TO DISCLOSE OR NOT TO DISCLOSE: INVESTIGATING THE STIGMA AND STEREOTYPES OF AUTISM IN THE WORKPLACE

A Thesis in
Psychology

by
Brett H. Neely, Jr.

© 2016 Brett H. Neely, Jr.

Submitted in Partial Fulfillment of the Requirements for the Degree of

Master of Science

August 2016
The thesis of Brett H. Neely, Jr. was reviewed and approved* by the following:

Samuel T. Hunter
Associate Professor of Psychology
Thesis Adviser

Kisha S. Jones
Assistant Professor of Psychology

K. Suzanne Scherf
Assistant Professor of Psychology

Melvin Mark
Professor of Psychology
Head of the Department of Psychology

*Signatures are on file in the Graduate School.
ABSTRACT

Individuals with an autism spectrum disorder (ASD) represent a large and growing population that possess a host of skills valuable to many organizations. However, those on the autism spectrum also face unique challenges across the entirety of employment processes, ranging from difficulty in hiring, struggling with socialization, to performance appraisal biases. In light of such unique challenges, this study used the Stereotype Content Theory (Fiske, Cuddy, Glick, and Xu, 2002) to examine the perceptions of neurotypical employees about working with individuals with autism. The results suggest that individuals with autism are viewed as being high on the dimension of “warmth”, but low on the dimension of “competence.” Practical and research implications are discussed.
# TABLE OF CONTENTS

LIST OF FIGURES ...................................................................................................................... v
LIST OF TABLES .......................................................................................................................... vi
ACKNOWLEDGEMENTS ............................................................................................................... vii

Chapter 1 Introduction ............................................................................................................... 1
  Overview of Autism Spectrum Disorder ................................................................. 2
  Early detection and intervention ........................................................................... 5
  Expanding Adult Population ...................................................................................... 6
  Costs of Care and the Benefits of Employment .................................................... 8
  Disclosure in the Workplace ...................................................................................... 10
  Stereotyped Beliefs ........................................................................................................ 11
  Theoretical Framework ............................................................................................... 13
  Previous Applications of the Theory ....................................................................... 14
  Stereotype Content Activation ............................................................................... 16

Chapter 2 Method .................................................................................................................... 21
  Participants .................................................................................................................... 21
  Procedure ....................................................................................................................... 21
  Vignette Development ................................................................................................. 22
  Manipulation Checks .................................................................................................... 23
  Dependent Variables .................................................................................................... 24
  Covariates ..................................................................................................................... 25
  Results ............................................................................................................................. 26

Chapter 3 General Discussion ............................................................................................... 30
References ............................................................................................................................ 37
Appendix Supplemental Material .................................................................................... 45
LIST OF FIGURES
Figure 1........................................................................................................50
LIST OF TABLES

Table 1: Paired Competence-Warmth Differences...........................................47
Table 2: Abridged Autism Quotient Scale ......................................................48
Table 3: Intercorrelations of Included Variables.............................................49
ACKNOWLEDGEMENTS

First, I would like to express my gratitude to my advisor, Dr. Sam Hunter, for his continuous support and encouragement throughout this project and my entire graduate studies. I would also like to thank my committee members, Dr. Kisha Jones and Dr. Suzy Scherf, for their advice and wisdom on the project. Finally, I would like to thank all of my friends, my colleagues in my program, and most especially my family. I’m very fortunate to have such a fantastic group of people in my life. Each of you has supported me in an irreplaceable way and I would not be who I am without all of you.
Chapter 1

Introduction

A confluence of factors including increasing prevalence rates, improved early intervention techniques, and shifting legal requirements have combined to result in number of adults diagnosed with Autism Spectrum Disorder (ASD) attempting to enter the workforce both now and in the near future (Chiang, Tsai, Cheung, & Brown, 2014; Graetz, 2010). Consequently, organizations will soon face an influx of employees that possess valuable skills and capabilities who also require unique, individualized consideration from leaders, organizational decision-makers, and peers alike (Baldwin, Costley, & Warren, 2014; Walsh, Lydon, & Healy, 2014; Parr, Ligon, & Hunter, 2014). When individuals with ASD are employed, moreover, they typically make less money, work fewer hours, and are often employed in limiting venues with little potential for advancement (Cimera & Cowan, 2009; Walsh et al., 2014). Taken together, these facts suggest an urgent need for discussion and research regarding the barriers to successful employment for individuals with autism.

One major challenge for individuals with autism at work are social barriers that occur in part due to the stigma and stereotypes that exist about the disorder. While they face unique challenges, individuals with autism, and individuals with disabilities more broadly, represent a significant “diversity” group, but are significantly overlooked and under-supported. More specifically, a majority of research on diverse individuals within organizations focuses on issues of race and gender, with a focus on removing barriers that act to prevent minority group members from achieving their full potential. As will be
discussed in greater detail later, individuals with autism often have symptoms that limit their ability to interact socially with their peers, making them a potential target for prejudice, stigmatization, and ostracism in the workplace. In this sense, coworkers have a crucial role to play in how well integrated individuals with autism become in the workplace, as well as on many important workplace outcomes. However, presently there is a lack of both theoretical and empirical consideration of the social barriers and challenges faced by employees with autism and how they may influence important personal outcomes.

As a means to explore the commonly held social perceptions of individuals with autism in the workplace, this study utilized Fiske and colleagues’ Stereotype Content Theory (Fiske, Cuddy, Glick, and Xu, 2002). The Stereotype Content Theory states that individuals’ judgments of others fall into two fundamental dimensions: competence and warmth. These judgments can, in turn, influence several important behavioral outcomes that are relevant to the current study, including ostracism, envy, and disdain toward poorly viewed groups. However, to this point the model does not make specific predictions for individuals with autism, nor has it been previously tested for this population. While the Model does make specific predictions for “disabled people,” the stereotypes that exist about disabilities broadly likely do not hold true for autism, a socially related disorder. Thus, applying the Stereotype Content framework to this specific population can lead to an understanding of both perceptions of working individuals with autism, as well as the potential behaviors directed toward these individuals in the workplace.
In addition to often being overlooked in the field of autism-specific research, the population of adults with autism who are employed or are looking for employment also face a lack of support and research within the organizational literature. Existing research examining opportunities for employment has focused primarily on the impact of job coaches, supported employment, and vocational rehabilitation services (Hillier et al., 2007; Schaller & Yang, 2005). The extant literature on organizational diversity issues for employees with disabilities is centered largely on perceptions of more physical disabilities (e.g. Baldridge & Veiga, 2006; Stone & Colella, 2005). With a focus on physical disabilities (see Stone & Colella, 2005), autism seemingly falls through the cracks when it comes to research and practice on supporting individuals with disabilities. While some of the challenges faced by individuals with autism are similar to those faced by other disability groups, there are also a host of unique challenges that are currently not fully understood and that should be the target of future research and intervention.

The symptoms of autism, discussed in greater detail below, make social interactions difficult for individuals with the disorder. Coworkers may misinterpret these behaviors to be rudeness or awkwardness, which can in turn result in ostracism or isolation. One potential method to mitigate the negative effects is for the individual to disclose their disability to the organization or to their coworkers. In this way, they may gain access to valuable organizational accommodations. However in the case of autism, this process puts the individual in a paradoxical position in which they must disclose to be provided workplace accommodations, while the act of disclosing simultaneously draws attention to their otherwise concealable stigmatized identity. Moreover, when an individual with autism discloses their disability to individuals within an organization they
may suffer in the longer term as a result of incorrect and harmful stereotypes held by their coworkers about the disorder and its symptoms. These stereotypes and their subsequent effect on behaviors can be examined via the Stereotype Content Model (Fiske et al., 2002).

The aim of the proposed study was to develop a foundational understanding of the social barriers faced by individuals with autism seeking employment by identifying the perceptions held by neurotypical employees about individuals with autism and their organizational value. Specifically, the proposed study utilized the Stereotype Content Model to examine potential prejudice, stigma, and discrimination that individuals with autism may face in the workplace. By understanding the social barriers to integration faced by employees with autism, the goal was to determine where research and practice can look to intervene and create accommodating, positive environments for all employees.

**Overview of Autism Spectrum Disorder**

Autism, or more broadly autism spectrum disorder, is a pervasive developmental disorder characterized by restricted and stereotyped patterns of behavior, as well as impairments in social interactions and interpersonal communication. One unique aspect of ASD is that the disorder commonly manifests via social impairment, largely unidentifiable by outward physical characteristics. Instead, ASD is marked by difficulties in interaction with others, both in short-term interactions as well as in the creation and maintenance of interpersonal relationships. As may be expected with such social challenges, those on the spectrum struggle severely to acquire and sustain gainful
employment (Burke, Andersen, Bowen, Howard, & Allen, 2010; Hendricks & Wehman, 2009; Howlin & Goode, 1998). When individuals with ASD are employed, they often make less money, work fewer hours, and have reduced potential for advancement (Cimera & Cowan, 2009).

Autism is commonly diagnosed in childhood, although late diagnoses may not occur until early adulthood. It is now estimated between 1 in 45 (2.22%) to 1 in 68 (1.47%) individuals fulfill the diagnostic criteria for ASD (CDC, 2014). In the past decade there has been an approximately 120% increase in diagnosed cases. In 1992, for example, there were 15,000 new reported cases of children with ASD. By 2005 this number had risen considerably, to nearly 192,000. Current estimates by the CDC suggest an increase in diagnosed cases of between 10 – 17% each year (CDC, 2014). Overall, current estimates suggest that just over 1% of the population, nearly 3.5 million Americans (Buescher, Cidav, Knapp, & Mandell, 2014), live with an autism spectrum disorder. Although it difficult to provide accurate global estimates, similar diagnosis rates abroad paired with simple extrapolation suggests that this value would hardly be trivial. On the whole, the stage is set for substantial growth in the number of adults with autism who have the potential and desire for employment, but our understanding of how to best support these employees lags far behind the increase in the number of individuals who require it.

**Early Detection and Intervention**

Autism can be reliably detected at an increasingly early age, in some cases as soon as twenty-four months (Daniels et al., 2014). This level of early detection has opened the door for intervention at a younger age with greater success, provided the
interventions are of high quality (Lord, 2010; Warren et al., 2011). Although there are still challenges faced by individuals with ASD at all stages of life, we are more capable of providing social and developmental interventions for children and adolescents with autism than ever before (Chiang et al., 2013). Expanded diagnostic criteria, increased awareness of ASD, and earlier diagnosis have resulted in an increased potential for behavioral and other treatment interventions aimed at providing improved life adaptive skills in adults (Baldwin et al., 2014; Dillon, 2007). In turn, improved outcomes for children, adolescents, and teenagers have led to both new challenges and new opportunities in their adult lives.

**Expanding Adult Population**

Expanded diagnostic criteria and an increased awareness of ASD has led to earlier diagnosis in many cases, resulting in increased potential for behavioral and other treatment interventions aimed at providing improved life adaptive skills (Baldwin et al., 2014; Dillon, 2007). Moreover, many individuals on the autism spectrum are diagnosed with milder types of autism (e.g., formerly known as Asperger’s Syndrome). These milder forms are often characterized by difficulties in social interaction and nonverbal communication but a preservation of linguistic and cognitive development that may allow for successful employment opportunities in supportive social environments (Baldwin et al., 2014; Kellems & Morningstar, 2012; VanBergeijk & Shtayermman, 2005). To this point, there is evidence that many individuals with mildly-severe autism have cognitive abilities equivalent to their neurotypical peers (Barnhill et al., 2000), indicating that they possess the requisite faculty to pursue challenging educational endeavors. Furthermore,
they can often possess the skills sought after most in universities—particularly in mathematics, physical and computer science, engineering, math, and linguistics (Baron-Cohen, 2002; Sonne, 2009).

Autism is reliably detected at an increasingly early age, in some cases as soon as twenty-four months (Daniels et al., 2014). Early detection has opened the door for earlier intervention with greater success, provided the interventions are of high quality (Lord, 2010; Warren et al., 2011). Although there are still challenges faced by individuals with ASD at all stages of life, we are more capable of providing social and developmental interventions for children and adolescents with autism than ever before (Chiang et al., 2013). Expanded diagnostic criteria, increased awareness of ASD, and earlier diagnosis have resulted in an increased potential for behavioral and other treatment interventions aimed at providing improved life adaptive skills in adults (Baldwin et al., 2014; Dillon, 2007). In turn, improved outcomes for children, adolescents, and teenagers have led to both new challenges and new opportunities in their adult lives.

Of particular note is in an emerging population of individuals on the autism spectrum who have increased expectations and desires for post-secondary education (Baldwin et al., 2014; VanBergeijk, Kiln, & Volkmar, 2008). Increased demand has placed a notable strain on universities that are currently struggling to meet the unique social and communication needs of individuals on the autism spectrum (Dillon, 2007). VanBergeijk and colleagues (2008) expressly noted this trend, “despite the fact that there is a bourgeoning number of college-bound youth with an ASD, there is relatively little information available about the unique needs of this group” (p. 1359). The lack of information available regarding supporting individuals with ASD in the college setting is
mirrored by a similar need for research on facilitating the transition into employment, a fact that will soon result in challenging circumstances for individuals and organizations.

Calculating an estimate of the number of American adults with ASD requires extrapolation from reports on childhood prevalence emerging primarily from ongoing research at the Center for Disease Control (CDC). Using these values, researchers have attempted to estimate the current number of Americans under the age of 21 with ASD, reporting a range of 284,000 – 560,000 individuals (Fombonne, 2003; VanBergeijk et al., 2008). Finally, the Autism Society of America used data from CDC research and estimates the total number of Americans with autism ranges from 1 to 1.5 million. Although it difficult to provide accurate global estimates, similar diagnosis rates abroad paired with simple extrapolation suggests that this value would hardly be trivial. On the whole, then, we have witnessed growth in the number of diagnosed adults with autism who have the potential and often the desire for gainful employment.

**Costs of Care and the Benefits of Employment**

Recent estimations of the lifetime costs of care for a single individual with autism in the United States are sizable, ranging from $1.4-2.4 million USD (Buescher, Cidav, Knapp, Mandell, 2014) – a cost that is typically shared, if not wholly carried, by families. Providing both care and financial support for individuals with ASD places a major strain on these families – a strain that continues to grow as children move into adulthood. Direct medical costs can include physician, outpatient, clinic services, dental care, prescription medications, complementary and alternative therapies, behavioral therapies, hospital and emergency services, allied health, equipment and supplies, home
health, and medically related travel. Nonmedical costs may include services such as child-care, adult care, respite and family care, home and care modifications, special education, and supported employment. While the majority of autism-related research occurs in the United States, similar cost-of-care estimates have been found in other nations. Care for individuals with ASDs is estimated to cost approximately $80,000 annually for government support nations such as Sweden (Jarbrink, 2007), with similar lifetime-cost estimates for Egypt (Mendoza, 2010) and the U.K (Knapp et al., 2009; Buescher et al., 2014).

As a means to help offset the major financial costs of lifetime care, there are tremendous benefits from empowering and facilitating the entry of employees with autism into the workplace. Moreover, as adults with ASD gain successful employment, financial, emotional, and general wellbeing is improved for families supporting their child with ASD (Migliore, Butterworth, & Zalewska, 2014). Employment is often a mechanism for independent or semi-independent living, further enhancing the benefits for families and individuals with ASD. Furthermore, as is typically the case with any population, success in the workplace helps develop efficacy for all of those involved in the support system. In fact, a study of employees with autism revealed that a positive, supportive working environment explains over 50% of the variance in reported quality of life (Renty & Roeyers, 2006). A similarly positive relationship has been found between job satisfaction and self-esteem for these employees (Griffin et al., 1996). Thus, advancing the ability of individuals with ASDs to find employment can serve a function beyond simply ensuring organizations comply with regulation. Employment should be
seen as a positive step toward developing a pragmatic, positive support system for adults who have ASDs.

**Disclosure in the Workplace**

Employees with “invisible” disabilities (like autism) face challenges that are unique from those faced by individuals with visible disabilities (such as paraplegia). They may choose to conceal their disability from their organization and their coworkers. However, by concealing their disability, the organization for which they work is unable to provide accommodations to these individuals. On this front, there has recently been a major push in legislation and organizational practice toward encouraging and facilitating disclosure of disability status. In the last decade, two major pieces of legislation have been passed which will work to shape the future of legally-driven disability practices for organizations in the United State. The Americans with Disabilities Act Amendments Act (ADAAA) was passed in 2008, providing a broadened definition of the conditions legally-recognized as disabilities, as well as providing a more clear interpretation of preexisting disability law. This legislation is meant to provide increased protection for individuals with disabilities, enforced by the Equal Employment Opportunity Commission. The second piece of legislation, Section 503, requires federal contractors and subcontractors to ask *applicants* to voluntarily disclose their disability status at the time of application. Section 503 represents a major shift in federal regulations about disability disclosure, because prior to its passing it was illegal for organizations to ever ask employees if they had a disability.
Thus, there are now regulations in place meant to encourage and protect individuals with disabilities who disclose their disability to their organization. In theory, this should allow them to receive reasonable accommodations to facilitate their success in the workplace. However, by disclosing a disability these individuals are effectively acknowledging and making public a stigmatized identity, which can have negative impacts in the form of ostracism, negative perceptions, and even decreased likelihood of subsequent career advancement (Ragins, 2006). However, the presence of supportive “ally” relationships can help to buffer potential negative impacts of disclosure, providing instrumental and social support for the disclosing individual (Ragins, 2006). As such, it is vitally important to understand the commonly held stereotypes and stigma about individuals with autism in the workplace in an effort to remove the social barriers that may keep individuals from disclosing their disability, or that subject them to negative outcomes following their disclosure.

**Stereotyped Beliefs**

Stereotypes are a set of shared beliefs about traits that characterize members of a certain group (Banaji & Greenwald, 1995). Such stereotyped beliefs stem from unconscious, automatic cognitive processes which are used to classify and make rapid judgments about group members. Broadly speaking, stereotypes can be “negative”, linking negative characteristics or traits to group members, or “positive”, linking seemingly desirable characteristics (Cheryan & Bodenhausen, 2000). Regardless of the valence of the stereotype, the underlying belief is a harmful generalization about a group which fails to account for individual differences that make the members of that group
unique. However, the content of the stereotype serves to influence later perceptions of an individual depending on whether subsequent behavior conforms or fails to conform to the preexisting belief (Banaji & Greenwald, 1995).

In the case of autism, the symptoms and behaviors of the disorder have long been misrepresented in the media, contributing to the development of widely pervasive incorrect and potentially harmful stereotypes. Take for example the movie Rain Man, a story about an autistic savant named Raymond (played by Dustin Hoffman) and the development of his relationship with his neurotypical brother, Charlie (played by Tom Cruise). Throughout the movie, Raymond often displays extreme forms of the common symptoms of autism, such as an ability to count hundreds of objects at once, and stereotyped patterns of behavior including a highly regimented sleep schedule and an insistence on watching the same television show each day. This movie has been credited for creating public awareness about the disorder, while at the same time disseminating incorrect stereotypes about the behavior of individuals with autism. While just one influential example, Rain Man is representative of a larger trend of misrepresentation of individuals with autism in the media, one in which both positive (e.g. unrealistic quantitative abilities) and the negative (e.g. difficulty with social interactions) stereotypes about autism are represented. Ultimately, both forms of stereotypes are harmful, and may result in unrealistic expectations about those on the spectrum.

Draaisma (2009) examined the stereotypes presented about autism in novels, TV-series, movies and autobiographies. Following the popularity of Rain Man, representations of individuals with autism in media were often accompanied by an “expert” describing the disorder and the characteristics of savants. However, Draaisma
suggests that the new millennium brought about a change in the way individuals with autism were represented. The stereotypes about the disorder had become so prevalent, more recent portrayals in media do not require an explicit explanation of an individual’s restricted interests or repetitive behaviors. A simple announcement that an individual has autism is sufficient to activate the stereotypes used to make sense of these “unusual” behaviors. As will be discussed below, the specific stereotypes held by the general population about adults with autism are unknown. However, the diversity literature presents a framework through which these perceptions and the behaviors that stem from them can be studied.

**Theoretical Framework**

The bases and effects of discriminatory behavior have long been of interest in the realm of social psychology, and increasingly in the field of I/O as organizations make an effort to increase their levels of diversity. The Stereotype Content Model (SCM) (Fiske et al., 2002) defines two dimensions by which individuals develop social perceptions of those they interact with: *competence* and *warmth*. The competence dimension is comprised of traits including efficacy, skill, creativity, confidence, and intelligence. Warmth refers to traits such as morality, trustworthiness, sincerity, kindness, and friendliness. Individuals use these two dimensions to anticipate others’ intended behaviors toward them (warmth), and to assess the skills and capability to pursue their intentions (competence). The four possible combinations of perceived competence and warmth lead to stereotypes resulting in distinct emotions directed toward the “other.”
At one extreme, individuals may be perceived as both low in competence and low in warmth. This combination results in contemptuous prejudice, low status, and feelings of disgust, anger and resentment. At the opposite extreme, those both high in warmth and high in competence benefit from high status, and feelings of pride, admiration, and desired in-group membership. However, the Model posits that across out-groups, stereotypes more often include a mix of more and less socially desirable traits instead of exclusively negative perceptions. These “mixed stereotypes” are defined as having low ratings on one dimension and high ratings on the other. One set of mixed stereotypes is characterized by low perceived competence but high perceived warmth, referred to as paternalistic stereotypes. In paternalistic stereotypes, out-groups are not seen as threatening to the in-group as they do not have the ability or desire to inflict harm. The second set of mixed stereotypes is characterized by high perceived competence and low perceived warmth. This results in envious stereotypes, stereotypes placed on groups who are thought to be doing well for themselves (competence), but whose intentions toward the in-group are thought to not be positive.

The factors that influence the stereotype content for a group are thought to be the result of social structural relations in between groups. First, out-groups are seen as competent based on the extent to which they are perceived to be powerful or high-status, status that is either earned or inherited. Second, stereotypes will represent out-groups as warm or pleasant to the extent that they are not in competition with, or threatening to the success of, in-group members. As will be discussed below, these factors will be particularly important when considering the stereotypes held of individuals about individuals with autism in the workplace.
Previous Applications of the Theory

The Stereotype Content Theory has been widely studied and applied to issues of diversity and discrimination since its inception over a decade ago. In their seminal article, Fiske and colleagues (2002) developed support for the model using both student and non-student samples. In the original test of the model, participants rated 23 identity groups (see Table 1) on scales measuring warmth, competence, perceived status, and perceived competition. In support of the frequency of mixed-content stereotypes, their findings tended to cluster reliably into four groups, three of which represented mixed-content stereotypes. Moreover, ten groups were significantly more competent than warm (listed highest to lowest difference): rich people, professionals, men, Asians, Jews, educated people, Whites, Blacks, students, and Muslims. Nine were rated significantly more warm than competent (highest to lowest difference): retarded people, elderly people, disabled people, poor people, women, homeless people, gay men, welfare recipients, and Christians.

Building on the initial success and positive reception of the model, additional studies have examined more specific relationships between competence and warmth on emotional reactions to various groups. In one such study, STC was used to explain emotional reactions toward an “envied” group, Asian individuals, accompanied by a scale development exploring the group-specific stereotypes directed at individuals of Asian decent (Lin, Kwan, Cheung, & Fiske, 2005). An additional study by Cuddy and colleagues (2005) utilized SCM to extend existing research regarding cultural effects on stereotypes held about elderly individuals, as well as the types of discrimination that
elderly people often endure. According to the original theory, in general elderly people are similar in ratings of competence and warmth to disabled people and those with intellectual disabilities. Moreover, Cuddy and colleagues found that elderly individuals (low competence-high warmth) often are discriminated against in the form of social exclusion, which is particularly relevant to the issues faced by individuals with autism.

Based on the work of Fiske and colleagues it may seem that individuals with autism, who likely would be classified as a combination of the study’s labels of “disabled” and “retarded”, may be given competence and warmth ratings in accordance with these categories. However, the specific stereotypes held about individuals with autism are unique from those held about other individuals with disabilities. Additionally, it seems necessary to briefly address the label of “retarded people” in the context of the current study. The term has certainly fallen out of favor both research and media, and Fiske and colleagues (2002) did not provide a definition of the phrase in their survey or in their publication. Thus, it remains open to question how respondents interpreted which individuals would fall into that category. Regardless, while a large number of individuals with autism do have an intellectual disability as well, there is also a sizeable group who do not have an ID. Thus individuals with autism, and in particular working adults with autism, may be unique in terms of their “categorization” as well as the stereotypes associated with their group membership. The specific stereotypes about autism and their potential impact on people’s reactions to working with an individual with autism will be discussed below in greater detail.
**Stereotype Content Activation**

Stereotyping and prejudice are generally seen as automatic processes that are activated upon perception of a category member (Allport, 1954). This process is in turn thought to be functional, used to make sense of potentially ambiguous situations and information presented in the world (Brewer, 1988; Fiske & Neurberg, 1990). The manner in which stereotypes are cognitively activated, *automatic stereotype activation*, is comprised of two distinct priming processes: stereotype and category. Automatic stereotype activation is not the result of categorization when stereotypic traits are primed, regardless of whether category labels are primed (see Devine, 1989, Experiment 2). While an important process, stereotype priming is less applicable to stereotype activation via disability disclosure than is category priming. Automatic stereotype activation occurs as a result of categorization when the category alone is primed. Category priming has been used to examine difference between high- and low-prejudice people in automatic processing of racial categorization. In an investigation of potentially differential effects between stereotype and category priming, Lepore and Brown (1997) found no difference in stereotype knowledge between high and low prejudice participants. However, there was a differential impact of category priming, such that high-prejudice participants formed a more negative and less positive impression of the target person after category priming than did low-prejudice participants. In turn, these impressions lead to behavior both of the perceiver as well as the target (Chen & Bargh, 1997). Through behavioral reactions to the stereotyped group, the behavior of the perceiver was found to elicit stereotype-confirming behavior from the member of the stereotyped group, leading to a reinforcement of the preexisting stereotype.
I sought to test the effects of category priming to a unique population, working adults with autism, as well as the efficacy of a simple intervention aimed at educating individuals about the symptoms and bases of autism. Given the previous discussion of the pervasive nature of stereotypes about autism, category priming may be activated as these employees move into organizations (e.g. hiring, social integration, etc.). Moreover, the commonly held stereotypes about autism lend themselves to prejudicial attitudes toward these individuals, notably in the form of preconceptions about their social ability, as well as unrealistic attitudes about their cognitive abilities. By disclosing disability status these stereotypes are likely to be activated, influencing perceptions of the individual with autism. While Stereotype Content Theory suggests that disabled individuals and individuals with intellectual disabilities will be perceived as high in warmth and low in competence, based on the commonly held stereotypes about autism, I predict an alternative

Hypothesis 1A: Disclosure of autism as a disability will lead to higher perceived competence of the target individual.

Hypothesis 1B: Disclosure of autism as a disability will lead to lower perceived warmth of the target individual.

Hypothesis 1C: Disclosure of autism as a disability will lead to lower desire to work with the target individual.

In addition to symptom presence and disability disclosure, it is possible that context can affect the strength and type of stereotype activated (Hummert et al., 1998; Hummert, 1994). More specifically, the context can influence the activation of a positive (but still harmful) or negative stereotype. For example, there exists a common
anecdotal heuristic about individuals with autism that they are drawn to careers in computing and engineering, a point often discussed by the renowned scholar and autism advocate, Dr. Temple Grandin. Dr. Grandin has written at length about the challenges faced by individuals with autism throughout their lifetimes, and has observed a propensity toward technical jobs for adults on the spectrum, “there tends to be a lot of autism around the tech centers…when you concentrate the geeks, you’re concentrating the ‘autism genetics’. ” Thus, a workplace that requires minimal interpersonal interaction, such as an engineering or computer programming organization, may serve to activate positive stereotypes (e.g. savant-like quantitative abilities), or to neutralize the potential for activation of negative stereotypes. On the other hand, a socially oriented context, such as retail, may act to exacerbate the strength of negative stereotypes:

Hypothesis 2A: Workplace context will moderate the relationship between disability disclosure and perceptions of competence such that a socially oriented workplace will lead to lower perceptions of a target who discloses their disability status than a non-social work context.

Hypothesis 2B: Workplace context will moderate the relationship between disability disclosure and perceptions of warmth, such that a socially oriented workplace will lead to lower perceptions of a target who discloses their disability status.

Hypothesis 2C: Workplace context will moderate the relationship between disability disclosure and desire to work with the target such that a socially oriented workplace will lead to lower desire to work with a target who discloses their disability status.
To better understand of the challenges faced by employees with autism in their jobs, the present study sought to accomplish two primary goals. First, the influence of organizational context on relationship between stereotypes and prejudicial views was explored. More specifically, because autism is a socially related disorder, the impact of stereotypes about the disorder may be more impactful in socially-oriented workplaces (e.g. retail), than in less-socially oriented workplaces (i.e. engineering). Second, the disability disclosure in the workplace is currently a topic of considerable attention in legislation and media. Thus, this study will investigate the role that disability disclosure has in activating or mitigating stereotypes about individuals with autism in the workplace.
Chapter 2

Method

Participants

The participants of this study consisted of 247 individuals drawn from Amazon Mechanical Turk, which has been empirically shown to be a source of inexpensive, high-quality data in psychological research (Buhrmester, Kwang, & Gosling, 2011; Mason & Suri, 2011). The average age of the sample was 37.92 (SD = 11.30) and 42.1% of the sample was male. In terms of ethnicity, 70% were Caucasian, 13% were Black/African American, 8.9% were Asian, and 4.5% were Latino. Overall, the participants had been employed for an average of 14.86 years (SD = 11.65), 27.1% were employed part time, 64% full time, and 8.9% were not currently employed.

The survey was piloted on a sample of 40 participants to determine the average length of time of the survey. After this piloting, the average duration of the study was 8.5 minutes. As such, participants were paid $0.50 for their participation in the study.

Procedure

I employed a 2x2 between-subjects factorial design, manipulating disclosure of autism (yes/no) and job context (socially-oriented/non-socially oriented) (see Appendix for an example vignette). Participants were given a vignette and email thread related to the performance of an employee that they imagine themselves working with. The first factor, job context, was manipulated to include either a socially oriented context (sales), or a non-socially oriented work context (web administration). These positions were chosen through O*NET, to ensure that they were similar in type (both conditions were
described as working in different positions for the same telecommunications company), with only the social nature of the job being manipulated. The jobs were selected from the “work context-contact with others” category, which indicates how much the job requires workers to be in contact with others (e.g., face-to-face) in order to perform the job. The sales position was rated as being high on the need to interface with others, and the web administration position was low on the need to have interpersonal contact with others.

The second factor manipulated was disability disclosure. In the disclosure condition, the individual described in the manipulation openly disclosed their autism diagnosis to the hiring manager during the application process. In the non-disclosure condition, no mention of the disorder was present during the application process.

Participants were randomly assigned to one of four conditions. The study invited participants to imagine they work at a fictional company, and they then read a series of vignettes in which they were introduced to a coworker that is new to their organization. Finally, participants responded to a series of questions to measure their previous exposure to individuals with autism (e.g., “How familiar are you with the symptoms of autism”, “Have you ever worked with an individual with autism”). Additionally, participants were asked to provide demographic information and about their current and previous employment.

Vignette Development

Experimental vignette methodology (EVM) is a highly viable method to conduct experimental research that balances the need for internal and external validity (Aguinis & Bradley, 2014). This study employed EVM to test the effects of job context and disability
disclosure on various outcomes of interest, the manipulation of which is discussed in
detail below.

The vignettes used in this study employed a “paper people” design (Aguinis &
Bradley, 2014), in which participants were presented vignettes in written form and asked
to make judgments and report on their perceptions and behavioral preferences. This type
of EVM has been used extensively for over 30 years in social science (Alexander &
Becker, 1978; Finch, 1987; Thoroughgood, Hunter, & Sawyer, 2010). All participants
were asked to envision themselves as an employee at a fictional telecommunication
organization. Additionally, participants were presented a short (approximately ½ page)
description of an individual who has applied for a job opening. Within this description,
applicant disclosure of a disability was manipulated (e.g. “The applicant has disclosed to
the hiring manager that they have been diagnosed with autism spectrum disorder in the
past”). The fictional applicants’ demographic information was standardized between all
conditions, and the vignettes presented were standardized for length in the form of
number of sentences presented. Following presentation of the first set of vignettes,
participants completed a series of surveys to assess the dependent variables of interest.

Manipulation Checks

Manipulation checks were embedded throughout the course of the study to ensure
the various manipulations are effective and have been correctly interpreted. Participants
will be asked whether they perceived the employee to have a legally defined disability
and to report what type of organization in which they were meant to have envisioned
themselves working. Individuals who did not correctly respond to these questions ($N =
12$) were excluded from analyses.
Dependent Variables

**Competence and warmth.** Individuals were asked to rate the extent to which they view the individual in the vignette as competent and warm using the measure created by Fiske and colleagues (2002). The measure uses a 5-point Likert scale (1 = not at all to 5 = extremely). The competence scale read, “As viewed by society, how…are members of this group?” in place of the ellipsis, included are adjectives such as competent, independent, and intelligent. As a whole, the questions showed adequate reliability ($\alpha = .80$). These variables were averaged into one composite, Competence, with higher ratings indicating a higher perception of the individual’s competence.

The warmth scale uses the same structure, but replacing the ellipsis with adjectives such as tolerant, warm, and good-natured (see Appendix for the complete measure). As a whole, the questions showed adequate reliability ($\alpha = .83$). These variables were averaged into one composite, Warmth, with higher ratings indicating a higher perception of the individual’s warmth.

**Coworker desirability.** An adapted version of Cushenberry and colleagues’ (2009) Leader Desirability scale was used to measure desire to work with the target employee. The original scale was created to measure desire to work for a leader, however the scale can easily be adapted to refer to desire to work with a coworker. Sample items include: “I would be willing to work with this individual;” “I would enjoy working with this individual;” “If given a choice I would rather not work with this individual (R);” “I would request to work with this individual.” As a whole, the questions showed adequate reliability ($\alpha = .88$). These variables were averaged into one
composite, Coworker Desirability, with higher ratings indicating a greater desire to work with the individual.

**Covariate Variables**

This study included covariate measures in order to control for potential unexpected effects. These included emotional intelligence, cognitive ability, personality traits, demographic variables, the Autism Quotient scores, and previous experience with individuals with autism. These variables are discussed in additional detail in the following section.

**Previous exposure to individuals with autism.** It is possible that participants in this study may have had previous exposure either to individuals with autism, or who have previously learned about the disorder in a workplace or educational setting. This could include friends or family members who have the disorder, as well as previous interactions in school, the workplace, etc. Individuals were asked to rate the degree to which they were familiar with Autism Spectrum Disorder (1-7 Likert scale) and whether they know any individual who has been formally diagnosed.

**Personality traits.** Participants were given the HEXACO personality inventory (Lee & Ashton, 2004), which measures 24 facet-level personality traits scales that comprise six personality factors: Honest-Humility, Emotionality, Extraversion, Agreeableness, Conscientiousness, and Openness to Experience.

**Autism Quotient Scale-Short Form (Table 2).** Baron-Cohen and colleagues developed the Autism Quotient Scale as self-administered instrument to measure “the degree to which an adult with normal intelligence has the traits associated with the
autistic spectrum.” Hoekstra and colleagues (2011) developed an abridged version of Baron-Cohen’s original 50-item measure. Hoekstra and colleague’s 28-item scale will be included for use as a screening tool for autism spectrum conditions in adults of normal intelligence. Individuals scoring higher on the AQ may see more similarity to their own behaviors in those of the target individual than those low on the AQ. The inclusion of the AQ scale will act as a proxy to control for the potential of a “similar-to-me” bias (see Rand & Wexley, 1975) affecting participants’ ratings of the target individual.

Demographic variables. Participants completed a questionnaire of demographic information (e.g. age, sex, ethnicity, work experience, current employment status). This allowed for control of possible effects of demographic variables.

Cognitive ability – Participants were asked to disclose their SAT scores, which was used as a proxy for cognitive ability (Frey & Detterman, 2004; Vincent et al., 2002).

Results

The means, standard deviations, and intercorrelations for the study variables are presented in Table 3. The dependent variables of interest, warmth, competence, and perceptions of coworker desirability were all moderately correlated.

Covariates

All of the covariates previously discussed were analyzed for their impact on the dependent variables using stepwise regression. None of the covariates were significant predictors of any of the three outcome variables, competence, warmth, or coworker
desirability. As such, none of the potential covariates were included in the subsequent analyses.

**Outcome Variables**

**Competence.** Hypothesis 1A predicted a significant main effect of disclosure of autism diagnosis such that individuals who disclosed would be viewed as less competent than if disclosure was not present. Overall, there was no significant main effect of disclosure of diagnosis on perceptions of competence, $F(1, 244) = 1.986, p = .16$. Thus, hypothesis 1A was not supported.

Turning to hypothesis 2A (Figure 1), I predicted that individuals who disclose their autism diagnosis in a social job context would be rated as less competent than those who disclosed in non-social job contexts. The results indicate that there was a significant interaction of job context and diagnosis disclosure on perceptions of competence, $F(1, 244) = 8.53, p < .01$. In socially oriented job contexts, individuals who disclosed their diagnosis were perceived as more competent ($M = 3.86, SD = .70$) than those who did not disclose ($M = 3.56, SD = .07$). However, in non-social job contexts individuals who disclosed were perceived as less competent ($M = 3.96, SD = .71$) than those who did not disclose ($M = 4.08, SD = .59$). As such, hypothesis 2A was not supported.

**Warmth.** In hypothesis 1B, I predicted a main effect of disclosure of autism on warmth perceptions such that disclosure would result in lower warmth ratings. There was a significant main effect of disclosure of diagnosis on perceptions of warmth, $F(1, 244) = 4.046, p < .05$. However, individuals who disclosed their diagnosis were rated as more
warm ($M = 3.76, SE = .07$) than those who did not ($M = 3.56, SE = .07$). Thus, despite a significant main effect, hypothesis 1B was not supported.

In regards to hypothesis 2B, which predicted that a socially oriented workplace will lead to lower perceptions of warmth of a target who discloses their disability status, the interaction between disclosure and context on warmth perceptions was not significant, $F(1, 244) = .321, p > .05$. As such, hypothesis 2B was not supported.

Coworker Desirability. In hypothesis 1C, I predicted that disclosure of autism diagnosis would lead to lower desire to work with the target individual. There was a significant main effect of disclosure on coworker desirability ratings, $F(1, 244) = 9.879, p < .01$. Individuals who disclosed their diagnosis were rated as more desirable as coworkers ($M = 3.85, SD = .71$) than those who did not ($M = 3.57, SD = .64$). Despite a significant main effect, hypothesis 1C was not supported, as the findings were in the opposite direction of the predicted results.

In regards to hypothesis 2C, which predicted that individuals who disclose in a socially-oriented workplace will be seen as less desirable coworkers than in a non-socially oriented workplace, there was no significant interaction between job context and disclosure, $F(3, 244) = .579, p > .05$. Thus, hypothesis 2C was not supported.

Supplemental Data Collection and Analyses

Due to the unexpected direction of the significant findings from study 1, I sought to rule out social desirability, a major potential confound that had the potential to nullify the previously discussed results. Social desirability is a form of response bias that is defined by a tendency for respondents to represent themselves or their views in a positive manner (Thompson & Phua, 2005). Due to both the specific content of this study, the
methodology used (vignettes and self-report surveys), and the unexpected findings in the first study, the ability to control for social desirability was of particular importance. As such, an additional round of data was collected to test for effects of social desirability on the previously discussed relationships.

In this sample, 101 new participants were collected using Mechanical Turk. In terms of demographics, 60% of the sample was female; the average age of the participants was 39.59 years ($SD = 11.54$), 64.8% of the sample was Caucasian, 47% were employed full time, and the average work experience was 15.26 years ($SD = 11.78$). All participants were given the same set of measures as the initial sample with one addition. The Strahan-Gerbasi (1972) social desirability scale was used due to its popularity in business research (Thompson & Phua, 2005). The full 10-item measure can be found in the appendix.

**Results**

All of the relationships tested in the initial sample were re-analyzed, this time including the social desirability rating as a potential control variable. Participant’s social desirability rating did not significantly predict any of the outcome variables of interest (competence, warmth, or coworker desirability). These results, while needing to be considered in a broader conversation about issues with assessing social desirability, suggest that the positive effects found in the initial sample are not driven by social desirability in responses.
Chapter 3

General Discussion

The aim of the present study was to examine the effects of disclosure of autism diagnosis and job context on perceptions of individuals with autism in the workplace. As the population of individuals with autism continues to grow, organizations and the field of organizational psychology as a whole faces a troubling reality in which this population is understudied and underserved. As such, organizations will soon face an influx of employees who possess valuable skills but may also be subject to unique perceptions and expectations in the workplace. The findings of this study indicate that the exact nature of these perceptions may be somewhat more ambiguous than originally expected, which lays the foundation for additional questions in reference to the expectations held about individuals on the spectrum in the workplace. While this study is only one step, it is my hope that it is a step forward in a developing stream of research that looks to understand the disclosure process for individuals on the spectrum, including how neurotypical coworkers respond to disclosure, as well as how organizations can support those on the spectrum during this important process.

In general, the findings of this study indicated that there exist differences in perceptions of individuals with autism at work, however in many cases the exact nature of the findings challenged many of the proposed hypotheses. While the In addition, this study utilized a well-established theoretical framework, the Stereotype Content Model, to investigate how individuals on the spectrum are perceived at work. While many of the proposed hypotheses predicted negative perceptions regarding individuals with autism, it appears that the true nature of these perceptions may not be so overwhelmingly negative.
Through these findings, this study not only contributes a better understanding of perceptions, but also adds nuance to the way that individuals with autism are classified via the Stereotype Content Model, which had previously never been applied to this unique population.

Despite several statistically significant findings, in general the results of this study did not support the predicted hypotheses. First, the main effect of autism disclosure was predicted to have a negative impact on perceptions of warmth, competence, and desire to work with the individual. There was no main effect for disclosure on competence perceptions. There was, however, a significant main effect of disclosure for both warmth perceptions as well as desire to work with the individual. Contrary to the hypotheses, which predicted a negative impact on both outcome variables, the main effect of disclosure resulted in positive impacts on perceptions of warmth and desirability. While there are limitations, discussed below, to the study that may have influenced these findings, it is possible that the findings actually represent a different type of phenomena than previously anticipated. Rather than having a negative impact, autism may be associated with more “positive” stereotypes. These stereotyped beliefs may imply that, because of the disorder, an individual with autism possesses higher levels of skills, producing a sort of halo effect. For example, consider the previous examples of media portrayals of those on the spectrum as exhibiting savant-like capabilities. Perhaps these examples are more salient for neurotypical individuals who are less informed about the nature of the symptoms (e.g. difficulty with eye contact and interpreting social cues). As such, the stereotypes held may be more “positive” than previously predicted.
In addition, I predicted a significant interaction of disclosure with job context. Specifically, I predicted that individuals who disclose their disorder in a social job context would suffer from more negative impacts on perceptions of warmth and competence, as well as reduced coworker desirability, compared to individuals in a non-social job context. The predicted interaction was significant for perceptions of competence, however the finding was not consistent with the proposed hypothesis. In socially oriented job contexts, individuals who disclosed their disability were rated as more competent than when disclosure did not occur. In non-social job contexts, the findings were reversed, with individuals who disclosed being rated less competent than when disclosure was not discussed. These findings, in particular, are of interest as they both run counter to prediction, as well as being a test of the possibility of social desirability being the driver of the overwhelmingly positive impact of disclosure on perceptions.

The significant findings in this study were all in the opposite direction of my predictions. At first glance, this may seem to be the result of a desirability bias by the participants of the study, a limitation I sought to address with the supplementary data collection and discuss in greater detail in the limitations section. However, it may truly be the case that neurotypical individuals do not hold generally negative perceptions of individuals on the spectrum in the workplace, which in turn influence their beliefs about the competence, warmth, and desirability of those individuals in the workplace. This may be the result of “positive” stereotypes about those individuals, or perhaps a different type of belief that falls outside of the conceptualization of this study. Future research in this area should explore these possibilities, as consideration of the negative repercussions
of disclosing a potentially stigmatizing identity, such as autism diagnosis, has long rested at the core of the decision making process for individuals with disabilities (Colella & stone, 2005). More accurate and comprehensive understanding of the perceptions of neurotypical peers who may encounter individuals with autism is an important step in fostering successful outcomes for the disclosing employee, their peers, and the working relationships that form between the individuals.

**Limitations**

There exist several limitations of the present study that must be discussed. First, while the appropriate use of experimental vignette methodology has support in the current methodological literature (Aguinis & Bradley, 2014), it still remains possible that the effects of reading about an individual with autism are different than encountering an individual in the real world. This methodological limitation, however, presents a future direction for research in which trained actors or video-based manipulations may be implemented to see if the present findings remain consistent when using alternative methods.

Second, it is possible that participants responded to the measures contained in this survey in a social desirable way due to the sensitive nature of the manipulations. While I attempted to control for this possible influence in the supplemental data collection, the limitations of the existing measurement tools for social desirability (for a discussion see Thompson & Phua, 2005) mean that there is still a potential that social desirability influenced the findings. Despite this possibility, the majority of previous applications of
the Stereotype Content Model have not found a significant effect of socially desirable responding on the Stereotype Content Scale (Fiske et al., 2002), and as such social desirability in responses has not been considered a major issue for application of the model in past research. More broadly, within the broader literature on social desirability in organizational research, there is evidence to suggest that social desirability is not as widespread of a problem as commonly assumed (e.g. Ganster, Hennessey & Luthans, 1983; Moorman & Podsakoff, 1992) with more recent discussions challenging the clarity of the construct itself (Uziel, 2010). As such, it is possible, if not in fact likely, that the positive effects of autism disclosure on neurotypical individuals’ perceptions found in this study are a function of their true beliefs about those on the spectrum. More specifically, perhaps individuals hold (while potentially still misinformed) “positive” stereotypes about those on the spectrum. As such, future research should look to further investigate the exact nature of the beliefs that may underlie perceptions of competence and warmth.

**Contributions and Future Directions**

This study extends the application of the Fiske and colleagues’ (2002) Stereotype Content Model into a novel population, specifically those on the autism spectrum. Contrary to the predicted hypotheses, individuals on the spectrum do not appear to be characterized by a blanketed negative perception, but rather actually may be seen as possessing attributes that make them valuable to organizations. However, these findings must be taken with a degree of caution, so as to not propagate “positive”, yet still incorrect and ultimately harmful, stereotypes about this population. This finding, in itself, is one that will hopefully generate future research on the stereotypes and potential
stigmatization that may occur for those on the spectrum. If, in fact, these individuals are subject to positive stereotypes, they may be face unrealistic performance expectations when they enter the workplace. The result of failing to live up to positive stereotypes presents an important direction for future research in understanding the nature of the issues surrounding autism and employment.

In advancing the Stereotype Content model, this study is the first of its kind to examine stereotyped perceptions regarding those with autism in the workplace. In doing so, the study poses additional directions for future research, in particular the necessity to determine whether individuals are aware of the more challenging symptoms that individuals with autism face (i.e. those that impair social interactions), or whether perceptions are based on the positive stereotypes that were previously discussed. In the future, alternative models of stigma and stereotype can be applied to determine whether individuals with autism may be subjected to positive stereotypes that may set them up for unrealistic expectations upon entering the workplace (e.g. extremely high quantitative abilities).

Turning to potential methodological limitations of the current study, it is possible that utilizing alternative methods, such as the use of actors or video-based manipulations, may be useful in determining whether the use of vignettes fully captures the perceptions that are being assessed regarding individuals on the spectrum. In addition, these alternative methodologies may help to more fully rule out the potential impact of social desirability when discussing a sensitive population of employees, such as those on the spectrum.
More generally, while previously lacking substantial research in organizational studies, it appears that the topic of autism in the workplace is being increasingly recognized in the field. As the population of individuals with autism continues to grow, I hope that this study serves as a step in the direction of more fully appreciating both the challenges faced as well as the value to offer to organizations by those on the autism spectrum.
References


Centers for Disease Control and Prevention (CDC) (2014) Available at:


Psychologists, New Orleans, LA.


Fombonne, E. (2003). Epidemiological surveys of autism and other pervasive


spectrum disorder. *Autism, 10*, 511-524.


### Appendix

#### Supplemental Materials

#### Stereotype Content Scale

<table>
<thead>
<tr>
<th>Construct</th>
<th>Item</th>
</tr>
</thead>
</table>
| Competence | As viewed by society, how … are members of this group?  
[competent, confident, capable, efficient, intelligent, skillful] |
| Warmth | As viewed by society, how … are members of this group?  
[Friendly, well-intentioned, trustworthy, warm, good-natured, since] |
| Status | How prestigious are the jobs typically achieved by members of this group?  
How economically successful have members of this group been?  
How well educated are members of this group? |
| Competition | If members of this group get special breaks (such as preference in hiring decisions)  
this is likely to make things more difficult for people like me.  
The more power members of this group have, the less power people like me are likely to have.  
Resources that go to members of this group are likely to take away from the resources of people like me. |

*Note.* For the Competence and Warmth Scales, the points of ellipsis are replaced by the words in brackets for each question. Survey taken from Fiske et al., 2002, Study 1 & 2.
Example Vignette

Non-Social Job – Disclosure of Diagnosis

John is an IT web support specialist at a large telecommunications company. He has worked at the company for five years. John is a full-time employee who works primarily at the corporate office handling issues that come up with the technology at that site. Upon being hired, John disclosed to the hiring manager that he was diagnosed with Autism Spectrum Disorder when he was a child.

Strahan-Gerbasi Short-Form Social Desirability Scale

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. You are always willing to admit it when you make a mistake</td>
<td>T</td>
<td></td>
</tr>
<tr>
<td>2. You always try to practice what you preach</td>
<td>T</td>
<td></td>
</tr>
<tr>
<td>3. You never resent being asked to return a favor</td>
<td>T</td>
<td></td>
</tr>
<tr>
<td>4. You have never been annoyed when people expressed ideas very different from your own</td>
<td>T</td>
<td></td>
</tr>
<tr>
<td>5. You have never deliberately said something that hurt someone’s feelings</td>
<td>T</td>
<td></td>
</tr>
<tr>
<td>6. You like to gossip at times</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>7. There have been occasions when you took advantage of someone</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>8. You sometimes try to get even rather than forgive and forget</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>9. At times you have really insisted on having things your own way</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>10. There have been occasions when you felt like smashing things</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

Note: T/F indicates socially desirable responses keyed on a true/false scale.
Table 1. Paired Competence-Warmth Differences

<table>
<thead>
<tr>
<th>Group</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rich People</td>
<td>1.598***</td>
</tr>
<tr>
<td>Professionals</td>
<td>1.304***</td>
</tr>
<tr>
<td>Men</td>
<td>1.091***</td>
</tr>
<tr>
<td>Asians</td>
<td>0.888***</td>
</tr>
<tr>
<td>Jews</td>
<td>0.833***</td>
</tr>
<tr>
<td>Educated people</td>
<td>0.705***</td>
</tr>
<tr>
<td>Whites</td>
<td>0.480***</td>
</tr>
<tr>
<td>Blacks</td>
<td>0.257***</td>
</tr>
<tr>
<td>Student</td>
<td>0.253***</td>
</tr>
<tr>
<td>Muslims</td>
<td>0.199**</td>
</tr>
<tr>
<td>Middles Class</td>
<td>0.062</td>
</tr>
<tr>
<td>Native Americans</td>
<td>0.018</td>
</tr>
<tr>
<td>Hispanics</td>
<td>0.005</td>
</tr>
<tr>
<td>Blue-collar workers</td>
<td>-0.007</td>
</tr>
<tr>
<td>Young people</td>
<td>-0.018</td>
</tr>
<tr>
<td>Welfare recipients</td>
<td>-0.331***</td>
</tr>
<tr>
<td>Christians</td>
<td>-0.333***</td>
</tr>
<tr>
<td>Gay men</td>
<td>-0.345***</td>
</tr>
<tr>
<td>Homeless people</td>
<td>-0.390***</td>
</tr>
<tr>
<td>Women</td>
<td>-0.436***</td>
</tr>
<tr>
<td>Poor people</td>
<td>-0.612***</td>
</tr>
<tr>
<td>Disabled people</td>
<td>-1.233***</td>
</tr>
<tr>
<td>Elderly people</td>
<td>-1.293***</td>
</tr>
<tr>
<td>Retarded people</td>
<td>-1.813***</td>
</tr>
</tbody>
</table>

Note. From Fiske et al., 2002, Study 2. n = 73. Means of paired differences (competence rating – warmth rating) are reported. 
** p < .01. *** p < .001.
Table 2. *Abridged Autism Quotient Scale* (Hoekstra et al., 2011)

**Higher-order factor Social Behavior**

Social skills
- I prefer to do things with others rather than on my own (1)
- I find social situations easy (11)
- I would rather go to a library than to a party (13)
- I find myself drawn more strongly to people than to things (15)
- I find it hard to make new friends (22)
- I enjoy social occasions (44)
- I enjoy meeting new people (47)
- English samples only: New situations make me anxious (46)

Routine
- I prefer to do things the same way over and over again (2)
- It does not upset my if my daily routine is disturbed (25)
- I enjoy doing things spontaneously (34)
- New situations make me anxious (46)

Switching
- I frequently get strongly absorbed in one thing (4)
- I can easily keep track of several different people’s conversations (10)
- I find it easy to do more than one thing at once (32)
- If there is an interruption, I can switch back very quickly (37)

Imagination
- Trying to imagine something, I find it easy to create a picture in my mind (3)
- Reading a story, I can easily imagine what the characters might look like (8)
- I find making up stories easy (14)
- Reading a story, I find it difficult to work out the character’s intentions (20)
- I find it easy to work out what someone is thinking or feeling (36)
- I find it difficult to imagine what it would be like to be someone else (42)
- I find it difficult to work out people’s intentions (45)
- I find it easy to play games with children that involve pretending (50)

Factor numbers and patterns
- I usually notice car number plates or similar strings of information (6)
- I am fascinated by dates (9)
- I am fascinated by numbers (19)
- I notice patterns in things all the time (23)
- I like to collect information about categories of things (41)
Table 3. Intercorrelations of Included Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>M</th>
<th>SD</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disclosure</td>
<td>.49</td>
<td>.50</td>
<td>---</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Context</td>
<td>.51</td>
<td>.50</td>
<td>.02</td>
<td>---</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Competence</td>
<td>3.84</td>
<td>.70</td>
<td>.09</td>
<td>-.25**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warmth</td>
<td>3.66</td>
<td>.76</td>
<td>.13*</td>
<td>-.13*</td>
<td>.61**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coworker Desirability</td>
<td>3.70</td>
<td>.69</td>
<td>.20**</td>
<td>-.14*</td>
<td>.61**</td>
<td>.63**</td>
<td>---</td>
</tr>
</tbody>
</table>

Note. n = 247  * Correlation is significant at the 0.05 level (2-tailed). ** Correlation is significant at the 0.01 level (2-tailed).
Figure 1

Interaction Between Job Context and Disclosure on Competence Perceptions

- No Disclosure
- Disclosure

Competence Rating

Non-Social Context | Social Context

3.2 | 3.4 | 3.6 | 3.8 | 4.0 | 4.2 | 4.4

3 | 4 | 5 | 6 | 7 | 8 | 9