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**SOCIAL ENTREPRENEURS IN THE DISABILITY SPACE: HOW THEY MANAGE
STIGMA AND SEEK LEGITIMACY**

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ABSTRACT

In this dissertation, I examine how social entrepreneurs influence social evaluations within the disability space. Specifically, I investigate how social entrepreneurs (1) seek legitimacy from stigmatized customers and (2) manage the stigma associated with disability. I utilize grounded theory and semi-structured interviews of social entrepreneurs to unpack my overarching research questions. I then offer a theoretical model of social entrepreneurs' stigma management and legitimacy work tactics. I find that there are two conflicting pathways toward legitimation, which I refer to as the "Integrating" and "Differentiating" pathways. These pathways differ depending upon the identity of the target customer market (non-disabled vs. disabled). I find that social entrepreneurs vary their stigma management strategies (i.e., low versus high disability salience) and legitimacy work tactics (i.e., instrumental versus moral and affiliative) depending upon their customers' primary identity (i.e., non-disabled versus disabled). I offer theoretical implications for the literatures on identity, stigma, legitimacy, disability, and social entrepreneurship. In addition, I offer practical implications for organizational actors who aim to become agents of social change.

Keywords: identity, stigma, legitimacy, disability, social entrepreneurship

TABLE OF CONTENTS

LIST OF FIGURES.....	vi
LIST OF TABLES	vii
ACKNOWLEDGEMENTS	viii
Chapter 1 Introduction	1
Chapter 2 Literature Review	8
Legitimacy.....	8
Propriety Beliefs.....	9
Legitimacy Work.....	12
Social Entrepreneurs and Legitimacy.....	13
Stigma.....	14
Stigma Management.....	15
The Disability Identity	18
Summary	23
Chapter 3 Context and Methodology	25
Context	25
Research Setting: Disability-Related Social Enterprises.....	25
Methods	28
Data Description.....	28
Data Analysis.....	29
Chapter 4 Findings	36
Social Entrepreneurs' Disability Identity.....	44
Personal Disability Identity	44
Relational Disability Identity	45
Disability-Related Role Identity.....	48
No Disability Identity	50
Phase 1: Recognizing Customer Identity	50
Non-Disabled Identity	53
Disabled Identity	55
Overcoming Challenges Associated with Different Customer Identities.....	55
Phase 2: Managing Stigma Associated with Disability Identity	56
Low Disability Salience	57
High Disability Salience.....	61
Tensions Between Stigma Management Strategies.....	64
Phase 3: Employing Primary Legitimacy Work Tactics.....	65
Instrumental Legitimacy Work Tactics	66
Affiliative Legitimacy Work Tactics.....	68

Moral Legitimacy Work Tactics	74
Tensions Between Legitimacy Work Tactics.....	79
Chapter 5 Discussion.....	82
Identity.....	83
Stigma and Legitimacy.....	85
Disability	89
Social Entrepreneurship.....	91
Practical Implications	92
Limitations and Future Research Directions	93
References	97
Appendix A Interview Dataset.....	112
Appendix B Supplementary Representative Data.....	119
Appendix C Sample Interview Protocol	126
Appendix D Nike Adaptive Apparel Marketing Descriptions (April 2019-April-2022).....	127

LIST OF FIGURES

Figure 3-1: Coding Structure for Identity and Stigma.	34
Figure 3-2: Coding Structure for Legitimacy.....	35
Figure 4-1: Theoretical Model of How Social Entrepreneurs Manage Stigma and Seek Legitimacy in the Disability Space	39

LIST OF TABLES

Table 2-1 : Coping vs. Empowerment Stigma Management Strategies	17
Table 4-2 : Social Entrepreneurs and their Pathways	40
Table A-1 : Interview Dataset	112
Table B-1 : Supplementary Representative Data	119
Table D-1 : Nike Adaptive Apparel Marketing Descriptions (April 2019-April 2022)	127

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Chapter 1

Introduction

People with disabilities represent the world's largest minority. Disability impacts one in every four people, which equates to almost two billion people worldwide.¹ Indeed, with advancing medical care and a growing aging population, almost every person will experience disability (either temporarily or permanently) in their lifetime. The term “disability” is an umbrella term that captures a wide variety of impairments, activity limitations, and participation restrictions. I adopt the ICF's (International Classification of Functioning, Disability, and Health) definition of disability as the interaction between individuals with a health condition (e.g., Down syndrome, depression, deafness) and that individual's contextual factors (e.g., personal factors, negative attitudes, and/or inaccessible environments).

Despite the prevalence of disability, disabled individuals² are “vastly underserved” by organizations (Wyld, 2020). Part of this omission is due to ableism, which refers to the preference for normative bodies and minds (Campbell, 2009). Ableism is a belief system, like racism or sexism, that is deeply and subliminally embedded within society's culture (Campbell, 2009). Within this socially constructed values system, certain abilities are deemed essential, and others are *nonessential* (Procknow et al., 2017). Specifically, ableism is a belief system that assumes a non-disabled identity (Williams & Mavin, 2012), where being without a disability (i.e., abled or not disabled) is considered normative (Procknow et al., 2017; Campbell, 2001). Within this belief

¹ Note: 26 percent of the United States population has a disability (CDC, 2018). I use this statistic rather than the widely cited WHO's statistic from the “World Report on Disability” (i.e., that 1 billion people live with disability) because this report has not been updated since 2011.

² There are differing linguistic approaches to describing the disability population—some individuals prefer identity-first language (e.g., disabled person) whereas others prefer person-first language (e.g., person with disability). The interviewees used both descriptors and I use them interchangeably.

structure, individuals that do not represent the normative standard (i.e., are disabled) are considered to be flawed. Thus, through ableism, disability is viewed as a diminished state of being human (Campbell, 2001).

Ableism has influenced organizations' treatment of disabled people. Rather than including disabled people in mainstream society, they have historically been ostracized and isolated from people without disabilities. For example, in the United States, prior to the 1960s, individuals with disabilities learned, worked, and received medical treatment in institutions that were isolated from the larger community. Today, there has been a shift towards community-based treatment where individuals are removed from institutions and reintegrated back into their communities.³ This shift, of including disabled individuals in their communities has increased disability's visibility and overall awareness of the inequities facing the population. In addition, these cultural shifts have changed the landscape for organizations. No longer is disability only relevant to the healthcare industry; serving the disability community is seen as a viable business opportunity for other industries as well. The disability market is projected to control over \$1.9 trillion in annual disposable income and this value increases to over \$13 trillion in disposable income if you consider the family and/or close friends⁴ who may purchase on behalf on a person with a disability (Donovan, 2020). Thus, there seems to be an economic incentive (or "business case") for targeting the disability consumer segment. This awareness has led to a recent surge of social entrepreneurs entering the disability space. These social entrepreneurs represent an example of purpose-driven business, where they simultaneously address the social need of

³ The deinstitutionalization movement has included legislation such as the Community Mental Health Act of 1963, which funded the construction of community-based facilities and court decisions such as the 1999 Supreme Court case of *Olmstead v. L.C.*, which upheld that "unjustified isolation of individuals with disabilities" through "undue institutionalization" was discrimination under Title II of the Americans with Disabilities Act (ADA).

⁴ It is projected that the disability market may include 3.3 billion additional customers who identify as a close friend or family member of the disabled person. I describe these individuals as having a "relational disability identity" and this phenomenon as "facilitated buying".

serving the disabled community, while competing in an economic market. The social entrepreneurs' work is radical in the sense that they are entering institutionalized markets, such as the fashion or tourism industry, and reinterpreting (and reinventing) business products and processes. For example, one social entrepreneur (#1) in the tourism industry creates 3D-print replicas of statues for Blind and vision-impaired tourists to touch and in doing so, she is transforming how people experience museums.

According to these social entrepreneurs, their *why* is clear: targeting people with disabilities offers both financial and social benefits. However, while they understand *why* organizations should target people with disabilities, there is less consensus about *how* to successfully do this. One of the major challenges that the social entrepreneurs face is how to seek legitimacy from disabled customers. Legitimacy is the precondition for garnering trust (Gehman et al., 2017) and it refers to the appropriateness of an entity within some socially constructed system of norms, beliefs, or values (Suchman, 1995). It can be difficult to garner legitimacy from the disability community because the population has faced a history of oppression. Similar to patriarchal and racist systems that favor some social identities (e.g., men, white people) and create barriers for others (e.g., women, Black people), the disability community has been subjected to ableist systems that preference ability over disability. Therefore, potential disabled customers may question the motivations of a social entrepreneur. For example, disabled customers may worry that the social entrepreneurs are including them as a form of performative activism—claiming to care not because of a devotion to the cause, but rather to increase capital. Because the disability community has a history of being excluded, it is more difficult for social entrepreneurs to garner legitimacy and thus, support.

In addition, because disability is a stigmatized identity (Goffman, 1963), social entrepreneurs face additional challenges. Stigma refers to the discrediting and devaluing of a person because of an attribute they possess. Because disability is stigmatized, some potential

customers may feel uncomfortable identifying as disabled. How then, can social entrepreneurs garner legitimacy from two distinct customer groups? Specifically, those who proudly identify as disabled compared to those who do not feel comfortable identifying as disabled. Furthermore, how can social entrepreneurs manage the stigma associated with disability for these two groups? How do they consider their potential customers' stigma management needs and how does this ultimately affect efforts to garner legitimacy from these customers?

To better understand the process of providing a product or service to the disability community, I investigated 41 social entrepreneurs who have entered the disability space. Given the challenges they face regarding disability as a stigmatized identity, I began my study with the question: *How do social entrepreneurs in the disability space manage the stigma associated with disability?* Then, over time and after immersing myself in the data and literature, I came to focus on my overarching research question: *How do social entrepreneurs in the disability space seek legitimacy from their stigmatized customers?*

Previous work has considered the legitimacy challenges involved with social entrepreneurship, specifically, the challenges involved with balancing two distinct social-commercial organizational forms (e.g., Battilana and Lee, 2014). Because social enterprises are not fully charities nor businesses, but rather a hybrid of the two, they utilize processes, identities, and logics from these oftentimes contradictory forms. Thus, scholars have considered how social entrepreneurs garner funding or other institutional support. However, what remains unaddressed are the legitimacy challenges involved in seeking trust from stigmatized customers. It is important to consider the added complexity of stigma in the legitimation process because not doing so could lead to a lack of support from stigmatized customers and thus, failed social enterprises.

The format of this dissertation is as follows. In Chapter 2, I provide an overview of the relevant literatures. First, I review the literature on legitimacy judgments. Specifically, I investigate organizational literatures that offer two distinct perspectives on legitimacy judgments.

The first, propriety beliefs, focuses on the observer's perspective, considering how an observer judges an entity as legitimate or illegitimate. While the second, legitimacy work, focuses on the legitimacy seeker's perspective, considering the work they engage in to persuade observers of their legitimacy. I combine insights from these two disparate literatures (i.e., propriety beliefs and legitimacy work) to offer a new framework for understanding how social entrepreneurs seek legitimacy from their disabled customers via affiliative and moral legitimacy work tactics or non-disabled customers via instrumental legitimacy work tactics. Then, I review the literature on stigma and stigma management to better understand how social entrepreneurs manage the stigma associated with disability. Specifically, I highlight the difference between coping and empowerment strategies. Both of these strategies aim to normalize, but the first does this by downplaying the stigma and the second does this by highlighting the stigma. After describing both legitimacy and stigma, I then review how the entrepreneurship and *social* entrepreneurship literatures have studied those two concepts. Lastly, I review the literature on disability as an identity. I specifically highlight the opportunity afforded by Identity Theory (Brewer & Gardner, 1996) to consider disability as not only a personal identity (e.g., "I am disabled"), but also as a relational identity (e.g., "I am the mother of a disabled son"). This distinction is useful in understanding the social entrepreneurs' relationship with disability and their resulting perspectives on how to manage stigma and seek legitimacy. I also include a discussion on the difference between having an impairment and identifying as disabled. I use this as a distinction between two potential customer markets: those that are empowered by the disability identity and those that are not empowered by the identity and choose to not identify as disabled, despite having an impairment. This is important to describe (both practically and theoretically) because the social entrepreneurs and their customers in the disability space are not immune to ableism. Ableism creates pressure to meet normative standards regarding ability that greatly affect people's willingness to identify as disabled and shop at disabled brands.

Then in Chapter 3, I describe the context, specifically social entrepreneurs in the disability space, as well as my grounded theory methodology. In Chapter 4, I address my research questions: (1) How do social entrepreneurs in the disability space seek to garner legitimacy from their stigmatized customers? and (2) How do social entrepreneurs in the disability space manage the stigma associated with disability? In this chapter, I provide a model that emerged from my findings, which shows two pathways that social entrepreneurs use to seek legitimacy: “Integrating” versus “Differentiating.” The “Integrating” path toward legitimacy can be characterized by its assimilation of disability, where stigma is managed via coping strategies (i.e., low disability salience) and legitimacy is sought by leveraging relationships with trusted institutions and emphasizing one’s professional competence (i.e., instrumental legitimacy). In contrast, the “Differentiating” path toward legitimacy can be characterized by its celebration of disability, where stigma is managed via empowerment strategies (i.e., high disability salience) and legitimacy is sought by displaying a relationship to the disability in-group (i.e., affiliative legitimacy) as well as a commitment to morality (i.e., moral legitimacy). The social entrepreneurs recognize that both pathways can be useful for seeking legitimation, however, they also recognize that *integrating* is more effective with customers who do *not* identify as disabled, while *differentiating* is more effective for customers that do identify as disabled.

In Chapter 5, I discuss both the theoretical and practical implications of these findings, highlighting the relevance to literatures on disability, identity, stigma, legitimacy, and social entrepreneurship. Through this study, I add insight into the ongoing debate regarding the connection between stigma and legitimacy by showing the unique—yet interconnected—practices involved with stigma management and legitimacy work. In addition, I explain how social entrepreneurs attempt to seek legitimacy from the disability population, including the tensions that arise from serving customers who identify with the stigmatized identity versus those who do not. I combine two previously siloed literatures (i.e., propriety beliefs and legitimacy

work) to show how social entrepreneurs use affiliative and moral legitimacy work tactics while attempting to seek legitimacy from disabled customers, but instrumental legitimacy work tactics while seeking legitimacy from non-disabled customers. This distinction can also add insight to the social entrepreneurship literature because it posits that the identity of the customer influences the social entrepreneur's focus on their social versus economic missions. And lastly, I contribute to the literature on stigma and identity by highlighting the unique implications of identifying with disability via a relational self and disclosing this relational disability identity.

Chapter 2

Literature Review

Given my focus on how social entrepreneurs manage the stigma associated with disability and seek legitimacy from stigmatized customers, I review relevant insights from both the legitimacy and stigma management literatures. In addition, I highlight how the social entrepreneurship literature has previously incorporated both stigma and legitimacy. Then I conclude with a discussion of the identity literature. While identity is not an exclusive angle of investigation in this study, I found it to have key implications for my emergent theory. Indeed, identity affects all aspects of the legitimation-seeking process. For example, customers' identity shapes which pathway a social entrepreneur takes when seeking legitimation. Additionally, I found that identity is actually deployed as a legitimacy work tactic (e.g., moral identity, relational disability identity, personal disability identity).

Legitimacy

Legitimacy is defined as “a generalized perception or assumption that the actions of an entity are desirable, proper, or appropriate within some socially constructed system of norms, values, beliefs, and definitions” (Suchman 1995: 574). Legitimacy is a multi-level construct. Research on legitimacy judgments has distinguished between “propriety” as an individual-level judgment, “validity” as a collective-level judgment (Bitektine and Haack, 2015), as well as “consensus” as a meso-level judgment (Haack et al., 2021). Despite recognition that legitimacy involves the perceptions of individual evaluators (Tost, 2011), legitimacy seeking at the individual level has received scant attention in organizational studies (Haack et al., 2021).

While most research on legitimacy has focused on the macro-level, two streams of research focus on legitimacy at the individual-level. The first stream focuses on the legitimacy evaluators' perspective, referred to as *propriety beliefs*, and the second, focuses on the legitimacy seekers' perspective, referred to as *legitimacy work*. Because legitimacy is socially constructed (Johnson, Dowd, & Ridgeway, 2006), both evaluators and the entity being evaluated are important considerations for understanding legitimacy at the individual-level. Indeed, legitimacy is a negotiation between the evaluators and a focal entity. Scholars have found that legitimacy work is not always effective (Wylie et al., 2014; O'Dwyer et al., 2011) because legitimacy seekers do not always consider the preferences of different evaluators. Thus, I combine insights from two streams of legitimacy research that were previously siloed. I rely on work on (1) propriety beliefs and (2) legitimacy work to better understand how social entrepreneurs may consider evaluators while engaging in legitimacy work tactics. I now review the literatures on propriety beliefs and legitimacy work below.

Propriety Beliefs

Much of the literature on propriety beliefs focuses on how evaluators make legitimacy judgments. Propriety refers to an individual evaluator's belief that a legitimacy object is appropriate for its social context. Research on propriety beliefs refers to legitimacy as a perception. Thus, legitimacy is not a property owned by an individual (or entity), but rather a judgment rendered by an individual (Bitektine, 2011; Tost, 2011). Similar to other social evaluations, such as stigma or status, legitimacy occurs between an evaluator and an entity. The process involves actors (i.e., evaluators) who perceive, render judgment of an entity (i.e., confer or deny legitimacy), and then act upon these judgements.

Evaluators typically form legitimacy judgments in a passive mode (Tost, 2011), where they either assume legitimacy because the object conforms to normative expectations (i.e., cognitive legitimacy) or they rely on validity cues such as endorsements from others (i.e., regulative legitimacy). This form of assessment relies on cognitive heuristics (Kahneman & Frederick, 2002; Kahneman & Tversky, 1996) or social conformity (Asch, 1956) and is often biased in a positive direction. Thus, most entities are passively assumed to be legitimate. It is only when norms are disrupted or individuals are faced with competing or ambiguous conditions (Greenwood et al., 2002) that they shift to an evaluative mode where they would need to actively consider the legitimacy of an entity. In this study, because of the nascent disability context, the social entrepreneurs recognize that they cannot take legitimacy for-granted. Instead, customers (i.e., evaluators) make active legitimacy judgments of the social entrepreneur and—by extension—their social enterprise.

Propriety beliefs are important because they facilitate the formation of evaluators' responses toward the entity (Suddaby et al., 2017; Bitektine & Haack, 2015; Tost, 2011). If evaluators deem the entity to be proper, they will evaluate that entity as desirable and ultimately support it as legitimate. However, if they deem it to be inconsistent with some standards or principles, they will not grant legitimacy and thus will withhold support. This could result in avoiding (Hudson & Okhuysen, 2009) or condemning the object (Maguire & Hardy, 2009). In addition, legitimacy is a precondition for granting trust (Gehman, et al., 2017). Trust is defined as “the willingness of a party to be vulnerable to the actions of another party based on the expectation that the other will perform a particular action important to the trustor, irrespective of the ability to monitor or control the other party” (Mayer et al., 1995: 712). Thus, without legitimacy we would not expect an entity to be trusted.

When perceivers make an active legitimacy judgment, their evaluations fall along three dimensions: (1) affiliative, (2) moral, and (3) instrumental. Thus, propriety beliefs include

standards related to these three dimensions. These can be understood as lenses that an evaluator uses to develop their propriety beliefs. The affiliative⁵ dimension of legitimacy is the extent to which an object promotes respect, dignity, and status for the evaluator's social identity (Tyler, 1997; Tyler & Lind, 1992). Thus, an evaluator may view an object as legitimate if it affirms their social identity and increases their sense of self-worth (Tost, 2011). The moral dimension of legitimacy is linked to perceptions of fairness and justice. Moral legitimacy refers to whether an object is perceived as being consistent with the evaluator's moral and ethical values. Thus, an evaluator may view an object as legitimate if it is "prosocial" (Suchman, 1995: 579). In addition, moral legitimacy is based on doing the right thing, for example, making a decision that is not solely based upon a benefit cost analysis. Lastly, the instrumental dimension⁶ of legitimacy is the extent to which an object promotes the material interests of the evaluator, for example in terms of effectiveness, efficiency, or utility. This dimension of legitimacy is inherently self-interested. Thus, evaluators may view an object as legitimate if it serves their personal needs. According to Tost (2011), an evaluator's social identity is important with regards to which dimension of legitimacy (i.e., affiliative, moral, or instrumental) is prioritized while making a legitimacy judgment. With higher levels of group identification (i.e., in-group), the evaluator will prioritize relational and moral legitimacy. However, if the evaluator has lower levels of group identification, they will likely prioritize the instrumental dimension of legitimacy.

In sum, while developing active propriety beliefs, evaluators with higher group identification will prioritize affiliative and moral dimensions of legitimacy compared to evaluators with lower group identification who will prioritize the instrumental dimension of

⁵ This "affiliative legitimacy" dimension was previously coined as "relational legitimacy" (Tost, 2011), however, given my use of Identity Theory and disability as a "relational identity," I changed the label to avoid confusion. In addition, it has also been referred to as "emotional legitimacy" (Diez-Martín et al., 2021).

⁶ This "instrumental legitimacy" dimension is also referred to as "pragmatic legitimacy."

legitimacy. This framework helps to understand why social entrepreneurs are concerned about how they may be perceived by different customers with higher (i.e., disabled) versus lower (i.e., non-disabled) group identification. Now I consider the literature on legitimacy work to understand how social entrepreneurs may influence propriety beliefs (i.e., seek legitimacy).

Legitimacy Work

Legitimacy work focuses on the legitimacy seekers' perspective, specifically how they seek to garner legitimacy. Legitimacy work is defined as purposeful activity to shape others' evaluation of something as "desirable, proper or appropriate" (Suchman, 1995: 574; Treviño, den Nieuwenboer, Kreiner, & Bishop, 2014). Existing literature highlights that legitimacy work involves attempts at persuasion in order to influence an individual's beliefs, attitudes, or behaviors (Huy, 2012; Voronov & Vince, 2012). These "tactics" can be used to counter legitimacy challenges (e.g., Treviño et al. 2014; Lefsrud et al. 2019; O'Neil & Ucbasaran 2016). For example, Hardy and Maguire (2010) utilize a case study of the United Nations conference that established global regulations for the insecticide DDT to show how discourse can influence the perceived propriety of an entity. While Treviño and colleagues (2014) examined how ethics and compliance officers worked to garner legitimacy in their organizations. Most of the research on legitimacy work has focused on the persuasiveness of discourse in seeking legitimacy.

By combining the literature on legitimacy work with the dimensions outlined in propriety beliefs, I will provide a framework for understanding how social entrepreneurs seek to garner legitimacy from their stigmatized customers. Specifically, social entrepreneurs may focus on fostering community and pride through the disability social identity (i.e., affiliative legitimacy work). They may also persuade customers that they want to help and are not simply interested in profiting from disability culture (i.e., moral legitimacy work). And lastly, they may focus on

persuading customers that their social enterprise can meet their needs (i.e., instrumental legitimacy work). Now I review the literature on social entrepreneurship in regard to legitimacy.

Social Entrepreneurs and Legitimacy

Within the social entrepreneurship literature, scholars typically study legitimacy with regards to the challenges that arise from “hybridity.” Hybridity refers to the “state of being composed through the mixture of disparate parts” (Battilana & Lee, 2014). In social entrepreneurship, hybridity refers to the combination of multiple organizational forms, organizational identities, and/or institutional logics. Organizational forms are clusters of features that are shared among organizations that enact that form (Hannan & Freeman, 1986). For example, social entrepreneurship involves the combination of aspects of the charity and business forms (Hoffman et al., 2012; Pache & Santos, 2013). Hybridity may also refer to how organizations combine multiple identities. Scholars have considered how the presence of multiple identities affect the experiences of the organization’s members (e.g., Glynn, 2000). In addition, hybridity may refer to the combination of multiple institutional logics. Institutional logics are the taken-for-granted beliefs and practices that guide actors’ behavior in fields of activity (Friedland & Alford, 1991). Organizations that enact multiple logics must manage the logics’ different and potentially conflicting demands (Kraatz & Block, 2008; Pache & Santos, 2013). Battilana and Lee (2014) combine these aspects of hybridity to define “hybrid organizing” as “the activities, structures, processes, and meanings by which organizations make sense of and combine aspects of multiple organizational forms.” Hybrid organizing poses unique external and internal challenges because of their position between the business and charity sectors (Battilana & Lee, 2014). This creates legitimacy issues because of the different social groups and interests involved

(Lounsbury & Glynn, 2001; Aldrich & Fiol, 1994). Scholars have found that these stakeholders have diverse expectations related to social and economic value creation (Porter & Kramer, 2006).

In addition to the legitimacy challenges that social entrepreneurs face due to hybrid organizing, scholars have also recognized that legitimacy challenges exist when entrepreneurs seek to create social change. Change implies deviation from some norm (Garud & Karnøe, 2001). Scholars interested in studying change often study “institutional entrepreneurship,” which is defined as the “activities of actors who have an interest in particular institutional arrangements and who leverage resources to create new institutions or to transform existing ones” (Maguire et al., 2004: 657). This is particularly relevant for social entrepreneurs in the disability space because their ultimate goal is to disrupt ableist systems of inequity for people with disabilities.

Scholars also recognize that nascent industries pose particular challenges for social entrepreneurs. Often referred to as emerging fields (Fligstein, 1997), these contexts are characterized by high uncertainty and a lack of access to taken-for granted legitimacy that would be present in a more mature industry. For example, these industries lack a stable, shared discourse, as well as established norms. The disability space is a nascent industry, which makes it more difficult for social entrepreneurs because they have to actively persuade customers that they are legitimate. In the next section, I review the literature on stigma management because of my interest in understanding how social entrepreneurs manage the stigma associated with the disability identity.

Stigma

Stigma, like legitimacy, is a social evaluation. However, while legitimacy is related to an entity’s appropriateness, stigma refers to an undesirable difference. Seminal work on stigma defines it as a deeply discrediting attribute or “mark” that reduces an entity’s worth (Goffman,

1963). There are three types of stigma: physical, moral, and tribal (Goffman, 1963; also referred to as “taints” Hughes, 1958). Thus, an entity may be stigmatized based upon physical characteristics, morality, or their group membership. In addition, stigma has been studied across levels of analysis, where a stigmatized entity may be a person, occupation (e.g., “dirty work” Ashforth et al., 2007), organization, or industry. In this study, I refer to the stigma associated with a person that arises from their connection to a tainted social identity (i.e., disability).

Stigma is important because it acts as a social devaluation that can result in prejudice, stereotyping, and/or discrimination (Dovidio, Major, & Crocker, 2000). The stigmatization process begins with people identifying and labeling human difference. After being labeled, the person is stereotyped and linked to the undesirable characteristic. This leads to a social comparison of the perceivers and the stigmatized “others” that creates discrimination. In this process—once people are labeled, cast aside, and linked to the undesirable characteristic—others create rationale to devalue and exclude them (Link & Phelan, 2006). In addition, stigma can transfer to individuals that associate with the stigmatized. This creates challenges because potential customers may avoid a stigmatized entity for fear of being stigmatized by association (Goffman, 1963; Jones et al., 1984) or they may engage in “phantom acceptance” by privately supporting a stigmatized entity.

Stigma Management

Much of the work on stigma at the individual-level considers how people experience and manage stigmatization (Crocker, Major, & Steele, 1998). Specifically, where a person with a stigmatized attribute encounters non-stigmatized others and then employs a strategy (Goffman, 1963; Link and Phelan, 2001; Major and O’Brien, 2005). For example, scholars have used stigma to explain the devaluation of a variety of social identities including queer identities (Neuberg et

al., 1994), obesity (Hebl & Mannix, 2003), and race (Blascovich, Mendes, Hunter, Lickel, & Kowai-Bell, 2001). Much of this research considers stigma management during an interpersonal interaction, however, there has been some discussion of stigma management tactics that occur beyond interpersonal interactions. For example, when individuals with a shared stigmatized identity discuss their stigma management tactics among themselves or with sympathetic allies (Goffman, 1963; Schneider & Conrad, 1980) (e.g., Herman-Kinney & Verschaeve, 2003). These studies consider how groups help each other by learning about, preparing for, or rehearsing stigma management strategies (Schneider & Conrad, 1980; Miall, 1986; O'Brien, 2011). Thus, there is evidence that stigma management occurs via other channels, beyond interpersonal interactions. This is important because in this study, I consider how social entrepreneurs (who may or may not be stigmatized themselves) may manage the stigma associated with their customers and product.

Stigma management strategies could be broadly characterized under two categories: coping and empowerment. Coping strategies refer to strategies that individuals use to avoid negative consequences, while empowerment strategies refer to actively creating positive outcomes (Oyserman & Swim, 2001). For example, an individual who uses a wheelchair may use a coping strategy of “apologizing” while blocking a narrow aisle. In contrast, an individual may use an empowerment strategy of “educating” to highlight the inaccessibility of the aisle. The key difference between these two types of strategies is the stigmatized individual’s agency, specifically, whether the stigmatized individual is resigned to coping or empowered to make a change. Examples of both coping and empowerment stigma management strategies are listed below in Table 2-1.

Table 2-1: Coping vs. Empowerment Stigma Management Strategies

Examples of Stigma Management Strategies			
Coping Strategies		Empowerment Strategies	
<i>Hiding</i>	restricting one's display of stigma failings	<i>Educating</i>	viewing stigma as an opportunity to teach others
<i>Excusing</i>	using the stigma as an excuse for failures	<i>Re-defining</i>	reinterpreting one's social identity
<i>Avoiding</i>	avoiding stigmatizing situations	<i>Reframing</i>	reframing non-stigmatized individuals as also needing help/sympathy
<i>Apologizing</i>	apologizing for stigma	<i>Creating Community</i>	bonding with other stigmatized individuals

Note: Example strategies are compiled from (Goffman, 1963; Ashforth et al., 2007; Meisenbach, 2010)

According to the stigma management literature, the key to understanding why a stigmatized individual may choose a coping or empowerment strategy involves the individual's perceptions of public and self-stigma. Public-stigma includes the judgements and negative stereotypes that society places on the individual, while self-stigma refers to the degree to which the individual internalizes these judgements and stereotypes (Corrigan and Watson, 2002). Individuals range in their acceptance (or denial) of the public existence of a stigma and its personal relevance. For example, some individuals may accept that disability is stigmatized but may deny that the stigma applies to them (e.g., "I have limited mobility, but I am not disabled."). In contrast, other individuals may accept that the stigma applies to them but wish to change public opinion about disability (e.g., "I am disabled, but it's not a bad thing."). These perceptions regarding public-stigma and self-stigma affect whether the individual accepts the stigma as the status quo or wishes to challenge the public understanding of the stigma (Meisenbach, 2010).

Identity theories can be used to understand the utilization of empowerment strategies. Specifically, higher identification may lead to more empowerment because the individuals are

more likely to interact with members of the stigmatized group and thus be more aware of positive aspects of group membership (Corrigan & Watson, 2002). In contrast, if they do not identify with disability, they are likely to remain indifferent (Corrigan & Watson, 2002). In order to better understand the role of identity, I will now review the literature on identity as it pertains to disability.

The Disability Identity

Identities are self-definitions. Individuals are comprised of multiple identities—some more central than others—and individuals use these identities to understand who they are. Identity scholars seek to answer questions such as: “Who am I?” or “Who are we?” (Brown, 2020). Much of the identity literature stems from early attempts to cognitively understand either the reflexive “self” (e.g., “I” as opposed to “Me”; Mead, 1934) or the “self-concept.” One can think of the “self-concept” as a set of cognitive schema (or identities) that represent an individual (e.g., Greenwald & Pratkanis, 1984; Markus & Wurf, 1987). In contrast to streams of research interested in how one thinks of oneself restricted to one’s psyche, management scholars have built upon sociologists’ and social psychologists’ theorizations of the reflexive “self”, which position the self in a *social* environment. Thus, management scholars are interested in how identity manifests within and between people—essentially how individuals view themselves as both separate from and connected to others.

The predominant theory for studying identities in the organizational literature is Social Identity Theory (e.g., Hogg & Abrams 1988; Tajfel & Turner, 1979). Social Identity Theory builds upon Self-Categorization Theory (Turner, 1985; Stets & Burke, 2000; Stryker, 2000; Tajfel & Turner, 1979, 1986). According to Self-Categorization Theory, individuals attempt to understand who they are by sorting themselves into categories based upon shared attributes with

others (Flippen, Hornstein, Siegal, & Weitzman, 1996). And interestingly, while placing themselves in a category, individuals are also reflexive about how that category contrasts with other identities (Turner & Onorato, 1999) (i.e., the “looking-glass self”; Cooley, 1902). Thus, individuals with a disability may place themselves into a disabled category based upon shared experiences with the medical system, pain, discrimination, or other disability-related attributes, while simultaneously considering how nondisabled people may experience the world differently. These categorizations are important because they order the social environment, and they help individuals define both themselves and others (Ashforth & Mael, 1989).

Scholars use Self-Categorization Theory and—by extension—Social Identity Theory to explain behaviors that result from an individual’s social identities. Social identities are the part of an individual’s self-concept that derives from one’s knowledge of their membership in a social group (or groups) (Tajfel, 1978). Thus, individuals define themselves in terms of a collective. These social groups (or collectives) may include broad social categories such as race, gender, or disability (e.g., Dirth & Branscombe, 2018). Scholars using the social identity approach view group membership as a psychological state that leads to a collective representation of both who one is and how one should behave (Hogg & Abrams, 1988).

As the term “social” suggests, these theories are largely relational and comparative, where one’s own social identity is relative to other social identities. For example, the category of “disabled” only has meaning when compared to the category of “not-disabled” (Ashforth & Mael, 1989; Breakwell, 1986). Given this comparative nature, Social Identity Theory is often used to distinguish between social groups. Thus, scholars interested in answering identity questions such as “Who am I?” focus on both groups that an individual belongs to (i.e., *in-group*) as well as groups that they do not belong to (i.e., *out-group*). In addition, these comparisons have led some scholars to study anti-identities, which answer the questions “Who am I not?” or “Who are we not?” (Reger et al., 1998: 151). At the core, these anti-identities are focused on dis-identification

(Elsbach, 1999), where “individuals’ social identities and self-concepts are defined by the groups or organizations from which they perceive their identities to be separated” (Elsbach & Bhattacharya, 2001: 394).

The implicit assumption behind Social Identity Theory is that individuals are motivated by a need for belonging to a larger group (Kreiner, Ashforth, & Sluss, 2006). Indeed, the human desire for connection with others, recognizing the “I as part of we”, or “being part of something greater” is fundamental to identity (Deaux, Reid, Mizrahi, & Cotting, 1999). As such, an individual’s self-worth stems in part from the collective. Social Identity Theory takes this a step further and posits that an individual’s self-worth stems from the group’s status in relation to an out-group (Turner et al., 1987), thus, the relative status of one collective vis-à-vis another. Scholars interested in studying disability with Social Identity Theory have found that disability pride is a way to protect self-esteem against stigma (Bogart et al., 2018). Bogart and colleagues (2018) found that the negative impacts of stigma may be mitigated when members of the stigmatized group choose to identify with each other rather than the majority culture. Other scholars have found that lower life satisfaction among disabled adolescents can be mitigated by a sense of belonging to the community (Daley et al., 2018).

An individual can relate to others in their social environment in multiple ways. While Social Identity Theory focuses on one’s relationship to a collective, there are actually two other levels from which one can formulate one’s self-identity. Often referred to as the tripartite approach to identity, scholars have identified that one’s identity is comprised of three fundamental levels of self-representation (or “inclusiveness”): the individual, the relational, and the collective self (e.g., Brewer & Gardner, 1996; Triandis, 1989). This view acknowledges that individuals define themselves in terms of: (1) their unique traits (i.e., individual/personal self), (2) interpersonal relationships (i.e., relational self), and (3) their group memberships (i.e., collective self) (Brewer & Gardner, 1996; Sedikides & Brewer, 2001). All three of these levels—the

personal, relational, and collective selves—are components of an individual’s self-identity. It is important to note that these levels refer to “levels of inclusiveness” rather than levels of analysis (e.g., van Knippenberg et al., 2004; Miscenko & Day, 2015). Thus, these “levels of inclusiveness” refer to how individuals conceive their own identity, rather than exploring identity across multiple levels of analysis (e.g., beyond the individual—moving toward group or organizational-level identities).

The tripartite approach recognizes that individuals use different references in order to make identity claims about who they are (i.e., another individual, the complementary person in a dyadic relationship, or a group). Additionally, research has found that individuals place differing levels of importance on each aspect of the self (Brewer & Chen, 2007). For example, all individuals have aspects of the self that relate to interpersonal roles, such as friend, parent, or employee. However, individuals differ in the frequency that they think of themselves in terms of a particular label and the value they place on this form of self-representation (Thatcher & Greer, 2008). When considering disability as an identity, therefore, I recognize that an individual could identify with disability at three different levels of inclusiveness. For example, one may consider individual impairments as distinct and self-defining (personal self), a person may view her role as a mother of an autistic child as self-defining (relational self), and/or one may consider connection with a disability group as self-defining (collective self).

The predominant theory for studying the personal self and relational self in organizational studies is Identity Theory. Identity Theory is used to distinguish between individuals rather than groups (Brewer & Gardner, 1996). According to Identity Theory, individuals are motivated to maintain a sense of distinctiveness and uniqueness (Kreiner et al., 2006), which encourages individuals to consider how they are personally distinct from others. Indeed, part of an individual’s self-worth stems from comparisons with other individuals’ personal traits (Pelham, 1995; Suls & Wills, 1991). These personal traits may include personality traits, skills and

abilities, or values. When considering disability, individuals may derive meaning from their own individual impairment. For example, an individual diagnosed with attention-deficit/hyperactivity disorder (ADHD), a neurological disorder that affects one's ability to focus on tasks and control their impulses, may identify as "creative" or "energetic." These personal traits may be used to distinguish the individual from others. Additionally, an individual diagnosed with major depressive disorder (MDD), a mood disorder that is characterized by persistent feelings of sadness and loss of interest, may identify as "empathetic" or "resilient." The personal self is distinct from the collective self because the individual is deriving their identity (and self-worth) from their own distinctiveness, rather than a collective disability identity. Scholars in disability studies recognize the difference between these two selves for people with disabilities. For example, a study on adults with cerebral palsy found that individuals deployed different identities depending upon the context. Individuals valued their personal identity in situations where they were receiving support that was unique to their needs. However, they also valued their social identity in situations where they needed to cope with stigma (Read et al., 2013).

In addition to personal traits, Identity Theory has also been used to describe relational or role-based identities. These identities are motivated by a need for interdependency (Brewer & Gardner, 1996) where the individual's self-worth depends on fulfilling behavioral expectations related to a dyadic role (Stryker, 1991). Management scholars have used Identity Theory to describe the relationship between roles and counter roles as well as identity work. When considering disability, individuals may derive meaning from their role working at a disability-focused organization or from an interpersonal relationship they have with a disabled person (e.g., parent of disabled child).

Despite the tripartite approach to identity's recognition that disability could be incorporated into one's self-concept through three levels of inclusiveness, management scholars have traditionally treated the disability identity—either implicitly or explicitly—as a social

identity. This conceptualization of disability conveys group membership. In other words, it assumes that an individual's disability identity stems from the collective self. Because of this focus on disability as a social identity, we lack understanding of how individuals may identify with disability in order to distinguish themselves from others and/or via a role or relationship. This is especially pertinent for management scholars because much of the organizational landscape around disability includes individuals who may not derive meaning from a social disability identity. For example, the following organizations are all led by parents of disabled children (i.e., individuals who identify with disability via their relational self): United Cerebral Palsy (UCP), The Arc, National Alliance on Mental Illness (NAMI), Autism Speaks, American Society for Deaf Children, and the National Down Syndrome Society.

Summary

In this literature review, I considered previous work on legitimacy, specifically, from the view of an evaluator (i.e., propriety beliefs) and a legitimacy seeking entity (i.e., legitimacy work). By combining these literatures, I offer a framework of strategies that social entrepreneurs use to seek legitimacy from two distinct customer groups. Studying social entrepreneurs in the disability space is an ideal setting for understanding how actors seek legitimacy from their customers because of the inherent challenges present (1) in nascent industries and (2) when actors are conducting institutional work. This study includes these factors and adds another layer of legitimacy challenges because of the stigma associated with disability.

To better understand how scholars have studied stigma, I reviewed the stigma management literature. I highlighted the difference between coping and empowerment strategies. This framework helps me to explain the preference for one set of stigma management strategies over another. Specifically, those with high disability identification will utilize empowerment

strategies compared to those with low disability identification. This is particularly useful for this study, which considers how social entrepreneurs manage stigma. I found that they utilize both coping and empowerment strategies depending upon the identity of their primary customer.

I concluded the review with a discussion of the identity literature, given its importance to understanding the legitimation process. Previous work in organizational studies has treated disability as a social identity, however, disability may also be incorporated into the self-concept via personal and/or relational selves. This is important because of the significant distinctions between the identities that may impact the social entrepreneurs' behavior.

Chapter 3

Context and Methodology

To better understand how social entrepreneurs can seek legitimacy, and thus act as agents of change for marginalized groups. I explore my research questions using grounded theory in the context of social entrepreneurs in the disability space. Specifically, I study social entrepreneurs who have founded disability-related organizations. This is an “information rich” (Patton, 2001) context considering we know little about how social entrepreneurs attempt to manage stigma or how they seek legitimacy from their customers. In this chapter, I begin by defining disability and describing the context of social entrepreneurship. Then, I describe my data, which includes 41 semi-structured interviews with social entrepreneurs as well as secondary data from their social enterprise’s E-commerce and social media websites. I end the chapter with a description of my grounded theory methodology.

Context

Research Setting: Disability-Related Social Enterprises

In this dissertation, I focus on entrepreneurs who have founded disability-related social enterprises. Social entrepreneurship is defined as a process of creating social value that combines resources in a novel way in order to address a *social* need (Mair & Martí, 2006). Social entrepreneurs develop social enterprises, which are organizations that have hybrid missions to create both economic and social value. Thus, social entrepreneurs aim to alleviate social problems or catalyze social change (Alvord, Brown, & Letts, 2004). The social entrepreneurs in this study

founded social enterprises that provide a product or service to help people with disabilities. I adopt the ICF⁷'s definition of disability as an “umbrella term for impairments, activity limitations, and participation restrictions, referring to the negative aspects of the interaction between an individual (with a health condition) and that individual’s contextual factors (environmental and personal factors),” where impairments are “problems in body function or alterations in body structure” (WHO, 2011). I wish to emphasize that the term disability captures a range of impairments that vary in terms of their visibility, onset, and care. For example, a disability may be invisible (e.g., depression), visible (e.g., Down syndrome), or may be “episodically visible” (Livneh et al., 2014; e.g., *Autism Spectrum Disorder* Johnson & Joshi, 2016). In addition, a disability may be innate (i.e., person is born with the disability) or acquired (i.e., person becomes disabled/is diagnosed with a disability later in life). Lastly, a disability may be chronic (i.e., permanent) or temporary (i.e., transitional). In this study, I include social entrepreneurs who provide products and services for a range of disabilities including: physical impairments (e.g., cerebral palsy, paraplegia, dwarfism), communication impairments (e.g., deafness, blindness), intellectual and developmental impairments (e.g., Down syndrome, autism), mental health impairments (e.g., depression, bipolar disorder), and chronic illness (e.g., arthritis, diabetes, cancer).

These social entrepreneurs are an ideal sample for studying social evaluations because they face both stigma and legitimacy challenges. In regard to stigma, the disability identity is stigmatized. Thus, both the customers and the product are potentially stigmatized because they are tied to the disability identity. I build upon previous work that recognizes disability as a stigmatized identity. This prior work uses ableism and disablism to explain the marginalization of people with disabilities (e.g., Williams & Mavin, 2012; Jammaers & Zanoni, 2020; Van Laer et

⁷ ICF is the International Classification of Functioning, Disability, and Health

al., 2020). Specifically, *ableism* refers to the preference for normative bodies and minds and *disablism* refers to discrimination against disabled people (Campbell, 2009). These belief systems are deeply and subliminally embedded within a society's culture (Campbell, 2008). They preserve systems of inequality and power differences between non-disabled and disabled people and cast disability as a "diminished state of being human" (Campbell, 2001: 44). For example, disabled people are often constructed as less capable, (Foster & Wass, 2013), helpless (Colella & Bruyère, 2011), and "in need of care" (Jammaers, Zanoni, & Hardonk, 2016).

In addition to stigma, the social entrepreneurs in this sample also face legitimacy challenges. Legitimacy has been recognized as a key issue for entrepreneurs when entering an industry in its formative years (e.g., Aldrich & Fiol, 1994). And *social* entrepreneurs face added legitimacy challenges as they balance hybrid missions. Specifically, the juxtaposition of revenues and social impact can create legitimacy tensions regarding practices (Smith et al., 2013), stakeholder demands (Pache & Santos, 2013), and values (Besharov & Smith, 2014). In this study, the social entrepreneurs in the disability space are faced with seeking legitimacy from an array of stigmatized customers who may have different expectations in terms of social impact. Given these salient stigma and legitimacy challenges, we need to better understand (both practically and theoretically) how social entrepreneurs manage these legitimacy challenges in order to seek legitimacy from their customers. I focus on how the social entrepreneurs' attempt to seek legitimacy from their customers (rather than other stakeholders) because of their critical role in the organization's performance and survival (Rosa et al., 1999). In addition, by focusing on one stakeholder group, I can account for differences within this important stakeholder group.

Methods

Data Description

The primary dataset for the study is 41 semi-structured formal interviews with social entrepreneurs who have founded disability-related social enterprises. Qualitative interviews are excellent for understanding how the social entrepreneurs process the complexities involved with stigma management and legitimacy-seeking decisions. I include social entrepreneurs that have founded social enterprises that provide inclusive activities (e.g., adaptive sports, inclusive tourism), holistic healthcare (e.g., nutrition for paralysis), advocacy (e.g., promoting disability information via merchandise, podcasts, or books), and adaptive apparel (i.e., clothing brands with adaptations related to closures, fit, or fabric that support ease of dressing and comfort). These social entrepreneurs are located in the United States, England, Ireland, Israel, Belgium, Australia, and India. The interviews are between 30 and 90-minutes, with an average length of 60-minutes. I include a table of the social entrepreneurs in the Appendix (Table B-1 Interview Dataset), including the social entrepreneur's disability identity, as well as their social enterprise's location, founding year, mission, and a description of the product or service.

I utilized a semi-structured format for the interviews, where I followed a pre-set protocol, but remained flexible in order to accommodate new questions depending on the interviewee. Some sample interview questions include: *(1) In what ways does your disability define who you are?; (2) What are the major challenges you have faced?; (3) How do you seek legitimacy?* (I include a sample protocol is included in the Appendix). In addition to the semi-structured interviews, I also collected data on the social entrepreneurs' social media sites and E-commerce websites, including how they marketed their products and how aesthetics were used in

relationship to disability (e.g., drawing attention toward or away from a disability). The use of this additional data helped to triangulate the findings that emerged from the in-depth interviews.

I began my data collection broadly, focusing on any social enterprise that included a social mission related to disability. The first wave of interviewees was identified via online databases connected to social enterprises, social media accounts using hashtags related to disability, and practitioner conferences related to disability. Subsequent interviewees were identified through snowball sampling where interviewees recommended additional social entrepreneurs who may be interested in participating.

I wish to note that there were initially 55 social entrepreneurs in this study, however, 14 of the social entrepreneurs founded “Work Integration Social Enterprises” (WISEs). This form of social enterprise addresses the societal challenge of long-term unemployment for marginalized groups—in this case providing training and/or jobs for people with disabilities. Some examples of WISEs include: coffee shops, car washes, recycling centers, and manufacturing warehouses. While these interviews were helpful in sensitizing me to the disability community and social entrepreneurs who aim to support disabled people, these social entrepreneurs are not operating in the same “disability market” as the other social entrepreneurs I identified. Instead of providing a product or service for disabled customers, and thus needing to seek legitimacy from that community, the WISE entrepreneurs are competing in traditional markets. Thus, as my research question narrowed to seeking legitimacy from stigmatized customers, I focused on the social entrepreneurs who were selling a product or service to disabled customers.

Data Analysis

I utilize grounded theory (Charmaz, 2014; Glaser & Strauss, 1967) in this study. This approach is specifically useful for understanding phenomena “about which little is yet known”

(Strauss & Corbin, 1990: 19). Therefore, it is appropriate for studying my research questions regarding how social entrepreneurs manage stigma and seek legitimacy in the disability space. While these two research interests are the focus of this dissertation, I wish to highlight that I did not begin this study with these research topics in mind. Instead, I entered my context with broader curiosity. I wished to explore how social entrepreneurs develop social enterprises for people with disabilities. However, early in my study, the social entrepreneurs emphasized issues related to identity, stigma, and legitimacy. From their guidance, I explored those themes more deeply. This is in line with grounded theory, which does not test a priori hypotheses, but rather focuses on developing theory from emergent conceptual categories.

In line with other grounded theorists, I do not assume that scientific truth reflects an independent external reality (see Suddaby, 2006). Instead, I view empirical “reality” as a socially constructed phenomena, where the social entrepreneurs in this study interpret and produce meaning. In addition, I do not claim *tabula rasa* (i.e., to have a blank slate while interpreting the data), but rather recognize that my previous experiences, knowledge of existing literature, and preliminary studies influence my perceptions of the data. Thus, instead of a *tabula rasa*, I followed the *tabula geminus* approach (Kreiner, 2016) in which the grounded theory derives both from pre-existing knowledge (from extant literature and the researcher’s experience) and emergent themes (from the new data). In order to increase transparency, I would like to highlight the extant literature and previous experiences that influenced my cognitive frame. In terms of extant literature, I had read extensively in the identity and stigma literatures and often saw connections to this work as I conducted and coded the interviews. In terms of personal experiences, I have professional experience as a QMHP-C (qualified mental health practitioner for children) and policy advisor on mental health reform. In addition, I have both personal and relational experience with disability. These experiences influenced my interpretation of the emergent themes.

The data analysis process was iterative. I utilized “constant comparison” (Glaser & Strauss, 1967), where I simultaneously collected and analyzed the data, allowing the emergent theory to shape my subsequent analytical decisions. I will describe two key aspects of the data analysis process—coding and memoing—but want to emphasize that these steps do not occur linearly (e.g., first interview, then code, then memo, and then write theory), but instead happen simultaneously and often not in a predetermined order. For example, coding the initial interviews informed future protocol questions and a “purposive” sampling strategy. In addition, I presented drafts of my models to scholars in both social entrepreneurship and disability studies for feedback, which also informed my theorizing.

Coding

All of the interviews were professionally transcribed, which allows for line-by-line thematic coding in NVivo. The coding process involves reading a transcript and categorizing specific units of text into labels or “codes” (Charmaz, 2006). This “open coding” (Strauss & Corbin, 1990) process remains close to the data, summarizing the text from the interviewees’ perspective. These codes are then defined and placed into a coding dictionary that is used for coding new interviews. Example codes include: Legitimacy Strategies and Disability Centrality. In addition to definitions, the coding dictionary also reflects the structure or relationship between the codes (referred to as “axial coding” Strauss & Corbin, 1990). The codes are identified as either a primary category (i.e., “parent” code) or a sub-category (i.e., “child” code). After each interview was coded, I updated the coding dictionary to reflect any new codes or coding structure. These updates are consistent with the iterative nature of the grounded theory approach where codes are occasionally rearranged or reformulated based on emergent insights in the data (Lincoln & Guba, 1985). As I analyzed the data, I worked to identify codes at “a slightly higher level of

abstraction—higher than the data itself” (Martin & Turner, 1986: 147) and continued to iterate the fit between different coding categories. I continued interviewing and coding until theoretical saturation (Locke, 2001) was reached, in which subsequent data analysis generated no new information, and thus no new codes.

Theoretical Memos

In addition to coding, I wrote memos (Charmaz, 2014) that elaborated on the codes and their relationship to each other as well as existing theory. Memo writing helps move disparate codes into a coherent theoretical model and creates a record of how the theory emerged from the data. The memos reflect flashes of insight that I gleaned after conducting interviews, reading articles on disability and interacting with people with disabilities. In addition, because the personality, experience, and character of a researcher are important to the research process (Strauss & Corbin, 1998), I also wrote memos connecting my own personal experiences and reactions to the data. I engaged in this self-reflection in order to consider my own personal views and assumptions while collecting, interpreting, and analyzing the data (Haynes, 2013), which I believe to be especially important while utilizing a *tabula geminus* approach (Kreiner, 2016).

Theorizing

The final theoretical frames involve identity, stigma, and legitimacy. I first considered the heterogeneous nature of the social entrepreneurs’ customers. This is important to consider because the customers may differ in how they react to the social enterprise. For example, some customers may openly support, while others may have “phantom acceptance” (Goffman, 1963) or oppose because of stigma transfer concerns. Amongst the customers that directly use the products

or services, there are two distinct identities (i.e., “Non-disabled” and “Disabled”). These identities refer to the level of dis-identification or identification with the disability identity. “Non-disabled” in this study refers to individuals who do not identify as disabled. This does not necessarily mean that the customer lacks an impairment, but rather that they do not view themselves as “Disabled.” Then I focus on stigma management to answer the question: How do social entrepreneurs manage the stigma associated with disability? I also utilize propriety beliefs and legitimacy work, answering the question: How do social entrepreneurs seek legitimacy from their stigmatized customers? The coding structure for my theorizing in regard to identity and stigma is outlined in Figure 3-1 and legitimacy in Figure 3-2 below. It provides examples of and relationships between first order concepts (e.g., linguistically identify disabled people as “experts”), second order themes (e.g., give power back to the disability community), and aggregate dimensions (e.g., affiliative legitimacy work tactics).

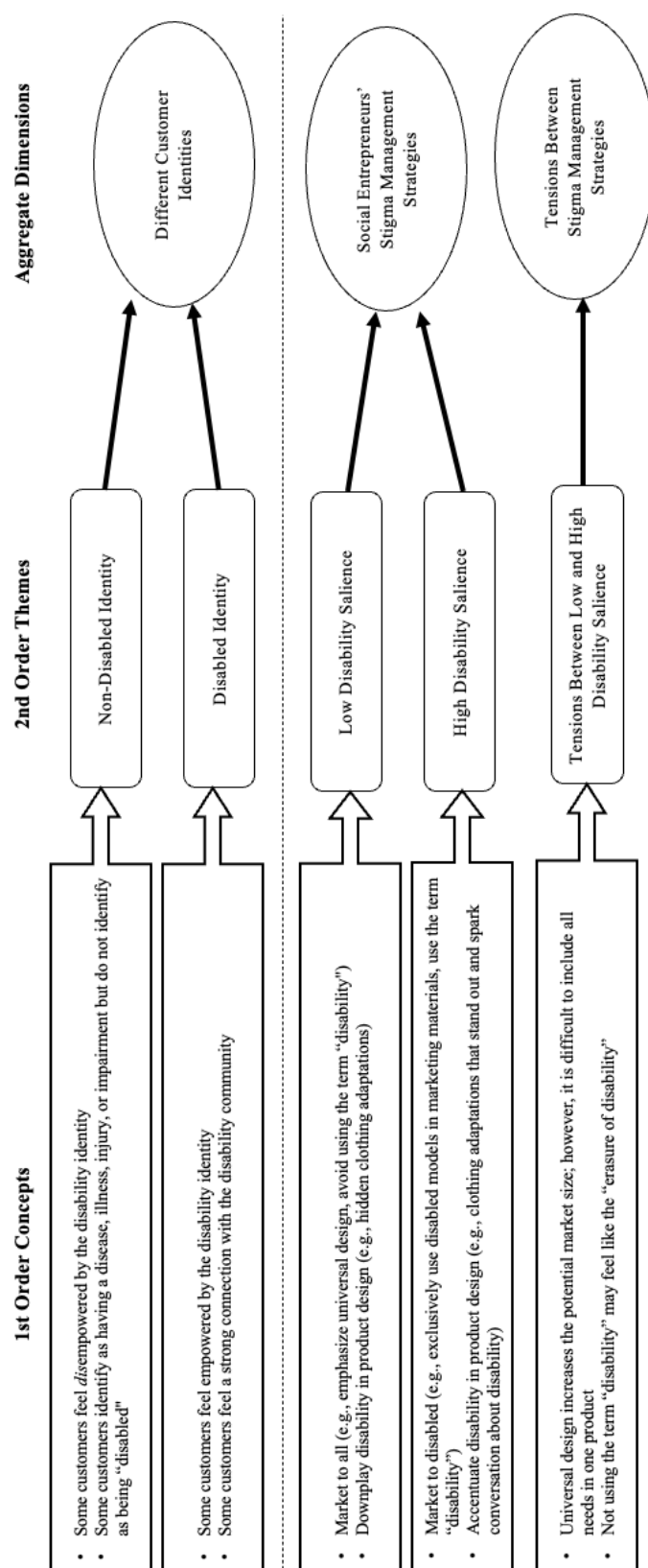


Figure 3-1: Coding Structure for Identity and Stigma

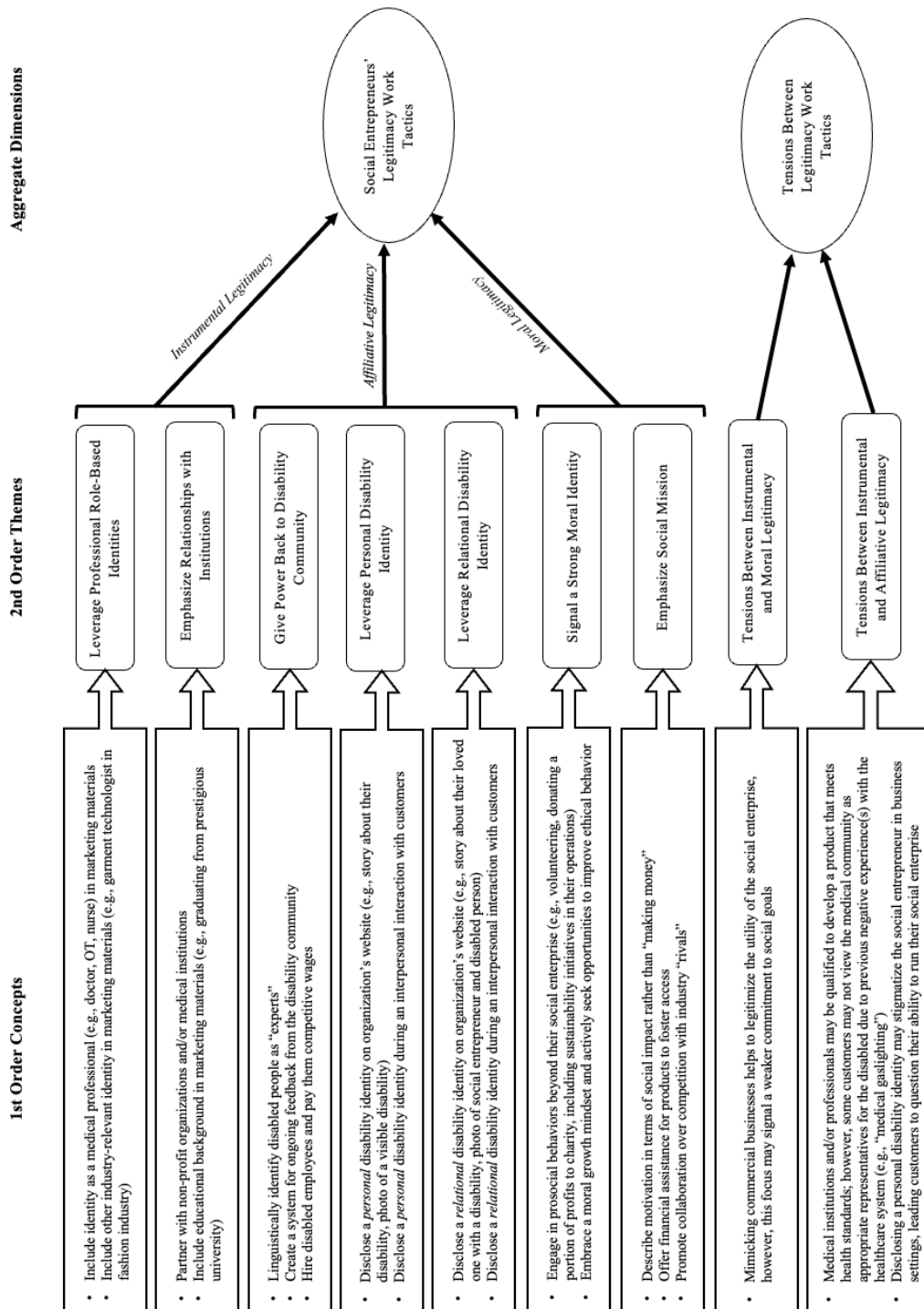


Figure 3-2: Coding Structure for Legitimacy

Chapter 4

Findings

The above literatures speak to, but do not fully answer the questions of: *How do social entrepreneurs in the disability space seek legitimacy from disabled customers?* and *How do social entrepreneurs in the disability space manage the stigma associated with disability?* I should note that this study did not begin with a focus on legitimacy. Instead, the legitimacy focus arose during data collection and analysis, where social entrepreneurs repeatedly referred to seeking “trust” as a key issue. As previously discussed, legitimacy is a precondition for trust, which is why I consider legitimacy in this study. I also wish to emphasize that this study focused on social entrepreneurs and their perspectives on how they seek legitimacy. Thus, the outcome in the model is “perceived legitimation” and represents the social entrepreneurs’ *perception* that they have garnered legitimacy from customers. I do not include the perspectives of the customers and thus, cannot state whether the social entrepreneurs were successful (or not) in garnering legitimacy. Therefore, I refer to the social entrepreneurs’ actions in this process as *seeking* rather than *garnering* legitimacy.

I chose to study social entrepreneurs in the disability space, which offers a unique opportunity to understand how social entrepreneurs seek legitimacy from stigmatized customers. I find that stigma plays a key role in shaping social entrepreneurs’ legitimacy seeking process. Specifically, stigma affects some customers’ willingness to identify as disabled. This poses issues for social entrepreneurs because they are forced to choose between (1) embracing disability throughout their social enterprise and losing support from these customers or (2) downplaying disability throughout their social enterprise and losing support from disabled customers.

A theoretical model, summarizing my findings is provided in Figure 4-1 below. It highlights two opposing paths toward perceived legitimation: “Integrating” versus “Differentiating.” While “Integrating,” the social entrepreneurs are responding to the unique needs and preferences of customers who do *not* identify as disabled. I title this path as “Integrating” because it encompasses decisions that attempt to integrate individuals with impairments into the greater normative (non-disabled) society. The social entrepreneurs who utilize the “Integrating” path normalize disability by removing distinctions between disabled and non-disabled people. In contrast, social entrepreneurs who choose “Differentiating” are tasked with responding to customers who *do* identify as disabled. I refer to this path as “Differentiating” because it encompasses decisions that attempt to differentiate disabled individuals. The social entrepreneurs who utilize the “Differentiating” path normalize disability by celebrating differences between disabled and non-disabled people. In this study, 18 social entrepreneurs utilized the “Integrating” pathway and 10 social entrepreneurs utilized the “Differentiating” pathway, while 7 incorporated a mix of the two pathways and 3 transitioned from one pathway to the other (i.e., two social entrepreneurs started out *integrating* and transitioned to *differentiating* and one social entrepreneur started out *differentiating* and transitioned to *integrating*). A table outlining the social entrepreneurs and their pathways is below in Table 4-2: Social Entrepreneurs and their Pathways.

Depending upon whether the social entrepreneur chooses to focus on non-disabled customers (and thus the “Integrating” path) or disabled customers (and thus the “Differentiating” path) will determine how they manage stigma and seek legitimacy. Social entrepreneurs who choose *integrating* will utilize low disability salience strategies (i.e., market to all, downplay disability in product design) to manage stigma. In contrast, social entrepreneurs who choose *differentiating* will utilize high disability salience strategies (i.e., market to disabled, accentuate disability in product design). To seek legitimacy, social entrepreneurs who aim to *integrate* will

primarily focus on signaling that they have a viable product/service (i.e., instrumental legitimacy). In contrast, social entrepreneurs who aim to *differentiate* will primarily focus on signaling that they are “doing the right thing” (i.e., moral legitimacy) and that they are “connected to the disability community” (i.e., affiliative legitimacy). Regardless of the pathway, the social entrepreneurs believe that they will receive legitimation, which I refer to as “Perceived Legitimation.”

In this chapter I will discuss the findings outlined in the model. I begin by describing the social entrepreneurs’ disability identities as they relate to recognizing their customers’ identity. Then I describe each phase of the model: (1) recognizing customer identity, (2) managing stigma associated with the disability identity, and (3) employing primary legitimacy work tactics. I include descriptions of each phase as well as tensions involved with choosing one set of stigma strategies or legitimacy work tactics over another. I also include a table with supplementary codes in the Appendix (Table D-1: Supplementary Representative Data).

How Social Entrepreneurs Manage Stigma and Seek Legitimacy in the Disability Space

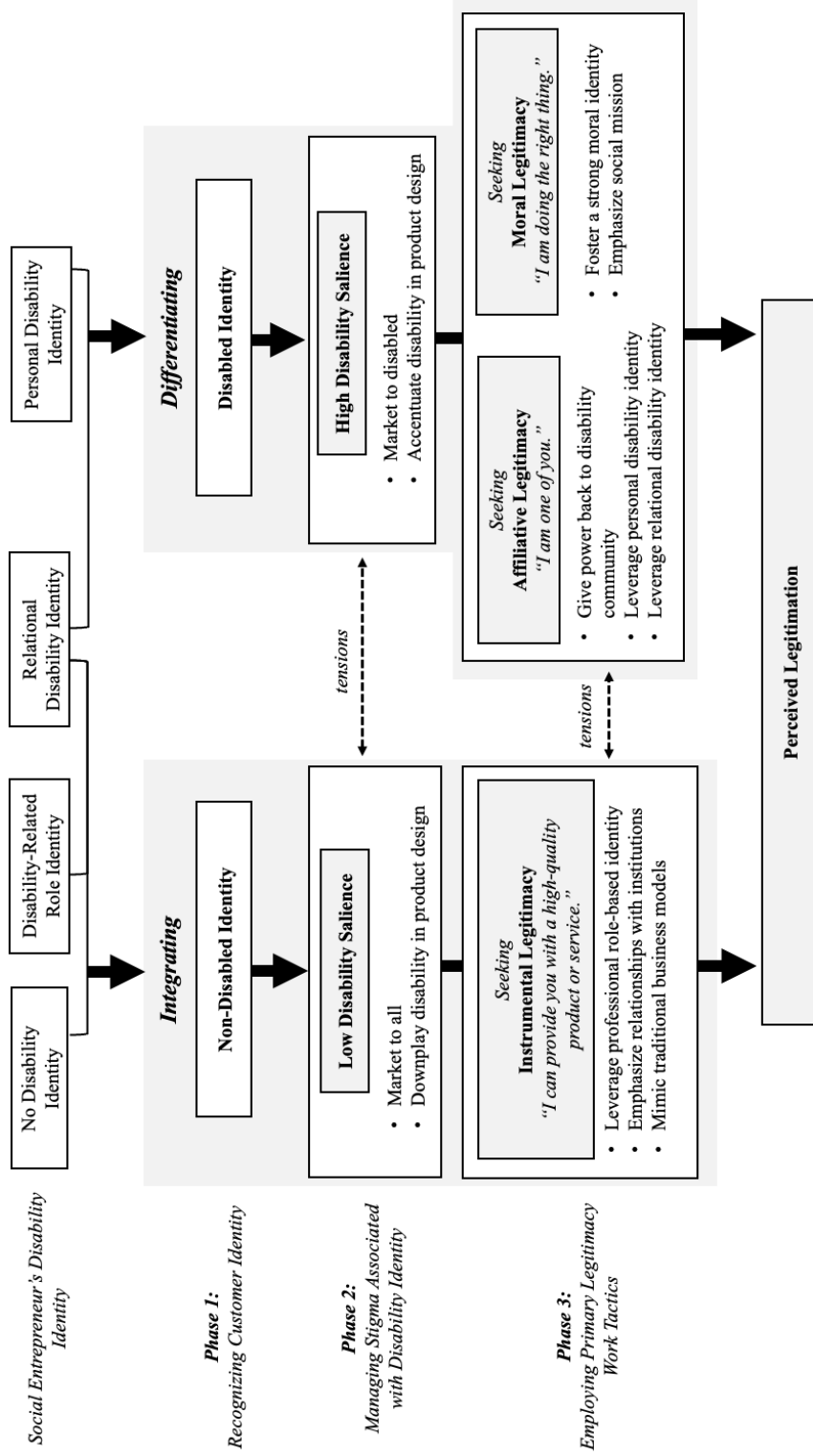


Figure 4-1: Theoretical Model of How Social Entrepreneurs Manage Stigma and Seek Legitimacy in the Disability Space

Table 4-2: Social Entrepreneurs and their Pathways

Interviewee # Gender	Industry	Disability Identity	Integrating	Mixed	Differentiating
1 Female	Inclusive Activity	Relational		x	
2 Female	Inclusive Activity <i>Non-profit</i>	Role <i>Note: Co-founder has personal disability</i>	x		
3 Female	Inclusive Activity <i>Non-profit</i>	Role	x		
4 Male	Inclusive Activity <i>Non-profit</i>	Role	x		
5 Female	Advocacy	Relational	x <i>started here</i>		x <i>transitioned here</i>
6 Male	Advocacy <i>Non-profit</i>	Role			x
7 Female					
8 Male	Advocacy	Personal			x
9 Female	Advocacy	Relational			x
10 Male	Advocacy	Role	x		
11 Male	Holistic Healthcare <i>Non-profit</i>	Personal		x	

12 Female	Holistic Healthcare	Personal		x	
13 Female	Holistic Healthcare	Personal		x	
14 Female	Holistic Healthcare	Relational			x
15 Female	Holistic Healthcare <i>Non-profit</i>	Role <i>Note: Co-founder has personal disability</i>	x		
16 Female	Holistic Healthcare <i>Non-profit</i>	Personal	x		
17 Male	Adaptive Apparel	Relational	x		
18 Female	Adaptive Apparel	Role		x	
19 Female					
20 Female	Adaptive Apparel	Relational <i>Note: Co-founder has personal disability</i>			x
21 Female	Adaptive Apparel	Personal		x	
22 Male	Adaptive Apparel	None	x		
23 Female	Adaptive Apparel	Role	x	x	

24 Female	Adaptive Apparel	Role and Relational			x
25 Female					
26 Female	Adaptive Apparel	Role	x		
27 Female	Adaptive Apparel	Role	x		
28 Non-binary	Adaptive Apparel	Personal			x
29 Female	Adaptive Apparel	Relational	x		
30 Female	Adaptive Apparel	Relational	x		
31 Female	Adaptive Apparel	Role			x
32 Female	Adaptive Apparel	Personal			x
	Adaptive Apparel		x		
33 Female	Adaptive Apparel <i>Non-profit</i>	Relational and Role	x		
34 Female					
35 Female	Adaptive Apparel	Relational	x		
36 Female	Adaptive Apparel	Role	x		
37 Female	Adaptive Apparel	Personal			x

38 Female	Adaptive Apparel	Role	x		
39 Female	Adaptive Apparel	Relational			x
40 Female	Adaptive Apparel	Relational	x <i>transitioned here</i>	←-----	x <i>started here</i>
41 Female	Adaptive Apparel	Role	x		

Social Entrepreneurs' Disability Identity

The first part of my model includes the social entrepreneur's disability identity. All of the social entrepreneurs in this study are serving the disability community, however, their motivation varies depending upon their own disability identity. In this study, the social entrepreneurs founded their organization because of: (1) their personal experience with disability; (2) a relationship with a disabled person; (3) their professional role in the disability space (e.g., medical professional); or (4) an interaction with a disabled customer. Each of these motivations corresponds to the social entrepreneurs' disability identity: personal disability, relational disability, disability-related role identity, or no disability identity. I will explain the social entrepreneurs' disability identities below.

Personal Disability Identity

The first group of social entrepreneurs was motivated to create their organizations because of their own personal experience with disability. For example, one social entrepreneur (#37) stated that she was motivated to develop new mobility aids because the traditional versions "were very uncomfortable...unstable and clicked so everyone could hear her coming." For these social entrepreneurs, disability is incorporated into their self-concept via their personal selves. This identity impacts who they recognize as their primary customer as well as the capabilities they may use. In regard to customers, most social entrepreneurs that identify as disabled and founded an organization based on their own disability target disabled customers via the "Differentiating" pathway or a "Mixed" approach. Specifically, three social entrepreneurs were primarily *differentiating*, while four chose a blended approach, and only two chose *integrating*.

Of the four who chose a blended approach, three were in the holistic healthcare industry. I note this because this industry has the closest connection to the healthcare industry and may pose unique pressure for social entrepreneurs to meet normative organizational standards. In addition, one of the social entrepreneurs who chose the “Integrating” pathway was also in the holistic healthcare industry. The other social entrepreneur who chose to *integrate* actually founded two different social enterprises, one that *integrates* and one that *differentiates*. This is important because she recognized that the two customer identities were fundamentally different and required different legitimation strategies.

These social entrepreneurs, with disabilities, are faced with solving problems that personally affect them and thus, they view their own lived experiences as a form of expertise. This “lived expertise” enables a social entrepreneur to recognize opportunities (and inequities) related to disability. These social entrepreneurs viewed their work as successful *because* of their disability, not despite it. For example, one social entrepreneur founded a holistic healthcare service after becoming disabled. She had spent years as a surgeon and only recognized the problems in the medical system after she became an amputee. She spent much of the interview describing how becoming disabled was like putting on a pair of glasses that showed her a world she had never seen before (Interviewee #16). I found that these social entrepreneurs leverage their personal disability identity to increase their affiliative legitimacy.

Relational Disability Identity

In addition to being motivated by a personal experience with disability, other social entrepreneurs were motivated by a relationship with a known disabled person (e.g., child, spouse, parent). For these social entrepreneurs, disability is incorporated into their self-concept via their relational selves. For example, one social entrepreneur (#17) described his motivation for

founding his social enterprise based on a relationship he had with a family member who was diagnosed with cancer:

I had a loved one diagnosed with cancer, getting treatment through what's called a PICC line, and saw people being told to wear socks on their arms...and I thought, "Wow, this stinks, there's got to be something better." And so started working with nurses and doctors...to try and redesign the tube sock.

Another social entrepreneur (#33) described her founding motivation as stemming from her relationship with her disabled son:

My son's health was declining and...he started having a lot of hospital stays. And any parent who's been in a hospital with the kid knows that, you know, you sort of see the good, the bad and the ugly as you're there...he would be on things like PICC lines that necessitated that you couldn't put a shirt on him, other than a short sleeve shirt. And it would be the middle of winter and trying to figure out how to get him to an appointment or in the hospital. He was cold a lot. So, as they say, necessity is the mother of invention. And I started putting ponchos on him. And once I'd made them kid friendly, very soft material. And making them myself because they aren't available especially in boy patterns. So, I started to make them and I always kind of thought this is a really useful product that doesn't exist, as far as I can tell. So, I kept thinking, well, when he gets better, I'll somehow start a little business with this. And obviously, it's not about money. It's all about trying to reach as many kids as possible who are similar to [my son].

These social entrepreneurs differ from those with a personal experience with disability because they do not use the product or service that they are providing, but they have a close relationship with a person who does. These social entrepreneurs have a unique vantage point on disability, while they do not have lived expertise (as described above) they do have lived experience as a carer for the disabled. As such, these social entrepreneurs often develop products with a lens toward including caregivers and an awareness of "facilitated buying." The facilitated buying occurs when a consumer purchases a product on behalf of someone else. For example, a parent purchasing a sensory-friendly shirt (e.g., soft, without a tag) for their Autistic son. All of the social entrepreneurs in this study considered who their consumers are. However, those with a relational connection to disability were often more aware of the role others play in a disabled

person's life. For example, one social entrepreneur in the adaptive apparel space described her process for developing the clothing with a caretaker in mind:

There's a decision to make...Do you want them to be able to individually wear? Or do you know there will be a caretaker in between and you're making it easier for the caretaker to dress that person? (Interviewee #38)

Another social entrepreneur described her "affinity" for other parents of disabled children, recognizing that she developed her social enterprise with both children and parents in mind:

We're there to support parents as well as children...there's just lots of things that I've learned along the way...and I feel like it's worth sharing for other parents who are going through it...you do have an absolute affinity with the other parents because you're going through it at the same time. (Interviewee #33)

I found that social entrepreneurs with relational disability identities attempt to position themselves as brokers between the disabled community and normative society. In addition, they may develop organizations that target non-disabled customers or disabled customers. Specifically in this study, six social entrepreneurs were primarily *integrating*, six social entrepreneurs were primarily *differentiating*, while one chose a mixed approach. Interestingly, two of these social entrepreneurs actually transitioned from one pathway to another. For example, one social entrepreneur (#40) began her social enterprise by *differentiating*, but after being connected with business mentors, focused on *integrating* in order to increase her market size. Another social entrepreneur (#5) transitioned in the opposite direction, beginning her social enterprise on the "Integrating Pathway" and transitioning it to the "Differentiating" Pathway after receiving feedback from disability advocates. She explained:

There were activists on Twitter who came after me for [things I had written]. And it was really confronting ... But it gave me pause. And it made me think. How would I feel as a disabled person, if some privileged white mother who thought her life was going to be this perfect image, then had a disabled kid and was bitching about it? Like, how would that make me feel? And I'm really glad that that happened because it made me think like, oh, I need to be really careful with what I say here. Because yes, it might take me some time to come around to this, but [my son] is who he is. So, I don't think you can compare the experience of parent raising someone with disability to someone with disability, I

think that they are two completely different experiences, but there is space for both of them in the disability space. And I think that it's tricky. (Interviewee #5)

I highlight this to show the unique position of social entrepreneurs with relational disability identities. They have the opportunity to develop social enterprises that are responsive to both non-disabled and disabled customers' needs, however, because their experience with disability is different, they need to be extra attentive to those who live with a personal disability.

Disability-Related Role Identity

In addition to social entrepreneurs who have a disability or have a connection with a disabled person, social entrepreneurs may also develop their organization because of a professional role working with people with disabilities. For these social entrepreneurs, disability is incorporated into their self-concept via their disability-related roles. These roles may include medical work experience, such as doctors, nurses, or occupational therapists (OTs). For example, one social entrepreneur (#26) described the founding motivation as stemming from her work experience at a rehabilitation center:

[We are] two occupational therapists. And we could experience the fact that people with disabilities can't find clothes that are really comfortable and stylish, yet practical for them. And because we couldn't find anything possible in Belgium or nearby, we decided to try it ourselves. Because of our experiences as occupational therapists in rehabilitation center, we have a lot of experience with adults with physical disabilities.

Interestingly, having a professional role working with people with disabilities does not necessarily guarantee that an individual will be able to identify a need within the disability community. For example, one of the social entrepreneurs, who is also a pediatric surgeon, described being unaware of the difficulties facing the population until a parent of a disabled child told her.

I'm a pediatric surgeon. I've been around disabilities my entire career. But really, it was a connection that I had with a mom whose child was autistic, and who was diagnosed with a leukemia. And it's a form of leukemia that really, it's not very aggressive, but it needs to be treated with oral chemotherapy, long term. And because he was autistic, he wouldn't take his medication. So, she came to see me a few times. I could tell she was very reluctant to put in a G-tube, which was what the oncologist had recommended in order for us to give him the medication. Then after she noticed that his leukemia was really not controlled, she felt like she really didn't have an option, but you could tell that she was not very sure about it. As a surgeon, I always think that parents are worried about anesthesia, recovery, pain. It's centered around that. And surprisingly enough, a lot of our metrics are really centered around no infections, early discharge, no anesthesia complications, that kind of thing. And so, after the surgery, I went to see him, and he was doing really well. I went to mom and naively I said, "See, everything went really great. He's going to do just fine." And she broke down into tears. It was a desperation cry...and she was vulnerable enough to really talk to me openly about what was going on in her life. And basically, her fear is that she was a single mom, she had lost several jobs, just trying to get him to keep a shirt on or trying to get him not to take his pants off. And now she had yet one more thing to worry about...And so that really resonated with me, because it started me thinking that I put devices on kids all the time. We teach the parents how to take care of them, we do this, and then we send them off. It never really occurred to me how incredibly difficult their lives must be, the worries about having things pulled out, the repeated emergency visits that could be avoided. I started thinking about adaptive clothing as a way to really empower parents and make them feel more secure, making children feel more accepted and making it feel like, "I may be different, but I have fun clothes and fun options to wear." (Interviewee #24)

She went on to describe this interaction as a pivotal moment, highlighting that despite her professional medical training, she had been unaware of such important needs.

I'm a well-established, successful surgeon and it never occurred to me that we could do more at [keeping] these patients out of the hospital. We spend so much money on things that really, we should be able to do better. We should be able to have a better way of keeping the G-tubes in, keeping the ostomies better protected, keeping the skin protected. It just bothered me that I never thought about that. I never looked at that. So, it really got me upset that, yes, I have great outcomes, yes, I don't have infection rates, my patients do very well. But those metrics, if I really look at them once [the patients] go home, I felt like a failure. Because I never really focused on that, I never really paid attention to that. We're taught, your success is defined as what happens within the hospital setting. It really allowed me to look as to what happens once my patient leaves. (Interviewee #24)

I found that social entrepreneurs with disability-related role identities found organizations that primarily target non-disabled customers. Specifically, ten of the social entrepreneurs with disability-related role identities utilized the "Integrating" pathway, while two utilized the

“Differentiating” pathway, and two utilized a “Mixed” approach. One of the social entrepreneurs (#7) who *differentiated* described a strong affiliation for the disability community, despite only identifying via her role working with disabled people. I note this because her feelings regarding the disability community were more similar to the social entrepreneurs who personally or relationally identified with disability. She had been working extensively with the Special Olympics and proceeded to adopt a disabled pet, which both may have contributed to her commitment to the “Differentiating” pathway.

No Disability Identity

Additionally, there are social entrepreneurs in this study who entered the disability space because they developed a product or service that a disabled customer recognized could (or should) be adapted for the disability market. These social entrepreneurs are entering a market that they do not have personal experience in or knowledge about. This can only occur if the social entrepreneur is responsive to customer needs. The key difference for social entrepreneurs here is that they are entering a space that they do not have personal experience in. Thus, these social entrepreneurs often have to work harder to develop a disability network and capabilities related to the disability space. I found that social entrepreneurs with no disability identity found organizations that primarily target non-disabled customers via the “Integrating” pathway.

Phase 1: Recognizing Customer Identity

Before managing stigma or seeking legitimacy, the social entrepreneurs must first assess and identify their target market. During this phase, the social entrepreneurs consider the users of their products/services and recognize that there are actually two distinct customer identities: (1)

customers who identify as disabled and (2) customers who do not identify as disabled. As one social entrepreneur (#19) described:

I would say having a disability is more like an identity thing. And how you choose to identify rather than a diagnosis.... It's very individual, depending on the person. I think some people don't want to identify with that part of themselves and others [see] it as a massive part of their identity.

This distinction, that disability is an “identity” rather than a “diagnosis,” aligns with previous literature. Indeed, the disability identity is described as the part of one's self-concept that is defined as having a disability (Bogart, 2014) and this is distinct from having an impairment.

Previous literature has considered the complexities involved with identifying as disabled. For example, the decision to adopt a disability identity depends on a variety of factors that function across the intraindividual, interpersonal, organizational, and societal levels (for a complete review see Santuzzi & Waltz, 2016). For example, an individual may develop a disability identity even in the absence of an impairment as defined by organizational or legislative decision makers (Santuzzi & Waltz, 2016). While others may not connect their impairment to the disability label because they are not aware that they qualify as disabled under their country's legislation (e.g., Veterans Affairs or the Americans with Disabilities Act (ADA) in the United States) (e.g., Héту et al., 1990; Southall, et al., 2010). Other individuals with impairments may not detect them as a disability. For example, workers with learning disabilities may believe that their impairment is a normal variation (e.g., Licht, 1983) or individuals who suffer brain trauma may not be aware of the cognitive and emotional changes that they experience post injury (for a review see Prigatano, 2005). Additionally, some people may recognize their impairment, but deny the experience in order to avoid the stigma or negative associations (stereotypes) with the disability label. Indeed, some may deny the experience due to their own internalized social stereotypes and negative attitudes toward disability (Quinn & Earnshaw, 2013; Watson, 1998). Reeve (2004) asserts that individuals may not accept a disability label for the following reasons:

they believe they do not fit the stereotypical images of disability, they attribute the impairment to other things such as aging, or they feel not impaired enough to warrant the label. For example:

I think it's a very personal journey about what you put your label on. I don't know if I call myself disabled. Yes, I've had injuries. I don't know, does that count as disability? I don't know. It all depends on your definition of what disability is. And I think if I was to call myself disabled, that might be offensive to someone else who clearly defines as being disabled, or differently-abled... like there's so many nuances to it. (Interviewee #32)

Understanding disability as an identity is also complex because the meaning of “disability” and the labels associated with being disabled are socially constructed. Thus, what it means to be disabled can vary by context and over time. For example, disability could be understood through medicalization, which uses biological, genetic, hormonal, neurological, and physiological language to describe disability. However, this “biomedical model of disability” has been criticized for problematizing an individual’s impairment, and thus emphasizing disability as an individual problem. A more recent conceptualization of disability is through the “social model of disability”, which shifts the discourse away from the individual and towards the social challenges involved with disability. Thus, the “social model” identifies social, economic, and cultural barriers that prevent people with impairments from participating in the social world (Oliver, 1996; Shakespeare, 2006). These social factors create universal challenges for all people with disabilities, despite differences in biological features or impairments (see Barnes & Mercer, 2001 for a review). The evolving understanding of disability can lead to variance among those who identify as disabled. In this dissertation, I recognize that the experience of disability involves both biological and social factors, but that the decision to identify as disabled is a personal one.

When the social entrepreneurs were asked to define disability, they recognized the complexities. For example, one social entrepreneur (#18) stated, “I think it’s hard to give a definition because it is so broad,” while another stated that “disability is a societal construct” (Interviewee #21), and another (Interviewee #40) described it as “just a sense of how anyone

envisions themselves.” She continued to describe her customers as “people in the community, whether it's aging, illness, disability, or limited mobility and dexterity.”

In addition, these social entrepreneurs recognize that their customers vary in their acceptance of the disability identity. This leads to strong feelings regarding the disability identity, specifically that it feels disempowering for some and empowering for others. For example, one social entrepreneur (#38) described:

Sometimes they just want to be called, like, “I am part of the disabled community.” And some people are like, “No way. I don’t want to be called disabled. That puts me down.” So, there’s a range.

This creates a challenge for social entrepreneurs in the “disability space” because they have a product or service that could benefit a population with specific impairments, but some of the potential customers identify as disabled and some do not. This leads to different stigma management and legitimacy seeking strategies because while both “non-disabled” and “disabled” individuals could become potential customers, their identity needs are different. I will now describe these two customer identities.

Non-Disabled Identity

The “non-disabled identity” refers to potential customers who do not identify as disabled. These customers have an impairment and therefore could benefit from the social entrepreneur’s product or service, but they do not view themselves as disabled. Instead of identifying as disabled, some of these customers identify as having a disease, illness, or injury. For example, one social entrepreneur described his customers as a “population that is going in for an operation” (Interviewee #29). While another social entrepreneur stated, “I never used the word disabled... I always said chronic health” (Interviewee #21) and another social entrepreneur who founded her

social enterprise because of her son stated, “I didn’t consider him necessarily disabled. Just ill” (Interviewee #33).

When asked why some customers do not identify as disabled, one social entrepreneur explained:

I think that depending on where you are in your journey, you still have people that are very quiet about it. They don't really want to talk about it, whether it's a privacy thing or an embarrassment thing, or whatever it may be. (Interviewee #24)

Other social entrepreneurs recognized that some customers feel *disempowered* by the term “disability” and actively reject the identity. For example, one social entrepreneur described:

My husband, he didn't qualify himself as disabled. If I would have said, “Your disabled. Let's try to get this resource you don't have.” He would have said, “I’m not disabled.” (Interviewee #40)

The social entrepreneurs recognized that some customers are unhappy being associated with the disability label. For example, one social entrepreneur described:

My dad’s on disability pension. If you call him disabled, he would have you for breakfast, he would not be happy about that at all. (Interviewee #32)

Many of the social entrepreneurs believe that ableism, which is facilitates the stigma associated with disability, prevents some customers from identifying as disabled. For example:

I think it's probably to do with a lot of internalized ableism. I think they don't want to concede to weakness and a disability so they're not going to shop at an adaptive brand. (Interviewee #21)

Another social entrepreneur described their own transition from hating being disabled to proudly identifying as Disabled. While this quotation illuminates the shift within one individual, it also highlights the opposing feelings regarding disability.

I don’t think I ever hated myself for being something as much as I used to hate being disabled...I had all these things going wrong with me and I felt like a broken abled person instead of a capital D disabled person. (Interviewee #28)

Therefore, when customers do *not* identify as disabled, social entrepreneurs must utilize different stigma management strategies (specifically those that remove their connection to disability) and different legitimacy work tactics (specifically instrumental legitimacy work tactics).

Disabled Identity

In contrast to non-disabled, the “disabled identity” refers to potential customers that identify as disabled. These customers feel empowered by the disability identity and often have a strong connection with the disability community. For example, one social entrepreneur stated:

My sister has a disability...she was born with a condition called spina bifida, which means she has reduced feeling and movement from her waist down and she's never been able to walk. So, she's been in a wheelchair all of her life. But it's something that she's always been really proud of, and she loves her wheelchair. (Interviewee #20)

Another social entrepreneur described her personal disability as an integral part of her identity:

I am who I am now, not in spite of, but because of what I've gone through...I view the world differently...It's those pieces of my personality now, in my identity that are because of my disability. (Interviewee #16)

These customers require different stigma management strategies, specifically those that celebrate disability. In addition, because these customers identify as disabled, they focus on the social entrepreneur's affiliative and moral legitimacy. For example, focusing on whether or not the social entrepreneur is promoting pride within the disability community and in the disability space for the right reasons.

Overcoming Challenges Associated with Different Customer Identities

There are strong opinions on either side of the non-disabled/disabled identity spectrum. Social entrepreneurs described conflicting feedback regarding their organizational choices that acted as boundaries. Indeed, many of the social entrepreneurs described being flexible to changes

depending on the responses from customers. For example, one social entrepreneur (#32)

described the challenges regarding the name of her brand:

I don't necessarily call it disability wear, but I don't avoid it either. Does that make sense? To me, it's still a work in progress. I think it will change. So initially, the brand was called ComfortABLE⁸, and then I rebranded it because ComfortABLE offended people that would love to call themselves disabled and identified as disabled. And interestingly enough, for people who were able-bodied, we loved the name. So, it was kind of a really awkward space...they were like "Oh, it's a great name, it's such nice play on words, yada, yada, yada." But then equally people from the community were like, yes and no. So, it is a yes and no I think. (Interviewee #32)

In order to overcome this back-and-forth (“yes and no”) the social entrepreneurs believe that they need to recognize and commit to a primary customer identity. For example, one entrepreneur actually designed two different companies to target these two markets separately. She described their needs as being “different from an emotional level” (Interviewee #32). Thus, she targeted acute injuries with one brand and disabilities with another brand.

Phase 2: Managing Stigma Associated with Disability Identity

Disability is a stigmatized identity. Thus, social entrepreneurs must manage the stigma associated with disability. I find that social entrepreneurs vary in how salient they make the disability identity to their organization, depending upon the identity of their primary customer group. For example, one social entrepreneur described:

You'll meet people with disabilities who will argue that disability is not a bad word. But then I meet many people with disabilities saying, “I don't need to be reminded of that, I have a fully functioning life.” So, I think it's a very tricky one, because how do you get the language correct in that, you want to say what you need to say without communicating it in a way which is going to turn off for some people and other people are demanding that they want it. So, it's complicated. (Interviewee #35)

⁸ This name was changed to foster anonymity.

Thus, in order to normalize disability, social entrepreneurs are faced with an interesting tension: to make disability salient or not. They may choose to make disability less salient in order to not offend potential customers who feel disempowered by the disability label. These can be considering coping strategies, where the social entrepreneur chooses to market to everyone and designs their product or service to downplay disability. On the other end, disability can be made more salient for customers who feel empowered by disability. These can be considered empowerment strategies, where the social entrepreneur chooses to market directly to people with disabilities and designs their product or service to highlight disability. Below, I describe the differences between low and high disability salience.

Low Disability Salience

When social entrepreneurs are targeting customers that do not identify as disabled, they utilize stigma management strategies that are low in disability salience. The core idea behind low disability salience is attempting to manage the stigma of disability by removing the segmentation between disabled and non-disabled. Thus, the focus becomes normalizing via removing identifiable disability markers. This is important because personal stigma is a huge concern for this customer group. For example, when one social entrepreneur (#38) was asked about stigma, she said, “That was the number one fear. They're like, we don't want to use a label that's like, I have a special garment because I'm blind or visually impaired.” Another social entrepreneur explained:

They don't want to be identified, they don't want to be segmented and siloed. I meet many people who say the last place I'm going to look for shopping is to Google “disability” or “adaptive” ...I've got a great girlfriend who's got cerebral palsy. And she's like, I wouldn't dream of ever shopping in any of these places because I like to shop where everybody else shops. (Interviewee #35)

If the social entrepreneur is targeting customers that do not identify as disabled, then they will manage the stigma associated with disability by *not* incorporating disability into their organization. I refer to this strategy as low disability salience. Some examples of low disability salience include (1) marketing to all and (2) downplaying disability in product design.

Market to All

While marketing to all, the social entrepreneurs emphasize universal design and avoid using the term “disability.” The concept of universal design originated in architecture where buildings were developed to be accessible regardless of age or ability. Universal design can be defined as the design of products and environments that can be used by people of all abilities, without adaptation (Center for Accessible Housing, 1995). The key is that it should function for everyone. This can help normalize disability because its inclusive of everyone. As one social entrepreneur (#27) described:

It’s not just marketing to people with disabilities, this is marketing to all, everybody needs to be part of the conversation, everybody. I think we have the obligation to open the door up for conversation for everybody to understand disability better, understand disability inclusion, and for us how it relates to the retail industry.

One way the social entrepreneurs focus on everyone is by avoiding the term “disability” in their marketing materials and on their website. One social entrepreneur (#40) described the importance of marketing her product in terms of function (e.g., the product helps with limited mobility) rather than disability:

I think we get into a really slippery slope in only creating products for disabled people. I think we need to look at the universality of creating products and that was my biggest aha moment for creating [this social enterprise] because I would do research and it was a million people with Parkinson’s disease. And I was like, wow, that’s a lot of people. But then you start segmenting it. And it’s like, well, how many are men versus women? How many dress in structured clothing, etc. But when I started opening it up to all different

types, you know, whether it's neuropathy, and you know, arthritis is 52 million people. So, creating it more from a universality lens was really important to me. So that's why I generally only spoke about limited mobility and dexterity, I really didn't address disability because to me, it was more universal than that. So yeah, that was my marketing.

This was emphasized by another social entrepreneur (#35) who stated:

[On my site] you shop by functionality and feature. We're not labeling people, we don't need to go down the label, oh, you have this disability or this?...So we need to avoid that labels around that. It's more about what do you need to help you get dressed? What do you need that will help you stay independent? And that will come down to certain features and certain functionality. So, we don't have to get involved in the labels around, you know, your age, or your ability or disability. (Interviewee #35)

The focus here is on providing a product or service that is normalizing because it is something that everyone can use. These social entrepreneurs recognize that their product or service is needed—that people with disabilities could benefit from their product. However, they emphasize that disabled people would rather have mainstream companies providing the products or services rather than a disability-focused brand. For example, a social entrepreneur (#35) who creates adaptive apparel stated:

People want something to help them get dressed. But actually, they'd really like to be able to go into Nordstrom. Pick the cute red dress off the rack the same as everybody else. They don't want to go and shop somewhere which says, "Oh, look, cute red dress, but it's an adaptive red dress." (Interviewee #35)

This mindset was promoted on one social entrepreneur's (#21) website, which states: "Award winning universal design for everyBODY." Another social entrepreneur stated:

From speaking to lots of disabled people and women especially, it's quite clear that they just want to fit in, or they just want to feel regular like everyone else... they want to shop in the same places, and they want to wear the same clothes. So, I think Universal Design probably is the way forward. (Interviewee #31)

Additionally, by reducing the salience of disability, there is less of a barrier for people who do not have impairments to see and benefit from the innovations. For example:

We had received calls from customers, asking if they can buy one shoe because they don't need two or they have two different size feet...so we created a survey...because

there were so many things that we needed to know in order for us to try something that was so against the way that the footwear industry is where everything is sold in pairs... One of the things that kept coming up in our survey for singles was from the skateboard community. And they're like, "Oh, my gosh! You're selling single shoes. I wear out my left shoe three times faster than my right shoe, because that's my... push foot. Now I can buy three pairs of left shoes to my one right shoe." And that was a surprise. Never in a million years did we even think that we [would be useful to skateboarders]. And it is also a testament to marketing to everybody because you never know how it will help a certain population. And so, it is important that everybody is on the journey and the movement with us. (Interviewee #27)

Thus, the social entrepreneurs who destigmatize by reducing the salience of disability are able to provide products and services to "all" customers. This is especially beneficial for those customers who have impairments, but do not want to identify as disabled and other customers (like the skateboarders described above) who may benefit from the adaptations, but do not have impairments.

Downplay Disability in Product Design

In addition to marketing to everyone, the social entrepreneurs utilizing low disability salience strategies designed their product in a way that minimized or downplayed the presence of impairments. For example:

I would say we want to create products and make you think that they are a universal design. So, like our chest X-ray shirts, for example, are made with zippers on either side. So, they allow you to open it, but we're not necessarily calling out the fact that there's zippers there... we want you to feel like "Oh, this is cool, like what a cool shirt." ...fashion forward etc. We don't want you to be like, "Oh my god, I have this zipper that I have to open up to get access to the port." So, it's incorporating your needs into design that doesn't call it out. Like for our brand marks on those shirts. We always put them on the back of our shirt, kind of like Lululemon. To allow for that. And I think that that's the kind of mentality that we're hoping to put into [our products]. (Interviewee #17)

This focus on creating a "cool" product was reiterated by another social entrepreneur, who designed adaptive shoes, but kept the shoelaces. By keeping the laces in addition to the adaptive elements for the shoe, it offers an opportunity for customers to buy a product that looks like

everyone else. And it also serves as a product that even people without impairments may want to buy and wear:

When it comes to the universal design, what we learned is, people are buying the shoe because it's a cool looking shoe, because it still has laces...So it's a much different conversations stating that you create something that is a universal design, that works for people with disabilities, but it's a really cool looking product that other people are going to buy it because who doesn't want something that's easier to get on and off regardless? But focusing, making sure that it does work for the people with disabilities. (Interviewee #27)

She went on to state:

Creating a shoe that's made specifically for somebody with a disability early on was not really what people are asking for. They just want the same product as anybody else...People are saying, "I just want to wear the same shoes as my peers and my brother." So, it's really modifying current products, so people can wear the same thing and feel included. And I think that was definitely a key message that we continue to have conversations with our brands... Just you know, creating really cool product that opens the door for everybody. (Interviewee #27)

These social entrepreneurs attempted to modify mainstream products in order to make them accessible for people with disabilities. The focus is on creating a product that does not look like a disability product, but rather something that anyone would use. This, they believed helped to destigmatize disability by helping their customers to fit in.

High Disability Salience

In contrast to low disability salience, social entrepreneurs who primarily target disabled customers utilize high disability salience tactics to manage stigma. These stigma management tactics are similar to the empowerment tactics. The social entrepreneurs focus on marketing directly toward disabled customers and accentuate disability in their product design. The key theme in this set of strategies is that disability is something to celebrate rather than something to hide.

Market to Disabled

The social entrepreneurs who choose to market exclusively to disabled customers often did so because they rarely get included, let alone targeted by organizations. As one social entrepreneur described, “I’m just not going to target non-disabled because they’re targeted so I don’t think they need to be in that space” (Interviewee #21). While marketing to disabled customers, the social entrepreneurs use the term “disability” to describe their organization. One social entrepreneur (#28) describes, “Disability is not a bad word and it’s not bad to stand out in a crowd.” Additionally,

Disability shouldn’t be a source of discomfort. It should be celebrated. And that is why we’re here. The more we talk about disability, the more normalized these conversations become, and the more understanding and inclusive our world can be. (Interviewee #6 and #7, website)

In addition to using the term “disability,” the social entrepreneurs also use disabled models in their marketing materials.

I will never use non-disabled models for an adaptive brand. I have no problem with [non-disabled] people tagging us, buying from us, shopping from us. That’s absolutely, go to town, but I’m not going to use you in campaigns. (Interviewee #21)

Exclusively using disabled models, rather than non-disabled models, in advertising helps to show that disability is valued. Instead of trying to hide the organization’s connection to disability, these social entrepreneurs showcase it. One social entrepreneur (#21) actually received feedback that one of her models looked able-bodied (even though he has an invisible disability). In response to this, she created a headline on her webpage, stating that all models are disabled. She believed that this is helpful in destigmatizing disability and enhancing legitimacy.

Accentuate Disability in Product Design

In addition, the social entrepreneurs adapted the design of their products to highlight disability. For example, one social entrepreneur in the adaptive apparel space, used humorous sayings on her ostomy covers such as “Oh Crap” and “Get Your Shit Together” (Interviewee #23, website) to highlight and serve as a talking point. Others transformed items with a practical purpose into art. One social entrepreneur described her thought process in regard to product design, stating that she aims to “elevate” the design around disability, making it something that individuals are “proud to share.” She explained:

So, when you have an abdominal access point somewhere in this body suit, how can we think about a graphic design that we put on that body suit that elevates this opening, and makes it something that you talk about, something that's fun, that you're proud to share? And not just something that was put on as an afterthought. I think that's really where we need to be in pushing the design envelope at this point. (Interviewee #25)

Another social entrepreneur (#28) described this use of aesthetics as a form of protest, “It’s radical, like it’s a form of protest. Especially considering how long disabled people have been oppressed.” For example, one social entrepreneur (#20) described on their website:

[We] empower wheelchair users to make a statement about themselves, it makes a person’s wheelchair into a friendly object rather than something purely functional. Having stylish wheels on your chair that match your outfit or show off your interests immediately addresses the chair and opens conversation.

Not only does the item help to empower a disabled person because it turns a previously boring or medicalized product into something beautiful, accentuating disability in product design can also destigmatize disability by fostering dialogue about it. For example, one of the key challenges resulting from stigma, are the “barriers” placed between non-disabled and disabled people. As one social entrepreneur (#20) described,

Something that annoyed [my sister] was when people would meet her for the first time, they might feel intimidated by her wheelchair and that made her feel uncomfortable because she loved when people would ask her about it.

This social entrepreneur recognized the importance of accentuating disability in product design. She believed that the barriers could be reduced by associating disability with fun, beautiful, or otherwise interesting designs.

Tensions Between Stigma Management Strategies

There are tensions involved with choosing low versus high disability salience. For example, marketing to all increases the potential market size, however it is difficult to truly develop a product that works for everyone. One social entrepreneur (#38) explains:

You won't have as huge of a market, but I think it gives you more focus. The people that actually need it will appreciate it much more, because they're like, "Oh, this actually functions the way I need it to... Sometimes when you design for all you actually don't. Like when you're doing universal design, by doing things that could be for all you're disregarding people that are usually forgotten. You can make more inclusive design features, but I do think there has to be product design for different kinds of mobility, specifically for different body types. So, there are kinds of designs that have to be specific. For example, for women with breast cancer, different patterns, different ways of filling one area instead of the other, different ways of like taking off your bra, like it might not be the most convenient for everyone. But they need it. Like they need that specific function. So, I think that's why when I talk to people, I'm not trying to do universal design, like more inclusive for everyone, because then it's excluding people that are usually excluded.

Another social entrepreneur (#24) compared the challenge to "Frankenstein." She described:

You can't just do stuff willy nilly here and there... [we have to consider] how do we combine different functions with one product, so it works for five medical needs or disabilities and not just one? Then on the contrary, how do we make sure our products don't look like Frankenstein...like we tried to put everything in one thing?

In addition, the decision to use the word "disability" creates a tension between disabled and non-disabled customers. Some disabled customers may view the absence of the word "disability" as erasing the disability community's connection to the organization. This is not a small point, considering all of the social enterprises were initially inspired by disability. The recognition of this tension came from secondary material from disability advocates as they described the recent

launch of disability-related products that did not use the term disability. Some described universal marketing as an “ableist [marketing] campaign” (Osman, 2021). Furthermore, some view the decision to not use the word “disability” as further stigmatizing because omitting it implies that disability is not valued.

Phase 3: Employing Primary Legitimacy Work Tactics

The social entrepreneurs utilize a variety of legitimacy work tactics to seek legitimacy from their customers. Below, I describe the primary tactics of social entrepreneurs in the disability space across three dimensions: instrumental, affiliative, and moral. I provide examples of each legitimacy work tactic; however, I wish to emphasize that some examples may work to garner legitimacy across more than one dimension, but for parsimony, I describe each example under their main legitimacy work dimension (i.e., instrumental, affiliative, or moral). For example, disclosing a disability identity may help to garner both affiliative and moral legitimacy because the social entrepreneur can signal that they are a member of the disability community and interested in helping the community for the “right” reasons. However, when a social entrepreneur discloses a personal disability identity, they are primarily signaling their in-group status with the disability community. Thus, I describe this disclosure tactic under the affiliative legitimacy work tactics.

In addition, the social entrepreneurs primarily rely on either (1) instrumental legitimacy work tactics or (2) affiliative and moral legitimacy work tactics. The social entrepreneurs who seek legitimacy from “non-disabled” customers distinguish their social enterprises from social charities and instead align their organization with normative, traditional businesses. This involves prioritizing instrumental legitimacy work tactics. In contrast, the social entrepreneurs who seek legitimacy from “disabled” customers prioritize moral and affiliative legitimacy work tactics. I

use the term “prioritize” because all three of these dimensions (i.e., instrumental, moral, and affiliative) lead to perceived legitimation. Thus, if a social entrepreneur is focusing on disabled customers, they still need to consider instrumental legitimacy. That is, they still need to persuade customers that they can provide them with high quality product. However, they prioritize moral and affiliative legitimacy work tactics over instrumental legitimacy work tactics. I describe these tactics as well as their tensions below.

Instrumental Legitimacy Work Tactics

I refer to instrumental legitimacy work tactics as the tactics that social entrepreneurs use to persuade customers that they can offer them value. These social entrepreneurs seek to garner instrumental legitimacy in two ways: (1) by leveraging professional role-based identities and (2) emphasizing their relationship with institutions.

Leverage Professional Role-Based Identities

Some of the social entrepreneurs have professional experience in the healthcare field (e.g., nurse, OT, physician). They describe and disclose these roles on their organization’s website. These entrepreneurs believe that signaling these role identities helps seek legitimacy because it shows expertise in developing products/services for specific impairments. For example, one social entrepreneur described her previous professional experience as a nurse as being an advantage because she had specific safety knowledge regarding fabrics. She described:

So as a nurse, I had that advantage of safety, knowing that... because we specialize in nightwear... we cannot have any openings, or fastenings towards the back of the body because that's where you lay down. And that's where you're going to get pressure. And if you have that pressure, it might just be a small crease of fabric or a pressure-bearing area, you're gonna have a pressure sore if you're not moved, or if you're ill, or more so if you have a disability. (Interviewee #29)

Another social entrepreneur specifically stated that she believes that customers have more “confidence” in her after she tells them she is an occupational therapist.

I believe that sometimes people want professionals like occupational therapists who know people with a disability... We see the whole picture... we have experience with people with Parkinson's disease with multiple sclerosis, recent cirrhosis, hemiplegia, paraplegic, everything. We have really a wide range of knowledge about these things...we try to give them a lot of confidence by telling we are occupational therapists, we know a lot about adaptive clothing...so I think it's really an advantage for us being in the field and I still work as a team leader in a rehabilitation center so I see a lot of people with disabilities every day, a lot of doctors, a lot of colleagues that I can ask something. So, I think it's really like an advantage. (Interviewee #26)

In addition to sharing professional experiences in the healthcare field, social entrepreneurs also leveraged their professional role-based identities as experts in other fields. Because many of the social enterprises were founded at the intersection of healthcare *and* another industry, thus social entrepreneurs believed it was helpful to share their experience in these intersecting fields. For example, a social entrepreneur (#21) in the adaptive apparel space shared her professional experience as a garment technician for two famous European brands. This, she believed, helped her seek legitimacy from her customers. Another social entrepreneur shared her professional experience as a dietician on her website:

By combining my professional expertise as a dietitian with my personal experience of being married to someone living with a spinal cord injury, my nutrition program has helped people with paralysis learn how to lose weight, relieve symptoms of neurogenic bowel, and prevent future health complications. (Interviewee #14, website)

Interestingly, this social entrepreneur shared both this professional experience (“dietician”) in the same sentence as her relational disability experience (“being married to someone living with a spinal cord injury”). This is an example of how the social entrepreneurs use multiple legitimacy work tactics simultaneously (e.g., instrumental and affiliative legitimacy work tactics).

Emphasize Relationships with Institutions

Another way that social entrepreneurs attempt to seek instrumental legitimacy is by emphasizing relationships with trusted institutions. This may include partnering with established organizations or incorporating representatives from these institutions onto their board of directors. For example, one social entrepreneur described his relationship with medical and educational institutions to seek legitimacy, in this case in the form of networking opportunities:

We knew that we needed some experts in different disciplines, so whether they're from the medical community or education, like we have some really powerful people, some are professors that that's their mission is designing for people with disabilities. And so, I think having a group of people that can help guide from their own expertise...because they provide a different perspective and also open up the door for different networking opportunities. (Interviewee #27)

Another social entrepreneur (#31) described her connection with charities as helping her build trust. She stated, "I got in contact with some charities in the UK...and they helped out a lot. And obviously, that can build trust if you're affiliated with a charity that helps." By emphasizing their relationships with institutions, the social entrepreneurs can signal that they can provide their customers with quality goods and services.

Affiliative Legitimacy Work Tactics

I refer to affiliative legitimacy work as the tactics that social entrepreneurs use to persuade customers that they are connected to the disability community. These social entrepreneurs seek to garner affiliative legitimacy in three ways: by (1) giving power back to the disability community, (2) leveraging a personal disability identity, and (3) leveraging a relational disability identity.

Give Power Back to the Disability Community

The social entrepreneurs give power back to the disability community by: (1) linguistically identifying disabled people as “experts,” (2) creating a system for ongoing feedback from the disability community, and (3) hiring disabled employees and paying them competitive wages. For example, one social entrepreneur (#25) stated, “I think building that trust really stems from making sure they understand that they are the experts and we're not.” And they do not just believe that their disabled customers are experts, they actually state this on their website. For example, there were multiple examples of social entrepreneurs implying that disabled customers were the experts: “Our designs are created from expert opinions—yours!” (Interviewee #24 and #25, website); “We believe that you know your body” (Interviewee #12, website); “Designed by you, for you” (Interviewee #21, website).

Because the social entrepreneurs viewed their disabled customers as the experts, they actively sought out feedback from them. As one social entrepreneur (#24) explained:

[We] do not have an actual disability. So how do we as a company, how do we relate to that community? How do we tell them that we see you, we hear you? I think that one of the things that we've been very successful is that understanding and realizing that, although we may have that idea, although we may have the inspiration, we don't have that experience. I think that it's so important for us to get feedback from our patients and our customers and our parents.

Some social entrepreneurs (co-founders #18 and #19) encourage collaboration from their disabled customers by asking for feedback via their website: “We are always looking for collaboration and feedback from our community (HEY - that's you!) We love creating the items that you need and you'll love.” User research is typical for entrepreneurs as they develop products. However, the social entrepreneurs in this study describe this research as truly being a collaboration rather than quick feedback sessions. For example, one social entrepreneur described this collaboration as a way to show the disability community that they care.

[In response to the question: how do you show you care?] I think through showing that collaboration. So, like on our website, we have a really big suggestions page where we want everyone to write what they're dressing needs are. We post about that a lot through our marketing that we constantly want these suggestions. (Interviewee #19)

They believe that this helps to garner affiliative legitimacy because it shifts the power to disabled experts. The focus is on empowerment. For example, one social entrepreneur (#40) described her perspective on traditional modeling agencies, that hire people with disabilities, but are not empowering.

To empower the disabled community in the process...that's really important to me to make sure that it's full circle that we are circling back and making sure we're empowering people in the community...I think there are some people that are more that are still performative, and the way they place forward disability, and are doing it from a performative sense, like the check box. And I just think that to me, is not something I want to ever be a part of...And if we're really talking about disability and empowering them to empowering people to have an income that they can survive on... so there's exclusives and there's three work years. And then they own the rights, the images, which to me, the disabled community should own the rights to their own images. So, there's a lot of a lot of that that's kind of we're still using mainstream business for that community. And it's not empowering enough to the people that we're asking to perform.

Another social entrepreneur asserted that collaboration helps to show that they are doing this with the disability community. It shifts the power dynamic in the relationship between the social entrepreneur and disabled customer.

I think that the main aspect is that at least in my experience, I have seen people who run businesses who don't have a disability, but they're aimed toward people who have disabilities, it's seen as, like a service for those people, even when they're wording things in a progressive way. And they're on top of things. It's seen as like, we're going to do this thing for you versus we're going to do this thing together. And I really want it to be the latter. I want to collaborate with somebody, instead of being like, fill out this form, I'll make your thing, I'll send it to you, give me money. Like, I want it to be more of a collaboration. (Interviewee #28)

Another social entrepreneur emphasized that collaboration included hiring people with disabilities to provide expertise for their business. For example, two co-founders (#18 and #19) hired a disabled person to run the marketing photoshoot. On their website they wrote:

Collaboration is cool. We collaborate with the disability community in all aspects of our business, from design to behind-the-scenes roles. By sharing experiences and opportunities, we learn from each other and can all rise together.

Through this collaboration, the social entrepreneurs are signaling that their social enterprise is respectful of the disability community. One social entrepreneur explained:

[Because] our first priority is to employ people with disability in our business...and the fact that we are quite upfront about that...people have faith that we're going to do the right thing. (Interviewee #19)

The social entrepreneurs truly attempted to foster connection and develop a reciprocal relationship. This sense of togetherness can be seen on the following social entrepreneurs' websites: "Let's get better together!" (Interviewee #12, website) and "That's why I'm ready to flip the script and look good doing it. Are you in?" (Interviewee #28, website). In addition, the social entrepreneurs add thoughtful elements to their products in order to make customers feel connected. For example, on the order page for one social enterprise, they ask for the name of the customer so they can write them a personalized note.

Leverage Personal Disability Identity

The social entrepreneurs believe that disclosing their personal connection to disability helps them garner legitimacy. Disclosure is a process that involves sharing that one has a concealable stigmatized identity (e.g., Goffman, 1963). This disclosure decision typically occurs on a continuum ranging from full disclosure to nondisclosure. Disability disclosure at work is most often discussed in terms of receiving accommodations. However, there has been work on how individuals can use disclosure to positively influence their environment. For example, disclosure allows individuals to identify and affiliate with one another (Meyer, 2003). In addition, disclosure can be seen as a form of voice (Creed, 2003), which can help increase awareness and

create social change for stigmatized groups (Creed & Scully, 2000; Meyerson & Scully, 1995). In this study, the social entrepreneurs actually use disclosure as a tool to seek legitimacy. For example, one social entrepreneur (#16) described: “There’s just a level of credibility I think when you’ve lived it...If you can talk with people and briefly tell them your story, you automatically gain that trust.” Another social entrepreneur stated that she wanted disabled people to know that it was an organization created “by them and for them,” which she describes as being important for seeking trust:

I think for people to trust a new brand doing something differently...I had to make it a bit more human because otherwise why would they trust me? Why would you trust a non-disabled person to start an adaptive brand? I needed people to understand that it was by them and for them, it wasn't just someone seeing a niche in the market and going, "Going to do that." (Interviewee #21)

Another social entrepreneur reiterated the importance of disclosing to show that they are “not an outsider”:

On Instagram, I wanted to make clear that I am an individual who is disabled, and has like mental health concerns... I'm not an outsider. I'm not like an abled person who was like, profiting off of disabled culture. And so that was something that I wanted to make really clear for my social media accounts. (Interviewee #28)

One social entrepreneur described how disclosing her disability helped her to connect with her customers and garner their support:

All of the customers that I've talked to have felt like it actually makes me more relevant to them, or like, more empathetic... because I understand the experience of having a disability and having something in my life impeding me in that way... [Because] I've experienced those kinds of situations, people have said that they feel like, I will be a better designer for them. And so, they're more willing to like, talk to me and help me with what I've been working on...I think it's just like...being a part of the disability community...it gives me a perspective on that. (Interviewee #39)

And another social entrepreneur described disclosing to signal that she understands what her customer is going through:

It's important to me to make it personal, particularly about this product, because I really do understand how tough it is [so when there were delays due to supply chain issues and the customers asked,] "When can I get the [product] again?" I always incorporate... "Gosh, I really feel for you. My heart goes out to you since I know how awful it is to

have UTIs and I'll do everything I can to get you the [product] as fast as possible."
(Interviewee #12)

These social entrepreneurs believed that by disclosing their personal disability identity, that they could signal understanding and belongingness regarding the disability social identity, which helps to garner affiliative legitimacy.

Leverage Relational Disability Identity

In addition to disclosing a personal disability identity, I found that social entrepreneurs are also disclosing a relational disability identity. They believed their legitimacy and consequently, trust, was strengthened because of this disclosure. For example, one social entrepreneur described being the daughter of two disabled parents and the effect that sharing this during interpersonal interactions has on her customers:

So, once they get to know that I have a background like that, that melts away a lot of challenges out there, because they know, "Okay, she's one of us" ... Sometimes I have to deliberately tell... to make them trust. (Interviewee #1)

Another social entrepreneur, who shares her relational disability identity on her organization's social media site, described:

It just started as, "I am a wife of a quadriplegic and a dietician. This is what we eat." ...to show people our connection with this community, and why I do what I do, right? And again...how can I help people if they don't trust me? (Interviewee #14)

This form of disclosure is important for seeking affiliative legitimacy and by extension—trust—from their disabled customers. One social entrepreneur described how this disclosure actually helps her disabled clients to trust her:

Every single time they'll be like, "Well, you get it. You know." And I'm like, "Yes, I do. You're talking to somebody whose husband missed Christmas two years ago because he had to poop," you know what I mean?... "You're not going to say anything that I probably have not heard before... I am married to a quadriplegic guy ... Let's not waste time. Tell me what's the problem." And they're like, "I poop once a week." (Interviewee #14)

By disclosing a relational disability identity, the social entrepreneurs can signal that they understand, which helps to garner affiliative legitimacy.

Moral Legitimacy Work Tactics

In addition to affiliative legitimacy work tactics, the social entrepreneurs also utilize moral legitimacy work tactics. I refer to moral legitimacy work as the tactics that social entrepreneurs use to persuade customers that they are doing the right thing for the right reasons. These social entrepreneurs seek moral legitimacy in two ways: (1) by signaling a strong moral identity and (2) by emphasizing their organization's social mission.

Signal a Strong Moral Identity

The first tactic the social entrepreneurs use to seek moral legitimacy is by signaling a strong moral identity. Moral identity refers to the "degree to which being a moral person is important to a person's self-concept" (Aquino & Reed, 2002; Hardy & Carlo, 2011). If someone has a strong moral identity then they would be motivated to behave morally (Blasi, 1983). Indeed, a plethora of previous studies have linked moral identity to moral action (e.g., Aquino et al., 2009; Perugini & Leone, 2009). Thus, if an individual has a high moral identity, then they will act in accordance with their personal values. In this study, the social entrepreneurs signal that they have a strong moral identity by (1) engaging in prosocial behaviors outside of their social enterprise and (2) by actively searching for opportunities to improve ethical behavior by embracing a moral growth mindset. They believe that displaying these moral actions signals to their customers that they are moral business owners, and thus could be counted on to "do the right thing" and act in accordance with the social values of their social enterprise.

The first way that the social entrepreneurs signal that they have a strong moral identity is by engaging in prosocial behaviors outside of their social enterprise. Prosocial behavior is defined as “voluntary behavior intended to benefit another (Eisenberg, 1986). It is typically described as including helping, cooperating, or donating behavior. The social entrepreneurs in my study did not use the term “prosocial,” but rather described themselves as empathetic and caring. In addition, they described three behaviors, volunteering, donating, and including sustainability initiatives, which fall under the prosocial umbrella.

In terms of volunteering, the social entrepreneurs described it as a behavior they enjoyed as well as an aspect of their identity. For example, one social entrepreneur (#38) stated, “I like volunteering at stuff...I like helping.” While another (#27) described volunteering as being a “part of her DNA.” Many of the social entrepreneurs specifically referred to experiences volunteering within the disability space as evidence that they care about the community. For example, one social entrepreneur described their experience volunteering with Special Olympics (#7), while another described their experience volunteering with an organization for the Blind (#39). This emphasis on volunteering helped the social entrepreneur to signal that they cared about helping others (beyond themselves).

In addition to volunteering, some social entrepreneurs described donating a portion of profits to charities or nonprofits. For example, one social entrepreneur (#17) described:

I think a lot of entrepreneurs say, “Oh, yeah, we're not maximizing profit, we're really doing this to help others, and we're gonna give 1% back, etc.” I think putting our money where our mouth is...I think has been really meaningful and allowed us to get some of that trust. Like 10% of our net income is going back to nonprofits. Like that's a pretty sizable stake. And I think that kind of allows us to not only talk the talk, but walk the walk to have “Wow these guys are serious!” and “We're gonna want to take a chance with them.”

This social entrepreneur (#17) believed that by donating a portion of the social enterprise's profit that he could show customers that he really cared. He distinguishes between simply stating values

versus acting in accordance with those values (e.g., “not only talk the talk, but walk the walk”), which he believes can help “get some of that trust.”

Another prosocial behavior that the social entrepreneurs used was including sustainability initiatives. Some of the social entrepreneurs described using recyclable shipping products or only working with suppliers that met sustainability standards. They described these decisions as “do no harm” and believed that they helped show that they truly cared. For example, one social entrepreneur (#21) dedicated an entire page to explaining her “Socially Responsible” behavior on her organization’s website. She stated:

We care about the whole supply chain and the people who form that chain...we believe in radical transparency...we have nothing to hide from you and you are entitled to know every inch of how we make your clothing and how we treat those who work for us...we're keeping it as 'green' as we can, without the nonsense or flat-out fibs from our contemporaries.

She seeks legitimacy by describing her supply chain and providing links to her suppliers. This, she believes, positions her social enterprise as a legitimate socially responsible organization.

Another pair of social entrepreneurs stated on their website:

We give a shit. Some problems in the world are too big for us to fix on our own, but we always do what we can to be part of the solution. From global issues like sustainability to social issues like equity for the disability community, we consider what contributions we can make, and step up to do our bit. (Interviewees #18 and #19, website)

The second way that the social entrepreneurs signaled that they have a strong moral identity is by embracing a “moral growth mindset” and actively seeking opportunities to improve their ethical behavior. A “moral growth mindset” (Han et al., 2020) is a belief about whether one can become a morally better person through effort. In this study, the social entrepreneurs humbly embraced opportunities to become better advocates for the disability community. For example, the social entrepreneurs described learning from their disabled customers: “we commit to learning and improving as we go” (Interviewee #21). Rather than impressing their own views about disability onto their customers (e.g., disability needs, language related to disability), these social

entrepreneurs position themselves as being open to learn from and alongside the disability community. This adds to their ability to signal a strong moral identity, which helps them to seek moral legitimacy.

Emphasize Social Mission

The second tactic the social entrepreneurs use to seek moral legitimacy is by emphasizing their social mission and downplaying their economic mission. The social entrepreneurs emphasize their social mission by (1) describing their motivation in terms of social impact rather than “making money,” (2) offering financial assistance to foster access, and (3) promoting collaboration over competition with industry “rivals.”

Despite most of the organizations being for-profit,⁹ many of the social entrepreneurs wanted to separate themselves from the profit aspect of their business. By emphasizing their social impact, the social entrepreneurs believed they could distinguish themselves from organizations that may take advantage of the disability community. For example, one social entrepreneur stated, “I’m not just trying to capitalize on people or fetishize in any way, I’m just trying to do a good thing.” (Interviewee #31). While another social entrepreneur emphasized that her identification with the disability community made her downplay the “commerce” aspect of the organization: “I didn’t want it to be too commerce-focused or too capitalistic because it is based on a community that I’m a part of.” (Interviewee #28). This approach, to focus on social impact over financial gain, changed their business processes. For example, one social entrepreneur (#25) described: “When we reach out to people, we’re not trying to make the sale

⁹ Only 8 social enterprises in my sample are non-profit organizations.

first. We're trying to listen and understand what it is that they're going through." Another social entrepreneur described her process:

I think that treating people almost as a distant friend or how you would a family member rather than just a customer [or] just someone who you see as, okay, this is how I make money and you fulfill that need, makes it a lot more real of an interaction and it feels better on both sides too. It's not like I'm just trying to push the [product] on people. I've been there. I've had the problems that they have had, and this is what I learned.
(Interviewee #12)

And many of the social entrepreneurs explicitly stated this focus on their social mission via their organization's websites. For example, one social entrepreneur stated: "We're not in this just to make money. We're in it to make an impact" (Interviewee #12, website) on their website, while another social entrepreneur team stated: "We measure success not by how much money we make, but how much we help others" (Interviewees #18 and #19, website). The social entrepreneurs believed that this focus on the social impact helps to "get some of that trust," as one social entrepreneur explains:

And not necessarily doing things because of the money involved, but rather, because we thought it could make a great impact...has allowed us to get some of that trust. I mean a lot of people are like, "You could be making a lot more money." And I'm like, "Yeah, probably." But that's not what motivates me, it's not what motivates our team. And so being able to make that difference has been much more important for us. (Interviewee #17)

In addition to emphasizing their social motivation, the social entrepreneurs also prioritized pricing their products/service for greater access. For example, one social entrepreneur (#25) described pricing the products as "affordable as possible," which aligns with the social values of her enterprise:

Our products are really priced to be as affordable as possible...we don't view our items as a luxury good and our customer is typically someone who is already faced with a huge amount of stress and medical bills and medication that they're trying to pay for. And so, for us to say, "Hey, we need to make a profit of this amount, so we're going to price our goods at \$100," it just doesn't sit well with our values.

This was reiterated by another social entrepreneur (#18) who stated, “We want to be as affordable as possible because that comes down to access.” Keeping their products affordable sometimes meant providing financial support for customers who could not pay. For example, one social entrepreneur (#12) wrote on her website: “Need [the product], but going through a rough time financially? Please don’t hesitate to reach out to us and we’ll do what we can to help.”

The final way that the social entrepreneurs emphasized their social mission was by collaborating with industry “rivals.”¹⁰ For example, one social entrepreneur (#21) described: “It feels more like a community of designers because we're all designing for a common goal, which is a lot more different to the fashion industry.” This focus on a common social goal led the social entrepreneurs to share and collaborate with one another. For example, one social entrepreneur (#21) created a group for adaptive apparel designers on the Clubhouse app. By creating a community on this online social app, she was able to facilitate connections and spread knowledge across social entrepreneurs. Another social entrepreneur (#23) described how she shared her data with other social entrepreneurs:

I'm very much about not siloing data, I just want this industry to move forward. And that's why I'd be friends with all of these female founders to see how we can collaborate because we can't do it on our own. This isn't a normal industry, but it's a suppressed industry essentially.

Tensions Between Legitimacy Work Tactics

I also uncovered tensions involved with some of the legitimacy work tactics. When a social entrepreneur seeks instrumental legitimacy, this may conflict with their ability to seek moral legitimacy. One way this may occur is because while mimicking commercial businesses

¹⁰ I place the term rivals” in quotations because in early interviews I asked the social entrepreneurs about their competitors, but they emphasized that they do not view others in the industry in this way.

helps to legitimize the utility of the enterprise, it may also signal a weaker commitment to social goals. In addition, seeking instrumental legitimacy may also conflict with seeking affiliative legitimacy. For example, while medical institutions and/or professionals are qualified to develop a product that meets health standards, some customers may not view the medical community as appropriate representatives for the disabled community. This may occur because an individual had a previous negative experience with the healthcare system. For example, many of the social entrepreneurs (who personally identify as disabled) described “medical gaslighting,” which occurs when a medical professional wrongly blames an individual’s symptoms on psychological factors or denies the individual’s disability entirely. For example, one social entrepreneur (#21) described her experience:

I spent years not being believed...because I was young and female, I'd been going to the doctors for three years prior to that incident and they were just sort of, "Oh, come back if it doesn't get better. It's probably stress, just IBS, women's troubles," All of those things. And it wasn't until I nearly died that things started being taken seriously.

Furthermore, a social entrepreneur may seek affiliative legitimacy at the expense of instrumental legitimacy. For example, if the social entrepreneur discloses a personal disability identity, this may stigmatize the social entrepreneur in business settings, leading customers to question their ability to run their social enterprise. For example, one social entrepreneur (#21) stated that she does not disclose in business settings because she believes that people will doubt her ability to run her business:

I don't [disclose] much in business settings ...I think that in those scenarios, there's a potential stigma for people being like, “Oh, well, if she's chronically ill, she's not going to have enough energy to run her business. And I need somebody who can put in 90-hours a week without breaking a sweat.” ... I don't bring it up as much in business things.

Another social entrepreneur (#16) described this as a “double-edge sword” that she plans to manage by either making her social media pages private or putting “bumper lanes on” in regard to how much she shares about her own experience with disability.

It's like socially taboo as a professional [to disclose]...but as a social entrepreneur that's trying to get credibility and also educate [on disability] as a mission...by viewing my life you get to see me struggling and you have a personal connection to me as a person, which personally, connects you to my mission. That's a double-edged sword professionally speaking. I've made my profile private recently because I've been looking into the Physician Assistant sector [again]. It's sad...I either need to make it private and be authentic or maintain public status and put the bumper lanes on because there's only so many things you can say that are raw where you're not going to be judged.

Thus, some affiliative legitimacy work tactics (e.g., personal disability disclosure) may threaten a social entrepreneurs' ability to seek instrumental legitimacy.

Chapter 5

Discussion

In this dissertation, I investigated the experiences and perspectives of social entrepreneurs in the disability space. I specifically explored how these social entrepreneurs manage stigma associated with disability and seek legitimacy from their stigmatized customers. I found that social entrepreneurs recognize two distinct types of stigmatized customers—those who reject the disability identity and those who embrace it. These two different customer identities lead social entrepreneurs to adopt different stigma management strategies (i.e., low versus high disability salience) and legitimacy work tactics (i.e., instrumental versus affiliative and moral) along two paths that I refer to as “Integrating” and “Differentiating.” These paths are important because they act as guides for the social entrepreneurs as they target their primary customer market (i.e., non-disabled vs. disabled). In addition, these paths highlight the difficulties these social entrepreneurs face in seeking legitimacy from *all* stigmatized customers. Indeed, I shed light on how social entrepreneurs seek support from the disability community and explain why efforts to target both customers with impairments (who do *not* identify as disabled) and disabled customers may be unsuccessful. If social entrepreneurs choose to target customers that do not identify as disabled, they may disenfranchise disabled people, however, if they choose to target disabled customers then they miss out on a larger customer market.

I believe that this study may help both scholars and practitioners in their efforts to include people with stigmatized identities. In particular, I wish to highlight the importance of understanding how ableism affects both stigma management and legitimacy work tactics. Ableism is rarely considered within our management literature, despite the prevalence of disability. For one, ableism creates a divide between the ideal (i.e., non-disabled) and inferior

human body (i.e., disabled) (Campbell, 2001), which reinforces the stigma associated with the disability label. This can encourage both customers and social entrepreneurs to choose to not identify as disabled, despite having impairments. In addition, it creates a normative standard that some social entrepreneurs may feel pressure to conform to. This came up throughout my interviews. For example, some social entrepreneurs described their own experience with an impairment but would not identify as disabled and instead made distinctions between themselves and “other” disabled people. Understanding that these social entrepreneurs are working within a system of ingrained ableist beliefs is important. While all of the social entrepreneurs are choosing to market to a stigmatized population that is often overlooked, in many ways it is easier to *integrate* and pretend to be a normative business for normative customers, rather than truly *differentiate* and push against ableist systems. I hope the strategies and tactics, as well as the tensions outlined in this study help those who aim to include people with disabilities. I also aim to make contributions to the organizational literatures on identity, stigma, legitimacy, social entrepreneurship, and disability, which I explain below.

Identity

My first contribution relates to the organizational literature on identity, specifically identity work. Identity work includes the range of activities individuals engage in for “forming, repairing, maintaining, strengthening or revising” their self-meanings (Alvesson & Willmott, 2002: 626) in the context of their occupations and organizations. For example, I found identity work to be a central aspect of social entrepreneurs’ stigma management and legitimacy-seeking process. Despite the stigma associated with disability being a potential identity threat (Kreiner, Mihelcic, & Mikolon, 2022), where one’s positive image is threatened because of the activation of negative stereotypes or devaluation (e.g., Steel, Spencer, & Aronson, 2002), I found that some

social entrepreneurs were choosing to disclose a disabled identity. This disclosure is particularly surprising because the disability identity is stereotyped as incompetent, helpless, dependent (Colella & Bruyère, 2011) and “in need of care” (Jammaers, Zanoni, & Hardonk, 2016), which are all incompatible with a worker or entrepreneurial identity. Thus, it suggests a conflict between the disabled entrepreneur and the productive (“ideal”) entrepreneur. Because of this, one may expect the social entrepreneurs to keep this stigmatized identity hidden in order to avoid a connection to these stereotypes. However, I found that the social entrepreneurs embraced the disability identity as a form of legitimacy work.

In addition to disclosing a personal disability identity, some social entrepreneurs also disclosed a relational disability identity. This finding adds directly to the literature on disclosure, which is defined as a process that involves sharing that one has a concealable stigmatized identity (e.g., Goffman, 1963). Previous work has only considered disability and disclosure in terms of direct personal experience with disability. However, as identity theorists recognize—and this study highlights—individuals can make sense of who they are based upon their relationships with stigmatized others. This is especially pertinent for management scholars because much of the organizational landscape around disability includes individuals who may not derive meaning from a personal disability identity yet influence the disability space. Even stigma theorists recognize that individuals can have a (1) direct lived experience with stigma (“the own”) or (2) a relational lived experience with stigma (“the wise”) (Goffman, 1964). And according to Goffman (1963), “the wise” will be sympathetic to the plight of the stigmatized and may even become stigmatized if the stigma spreads to them via “courtesy stigma.” In this study, I introduce relational identity disclosure (e.g., “I am the mother of a child with Autism”) as a new type of disclosure. I found that social entrepreneurs with a relational disability identity position themselves as brokers between the disability community and non-stigmatized others. The social entrepreneurs also believed that relational disclosure helped to garner them affiliative legitimacy

from their customers without the risk of being labeled as “dependent” or “incompetent.” Indeed, some of the social entrepreneurs who identified as having both a personal disability and a relational connection to disability, opted to only *relationally* disclose because of the presumed benefits and limited costs.

Furthermore, this study highlights the perceived tensions involved with deploying certain identities. For example, I find that the decision to strategically deploy a personal disability identity or a moral identity can directly challenge a professional role-based identity. Specifically, that deploying a personal disability identity or a moral identity may help to garner moral and affiliative legitimacy at the expense of instrumental legitimacy. In addition, deploying a professional role-based identity may help to garner instrumental legitimacy, but could threaten affiliative and/or moral legitimacy.

Stigma and Legitimacy

In addition to the identity literature, I also aim to contribute to the literatures on social evaluations, specifically the debated connection between stigma and legitimacy. Stigma and legitimacy have been theorized as being opposite sides of the same continuum (e.g., Hampel and Tracey, 2019), where stigma is an undesirable evaluation and legitimacy is a desirable evaluation. However, these two constructs have also been theorized as being on distinct continua altogether (e.g., Helms et al., 2019; Ashforth, 2019), where an entity could be both legitimate *and* stigmatized. For example, Helms and colleagues (2019) note how the Catholic Church could be viewed as a morally legitimate organization, but also be tainted by the sexual abuse scandals. In my study, I add empirical evidence to support claims that stigma and legitimacy are two separate processes. For example, a customer could believe that the social enterprise is a legitimate business because it was founded by a doctor who provides a high-quality product, but still not

want to shop there because the social entrepreneur has not managed the stigma associated with disability.

In addition, organizational scholars have attempted to describe the relationship between stigma and legitimacy by connecting stigma to moral legitimacy (Suchman, 1995), while distinguishing it from instrumental legitimacy (Suchman, 1995) (e.g., Hudson, 2008, Ashforth, 2019). Thus, organizations may seek instrumental legitimacy while simultaneously being morally illegitimate (or stigmatized). However, I consider a different type of stigma in this study. Rather than a moral stigma, I consider the stigma attached to a social group. This fosters further insight into the relationship between stigma and legitimacy.

Stigma and legitimacy have also been studied in the context of stigmatized markets (e.g., Khessina, et al., 2020). A stigmatized market occurs when the product or consumers are negatively stereotyped and collectively devalued by one or more stakeholders who discredit the market (Mirabito et al., 2016). Organizational scholars have studied a variety of stigmatized markets, including gay bathhouses (e.g., Hudson & Okhuysen, 2009), the arms market (e.g., Vergne, 2012), mixed martial arts (e.g., Helms & Patterson, 2014), and the medical marijuana industry (e.g., Dioun, 2017). All of these markets have a stigmatized (or potentially stigmatizing) component and organizational scholars have focused on how these organizations manage their own stigma. For example, Wolfe and Blithe (2015) examine how brothels manage stigma by aligning themselves with nonstigmatized industry practices. Most of the work in stigmatized markets focuses on core moral stigmas that arise from the industry being illicit or otherwise controversial. My study instead considers tribal/social stigmas (those stigmas that are associated with a tainted social group—in this case the disability identity).

In addition, scholars have called for more research on how non-stigmatized individuals and organizations engage in stigma management strategies (e.g., Meisenbach, 2010). Here, I attempt to address these calls by exploring how social entrepreneurs manage the stigma

associated with disability. I find that social entrepreneurs vary the salience of disability in marketing and product design in order to normalize disability (i.e., low versus high disability salience). Strategies that utilize low disability salience align with previous research that recognizes the benefits of conforming. For example, individuals with concealable stigmas could attempt to “pass” or those with visible stigmas could attempt to “cover” in order to reduce stigmatization (Goffman, 1963). While stigmatized organizations may mitigate stigma by hiding their identity from the public (e.g., using discreet signage) (e.g., Hudson & Okhuysen, 2009). In contrast, strategies that celebrate stigma are less common (Khessina, Reis, Verhaal, 2020) and less often studied. Recently, scholars have shown how sharing a stigmatized identity could increase acceptance (e.g., Lavin & Barnes, 2020). Thus, rather than blending into society, these tactics aim to highlight the stigmatized identity (also referred to as “standing out strategies” Lynch & Rodell, 2018). This may include openly discussing the stigmatized identity in order to take away the shame of hiding it. For example, Project Semicolon was a social media movement in 2013 that encouraged people to draw (or tattoo) a semicolon on their bodies as a symbol of hope to those struggling with mental health and suicide. Other tactics may be used to counter feelings of shame with feelings of pride. For example, some people with stigmatized queer identities choose to display a rainbow flag to represent gay (or LGBT) pride. Rather than concealing or coping with the stigma, there has been a contemporary trend toward discussing or embracing the stigma. Through this study, I show how organizations both conceal (i.e., low disability salience) and embrace (i.e., high disability salience) stigma. In addition, I highlight the tensions involved with choosing one stigma management tactic over the other.

I also consider a unique problem associated with stigmatized markets. Specifically, how do you reach customers who could potentially benefit from the product or service, but are not buying it because they do not want to be associated with stigma associated with disability? I find that some social entrepreneurs manage the stigma by eliminating the word disability and

marketing their product for everyone. Interestingly, however, other social entrepreneurs have chosen to lean into the disability identity, highlighting it in order to seek legitimacy from disabled customers. This difference points to the importance of considering the two types of stigmatized customers in a stigmatized market: those who identify with the stigmatized identity and those who do not.

This dissertation also contributes to the legitimacy literature by highlighting the agentic role that actors may play in seeking legitimacy from a diverse audience. I specifically build upon literature that considers how actors seek legitimacy for new ventures (e.g., Cornelissen & Clarke, 2010; Lounsbury & Glynn, 2001). These studies assume a relatively “passive” audience that have similar legitimacy judgments (Überbacher, 2014). Indeed, while actors do adapt to different audiences (Zott & Huy, 2007), previous work in the entrepreneurial legitimacy literature has not focused on the diversity of audience perspectives. Instead, previous work has made generalizations about the audience by referring to them as overarching categories, without allowing for differences within the audience category (e.g., Fisher et al., 2017). In this study, I integrate actor-centered (i.e., legitimacy work) and audience-centered theories (i.e., propriety beliefs Tost, 2011; Bitektine & Haack, 2015) to account for the differences amongst customers. Specifically, I show the importance of customers’ connection to disability in guiding the social entrepreneurs’ legitimacy work tactics. It is important for social entrepreneurs in the disability space to consider the differences between the two potential customer groups because seeking instrumental legitimacy requires different competencies and tactics than moral and affiliative legitimacy.

Disability

This study can also offer insight into our understanding of disability at work. Research on disability is scant compared to research on other protected groups (e.g., women). And while studying disability, most scholars focus on overt marginalized, often considering nondisabled observers' attitudes toward and discrimination against workers with disabilities (e.g., Stone & Colella, 1996, Colella & Stone, 2005; Ren et al., 2008). Only recently have scholars considered benevolent marginalization. For example, Hein and Ansari (2022) study a sheltered workshop, where people may unknowingly participate in their own "paternalistic subjugation by following a subscribed identity." The disability studies literature offers terminology to distinguish between the two forms of marginalization. Specifically, "disableism" refers to discrimination against disabled people, while "ableism" refers to the preference for normative bodies and minds (Campbell, 2009). These systems underpin much of society's beliefs about disability (i.e., that disability is not valued) and both contribute to the subjugation of disabled people. My findings add to our limited understanding of benevolent marginalization by showing how focusing on customers who do not identify as disabled can encourage the erasure of disability. For example, managing stigma along the "Integrating" Pathway, which focuses on low disability salience, may contribute to the persistence of disability stigma because concealing the disability identity may inadvertently reinforce social interactions that contribute to stigmatization (Yoshino, 2006). Conversely, a social entrepreneur's decision to highlight disability via the "Differentiating" pathway or disclose their relationship to disability may contribute to de-stigmatization. I wish to highlight that while I do not study the broader implications of such strategies, organizational scholars have begun to connect stigma management strategies to broader societal change. For example, Lyons and colleagues (2017) connect the bottom-up practices of stigmatized individuals in workgroups to their stigmatization within their local social context. Thus, I would expect the

social entrepreneurs' stigma management strategies to have implications beyond the individual-level.

In addition, I contribute to the literatures on the positive side of disability. Viewing disability as an advantage is rarely studied (for an exception see Wiklund, Hatak, Patzelt, & Shepherd, 2018). However, this was a theme that repeatedly came up in the data. While not all of the social entrepreneurs in my dataset had a personal disability, those who did recognized it as an integral part of their social enterprise's success. Disability was associated with traits that helped the entrepreneur run their organization, such as flexibility, creativity, and empathy. In addition, the experience of disability provided them with a disability network and knowledge of disability-related issues. Furthermore, the experience of disability created a lens through which the social entrepreneur viewed the world. Specifically, this lens allowed them to recognize opportunities to make disabling elements more inclusive and made them more aware of inequities regarding disability. And perhaps most interesting, the disability identity was used as a legitimacy source and was leveraged via disclosure as an affiliative legitimacy work tactic.

This work also sheds light on the nascent work on disabled entrepreneurs (e.g., Jammaers & Zanoni, 2020; Jones & Latreille, 2011; Renko et al., 2016). Some scholars (e.g., Kašperová, 2021) assume legitimacy when disabled entrepreneurs enter a disabled market. However, my study highlights the importance of understanding that (1) customers differ even within a "disability market" and (2) even when disabled entrepreneurs are seeking legitimacy from disabled customers, they are still tasked with employing legitimacy work tactics (that their legitimacy is not "taken-for-granted").

Social Entrepreneurship

Scholars recognize that an entrepreneur's identity creates a perceptual filter that increases sensitivity to identity-relevant cues (Markus, 1977) and thus, they become more attuned to issues and information that they perceive as consistent with their salient identity (Swann, 1997). However, despite recognition that identity could be a powerful predictor of entrepreneurs' decisions and actions (e.g., Cardon et al., 2009, Hoang & Gimeno, 2010; Murnieks & Mosakowski, 2007; Navis & Glynn, 2011), identity theories are scant within the social entrepreneurship literature,

The few studies that have considered identity in social entrepreneurship consider the founder's identity and how it shapes a firm's identity, specifically in terms of hybridity. For example, Wry and York (2017) use identity theory to explain the motivation behind social welfare and commercial aims, while Fauchart and Gruber (2011) identified three main founder identities (i.e., "darwinians", "communitarians", and "missionaries"), which vary in their social motivation for starting the venture. Additionally, Battilana and Dorado (2010) compared microfinance loan officers and found that those who identified as teachers or social workers focused on a social welfare logic, whereas those who identified as accountants or lawyers used a commercial logic. Identity theories could also be used to understand opportunity recognition (Wry & York, 2017). Opportunity recognition occurs when an entrepreneur spots an unmet need or uncovers patterns that yield a new business idea (Alvarez & Barney, 2007; Shane & Venkataraman, 2000). So, while identity theories have been used to provide insights into why social entrepreneurs focus on economic and/or social missions, less is known about the variations among social strategies (e.g., in this case, how to manage stigma?) or how/why an identity is incorporated into an organization. My work helps to unpack these processes and further incorporate identity theories into the social entrepreneurship literature. For example, I found that

social entrepreneurs with no disability identity and disability-related role identities were more likely to follow the “Integrating” path while social entrepreneurs with personal disability identities were more likely to follow the “Differentiating” path. Interestingly, these paths affected the social entrepreneurs’ focus in terms of hybridity, either emphasizing instrumental legitimacy or moral and affiliative legitimacy. Thus, the “Integrating” path could be viewed in terms of a stronger focus on the economic mission, while the “Differentiating” path could be viewed in terms of a stronger focus on the social mission.

Practical Implications

These findings have practical implications for social enterprises that wish to market to stigmatized customers, especially disabled customers. Through this dissertation, I may also inform best practices in organizations beyond social enterprises. For example, organizations outside of social entrepreneurship that have begun to include people with disabilities as a viable customer segment may look to social entrepreneurs to learn how to do this effectively. Organizations have slowly moved beyond the question of why to include people with disabilities and are instead concerned with how. This is somewhat due to cultural shifts regarding diversity, equity, and inclusion (DEI). For example, the newer generation of consumers is demanding that organizations represent their values. Both Millennials (those born between 1981 and 1996) and Generation Z (those born between 1997 and 2012) are more socially aware and impact driven. These new generations value DEI partially due to social media, which has increased the generations’ exposure to societal issues. And these consumers are demanding that organizations care. According to a McKinsey study, 75 percent of Gen Z consumers will boycott companies that discriminate against race and sexuality across advertisement campaigns (Francis & Hoefel, 2022). In addition, Generation Z has been described as “radically inclusive” (Francis & Hoefel,

2022). In response to this, organizations have begun looking for ways to include disability. For example, Victoria's Secret hired their first model with Down syndrome, Sofia Jirau, in 2022 while Microsoft developed an adaptive Xbox controller in 2019 and Nike launched a line of accessible shoes in 2021.

However, these efforts to target people with disabilities have received a mixed reception from consumers. For example, disability advocates criticized Nike's "hands-free" shoe because the organization did not use the term "disability" in their marketing materials. Instead, Nike chose to market the shoe in terms of its universality, describing it as a shoe for "athletes of all abilities and ages" in 2019 and being useful "no matter your ability" in 2021.¹¹ Some disability advocates believe that not including the word disability, only reinforces the stigma associated with disability. In addition, some members of the disability community were not aware that Nike consulted with experts within the disability community while designing the product. Because this was not adequately communicated, some disabled people felt that it was just another product made for them, yet without them. This mixed reception has led organizations to fear entering the disability space. As one social entrepreneur described:

It's a fear...something is holding people back and to a large extent, it's that they don't know how to approach this, there is that fear of going wrong. (Interviewee #35)

Limitations and Future Research Directions

This dissertation focuses on a specific stigmatized identity, disability. While I believe that many insights can be taken and applied to social entrepreneurs who attempt to manage stigma and seek legitimacy from other marginalized groups, such as racial minorities or members of the queer community, there may be specific tactics that are more relevant to people with disabilities.

¹¹ See Appendix for the progression of Nike's marketing descriptions for the "Go FlyEase Hands-Free shoe" from April 2019-2022 in Table A-1.

Future research should consider how the stigma management tactics and the three types of legitimacy work tactics identified here relate to social entrepreneurs targeting customers with other stigmatized social identities.

I wish to emphasize that because I consider social evaluations in this study, which rely on human judgment, specific disabilities (or disabilities at large) may vary in terms of their social significance overtime and across contexts. That is, some disabilities may not elicit a stigmatizing response. I have attempted to consider cultural differences by interviewing social entrepreneurs across 10 countries. In addition, I have included social enterprises that serve an array of disabilities that may elicit dramatically different responses. For example, it is plausible that arthritis or bone fractures are considered less stigmatizing than urinary incontinence or schizophrenia. However, despite the differences amongst disability types, all of the social entrepreneurs recognize some form of devaluation or exclusion that arose from the disability identity. Future studies could consider how these differences affect both stigma management and legitimacy seeking tactics.

In addition, this study gathered only the perspectives of social entrepreneurs in order to understand their legitimacy-seeking tactics and their perceptions of what works. Future research should consider the evaluators' perceptions of the social entrepreneurs' legitimacy work tactics and stigma management strategies. While the current research design speaks to what social entrepreneurs are doing to manage these social evaluations, an investigation into evaluators would add insight into how successful the tactics are. Furthermore, future research that considers an evaluator's social identity would provide empirical evidence to previous theorizations that one's identity is important while making social evaluations. For example, Tost (2011) theorized that one's identity helps determine which dimension(s) of legitimacy (i.e., affiliation, moral, and/or instrumental) the person will prioritize while making a legitimacy judgment (Tost, 2011). With higher group identification (i.e., they identify as disabled), the evaluator should prioritize

affiliative and moral dimensions of legitimacy. However, if the evaluator has low group identification (i.e., they do not identify as disabled), then they should prioritize the instrumental dimension of legitimacy. In a future study, one could consider how an evaluator's connection to the disability social identity affects their perceptions of legitimacy work tactics. Specifically, one could consider the level at which disabled and non-disabled evaluators prioritize the different aspects of legitimacy work. For example, based upon this study's findings, I would expect non-disabled evaluators to focus upon instrumental legitimacy work tactics, while disabled customers would focus on all affiliative and moral legitimacy tactics.

Additionally, this study offers scholars a new form of disclosure, relational disclosure. Future studies should consider the perceptions associated with this type of disclosure compared to personal disclosure. For example, does relational disclosure offer legitimacy (especially affiliative and moral), without the stigma? And what are the factors that affect this? In addition, scholars may consider how this form of disclosure may act as a broker between disabled and non-disabled communities and the factors that affect one's effectiveness at brokering. For example, under what conditions does the disabled community recognize an individual with a relational disability as being an appropriate spokesperson?

Furthermore, while I illustrate my theoretical findings along two distinct pathways, some social entrepreneurs take a blended approach. For example, one social entrepreneur described including both models with disabilities and models without disabilities in a photoshoot for their product. They believed that this helps "people understand it a bit more and not be so intimidated by disability...so by having it like any other retail marketing, it kind of makes it more appealing to people and less overwhelming or intimidating" (Interviewee #18). Another social entrepreneur described including both children in strollers and people in wheelchairs to highlight the universality of her product. She intentionally includes both, developing marketing materials that would attract mothers as well as disabled people. However, she recognizes that this poses

problems for her social enterprise. For example, she received a message from a mother who asked her to stop sharing the disabled photos because it made her sad to look at them on her social media newsfeed. The social entrepreneur did not waiver in her decision to keep advertising with both disabled and non-disabled images, instead resigning herself to the fact that she may lose some customers because of her decision. I highlight these social entrepreneurs in the “mixed” pathway in Table 4-2. Future studies could consider the unique implications of attempting to target both customer identities (non-disabled and disabled).

Lastly, my findings offer an agentic perspective on how social entrepreneurs may manage the stigma associated with disability. While I consider the outward strategies, I am unable to theorize about the broader effects on social change and destigmatization. Future research should consider how effective low versus high disability salience works to destigmatize disability more broadly. For example, does low disability salience serve as a socially disciplining mechanism (Elias, 1978) where disabled people are taught to assimilate and passively accept stigma or is it the first step toward assertive approaches to destigmatization? Future research should consider both how the stigma management tactics affect the internal dynamics of the stigmatized as well as the perceptions of the evaluators. For example, how do the strategies affect disabled people? And how do the strategies affect public perception? Consideration of both will help determine the effectiveness of such stigma management strategies on greater social change and destigmatization.

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Appendix A

Interview Dataset

Table A-1: Interview Dataset

Interviewee # Position Disability Identity Gender	Industry Location Founding Year	Mission Product or Service
1 Founder Relational Female	Inclusive Activity India 2016	“Bring a paradigm shift in the way people travel by converting people with disabilities into avid travelers and creating a platform for inclusive tourism alongside.” Inclusive tourism: provides accessible travel solutions and leisure excursions for people with disabilities
2 Co-Founder Role Female <i>(Note: Co-founder has personal disability)</i>	Inclusive Activity <i>Non-profit</i> United States 2018	“Works to ensure the birding community and the outdoors are welcoming, inclusive, safe and accessible for everybody.” Accessible bird watching
3 Director Role Female	Inclusive Activity <i>Non-profit</i> United States 1972	“Serves individuals and families through adaptive sports, promoting healing and accomplishment.” Adaptive sports (e.g., skiing, snowboarding, kayaking)
4 Director Role Male	Inclusive Activity <i>Non-profit</i> United States 1987	“Enhances the quality of life of people with disabilities through exceptional outdoor adventure activities.” Adaptive sports (e.g., skiing, snowboarding, biking, hiking, rafting)
5 Founder Relational Female	Advocacy Australia 2019	To create beautiful educational content for living with disabilities Book for parents of children with disabilities; lifestyle magazine for tubies

<p>6 Co-Founder Role Male</p>	<p>Advocacy <i>Non-profit</i></p>	<p>“To make the world more inclusive by teaching children (and grown-ups, too) to embrace each other’s differences”</p>
<p>7 Co-Founder Role Female</p>	<p>United States 2019</p>	<p>Children’s books, classroom posters, advocacy merchandise, speaking engagements</p>
<p>8 Founder Personal Male</p>	<p>Advocacy United States 2020</p>	<p>“[Podcast] will raise awareness, educate, and change the tone of conversation regarding those who are impacted by living with a disability.”</p> <p>Podcast that discusses disability</p>
<p>9 Founder Relational Female</p>	<p>Advocacy United States 2015</p>	<p>“We have two core objectives: to give back, and to help create a stronger community of disability advocates.”</p> <p>Online marketplace that sells merchandise inspired by disability advocates, their children, their families and/or nonprofits</p>
<p>10 Founder Role Male</p>	<p>Advocacy United States 2001</p>	<p>“Aims to contribute to the growth and understanding of a world-wide community of citizens who treat all persons...with dignity and respect.”</p> <p>Provides resources for people with disabilities and caregivers</p>
<p>11 Founder Personal Male</p>	<p>Holistic Healthcare <i>Non-profit</i> United States 1998</p>	<p>“Help people recover, achieve wellness, and integrate consumers of mental health and addiction services into community life.”</p> <p>Advocacy, education, peer support</p>
<p>12 Founder Personal Female</p>	<p>Holistic Healthcare United States 2018</p>	<p>“We strive to be the company you trust for safe and effective solutions rooted in nature...small company with a big mission: to redefine medicine”</p> <p>Herbal supplement to support urinary tract issues</p>
<p>13 Founder Personal Female</p>	<p>Holistic Healthcare United States 2021</p>	<p>To create a safe and supportive space to foster greater sense of mind-body connection and ease physiological experiences to trauma</p> <p>Trauma-informed yoga</p>

<p>14 Founder Relational Female</p>	<p>Holistic Healthcare United States 2019</p>	<p>“My nutrition program empowers and educates people with paralysis to make healthier food choices, so they can regain control of their weight and improve bowel issues.”</p> <p>Nutrition program</p>
<p>15 Co-Founder Role Female</p> <p><i>Note: Co-founder has personal disability</i></p>	<p>Holistic Healthcare <i>Non-profit</i> United States 2012</p>	<p>“Helps Veterans and 1st Responders with Behavioral Health, Suicide Prevention, and Homelessness.”</p> <p>Holistic support for people with PTSD</p>
<p>16 Founder Personal Female</p>	<p>Holistic Healthcare <i>Non-profit</i> United States 2019</p>	<p>“We spread hope, decrease suffering, and enhance viability within the amputee community.”</p> <p>Education, peer mentorship, medical advocacy, holistic goods and home services during transition.</p>
<p>17 Founder Relational Male</p>	<p>Adaptive Apparel United States 2014</p>	<p>“Bridging fashion and function to change how the world looks at and feels about healthcare.”</p> <p>Clothing for patients (e.g., post-surgical bra, PICC line covers, NICU bodysuits)</p>
<p>18 Co-Founder Role Female</p>	<p>Adaptive Apparel Australia 2019</p>	<p>“We promote self-expression, independence and dignity by providing stylish, inclusive fashion opportunities for all.”</p> <p>Fashionable clothing with simple adaptations</p>
<p>19 Co-Founder Role Female</p>		

<p>20 Co-Founder Relational Female</p> <p><i>Note: Co-founder has personal disability</i></p>	<p>Adaptive Apparel</p> <p>Ireland 2016</p>	<p>“Our mission...is to challenge negative associations with wheelchairs and let users celebrate their individuality by personalizing their source of independence. We want to show the world that wheelchairs can be so much more than a medical device, they can be a piece of artistic self-expression.”</p> <p>Wheel covers for wheelchairs</p>
<p>21 Founder Personal Female</p>	<p>Adaptive Apparel</p> <p>England 2016</p>	<p>“Our mission is to give back dignity and style; we consider every condition and ability when designing our range, and we commit to learning and improving as we go.”</p> <p>Stylish clothing with hidden adaptations</p>
<p>22 Co-Founder Role Male</p>	<p>Adaptive Apparel</p> <p>United States 2014</p>	<p>To create an easier way to put on and take off shoes.</p> <p>Magnetic tool to help tie shoelaces</p>
<p>23 Founder Role Female</p>	<p>Adaptive Apparel</p> <p>United States 2016</p>	<p>“I started [this social enterprise] with one goal: to design stylish adaptive clothing and accessories for chronically ill and disabled people. Over the past few years, we’ve grown our mission to include advocacy, sustainability, and community-building, because we believe all of these to be necessary parts of a changing global industry.”</p> <p>Stylish adaptive accessories and awareness merchandise</p>
<p>24 Co-Founder Role Female</p>	<p>Adaptive Apparel</p>	<p>“We strive to create happiness, spread optimism and simplify life for those with chronic illnesses or disabilities.”</p>
<p>25 Co-Founder Female Relational</p>	<p>United States 2018</p>	<p>Adaptive apparel and essentials in diabetes care, ostomy care, tube & port care and general support for children and adults</p>

<p>26 Co-Founder Role Female</p>	<p>Adaptive Apparel Belgium 2016</p>	<p>“Brand of innovative clothing that gives people a helping hand...It is our conviction that clever adaptations and fashion are perfectly compatible.” Adaptive clothing and marketplace for adaptive brands</p>
<p>27 Manager Role Female</p>	<p>Adaptive Apparel United States 2017</p>	<p>“Functional and fashionable products to make life easier” Marketplace for adaptive accessories, medical wear, easy on/off shoes</p>
<p>28 Founder Personal Non-binary</p>	<p>Adaptive Apparel United States 2020</p>	<p>“The main goal is to create functional art that helps people feel more comfortable and empowered as Disabled individuals.” Personalized mobility aids</p>
<p>29 Founder Relational Female</p>	<p>Adaptive Apparel United Kingdom 2015</p>	<p>Pajamas “designed to provide easy access, comfort, privacy and above all restore your dignity whether you are in hospital, care home or needing some help at home.” Pajamas that allow for IV lines, portacaths and syringe drivers; provide discreet access to wound sites, mastectomy care, cardiac care and nursing moms, also allow access to stoma and catheter care</p>
<p>30 Founder Relational Female</p>	<p>Adaptive Apparel Israel 2019</p>	<p>“Make fashion accessible.” Stylish clothing with adaptations like magnetic buttons and front zippers</p>
<p>31 Founder Role Female</p>	<p>Adaptive Apparel England 2021</p>	<p>“Inspired by conversations with disabled women who expressed the feeling of not fitting-in to the fashion industry or feeling seen by it”; this brand creates stylish and timeless womenswear for women with Dwarfism Premium clothing for women of short stature and/or with Dwarfism</p>

32 Founder Personal Female	Adaptive Apparel Australia 2021	“We make it possible for our customers to express themselves through adaptive and inclusive fashion and design.” Adaptive and sensory clothing
	Adaptive Apparel Australia 2017	“Helps post-surgical patients regain their independence and confidence by providing great looking adaptive clothing for effective recovery” Rehabilitation clothing
33 Co-Founder Relational Female	Adaptive Apparel <i>Non-profit</i> United States 2019	“Provides warmth, comfort and support to children who have chronic or critical illnesses and their families.” Provides fleece ponchos to children in the hospital because robes, sweaters and jackets don’t work well with IV lines and other medical equipment
34 Co-Founder Role Female		
35 Co-Founder Relational Female	Adaptive Apparel England 2017	“Created with the express aim of making bras easier to put on but still look good and feel comfortable. Life is complicated enough and searching for a bra whether you have dexterity or mobility limitations, have had surgery or an injury, or just want something a little easier to put on shouldn’t be so hard!” Fashionable, accessible bras
36 Founder Role Female	Adaptive Apparel Austria 2018	“I want women who need help with getting dressed to be able to look beautiful in all circumstances, and caregivers have not been afraid to add pain or discomfort to their cared for. Every woman has the right to look beautiful. Even those who need help.” High-quality knitwear for women with limited mobility and senior citizens

<p>37 Co-Founder Personal Female</p>	<p>Adaptive Apparel England 2011</p>	<p>Mobility aids designed to be comfortable, colorful, protected, silent, and safe Fashionable crutches and walking sticks</p>
<p>38 Founder Role Female</p>	<p>Adaptive Apparel United States 2022</p>	<p>“Serve as a tool to empower peoples’ unique abilities allowing them to become more independent and inspire other towards a more inclusive universal design.” Stylish clothing for the blind</p>
<p>39 Founder Relational Female</p>	<p>Adaptive Apparel United States 2020</p>	<p>“Empowering individuals with disabilities around the world.” “A versatile, adaptive carryall designed with and for wheelchair users”</p>
<p>40 Founder Relational Female</p>	<p>Adaptive Apparel United States 2013</p>	<p>“Adaptive clothing restores getting dressed both quickly and independently.” Magnetic fastening clothing</p>
<p>41 Founder Role Female</p>	<p>Adaptive Apparel United Kingdom 2009</p>	<p>“We believe, very simply, that life is best lived outdoors with the best adventures often being those that happen on ordinary days.” Waterproof, cozy cover for strollers and wheelchairs</p>

Appendix B

Supplementary Representative Data

Table B-1: Supplementary Representative Data

Theme	Description	Representative Quotation
<i>Different Customer Identities</i>		
Non-Disabled Identity	Some customers feel <i>disempowered</i> by the disability identity	<p>I think that some people are okay with this label and others are not. (Interviewee #24)</p> <p>I didn't actually start, like vocally, I guess, identifying as disabled until this earlier this year because of, you know, internalized ableism. (Interviewee #39)</p>
	Some customers identify as having a disease, illness, injury, or impairment but do not identify as being "disabled"	<p>I guess for a long time, I wouldn't have said he had a disability. I would have said he had a medical condition that meant that he couldn't do a lot of what other kids could do. Like he wasn't going to go off to camp because he had to do weekly infusions, or he wasn't able to do a lot of physical activities that his peers could do. So, I guess I didn't consider him necessarily disabled. Just ill. (Interviewee #33)</p> <p>I didn't even use the word disabled until about three years...I never used the word disabled... I always said chronic health. (Interviewee #21)</p> <p>Even though I have had my various conditions my whole life, I didn't really realize that I was disabled and part of a community until later on. (Interviewee #28)</p>
Disabled Identity	Some customers feel empowered by the disability identity	Using that word [disabled] is a bit more freeing. (Interviewee #21)
	Some customers feel a strong connection with the disability community	Realizing that there was space for me in that community was really wonderful. Cuz I never had that identifier or that group of support around me before realizing that there was space for the mental health community and the chronic illness community. (Interviewee #39)

<i>Stigma Management Strategies</i>		
Low Disability Salience	“Market to All” via universal design and avoiding the term “disability”	I say “accessible,” it's very hard because there's so much new language around at the moment...our products are not necessarily just for anyone with a disability, it's for everyone. So, it's a much broader spectrum...For us, we are completely inclusive...And so it's just an inclusive brand. But for everyone. Really. (Interviewee #29)
	Downplay disability in product design	-Hidden clothing adaptations (e.g., hidden zipper to access a port, magnetic buttons on a dress shirt that look like traditional buttons) -Designs mimic mainstream fashionable brands
High Disability Salience	Market to disabled customers by exclusively using disabled models in marketing materials and using the term “disability”	Through our marketing and our recent photoshoot, we made sure that we had all people with lived experience behind the scenes as well as in front of the camera. (Interviewee #18)
	Accentuate disability in product design	One of the best-selling ostomy covers that we have is a simple black cover and it says, “Oh crap” on it. And it’s something that people love because it gives some humor to this situation, and it makes you smile. (Interviewee #25) The fun and joy aspect it also opens the door for people to talk about [disability]. If I’m somebody who sees it for the first time, it’s a good way to start this conversation. It really makes it more comfortable and more acceptable to talk about something like this. (Interviewee #24)
Stigma Management Tensions	Universal design increases the potential market size; however, it is difficult to include all needs in one product	We do try and make them inclusive and sort of use universal design principles. So, figuring out, like trying to think about as many different dressing needs as possible to fit them into the one product. And that's quite a challenge. (Interview #18) We want to make all of our products as accessible as possible, which, because we're so aware of all the broad needs out there, yeah, it can be overwhelming at times. (Interviewee (#19)
	Not using the term “disability” may feel like the “erasure of disability”	-Not using the word “disability” can reinforce the stigma associated with the label

<i>Legitimacy Work Tactics</i>		
Instrumental Legitimacy Work Tactics	<p><i>Leverage Professional Role-Based Identities</i></p> <p>(e.g., including identity as a medical professional or other industry-relevant identity)</p>	<p>[We are] two occupational therapists. And seven years ago, we could experience the fact that people with disabilities can't find clothes that are really comfortable and stylish, yet practical for them...Because of our experiences, as occupational therapists in rehabilitation center, we have a lot of experience with adults with physical disabilities. (Interviewee #26)</p> <p>I, because I have the luxury of being a doctor, I know the complications that I see from other materials, and those are the things that we don't want to put out there. We want to make sure that our materials will not create these other problems for our customers. (Interviewee #24)</p> <p>I think that because we...work in a disability sector, we've got a really broad [understanding]... we work with people with intellectual disabilities who benefit from so many of the functional features as well like, things like the magnetic buttons or, and magnetic zip, is so beneficial, not only for people with physical differences, but with intellectual disability. A lot of people with intellectual disability have trouble with buttons and sort of matching up the buttons or with fine motor skills. So, things like that, I think is something that we're very aware of that not many other brands would be. Yeah, because a lot of other brands, it may be from personal experience, which is great. But it's that one personal experience. And we're sort of experiencing the yet vast broadness of disability every day in our jobs. So that does help a lot. (Interviewee #19)</p>
	<p><i>Emphasize Relationships with Institutions</i></p> <p>(e.g., partner with non-profit organizations and/or medical institutions; include educational background in marketing materials)</p>	<p>We bring out various different institutions, whether it be VA hospitals, military hospitals, schools for deaf and blind, kind of that whole subset of groups... I think that spurs word of mouth. (Interviewee #4)</p> <p>I think it helps that I go to a fashion university that's well known. I think that definitely helps me... [charity partners] believed in me more because they trusted the uni[versity]. So that can help...they knew that students that come from my university are or can be really successful...they originally got back to me because they know that I went to a kind of reputable university that they believed in. (Interviewee #31)</p>

Affiliative Legitimacy Work Tactics	<p><i>Give Power Back to Disability Community</i></p> <p>(e.g., linguistically identify disabled people as “experts;” create a system for ongoing feedback from the disability community; hire disabled employees and pay them competitive wages)</p>	<p>I'm just trying to follow their lead, rather than figure it out myself. (Interviewee #23)</p> <p>[My disabled co-founder’s strength is] in terms of the product design, she's just so good with that kind of feedback as well as just teaching me about disability. It's something that she is always going to have a much deeper understanding of than I ever will, and the way the world is designed is something that I would never think of unless I spent so much time with her, little things like how buildings are designed, how shops are laid out, dressing rooms in shops, bathrooms in public places, doorways, getting on a bus. All these different things, I never think about, but I learn from being with her. So, yeah, it is very eye-opening. (Interviewee #20)</p> <p>We're very much aware that we ourselves don't have disability. So, we're always trying to connect with the end-user and collaborate with people with lived experience. (Interviewee #19)</p> <p>We have our mail address where there are a lot of questions coming every day, I really have to answer all the questions... [we are trying to have] a low profile so people don't feel boundaries just to contact us. And if people have questions, we like to use the phone just to have this close connection to them. Or if they have questions about a disability that we can give them advice. I think that is really our strength. (Interviewee #26)</p>
	<p><i>Leverage Personal Disability Identity</i></p> <p>(e.g., disclose a <i>personal</i> disability identity on organization’s website and during interpersonal interactions with customers)</p>	<p>There’s just a level of credibility I think when you’ve lived it...If you can talk with people and briefly tell them your story, you automatically gain that trust. (Interviewee #16)</p> <p>I do try and connect with them on a personal level for my story and my experience. And I think that that helps. I think that there's definitely an advantage when you can connect personally, especially at the beginning of a business when so much is customer service. If your customer understands that you have gone through the same thing that they have or very similar, I think that's an element of service, especially for a socially-driven business, I think that that's pretty key...If the product works, then fantastic. I think that's compelling in and on its own. But you have to get people to try it and I think that's where the story comes in. ...It's nice to have those conversations because it's someone whose been in the ditches and in the trenches just like you have and can hopefully get you out of them and help you see the other side. And so, I think there's an element of building a business, particularly one in the healthcare industry. (Interviewee #12)</p>

		<p>I know the importance of sharing my story with others. So I think or I would hope they could believe that I would be empathetic towards their story and understanding of their story and their challenges and not be judgmental...Or they feel I have a bit a sense of an understanding of what they deal with, where someone who doesn't have a disability, they may not feel the same because it's just like, "Oh, you've never been through much of anything. You really can't relate to what I'm dealing with." (Interviewee #8)</p>
	<p><i>Leverage Relational Disability Identity</i> (e.g., disclose a relational disability identity on organization's website and during interpersonal interactions with customers)</p>	<p>My whole business started when my son was diagnosed with leukemia. (Interviewee #29)</p> <p>[I am] not disabled.... But I am a disability ally. And so, I think by sharing my story, it helped the community understand the why...I think it's 86% of all adaptive apparel companies are actually started from a caregiver and not someone who's disabled. And so, you know, to not recognize them as a part of the journey as well is not telling the complete story. So that's another reason why I share it. (Interviewee #40)</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Moral Legitimacy Work Tactics</p>	<p><i>Foster Moral Identity</i> (e.g., engage in prosocial behaviors beyond their social enterprise such as volunteering, donating a portion of profits, or committing to sustainability initiatives; and embrace a moral growth mindset and actively seek opportunities to improve ethical behavior)</p>	<p>Ever since I can remember, part of my DNA has always been volunteering. (Interviewee #27)</p> <p>Our mission is to give back dignity...and we commit to learning and improving as we go. (Interviewee #21, website)</p>
	<p><i>Emphasize Social Mission</i> (e.g., describe motivation in terms of social impact)</p>	<p>This is not about the money; this is all about letting [my son's] legacy live on. (Interviewee #33)</p> <p>We're very transparent and sort of authentic around why we're doing it...I think it is quite obvious to people that we're not</p>

	<p>rather than “making money;” offer financial assistance for products to foster access; promote collaboration over competition with industry “rivals”)</p>	<p>really in it to make a buck... Like we actually care about the community.” (Interviewee #18)</p> <p>I don't feel like there's a competition. Because it's, it's not about holding on to our portion of the space, it's all about getting the kids what they need...In my opinion, the more the merrier. If somebody big wanted to come in and say, “We can do this cheaper, better, faster.” So be it. (Interviewee #34)</p> <p>Typically, retailers are very competitive, because we sell the same things, we're all vying for customers, and so forth. But within this particular space, it is so opposite of that. And it is very refreshing to see that other retailers, other companies that are creating, making, and selling the same product, are all open to the being part of this movement together. (Interviewee #27)</p> <p>I think we're quite unique in the way that we are not very competitive. Like, I think a lot of people would be like, “Oh, these are our designs, and you can't take them.” But we're very much like, this is how we do it. And we want other people will be doing the same thing. And I don't know whether that's very smart business. But we believe exactly in that increased choice. And we're like, that'd be great if everyone stopped using tags and started using printer labels because then people with sensory differences would you have a lot more options...we're really passionate about is that education side of things and wanting to collaborate. (Interviewee #19)</p>
<p>Legitimacy Work Tensions</p>	<p><i>Tensions Between Instrumental and Moral</i></p> <p>(e.g., mimicking commercial businesses helps to legitimize utility, however, this focus may signal a weaker commitment to social goals)</p>	<p>I can say the trade-off of benefiting the community versus making a profit is pretty much our status quo. (Interviewee #25)</p> <p>There are compromises I'm prepared to make in the sense of getting this out there. And an example of that is I signed up with...a pay in installments banking...sort of thing but they're very dicey. Ethically, I do not agree with them at all, but I wanted to offer people with disabilities the chance to pay slowly so that the big number isn't as scary if they're just paying it off a little bit by week. So, that was a compromise that I made. (Interviewee #21)</p>

	<p><i>Tensions Between Instrumental and Affiliative</i></p> <p>(e.g., medical professionals may be qualified to develop a product that meets health standards; however, some customers may not view the medical community as appropriate representatives for the disabled due to previous negative experience(s) with the healthcare system; disclosing a personal disability identity may stigmatize the social entrepreneur in business settings, leading customers to question their ability to run their social enterprise)</p>	<p>[There is a] disconnect between medicine and actual patients. (Interviewee #23)</p> <p>I started out [disclosing] more one on one, especially when I was testing the waters like, “Is this gonna just kind of mess up my business? Are people gonna be mad at me?” Especially because now there's a lot of fear mongering articles about cancel culture. And if you say one wrong thing your business is gonna go bankrupt or whatever...But there is of course that fear when you're disclosing a new thing about yourself. Like, “Am I gonna get people who don't like me because of that? (Interviewee #39)</p> <p>Some of the stuff people have said...I just remember when it was particularly aggressive. This was not about the product, but about me specifically, which is one of the reasons that I don't as much talk about that I identify disabled in business settings...So in the Disabled Women's Entrepreneurship cohort that I was in... it was advertised that we were all disabled. [And] I say in my pitch that I'm an engineer, and that I have years of experience working in the field of design for disabled populations to give myself credibility or whatever. And that's true. And I've never had anyone doubt me on that before. Because why would I say I'm an engineer if I'm not an engineer, right? But this one judge for this competition did. And so, we got comments and feedback on our pitches and one of the comments was like, “cites strong engineering background, but doesn't cite sources or reference companies to back it up.” And I felt like...because I've never had anybody doubt me before. It felt very much like it was a micro-aggression targeted at the fact that I was a disabled woman claiming to be an engineer. (Interviewee #39)</p>
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Appendix C

Sample Interview Protocol

1. Please tell me a little bit about yourself.
2. What motivated you to start this organization?
 - a. How did your previous work experiences impact your business?
 - b. How did your previous life experiences impact your business?
3. How do you view yourself in relation to the disability community?
 - a. How do you view your role in the disability community?
 - b. How has that role changed overtime?
 - c. Are there advantages/disadvantages to your position?
4. Why do you think your social enterprise has been successful?
5. What are the major challenges you have faced?
 - a. How do you manage stigma associated with disability?
6. How do you seek legitimacy for your organization/product?
 - a. How do you show that you are doing the right thing?
 - b. How do you show that the product/service is useful?
 - c. How do you show your connection to the disability community?
7. Where do you go for feedback on the value of your organization?
 - a. Specifically, where do you go for information about the needs of your beneficiaries/customers?
8. What does disability mean to you?
 - a. If you didn't have this disability, how might you run the organization differently?
9. Where do you go for feedback on the value of your organization?
 - a. Specifically, where do you go for information about the needs of your beneficiaries/customers?

Appendix D

Nike Adaptive Apparel Marketing Descriptions (April 2019-April-2022)

Table D-1: Nike Adaptive Apparel Marketing Descriptions (April 2019-2022)

Date	Description from Website	Disability Incorporated?
April 2019	Strap In. Take Off. Designed for athletes of all abilities and ages. Nike FlyEase features a revolutionary zipper-and-strap system to help you get your shoes on and off quickly and easily.	<ul style="list-style-type: none"> • Athletes of all abilities and ages
April 2020	<p>What is Nike FlyEase? Easy-entry footwear systems designed to help athletes put on and secure their shoes—with zero compromise to fit and performance. FlyEase is a new standard in universal design. We’re reimagining the best of Nike footwear to expand access and unlock benefits for all athletes*.</p> <p>*If you have a body, you are an athlete.</p>	<ul style="list-style-type: none"> • Universal design • Benefits for all athletes
April 2021	<p>Nike FlyEase creates shoes that are quick and easy to get into, and more hands-free. The easy-entry designs expand access and unlock benefits for all athletes*.</p> <p>From pinnacle FlyEase innovations to the wide selection of easy-on/off footwear, you can do more of what matter most—play.</p> <p>*If you have a body, you are an athlete.</p>	<ul style="list-style-type: none"> • Benefits for all athletes
April 2022	<p>Nike FlyEase lets you enjoy sport no matter your ability with technology developed from insights from the disability community.</p> <p>Dress from top to bottom in designs with accessible features that are quick and easy to get into, so you can keep moving. Explore all FlyEase shoes and clothes to get the most time out of your play.</p>	<ul style="list-style-type: none"> • No matter your ability • Insights from the disability community

VITA

Christine A. Mihelcic

ACADEMIC APPOINTMENT

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EDUCATION

The Pennsylvania State University, University Park, PA Ph.D. in Business Administration (Management & Organization) Dissertation Committee: Linda Treviño (Chair), Aparna Joshi, Charlene Zietsma, and Karen Winterich	2017-2022
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Virginia Tech, Blacksburg, VA B.S. Psychology, Cum Laude	2008-2012

PUBLICATIONS

Reina, C., Kreiner, G.E., Rheinhardt, A. & **Mihelcic, C.A.** (2022). Your Presence is Requested: Mindfulness Infusion in Workplace Interactions and Relationships. *Organization Science*.
<https://doi.org/10.1287/orsc.2022.1596>

Kreiner, G.E., **Mihelcic, C.A.**, & Mikolon, S. (2022). Stigmatized Work and Stigmatized Workers. *Annual Review of Organizational Psychology and Organizational Behavior*. 9.
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<https://doi.org/10.1093/oxfordhb/9780198827115.013.41>

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- Smeal College of Business M&O Research Fellowship (2019-2021)
- Farrell Center for Corporate Innovation & Entrepreneurship Grant (2019)