true – that those who are highly attuned to social cues and others' emotions are more likely to appraise situations as stigmatizing. I cannot rule out this possibility with the current data. To address this concern, future work will longitudinally explore the process by which individuals learn from ongoing coping with stigma and subsequently develop stigma-based assets.

Moreover, some of the results in this set of studies were somewhat inconsistent with my theorizing. When emotional awareness was operationalized as self-reported empathy, its relationship to experienced stigma was consistently positive and linear across three studies. On the other hand, when emotional awareness was operationalized instead as the objective ability to accurately identify others' emotions, a curvilinear (inverted-U-shaped) effect emerged in Study 2 and a positive linear effect emerged in Study 3. These inconsistencies suggest several ripe opportunities for future research. First, as I suggested when deriving the testable hypotheses from my theoretical model, the samples accessed in this research may not reflect the full range of stigma experienced in the general population, such that people at the higher end of stigma experience might not be represented. This might explain why the majority of the effects in these data were linear, rather than curvilinear as initially theorized. Second, although extant literature often conflates these ideas, it is possible and likely that there is a conceptual difference between emotional awareness as a general tendency (i.e., empathy) and a true ability. Perhaps stigmatized individuals develop an increased *tendency* to be emotionally sensitive to others' feelings as their

experienced stigma increases, but there is a tipping point when it comes to developing the *ability* to accurately appraise others' emotions, such that further stigmatizing experiences do not increase (or even decrease) the likelihood of skill development. Finally, since the curvilinear relationship emerged in a sample of LGBTQ+ professionals when measuring LGBTQ-related stigma, specifically (Study 2), and the linear relationship emerged in a general sample when capturing experienced stigma broadly across seven different stigmatized identities (Study 3), there may be group differences unaccounted for in the current work. It is possible that the process of learning to cope with stigma and the subsequent development of related skills may function differently for different stigmas, for instance as a result of the visibility of the stigma.

Finally, I found that organizational inclusion climate played no moderating role in the relationship between stigma-based assets and interpersonal OCB (Studies 1 and 2). There are several possible explanations for this null result. For one, it may be that stigmatized individuals draw upon their emotional awareness capacities to help their colleagues regardless of how inclusive their organization is. Or, as mentioned previously, it may be that there was insufficient variation on organizational inclusion in these data, as both Studies 1 and 2 utilized samples that were associated with identity group membership and were likely employed by more inclusive organizations than the general population. Third, it might be the case that the organizational context moderates the relationship at a the level of the workplace event rather than the workplace overall. For instance, an employee may work for a generally inclusive organization, but have a stigmatizing encounter during the workday that requires them to direct their skills and resources toward managing that encounter, limiting their capacity to apply them toward interpersonal OCB. Future scholarship may seek to take an events-based approach to understanding the role of organizational climate.

Practical Implications and Concluding Thoughts

An organization's success hinges on the ability of all employees to bring their best and most productive selves to work. This work offers practical value for both stigmatized individuals and the organizations who employ and manage them. First, I have acknowledged the arduous road that stigmatized people must walk and the internal strength they must have to do so. Through this work, employees with stigmatized identities may not only feel validated by the acknowledgement of their struggles, but also be encouraged to see personal value in their stigmatizing experiences. Having knowledge of the assets they have developed as a result of their negative experiences could reduce feelings of shame associated with their stigma and increase a sense of agency, career self-efficacy, and professional ambition.

The current research also provides managers with a new lens on managing diversity. Stigma may be a unique, unrecognized source of human capital for organizations; managers should consider these skill advantages when determining the roles and responsibilities for which employees are best suited. For example, employees who have developed emotional awareness and emotion management abilities over a lifetime of coping with stigma may be particularly apt to lead a rigorous and demanding project. They may also be fitting candidates for managerial roles, given their abilities to recognize and understand others' feelings and opportunities to help when needed. With work becoming increasingly more demanding (Cappelli et al., 1997; Green, 2004), managers ought to look to their stigmatized employees as examples of how to cope with tense situations in which emotions are running high.

Although I have emphasized the importance of an inclusive organizational climate that fully embraces its employees with stigmatized identities, I must acknowledge the potentially controversial nature this work. Individuals or organizations may be tempted to reference the idea

that stigma can lead to assets to justify the ongoing stigmatization of certain groups, or to exploit others' suffering for their own opportunity. To be clear, I make no claim that the robust and severely damaging consequences of stigma are merited in any way, and I vehemently support efforts to eradicate stigma altogether. Until that time, however, it is my hope that managers will utilize these findings to better understand the undue suffering and laborious coping efforts of their stigmatized employees, manage the specific assets embedded within them, and cultivate strong climates promoting the belonging and inclusion of all employees.

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APPENDIX A

GSS Prosocial Behavior Items, Pilot Study

During the past 12 months, how often have you done each of the following things:

Response choices:

1 = Not at all in the past year
2 = Once in the past year
3 = At least two or three times in the past year
4 = Once a month
5 = Once a week
6 = More than once a week

1. Donated blood
2. Given food or money to a homeless person
3. Returned money to a cashier after getting too much change
4. Allowed a stranger to go ahead of you in line
5. Done volunteer work for a charity
6. Given money to a charity
7. Offered your seat on a bus or in a public place to a stranger who was standing
8. Looked after a person's plants, mail, or pets while they were away
9. Carried a stranger's belongings, like groceries, a suitcase, or shopping bag
10. Given directions to a stranger
11. Let someone you didn't know well borrow a item of some value like dishes or tools.
12. Helped someone outside of your household with housework or shopping
13. Lent quite a bit of money to another person
14. Spent time talking with someone who was a bit down or depressed
15. Helped somebody to find a job

APPENDIX B

Experienced Stigma Measure, Studies 1 & 2

Please think carefully about the events that you have experienced in throughout your entire life as you answer the following questions. Read the question and select the responses that best describe events that have occurred throughout YOUR ENTIRE LIFE, using the scales provided.

Frequency response choices:

0 = *Never*, 1 = *Once in a while*, 2 = *Sometimes*, 3 = *A lot*, 4 = *Almost always*

Stress response choices:

0 = *Not at all* to 4 = *Extremely*

1. How often have you been treated unfairly or disrespected by others because of your LGBTQ+ identity?
    - How stressful was this for you?
2. How often have you been denied service, care, housing, or employment (including a raise or promotion) because you are LGBTQ+?
    - How stressful was this for you?
3. How often have you been called a derogatory name referring to your LGBTQ+ identity?
    - How stressful was this for you?
4. How often have you been made fun of, picked on, pushed, shoved, hit, or threatened with harm because of your LGBTQ+ identity?
    - How stressful was this for you?
5. How often have you heard people making heterosexist, homophobic, or transphobic jokes?
    - How stressful was this for you?
6. How often have you learned of gossip or rumors being spread about you because of your LGBTQ+ identity?
    - How stressful was this for you?
7. How often have you purposely kept your LGBTQ+ identity hidden from others?
    - How stressful was this for you?
8. How often have you explicitly lied about your LGBTQ+ identity?
    - How stressful was this for you?

9. How often have you anticipated being rejected by others because of your LGBTQ+ identity?
    - How stressful was this for you?
10. How often have your relationships with family or friends suffered because of your LGBTQ+ identity?
    - How stressful was this for you?
11. How often have you observed hetero- or gender-normative cues in society (for example, in movies or on television) that suggest your LGBTQ+ identity is not the norm?
    - How stressful was this for you?
12. How often were you forced to take drastic steps (such as filing a grievance, filing a lawsuit, quitting your job, moving away, and other actions) to deal with some homophobic, heterosexist, transphobic, or other discriminatory thing that was done to you?
    - How stressful was this for you?

APPENDIX C

Sample Questions from the Geneva Emotional Competence (GECo) Test used in Study 2

Emotion Recognition Subtest Sample Item:

Please click inside the image to play the video!

Please select the emotion word that describes best the emotion that the actor tried to express in this video.

Emotion Understanding Subtest Sample Item:

John is elected by all of his colleagues to represent the team at the next general assembly of the company.

What is the most likely emotion that John feels?

Emotion Regulation Subtest Sample Item:

You ask your assistant to write the minutes of a meeting. When he delivers it you realize that he just put minimal efforts into this task and that the document cannot be used in this form. You are angry.

What do you think?

- [ ] You wonder why assistants always create more work than they get done.
- [ ] You think that this document was not so important after all.
- [ ] You think that this assistant is really incompetent.
- [ ] You think about the other work that is still to do

Emotion Management Subtest Sample Item:

You and two other colleagues are meeting an important client to discuss the renewal of the contract. During the meeting your colleagues repeatedly attack each other on matters that are not decisive for the contract and are irrelevant for the client. You have the feeling that they are competing in front of the client. They are clearly annoyed by each other.

What do you do?

- ◯ You respond to the comments of your colleagues to show to the client that you can control your colleagues.
- ◯ You take the lead and continue the meeting ignoring your colleagues. You focus the discussion on the contract only.
- ◯ You continue the meeting and accept the comments of your colleagues in order to maintain the harmony in the meeting.
- ◯ You suggest to have a coffee break in order to speak to your colleagues without the client being present.
- ◯ You politely tell your colleagues that you are happy to discuss with them and solve any problem after the meeting

APPENDIX D

Experienced Stigma Measure, Study 3

In this next section of the study, we are interested in your overall experiences of negative treatment based on the identities you were just asked about.

For each of the questions on the following pages, please think about the experiences you have had and the negative treatment you have received from others based on your:

- Gender or gender identity
- Race or ethnicity
- Immigrant status
- Sexual orientation
- Socioeconomic status (now and/or in your childhood)
- Physical disability
- Weight

For each of the questions on the following pages, you will be asked to rate your overall experiences across these identities on three scales:

1. Frequency of experiences throughout your entire life, on average.
2. Amount of stress the experiences caused you, on average.
3. Frequency of experiences in the past twelve months.

We understand that assessing the overall degree of negative treatment you've experienced based on the seven identities listed above may be challenging. Some people may have had many experiences, while others may have had very few of these experiences. We are interested in hearing from everyone. Just provide your best and honest judgement of your overall life experiences. There are no right or wrong answers.

Frequency response choices:

0 = *Never*, 1 = *Once in a while*, 2 = *Sometimes*, 3 = *A lot*, 4 = *Almost always*

Stress response choices:

0 = *Not at all* to 4 = *Extremely*

Recency response choices:

-1 = *Less frequently*, 0 = *Same Frequency*, 1 = *More Frequently*

1. Think about whether you have **been treated unfairly or disrespected by others** because of your:
    - Gender or gender identity
    - Race or ethnicity
    - Immigrant status
    - Sexual orientation
    - Socioeconomic status (now and/or in your childhood)
    - Physical disability
    - Weight

    a. How often has this occurred throughout YOUR ENTIRE LIFE (if at all)?

    b. Overall, how STRESSFUL was this for you?

    c. Compared to your entire life, has this occurred more or less frequently in THE PAST TWELVE MONTHS?

2. Think about whether you have **been denied or provided lesser quality customer service, health care, or housing** because of your:
    - Gender or gender identity
    - Race or ethnicity
    - Immigrant status
    - Sexual orientation
    - Socioeconomic status (now and/or in your childhood)
    - Physical disability
    - Weight

    a. How often has this occurred throughout YOUR ENTIRE LIFE (if at all)?

    b. Overall, how STRESSFUL was this for you?

    c. Compared to your entire life, has this occurred more or less frequently in THE PAST TWELVE MONTHS?

3. Think about whether you have **been denied employment, a raise in pay, or a promotion** because of your:
    - Gender or gender identity
    - Race or ethnicity
    - Immigrant status
    - Sexual orientation
    - Socioeconomic status (now and/or in your childhood)
    - Physical disability
    - Weight

    a. How often has this occurred throughout YOUR ENTIRE LIFE (if at all)?

    b. Overall, how STRESSFUL was this for you?

   c. Compared to your entire life, has this occurred more or less frequently in THE PAST TWELVE MONTHS?

4. Think about whether you have **been called a derogatory name, made fun of, or picked on** because of your:
   - Gender or gender identity
   - Race or ethnicity
   - Immigrant status
   - Sexual orientation
   - Socioeconomic status (now and/or in your childhood)
   - Physical disability
   - Weight

   a. How often has this occurred throughout YOUR ENTIRE LIFE (if at all)?

   b. Overall, how STRESSFUL was this for you?

   c. Compared to your entire life, has this occurred more or less frequently in THE PAST TWELVE MONTHS?

5. Think about whether you have **been physically harmed or threatened with harm** because of your:
   - Gender or gender identity
   - Race or ethnicity
   - Immigrant status
   - Sexual orientation
   - Socioeconomic status (now and/or in your childhood)
   - Physical disability
   - Weight

   a. How often has this occurred throughout YOUR ENTIRE LIFE (if at all)?

   b. Overall, how STRESSFUL was this for you?

   c. Compared to your entire life, has this occurred more or less frequently in THE PAST TWELVE MONTHS?

6. Think about whether you have **heard or seen prejudicial jokes** about your:
   - Gender or gender identity
   - Race or ethnicity
   - Immigrant status
   - Sexual orientation
   - Socioeconomic status (now and/or in your childhood)
   - Physical disability
   - Weight

   a. How often has this occurred throughout YOUR ENTIRE LIFE (if at all)?

   b. Overall, how STRESSFUL was this for you?
   c. Compared to your entire life, has this occurred more or less frequently in THE PAST TWELVE MONTHS?

7. Think about whether you have **learned of gossip or rumors being spread about you** because of your:
   - Gender or gender identity
   - Race or ethnicity
   - Immigrant status
   - Sexual orientation
   - Socioeconomic status (now and/or in your childhood)
   - Physical disability
   - Weight

   a. How often has this occurred throughout YOUR ENTIRE LIFE (if at all)?
   b. Overall, how STRESSFUL was this for you?
   c. Compared to your entire life, has this occurred more or less frequently in THE PAST TWELVE MONTHS?

8. Think about whether you have **purposely kept your _____ hidden from others**.
   - Gender or gender identity
   - Race or ethnicity
   - Immigrant status
   - Sexual orientation
   - Socioeconomic status (now and/or in your childhood)
   - Physical disability
   - Weight

   a. How often has this occurred throughout YOUR ENTIRE LIFE (if at all)?
   b. Overall, how STRESSFUL was this for you?
   c. Compared to your entire life, has this occurred more or less frequently in THE PAST TWELVE MONTHS?

9. Think about whether you have **worried about or anticipated being rejected by others** because of your:
   - Gender or gender identity
   - Race or ethnicity
   - Immigrant status
   - Sexual orientation
   - Socioeconomic status (now and/or in your childhood)
   - Physical disability
   - Weight

   a. How often has this occurred throughout YOUR ENTIRE LIFE (if at all)?
   b. Overall, how STRESSFUL was this for you?
   c. Compared to your entire life, has this occurred more or less frequently in THE PAST TWELVE MONTHS?

10. Think about whether **your relationships with family or friends have suffered** because of your:
    - Gender or gender identity
    - Race or ethnicity
    - Immigrant status
    - Sexual orientation
    - Socioeconomic status (now and/or in your childhood)
    - Physical disability
    - Weight

      a. How often has this occurred throughout YOUR ENTIRE LIFE (if at all)?
      b. Overall, how STRESSFUL was this for you?
      c. Compared to your entire life, has this occurred more or less frequently in THE PAST TWELVE MONTHS?

11. Think about whether **your romantic life has suffered** because of your:
    - Gender or gender identity
    - Race or ethnicity
    - Immigrant status
    - Sexual orientation
    - Socioeconomic status (now and/or in your childhood)
    - Physical disability
    - Weight

      a. How often has this occurred throughout YOUR ENTIRE LIFE (if at all)?
      b. Overall, how STRESSFUL was this for you?
      c. Compared to your entire life, has this occurred more or less frequently in THE PAST TWELVE MONTHS?

12. Think about whether you have **observed cues in the media (for example, in movies or on television) that suggest your _____ is not the norm**.
    - Gender or gender identity
    - Race or ethnicity
    - Immigrant status
    - Sexual orientation
    - Socioeconomic status (now and/or in your childhood)
    - Physical disability

- Weight
    a. How often has this occurred throughout YOUR ENTIRE LIFE (if at all)?
    b. Overall, how STRESSFUL was this for you?
    c. Compared to your entire life, has this occurred more or less frequently in THE PAST TWELVE MONTHS?

13. Think about whether you have **been forced to take drastic steps (such as filing a grievance or lawsuit, changing schools, quitting your job, moving away) to deal with discriminatory treatment** because of your:
    - Gender or gender identity
    - Race or ethnicity
    - Immigrant status
    - Sexual orientation
    - Socioeconomic status (now and/or in your childhood)
    - Physical disability
    - Weight
        a. How often has this occurred throughout YOUR ENTIRE LIFE (if at all)?
        b. Overall, how STRESSFUL was this for you?
        c. Compared to your entire life, has this occurred more or less frequently in THE PAST TWELVE MONTHS?

14. Think about whether you have **been the target of stereotypes or assumptions** because of your:
    - Gender or gender identity
    - Race or ethnicity
    - Immigrant status
    - Sexual orientation
    - Socioeconomic status (now and/or in your childhood)
    - Physical disability
    - Weight
        a. How often has this occurred throughout YOUR ENTIRE LIFE (if at all)?
        b. Overall, how STRESSFUL was this for you?
        c. Compared to your entire life, has this occurred more or less frequently in THE PAST TWELVE MONTHS?

15. Think about whether you have **been in situations where you were unaccustomed to or unfamiliar with what others expected you to do or say** because of your:
    - Gender or gender identity
    - Race or ethnicity
    - Immigrant status

- Sexual orientation
- Socioeconomic status (now and/or in your childhood)
- Physical disability
- Weight

    a. How often has this occurred throughout YOUR ENTIRE LIFE (if at all)?

    b. Overall, how STRESSFUL was this for you?

    c. Compared to your entire life, has this occurred more or less frequently in THE PAST TWELVE MONTHS?

16. Think about whether you have **worried about your physical or psychological safety** because of your:
    - Gender or gender identity
    - Race or ethnicity
    - Immigrant status
    - Sexual orientation
    - Socioeconomic status (now and/or in your childhood)
    - Physical disability
    - Weight

        a. How often has this occurred throughout YOUR ENTIRE LIFE (if at all)?

        b. Overall, how STRESSFUL was this for you?

        c. Compared to your entire life, has this occurred more or less frequently in THE PAST TWELVE MONTHS?

Table 1

Means, Standard Deviations, and Correlations, Pilot Study

Variables	*M*	*SD*	1	2	3	4	5	6
1. LGB identity (1 = LGB)	0.08	0.27	-					
2. Interpersonal helping	2.38	0.60	.06***	-				
3. Age	45.80	16.53	-.07***	-.17***	-			
4. Gender (1 = female)	0.53	0.50	-.01	.00	.03	-		
5. Race (1 = non-White)	0.22	0.41	.01	.07***	-.14***	.034**	-	
6. Income	10.94	2.33	-.07***	.01	.07***	-.07***	-.15***	-
7. Employment status (1 = full-time)	0.53	0.50	.01	.08***	-.25***	-.18***	.01	.28***

***p* < .01, ****p* < .001

Table 2

OLS Regression Results, Pilot Study

Variables	Model 1	Model 2	Model 3[a]	Model 4[b]	Model 5[c]
(Constant)	2.491*** (.055)	2.466*** (.056)	2.465*** (.060)	2.514*** (.064)	2.381*** (.078)
Age	-.005*** (.001)	-.005*** (.001)	-.003*** (.001)	-.003*** (.001)	-.004*** (.001)
Gender (1 = female)	.015 (.019)	.015 (.019)	.015 (.020)	-.010 (.021)	.040 (.026)
Race (1 = non-White)	.079*** (.023)	.081*** (.023)	.075** (.024)	.080** (.025)	.093** (.031)
Income	.006 (.004)	.007† (.004)	.001 (.005)	-.002 (.005)	.005 (.006)
Employment status (1 = Full-time)	.042* (.020)	.041* (.020)	.036† (.021)	.025 (.023)	.034 (.029)
LGB identity (based on same-gender partners since age 18)	-	.125*** (.035)	-	-	-
LGB identity (based on same-gender partners in past five years)	-	-	.167*** (.047)	-	-
LGB identity (based on same-gender partners in past year)	-	-	-	.214*** (.055)	-
LGB identity (based on self-reported LGB identity)	-	-	-	-	.217*** (.061)
R^2	.047	.050	.034	.036	.030
F for change in R^2	-	12.782***	12.550***	15.305***	13.484***

Note. Dependent variable in all models is Interpersonal Helping. Unstandardized regression coefficients reported, with standard errors in parentheses. All models include year dummies (not shown).

[a] N = 3,507 due to missing data on LGB identity measure. R^2 for the associated controls-only model was .030.

[b] N = 3,170 due to missing data on LGB identity measure. R^2 for the associated controls-only model was .032.

[c] N = 2,086 due to missing data on LGB identity measure. R^2 for the associated controls-only model was .024.

[†]$p < .10$, *$p < .05$, **$p < .01$, ***$p < .001$

Table 3

Means, Standard Deviations, and Correlations, Study 1

Variables	*M*	*SD*	1	2	3	4	5	6
1. Experienced stigma	3.79	2.02	-					
2. Experienced stigma[2]	18.46	20.47	.96***	-				
3. Empathy	3.30	0.53	.33***	.35***	-			
4. Impression management motives	3.01	0.60	.18***	.14**	-.22***	-		
5. Interpersonal OCB	3.32	0.59	.38***	.37***	.59***	-.02	-	
6. Organizational inclusion climate	3.97	0.74	-.41***	-.38***	-.18***	.02	-.08†	-
7. Age	33.47	10.28	.31***	.31***	.59***	-.12*	.46***	-.16**
8. Race (1 = non-White)	0.49	0.50	.02	.01	-.23***	.11*	-.07	-.03
9. Gender (1 = female)	0.40	0.49	-.14**	-.10†	-.01	-.04	-.04	.04
10. Education	3.78	1.13	.25***	.25***	.45***	.01	.37***	-.14**
11. Organizational tenure	6.25	6.09	.15**	.14**	.32***	-.06	.26***	-.22***
12. Job interdependence	11.62	9.17	-.33***	-.28***	-.10*	-.12*	-.12*	.18***

Variables	7	8	9	10	11
8. Race (1 = non-White)	-.22***	-			
9. Gender (1 = female)	-.13*	.11*	-		
10. Education	.48***	-.16**	-.07	-	
11. Organizational tenure	.55***	-.16**	-.04	.17**	-
12. Job interdependence	-.19***	.07	.18***	-.13**	-.03

†$p < .10$, *$p < .05$, **$p < .01$, ***$p < .001$

Table 4

OLS Regression Results for Empathy, Study 1

Variables	Model 1	Model 2	Model 3	Model 4
(Constant)	2.132*** (.105)	2.030*** (.106)	2.148*** (.136)	2.566*** (.150)
Age	.024*** (.003)	.022*** (.003)	.022*** (.003)	.020*** (.003)
Race (1 = non-White)	-.098* (.044)	-.121** (.043)	-.118** (.043)	-.105* (.042)
Gender (1 = female)	.080† (.044)	.094* (.044)	.085† (.044)	.088* (.042)
Education	.100*** (.022)	.090*** (.021)	.089*** (.021)	.095*** (.021)
Organizational tenure	.001 (.004)	.001 (.004)	.001 (.004)	.001 (.004)
Job interdependence	.000 (.002)	.003 (.002)	.003 (.002)	.002 (.002)
Experienced stigma	-	.047*** (.011)	-.006 (.040)	.057*** (.011)
Experienced stigma^2	-	-	.005 (.004)	-
Impression management motives	-	-	-	-.171*** (.035)
R^2	.392	.418	.421	.453
F for change in R^2	-	16.854***	1.919	24.199***

Note. Dependent variable in all models is Empathy. Unstandardized regression coefficients reported, with standard errors in parentheses.

†$p < .10$, *$p < .05$, **$p < .01$, ***$p < .001$

Table 5

OLS Regression Results for Interpersonal OCB, Study 1

Variables	Model 1	Model 2	Model 3	Model 4	Model 5
(Constant)	2.239*** (.132)	2.076*** (.131)	2.081*** (.168)	.845*** (.234)	1.177 (1.207)
Age	.020*** (.004)	.017*** (.003)	.017*** (.004)	.007† (.003)	.005 (.003)
Race (1 = non-White)	.050 (.055)	.014 (.054)	.014 (.054)	.069 (.050)	.072 (.050)
Gender (1 = female)	.012 (.056)	.033 (.054)	.032 (.054)	-.013 (.050)	-.009 (.050)
Education	.102*** (.027)	.086** (.026)	.086** (.026)	.038 (.025)	.042† (.025)
Organizational tenure	.005 (.005)	.004 (.005)	.004 (.005)	.003 (.005)	.006 (.005)
Job interdependence	-.002 (.003)	.002 (.003)	.002 (.003)	.001 (.003)	.001 (.003)
Experienced stigma	-	.075*** (.014)	.072 (.049)	.047*** (.014)	.060*** (.014)
Experienced stigma^2	-	-	.000 (.005)	-	-
Empathy	-	-	-	.509*** (.060)	.357 (.252)
Impression management motives	-	-	-	.063 (.042)	-.005 (.159)
Organizational inclusion climate	-	-	-	-	-.085 (.288)
Empathy × Org. inclusion climate	-	-	-	-	.039 (.061)
Impr. mgmt. motives × Climate	-	-	-	-	.013 (.039)
R^2	.243	.295	.295	.408	.421
F for change in R^2	-	28.126***	.003	35.669***	.213

Note. Dependent variable in all models is Interpersonal OCB. Unstandardized regression coefficients reported, with standard errors in parentheses.

†$p < .10$, **$p < .01$, ***$p < .001$

Table 6

Summary of Results for Hypotheses 1 and 2 Across Studies 1-3

Hypothesized effect of experienced stigma on:	**Measured via:**	**Study 1**		**Study 2**		**Study 3**	
		Linear *(H1)*	**Curvilinear** *(H2)*	**Linear** *(H1)*	**Curvilinear** *(H2)*	**Linear** *(H1)*	**Curvilinear** *(H2)*
Empathy *(H1a, H2a)*	Self-reported empathy	✓	Ø	✓	Ø	✓	Ø
Emotional awareness skill *(H1b, H2b)*	Emotion recognition subtest	—	—	Ø	✓	✓	Ø
	Emotion understanding subtest	—	—	Ø	Ø	—	—
Emotion management skill *(H1c, H2c)*	Emotion regulation subtest	—	—	Ø	Ø	—	—
	Emotion management subtest	—	—	Ø	Ø	—	—

Note: The ✓ symbol indicates empirical support found. The Ø symbol indicates no empirical support found. The — symbol indicates that the hypothesized relationship was not tested.

Table 7

Summary of Results for Hypotheses 3 and 4 Across Studies 1-3

Hypothesized indirect effect of experienced stigma on interpersonal OCB through:	**Mediator measured via:**	**Study 1**		**Study 2**		**Study 3**
		Mediation *(H3)*	**Moderation by Inclusion Climate** *(H4)*	**Mediation** *(H3)*	**Moderation by Inclusion Climate** *(H4)*	**Mediation** *(H3)*
Empathy *(H3a, H4a)*	Self-reported empathy	✓	Ø	✓	Ø	✓
Emotional awareness skill *(H3b, H4b)*	Emotion recognition subtest	—	—	Ø	†	✓
	Emotion understanding subtest	—	—	Ø	Ø	—
Emotion management skill *(H3c, H4c)*	Emotion regulation subtest	—	—	Ø	Ø	—
	Emotion management subtest	—	—	Ø	Ø	—

Note: The ✓ symbol indicates empirical support found. The Ø symbol indicates no empirical support found. The † symbol indicates marginal empirical support found. The — symbol indicates that the hypothesized relationship was not tested.

Table 8

Means and Standard Deviations, Study 2

Variables	*M*	*SD*
1. Experienced stigma	4.04	1.95
2. Experienced stigma[2]	20.12	18.96
3. Empathy	3.78	0.54
4. Emotional skill total score	0.65	0.07
5. Emotion recognition score	0.65	0.11
6. Emotion understanding score	0.73	0.12
7. Emotion regulation score	0.62	0.11
8. Emotion management score	0.61	0.14
9. Impression management motives	3.21	1.04
10. Interpersonal OCB (self-rated)	3.58	0.64
11. Interpersonal OCB (peer-rated)[a]	3.98	0.50
12. Organizational inclusion climate	4.03	0.71
13. Age	29.66	4.02
14. Race (1 = non-White)	0.44	0.50
15. Gender (1 = female)	0.31	0.47
16. Born outside U.S. (1 = yes)	0.29	0.46
17. Sample type (1 = employee)	0.21	0.41
18. Number of peer raters [a]	2.88	1.16

[a] $n = 149$

Table 9

Means, Standard Deviations, and Correlations, Study 2

Variables	1	2	3	4	5	6	7	8	9
1. Experienced stigma	-								
2. Experienced stigma[2]	.96***	-							
3. Empathy	.16**	.16*	-						
4. Emotional skill total score	-.12†	-.15*	.15*	-					
5. Emotion recognition score	-.07	-.10	.14*	.64***	-				
6. Emotion understanding score	-.10	-.12†	-.01	.71***	.38***	-			
7. Emotion regulation score	-.06	-.07	.08	.46***	.09	.09	-		
8. Emotion management score	-.07	-.09	.16*	.66***	.20*	.28***	.05	-	
9. Impression management motives	.25***	.24***	.10	-.15*	.05	.02	-.35***	-.10	-
10. Interpersonal OCB (self-rated)	.08	.06	.32***	.002	-.07	-.002	.01	.05	.05
11. Interpersonal OCB (peer-rated)[a]	.10	.11	.26**	.03	-.02	.05	.03	.02	.03
12. Organizational inclusion climate	-.21***	-.20**	-.07	.09	-.07	.15*	.03	.09	-.09
13. Age	.05	.05	-.06	-.07	-.17***	-.09	.11†	-.04	-.09
14. Race (1 = non-White)	.14**	.17**	-.10	-.19**	-.13*	-.10	-.04	-.18**	-.07
15. Gender (1 = female)	-.06	-.05	.19**	.11†	.12	.08	-.10	.16*	.13*
16. Born outside U.S. (1 = yes)	.23***	.26***	-.10	-.14*	-.04	-.12†	.04	-.19**	.01
17. Sample type (1 = employee)	.05	.05	-.07	.01	-.004	-.003	.12†	-.07	-.04
18. Number of peer raters [a]	-.11	-.12	.02	.17*	.13	.16*	.05	.09	-.14†

Table 9 (continued)

Variables	10	11	12	13	14	15	16	17
11. Interpersonal OCB (peer-rated)[a]	.37***	-						
12. Organizational inclusion climate	-.03	.06	-					
13. Age	.02	.05	.11†	-				
14. Race (1 = non-White)	-.06	.02	-.02	.06	-			
15. Gender (1 = female)	.03	.19*	-.16*	-.04	-.11†	-		
16. Born outside U.S. (1 = yes)	-.09	-.12	.03	.12†	.48***	-.10	-	
17. Sample type (1 = employee)	.12†	.13	-.03	.31***	-.09	.02	.07	-
18. Number of peer raters[a]	.06	-.11	.17*	.05	-.14†	-.15†	-.15†	-.01

[a] $n = 149$

†$p < .10$, *$p < .05$, **$p < .01$, ***$p < .001$

Table 10

OLS Regression Results for Empathy, Study 2

Variables	Model 1	Model 2	Model 3	Model 4
(Constant)	3.885*** (.262)	3.679*** (.263)	3.728*** (.288)	3.661*** (.286)
Age	-.003 (.009)	-.004 (.009)	-.004 (.009)	-.004 (.009)
Race (1 = non-White)	-.072 (.078)	-.089 (.077)	-.089 (.077)	-.088 (.077)
Gender (1 = female)	.207** (.073)	.214** (.072)	.214** (.072)	.213** (.072)
Born outside U.S. (1 = yes)	-.051 (.085)	-.099 (.085)	-.104 (.085)	-.100 (.085)
Sample type (1 = employee)	-.095 (.089)	-.106 (.087)	-.107 (.087)	-.105 (.087)
Experienced stigma	-	.059*** (.017)	.033 (.063)	.058** (.018)
Experienced stigma^2	-	-	.003 (.007)	-
Impression management motives	-	-	-	.005 (.034)
R^2	.052	.094	.095	.094
F for change in R^2	-	11.332***	.177	.026

Note. Dependent variable in all models is Empathy. Unstandardized regression coefficients reported, with standard errors in parentheses.

**$p < .01$, ***$p < .001$

Table 11

OLS Regression Results for Emotional Skill Total Score, Study 2

Variables	Model 1	Model 2	Model 3
(Constant)	.692*** (.036)	.702*** (.037)	.666*** (.040)
Age	-.001 (.001)	-.001 (.001)	-.001 (.001)
Race (1 = non-White)	-.022* (.011)	-.021† (.011)	-.021† (.011)
Gender (1 = female)	.014 (.010)	.013 (.010)	.013 (.010)
Born outside U.S. (1 = Yes)	-.008 (.012)	-.006 (.012)	-.003 (.012)
Sample type (1 = employee)	.003 (.012)	.003 (.012)	.004 (.012)
Experienced stigma	-	-.003 (.002)	.016† (.009)
Experienced stigma^2	-	-	-.002* (.001)
R^2	.048	.054	.073
F for change in R^2	-	1.403	4.842*

Note. Dependent variable in all models is Emotional Skill Total Score. Unstandardized regression coefficients reported, with standard errors in parentheses.

†$p < .10$, *$p < .05$, ***$p < .001$

Table 12

OLS Regression Results for Emotion Recognition Score, Study 2

Variables	Model 1	Model 2	Model 3
(Constant)	.780*** (.053)	.789*** (.054)	.740*** (.059)
Age	-.005* (.002)	-.005* (.002)	-.005* (.002)
Race (1 = non-White)	-.030† (.016)	-.029† (.016)	-.029† (.016)
Gender (1 = female)	.024 (.015)	.024 (.015)	.024 (.015)
Born outside U.S. (1 = yes)	.014 (.017)	.016 (.017)	.020 (.017)
Sample type (1 = employee)	.008 (.018)	.008 (.018)	.009 (.018)
Experienced stigma	-	-.002 (.004)	.023† (.013)
Experienced stigma^2	-	-	-.003* (.001)
R^2	.057	.058	.075
F for change in R^2	-	0.445	4.242*

Note. Dependent variable in all models is Emotion Recognition Score. Unstandardized regression coefficients reported, with standard errors in parentheses.

†$p < .10$, *$p < .05$, ***$p < .001$

Table 13

OLS Regression Results for Emotion Understanding Score, Study 2

Variables	Model 1	Model 2	Model 3
(Constant)	.811*** (.061)	.825*** (.062)	.793*** (.068)
Age	-.002 (.002)	-.002 (.002)	-.002 (.002)
Race (1 = non-White)	-.010 (.018)	-.009 (.018)	-.009 (.018)
Gender (1 = female)	.015 (.017)	.015 (.017)	.015 (.017)
Born outside U.S. (1 = yes)	-.024 (.020)	-.021 (.020)	-.018 (.020)
Sample type (1 = employee)	.007 (.021)	.008 (.021)	.009 (.021)
Experienced stigma	-	-.004 (.004)	.013 (.015)
Experienced stigma^2	-	-	-.002 (.002)
R^2	.026	.030	.036
F for change in R^2	-	0.957	1.393

Note. Dependent variable in all models is Emotion Understanding Score. Unstandardized regression coefficients reported, with standard errors in parentheses.

***$p < .001$

Table 14

OLS Regression Results for Emotion Regulation Score, Study 2

Variables	Model 1	Model 2	Model 3
(Constant)	.557*** (.054)	.573*** (.056)	.548*** (.061)
Age	.002 (.002)	.002 (.002)	.002 (.002)
Race (1 = non-White)	-.016 (.016)	-.014 (.016)	-.014 (.016)
Gender (1 = female)	-.024 (.015)	-.025† (.015)	-.025 (.015)
Born outside U.S. (1 = yes)	.012 (.018)	.015 (.018)	.017 (.018)
Sample type (1 = employee)	.023 (.018)	.024 (.018)	.025 (.018)
Experienced stigma	-	-.004 (.004)	.009 (.013)
Experienced stigma^2	-	-	-.001 (.001)
R^2	.034	.040	.044
F for change in R^2	-	1.468	1.031

Note. Dependent variable in all models is Emotion Regulation Score. Unstandardized regression coefficients reported, with standard errors in parentheses.

$^{\dagger}p < .10$, ***$p < .001$

Table 15

OLS Regression Results for Emotion Management Score, Study 2

Variables	Model 1	Model 2	Model 3
(Constant)	.619*** (.065)	.621*** (.067)	.584*** (.073)
Age	.000 (.002)	.000 (.002)	.000 (.002)
Race (1 = non-White)	-.032 (.020)	-.031 (.020)	-.032 (.020)
Gender (1 = female)	.040* (.018)	.039* (.018)	.040* (.018)
Born outside U.S. (1 = yes)	-.034 (.021)	-.033 (.022)	-.030 (.022)
Sample type (1 = employee)	-.027 (.022)	-.027 (.002)	-.026 (.022)
Experienced stigma	-	-.001 (.004)	.019 (.016)
Experienced stigma^2	-	-	-.002 (.002)
R^2	.070	.070	.077
F for change in R^2	-	.030	1.564

Note. Dependent variable in all models is Emotion Management Score. Unstandardized regression coefficients reported, with standard errors in parentheses.

*$p < .05$, ***$p < .001$

Table 16

OLS Regression Results for Self-Rated Interpersonal OCB, Study 2

Variables	Model 1	Model 2	Model 3	Model 4	Model 5
(Constant)	3.602*** (.313)	3.485*** (.320)	3.366*** (.350)	2.002*** (.428)	3.495*** (.518)
Age	-.001 (.011)	-.001 (.011)	-.002 (.011)	.000 (.010)	-.003 (.011)
Race (1 = non-White)	.011 (.094)	.001 (.093)	.000 (.094)	.040 (.090)	-.022 (.095)
Gender (1 = female)	.026 (.087)	.030 (.087)	.031 (.087)	-.058 (.085)	.038 (.088)
Born outside U.S. (1 = yes)	-.144 (.102)	-.171† (.103)	-.161 (.104)	-.133 (.098)	-.145 (.104)
Sample type (1 = employee)	.209* (.106)	.203† (.106)	.206† (.106)	.246* (.101)	.220* (.107)
Experienced stigma	-	.033 (.021)	.095 (.077)	.008 (.021)	.097 (.078)
Experienced stigma^2	-	-	-.007 (.008)	-	-.007 (.008)
Empathy	-	-	-	.386*** (.075)	-
Impression management motives	-	-	-	.019 (.039)	-
Emotional skill total score	-	-	-	-	-.146 (.570)
Emotion recognition score	-	-	-	-	-
Organizational inclusion climate	-	-	-	-	-
Empathy × Climate	-	-	-	-	-
Impr. mgmt. motives × Climate	-	-	-	-	-
Total score × Climate	-	-	-	-	-
Emotion recognition × Climate	-	-	-	-	-
R^2	.026	.036	.039	.134	.041
F for change in R^2	-	2.460	0.705	13.556***	0.066

Table 16 (continued)

Variables	Model 6	Model 7	Model 8	Model 9
(Constant)	3.778*** (.454)	1.876 (1.611)	3.622† (2.095)	6.240*** (1.401)
Age	-.005 (.011)	.000 (.010)	-.003 (.011)	-.007 (.011)
Race (1 = non-White)	-.034 (.095)	.044 (.092)	-.021 (.096)	-.049 (.095)
Gender (1 = female)	.049 (.088)	-.058 (.087)	.042 (.090)	.042 (.089)
Born outside U.S. (1 = yes)	-.135 (.104)	-.136 (.099)	-.148 (.106)	-.145 (.104)
Sample type (1 = employee)	.224* (.107)	.249* (.103)	.222* (.108)	.234* (.107)
Experienced stigma	.107 (.078)	.007 (.022)	.099 (.079)	.105 (.078)
Experienced stigma^2	-.008 (.008)	-	-.007 (.008)	-.008 (.008)
Empathy	-	.355 (.406)	-	-
Impression management motives	-	.093 (.199)	-	-
Emotional skill total score	-	-	-.416 (3.091)	-
Emotion recognition score	-.514 (.389)	-	-	-4.181* (1.956)
Organizational inclusion climate	-	.031 (.395)	-.028 (.501)	-.609† (.328)
Empathy × Climate	-	.008 (.101)	-	-
Impr. mgmt. motives × Climate	-	-.019 (.049)	-	-
Total score × Climate	-	-	.065 (.765)	-
Emotion recognition × Climate	-	-	-	.936† (.489)
R^2	.048	.135	.042	.063
F for change in R^2	1.751	0.071	0.007	3.664†

Note. Dependent variable in all models is Interpersonal OCB (self-rated). Unstandardized regression coefficients reported, with standard errors in parentheses.

†$p < .10$, *$p < .05$, ***$p < .001$

Table 17

OLS Regression Results for Peer-Rated Interpersonal OCB, Study 2

Variables	Model 1	Model 2	Model 3	Model 4	Model 5
(Constant)	3.945*** (.352)	3.804*** (.364)	3.877*** (.387)	3.129*** (.454)	3.578*** (.587)
Age	.002 (.012)	.002 (.011)	.002 (.012)	.001 (.011)	.004 (.012)
Race (1 = non-White)	.151 (.095)	.149 (.094)	.150 (.095)	.154† (.093)	.157 (.095)
Gender (1 = female)	.186* (.088)	.203* (.089)	.201* (.089)	.143 (.090)	.196* (.090)
Born outside U.S. (1 = yes)	-.224* (.101)	-.245* (.101)	-.250* (.102)	-.208* (.100)	-.246* (.102)
Sample type (1 = employee)	.242† (.125)	.207 (.127)	.202 (.127)	.281* (.126)	.199 (.128)
Number of peer raters	-.040 (.036)	-.035 (.036)	-.033 (.036)	-.042 (.035)	-.037 (.036)
Experienced stigma	-	.032 (.022)	-.007 (.073)	.015 (.023)	-.011 (.073)
Experienced stigma^2	-	-	.004 (.007)	-	.005 (.007)
Empathy	-	-	-	.211** (.073)	-
Impression management motives	-	-	-	-.006 (.039)	-
Emotional skill total score	-	-	-	-	.406 (.601)
Emotion recognition score	-	-	-	-	-
Organizational inclusion climate	-	-	-	-	-
Empathy × Climate	-	-	-	-	-
Impr. mgmt. motives × Climate	-	-	-	-	-
Total score × Climate	-	-	-	-	-
Emotion recognition × Climate	-	-	-	-	-
R^2	.095	.108	.110	.159	.113
F for change in R^2	-	2.094	0.321	4.175*	0.457

Table 17 (continued)

Variables	Model 6	Model 7	Model 8	Model 9
(Constant)	3.880*** (.522)	1.822 (1.724)	-.866 (2.239)	2.884† (1.593)
Age	.002 (.012)	-.002 (.011)	.003 (.012)	.002 (.012)
Race (1 = non-White)	.150 (.095)	.149 (.094)	.155 (.094)	.139 (.095)
Gender (1 = female)	.201* (.090)	.172† (.091)	.252** (.091)	.235* (.092)
Born outside U.S. (1 = yes)	-.250* (.102)	-.220* (.100)	-.224* (.102)	-.260* (.102)
Sample type (1 = employee)	.202 (.129)	.295* (.127)	.198 (.125)	.196 (.129)
Number of peer raters	-.033 (.036)	-.049 (.035)	-.040 (.036)	-.045 (.037)
Experienced stigma	-.007 (.074)	.025 (.023)	-.002 (.072)	.003 (.074)
Experienced stigma^2	.004 (.007)	-	.005 (.007)	.004 (.007)
Empathy	-	.516 (.421)	-	-
Impression management motives	-	-.099 (.207)	-	-
Emotional skill total score	-	-	6.342† (3.239)	-
Emotion recognition score	-.004 (.419)	-	-	.743 (2.133)
Organizational inclusion climate	-	.328 (.406)	1.102* (.525)	.227 (.356)
Empathy × Climate	-	-.074 (.101)	-	-
Impr. mgmt. motives × Climate	-	.025 (.051)	-	-
Total score × Climate	-	-	-1.485† (.786)	-
Emotion recognition × Climate	-	-	-	-.155 (.516)
R^2	.110	.187	.156	.134
F for change in R^2	0.0001	0.343	3.571†	0.091

Note. Dependent variable in all models is Interpersonal OCB (peer-rated). Unstandardized regression coefficients reported, with standard errors in parentheses.

†$p < .10$, *$p < .05$, **$p < .01$, ***$p < .001$

Table 18

Means, Standard Deviations, and Correlations, Study 3

Variables	*M*	*SD*	1	2	3	4	5	6	7
1. Experienced stigma	2.39	2.42	-						
2. Experienced stigma^2	11.56	22.86	.92***	-					
3. Empathy	3.72	0.66	.12***	.11**	-				
4. Emotion recognition score	23.41	5.95	.07*	.07†	-.001	-			
5. Impression management motives	3.18	0.77	.18***	.11**	.19***	.03	-		
6. Interpersonal OCB	9.56	11.46	.07*	.06	.09*	.24***	-.02	-	
7. Age	35.44	12.75	-.04	-.01	.09*	-.01	.15***	.06	-
8. Gender stigma	0.54	0.50	.30***	.21***	.09*	.27***	.21***	.16***	.08*
9. Race stigma	0.35	0.48	.03	-.01	-.09*	-.11**	-.01	-.03	-.31***
10. Immigrant stigma	0.06	0.24	-.02	-.04	-.02	.02	.02	.10**	-.03
11. Sexual orientation stigma	0.20	0.40	.27***	.19***	.04	.10**	.07*	.02	-.16***
12. Social class stigma	0.41	0.49	.07†	.05	.01	-.04	-.06†	.02	.15***
13. Physical disability stigma	0.09	0.29	.27***	.25***	.03	.04	.02	.02	.16***
14. Weight stigma	0.34	0.47	.18***	.16***	-.05	.05	-.08*	.01	.16***
15. Number of stigmas	1.99	1.21	.38***	.28***	.004	.12**	.06	.09*	.02

Table 18 (continued)

Variables	8	9	10	11	12	13	14
9. Race stigma	-.07†	-					
10. Immigrant stigma	.09*	.20***	-				
11. Sexual orientation stigma	.18***	-.01	-.06†	-			
12. Social class stigma	.02	-.001	-.02	.0002	-		
13. Physical disability stigma	.11**	-.03	-.04	.10**	.13***	-	
14. Weight stigma	-.01	-.13***	-.10**	.04	.17***	.13***	-
15. Number of stigmas	.50***	.34***	.23***	.43***	.51***	.40***	.42***

†$p < .10$, *$p < .05$, **$p < .01$, ***$p < .001$

Table 19

Group Mean Differences in Experienced Stigma, Study 3

Stigma Category & Subgroups	*N*	Experienced Stigma *M*	Empathy *M*	Emotion Recognition *M*	Interpersonal OCB *M*
Gender Stigma					
Female, non-binary, or transgender	403	3.07_a	3.77_a	24.90_a	11.24_a
Female (non-transgender)	378	2.92_a	3.77_a	24.89_a	11.19_a
Non-binary (non-transgender)	7	4.31	3.78	26.43	15.43
Transgender	18	5.63	3.81	24.44	10.72
Male (non-transgender)	347	1.61_b	3.66_b	21.69_b	7.61_b
Race Stigma					
Non-White	256	2.49_a	3.64_a	22.52_a	9.09_a
Black/African American	51	2.40	3.76	17.92	7.82
East or Southeast Asian	82	2.44	3.50	22.78	7.71
South Asian	13	2.08	3.54	25.31	11.00
Hispanic or Latinx	34	1.88	3.76	23.18	7.74
Native Hawaiian/Pacific Islander	3	3.40	4.02	24.33	14.00
American Indian/Alaska Native	3	7.44	3.02	21.67	9.00
Middle Eastern	2	0.59	2.75	16.50	18.50
Two or more races	68	2.80	3.69	24.91	11.54
White	484	2.35_a	3.76_b	23.87_b	9.80_a
Immigrant Stigma					
Born outside of the U.S.	47	2.17_a	3.68_a	23.94_a	13.79_a
Born in the U.S.	703	2.41_a	3.72_a	23.38_a	9.28_b

Table 19 (continued)

Stigma Category & Subgroups	*N*	Experienced Stigma *M*	Empathy *M*	Emotion Recognition *M*	Interpersonal OCB *M*
Sexual Orientation Stigma					
Non-heterosexual orientation	150	3.71_a	3.77_a	24.65_a	9.93_a
Gay or lesbian	35	3.34	3.69	24.57	9.29
Bisexual	72	3.64	3.82	24.36	10.11
Pansexual	15	3.37	3.74	24.47	5.87
Asexual	16	4.40	3.66	26.00	15.13
Other sexual orientation/Self-describe	12	4.68	3.90	25.08	8.83
Straight/Heterosexual	600	2.06_b	3.71_a	23.11_b	9.47_a
Social Class Stigma					
Neither parent obtained Bachelor's degree	304	2.58_a	3.73_a	23.08_a	9.72_a
At least one parent obtained Bachelor's degree	434	2.25_a	3.72_a	23.62_a	9.36_a
One parent obtained Bachelor’s degree	163	2.30	3.75	24.10	10.31
Both parents obtained Bachelor’s degree	271	2.23	3.70	23.32	8.78
Physical Disability Stigma					
Currently has or has had a physical disability	68	4.47_a	3.78_a	24.22_a	10.29_a
Never had a physical disability	682	2.19_b	3.71_a	23.33_a	9.49_a
Weight Stigma					
Currently is or has been very overweight or obese	254	3.01_a	3.68_a	23.80_a	9.74_a
Never been very overweight or obese	495	2.07_b	3.74_a	23.21_a	9.41_a

Note: Means in each column (within each stigma category) that have different subscripts differ significantly at $p < .05$, and means in each column that share the same subscripts do not differ significantly. Mean differences were only analyzed for the primary groups

(i.e., stigmatized vs. non-stigmatized) within each of the seven stigma categories due to small sample sizes of subgroups. (One exception is the Female vs. Male comparison, which was significant, $p < .001$.) Social class stigma means on Experienced Stigma differed to a marginally significant degree ($p = .065$).

Table 20

OLS Regression Results for Empathy, Study 3

Variables	Model 1	Model 2	Model 3	Model 4
(Constant)	3.563*** (.071)	3.472*** (.075)	3.454*** (.080)	2.918*** (.127)
Age	.004* (.002)	.005* (.002)	.005* (.002)	.006** (.002)
Experienced stigma	-	.034*** (.010)	.049† (.025)	.025* (.010)
Experienced stigma^2	-	-	-.002 (.003)	-
Impression management motives	-	-	-	.165*** (.031)
R^2	.007	.023	.024	.059
F for change in R^2	-	12.264***	0.409	28.478***

Note. Dependent variable in all models is Empathy. Unstandardized regression coefficients reported, with standard errors in parentheses.

†$p < .10$, *$p < .05$, **$p < .01$, ***$p < .001$

Table 21

OLS Regression Results for Emotion Recognition Score, Study 3

Variables	Model 1	Model 2	Model 3
(Constant)	23.632*** (.643)	23.165*** (.684)	23.239*** (.733)
Age	-.006 (.017)	-.005 (.017)	-.005 (.017)
Experienced stigma	-	.178* (.090)	.118 (.229)
Experienced stigma^2	-	-	.007 (.024)
R^2	.000	.005	.006
F for change in R^2	-	3.922*	.081

Note. Dependent variable in all models is Emotional Recognition Score. Unstandardized regression coefficients reported, with standard errors in parentheses.

*$p < .05$, ***$p < .001$

Table 22

OLS Regression Results for Interpersonal OCB, Study 3

Variable	Model 1	Model 2	Model 3	Model 4	Model 5
(Constant)	7.740*** (1.236)	6.795*** (1.314)	6.318*** (1.408)	3.778 (2.970)	-3.618† (2.037)
Age	.051 (.033)	.054 (.033)	.056† (.033)	.042 (.033)	.056† (.032)
Experienced stigma	-	.360* (.173)	.744† (.440)	.344† (.176)	.280† (.169)
Experienced stigma^2	-	-	-.044 (.047)	-	-
Empathy	-	-	-	1.453* (.655)	-
Impression management motives	-	-	-	-.604 (.564)	-
Emotion recognition score	-	-	-	-	.450*** (.068)
R^2	.003	.009	.010	.016	.063
F for change in R^2	-	4.338*	0.898	2.680†	43.157***

Note. Dependent variable in all models is Interpersonal OCB. Unstandardized regression coefficients reported, with standard errors in parentheses.

$^{\dagger}p < .10$, $*p < .05$, $***p < .001$

Figure 1

Proposed Theoretical Model

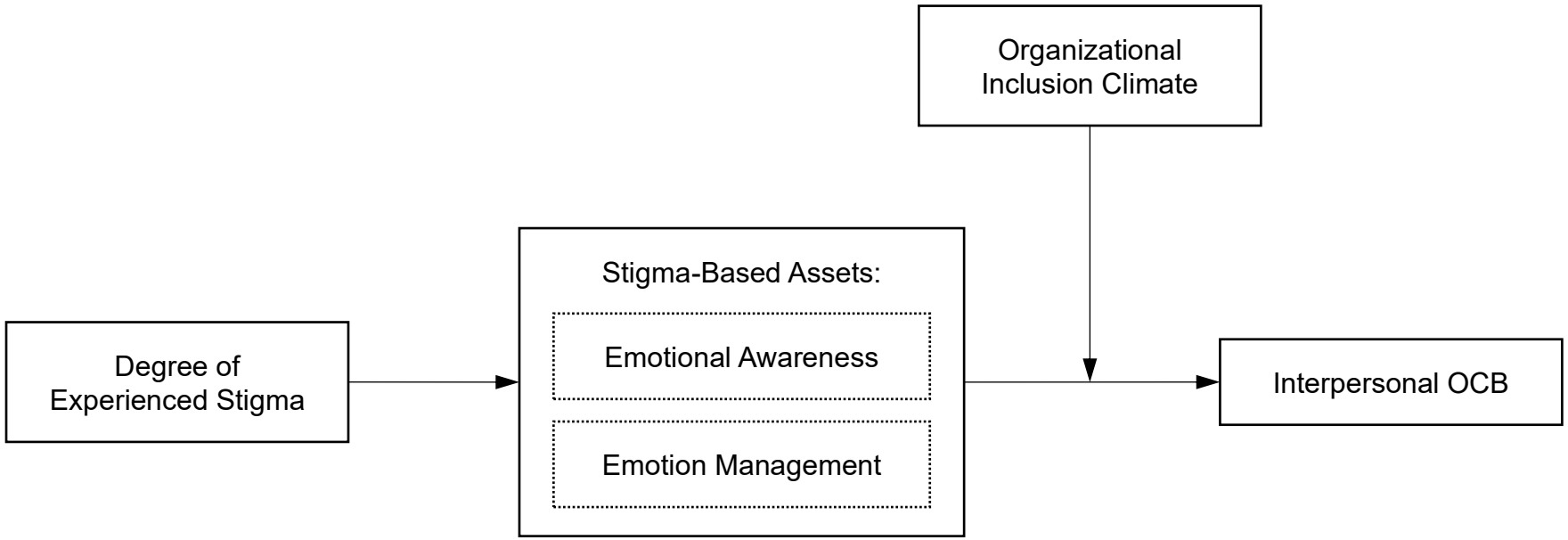


Figure 2

Proposed Cycle of Adaptive Coping with Stigma

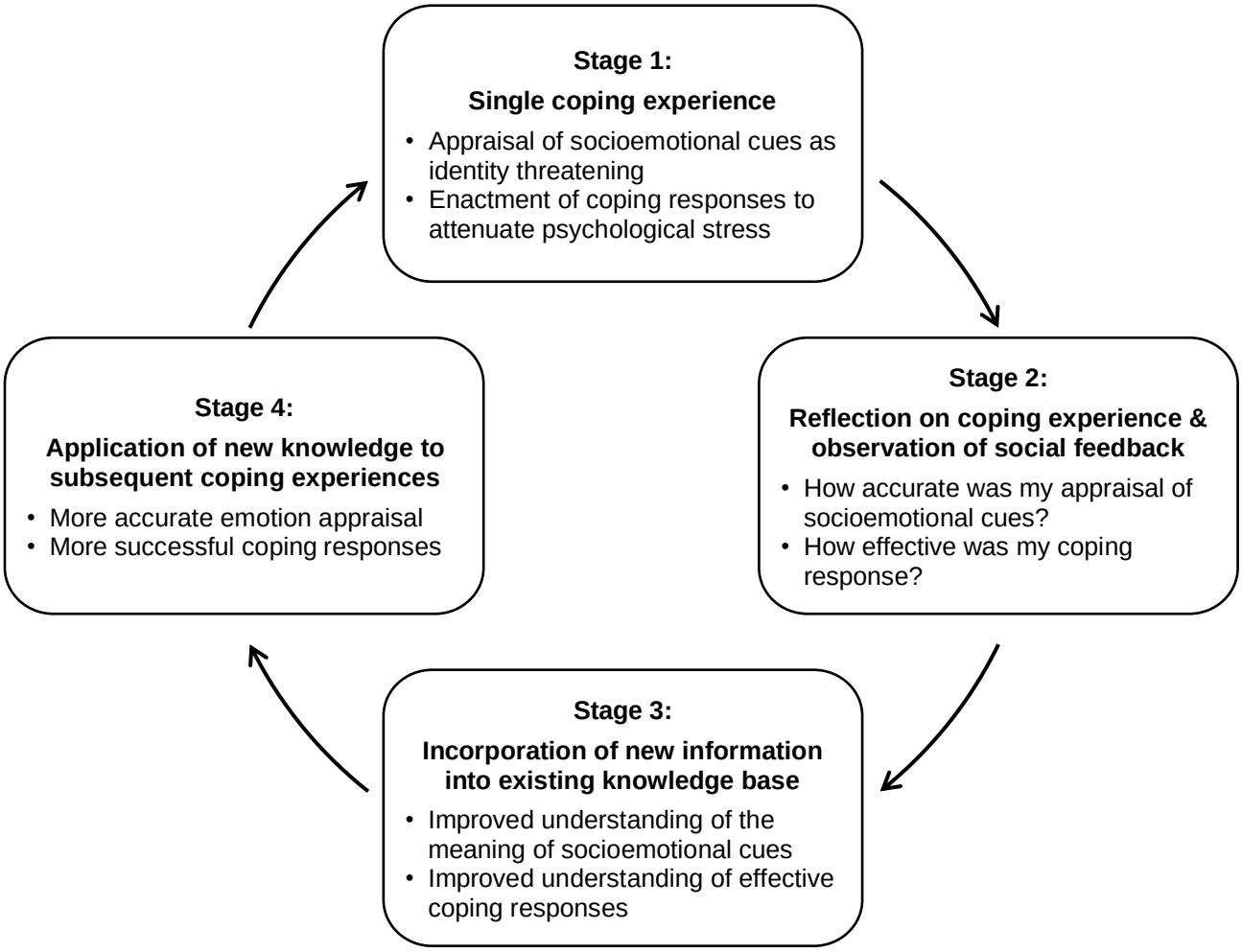
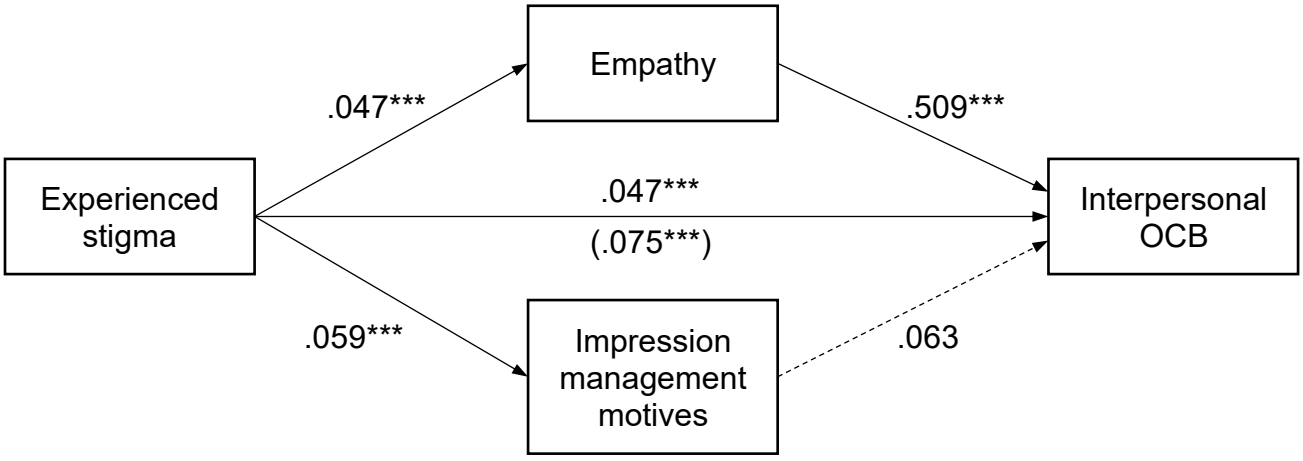


Figure 3

Mediation Results, Study 1



Note. Coefficients are unstandardized.

***$p < .001$

Figure 4

Emotional Skill Total Score by Experienced Stigma, Study 2

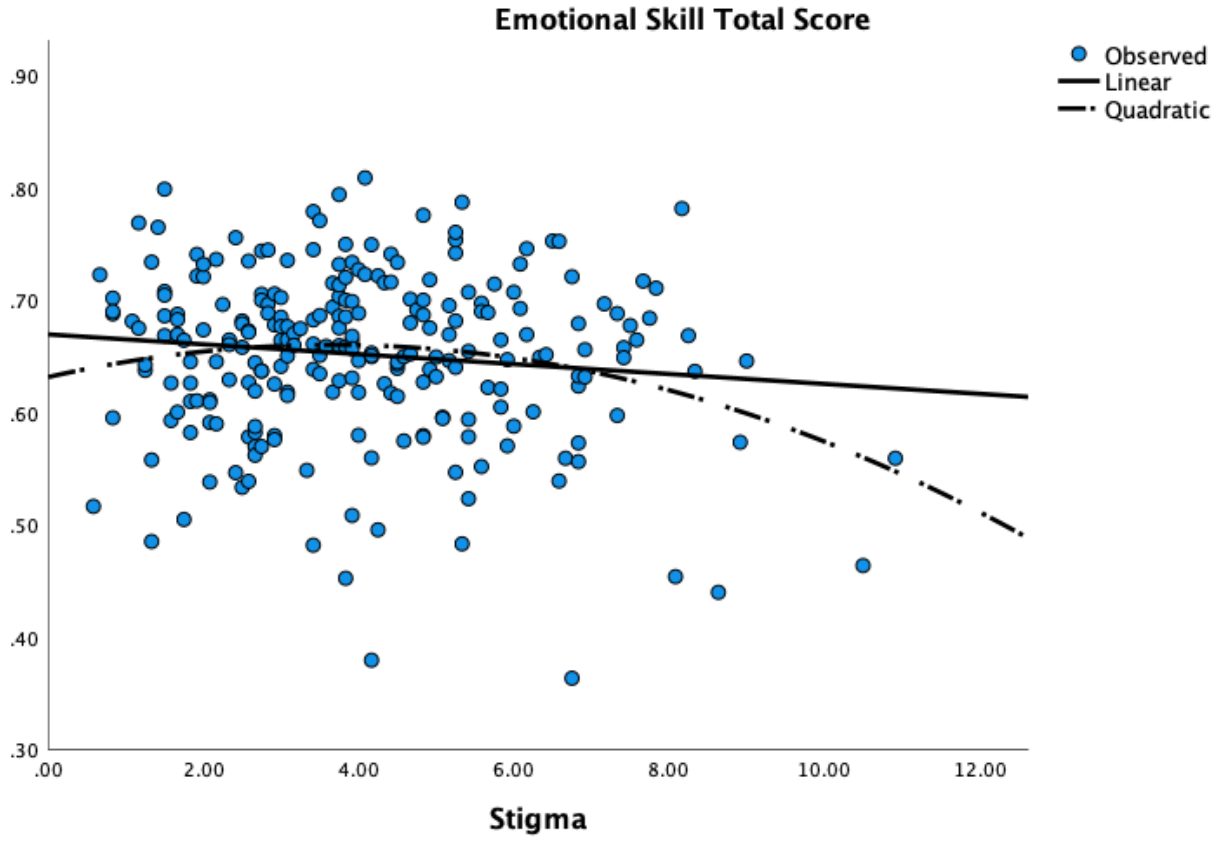
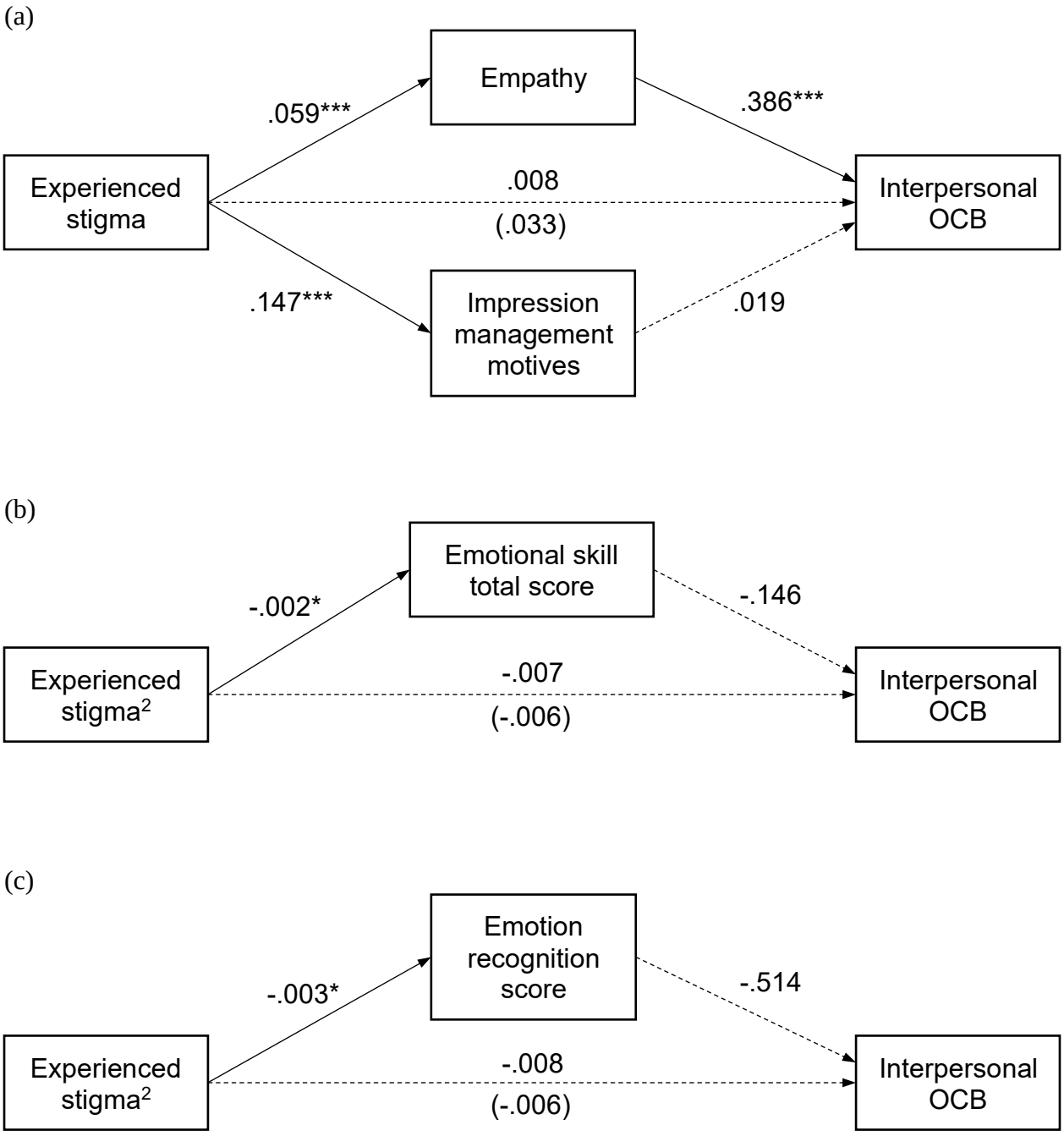


Figure 5

Mediation Results for Self-Rated Interpersonal OCB, Study 2

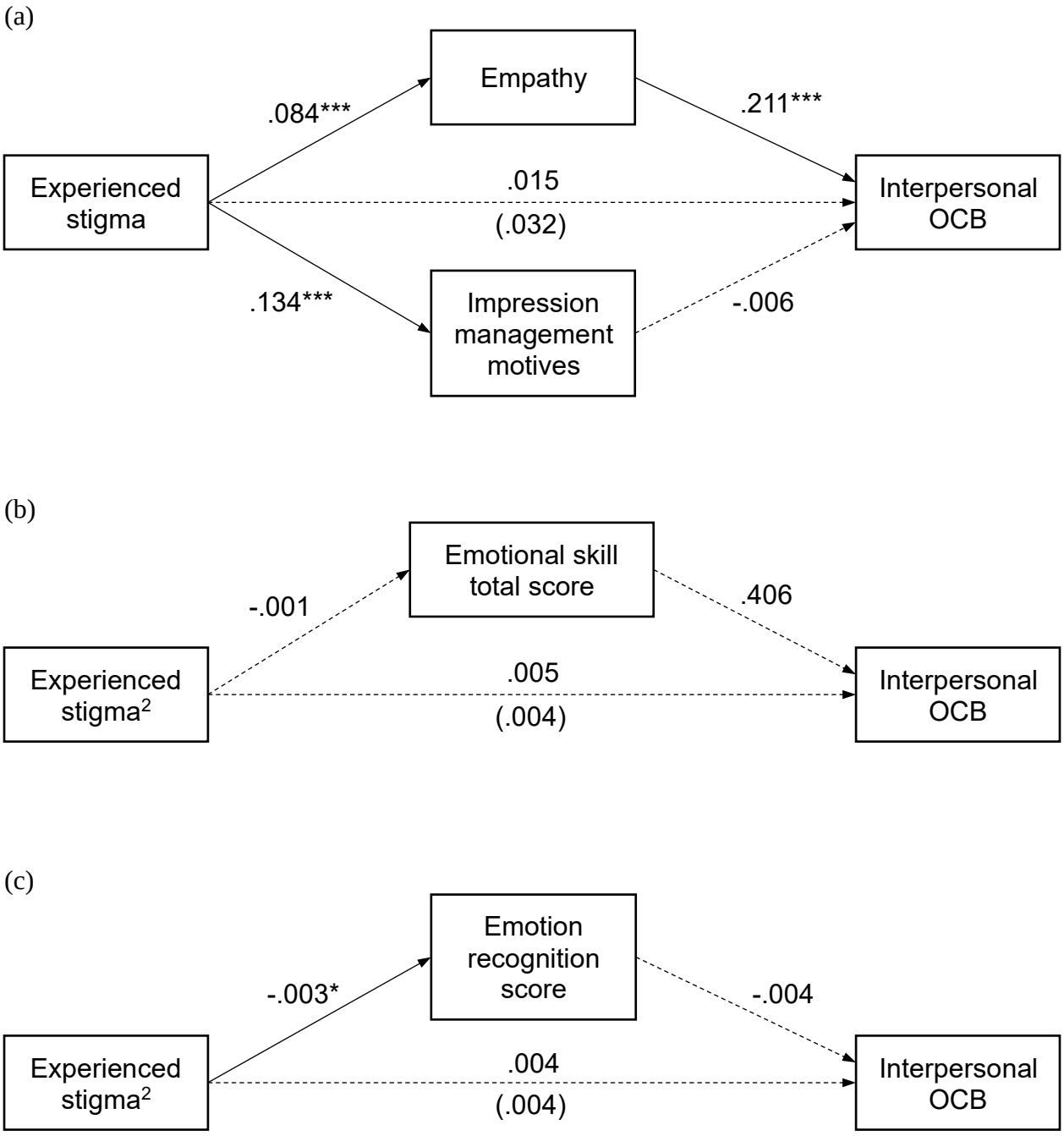


Note. Coefficients are unstandardized.

*$p < .05$, ***$p < .001$

Figure 6

Mediation Results for Peer-Rated Interpersonal OCB, Study 2



Note. Coefficients are unstandardized.

*** $p < .001$

Figure 7

Effects of Emotion Recognition (from Experienced Stigma) on Self-Rated Interpersonal OCB, Moderated by Organizational Inclusion Climate, Study 2

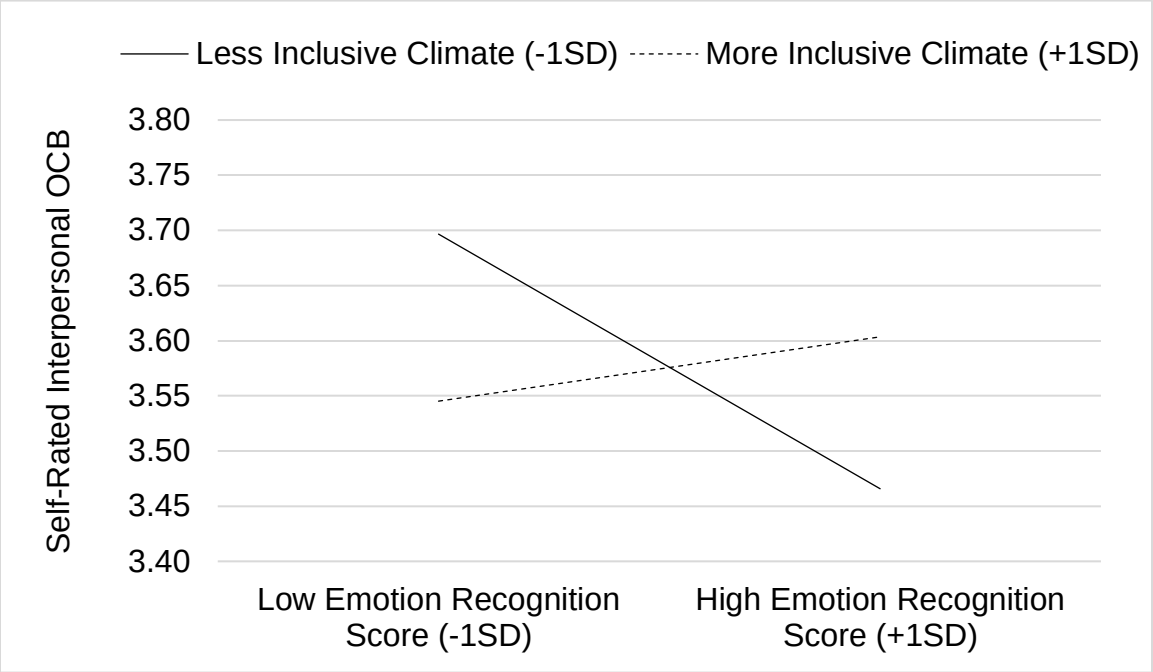


Figure 8

Effects of Emotion Recognition (from Experienced Stigma) on Peer-Rated Interpersonal OCB, Moderated by Organizational Inclusion Climate, Study 2

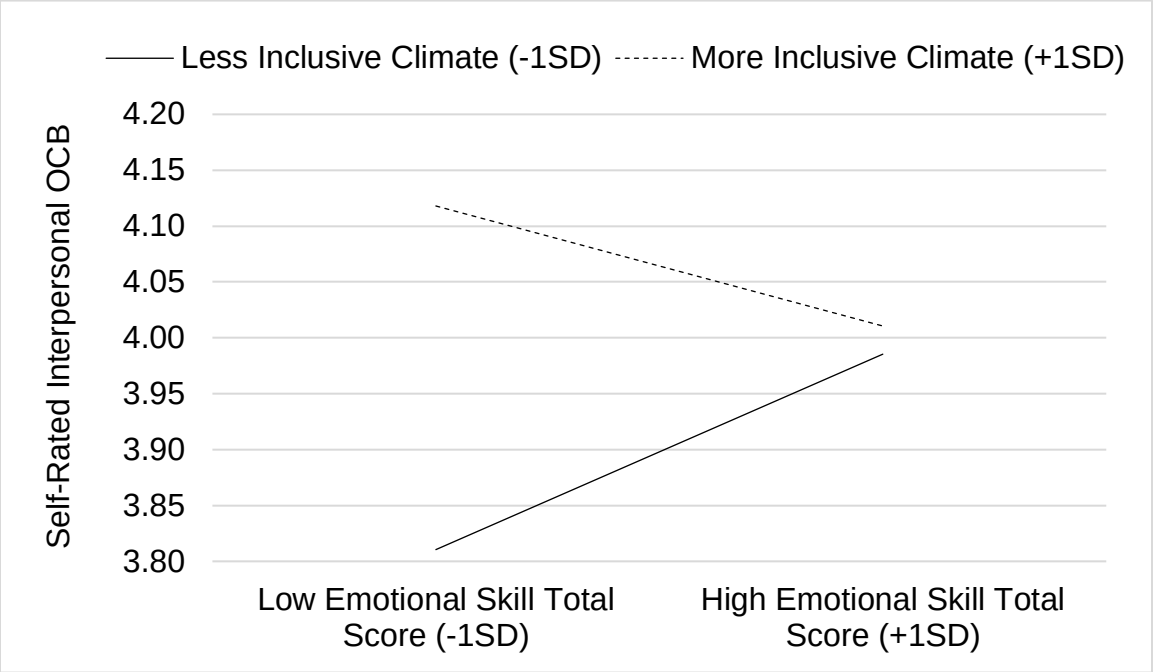


Figure 9

Sample Trial from Photo-Rating Task, Study 3

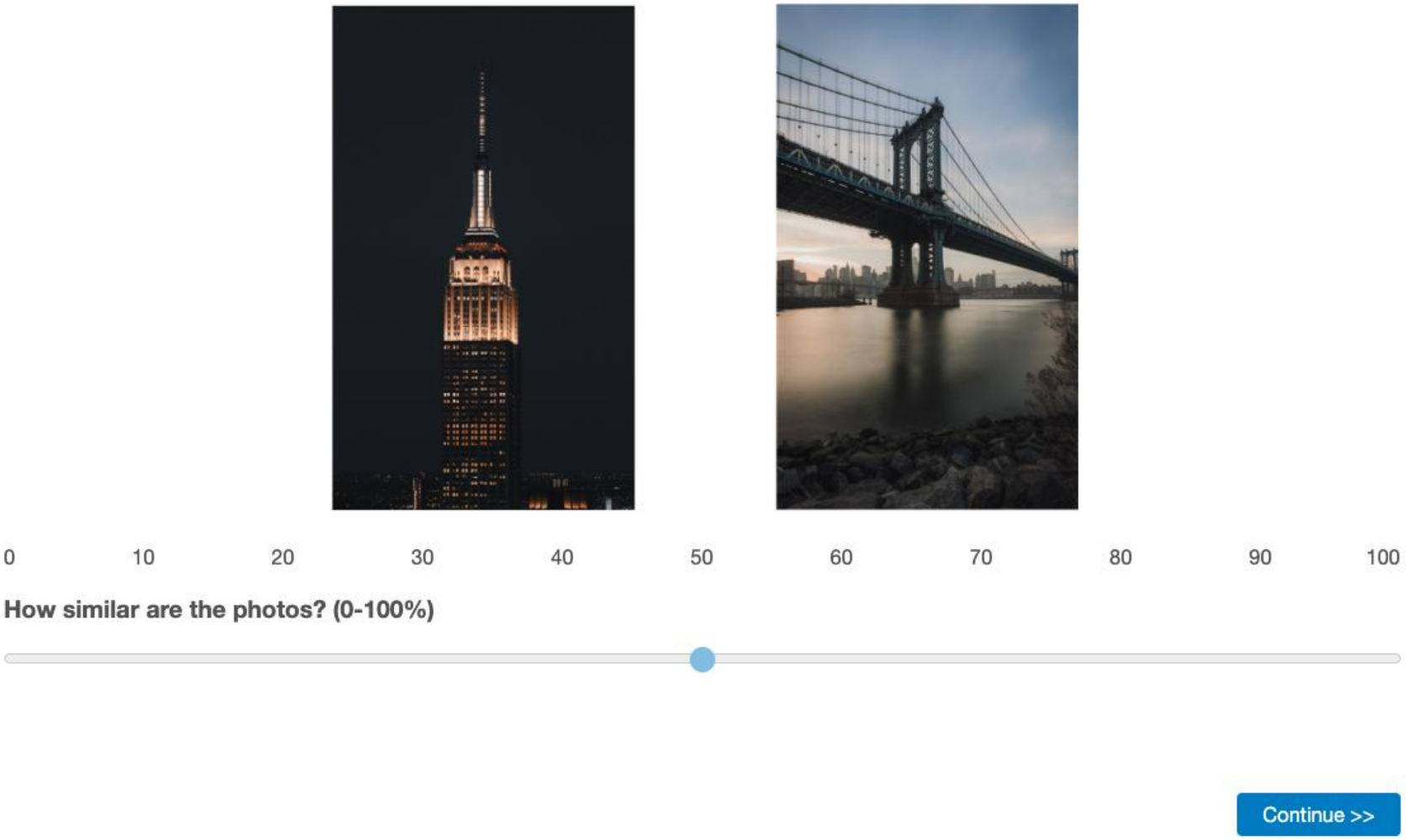


Figure 10

Number of Stigmas by Self-Reported Experienced Stigma, Study 3

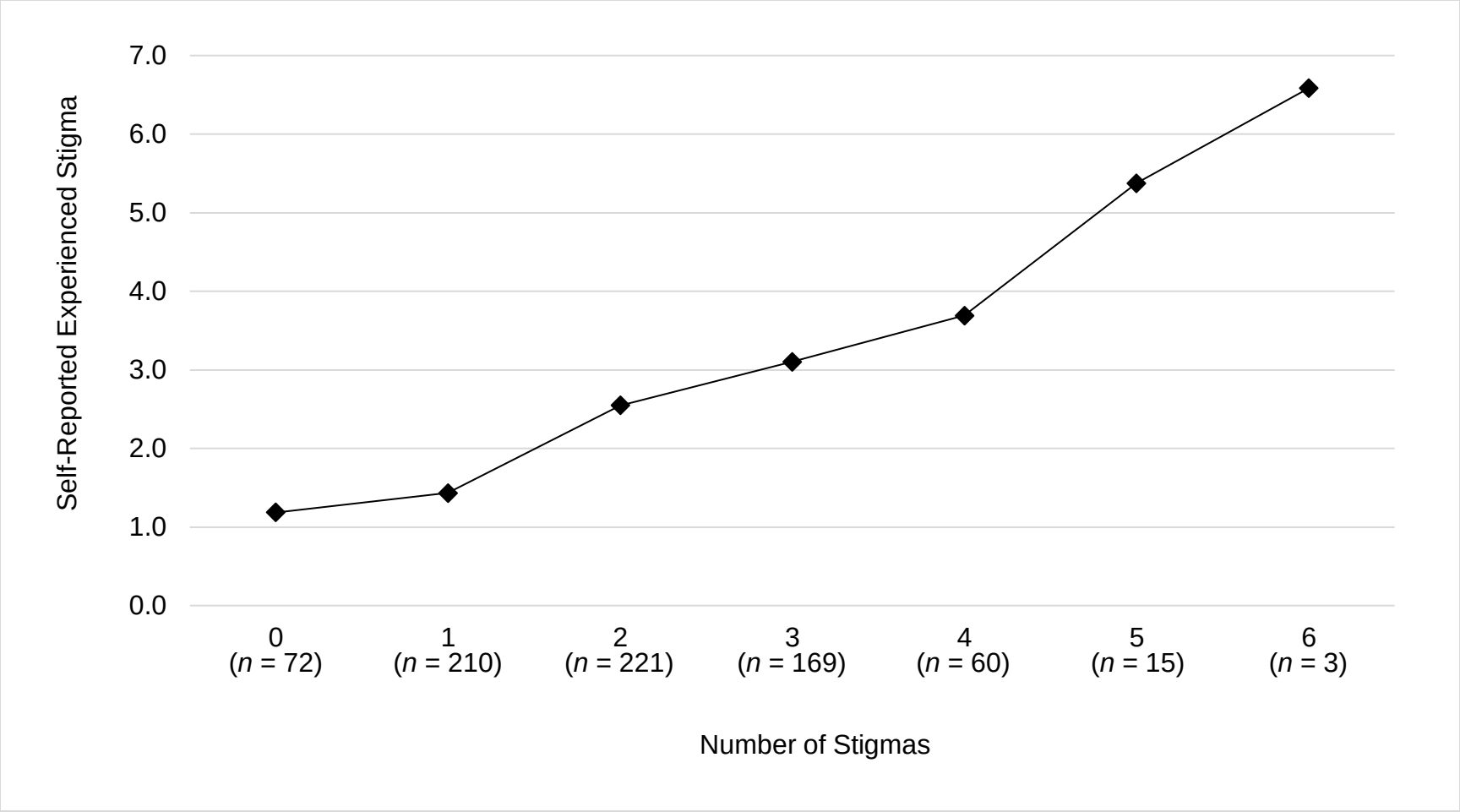
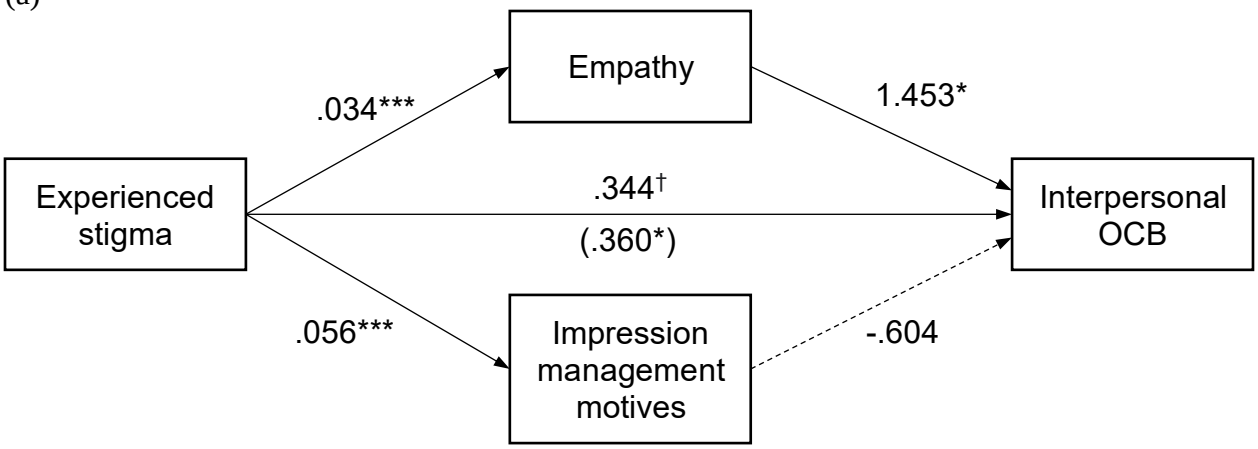


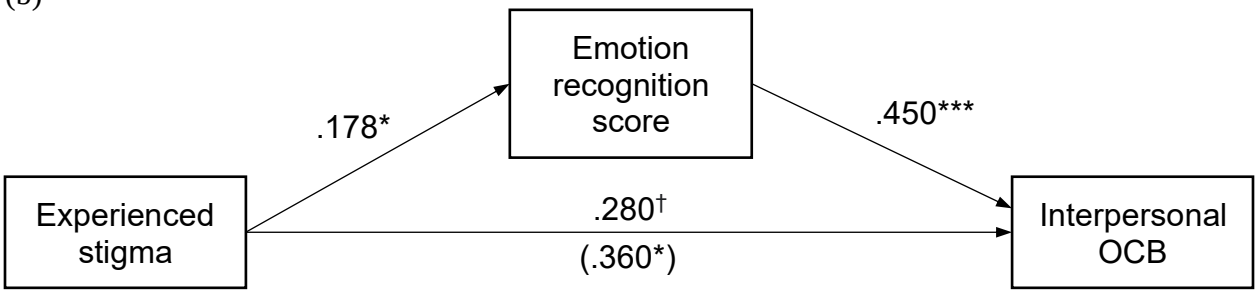
Figure 11

Mediation Results, Study 3

(a)



(b)



Note. Coefficients are unstandardized.

†$p < .10$, *$p < .05$, ***$p < .001$