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Self-esteem and women with disabilities

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Abstract

This study examines the sense of self of women with physical disabilities in terms of self-esteem, self-cognition (perceptions of how others see them), and social isolation. It was hypothesized that these variables mediate the relation of precursor variables (age, education, severity of disability, and childhood experiences, including overprotection, familial affection, and school environment) and outcomes (intimacy, employment, and health promoting behaviors). Data were gathered from a sample of 881 community-dwelling women in the USA, 475 with a variety of mild to severe physical disabilities, and 406 without disabilities. Correlation analyses indicated that the women with disabilities had significantly lower self-cognition and self-esteem, and greater social isolation than the women without disabilities, as well as significantly less education, more overprotection during childhood, poorer quality of intimate relationships, and lower rates of salaried employment. Path analysis indicated that each of the sense of self mediators was significantly related to the outcome of intimacy, that both social isolation and self-esteem were significantly related to health promoting behaviors, and that only self-esteem was significantly related to employment. Respondents who were older, less disabled, less educated, less over-protected, and had more affection shown in the home tended to feel that others saw them more positively. Women with positive school environments, less over-protection, and more affection in the home experienced less social isolation; age, education, and disability severity were not significantly related to social isolation. Older respondents with less disability, a more positive school environment, less over-protection, and more affection in the home tended to have greater self-esteem; education was not significantly related to self-esteem. Older respondents tended to report less intimacy. Younger, more educated, and less disabled respondents were significantly more likely to be employed. More highly educated respondents reported engaging in more health promoting behaviors. © 2002 Elsevier Science Ltd. All rights reserved.

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Introduction

Disability is a stigmatizing phenomenon. Its effects can be profound when combined with women's social devaluation. Yet, clinical experience shows that many women who acquire disability at birth or later develop and maintain high self-worth. The literature on the self-esteem of people with disabilities fails to explain these

differences and the connections between self-esteem and health-related outcomes, particularly as related to gender.

The proportion of women with physical disabilities in the United States population is substantial and growing. The 1992 Census reports that 26 million women have disability-related work limitations, comprising 20% of the total population of women (McNeil, 1993). Recent analysis of 1994–1995 Census data shows that 16% of women have at least one limitation in physical functioning (National Center for Health Statistics, 2002). Our study of women with physical disabilities

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revealed that this population experiences problems associated with low self-esteem, such as depression, unemployment, social isolation, limited opportunities to establish satisfying relationships, and emotional, physical, and sexual abuse (Nosek, Howland, Rintala, Young, & Chanpong, 2001).

Is disability associated with poorer outcomes among women with disabilities?

Disability in this study is defined as a physical limitation in activity. Limitations in activity are frequently associated with preventable secondary health-related problems such as depression, fatigue, difficulties with sleeping, pain, and anxiety (Seekins et al., 1999). These secondary conditions have been associated with primary disabling conditions such as multiple sclerosis, neuromuscular disorders, polio, joint and connective tissue diseases, and spinal cord injuries. Depression, which is clinically and theoretically linked with self-esteem (Mruk, 1995), is a prominent secondary condition among women with physical disabilities (Coyle, Santiago, Shank, Ma, & Boyd, 2000; Hughes, Swedlund, Petersen, & Nosek, 2001). Coyle et al. (2000) reported an average of 12 secondary conditions in the previous year among a sample of women with physical disabilities. Moreover, with increased severity of disability and numbers of functional impairments, women with disabilities tend to report lower levels of physical, mental, and social health status (National Center for Health Statistics, 2002).

One of the most notable outcomes among women with physical disabilities is that of low economic status which often translates into lack of medical insurance and/or access to medical care and health services. A woman's health and well-being may be unnecessarily compromised by lack of access to services, inaccessible medical equipment, inadequate public transportation, and lack of disability-related training among health care and other service providers (Nosek, 2000). Women with disabilities share the work-related problems of women in general, including low wages and occupational segregation (Schaller & DeLaGarza, 1995). They may, however, also experience restricted career aspirations as a result of the nature of their disabilities, gender plus disability socialization experiences, and a lack of role models or mentors (Patterson, DeLaGarza, & Schaller, 1998).

Women with physical disabilities, like women in general, may be more likely than men to experience stress related to social isolation, poverty, violence and other forms of victimization, and chronic health problems (McGrath, Keita, Strickland, & Russo, 1990). According to a recent analysis of the National Health Interview Study (National Center for Health Statistics, 2002), younger women with three or more functional limitations may be substantially less likely to

be employed than women in general (14% versus 63%). Participation in the labor market is 33% for women with disabilities compared with 69% for men with disabilities (Danek, 1992; US Bureau of the Census, 1989). This gender disparity is further compounded by women's lower disability benefits from public programs, a factor related to women becoming disabled at a younger age, having fewer years in the workforce, and being compensated at lower levels (Kutza, 1985). The present study attempts to document how self-esteem and other aspects of the self affect these outcomes in women with physical disabilities.

Is disability associated with lower self-esteem among women?

In the current study, self-esteem is equated with an individual's sense of worthiness, adequacy, and self-respect (Rosenberg, 1979). While there have been a few studies addressing self-esteem among women with specific disabilities, a review of the literature failed to identify an investigation of self-esteem among a sample of women with various physical disabilities. However, the literature addressing self-esteem and women and men with disabilities strongly suggests that it is not disability per se, but rather the contextual, social, physical, and emotional dimensions of the impact of disability that may influence self-esteem and other aspects of the self (Barnwell & Kavanagh, 1997; Brooks & Matson, 1982; Craig, Hancock, & Chang, 1994; Walsh & Walsh, 1989). People develop their identities, in part, based on their interpretations of how others evaluate them, similar to the phenomenon that Cooley (1902) called the "looking glass self". In other words, we look into the eyes of the other to get to know ourselves and evaluate our self-worth. This aspect of the self that is based on external feedback and approval or affection from significant others has been linked to self-esteem (Adler, 1979; Bednar & Peterson, 1995; Mead, 1934). Our earlier qualitative study of women with physical disabilities suggested that negative messages such as being a burden to the family or positive expectations regarding a woman's potential profoundly influenced the women's self-esteem. Women with disabilities must continually cope with assaults on their self-esteem generated by negative societal attitudes that they are "ill, ignorant, without emotion, asexual, pitiful, and incapable of employment" (Perduta-Fulginiti, 1996, p. 298). As a person with a disability, a woman's self-worth may be compromised by internalizing the negative personal and social devaluation that society tends to equate with physical impairment, a devaluing phenomenon that Goffman (1963) termed "stigma".

In the context of disability and chronic illness, diminished self-esteem has been associated with increased pain and fatigue (Cornwell & Schmitt, 1990;

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