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Model.Disclose(): Examination of Obsessive-Compulsive Disorder Disclosure at Work

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Model.Disclose(): Examination of Obsessive-Compulsive Disorder Disclosure at Work

by

Timothy Allen Carsey

A dissertation submitted in partial fulfillment of the
requirements for the degree of

Doctor of Philosophy
in
Applied Psychology

Dissertation Committee:
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MODELING THE OCD DISCLOSURE PROCESS

Abstract

Research focused on Identity Management (IDM) in the workplace has explored the experiences of people with many different stigmatized identities (e.g., sexual orientation, gender identity, race/ethnicity, religiosity); however, research has only recently begun to explore IDM of mental illness in the workplace. One such identity, Obsessive-Compulsive Disorder (OCD), has remained particularly unexplored. Individuals with mental illnesses, such as OCD, experience unique consequences with their concealment and disclosure process. Specifically, OCD has both cognitive and behavioral components, and, the behavioral component of OCD can demonstrate to coworkers visible actions that are seen as "not normal" or "awkward," potentially unintentionally signaling the presence of OCD to others. The disclosure process could be drastically different for people with OCD compared to that of other invisible stigmatized identities (e.g., sexual orientation). Therefore, this dissertation focused on better understanding the underlying mechanisms of OCD in the workplace and the impact of OCD disclosure and coworker reactions across three studies. I identified qualitative themes about employees' experiences with OCD in the workplace and their interactions with coworkers from comments collected from online forums (e.g., Reddit; Study 1). Next, I used a survey design to expand on the results from Study 1 and provide a more traditional, generalized survey evaluation of OCD disclosure at work (Study 2). Finally, agent-based modeling was used to build on the first two studies and simulate interactions between people with OCD and their coworkers throughout a large organization (Study 3). The results provide evidence for the impact of coworker support and disclosure to reduce burnout and turnover. Theoretically,

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this dissertation contributes to the research on diversity and stigma in the workplace, identity management, and paranoid cognitions through the study of OCD in the workplace. Methodologically, by harnessing data from online forums and agent-based modeling, this dissertation provides unique examples of new ways to gain an understanding of organizational phenomena not previously leveraged in the literature.

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Chapter 1: Introduction

Approximately 44 million (19%) adults reported having a mental illness in 2018 (American Disability Act National Network, 2019), and 46% of individuals will meet the threshold criteria for mental illness at some point in their lives (Kessler et al., 2005). Past research has identified several factors, such as poverty, exposure to trauma, and poor parental care, as influences on mental health across the lifespan (Reiss, 2013; Helm & Nemeroff, 2001; Casey et al, 2011). However, according to Glynn and colleagues (2019), those early life factors are only a fraction of what predicts mental illness development. Thus, a significant gap exists in predicting the development of a mental illness (Glynn et al., 2019). The difficulty in predicting the development of mental illness in adults suggests that many people may have mental illness that is undiagnosed. The workplace may be an opportune environment to identify and address mental illness among employees; however, in the workplace environment, discovery or disclosure of mental illness status may result in individuals experiencing stigma. Therefore, it is increasingly essential for organizations to identify workplace factors that influence the development, severity, and resolution of mental illnesses, such as mental illness stigma.

Stigma is the presence of an identity or characteristic that discredits an individual (e.g., race/ethnicity, sexual orientation, mental illness; Goffman, 1963). People with a mental illness (PWMI) are stigmatized and negatively affected by the general public's stereotypes. People with a mental illness experience stigmatization from others due to misinformation and fear about their diagnosis (Rusch et al., 2005). Moreover, stigma impedes access to timely and appropriate care, increases symptom severity, and decreases

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treatment adherence (Kulik et al., 2008; Livingston & Boyd, 2010). Consequently, stigma indirectly sustains mental illnesses (Markowitz, 1998).

Stigma also negatively affects the family, coworkers, and workplaces of PWMI (Corrigan & Miller, 2004). Courtesy stigma is the prejudice and discrimination extended to those linked to PWMI (Goffman, 1963). As such, family members or acquaintances can experience the same adverse treatment as stigmatized individuals (Kulik et al, 2008). Mental illness stigmatization can reduce employee satisfaction and performance, and increase absenteeism, ultimately increasing loss and reducing organizations' profitability (Corrigan et al. 2014; Dobson, Szeto, & Knaak, 2019; Schomerus & Angermeyer 2008; Verhaeghe et al., 2008). Similarly, workplace gossip reinforces negative stereotypes tied to stigmatization and reduces productivity, morale, and cohesiveness across the organization (Duffy et al., 2002; Powel, 2001). Increased organizational strain experienced by employees, exacerbated by stigma, leads to reduced productivity and increased turnover rates (Niedhammer et al., 2006; Reichenberg & MacCabe, 2007). Therefore, it is important that organizations better understand how mental illness stigma manifests at work.

Obsessive-Compulsive Disorder

Obsessive-Compulsive Disorder (OCD) is an anxiety disorder characterized by obsessions - unwanted and repetitive thoughts, feelings or ideas - and compulsions - the behaviors associated with the obsessive thoughts (Stasik et al., 2012). As a core component to OCD, obsessions have four essential features: (a) thoughts, impulses, or images that induce anxiety and are intrusive, persistent and recurrent; (b) overly

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excessive worries about real-life issues; (c) repetitive attempts to ignore, suppress, or neutralize the obsessions; and (d) recognizing the thoughts are a product of one's mind. Further, obsessions are distinctly different from ruminative thoughts. Ruminative thoughts are typically cognitive activities associated with positive and negative evaluations and are largely past-oriented (Papageorgiou & Wells, 1999; Watkins et al., 2005), whereas obsessions are mostly negatively appraised and follow attempts to ignore, suppress or neutralize the thoughts. The other major dimension of OCD, compulsions, includes repetitive behaviors or mental acts aimed at preventing or reducing distress, or the occurrence of an event that the affected individual feels compelled to do in response to an obsession or according to rigid rules (Abramowitz, Taylor & McKay, 2009; McKay et al., 2004).

Researchers categorize OCD into several subtypes based on the attributes of obsessions and compulsions, with the most common manifestations of OCD involving cleaning, obsessing, hoarding, ordering, checking, and mental neutralizing (Foa et al., 2002; Katerberg et al., 2010). Similarly, societal stereotypes and stigmas about OCD tend to focus on salient manifestations of the mental illness with the two most visually apparent dimensions: contamination/cleaning and symmetry/counting. Therefore, this research focuses on the OCD subtypes of contamination/cleaning and symmetry/counting/checking due to their relative prevalence and observability.

OCD is estimated to impact 7.4 (2.3%) million Americans (Ruscio et al., 2010; Stein et al., 1997). Moreover, Fullana and colleagues (2009) estimate that 13 - 49% of the population may have subclinical levels of OCD. Research suggests that individuals

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can have a predisposition for OCD that can be triggered by traumatic life events (e.g., hospitalization, sick family member, loss of personally valuable objects; Lensi et al., 1996; Rosso et al., 2012). Moreover, Adams and colleagues (2018) highlight how psychosocial stressors (e.g., a highly competitive work situation, chronic work stress, unwanted life changes; Limm et al., 2010) exacerbate OCD symptoms, potentially pushing someone into clinical levels of OCD. Recently, scholars have speculated as to the impact of COVID-19, a global pandemic, on people with OCD (PWOC). Fontenelle and Miguel (2020) suggest that COVID-19 will increase the number of individuals affected by OCD. Further, they suggest that the COVID-19 pandemic will exacerbate the existing anxieties, fears, and symptoms of PWOC. In recent news, people have begun to discuss their fear of returning to the workplace amid a continuing pandemic (Carlisle, 2020). As such, it is exceedingly important for organizations to better understand the reciprocal relationship between PWOC and organizational culture since some of their employees may experience a traumatic event and develop OCD in the future.

Stengler-Wenzke et al. (2006) suggest PWOC tend to have lower-quality physical wellbeing, psychological wellbeing, social relationships, and overall quality of life compared with the general population. Further, Bobes et al. (2001) suggest that PWOC have a lower quality of life than heroin addicts in general health, vitality, social functioning, emotional condition, and mental health. Eisen and colleagues (2006) indicated that quality of life is negatively related to people's symptomatology with OCD. Some of the most adverse effects PWOC can experience are to their careers and social relationships, family, and friends (Bobes et al., 2001; Koran, 2000). People with anxiety,

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a core symptom of OCD, experience higher occupational strain than non-symptomatic employees (Niedhammer et al., 2006). Rau and colleagues (2010) suggest this is due to increased perceived job demands and reduced control, compared to non-symptomatic employees' perceptions (World Health Organization, 2019). These stressors contribute to reduced job satisfaction, increased burnout, increased absenteeism, and increased turnover intentions (Lu & Gursoy, 2016; Wang et al., 2003). Thus, understanding the experiences of PW OCD and strategies to remediate its negative impact can benefit employees and organizations.

Research on OCD in the workplace would provide the necessary understanding of the nuanced experiences of employees with OCD to inform future interventions, trainings, and research. This research would impact the coworkers and workplaces of PW OCD and those with similar identities (e.g., anxiety disorders, invisible/visible stigmatized identities, exposure behaviors). Therefore the purpose of this dissertation is to (a) better understand the dynamics of OCD in the workplace, (b) evaluate the impact of OCD-related stigma in the workplace, (c) identify how paranoid cognitions can exacerbate symptoms of OCD, (d) understand antecedents and consequences of OCD disclosure, and (e) identify patterns of coworker interactions that contribute to positive workplace experiences for individuals with OCD.

I have examined these phenomena across three studies. First, I explored the experiences of PW OCD in the workplace qualitatively. A qualitative study served as a discovery of the more nuanced characteristics of PW OCD in the workplace. Next, I used a survey method to achieve more generalizability as to the relationships between

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variables of interest. Specifically, this study allowed me to quantitatively explore the relationship between OCD, disclosure, coworker reactions, and burnout/turnover intentions. Finally, I used agent-based modeling to simulate the interactions between PW OCD and their coworkers on a large scale. This method allowed me to demonstrate the potential impact of these mechanisms in a simulated organization that would otherwise be difficult to observe. As such, there are several theoretical and practical implications associated with this research.

First, this dissertation contributes to the research on workplace stigma by focusing on OCD which has been relatively ignored even within the mental illness stigma literature. Second, I will expand on past identity management (IDM) research and examine identities beyond the visible/invisible dichotomy to provide a more comprehensive understanding of workplace stigmatized identities. I aim to identify the antecedents and consequences of IDM strategies used by PW OCD. Third, I expand on previous research focused on paranoid cognitions and stigma by focusing on a population where paranoid cognitions (e.g., ruminations and hypervigilance) are hallmark characteristics of the disorder and not a result of legitimate stigma. Fourth, this project aims to explore the workplace interactions between PW OCD and their coworkers and will provide insight to benefit employees, managers, and organizations. Evaluating IDM strategies for PW OCD can lead to information to address changes in job satisfaction, burnout, and turnover intentions for PW OCD. Finally, this dissertation uses two underutilized methods, web-scraping and agent-based modeling (ABM), to examine the

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nuances of OCD at work and I hope this will provide an example to other researchers doing similar work.

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Chapter 2: Literature Review

In this section, I draw upon the literature related to stigma, paranoid cognitions, and identity management to provide context and justification for my hypotheses.

Specifically, I assert that the stigmatization of mental illnesses has exacerbated the negative experiences people with mental illness (PWMI) have in the workplace. Further, I explore the compounding impact paranoid cognitions have on people with Obsessive-Compulsive Disorder (PWOCD), such that it reduces the likelihood of “coming out” to coworkers and reduces the chances of receiving workplace support. Finally, I discuss the literature related to identity management to (a) explain the consequences associated with coworker interactions and relationships and (b) examine disclosure as a mechanism to improve workplace experiences for PWOCD.

Mental Illness Stigma

Past literature illustrates that stigma occurs at three, interacting levels: structural, public, and internalized (Corrigan, Kerr & Knudsen, 2005; Herek et al., 2009; Livingston & Boyd 2010). Structural stigma refers to the policies, procedures, and rules that exist that restrict the rights and opportunities for PWMI (Corrigan et al., 2005). Public stigma happens when large social groups endorse negative stereotypes against a stigmatized group (Corrigan et al., 2005). Internalized stigma, also referred to as self-stigma, is a process in which someone endorses stereotypes about their group, anticipates social rejection, considers stereotypes to be self-relevant, and believes they are devalued as members of society (Corrigan et al., 2005; Corrigan & Watson, 2002, Corrigan et al., 2006; Ritsher & Phelan, 2004). Although the three levels of stigma can negatively impact

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PWMI in the workplace, specific measures are in place to reduce the impact of structural stigma on PWMI (e.g., The Americans with Disabilities Act of 1990). However, employees with mental illnesses are regularly affected by the intra- and interpersonal consequences of public and self-stigma because the workplace can be an unavoidable social setting. Therefore, in this dissertation, I only focus on the impact of public and internalized stigma on PWOC.

Public stigma becomes problematic when negative perceptions about a group lead to stereotyping, prejudice, and discrimination (Corrigan, 2004). For example, negative perceptions about receiving help for one's mental health (e.g., therapy or counseling) leads to increased discrimination (Vogel et al., 2013; Vogel, Wade, & Haake, 2006). Specifically, people view those who seek help for their mental health as socially unacceptable or undesirable (Vogel, Wade, & Haake, 2006) and therefore, PWMI experience avoidance, lack of opportunity, and loss of self-determination (Corrigan & Shapiro, 2010). The discrimination help-seekers experience is notably higher than people who do not seek help (Jorm & Wright, 2008). Public stigma leads to increased stress and worse health outcomes (e.g., higher suicidality, higher mortality rates, reduced quality of life; McEwens, 1998; Schomerus et al., 2015; Walker et al., 2015). Although organizations implement policies to benefit employees with mental illnesses, the utilization of such resources remains low because workplace stigmatization impedes mental healthcare-seeking behaviors (Corrigan, Druss, & Perlick, 2014). Further, stigma and the lack of mental healthcare-seeking behaviors contribute to nearly \$318 billion annually due to healthcare expenditures, loss of earnings, and disability benefits (Insel,

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2008). This process demonstrates how stigma, through the experience of prejudice and discrimination, negatively impacts someone's behavior and health (Dovidio et al., 2000; Miller & Major, 2000).

Mental illness stigmatization is usually a consequence of misinformation and people's lack of experience with the community; as such, people can perceive PWMI to be unpredictable or unstable (Link et al., 1999; Pavelko & Myrick, 2015). Corrigan and Watson's (2002) work shows the general public widely endorses mental illness stigma and believes PWMI are (a) dangerous, to be feared, and kept out of communities; (b) irresponsible, and require others to make their life decisions; and/or (c) childlike and need to be cared for (Brockington et al., 1993; Corrigan & Watson, 2002). Specifically, misinformation creates confusion about mental illness and demonstrates that these behaviors are abnormal, contributing to the stigmatization of mental illness (Kelly & Winterman, 2011; Hugo et al., 2003). Social media and celebrities contribute to the spread of misinformation by downplaying or trivializing the disorder because they are unfamiliar with the intricacies of OCD (Pavelko & Myrick, 2015). Indeed, people learn from misinformed celebrities, through social learning, how to interact with people with OCD (Bandura & McClelland, 1977; Stout et al., 2004). Although trivializing mental illnesses may not be intended, Pavelko and Myrick (2015) illustrate that trivializing OCD can happen in three ways: (a) oversimplification of symptoms or causes, (b) skepticism about severity, and (c) overuse of humor. For example, Khloe Kardashian incited frustration after saying, "You say OCD is a disease, but I say it's a blessing." Members of the OCD community felt the comment (a) perpetuates the stereotype that OCD symptoms

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are not very serious and can be helpful, and (b) downplays the debilitating anxiety and stress driving the compulsive behavior to organize and clean. This underscores the misinformation that leads to the stigmatization of PWOCD. As such, PWOCD who experience coworkers or supervisors' misuse of medical diagnoses and downplaying of mental illness symptoms can feel devalued in one of the most important social settings of an adult's life.

Another form of stigma PWOCD experience is self-stigma. Similar to public stigma, self-stigma possesses the same three central components: stereotypes, prejudice, and discrimination. However, in self-stigma, the stereotypes, prejudice, and discrimination are directed inward (e.g., internalizing stereotypes) rather than being characterized as expressions by others (Corrigan & Watson, 2002). Self-stigma or the internalization of stereotypes for PWMI is linked to lower self-esteem, self-efficacy, optimism, and quality of life (Corrigan, Kosyluk & Rusch, 2013; Corrigan, Watson, & Barr, 2006; Link, 1987; Link, Cullen, Frank, & Wozniak, 1987; Lysaker et al., 2009; Mak & Wu, 2006). Toledano and colleagues (2020) found a negative correlation between self-esteem and OCD severity, suggesting that someone's self-worth and self-respect decrease as OCD symptomatology increases. Moreover, people who internalize stigma experience shame, self-isolation, and reduced desire to seek help, which can further exacerbate symptomatology (Kranke et al., 2011; Vogel et al., 2013).

Paranoid Cognitions

Paranoid cognition consists of hypervigilance, rumination, and sinister attributional tendencies (Kramer, 1998). Hypervigilance is the redirection of attention to

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perceived threats (Barrett & Swim, 1998; Kaiser, Vick, & Major, 2006; Kramer, 1998).

Rumination is the narrowing of attentional focus and perseveration on past adverse events (Wade, Vogel, Liao & Goldman, 2008). Finally, sinister attributional tendencies are an inclination to go beyond the available data when inferring others' intentions (Kramer, 1998). These attributes reinforce fear and anxiety, resulting in less available cognitive resources and restricting an individual's attention and ability to focus (Thoroughgood et al., 2017). For example, individuals who experience workplace indiscretion may spend an excessive amount of time determining the threat level of an act as they replay the event. As such, this reduces their ability to work productively, socially interact, and maintain the stressors associated with OCD.

Researchers have identified that stressful experiences that reflect psychological trauma can trigger paranoid thinking (Freeman et al., 2002; Kramer, 1998; Thoroughgood et al., 2017; Thoroughgood et al., 2020). Individuals with OCD are at a greater risk for chronic life stressors stemming from social and structural injustice, hostility, or discrimination, which can result in more impactful chronic life stressors. These traumatic, stressful experiences constitute harm to a person's sense of self and undermine self-esteem, control, and belonging (Baumeister & Leary, 1995; Smart, Richman & Leary, 2009; Williams, 2007). Moreover, this illustrates a level of self-awareness that promotes paranoid thinking by projecting negative thoughts and emotions onto others (Fenigstein & Vanable, 1992; Thoroughgood et al., 2017). Chan and McAllister (2014) suggest that this is a catalyst for defensive and distrustful social processes such as hypervigilance, ruminations, and sinister attributions.

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Perceived discrimination threatens an individual's desire for acceptance and can activate cycles of hypervigilance and rumination. Specifically, cycles of paranoid thoughts can occur when perceptions of discrimination promote self-consciousness whereby individuals monitor their environment for potential threats (Thoroughgood et al., 2017). Further, one's experiences with discrimination promote ruminations about how others view them (Hatzenbuehler, 2009). Thoroughgood and colleagues (2017) suggest that paranoid thought cycles lead to a disproportionate allocation of cognitive resources to detect and sense environmental threats (Kramer, 2001). Furthermore, a disproportionate impact of paranoid thought cycles may exist for individuals prone to obsessive and ruminative thought patterns (e.g., individuals with OCD) compared to the general population. Moreover, the processes associated with monitoring and sensemaking of perceived social threats lead to reduced psychological wellbeing (Freeman, 2007), which may already be compromised among individuals with OCD.

Stressors from stigma can activate maladaptive social, coping, emotional regulation, and cognitive processes that increase the risk for mental health disparities (Hatzenbuehler, 2009). Individuals with OCD symptomatology that have a higher chance of being visible may be highly conscious of and sensitive to their social stigma, environment, and risk of discovery. Moreover, individuals with observable compulsions (e.g., excessive cleaning, counting, checking) may fall susceptible to the spotlight effect that makes people think they are more noticeable than they are (Gilovich, Medvec, & Savitsky, 2000). As such, they may experience more hypervigilance and ruminations about their actions and interactions with coworkers because they are attributing coworker

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responses to their OCD symptomatic behaviors and not other innocuous acts. Therefore, I predict the following:

Hypothesis 1: OCD symptoms will be positively related to paranoid cognitions.

Identity Management

Although Ragins (2008) approximates the number of stigmatized employees to be 42%, the actual number may be significantly higher as those with concealable identities remain uncounted. Identity management (IDM) is a process of controlling what personal information people share with others (Lynch & Rodell, 2018). Identity management for visible stigma holders focuses on an individual's ability to control the narrative of their identity (e.g., providing counter-stereotypical information, acknowledgment strategies; Lyons et al., 2018). However, IDM strategies for invisible stigma holders focus on controlling who knows about their identity (Jones & King, 2014; Woods, 1994). Specifically, invisible stigma holders can conceal their identity and remain "passable" and, in doing so, they can control when others learn about their identity. People with OCD possess a stigmatized identity that can be concealed and must navigate the ongoing process of determining if, when, and how to reveal their mental illness to others (Crocker, Major, & Steele, 1998). Concealing one's identity reduces instances of discrimination because others are unaware of their identity. However, identity concealment is not without consequences like inauthenticity, reduced social support, and increased cognitive demand (Cricher & Ferguson, 2014; Jones & King, 2014; Martinez et al., 2017; Riggle et al., 2017).

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Chadsey and Beyer (2001) suggest that the workplace is one of the most important contexts for social interactions (following immediate family) and concealment of one's identity can reduce workplace relationships. Further, Croteau and colleagues (2000) illustrate this management process is salient in the workplace, and people often have to balance the desire to have authentic work relationships with the fear of rejection and discrimination. As such, researchers have shown that IDM in the workplace is important for stigmatized employees in order to control the narrative and information coworkers have about them (Button, 2001; Chrobot-Mason et al., 2001; Griffith & Hebl, 2002; Ragins, 2004).

When individuals determine a situation to be too dangerous to reveal a hidden stigma, they may partake in identity concealment. This involves active behaviors associated with keeping one's identity hidden from others. For example, Woods (1994) describes two forms of concealment behaviors: counterfeiting - an attempt to pass as non-stigmatized by constructing an alternate identity - and avoidance -evading the issue by self-editing and censoring. Research shows one benefit of concealment to be a decrease in experienced prejudice and discrimination (Rosario, Schrimshaw, & Hunter, 2009; Rothman et al., 2012); however, concealing is cognitively taxing (Ragins et al., 2007; Critcer & Ferguson, 2014), undermines authenticity (Martinez et al., 2017; Riggle et al., 2017), and reduces social connectedness (Clausell & Roisman, 2009). Conversely, research suggests that concealment is linked to worse psychological wellbeing for PWMI (Link et al., 1991; Vauth, Kleim, Wirtz & Corrigan, 2007) and can be even more impactful when they lack a support system. Further, by concealing one's identity,

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individuals do not experience identity integration with their work and nonwork lives (Woods, 1994).

With respect to IDM for PWMI, Peterson, Currey, and Collings' (2011) research suggest PWMI have high concealment rates due to fear of discrimination, despite laws protecting employees from discrimination. Concealment becomes more complicated when in a work environment because employees often interact with their coworkers regularly. Specifically, long-term concealment requires people to maintain lies or false narratives about their lives when sharing personal information. For example, LGB individuals who conceal their identity will change the names or pronouns of significant others; moreover, PWMI will alter facts, the severity of the behavior, or omit specific parts of their life (Jones & King, 2014). Consequently, these individuals have to allocate cognitive resources to maintaining identity deception. Even though people may put considerable amounts of effort into concealing their identity, in some cases, coworkers can learn about the identity through repeated interactions. For instance, researchers have noted that coworkers can identify an individual's gay or lesbian sexual orientation based on cues like facial structure, non-verbal behavior, and voice tones (Ambady et al., 1999; Linville, 1998; Rule et al., 2008). Past research focused on identity management for invisible stigmas as a dichotomous process: people either conceal or disclose (Jones & King, 2014). However, more recent literature demonstrates the importance of signaling behavior as an important step in the IDM process (Hamilton et al., 2019; Einarsdóttir, et al., 2016).

Signaling and Exposure

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Signaling is a behavioral process that helps the stigma holder better understand their situation when deciding to conceal or disclose. This behavior is the manifestation of an individual's desire to straddle the line between disclosure and concealment and allows stigma holders to anticipate potential outcomes/consequences of their disclosure/concealment decisions (Clair et al., 2005, Hamilton et al., 2019). Behaviors associated with signaling include the use of ambiguous language, discussing topics related to one's hidden identity, and mentioning others with the stigmatized identity (Clair et al., 2005; Jones & King, 2014; Woods, 1994). Individuals continuously update their signaling behaviors in response to others' reactions (Einarsdóttir, et al., 2016). Signaling helps people test the waters before disclosing one's identity (Hamilton et al., 2019). Although past research has focused primarily on the use of signaling for LGB individuals, IDM strategies for PW OCD can parallel the IDM process for LGB individuals (Corrigan & Matthews, 2003). As such, they commonly use concealment, signaling, and disclosure/selective disclosure to manage their identities at work.

Similar to voluntary signaling behaviors, PW OCD may also experience involuntary identity exposure related to their symptomatic behaviors. For example, individuals who compulsively clean, organize, check, and count may provide visual cues about their mental illness identity to others. It is unclear whether others will notice these behaviors and whether they would attribute these behaviors (if noticed) to an OCD diagnosis. For example, PW OCD may be excessively monitoring their OCD behaviors and their coworker's reactions to anticipate reactions to disclosure, treating their behavior like identity signaling. Alternatively, some individuals may choose to expend additional

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cognitive resources to conceal their OCD behaviors to avoid inadvertently outing themselves to their coworkers. This process could exacerbate issues of paranoid cognitions, particularly excessive ruminations and hypervigilance. Individuals who are aware of their visible OCD related behaviors may be more likely to obsess over the notion that coworkers can determine their identity from these behaviors. Moreover, they may be excessively hypervigilant about their OCD specific behaviors around coworkers. Therefore I predict:

Hypothesis 2: Awareness of OCD behaviors will moderate the relationship between OCD and paranoid cognitions, such that the positive relationship between OCD behaviors and paranoid cognitions will be strengthened as awareness increases.

Disclosure

Identity management decisions stem from many factors, the most common of which is fear. Although most people struggle with the anticipation of prejudice and discrimination associated with coming out (Bos et al., 2009; Quinn et al., 2014), PWMI also fear the possibility of burdening their family and close relationships (Brohan et al., 2012; Chen et al., 2013). Thus, PWMI fear the repercussions of social rejection and the strain it causes on their close relationships. Although disclosure has been connected to increased experiences of formal and interpersonal discrimination (Hebl et al., 2002; Russ, Simonds & Hunt, 2002), it also reduces perceptions of prejudice and discrimination because the negative behavior is more easily linked to one's identity, reducing ambiguity (Ragins & Cornwell, 2001, Ragins et al., 2007; Sabat et al., 2017). Additionally, disclosure has also been linked to increased happiness (Beals, Peplau, & Gable, 2009)

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and job commitment (Ragins & Cornwell, 2001), less stress (Sabat et al., 2015), and reduced turnover (Ragins et al., 2007). Interpersonally, those who disclose experienced improved social support from coworkers (Beals et al., 2009; Clair et al., 2005).

Although many researchers have examined a broad array of antecedents to disclosure, there is very little research focused on OCD disclosure in particular. Past research states that people go through a cost-benefit analysis when deciding to disclose their identity. In these models, individuals weigh the costs and benefits of concealment and disclosure. However, the cost-benefit analysis process becomes more complex when individuals suffer from paranoid cognitions. Specifically, Kramer (1998) illustrates a cyclical thought pattern, known as perpetual tunneling, as a phenomenon in which people are hypervigilant in their search for adverse events (Thoroughgood et al., 2020). This process consumes their attention and psychological resources, making it difficult to remove themselves from the fear-based cognitions. As such, someone who is constantly searching for threats may find or create reasons to support their future paranoia, creating cycles of paranoia.

Further, perceptions of discrimination can cause feelings of anxiety and fear (Jones et al., 2016), depleting available attention and psychological resources used for social sensemaking and self-preservation (Chan & McAllister, 2014; Freeman et al., 2002). Simply, negative workplace experiences (e.g., prejudice or discrimination) might cause someone to overthink their past experiences and be more aware of future adverse events, thereby draining psychological resources (Thoroughgood et al., 2020). Although disclosure can reduce stress from identity concealment and paranoid cognitions, PW OCD

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may be less likely to make rational disclosure decisions because of low cognitive resources caused by paranoid thinking and a heightened predilection for rumination due to OCD. However, if PW OCD disclose and receive positive feedback, they may determine disclosure to be useful and beneficial, affecting future disclosure. Therefore I predict:

Hypothesis 3: Paranoid cognition will be negatively related to OCD disclosure.

Workplace Social Outcomes

In the workplace, disclosure decisions can stem from a desire for authenticity and authentic relationships with coworkers. Researchers have paid a considerable amount of attention to disclosure's social impact at work (e.g., social support, prejudice/discrimination, isolation, etc.). Although people expose themselves to prejudice and discrimination through disclosure, Pachankis (2007) suggests that employees who disclose report more benefits than negative consequences. Specifically, disclosure can lead to reduced stress from no longer concealing (Rosario, Hunter, Maguen, Gwadz, & Smith, 2001), better relationships (Beal & Peplau, 2001), and in the case of LGB minorities, greater support from their families (Kadushin, 2000). Additionally, Rollins (2002) found positive qualities in workers' relationships with supervisors (Rollins et al., 2002) and improved emotional support from coworkers after disclosure (Rollins et al., 2002). Therefore I predict that:

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Hypothesis 4: Disclosure of OCD will be positively related to coworker social support.

Workplace Wellbeing, Occupational Health, and Disclosure

Voluntary employee turnover is a high cost to organizations and is linked to employee job satisfaction, burnout, and turnover intentions (Wright & Cropanzano, 1998;). Gioia and Brekke (2003) demonstrated that disclosure is significantly related to reduced job stress and better performance of essential job functions. As such, changes in job stress and performance have resulted in increased job satisfaction (Day & Schoenrade, 1997, 2000), a measure of employee-job connectedness and if an employee likes their job (e.g., aspects of the job, nature of the work, or supervision; Spector, 1997). Moreover, Newheiser and colleagues (2017) found that concealment is linked to lower self-esteem, job satisfaction, and job commitment.

Employee burnout, defined as experiences of chronic exhaustion, cynicism, and reduced professional ability, is often a result of high job demands, whether physical, emotional, or cognitive (Demerouti et al., 2001). Burnout is positively related to employee absenteeism (Toppinen-Tanner et al., 2005) and negatively associated with job performance reported by supervisors, colleagues, and clients (Taris, 2006). In a study of mental health providers, Viehl and colleagues (2018) found lower levels of burnout in employees who were open about their identities at work and had learned how to navigate their workplace conversations than those who concealed their identities. Further, those who concealed their identities felt dishonest (Viehl et al., 2018). Moreover, Fabian and Waterworth (1993) stated that turnover rates for employees with mental illness are six

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times higher for employees who conceal their mental illness than those who disclose.

Disclosure of OCD relieves the individual of the cognitive demand associated with identity concealment. As such, those individuals now have more available cognitive resources to cope with day-to-day job demands.

The Job-Demands Resource (JDR) model is a theoretical framework used to predict employee burnout and engagement (Demerouti et al., 2001). The JDR suggests an employee's strain is a response to an imbalance in job demands (aspects of the job that require physical or psychological effort, such as work difficulty, time pressure, or workload), and an individual's available resources (aspects of the job that reduce the cost of job demands such as coworker/supervisor support, training and information, and transportation; Demerouti et al., 2001). According to the JDR model, when job demands are high and job resources are low, job stress and burnout increase (Bakker & Demerouti, 2007). People with OCD may experience more stress and burnout at work than others because of the increased cognitive demands related to their mental illness and identity concealment, taxing their available resources. As such, identity disclosure would improve the available cognitive resources of PWOCD and potentially offset job-specific demands by reducing the stress of concealment. Therefore I predict the following:

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Hypothesis 5a: Disclosure of OCD will be positively related to job satisfaction.

Hypothesis 5b: Disclosure of OCD will be negatively related to burnout.

Hypothesis 5c: Disclosure of OCD will be negatively related to turnover intentions.

Social Support as a Mediator

Research postulates disclosure has independent direct relationships with social support and job satisfaction, burnout, and turnover intentions; however, researchers have not fully explored the mediating impact of social support on workplace constructs. Social support from both coworkers and supervisors is likely to impact an employee's job strain, burnout, and turnover intentions through reduced stress. In a study of transgender identity disclosure, Law and colleagues (2011) found that coworker's reactions mediated the relationship between disclosure and participants' job satisfaction and commitment. Further, employees have increased positive work attitudes, organizational commitment, job satisfaction, and lower job stress when they experience social support from managers (Day & Schenrade, 1997; 2000). Social outcomes (e.g., social support) on job stress, job satisfaction, and organizational commitment stem from disclosure. Therefore, I postulate that disclosing one's mental illness will reduce social awkwardness, improve interpersonal relationships, and increase social support access, which will facilitate a better workplace experience.

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Hypothesis 6: OCD disclosure will have a significant indirect effect on workplace outcomes (e.g., job satisfaction, burnout, and turnover intentions), mediated by coworker support.

Study Plan

To analyze the relationship between OCD, disclosure, coworker support, and occupational health psychology outcomes, I employed a three-study design. First, I explored the experiences of PW OCD in the workplace qualitatively using web-based data extraction of comments from online forums. This qualitative study served as an exploration of the nuanced characteristics of PW OCD in the workplace and provided a foundation to build Study 2 upon. Further, the qualitative analysis provides context for future research. Next, I used a survey method to achieve more generalizability as to the relationships between variables of interest. Specifically, this study allowed me to quantitatively explore the relationship between OCD, disclosure, coworker reactions, and burnout/turnover intentions. Using structural equation modeling, I explored the relationships between variables of interest and accounted for subtle variations in participants' experiences. Finally, I used agent-based modeling to simulate the interactions between PW OCD and their coworkers on a large scale. This method extrapolated the findings of Study 2 and allowed me to demonstrate the potential impact of these mechanisms in a simulated organization that would otherwise be difficult to observe.

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Chapter 3: Methods and Results

Study 1: Analysis of online forums using web-scraping

This project used a qualitative design, with data extracted from anonymous online discussion forums. A qualitative design is most appropriate for this topic considering there has been no research regarding reassurance seeking in the workplace to date (Glaser & Strauss, 1968). Anonymous online data were collected to decrease concerns of social desirability, considering the severity of stigma around OCD at work. Furthermore, data were extracted from a discussion forum, which—similar to focus groups—was advantageous for this niche population because participants were able to build on and respond to one another’s ideas to broaden their focus to topics that may not have been discussed individually (Morgan, 1996). I utilized data extracted from the website Reddit, an American social news aggregation, web content, and discussion website that boasts a worldwide monthly user base of 430 million active users (Dean, 2021) and 52 million Americans use Reddit monthly (Patel, 2020). In 2020, reports show that 303.4 million new posts and 2 billion new comments were added to the website (Dean, 2021).

Trustworthiness

As recommended by Lincoln and Guba (1985), I used evaluative strategies for qualitative research to enhance the trustworthiness of my findings. To establish credibility, multiple perspectives were included on the research team, including researchers with the following identities and/or backgrounds; (a) OCD, (b) anxiety, (c) attention-deficit/hyperactivity disorder (d) depression and (e) no mental health disorder or disability. To demonstrate transferability of themes I used “thick description” (Geertz,

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2001; Ponterotto, 2015) when presenting findings, and detailed how my findings may or may not transfer to other populations or contexts. I used multiple researchers in the coding process to improve dependability of the findings. Additionally, the data is publicly available online and accessible for replication. To address research confirmability, multiple researcher perspectives were used for triangulation (Corbin & Strauss, 2008; Morse, 2015). Additionally, given that some researchers have lived experience with or related to OCD in the workplace and OCD disclosure, the research team discussed their experiences in a reflexive dialogue to indicate how said experiences can influence the research process (Berger, 2013;Shaw, 2010).

Data extraction

The procedures and analyses for this study were conducted in R (R Development Core Team, 2017) and Python (Van Rossum & Drake, 1995). Following the theory-driven web-scraping guidelines provided by Landers and colleagues (2016), a team of three undergraduate researchers and I extracted data from selected forums on Reddit (see Appendix A for a list of subreddits, forums, and search terms). Undergraduate researchers were trained to perform web-scraping using the Package “RedditExtractor” to extract forum data pertaining to OCD and the experiences of individuals suffering from OCD. Each forum or subreddit is specific to the Reddit social media website where people share ideas and views on a particular topic. Each subreddit contains threads, with a specific discussion on a topic associated with the broader subreddit. Threads are created by the original poster (OP) and followed by comments/posts from other websites and subreddit users.

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Data coding

After 2.14 million comments were extracted, all comments were checked using regular expressions to identify comments that contained relevant information. This process removed redundant comments and comments that did not explicitly state that the individual (a) had personal experience with OCD, (b) was discussing issues related to their workplace, and (c) discussed the topic of workplace interactions, disclosure, or workplace stress, burnout, and turnover. Importantly, although representative quotes and excerpts from these data do not always explicitly state the poster's behavior, their comment, context, and underlying message illustrate the behavior of interest and were perceived as such by members of the coding team. This process led to the identification of 632 threads within four subreddits that contained a total of 908 comments by 457 different authors culminating in 362,771 words or approximately 1,209 pages of text, that discussed the experience of a person with OCD in the workplace. Each original poster (OP) and subsequent comments/contributions were coded using thematic analysis, derived from Braun and Clarke's (2006) coding model, to identify how OCD behaviors are experienced at work. Extracted comments were independently coded by myself and four research assistants. All codes were subsequently collated and the coding team then discussed and reconciled discrepancies through discussion. The major themes relevant to my research questions emerged through this deliberate coding process (Braun & Clarke, 2006).

Analytic Procedure

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To analyze the comments derived from online forums I used thematic analysis. Specifically, I used the six-step thematic analysis approach outlined by Braun and Clarke (2006) to examine the constructs of interest. Additionally, I applied a deductive or theory-based approach to my analysis drawing upon past literature as a theoretical framework that guides the coding process. Data extracted from online forums is inherently different from traditional qualitative data collection methods (e.g., interviews or focus groups) because the data are archival and unsolicited. Therefore, the people commenting are not guided through a series of questions that would allow them to explain certain circumstances or experiences. Moreover, because the data are archival, I am unable to surmise specific information about the subtext of their comments. Therefore, I used a semantic approach to my analysis and focused on the explicit content of the data. Step One required the coding team to familiarize themselves with the data by reading over the selected comments. Step Two was the first round of coding based on theory from past research and literature. This process involved us highlighting specific sections of the comments that ascribe to codes or labels that describe the participant's content. In Step Three, my team and I generated themes based on the first round of coding. We looked at the codes we created to identify patterns and begin to generate themes. At this stage we determined if codes were too vague or not relevant enough, resulting in such codes being discarded. In Step Four, we reviewed the data, compared the comments to our generated themes, identified if we were missing anything, and ensured that the themes were reflected faithfully in the data. Step Five required me to define and name the themes by developing succinct and easily understood names for each

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theme. Finally, Step Six required that I write up the results of my thematic analysis process. As such, results will include examples for each theme and frequency/count data for theme occurrence.

Results

The qualitative analysis revealed several major themes and sub-themes associated with each of my areas of interest. In the review of my findings, I provide only the most illustrative quotes for the sake of parsimony. Specifically, the qualitative analysis focused on the relationship between having OCD and employment, workplace interactions between PWOC and other employees, and identity management of PWOC.

OCD in the Workplace

The first general area of focus for my qualitative analysis of the extracted comments was OCD in the workplace (as opposed to in other spheres). Using this broad theme I aimed to explore how individuals experience OCD symptoms at work and how work impacts their OCD symptoms. Moreover, I evaluated the outcomes of OCD in the workplace. This analysis led to the identification of several prominent themes.

OCD symptoms at work. The first sub-theme that emerged from the data, OCD symptoms at work, illustrates how one's work is impacted by their OCD symptoms. In some circumstances, individuals discuss how OCD has positively impacted their job performance. This positive impact is often associated with increased attention to detail, checking or re-checking for mistakes, and other similar behaviors. For example, in the following excerpt, an individual (P1) illustrates how having OCD helps them by increasing their attention to detail. "I'm a Quality Assurance Engineer in the medical

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industry, and I actually think my OCD helps me to be more qualified for my job (because someone could die if I don't do a good job).” This person attributes their success and job qualifications, in part, to their OCD and suggests that without their OCD they may be more prone to increased mistakes or errors. Although the commenter discusses the positive impact of OCD at work, they might be unaware of the entire scope of the issue. People who believe that their OCD tendencies are helping them to be more precise or focused regarding a specific aspect of their job may not realize the burden or cost associated with their ruminative or compulsive tendencies. This relationship between OCD symptoms being beneficial to one’s job tasks and problematic to their mental health is further elaborated in the following comment.

“My current job is basically editing so it is extremely detail-oriented. My entire job is extreme perfectionism and that carries over to my life outside of work. My job definitely makes my life overall harder. I obsess over everything even more than normal to the point where I can't leave the house sometimes but I'm not equipped to do any other job.” (P2)

This commenter feels trapped by their OCD because they feel their symptoms make them better at their job but also understand that their compulsions create a cyclical impact on their life, perpetuating their OCD. While there may be scenarios where one’s OCD benefits them at work without having an additional adverse impact, it is unlikely because acting on one’s compulsions under the illusion that it is beneficial to their job task reinforces the underlying issues of the mental illness. This is highlighted by the stressful

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work experiences that are exacerbated by OCD symptoms and lead to increased workplace burnout.

Workplace Burnout. As a central theme of the experiences of OCD in the workplace, participants discussed in detail the issues associated with having OCD and getting or keeping a job. Specifically, the comments illustrate the toll that having a job takes on their mental and physical health because of excessive job stress and burnout. To illustrate the impact of OCD on workplace stress, I have chosen three comments that illustrate the impact in a similar, yet distinct way. First, the following comment illustrates the difficulty PWOCD have when gaining employment.

“... I failed the training for a new job because of OCD. For some reason this training made me more exhausted than my previous actual job and OCD started to hit harder and harder and at some point I decided that I can't go on like this... We are living lives on higher level of difficulty and that's the way it is.” (P3)

The comment discusses the difficulty they had during the onboarding/training portion of a new job and how that process can be detrimental to a PWOCD's mental health and consequently their employment. Although the initial start up of a new job may be difficult for many PWOCD, they can also face challenges with maintaining a job and their mental health. Participant 4 elaborated on their mental health and how it has suffered from having OCD and being actively employed.

“I hate myself by nature of my condition, but I hate even more the never-ending feeling as though I am just failing at my job even when it's all I ever think about. I've sacrificed every aspect of normal, healthy life as a consequence of trying to

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hyperfocus on a professional pursuit that I believe (that I know!) matters -- the preparation of the next generation to take the wheel of society. At the end of the day, I'm burnt out..." (P4)

The previous comments illustrate there are significant challenges and stress associated with getting and keeping a job when also dealing with one's OCD/mental health.

Importantly, for PW OCD these stressful circumstances that lead to increased burnout, when not alleviated, can also lead to turnover for PW OCD.

Turnover Intentions. One of the more prevalent themes derived from the data is the increased turnover rates directly associated with having OCD. Although job stress and burnout were discussed in length throughout the data, the connection between OCD and turnover intentions and actual turnover was very clear. Comments about OCD and job loss/turnover focus on two main sub-themes. First, many PW OCD fear the loss of their job due to OCD, as illustrated in the following quotes "I can't hold a job because having to touch everything makes me incredibly slow" (P5), "I had to quit my 2nd job, which had been remote, because they were asking me to come in 1 day a week" (P6), and "I've had to quit my last two jobs because of my symptoms and it has been a nightmare." (P7). These participants highlight the important and difficult choice PW OCD have to make when confronted with a circumstance that may worsen their OCD by engaging in behaviors that conflict with their OCD symptoms.

Alternatively, other participants discussed how excessive work stress can cause them to have worsening mental health and higher rates of turnover. For example, one participant states "Having a job can create more stress and anxiety in OCD because you

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sometimes feel the "need" to control or know what your coworkers are saying" (P8).

Similarly, participant 9 states "I absolutely need the money, but my OCD will make me sick thinking that I'm doing the wrong thing by staying (at this job)," illustrating that they are having to make a choice between their mental health and the money they need to survive. The excerpts provided for this theme illustrate how OCD has negatively impacted their ability to have gainful employment for one reason or another. However, some comments and threads further elaborate on the fact that in many circumstances simple accommodations could have been provided that would have alleviated the pressure of their work or OCD symptoms and altered their decisions to leave an organization.

Workplace Interactions

The second category of comments this study aims to explore is workplace interactions. This category explores the interactions PWOCD have with their coworkers, supervisors, and the organization/HR and how those interactions are impacted by OCD and have impacted PWOCD.

Downplaying and Trivializing. Although the main focus of this section discusses the human-to-human interactions, a prominent theme in the data emerged that did not directly connect to workplace interactions but focused more on workplace culture and society. This is the sub-theme of ostracism, brought on by exclusionary practices, misunderstanding, trivialization, and downplaying of OCD. People with OCD express feelings of ostracism in the workplace where they are left out for being different. Participant comments like "I have a reputation for being the nitpicky weird one" (P10)

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and “I’m noticing my manager laughing and joking around with everyone on the team but me” (P11) highlight their feelings of being excluded because their OCD inhibits relatable interactions. These feelings are often exacerbated by their paranoid feelings and tendencies to ruminate as illustrated by the following excerpt

“I’m friends with one of them [coworkers], but the rest of them all seem to be excluding me in their conversations at their desk. I try to be friendly, and it’s not like they out-right ignore me, but they clearly are much closer with each other than they are with me and a part of me is a little concerned that perhaps they’re all making fun of me, or maybe they actively hate me.” (P11).

People feel a lack of engagement not necessarily because of directly being excluded but due to the trivialization and downplaying of OCD that has become more societally common. A common theme in the data was irritation at the trivialization of OCD. For instance, one participant (P12) described how when reviewing a job posting they saw a company list OCD as a beneficial trait to their photoshop (PSD) needs, “Today I came across a job post that started with, ‘Are you equal parts OCD and PSD? We understand.’ It went on to list how they’re looking for someone with a micro-focus attention to detail and being extremely organized.” The participant discusses how trivializing a mental illness with job postings like this gives people the wrong impression of OCD and how difficult it can be for someone suffering from OCD. This issue is supported by a plethora of participants, some who simply stated “Just wish people would stop using OCD for everything”(P13) and “OCD is still fallaciously perceived (by much of the public) to be

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more than a quirk or trait” (P14). The participants illustrate that trivializing OCD only harms people with OCD.

Similar to the trivialization of OCD is downplaying. Many participants illustrate how if their OCD is not readily available for others to see and causes visible distress, it is not taken seriously. For example, the following two excerpts illustrate how people struggle with understanding their mental illness and taking it seriously because society has stereotyped OCD in a specific way and if they do not meet those stereotypical criteria it must not be detrimental to their mental health. This excerpt (P15) contains a portion of their comment that discusses how difficult it is to deal with OCD and be taken seriously, “Since I was always able to keep up in school and at work, graduate and get a good-paying job, no one took it seriously.” This next comment by participant 16 goes into great detail to explain that even people who are supposed to provide mental health support fall victim to this issue:

“It's just so frustrating to me because sometimes I feel like my OCD doesn't look like others. I don't really count things, I'm not worried about germs, I like to be organized but it doesn't really mean I'm clean - things just have to be a certain way, they have to feel right. When things don't feel right or an assignment isn't going how I would like I feel physically sick - it's like the pressure is building up in my body and I'm nauseous... I've approached my school's department for students with disabilities and all they have offered me is a quiet place to take exams - but I don't even have a problem with taking exams in the classroom. I feel

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like when I reach out to professors trying to explain my situation they don't understand how OCD impacts my schoolwork.” (P16)

This quote points to the greater need for discussions and awareness surrounding OCD, socially and in the workplace. Through improved awareness, PW OCD can receive increased social support at work and help alleviate issues of job stress and workplace burnout.

Supportive Work Environment: Coworker Support. One way that the data provided insight about supportive work environments for PW OCD is through coworkers or other employees that were understanding, supportive, or non-discriminatory. People with OCD express that supportive coworkers have been extremely helpful in reducing job strain and issues associated with OCD. For example, there are situations where someone in a workplace will make a mistake or say something that could be disrespectful and when that happens, understanding coworkers discuss those issues with others, like in this comment “[I] talked with her today and she apologized, she didn't know I (anyone in the office) have OCD. And she reassured me it wasn't meant to make light of the illness. So I feel a little better about it” (P17). This comment shows that the participants' coworkers downplayed or trivialized OCD and when they realized their mistake, they owned the mistake, apologized, and tried to make the situation better. To provide more support, participant (P18) discusses the outcome of a conversation with their coworker and states “This lead [*sic*]to a great conversation about the distinctions between actual OCD and mock OCD. It didn't take much for her to realize how much mock OCD discounts the real thing.” These excerpts, while providing more insight into the impact of trivializing and

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downplaying OCD, provide a clear explanation of how conversations with coworkers about this issue can improve the workplace for PW OCD. Further, participants suggest one benefit, aside from improved social interactions, is that coworker support improved productivity and reduced burnout. Specifically, participants illustrate that coworker support does not undermine their ability to do work but helps them overcome workplace issues associated with OCD. The following comments illustrate the balance of providing coworker support and not infantilizing PW OCD, “I’m lucky that my coworker is cool about it, but also that he doesn’t try to coddle me over some issues” (P19) and

“I told a co-worker about it and she helps me with it, there is this specific thing at work and for some reason I’m fixated on it and can’t seem to trust my actions doing the thing, she’ll come up behind me and say ‘it’s anxiety, you did the thing already I saw it, walk away’” (P20).

These comments show that coworker support is a form of workplace support that is beneficial for the success of PW OCD in the workplace, specifically when dealing with difficult times associated with their OCD symptoms.

Supportive Workplace Environment: Supervisor Support. Although not the focus of my current inquiry, another dominant theme identified in the data is supervisor support. For people with OCD, supervisor support takes on an additional role. This highlights another sub-theme of workplace interactions, supervisor support. Specifically, for PW OCD supervisor support can be crucial for reducing workplace stress and improving one’s productivity. The following example shows how a supervisor’s basic

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understanding and flexibility supported their employee with OCD and positively impacted their workplace experience.

“I decided to tell my supervisor that I have OCD. This is the first time I've ever told a supervisor I have OCD, and I was nervous about it, and it was a decision I didn't make lightly. I thought that since my OCD was beginning to impact my work, it was fair for work to understand the context...I don't require any special accommodations but I do appreciate that my colleagues and supervisor understand more where I'm coming from when I act the way I do. For example, they're more apt to understand if I take longer to do a task (I am INCREDIBLY detail oriented due to OCD which makes me awfully clunky at stuff), or need to take off early because I'm having a bad mental health day.” (P21)

Alternatively, when a supervisor does not invest time into understanding their employees with OCD, the lack of support can cause a detrimental impact. The following quote (P22) illustrates a lack of supervisor support “Today my boss said that something I said was untrue. I believe it was true and he is just misunderstanding but my obsession is that he thinks I'm a liar and I am going to get fired.” Supervisor support is a powerful tool that can be used to improve the workplace experiences for PW OCD. Further, supervisors who demonstrate a supportive workplace environment increase the likelihood for employees to disclose their OCD and likely reduce their burnout and rates of turnover.

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Identity Management

The last major theme of this study is identity management strategies. In this section, I explore how PWOCD use previously known IDM strategies to navigate their workplace experiences and interactions.

Disclosure and Concealment. Disclosure and concealment are two highly connected and prominent IDM strategies used by PWOCD to both elicit help/support and protect themselves in the workplace. Participants have highlighted their use of disclosure to provide insight into their behaviors and elicit understanding and/or support from their coworkers. For instance, one participant (P23) simply states “ If OCD affects your performance, it may do you good to disclose it,” indicating that it can be beneficial to let coworkers know of the stressors they experience in order to provide context for their behaviors. Similarly, (P24) posted the following comment:

“I don't require any special accommodations but I do appreciate that my colleagues and supervisor understand more where I'm coming from when I act the way I do. In particular, they're more apt to understand if I take longer to do a task, or need to take off early because I'm having a bad mental health day.” (P24)

It is important to note that disclosure of one's OCD identity often comes after enough information is gained to point to a positive disclosure experience. Participant (P25) posted a comment discussing that they believed their company had good, comprehensive support for mental health that led them to believe disclosure would be safe and beneficial “My company is very good about mental health so I was open with them about the OCD and they were understanding of it (I have reasonable accommodations for travel, which is

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a big trigger).” Although the previous examples illustrate positive disclosure experiences, it is not uncommon to have negative disclosure experiences, often associated with stereotypes and unfamiliarity. Some participants discussed their coworkers’ reactions that demonstrated their misunderstanding of OCD led to a less than ideal outcomes, such as “Oh, I would never have known. You seem so smart.” (P26) and “Recently, I told a coworker about my OCD and she asked me, ‘Is it contagious?’” (P27). Experiences like the previous two participants demonstrate the delicate nature of disclosure and concealment that PW OCD have to navigate in the workplace. Although the two negative comments do not highlight dangerous or severe instances of discrimination, they build on previous stereotypes about mental illnesses that contribute to increases in workplace burnout and support a PW OCD’s reasoning for concealing their identity at work.

Often viewed as the opposite of disclosure, concealment is a strategy used by PW OCD to protect themselves in situations where revealing their OCD identity can be detrimental or harmful to their work life. Many participants highlight their reason for concealment as being necessary due to the culture of their work environments and their coworkers. The lack of coworker knowledge was a predominant theme associated with OCD concealment. Comments like, “I’ve heard them talking about other people’s medical issues before so it worries me that they’ll just dismiss me by saying, ‘Isn’t she, like, crazy or something?’” (P28) and, “Sad and unfair that any mental disorder is treated so unfairly and with lots of misinformation here [their workplace]- people sort of think that if you have anything you are crazy” (P29) are prime examples of an organization’s culture that promotes fear of disclosure. In similar organizations, PW OCD do not feel they are

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supported at any level of the organization and would rather experience the consequences of concealment (e.g., lack of accommodations, lack of authenticity, and increased burnout) than disclose their mental illness. As such, the following quotes illustrate participants' distrust of their organization as a reason for their concealment, "I kind of don't trust our HR to back me up and I think it would cause more trouble than it's worth, unfortunately" (P30) and "I can't tell them about my OCD though. I work in security and I am super afraid that the stigma around the illness will hinder advancements and my future career. So I keep silent, and it's killing me" (P31). Moreover, these issues influence a broader belief about the need to conceal one's identity to protect their employment status, albeit with many costs. Participants have overwhelmingly discussed not disclosing their OCD to their employers when searching for a job because it has a negative impact on their ability to gain employment. For instance, the following participants write to ask other PW OCD about their disclosure experiences during job interviews.

"So I recently got a new job, and while I was hunting, I've noticed that a lot of applications specifically asked about OCD. They had a section for physical disabilities, then mental disabilities, mental illness, and then they would specifically ask if I had OCD. Since I can usually hide most of my compulsions convincingly, I put "no." But can anyone tell me, would putting "yes" on these applications put me at risk of being passed over in favor of someone without it? I feel like it's odd they would ask about it specifically." (P32)

Although this comment only existed in one thread, there were multiple threads where participants posed similar questions and elicited similar responses to the question above.

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The overwhelming response to questions like the one posed above is to avoid disclosure.

Some example comments of avoiding disclosure include:

“I live in California, and I apply to engineer and technician jobs. I always answer no, because I am afraid I will not get an interview for saying I have OCD” (P33),

“No. Never reveal any disability to an employer or potential employer unless there is a specific reason to do so” (P34), and

“I usually check that I do not wish to answer [on job applications] in the event I am forced to disclose due to it interfering with my performance, but thinking it may not interfere with my getting the job in the first place” (P35).

Inevitably the fear of disclosure during the application and interview process also leads PW OCD to believe disclosure once they have the job is also bad. This fear exists even when participants show, through additional comments and context, that they understand OCD is a protected disability under the ADA and that “it is illegal to be discriminated against because of their OCD.” Consequently, comments like this one from the participant (P36) highlight distrust in organizational processes and the need for concealment until more information is learned, “I’ve always been careful about telling employers/authority about my OCD until I know who they are on a personal level, you never know what they’ll do with that information.” The built-in distrust PW OCD have about disclosure in the workplace, which stems from past experiences of discrimination, experienced personally or by proxy, exacerbates a mental illness that is already wrought with ruminations and potential paranoia. Moreover, many participants have discussed their lack of mental health care seeking because they feel it would jeopardize their

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employment and their employment is more important than mental health at the time being. For instance, participant (37) writes, “If I seek out help for my mental health issues I may compromise my employment.” Similarly, another participant elaborates on this stating,

“Seeking help conventionally would be career suicide. I'm too afraid to tell you who I am out of fear it will hurt me in real life. It's been 10 years without medication or doctors. Both have harmed me. I take medication, I lose my well-paying job. I am a skilled laborer in debt, I can't do anything else. Whenever I mess up at work or forget simple details from my mental fog, I pretend I'm stupid and clumsy. It worked for years, but I can't do this anymore.” (P38)

In many circumstances, participants conceal their identities to protect themselves from discrimination, but the aforementioned comments highlight that in doing so they are also inhibiting themselves from getting the necessary mental health care. The data suggests a strong connection between these thought and behavior patterns and one's belief that their organization does not prioritize or support prioritizing their employees' mental health. While concealment can inhibit PWOC from receiving the necessary resources and support from an organization, some comments illustrate that it can also isolate them from similar, like-minded individuals, as discussed by participant (P39)

“Upon discussing my diagnosis with some of my friends and colleagues, it's becoming increasingly more apparent to me that a lot of people have diagnosed OCD, and some are in therapy. At least two of my coworkers have it, and a few of my friends. I find this bizarre considering how I never knew about this until I

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opened up to them. What's even more surreal is that some of them have the same ticks and obsessions as I do!” (P39)

This comment helps to provide insight into the sheer number of employees that may have OCD but are unlikely to discuss it unless they feel they have a safe space. The poster states that his coworkers and friends may never have “come out” about their OCD if they did not initially disclose their own. Comments like these provide support for the previously discussed issue of OCD prevalence and indicate that it can be more common than previously identified because of the number of people who remain concealed. Consequently, because many PW OCD keep their mental illness concealed, employees with OCD have to navigate their workplace settings carefully and are often very aware of their surroundings, which I discuss next.

Behavior Awareness. The final theme identified in the IDM strategy category of my qualitative data is the fear of symptom exposure or behavior awareness. The emergence of this theme comes from participants’ discussion about their OCD behaviors and the fear that it can either “out” them or make them appear awkward. For instance, participant (P40) states “I've found that friends/coworkers who are unaware of my condition have made a big deal about seeing me touch my face/mouth and it's very embarrassing.” Behavior awareness is a nuanced theme that is not quite disclosure, concealment, or general OCD ruminations/paranoia but the acknowledgment of their OCD behaviors and recognition of their coworker's reactions, similar to signaling behavior, though unintentional. Namely, comments like this from participant (P41) highlight their acknowledgment of their OCD behavior’s visibility and subsequent

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thoughts or fear of being exposed “I have thoughts that tutors will somehow notice me and want to talk about it personally or, even worse, will tell my groupmates about my problem.” These behaviors cause them a lot of stress because they feel compelled to do them even in situations where coworkers might see, thus leading them to feel embarrassment, shame, and fear, as depicted in this comment (P42), “Especially when you have to perform the "rituals" in front of others (I have a little... routine, if you, will at work that I do before I leave every day). I know people see me and the shame is overwhelming at times.” In some cases, participants expressed their desire to hide their OCD behaviors as a way to avoid “outing” themselves at work, which inevitably consumes some of their cognitive resources and can potentially impact their performance at work, as suggested in the following:

“When one of my coworkers is around I perform a task normally but once they are gone I need to check if I did it right (even things like closing a box). I tend to check e-mails I write multiple times for spelling mistakes, etc. I can't concentrate while others are talking. When you take all of this into consideration I manage to do less than the others and with that comes the feeling of incompetence and anxiety.” (P43)

Awareness of one’s behaviors is not uncommon outside the OCD community; however, the devotion of cognitive resources to the identification and concealment of visible OCD behaviors and hypervigilance associated with monitoring coworkers for one’s safety is more specific to PW OCD.

Discussion

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The present study highlights the experiences of PW OCD in the workplace, including work conditions/job duties, interactions with other employees, and identity management strategies used by PW OCD. Although the data, extracted from online forums, in some situations illustrate similar themes to other forms of invisible identities, the underlying causes and interpretations of the themes are quite different. Moreover, the results of this qualitative study provide insight and initial support for several hypothesized relationships. The data did not provide direct support for the relationship between OCD, Paranoid cognitions, and disclosure; however, the results provide initial support for the relationship between OCD, disclosure, coworker support, and burnout/turnover. Specifically, the data provide strong support for the need for better workplace support. Supportive coworkers, supervisors, and organizations are discussed as a benefit to PW OCD who may be experiencing negative responses to workplace conditions. This finding helps to provide support for the relationship between OCD disclosure and coworker support and provides initial support for Hypothesis 4. Moreover, results clearly illustrate how PW OCD who have provided their lived experiences on forums feel stigmatized and discriminated against. Improving the way mental illness, specifically OCD, is talked about and viewed would reduce the stigma associated with it and improve the lives of PW OCD. This would potentially improve stress associated with behavior awareness, concealment, and feelings of ostracism. This provides initial, partial support for Hypothesis 5 as to the relationship between OCD and burnout/turnover, indicating that disclosure might be a tool to reduce burnout. Furthermore, identification of these themes as inhibiting factors to workplace productivity and promoters of burnout

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and turnover for PWOCD is a valuable resource that organizations can use to provide more targeted interventions, implement actionable policies, and provide meaningful accommodations for PWOCD.

Study 2: Modeling Disclosure

The aim of Study 2 is to further explore and to better generalize the intricate experiences highlighted in Study 1. Building on the findings of the previous study, this study will focus on gathering quantitative survey data. Further, the results of this study will inform and provide empirical data for the Agent-Based Model featured in Study 3.

Participants and Procedure

A Monte Carlo simulation using the R package SimSem demonstrated that the least complex hypothesized model would require approximately 375 participants to achieve a small to medium effect. Accordingly, I aimed to collect 700 participants to have sufficient power for my analyses, while accounting for the potential of careless responses of participants using MTurk. Using both data collection through Amazon's Mechanical Turk and convenience sampling, I collected data from 708 participants. After data were collected, they were screened and assessed for careless or automatic responding and general data assumptions. This resulted in a dataset based on 548 participants ($M_{age} = 35.2$; $SD = 10.8$), with less than half participants identifying as female (47%) and approximately 72% of the population identifying as Caucasian/White, 16% as Black/African American, and 12% across other race/ethnicity categories. All participants self-disclosed that they were currently or recently employed in a physical workplace environment ($M_{tenure} = 6.9$; $SD = 6.04$) and identified as being afflicted with

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OCD. Prior to participation, each individual completed a short screening questionnaire to determine the extent of their obsessive or compulsive thoughts and behaviors. After the screening survey, participants completed a survey with a series of measures that assessed their experiences with OCD, self-stigma, level of OCD disclosure, workplace relationships, job satisfaction, burnout, and turnover intentions.

Measures

Obsessive-Compulsive Disorder

Yale-Brown Obsessive-Compulsive Scale (Y-BOCS II; Goodman et al., 1989).

OCD severity was measured using 6-items from the Yale-Brown Obsessive-Compulsive Scale. Two subscales, each three items, assess the extent to which a person lacks control over their compulsions ($\alpha = 0.91$; e.g., “I experience a lot of interference from my compulsions”) and the extent to which a person lacks control over their obsessions ($\alpha = 0.88$; e.g., “It is difficult for me to resist my obsessions”) on a seven-point scale (1= “Agree not at all”, 7= “Completely agree”).

Paranoid Cognitions

Paranoid Cognition at work (Thoroughgood et al., 2017). To measure paranoid cognitions, a 15-item scale that measures three dimensions of paranoid cognitions, negative ruminations (5-items; $\alpha = 0.91$), hypervigilance (5-items; $\alpha = 0.93$), and sinister attributions (5-items; $\alpha = 0.92$) was used. Items are rated on a seven-point Likert type scale (1= “Agree not at all”, 7= “Completely agree”). Sample items include “I find myself replaying interactions with other people over and over in my mind”, “I’m

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constantly “on guard” around others”, and “I’m suspicious of others’ intentions toward me.”

Identity Management

Degree of disclosure. Seven items were adopted from Law and colleagues’ (2015) degree of disclosure measure, which originally focused on measuring disclosure of gender identity, to measure the degree of disclosure. Items on this scale are scored on a seven-point Likert-type scale (1= “Agree not at all”, 7= “Completely agree”; $\alpha = 0.75$). Example questions from this measure include: “If I am asked about being OCD I answer honestly,” and “At work, I put a lot of effort into trying to hide the fact that I am OCD”.

Behavior Awareness. Ten items were developed by the researcher and evaluated by identity management subject matter experts to measure behavior awareness. Exploratory and confirmatory factor analyses were conducted on the ten items. Through a factor analytic process, poorly performing items were removed until a parsimonious, good fitting model was retained resulting in a five-item measure ($\alpha = 0.91$) to measure Behavior Awareness. The items are scored on a seven-point Likert-type (1= “Agree not at all”, 7= “Completely agree”) scale. Sample items include “I think about if my coworkers know I have OCD” and “I try to hide my OCD behaviors from my coworkers because I don't want them to find out.”

Social Outcomes

Coworker support. To measure coworker support Tews and colleagues’ (2013) adaptation of Settoon and Mossholder’s (2002) measure was used. Six items will be used to measure instrumental support ($\alpha = 0.93$; e.g., "My coworkers help me when I’m

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running behind in my work”) and eight items will be used to measure emotional support

($\alpha = 0.94$; e.g., “My coworkers try to cheer me up when I’m having a bad day”).

Participants respond on a seven-point scale (1= “Agree not at all”, 7= “Completely agree”).

Workplace outcomes

Job satisfaction. Job satisfaction will be measured using three items from Griffith and Hebl’s (2002) modified version of Ironson et al. (1989). The items ($\alpha = 0.93$) are measured on a 7-point Likert-type scale (1= “Agree not at all”, 7= “Completely agree”).

An example item from this measure is, “Taking everything into consideration, how do you feel about your job as a whole?” “In general, I am satisfied with my job.”

Turnover Intentions. Turnover intention will be measured using Colarelli’s (1984) three-item scale ($\alpha = 0.87$), scored on a seven-point Likert-Type scale (1= “Agree not at all”, 7= “Completely agree”). Sample items include “I often think about quitting my job,” and “I am planning to search for a new job during the next 12 months.”

Copenhagen Burnout Inventory. To measure burnout, 13 items were used from the Copenhagen Burnout Inventory (CBI) to measure personal and work-related burnout scored on a seven-point scale (1= “Agree not at all”, 7= “Completely agree”; Kristensen et al., 2005). The personal burnout subscale ($\alpha = 0.93$) measures aspects of exhaustion related to someone’s overall feelings (e.g., “How often do you feel tired?” and “How often are you emotionally exhausted?”) with six items. The work-related subscale ($\alpha = 0.92$) focuses on work-specific exhaustion (e.g., “Are you exhausted in the morning at a thought of another work day?” and “Is your work emotionally exhausting?”).

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Results

With this study, I assessed the impact of multiple constructs (i.e., OCD symptoms and severity, exposure behavior awareness, and paranoid cognitions) on identity disclosure and its resulting outcomes (i.e., coworker social support, social awkwardness, job satisfaction, burnout, and turnover intentions). Before conducting analyses, data were screened for required assumptions of missingness, normality, multicollinearity, and outliers. I also assessed the fit and structure of each latent factor used in the measures to ensure items were properly loaded onto their given construct.

Data Assessment

Pre-analysis assessments of the data, normality distribution, skewness, and kurtosis indicated minor issues of multivariate skewness and multivariate normality; therefore, I evaluated robust fit indices in accordance with recommendations from Byrne (2008). Evaluation of z -scores and Mahalanobis distances indicated low levels of univariate and multivariate outliers. Extreme outliers were removed from the data prior to analysis. The data had less than 1% missingness for any given variable, which is well under the 5% guideline for imputing missing data (Enders, 2010).

To assess the proposed hypotheses and models, I used the R package Lavaan to analyze the structural regression model depicted in Figure 1. I assessed the individual stages and hypothesized relationships independently of the whole conceptual model so that I could better evaluate the direct relationship between variables of interest. For each of the models, I constrained the first item for each unique latent factor to 1 to ensure the model is identified. To test the proposed hypotheses, I assessed model fit and coefficient

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values to determine if the model represented the data well. To determine a good fitting model, I evaluated the Chi-Square goodness of fit and used the cut-off values proposed by Hu and Bentler (1999) for NNFI, CFI, RMSEA, and SRMR. Finally, through the evaluation of model coefficients, I can determine the degree that one variable impacts another.

Behavior Awareness Assessment

Prior to conducting any analyses, I examined the measure of behavior awareness developed for this dissertation. To assess exposure behavior awareness, I have developed eight items to (a) assess the level of awareness someone has about their behaviors at work and (b) determine the level of rumination and hypervigilance they may have around those behaviors at work. Initially, I assessed the items using factor analysis and assessed the strength of the factor loadings and potential cross-loadings for a 2-factor model, as items were developed for the measure based on two factors. This analysis produced a factor structure with 7 of the 10 items significantly loading onto both factors. Alternatively, I evaluated a one-factor solution and assessed item factor loadings. Ultimately, the measure concluded with five items loading onto a single factor. I then conducted a confirmatory factor analysis on the 5-item measure to examine fit indices and model coefficients. This analysis yielded a good fitting model with most fit indices falling well within the acceptable range ($\chi^2 (5) = 30.41, p < .001, CFI = .987, TLI = .973, RMSEA = .096, SRMR = .019$).

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Hypothesis Testing

To examine the hypothesis that OCD symptoms would be positively related to paranoid cognitions (H1), I regressed the latent factor of paranoid cognitions, composed of three first-order factors indicating a second-order general factor of paranoid cognitions, onto the two latent factors of obsessions and compulsions composed of three items each from the YBOC-S measure (see Figure 1). Robust fit indices suggested a moderate fit ($\chi^2(184) = 1020.93, p < .001, CFI = .944, TLI = .931, RMSEA = .072, SRMR = .069$), with most values falling within an acceptable range. Moreover, regression coefficients for obsessions and compulsions showed that obsessions significantly, and positively predict paranoid cognitions ($\lambda = 0.36, p < .05$), suggesting increases in the severity of obsessions lead to increased paranoid cognitions; however, compulsions ($\lambda = 0.34, p = .053$), while verging on significance, did not reach the appropriate level to determine statistical significance. Therefore, I find the results of this model partially support my first hypothesis, with obsessions significantly, positively predicting paranoid cognitions.

Next, I assessed Hypothesis Two, which predicted that behavior awareness would moderate the relationship between OCD symptoms and paranoid cognitions by including a moderating path in the regression expressed in Model 1 (see Figure 2). For this model, first-order factors of paranoid cognitions were regressed onto obsession and compulsions with behavior awareness moderating the interactions between each pair of latent variables. Robust fit indices suggested adequate fit ($\chi^2(305) = 879.91, p < .001, CFI = .944, TLI = .935, RMSEA = .059, SRMR = .035$), with values falling within an

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acceptable range. The regression coefficients showed that OCD compulsions significantly and positively predicted paranoid ruminations ($\lambda=0.43$, $p = .02$) and sinister attributional tendencies ($\lambda=0.5$, $p = .01$) but not hypervigilance ($\lambda=0.09$, $p = .67$). Alternatively, OCD obsessions significantly and positively predicted hypervigilance ($\lambda=0.59$, $p < .01$) but not ruminations ($\lambda=0.31$, $p = .12$) or sinister attributional tendencies ($\lambda=0.18$, $p = .35$). Moreover, behavior awareness was not a significant moderator of OCD severity and ruminations ($\lambda=-0.01$, $p = .39$), hypervigilance ($\lambda=0.01$, $p = .22$), or sinister attributional tendencies ($\lambda=0.00$, $p = .5$). Therefore, Hypothesis 2 was not supported

To analyze Hypothesis Three, that paranoid cognitions would be negatively related to OCD disclosure; I regressed OCD disclosure, a latent factor composed of seven items, onto the latent factors of paranoid cognitions to determine the impact each has on disclosure behavior (see Figure 3). Robust fit indices suggested adequate fit ($\chi^2(203) = 719.78$, $p < .001$, CFI = .944, TLI = .937, RMSEA = .068, SRMR = .042), with values falling within an acceptable range. For this model, the regression coefficients for ruminations ($\lambda = -0.43$, $p < .05$) and sinister attributional tendencies ($\lambda = -0.25$, $p < .05$) were statistically significant and negative, showing that increased rates of ruminations and sinister attributional tendencies predict reduced rates of OCD disclosure; however, hypervigilance ($\lambda = -0.12$, $p > .05$) was not a significant predictor of disclosure. The results provide partial support for Hypothesis Three with ruminations and sinister attributional tendencies significantly, and negatively relating to OCD disclosure.

Next, I modeled the effect of disclosure on coworker social support by regressing the two latent factors of social support, emotional and instrumental, on OCD disclosure

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(H4; Figure 4). Robust fit indices suggested a good fitting model ($\chi^2 (186) = 488.76, p < .001, CFI = .963, TLI = .958, RMSEA = .055, SRMR = .047$), with values falling above an acceptable range. The regression coefficients indicate that OCD disclosure significantly, negatively predicts changes in both emotional coworker support ($\lambda = -0.55, p < .05$) and instrumental coworker support ($\lambda = -0.65, p < .05$). This finding suggests that people who rate higher in OCD disclosure view their coworkers as less emotionally and instrumentally supportive. While OCD disclosure did have a significant impact on social support, the results indicated an opposite direction from what was hypothesized, therefore suggesting the analysis did not provide support for Hypothesis Four.

Hypothesis Five stated that OCD disclosure would have a significant relationship with job satisfaction, burnout, and turnover intentions. I tested this hypothesis by regressing job satisfaction, work burnout, personal burnout, and turnover intentions onto OCD disclosure (Figure 5). The analysis yielded a moderate fitting model as illustrated by the robust fit indices being in an acceptable range ($\chi^2 (265) = 950.41, p < .001, CFI = .935, TLI = .927, RMSEA = .069, SRMR = .065$). The model indicated that OCD disclosure significantly and negatively predicted changes in job satisfaction ($\lambda = -0.48, p < .05$), workplace burnout ($\lambda = -0.82, p < .05$), personal burnout ($\lambda = -0.81, p < .05$), and turnover intentions ($\lambda = -0.69, p < .05$). This finding demonstrates that OCD disclosure reduces burnout and turnover intentions but also reduces job satisfaction. The analysis for this model was not able to provide support for Hypothesis 5(a), with the relationship between job satisfaction and OCD disclosure being hypothesized in the opposite direction; however, the analysis did provide support for Hypotheses 5(b) and 5(c).

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The analysis for Hypothesis Six builds on the model presented in Figure 5 and includes coworker support as a partial mediator for the relationship between OCD disclosure and job satisfaction, burnout, and turnover intentions (see Figure 6). For this model, the two sub-scales of coworker support, emotional and instrumental, are combined using a second-order factor to better assess it as a partial mediator. The analysis yielded a moderate fitting model as illustrated by the robust fit indices being in an acceptable range ($\chi^2(692) = 1933.17, p < .001, CFI = .925, TLI = .92, RMSEA = .057, SRMR = .093$). The model suggests disclosure significantly, negatively predicted the direct interactions with coworker support ($\lambda = -0.64, p < .05$), job satisfaction ($\lambda = -0.42, p < .05$), work burnout ($\lambda = -0.45, p < .05$), personal burnout ($\lambda = -0.43, p < .05$), and turnover intentions ($\lambda = -0.36, p < .05$). Additionally, coworker support significantly, positively impacted job satisfaction ($\lambda = 0.25, p < .05$), work burnout ($\lambda = 0.27, p < .05$), personal burnout ($\lambda = 0.26, p < .05$), and turnover intentions ($\lambda = 0.21, p < .05$). Finally, the model yielded a significant partial mediation with disclosure significantly impacting the outcomes of interest mediated, by coworker support ($\lambda = -0.161, p < .05$). This finding provides support for Hypothesis Six.

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Discussion

The results of my hypothesis testing and model building using a structural equation modeling framework supported a number of my hypothesized interactions. However, there were several instances where the data and my results did not provide support for my hypothesized interactions. My first hypothesis, OCD symptoms will be positively related to paranoid cognitions, was partially supported and the results indicated that obsessions, but not compulsions, significantly predicted paranoid cognitions. Interestingly, when obsessions and compulsions were modeled as predictors of the first-order factors of paranoid cognitions, as seen in Hypothesis Two, compulsion is a significant predictor of both ruminations and sinister attributional tendencies. The information gained from the results of Hypotheses One and Two suggests that obsessions play a larger role than compulsions in predicting paranoid cognitions as a whole but compulsions are more precise at identifying nuances within paranoid cognitions. Alternatively, the lack of a significant finding for behavior awareness in Hypothesis Two could provide insight as to why OCD compulsions are not a significant predictor of paranoid cognitions. Specifically, it may be that people surveyed lacked an undue heightened level of awareness, hypervigilance, stress, shame, or embarrassment about their OCD behaviors as those who posted in Study 1. This could lead to one's compulsions being less problematic or impactful to paranoid cognitions in comparison to OCD obsessions. This notion is further supported by the lack of support for the interaction between paranoid cognitions, hypervigilance, and OCD disclosure. If participants are less aware of their behaviors they are less likely to be hypervigilant about

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their own behaviors and the responses coworkers have towards them, reducing the impact these constructs have on OCD disclosure. The results also provided practical support for my third hypothesis, stating that paranoid cognitions will be negatively related to OCD disclosure. While hypothesis 3 was supported for sinister attributional tendencies and negative ruminations, no significant effect was observed for the relationship between hypervigilance and OCD disclosure.

A second interesting finding is the results for the relationship between OCD disclosure and coworker support from Hypotheses Four and Six. I hypothesized that OCD disclosure would have a positive impact on coworker support, indicating that higher levels of OCD disclosure lead to higher levels of coworker support, both emotionally and instrumentally. However, the results suggest that people who disclose their OCD perceive their coworkers to be less supportive compared to those who report low levels of OCD disclosure. Past literature provides a few reasons as to why this interaction may occur. First, there may be instances when one's coworkers want to be supportive of PWOCD but they are unaware of how to be supportive (Hebl et al., 2000; Martin et al., 2015). This lack of support knowledge can lead to awkward interactions between PWOCD and their coworkers, which can then be perceived by PWOCD as non-supportive coworkers (Barth & Wessel, 2021). Alternatively, past literature has highlighted that disclosure increases the likelihood of discrimination and prejudice. Increases in perceived discrimination are thought to be perpetuated by two mechanisms. First, when people have disclosed their hidden identity, it reduces the ambiguity to which they perceive potentially prejudicial or discriminatory interactions because they more strongly associate the "negative"

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interaction with their now disclosed identity (Crocker & Major, 1989). Second, disclosure provides an identifying characteristic that can be stereotyped and a conduit for discrimination (Ahrens, 2006; Clair et al., 2005; Jones & King, 2014). For instance, a coworker may not necessarily have negative feelings towards a particular person but upon learning about their mental illness there may be a perception of fear or unpredictability toward that coworker which can lead to discriminatory events. Similar to the findings of Study 1, this may align with the theme of downplaying/trivializing OCD whereas it has become socially acceptable to discriminate against PWOC by negating their lived experiences.

The final unpredicted relationship identified in the results is the unexpected negative relationship between OCD disclosure and job satisfaction (from Hypothesis Five). The relationship between OCD and job satisfaction was in the opposite direction as I initially hypothesized, suggesting that people who are likely to disclose their OCD have lower job satisfaction and/or people who choose not to disclose their OCD have higher job satisfaction. This issue may be a consequence of a cross-sectional design and the inability to evaluate causality. Specifically, the mechanism of action for this relationship may be that people who have high job satisfaction feel they do not need to disclose their identity and may fear that doing so would reduce their job satisfaction. Alternatively, people who disclose and receive discrimination or a lack of support may then report lower levels of job satisfaction.

The result of Study 2 provided a number of important insights into the experiences of PWOC at work; however, further extrapolation of the results is needed

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to provide a better understanding of how the experiences of employees with OCD are impacted by the system as a whole. Specifically, while the results suggest that disclosure of OCD predicts lower coworker support, it is not understood how perceived supportive or non-supportive coworkers differ on the impact of burnout and turnover. By simulating interactions between PWOCD and their coworkers on a large scale, I can explore the dynamic results of Study two across time and with differing organizational factors.

Study 3: Agent-Based Modeling

General Description

ABMs are designed to accommodate three challenges to studying group dynamics. They are explicitly multi-dimensional and can effectively and simultaneously model dynamics of multiple levels of organizations while incorporating feedback processes and system memory. Therefore, they are well suited to study complex systems whose dynamics are inherently dependent on heterogeneous actors and organizational structure, which are difficult to model using other formal techniques. ABMs are a population of agents in a constructed environment. Each agent is discrete and autonomous, pursuing goals based on location and limited information. Agents can learn from, have a memory of, or otherwise be affected by interactions with other agents and the environment. Behavioral rules are postulated theoretically and implemented symbolically as a series of computational algorithms. Once initial parameters are specified, the model can run for a given amount of time or until some desired state (such as an equilibrium) has been reached. The end result is the pattern of outcomes that emerges in the population over time. Of primary interest to the study of group dynamics,

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outcomes can arise from interdependent processes, such that each agent is affected not only by its own decisions, but also by environmental conditions, group-level processes, and the behaviors and responses of other agents in the environment. Few other methodologies are well suited to represent and capture multilevel, interdependent, recursive processing. This project uses ABMs to simulate the process of OCD disclosure in the workplace (e.g., antecedents and consequences) and the impact supportive coworkers have on reducing job strain, burnout, and turnover intentions for those with OCD (and others via burnout contagion; Alkærsg et al., 2018; Bakker, Le Blanc, & Schaufeli, 2005) and impact the “organization’s” turnover rates.

I employed several validation techniques to assess the accuracy of the ABM developed for this dissertation. I assessed the model’s face validity by having experts in stigma research and industrial-organizational psychology reviewed the model to determine if the variables of interest, the functions used, and agent interactions represented real-world relationships accurately. Next, I used online resources created by the developers of the Mesa package to calibrate and statistically validate my model. The Mesa developers created a GitHub profile to supplement their website and provide ABM examples, guides, troubleshooting, and other resources (Kazil et al., 2015). Several of the open-source models closely reflected the structure of my model; therefore, I used them as templates and altered the values and functions to simulate the experiences of PW OCD in the workplace. After using three models as templates, I built a new model from scratch and compared it to the altered open-source models. This process helped me calibrate specific functions to reflect the theory-based interactions and compare simulation results

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at different stages of model development to ensure the outcome accurately reflected the desired interactions.

Model 1: Modeling OCD Disclosure, Burnout, and Turnover

The aim of Model 1 was to examine the linear impact of burnout on employees with OCD. This model includes two agents, PWOCD and coworkers, and a grid that exemplifies a workplace. To model the interactions between PWOCD and coworkers I used the agent-based modeling package Mesa (Masad & Kazil, 2014) in Python (Rossum & Drake, 2009).

Agents and Parameters. Model 1 consists of two agent types, PWOCD and coworkers. Agents are randomly assigned an OCD status, obsession severity, compulsion severity, turnover threshold, and provided an initial burnout level. Agents' OCD status is a boolean variable and is determined by a randomly assigned OCD value that is compared to an adjustable initial OCD ratio value. If the randomly assigned OCD value falls below the initial OCD ratio value, the agent's OCD status is True, if not the agent's OCD status is False. The initial OCD ratio was designed to be an adjustable variable in order to evaluate different percentages of OCD employees and the impact on the organization as a whole. Agent's obsession and compulsion severity scores are drawn from a normal distribution derived from the mean and standard deviation of the data from Study 2. Additionally, using multiple linear regressions, I extracted beta weights for variables of interest from the data used in Study 2. Data from Study 2 were used to create formulas that influence burnout (see Table 1). Agents were randomly assigned a turnover threshold that represented an achievable, and acceptable range of turnover. The range of

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turnover threshold was derived using data from Study 2. The turnover threshold is the amount of burnout an agent can gain until they leave the organization. Turnover threshold for each agent is determined by a random sample between 75 and 100. The turnover threshold range was determined by process of conducting multiple simulation models with varying threshold ranges with the optimal range being the one where the initial turnover case, slope of turnover, and the final turnover case (full turnover of PW OCD or turnover plateau) was visible for most scenarios within a 260 step window. PW OCD agents received an increase of .98 in their burnout score each time they interacted with a coworker. The .98 value is the level of burnout gained through time-lagged interactions with uncivil coworkers as identified in Han and colleagues' (2021) meta-analysis. At a given level of burnout, a PW OCD agent will turn over and leave the organization.

Model. This model consisted of a 260 step run duration, to signify the potential number of workdays an employee in the United States has in a given year and adjustable agent density. At the initial state of the simulation, a designated number of agents with OCD identifiers are randomly placed in unoccupied cells in a grid environment. The simulated environment is a toroidal¹ grid that allows for continuous, unbounded movement. At each step, agents are required to move to a new, randomly chosen adjacent cell. If a cell is occupied by more than one agent and one is a PW OCD agent, an interaction would be triggered that would increase burnout for the PW OCD agent. In order to most accurately simulate simultaneous interactions that naturally occur in the general population, I applied a random activation schedule to the model (Masad & Kazil, 2015). This form of schedule would randomly choose which agents move at a given time,

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which over the course of many agents and steps would simulate simultaneous interactions.

One variable was manipulated for Model 1, the frequency of coworker interactions. The level of interactions was manipulated through the use of grid density, with low-density grids indicating jobs where PW OCD has low levels of weekly interactions and a high-density grid, consisting of a high level of weekly interactions. As such, I manipulated 25%, 50%, 75%, and 100% grid density to illustrate the change in turnover rates as a consequence of the number of interactions over the course of a year. Grid density illustrates the likelihood of daily interactions with coworkers, with 25% grid density having a low chance of daily employee interactions, 50% being a mild chance of daily employee interactions, 75% is a moderate chance of daily employee interactions, and 100% is a high chance of daily employee interactions. I collected data at four different stages/steps to illustrate the turnover ratio at a given quarter of the year (e.g., 65/1st quarter, 130/2nd quarter, 195/3rd quarter, and 260/4th quarter).

Results. The results of Model 1 show a significant linear increase in turnover rates across time and grid density (steps; see Table 2). I performed a sensitivity analysis for changes in grid density and time at each point to identify how each variable was impacting PW OCD turnover rates. This result shows that when PW OCD have more interactions with coworkers they compound burnout more quickly. Moreover, the goal of Model 1 was to demonstrate the linear relationship between workplace interactions of PW OCD (grid density) and time.

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Model 2: Binary coworkers. Supportive/Not supportive

This model (Model 2) was built on the foundation of Model 1, using the same parameters that determine agent type and agent characteristics. Included in Model 2 is the addition of a Supportive/Not supportive agent attribute. Specifically, in this model, coworkers will display a supportive or non-supportive characteristic that can impact the PW OCD agent's level of burnout.

Agent. The new agent characteristic of support is determined by random uniform distribution, similar to that of the determinant of OCD status. Agents whose randomly assigned support scores are within the previously identified range will be identified as supportive agents and those whose support score falls outside the identified range will be non-supportive agents. Additionally, in accordance with contact theory (Pettigrew, 1998) non-supportive agents have the ability to increase their support scores through interactions with OCD agents. After a non-supportive agent's support score surpasses their support threshold they will become a supportive agent. The coworker agent's supportive threshold was determined through an identical process as was done for the PW OCD turnover threshold in Model 1. Supportive agents will have a positive (i.e., buffering) influence on a PW OCD's burnout level. Each interaction with a supportive coworker will reduce a PW OCD's burnout by 0.7, the beta weight derived from Study 2. Alternatively, interactions with non-supportive coworkers will increase a PW OCD's burnout by .98.

Model. This model consists of the same steps and model characteristics as the previous model with the addition of a varying supportive agent ratio. I manipulated the

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number of supportive agents the model starts with between 0% - 25% at 5% increments to examine the impact of supportive coworkers on reducing PW OCD burnout.

Results. The results of Model 2 show a significant adjustment at different ratios of supportive coworkers to the previously linear increase in turnover rates across time and grid density as shown in Model 1 (see Table 3). Similarly, I performed a sensitivity analysis for changes in variable parameters (e.g., grid density, time, and support ratio) to identify how each variable was impacting PW OCD turnover rates. This shows that the ratio of supportive coworkers significantly impacts turnover rates.

Model 3: Disclosure

This model (Model 3) was built on the foundation of Models 1 and 2, using the same parameters that determine agent type and characteristics. Included in Model 3 is the addition of a disclosure attribute. Specifically, in this model, PW OCD will have to make the decision to disclose their identity or not and experience the corresponding consequences.

Agent. Several new parameters are included in this model to help identify a disclosure score and likelihood of disclosure. Paranoid cognition (rumination and hypervigilance), behavior awareness, disclosure baseline, and internalized stigma were added parameters that influence disclosure (see Table x). Agent's paranoid cognitions (ruminations and hypervigilance), behavior awareness, and internalized stigma are drawn from a normal distribution derived from the mean and standard deviation of the data from Study 2. If an agent's disclosure score surpasses a varying disclosure threshold when they are inhabiting the same cell as a coworker without OCD, they will disclose. The act of

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disclosure will provide the PW OCD agent an increase in their disclosure score as repeated disclosure is likely, regardless of interaction with a supportive or non-supportive coworker. This boost increases the likelihood of future disclosures in accordance with literature that suggests both positive or negative experiences lead to future disclosure (Creed & Scully, 2000; Denes & Afifi, 2014; Ragins, 2008). If a PW OCD agent discloses to a supportive coworker agent they will receive a reduction in their burnout score by .7, if they disclose to a non-supportive coworker they will receive a reduction in their burnout score by .24, and if the agent does not disclose they will receive an increase of .98 to their burnout score. These numbers reflect the data from Study 2, which suggest that disclosure reduces burnout at different rates for supportive vs non-supportive coworkers.

Model. This model consists of the same steps and model characteristics as the previous model with the addition of a disclosure decision and subsequent consequences. During agent interactions, PW OCD will determine if their disclosure score is higher than a disclosure threshold. The initial disclosure threshold is set at a constant of 7, which corresponds to the upper bound of the degree of disclosure scale used in Study 2. In order to prevent a PW OCD agent from disclosing to every coworker agent after the PW OCD agent met the initial threshold, at each step the disclosure threshold is increased (see Table 1). The increase in disclosure threshold adds variability to the threshold and results in non-permanent disclosures.

Results. The results of Model 3 show a significant adjustment to the trajectory of the turnover ratio over time as a result of PW OCD agent disclosure (see Table 4). The

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results of this model provide a more realistic perspective of PW OCD's interactions with their coworkers by allowing for a varying degree of outcomes associated with a coworker's supportive or non-supportive status. Compared to Model 2, rates of turnover significantly increased through the inclusion of PW OCD disclosure criteria and disclosure consequences. Similar to Model 2, Model 3 illustrates a plateau effect where supportive coworkers have provided enough of a buffer to PW OCD that, at high enough levels of support, turnover no longer increases.

Discussion

The goal of Study three was to highlight and expand on the nuanced information gained from Study two and provide a visual representation of the experience of PW OCD in the workplace. The first two models of this study provide a restricted, linear representation of how coworker interactions (Model 1) and coworker support (Model 2) impact PW OCD burnout and turnover. However, Study 3 introduces more inconsistency and realism into the simulation process by including disclosure decisions and varying outcomes. As such, Model 3 provides the basis for a scalable model of the relationships between OCD, coworker interactions, coworker support, disclosure, burnout, and turnover. Simulations like agent-based modeling allow researchers and audiences to generalize the findings from one study by applying the information gained to a model that better represents the organization of interest. Through the modeling process, I have extrapolated on the findings of Study two and highlighted the organizational consequences of burnout that stem from interactions PW OCD have at work.

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Chapter 4: General Discussion

Obsessive-Compulsive Disorder is one of the most debilitating mental illnesses and affects millions of people in the United States of America alone. Using various methods to examine the relationship between OCD disclosure, coworker reactions, and workplace effect helped develop a more comprehensive understanding of the OCD disclosure process and its consequences. Specifically, qualitative data derived from web-scraping helped explore a nuanced understanding of the experiences of PW OCD in the workplace and provide necessary insight to the development of a more generalizable survey data collection. Further, the use of a survey design for Study Two, while sacrificing nuance and specificity, provided a wealth of directed generalizable information. Finally, Study Three focused on the large-scale impact the variables of interest have on the experiences of PW OCD and the organization in which they work. It is critical for organizations to better understand the experiences of their employees in order to reduce voluntary, avoidable turnover. This dissertation helps to provide a foundation for examining not only the experiences of PW OCD in the workplace but also a large number of other stigmatized (in)visible identities.

This dissertation suggests that coworker, supervisor, and organizational support are fundamental in addressing the issues PW OCD face in the workplace. Coworker support was anecdotally paramount to improving the lives and work experiences of PW OCD (Study One) and was highly impactful in reducing simulated burnout (Study three). Although Study two did not highlight the same importance and directionality of support as Studies One and Three, it provided a plethora of feedback, insight, and cause

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for alarm. Specifically, much like the past research on marginalized identities, PW OCD would require an alternate approach for providing necessary support and resources compared to other, studied invisible identities or mental illnesses. A population with OCD is less likely to disclose their mental illness due to inherent ruminations and paranoia and building a culture of trust and support is important. Illustrated in Study One, participants do not have trust with the current, mainstream way of portraying support for marginalized individuals, especially for mental health-related issues; thus new approaches to providing support need to be established. The alternative to providing targeted support is a workforce deteriorating from seemingly unexplainable turnover because employees fear mental illness disclosure.

Theoretical and Practical Implications

There are several theoretical and practical implications of studying OCD and associated burnout and disclosure/concealment. First, the literature suggests that hiding stigmatized characteristics drain cognitive and emotional resources through constant monitoring and rumination that can be better applied to work or social tasks (Peterson et al., 2011; Quin, 2018). The negative impact of hiding one's identity should be particularly detrimental among employees with OCD because of the inherent ruminative and obsessive tendencies associated with OCD (Wheat et al., 2010). Disclosing one's OCD can alleviate the ruminative tendency of hiding and elicit positive cognitive and emotional consequences (Fennel & Liberato, 2007). Specifically, Fabian and Waterworth (1993) state that turnover rates for employees with mental illness are six times higher for employees who choose not to disclose their mental illness than those who choose to

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disclose. The impact of this was expanded upon when the results of Study two were used as input data to Study Three's agent-based model that showed the difference in turnover rates for disclosed vs concealed PWOCD agents on a larger.

Second, this dissertation provides a methodological contribution using an underutilized qualitative data collection technique, theory-based web-scraping. The use of web-scraping contributes to the literature on qualitative research in psychology by providing a model for future application. Specifically, in this dissertation, I demonstrated how to use theory-based web-scraping to collect generalizable data from hard-to-reach marginalized populations qualitatively. Traditional methods use convenience sampling and local sample pools to find a sufficient sample population to study and suffer from small sample sizes and numerous researcher biases. However, using web-scraping, I have identified thousands of anecdotes from PWOCD in the workplace, which would be expensive and difficult to achieve through the use of traditional methods.

Third, disclosure research within the IDM framework heavily relies on self-report data because the process is challenging to observe. However, through ABM, I simulated the disclosure process, expanding on the traditional use of self-report data. Although the models in Study three are a reflection of the data input with the addition of randomness, this simulation method allowed me to expand on the individual-level self-reported experience of being a PWOCD at work to the organization-level experience/impact. Moreover, using ABM for this dissertation not only provides theoretical implications but practical implications as well. Specifically, this study uses open-access resources and provides an ABM framework for PWOCD in organizations. Therefore, researchers and

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practitioners can build theory-based models that more accurately meet their organizations' employee makeup to determine the organizational impact of future diversity policies affecting PW OCD. Although ABM is not a new methodological approach, it is underutilized in industrial-organizational literature and this dissertation provides a necessary framework to reinforce its usage in organizational settings and for a plethora of other groups and phenomena.

Fourth, the general public often misunderstands OCD (Fennel & Liberato, 2007; Link & Cullen, 1986), and it is unclear how this attitude impacts the experiences of employees who genuinely experience OCD symptoms. This research helps to shed light on how the language that simplifies and downplays OCD symptoms impacts an individual's decisions to disclose and cope with their mental illness. Through this, organizations can promote inclusive language by offering alternatives to these common speech practices. For example, instead of saying "I know, I am a bit OCD about this," say "I like it when things are tidy and organized."

Fifth, organizations are unaware of the specific struggles and needs PW OCD have in the workplace. By focusing on mental illness and coworker interactions, this dissertation will help provide insight to human resource teams that aim to build best practices regarding PW OCD and reduce turnover rates for PW OCD. Further, organizations can and should preemptively implement policies to address issues PW OCD faces. As research indicates, employees with predispositions to OCD can experience triggering events that affect their mental health, relationships, and interactions with coworkers and the organization as a whole.

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Sixth and finally, organizations should address their culture and promote inclusion, belonging, and authenticity achieved through disclosure. In doing so they need to stifle inappropriate or rude speech that dissuades their employees from embracing their authentic selves (e.g., disclosure). For example, Study One shows that downplaying and trivializing speech contributes to fearful conditions for PW OCD disclosure and reduces perceptions of coworker support. Therefore, organizations need to address the casual interactions between coworkers that promote this kind of content. This can be achieved by educating employees about different mental health conditions thereby reducing or removing the fear of mental illness because it is no longer unknown and unpredictable. Further, by promoting employee openness and disclosure, organizations can help to destigmatize the disclosure process.

Limitations

As with any research project, this dissertation is not without its limitations. First, studying identity management strategies like disclosure has an inherent limitation because the process is complex and, in some circumstances, impossible to observe. Therefore, I am reliant on self-report data and the participant's ability to recall their experiences and feelings before, during, and after disclosing their identities. Self-report data have the potential for participants to provide socially acceptable or less accurate data. Further, participants may either downplay or be unaware of the severity of their OCD, skewing the results; however, the simulation conducted in Study 3 helped to alleviate this concern by extrapolating the findings of Study 2.

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Second, the use of web-scraping has inherent limitations. Specifically, using web-scraping for qualitative data collection reduces one's ability to infer the context of a given comment/data point. Therefore, I had to collect large amounts of data to find comments and threads that were explicitly relevant to my specific topic. Moreover, although data collected via web-scraping is free from researcher bias, it is not free from bias entirely. There may be systematic differences between PWOCD who choose to express their opinions and experiences using online forums compared to those who would be willing to share through traditional means like interviews and focus groups. While those specific differences may not be fully understood, I would be remiss to avoid addressing that the use of social media data could impart bias. Next, in this dissertation, I limited the focus of OCD symptoms to a specific set of OCD characteristics to better explore specific behaviors that can alert one's identity and reduce the generalizability of this study. As such, the results of this study cannot attest to all forms of OCD.

Finally, the use of Amazon's MTurk platform to collect data for Study 2 is a limitation because the sample population is significantly less diverse than the general US population (Moss, 2020). Although this population may be less diverse, MTurk workers and the anonymity provided to them through their employer may result in an increased level of comfort to provide honest answers to sensitive topics and questions, like OCD (Richman et al., 1999). Moreover, I attended to this issue by collecting data from multiple sources, MTurk and convenient sampling to improve generalizability.

Future Research

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Although this dissertation utilizes unique methods to help expand on past literature, future researchers should use traditional data collection methods to improve this dissertation's results. Specifically, future research should also look at the experiences of PW OCD in the workplace longitudinally. A longitudinal study will help researchers better understand the disclosure process and determine causal relationships between the antecedents and consequences of OCD disclosure. Moreover, by evaluating OCD longitudinally, researchers can examine more complex phenomena like feedback loops that perpetuate problematic behaviors. For example, I hypothesized that OCD has a relationship with paranoid cognitions; however, it is also plausible that paranoid cognitions provide feedback to OCD and reinforce specific obsessions and compulsions.

Past literature has demonstrated that disclosure consequences help predict future instances of disclosure; however, it is unclear what the exact mechanisms that drive this among PW OCD are. Therefore, future research should evaluate the reciprocal interactions of constructs like OCD symptoms and paranoid cognitions, self-stigma and disclosure, and disclosure outcomes and self-stigma. For example, although I hypothesized that OCD symptoms predict changes in paranoid cognitions, it is also possible that paranoid cognitions impact OCD symptoms in a reciprocal fashion. However, to better examine this specific reciprocal relationship, a multiphase or longitudinal study would be needed. Additionally, evaluation of the reciprocal nature of disclosure outcomes on constructs such as paranoid cognitions and self-stigma would help scholars to better understand the specific underpinnings that exacerbate those issues

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in the first place. For example, an individual's negative experience with disclosure could reinforce the internalization of mental illness stereotypes, worsening their symptoms.

Finally, future research should examine the disclosure process from the perspective of coworkers as well as that of PW OCD. This would allow researchers to understand all the mechanisms of the disclosure process. For example, by evaluating coworker perspectives, researchers may be better at producing practical organization-level interventions. Moreover, through examination of coworker experiences, we can better understand the impact of burnout contagion. Burnout contagion has been evaluated in a few occupational fields (e.g., nursing and teaching). It suggests that an employee's experience with burnout can impact one's coworkers' experiences of burnout such that they have higher levels of burnout as a consequence. Currently, research on burnout contagion due to non-work stressors (e.g., OCD-related exhaustion and resource depletion) is lacking. It is important for organizations to better understand this phenomenon to address potential issues of excessive, unnecessary burnout.

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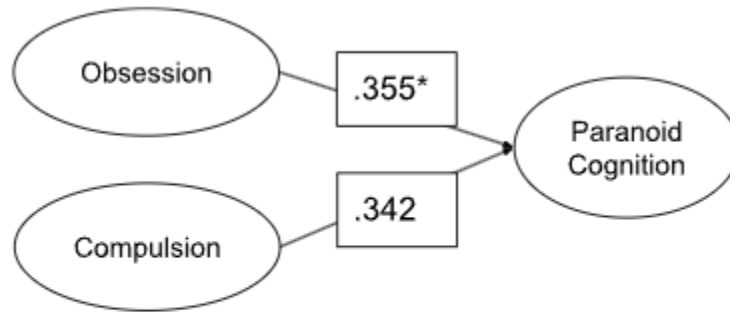
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$\chi^2(184) = 1020.93$ $p < .001$, CFI = .944, TLI = .931, RMSEA = .072, SRMR = .069

Figure 1. Conceptual Model of hypothesis one, OCD symptoms will be positively related to paranoid cognitions.

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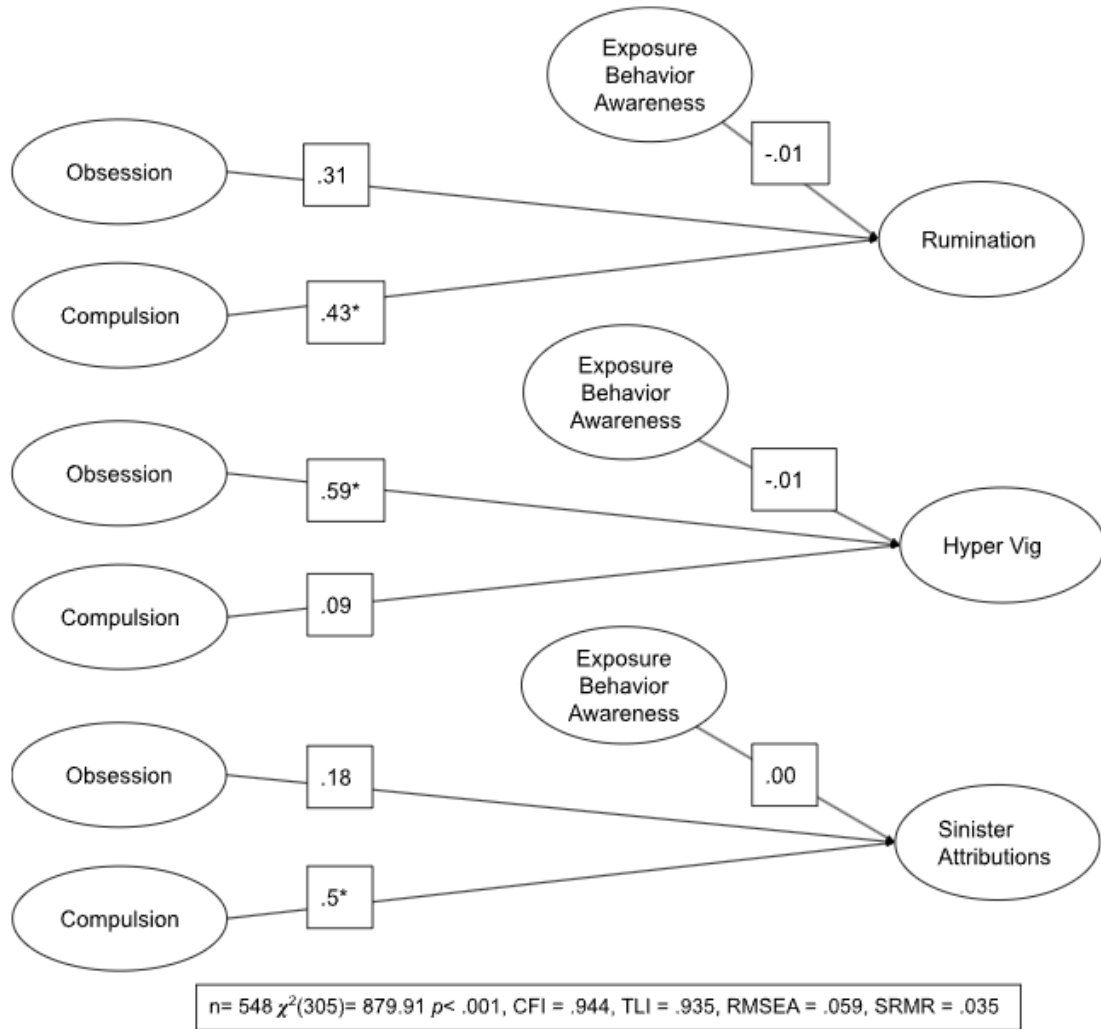


Figure 2. Conceptual Model of hypothesis two, awareness of visible OCD behaviors will moderate the relationship between OCD and paranoid cognitions.

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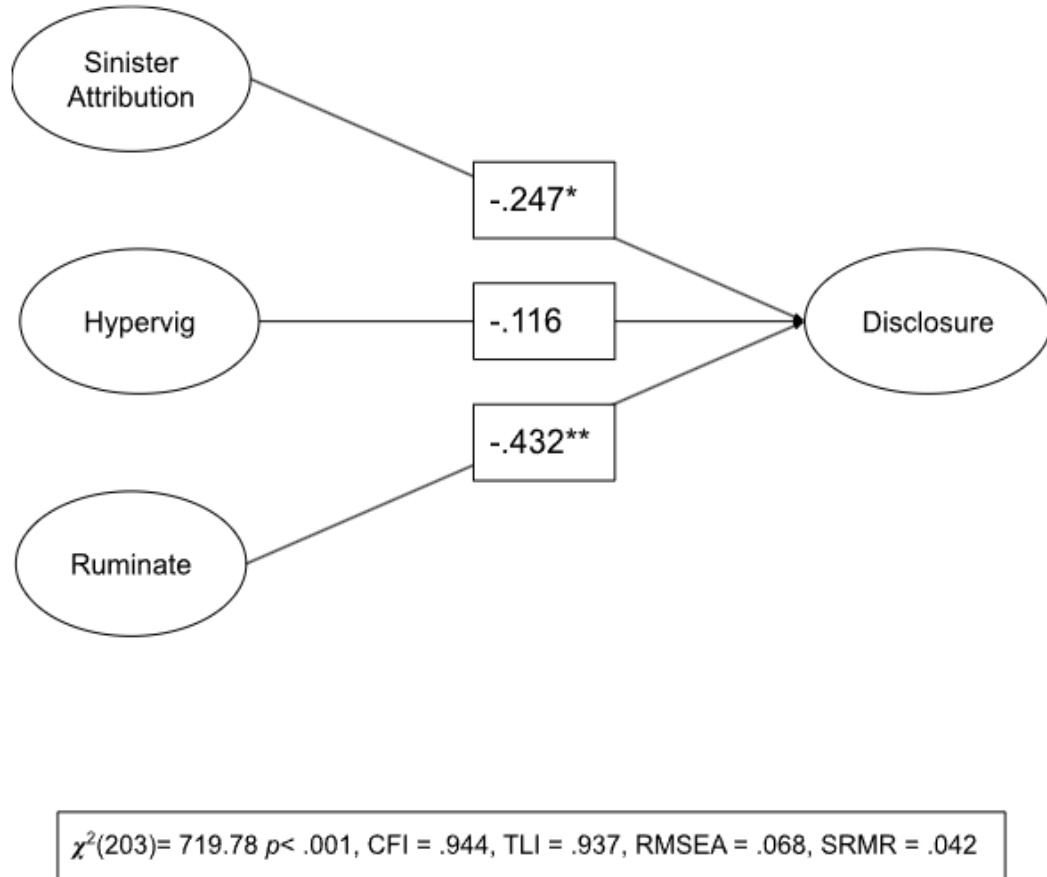
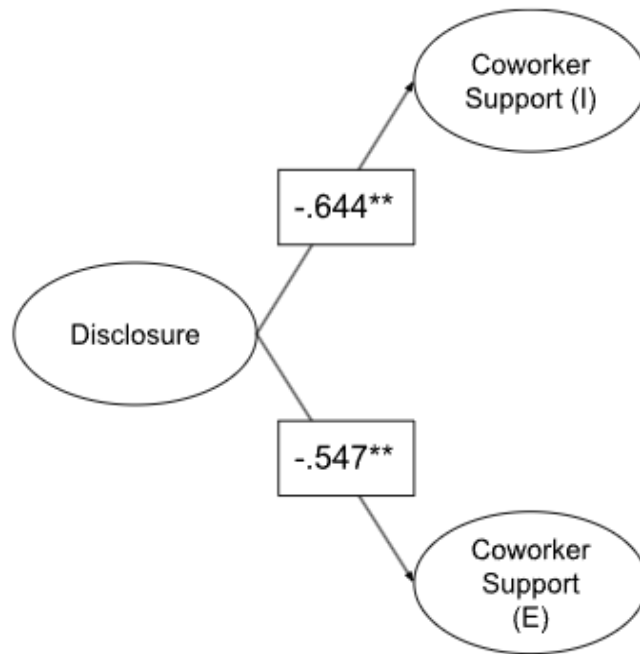


Figure 3. Conceptual Model of hypothesis three, paranoid cognition will be negatively related to OCD disclosure.

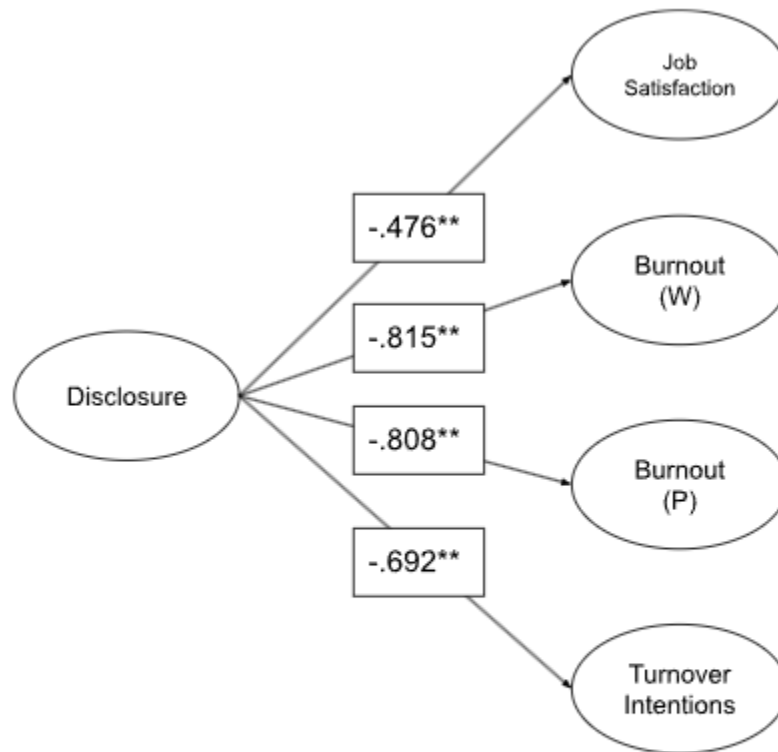
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$\chi^2(186) = 488.76$ $p < .001$, CFI = .963, TLI = .958, RMSEA = .055, SRMR = .047

Figure 4. Conceptual Model of hypothesis four, disclosure of OCD will be positively related to coworker social support.

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$\chi^2(265) = 950.41$ $p < .001$, CFI = .935, TLI = .927, RMSEA = .069, SRMR = .065

Figure 5. Conceptual Model of hypothesis five, disclosure of OCD will be positively related to job satisfaction (5a), burnout (5b), and turnover intentions (5c).

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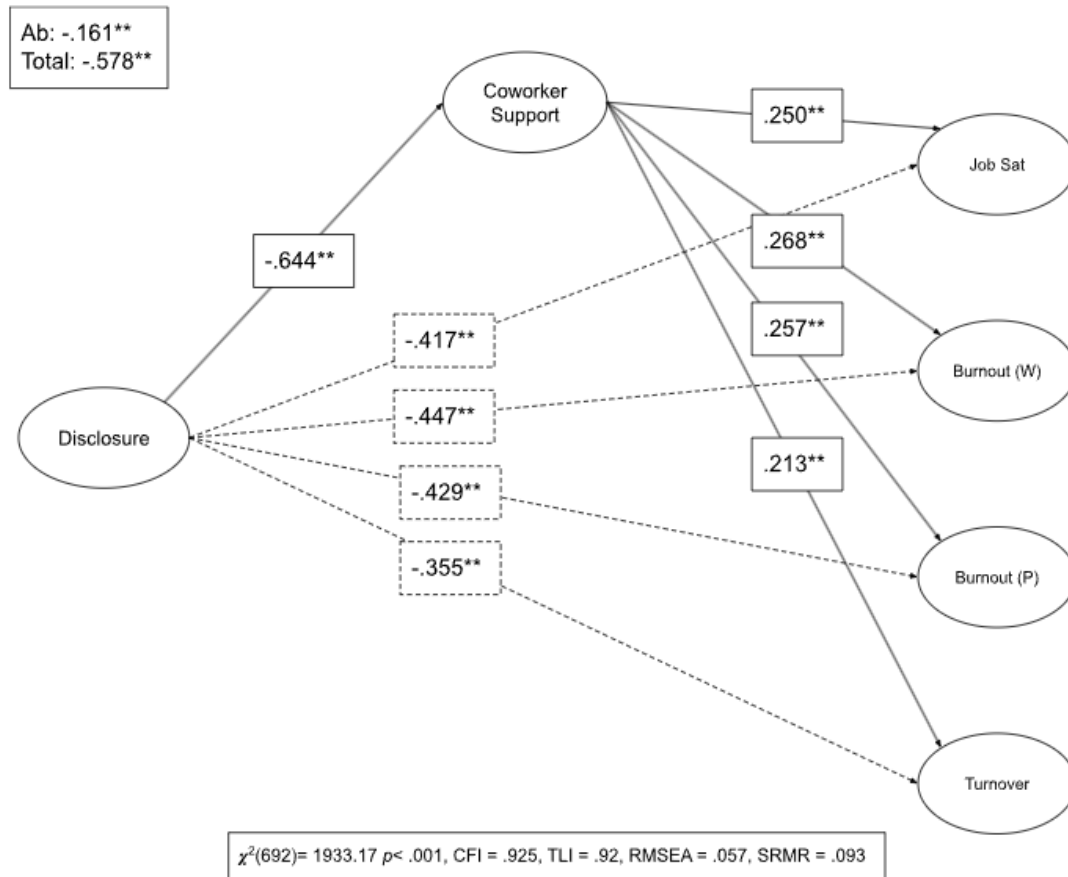


Figure 6. Conceptual model of Hypothesis six, OCD disclosure will have a significant indirect effect on workplace outcomes (e.g., job satisfaction, burnout, and turnover intentions), mediated by coworker support.

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Table 1. List of ABM parameters in each model.

Model	Outcome Variable	Equation
1, 2, 3	Obsessions	random.normalvariate(4.58,1.48)
1, 2, 3	Compulsions	random.normalvariate(4.54,1.52)
3	Hypervigilance	random.normalvariate(4.49, 1.58)
3	Negative Ruminations	random.normalvariate(4.5, 1.52)
3	Internalized Stigma	random.normalvariate(3.71, 1.72)
3	Behavior Awareness	random.normalvariate(4.15, 1.61)
1, 2, 3	Turnover threshold	random.uniform(75,100)
1, 2, 3	Burnout baseline	$\sim .3(\text{Obsession}) + .4(\text{Compulsion})$
2, 3	Support Score Baseline	random.uniform(0,10)
2, 3	Support Threshold	random.uniform(50,100)
3	Disclosure baseline	random.normalvariate(4, 1.2)
3	Disclosure threshold	$7 + \text{random.uniform}(0,1)$
3	Disclosure score	$\sim \text{DisclosureBaseline} + -.1(\text{HyperVig}) + -.11(\text{NegativeRum}) + -.29(\text{BhvAware}) + -.21(\text{Stigma})$

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Table 2. Agent-Based Model Turnover rates based on workplace density, coworker support, and disclosure results for Model 1.

Daily Interactions	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Low	0%	7.2%	58.4%	88.3%
Mild	2%	94.7%	100%	100%
Moderate	39%	100%	100%	100%
High	87.3%	100%	100%	100%

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Table 3. Agent-Based Model Turnover rates based on workplace density, coworker support, and disclosure results for Model 2.

Daily Interactions	Initial Supportive Coworkers	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Low	0%	0%	6.2%	62.8%	96.9%
	5%	0%	2.9%	49.3%	89.9%
	10%	0%	2.2%	34.8%	78.2%
	15%	0%	1.4%	23.7%	64.9%
	20%	0%	0.4%	15.6%	57.3%
	25%	0%	0%	9.0%	39.6%
Mild	0%	1.6%	94.5%	100%	100%
	5%	1.1%	86.3%	94.2%	95%
	10%	.3%	73.3%	89.4%	90.3%
	15%	.2%	61.5%	86.6%	85.9%
	20%	0%	45.2%	78.9%	80.3%
	25%	0%	32%	70.2%	77.9%
Moderate	0%	38.3%	100%	100%	100%
	5%	26.3%	94.8%	95.8%	95.7%
	10%	18.7%	89.7%	90.4%	89.9%
	15%	10.3%	86%	86%	86.4%
	20%	5.3%	77.7%	80%	81.9%
	25%	1.8%	71.8%	74.9%	74.2%
High	0%	89.7%	100%	100%	100%
	5%	74.9%	94.6%	96.4%	98.1%
	10%	60.5%	90.3%	90.6%	90.8%
	15%	42.3%	83.9%	84.5%	84%
	20%	26.7%	80.5%	78.6%	81.3%
	25%	13.6%	74.3%	74.9%	74.8%

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Table 4. Agent-Based Model Turnover rates based on workplace density, coworker support, and disclosure results for Model 3.

Daily Interactions	Initial Supportive Coworkers	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Low	0%	0%	5.2%	63.3%	96.6%
	5%	0%	4.7%	56.3%	94.1%
	10%	0%	5.3%	55%	90.8%
	15%	0%	3.3%	52.4%	84.3%
	20%	0%	6%	51.2%	81.9%
	25%	0%	4.1%	48.6%	78.7%
Mild	0%	2.2%	94.2%	100%	100%
	5%	1.6%	92%	97.4%	96.9%
	10%	2%	88%	93.3%	92.7%
	15%	2.1%	85.2%	89.4%	88.5%
	20%	2.2%	78.8%	84.9%	85.9%
	25%	1.6%	77.8%	79.4%	80.3%
Moderate	0%	40%	100%	100%	100%
	5%	39%	97.3%	97.4%	96.8%
	10%	40%	92.7%	93.6%	94.1%
	15%	38%	90.2%	87.7%	89.5%
	20%	36.9%	86.1%	85.9%	85.5%
	25%	32.1%	80.9%	81.5%	81%
High	0%	88.8%	100%	100%	100%
	5%	86.7%	97.6%	97.2%	96.8%
	10%	85%	94%	94.1%	93.5%
	15%	81.4%	89.9%	90.4%	88.9%
	20%	77%	85.3%	86.8%	86.5%
	25%	72.1%	80.4%	79.8%	81%

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Appendix A: Web-Scraping Key Terms

1. Talk about me
2. Fired
3. Quit
4. Let go
5. Prejudice
6. Discrim
7. Helpful
8. Ally
9. Supportive
10. Advocate
11. Understand
12. Dismiss
13. Left
14. Ostracize
15. Humilal
16. Mortif
17. Embarass
18. Reproach
19. Retire
20. Resign
21. Give up
22. Hurtful
23. Imply
24. Hint at
25. Reproach
26. Snub
27. Demean
28. Denigrate
29. Bad mouth
30. Blame
31. Exclude
32. Include
33. Reject
34. Shun
35. Got my back
36. Misunder
37. Burn
38. Stress
39. Turnover
40. Turn over
41. Leave
42. Strain
43. Paranoid
44. Ruminat
45. Hypervig
46. Strain
47. Gossip
48. Mean
49. Avoid
50. Invite
51. Expose
52. Disclose
53. Monitor
54. Lookout
55. Reveal
56. Confess
57. Leak
58. Conceal
59. Hide
60. Public
61. Admit
62. Divulge
63. Blab
64. Discover
65. Exhibit
66. Slip
67. Come out
68. Acknowledge
69. Shar
70. Divulge
71. Inform
72. Know
73. Report
74. Voiced
75. Explain
76. Mention
77. Notify
78. Open
79. Let know
80. Fill in
81. Clue in
82. Break the news
83. Broke the news
84. Level
85. Spill the beans
86. Announce
87. Declare
88. Spit it out
89. Tell
90. Communicate
91. Broadcast
92. Uncover
93. Cowork
94. Manager
95. Boss
96. Peer
97. Worker
98. Staff
99. Associate
100. Colleague
101. Team
102. Superior
103. Friend
104. Subordinate
105. Leader
106. Follower
107. Teammate
108. Team member
109. Supervisor
110. Lead
111. Administrator
112. Contaminat
113. Clean
114. Count
115. Check
116. Compuls
117. Habit
118. Obsess
119. Compel
120. Concern
121. Ritual
122. Sanitize
123. Sterilize
124. Urge

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- | | | |
|----------------|------------------|----------------|
| 125. Suppress | 136. Employment | 148. Outcast |
| 126. Control | 137. Office | 149. Withdraw |
| 127. OCD | 138. Work space | 150. Disgrace |
| 128. Work | 139. Workspace | 151. Label |
| 129. Job | 140. Breakroom | 152. Stigma |
| 130. Employ | 141. Conference | 153. Aware |
| 131. Career | 142. Staffroom | 154. Stress |
| 132. Workplace | 143. Internalize | 155. Turnover |
| 133. Workforce | 144. Empower | 156. Leave |
| 134. Personnel | 145. Isolat | 157. Quit |
| 135. Boss | 146. Shame | 158. Emotional |
| | 147. Guilt | 159. Exhaust |

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Appendix B: Web-Scraping Forums

SubReddits

1. r/OCD
2. r/workplace
3. r/mentalillness
4. r/ROCD
5. r/askHR
6. r/mentalhealth
7. r/anxiety

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Appendix C: List of Qualitative Exclusion Criteria

1. Hoarding
2. Spiritual
3. Sexual
4. Taboo
5. Self-harm
6. Homosexual OCD
7. Pedophilic OCD

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Appendix D: Agent-Based Model Information and Setup

Agent-based modeling (ABM) is a technique that simulates the actions and interactions of individuals or collective entities (e.g., organizations or groups) to understand how behavior and potentially complex interactions impact outcomes (Bonabeau, 2002). This goal is achieved by developing an environment where simulated individuals interact based on data or theoretical models that provide rules, guidance, and structure to the individuals and their interactions. The ABM technique is unique because it uses a bottom-up processing model, focusing on the decision-making features of individual units, called agents, that fuel the overall model. At its most superficial level, an ABM consists of a collection of agents and their relationships or interactions. In a more complex model, agents are capable of learning, evolving, and adapting, allowing for unexpected behaviors to emerge. ABM is beneficial when a) exploring complex, nonlinear, discontinuous, or discrete interactions between agents, b) space is a crucial element and the agents are mobile, c) agents are heterogeneous, or d) agents exhibit complex behavior including learning and adaptation (Bonabeau, 2002).

Analyzing agent interaction to observe a given outcome requires the researcher to establish several foundational components for a model to run. Each of these components facilitates a different simulation piece and provides a framework for where, how, when, and why agents interact with one another. The model component provides the environment framework and other global level characteristics, the agent component offers specific details about each agent and how an agent interacts with others/makes decisions, the step component illustrates what particular processes need to be conducted

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and in what order, to facilitate interaction, and the scheduler provides details about how and when agents complete their steps.

The model component of an ABM provides the framework for agent interactions to take place. As such, the user inputs model parameters detail specific information about the environment, such as topographical space, the number of agents, and agent type (e.g., PW OCD agents, Supportive coworker agents, and non-supportive coworker agents). The flexibility of ABM allows for nearly limitless manipulation of model parameters. A model's topographical space can be as small or large as needed and include obstacles that provide a simulated physical barrier for agents. A feature like this allows for the accurate simulation of a specific work environment. For this dissertation, I manipulated the environmental characteristics to enable agents to interact without environmental limitations, including lack of area boundaries, the number of agents, and the ratio of PW OCD and Supportive agents to examine how increasing the likelihood of agent interaction would impact the outcomes of interest.

In addition to a model component, an agent component is necessary for an ABM to run. An agent is made up of a series of parameters that provide specific characteristics to a type of agent or a particular agent. For example, in this dissertation, agent traits depend on their agent type (PW OCE or Coworker); specifically, PW OCD agents are provided baseline characteristics that detail their OCD severity, paranoid cognitions, and decision-making thresholds based on the distributions pulled from data in Study 2. An agent's goal is to assess its situation and make decisions based on rules. Agents may execute various behaviors appropriate for the system they represent; for example, an

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agent can decide to disclose their OCD or leave an organization. Agent's decision-making is governed by a set of rules built into the simulation's internal structure that detail how and when specific decisions should be made. For example, the functions used in this dissertation change an agent's likelihood of disclosure or turnover based on previous interactions and baseline predispositions and compare them to a threshold level that changes over time and is specific to the agent.

For agents to interact with one another and create dynamic interactions, they need to take steps or follow a set of rules for movement and interactions. A step is a set of functions or parameters applied to each agent at a designated time. At each step in the model, agents are activated to follow a set of rules. The rules can guide how, when, and to what degree an agent should move, interact, or change/adapt. In this dissertation, the steps of a PWOC agent will first require the agents to move to an adjacent location. The agent will then determine if they are topographically close enough to another agent to interact. Finally, if the agent is close enough to interact with another agent, they will follow a set of procedures for interaction that determine 1) who they are interacting with, 2) if they are open enough about their OCD to make a disclosure decision, and 3) what the consequences of the interaction are, increase burnout when interacting with non-supportive coworkers and reduced burnout when interacting with supportive coworkers.

Finally, the scheduler component of an ABM dictates the order in which agents are activated. Different schedulers apply the rules to each agent in different ways. Changing the scheduler will impact how and when agents have an opportunity to interact with one another. For example, all the agents may be activated in the same order at each

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step or their order might be shuffled. I chose to simulate agent movement using a random activation scheduler, which would randomly activate all agents once per step. This would make it so that agents move in a less predictable nature and do not move systematically.