

Who Am I? Understanding the Self-concept of University Students with Disabilities

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Goals of the Presentation

Attendees will gain greater understanding of the interplay between university students' age, gender, disability type, and other demographic factors with:

- (1) acceptance of disability and
- (2) self-concept.

Why have this goal?

Understanding how students' individual characteristics influence their attitudes about disability and self will help you advise and counsel them.

Pre-Test: What Do You Think You Know?

- Which gender (on average) is more accepting of their disabilities? Why?
- Does age have anything to do with acceptance of disability and self-concept?
- What about disability type? Do different disability groups have different feelings about their disabilities?
- How does visibility of disability affect acceptance and self concept? Do individuals with visible disabilities have more acceptance? Why/why not?

Who Did We Study?

- Our sample consists of 84 (eventually 100) students at a large, conservative religious university in the Intermountain West.
- Students completed a 24-item demographic/opinion questionnaire.
- Gender: 55 women (66%)/29 men (34%)
- Age:

18-20: <u>14</u> (17%)	21-24: <u>45</u> (54%)	25-30: <u>12</u> (14%)
31-39: <u>5</u> (6%)	40-49: <u>4</u> (5%)	50+: <u>4</u> (5%)

Study Sample, Cont.

- Disability Category:

- Physical Disability:	17	(20%)
- Chronic Illness:	12	(14%)
- Deaf/Hard of Hearing:	5	(6%)
- Emotional Disability:	16	(19%)
- Learning/Attention Dis.:	31	(37%)
- Other:	3	(4%)

Study Sample, Cont.

- Year in School:

- Freshman:	6	(7%)
- Sophomore:	17	(20%)
- Junior:	22	(26%)
- Senior:	31	(37%)
- Master's:	3	(4%)
- Law School:	1	(1%)
- Ph.D. Student:	1	(1%)
- Other:	3	(4%)

Study Sample, Cont.

- Marital Status: 60 single (71%), 22 married (26%), 2 divorced (2%)
- Religion: all subjects are members of the Church of Jesus Christ of Latter-day Saints ("Mormons").
- Ethnicity/Race: 70 Caucasian (83%), 8 multi-ethnic (10%), 4 Hispanic (5%), 2 Asian heritage (2%)
- Socio-economic status (family of origin):

- Less than \$30K/yr.	11	(13%)
- \$30-\$45,000/yr.	6	(7%)
- \$45-\$60,000/yr.	15	(18%)
- \$60-\$80,000/yr.	13	(16%)
- \$80-\$100,000/yr.	10	(12%)
- \$100,000 +	27	(33%)

Influence Ranking

- Subjects were asked what aspect of their lives influenced them most. "1" is most important, "2" is next important, etc.
- Results:

1) Religion	Average score = 1.66
2) Gender	Average score = 2.79
3) Academic Major:	Average score = 3.88
4) Marital Status:	Average score = 4.17
5) Family SES:	Average score = 4.77
6) Disability Status:	Average score = 4.94
7) Ethnicity/Race:	Average score = 5.70

Study Instruments – Acceptance of Disability Scale – Revised (ADS-R)

- To examine subjects' acceptance of their disabilities, we utilized the Acceptance of Disability Scale – Revised (ADS-R; Groomes, 2004).
- This is a 32-item questionnaire using a 4-point Likert scale to measure both overall acceptance of disability as well as four component scales:
 - Transformation (T): measures movement from comparing one's disabilities against others' abilities towards an emphasis on one's abilities.
 - Enlargement (E): measures one's enlargement of scope of values from those lost to those that do not conflict with one's disability.
 - Containment (C): measures one's ability to contain beliefs regarding disability to those that actually impair their functioning.
 - Subordination (S): measures one's ability to minimize aspects of physical ability and appearance when in accordance with their disability.
- The following results are analyzed without the use of the Enlargement items

The Tennessee Self-Concept Scale: Second Edition (TSCS:2)

- To examine subjects' overall strength of self-concept, as well as components of self-concept, we utilized the Tennessee Self-Concept Scale: Second Edition (TSCS:2; Fitts & Warren, 1996).
- This instrument has 82 items assessing a variety of aspects of self-concept. There are five response categories (ranging from "Always False" to "Always True").

TSCS:2, Cont.

- The TSCS:2 has several indices measuring various aspects of test validity and sub-components of self-concept:

Validity Scales:
 INC (Inconsistent Responding) – discrepant answers to similar items
 SC (Self-Criticism) – denial of common foibles
 FG (Faking Good) – measures a falsely positive self-concept
 RD (Response Distribution) – the number of extreme responses (1 or 5)

Summary Scores:
 TOT (Total Self-Concept) – most important score on TSCS:2 – it reflects the individual's overall self-concept and associated level of self-esteem.

CON (Conflict) – examines how an individual defines him/herself, either through assertion ("who I am") versus negation ("who I am not"). Higher scores reflect more use of assertion.

TSCS:2 – Self-Concept Scales

PHY (Physical Self-Concept): examines an individual's view of his/her body, state of health, physical appearance, skills, and sexuality.

MOR (Moral Self-Concept): describes self from a moral-ethical perspective, feelings of being a "good" or "bad" person, and satisfaction with one's religious beliefs or lack thereof.

PER (Personal Self-Concept): reflects an individual's sense of personal worth, perceived adequacy as a person, and self-evaluation of personality.

FAM (Family Self-Concept): reflects feelings of adequacy, worth, and value as a family member.

SOC (Social Self-Concept): reflects an individual's sense of adequacy and worth in social interactions.

TSCS:2, Cont.

ACA (Academic/Work Self-Concept): reflects how individuals perceive themselves in work/school settings and how they believe they are seen by others in those settings.

Supplementary Scores:

IDN (Identity): describes a person's basic identity ("I am a cheerful person.")

SAT (Satisfaction): describes one's level of self-acceptance

BHV (Behavior): measures the individual's perception of his/her own behavior or way s/he functions.

Results – Some Overall Observations

- Correlations between acceptance of disability (i.e., the sum of ADS-R scores) and the TOT score on the TSCS:2 were surprisingly high (.628, p. .000).
- This suggests a strong relationship between acceptance of one's disability and overall self-concept and self-esteem.
- Clinical relevance: working with clients to increase acceptance of disability may have secondary effects in increasing overall self-concept and feelings of self-worth. Also, increasing self-worth may help clients become more accepting of their disabilities.

Results – TSCS:2 and Acceptance Relationships

- Certain aspects of self-concept may have a greater effect on acceptance of disability than others.
- Specifically, the TSCS:2 Personal Self-Concept Scale was highly correlated with acceptance (.706, p. .000).
- This was higher than correlations between acceptance and the TSCS:2 Physical Self-Concept Scale (.532, p. .000), the Academic/Work Scale (.503, p. .000), or the Social Scale (.409, p. .000).
- Clinical relevance: acceptance of disability appears to be more related to one's overall strong sense of self than to one's scores on discrete areas of functioning.

Demographic Trends – Who Are Our Clients and How Accepting of Disability Are They?

- Gender

- An important clinical question is:
“Do men and women differ in their acceptance of disability?”

Answer: Yes, but not significantly. There is a trend for women to be more accepting of disability as measured by the ADS-R. (p. .082).

Clinical relevance: You may need to spend more time with male clients in order to encourage acceptance of disability and related issues (such as utilization of services, communication with professors, etc.).

Demographic Trends

Do our clients differ in their acceptance of disability based on age? Are older clients more accepting?

Answer: No, acceptance was quite similar across age.

What about disability category? Do some types of disability lend themselves to greater acceptance?

Answer: No. Deaf/Hard of Hearing subjects were most accepting, and Emotional Disorders least, but the differences were minimal.

Demographic Trends

We examined our clients' degree of visibility of disability. Study subjects identified themselves as falling into one of three categories:

- Invisible disability (“those whom were not told would not know I have a disability”)
- Partially visible (“brief but close observation might inform others of my disability”)
- Visible (“others could quickly tell that I have a disability”)

Which group has the highest degree of acceptance?

Answer: None – the groups were essentially equal.

Demographic Trends



We also examined how acceptance of disability was influenced by other factors, such as:

- Length of time since symptom onset
- Length of time since diagnosis was determined
- Age at time of diagnosis

How do these factors influence acceptance of disability?

Answer:

There was a very mild tendency towards more acceptance in those who have had symptoms longer, but this was not statistically significant.

Additionally, a diagnosis at puberty (ages 11-15) was correlated with the least degree of acceptance, but overall, age at diagnosis was not correlated significantly with acceptance.

Clinical relevance: do not assume your clients have greater acceptance of their disabilities if they have experienced symptoms longer or have had a diagnosis for a longer period of time. However, there may be an interplay between receiving a diagnosis and the emotional and physical changes associated with puberty that has a lasting negative effect on acceptance.

Acceptance and Disclosure



- We asked students who self-identified as having “invisible” disabilities about their comfort with disclosure of their disability.
- We found (at a statistically significant level [p. .03]) that students who were more willing to disclose their “hidden” disability had higher levels of acceptance.
- Clinical relevance: while this may seem like an obvious finding, it suggests the possibility that increased advocacy may lead to increased acceptance.

Acceptance and Disclosure



- Interestingly, comfort with disclosure and acceptance of disability were not correlated in individuals with “partially visible” or “visible” disabilities.
- Clinical relevance: Students with visible disabilities may approach disclosure differently than students with invisible disabilities. Acceptance was fairly high across this group regardless of disclosure comfort.

Acceptance and Functional Impairment



- Study subjects were asked to describe their subjective level of functional impairment secondary to their disability.
- Rankings ranged from 1 ("My disability rarely impairs my ability to meet my goals") to 4 ("My disability very often impairs my ability to meet my goals").
- Findings: We found highly significant results in this regard. Subjects with the least degree of self-appraised impairment had the highest degree of acceptance; those with the most impairment, the least acceptance. The difference between the two groups was two standard deviations.
- Clinical relevance: acceptance does not appear to go hand-in-hand with functional impairment, as some might expect.
- We will be conducting further analyses to refine the data so as to determine trends in different subgroups.

Acceptance in Emotional and Learning Disorders



- We asked students with emotional and learning disorders whether they had ever been told, prior to their diagnosis, that they should just "work harder" despite having the same/similar symptoms that they have now.
- Approximately 50% had received this feedback, and in those that had, we discovered significantly lower levels of acceptance (p. .041).
- Clinical relevance: students whose concerns have been discredited early on may need more advisement and counsel regarding acceptance.

Demographics Characteristics and Acceptance



- Are married students with disabilities more accepting of their disabilities?

Answer: no

- What about more highly religious individuals?

Answer: yes (in our small sample of Latter-day Saints; p. .011)

Socio-economic Status and Acceptance



- Parents' educational level did not make a statistically significant difference in students' acceptance levels, but there was a trend towards greater acceptance with higher parental educational level.
- We also found a curvilinear trend (p. .089) in family income and acceptance, with the highest levels of acceptance in the high middle income ranges (\$60,000-\$100,000).
- Clinical relevance: acceptance may be highest in "middle class" individuals who have moderate expectation levels.

Class Standing, Grades, and Acceptance



There was a tendency for acceptance to increase over the course of the college, with Freshmen having the lowest acceptance, followed by Sophomores and Juniors (who were equal), with Seniors and postgraduates having yet higher acceptance.

Those in the highest cumulative G.P.A. category (3.90-4.00) had the highest level of acceptance, with a decided trend of lower acceptance with lower G.P.A. (p. .067).

Relative Influence and Acceptance



- Recall that we asked students to rank the relative influence of various factors on who they are as a person.
- Those who ranked "Disability Status" higher had lower levels of acceptance of disability (p. .002).
- Clinical relevance: students who believe disability status is important in making them who they are, are also those least accepting. This may suggest a degree of resentment, and it has implications for their degree of advocacy.

Regression Analysis for Acceptance

A regression analysis revealed that the major factors in predicting acceptance of disability are:

- * gender
- * comfort with disclosure
- * degree of subjective functional impairment
- * Total self-concept score on the TSCS:2

Self-Concept

- Overall, our students' TSCS:2 - TOT scores were $T = 45.88$ (average = 50.00).
- While our results were slightly below the normed TOT mean, they suggest relatively good self-concept and self-esteem in our students.
- Other results (T-scores):

Physical:	46.94
Moral:	49.14
Personal:	44.61
Family:	47.59
Social:	48.27
Academic/Work:	44.86
Identity:	45.96
Satisfaction:	45.30
Behavior:	48.08

Self-Concept and Grade

- We found below-average levels of self-concept ($T < 40$) in Freshmen in the Total, Physical, Personal, Family, and Identity Scales.
- Clinical relevance: this suggests that transition issues may be at play, causing students to doubt their own self worth and creating a self-concept that varies depending on environmental circumstances.
- Students who were sophomores and above had average scores.

Self-Concept and G.P.A



- Students with cumulative G.P.A.'s of 2.00 or lower also had below-average self-concept (i.e. Total Scale), as well as below average scores on scales besides Academic/Work Self-Concept.
- The correlation between the Total Scale and G.P.A. was statistically significant (p. .032), as was the correlation between G.P.A. and the Personal Scale (p. .016).

Relative Rankings and Self-Concept



- As previously stated, those who see disability as a major factor in who they are as people have lower levels of acceptance of disability. They also have statistically lower self-concepts in every area save Academics/Work and Social (although there is such a trend with the Social scale).
- Clinical relevance: again, students who see themselves as influenced/defined by their disability appear to see this influence in a rather negative light.

Relative Rankings and Self-Concept, Cont.



- Individuals ranking gender as an influential factor had statistically higher self-concept scores compared to those who ranked it lower.
- Clinical relevance: pride in one's gender may have a protective effect with regard to self-esteem.

Gender and Self-Concept Results

- **Gender** and self-concept: women scored significantly higher than men on the Moral, Social, Satisfaction, and Behavior scales.

Disability Category and Self-Concept

- Which disability category would you guess has the highest Total self-concept scale score?
- Answer:

1) Deaf/Hard of Hearing:	53.00
2) Chronic Illness:	49.08
3) Learning/Attention:	46.09
4) Physical:	42.82
5) Emotional:	41.44
- Clinical relevance: students with physical and emotional disabilities have self-concept scores in the bottom 25%tile of their age peers.

Disability Category and Self-Concept, Cont.

- **Physical Self-Concept:**
Low scores were found in the Emotional (41.62) and Physical (40.65) disability groups.
- Interestingly, students in the Deaf/Hard of Hearing group had very high scores (59.20), suggesting that they have a body image in the top 16% for their age peers.
- **Personal Self-Concept:**
Students with emotional disorders had Personal self-concept scores well below the other groups (38.25).

Disability Category and Self-Concept, Cont.

- Identity scale:

Students with physical and emotional disorders had the lowest Identity scale scores (41.94 and 41.56, respectively).

Students in the Deaf/Hard of Hearing category had an average score of 60.40, again indicating a strong sense of “who I am.”

Disability Visibility and Self-Concept

- Which disability group (invisible, visible, or partially visible) has the highest self-concept? Why?
- Answer: None, they are all approximately equal.
- Does having symptoms for a longer period of time affect self-concept? Why or why not?
- Answer: apparently not.

Other Demographic Trends and Self-Concept

- Age at Diagnosis: those diagnosed at puberty had the lowest scores.
 - Subjective Functional Impairment and Self-Concept:
We found **very strong** correlations between degree of impairment and self-concept. Those with minimal impairment had average scores, while those with the most impairment had several scores that were 1 standard deviation below average.
- The lowest scores were found in the Personal and Identity scales.

Self-Concept and Discounting



- Those with emotional and learning disorders who were told to “try harder” had significantly lower self-concept scores on most scales compared to those who did not receive such feedback.
- Differences were seen in the Total, Physical, Moral, Personal, Family, and Identity scales.

Demographics and Self-Concept



- Strength of religious affiliation: an increase in strength of religious affiliation leads to significant increase in self-concept in ALL scales measured.
- We found a curvilinear relationship between family of origin’s SES and self-concept, with students’ whose families earn \$45,000-\$100,000/yr. having a higher self-concept than those whose families earn more or less.

Summary



- Acceptance of disability and self-concept are highly correlated with a high degree of overlap in what is being measured by these two instruments. Aka: self esteem is highly related to acceptance of disability.
- Women appear to be more accepting of disability than men, but not significantly so.
- Age, disability category, and disability visibility appear to have no effect on acceptance.
- Discounting of problems before diagnosis does appear to affect acceptance negatively.
- Degree of subjective functional impairment has a very strong association with acceptance, with increased functional impairment correlating with lowered levels of acceptance.

Summary, Cont.



- Increased strength of religious affiliation and middle-class SES appear to be related to higher acceptance.
- Acceptance appears to increase over the college experience and appears to be higher as G.P.A. increases.
- Those who believe “disability status” is a major influence on their lives have low acceptance.
- Overall, students with disabilities have a self-concept similar to their non-disabled peers, although those with physical and emotional disabilities are somewhat borderline problematic.

Conclusion



- Questions?
- Invitation
