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**Stigma, Identity, and the Power of
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Abstract

This study is addressing the nature of communicative interaction between people with disabilities and the temporarily able-bodied community. It also investigates the covert and overt impacts of such interactions on the identity and self-image of people with disabilities. The purpose of this study is to scrutinize the nature of interaction between communication, identity, and perception and how these interactions influence the perception and identity of people with disabilities. Further, the study provides a robust perspective in regard to who is capable of defining people with disabilities, and how people with disabilities negotiate their self-identity at any given society. The study equips activists with a great perspective and profound understanding of the communication issues that people with disabilities are experiencing. Prejudices, stigmatizations, and negative attitudes toward people with disabilities perpetuate environmental and social injustices. However, this paper attempts to increase the awareness of the disability identity and its positive impacts on people with disabilities.

Keywords: People with Disabilities, Self-Identity, Self-image, Stigma, Perception, Communicative Interaction.

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أثر مفاهيم العيب، والهوية، وسلطة التفاعلات الاجتماعية بين العاديين وذوي الاحتياجات الخاصة

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المخلص باللغة العربية

تقوم هذه الدراسة بتسليط الضوء على طبيعة التفاعل التواصلي بين مجتمع ذوي الاحتياجات الخاصة وبين مجتمع ذوي القدرة الجسدية المؤقتة (العاديين). كما تحقق الدراسة في الآثار الصريحة والضمنية لهذه التفاعلات التواصلية على الهوية وصورة الذات لذوي الاحتياجات الخاصة. تهدف هذه الدراسة لفحص التفاعلات بين عوامل الهوية، والتواصل الاجتماعي، والإدراك؛ وكيف لهذه التفاعلات فيما بينها القدرة على صياغة هوية ذوي الإعاقة وتصوراتهم عن ذاتهم. إضافةً إلى ذلك، تستعرض الدراسة تصور معرفي رصين ومتماسك حول سؤال من هو المُوَلِّد في تعريف وتحديد ذوي الاحتياجات الخاصة، وكيف لذوي الاحتياجات الخاصة التفاوض مع مجتمعاتهم على تشكيل وصياغة هوياتهم الذاتية؟ تزود الدراسة المختصين والمهتمين بشأن ذوي الاحتياجات الخاصة برؤية فلسفية غائرة وفهم عميق بمشكلات التفاعلات الاجتماعية التي يعيشها ذوي الاحتياجات الخاصة. تعمل كلاً من، التحيزات النفسية السلبية تجاه ذوي الإعاقة وإشعارهم بمشاعر العيب تجاه وجودهم في الفضاءات العامة والرؤى السلبية، على تخليد معاناتهم البيئية والاجتماعية. ولكن، الغاية الكبرى من هذه الدراسة هو رفع مستوى الوعي المجتمعي تجاه أهمية هويات الإعاقة وأثرها الإيجابي على ذوي الاحتياجات الخاصة.

الكلمات المفتاحية: ذوي الاحتياجات الخاصة، الهوية الذاتية، صورة الذات، العيب، الإدراك،

التفاعلات التواصلي.

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Communication is situated in the heart of the daily life of people with disabilities. They communicate with their families at homes, with teachers in schools, and with doctors and therapists. Through communicating with parents, people with disabilities start to construct their self-identity, and finding meaning in life. Further, the type of communication between teachers and students with disabilities has a tremendous impact on their academic achievement. The purpose of this study is to explore the literature on disability studies and psychology to scrutinize how communication, identity, and perception intertwined with each other. This research, specifically, attempts to investigate how do the communicative interactions between people with and without disabilities influence the perception and identity of people with disability?

Literature Review

Stigma

Although people with disabilities nowadays are obtaining their rights more than before and accessing more educational resources, they still face a great deal of communicative difficulties in their everyday life (Fox & Giles, 1996). One could believe that the purpose of educating people with disabilities and their legal rights is to diminish obstacles that impede the natural flow of their lives. Nevertheless, the nature of the daily interaction between people with and without disabilities is encapsulated by stigmatization (Pryor, Reeder, Yeadon, & Hesson-McInnis, 2004). Stigma does not occur in a vacuum but rather it resides in any type of communicative interactions (e.g. verbal language, non verbal language, prejudice, and negative stereotypical thoughts) between people with and without disabilities.

The identity of people with disabilities are threatened and devalued when others stigmatize them (Crocker, Major, and Steele, 1998). The term of stigma encompasses prejudice and perception of deviance (Dovidio, Major, and Crocker, 2000). In 1985, Archer considered deviance as undesirable conditions or behaviors (Archer, 1985). Stigma is a social construction that recognizes the differences based on distinguishable characteristics and these marks and signs are devalued (Dovidio et al., 2000). When stigmatization is part of the communication between people with and without disabilities, temperately able-bodies prefer to avoid interactions with people with disabilities (Pryor et al., 2004). As a result, intentional avoidance becomes a part of non-verbal communication. Therefore, the nature of the communication between both groups takes several forms and aspects where some types of interactions are violating the rights of people with disabilities.

The Nature of Communication Between People with and without Disabilities.

Weinberg (1983) mentioned how people without disabilities intrude the privacy of people with disabilities by staring at them even if they were noticed. For example, some people without disabilities would look to people with disabilities in a fixed way; others look in a secretive way and turn their eyes when they are caught. Another way of interacting with people with disabilities is when others intrusively question them in public places (e.g. on the street, theater, on buses, etc.) about their personal life (Weinberg, 1983). Conversely, Smith (2009) encourages temperately able-bodies to seek information by asking people with disabilities about their life and learn from them. He actually opposes the way that parents “shushing” their children not

to initiate conversation with people with disabilities. However, the nuance different between the perspectives of Weinberg and Smith is the purpose of the communication with people with disabilities. Weinberg (1983) opposes the intrusive communication that manifests in questioning people with disabilities, whereas Smith (2009) urges people to have a purpose in their communication (Weinberg, 1983; Smith, 2009).

There is a great deal of people without disabilities who view people with disabilities negatively (Yuker, 1988). People without disabilities usually perceive people with disabilities as burdensome, unproductive, passive, and hypersensitive (Blockmans, 2015). And since people's behaviors are driven by their attitudes and beliefs, there is a great chance it affects the way they communicate with people with disabilities. For instance, studies report several types of inappropriate communications with people with disabilities. Thompson (1982) argued that when interacting with people with disabilities, rapid and inappropriate termination of the interactions is common (as cited in Fox & Giles, 1996). Comer and Piliavin (1972) found people with disabilities show discomfort, maintain less eye contact, and less smiling when interacting with people without disabilities. In 2015, Blockmans found that people without disabilities are more likely to avoid talking to people with disabilities; when they engage in conversation with people with disabilities, they talk about the disability and its consequences (Blockmans, 2015).

Furthermore, one of the salient kinds of communications between people with and without disabilities is patronizing talks. For example, Fox (1994) outlined three kinds of talks that people with disabilities consider patronizing. Firstly, people will use "baby talk." It contains words like "honey" or "poor little dear." The second type of patronizing speech is

“depersonalizing language.” In this type of conversation, people without disabilities would ask a person with a disability a question like, “it’s nice that you people go to the gym.” The final type of patronizing speech is third party talk. It is when people do not talk directly to the person with disability. For example, they would say: “Dose he take sugar in his tea?” (as cited in Fox & Giles, 1996).

Richardson (1976) argued that when people with disabilities are treated in such ways, it might lower their social competence and negatively change their view about their social class. It also could damage their self-esteem, well-being, and future communicative behaviors (as cited in Fox & Giles, 1996). However, Blockmans (2015) found that it is not necessary for people with disabilities to feel negatively toward themselves when engage in patronizing talk (Blockmans, 2015). For example, Ryan and Cole (1990) found that some people with disabilities enjoy patronizing speech (Ryan & Cole 1990). Most importantly, researchers need to be vigilant when interpreting such data because Blockmans (2015) reports that sometimes people with disabilities experiencing dreadful or fear. Further, they might confuse between accepting the assistance or maintaining their autonomous (Blockmans, 2015).

Fox and Giles (1996) carried out a study to investigate how people perceive the nature of the communication between each other. They provide one hundred and forty participants with two types of vignettes: patronizing and non-patronizing. Then they administrated a questionnaire to elicit their feelings and thoughts about the vignettes. Their findings support Richardson’s argument. Participants believe that patronizing speech does affect the feeling and the personality of patronizees. Patronizees were perceived as feeling uncomfortable and are not being

supported enough. Participants believe that although patronizers are trying to help, they are being unsocial; participants disapproved patronizing talks but admit its pervasiveness (Fox & Giles, 1996).

Gouvier, Coon, Todd, and Fuller (1994) were interested in the linguistic communication between people with physical disabilities and people without disabilities. Researchers examined the language of people without disabilities when they engage in a conversation with people with disabilities. For example, when individuals with disabilities ask for a direction to a place, people explain to them in a very simplistic language and individuals with disabilities receive insufficient and inaccurate feedback; the feedback they obtain is not like when people without disabilities ask for directions. People who provide directional feedback tried to help and be kind. However, people with disabilities take a wrong impression about them. (Gouvier et al., 1994). Despite the charitable intention of people without disabilities of helping people with disabilities, they fail to communicate well with people with disabilities. One reason of their failure in sustaining stigmatic interactions is explained by self-fulfillment prophecies theory. People's behaviors stem from their limited expectations of people with disabilities. Such limited expectations perpetuate the stigmatization of people with disabilities. (Hebl & Kleck, 2000).

One of the intriguing observations about the reactions of people without disabilities is the contradiction between the verbal and non-verbal communication when encounter with people with disabilities (Hebl & Kleck, 2000). For example, Kleck (1969) asked people without disability to teach origami to an individual with physical disability. What was found is that people expressed their positive impressions and liked the performance

of the person with disability. However, their non-verbal reactions maintain high level of anxiety and avoidance (Kleck, 1969). Heinemann, Pellander, Vogelbusch, and Wojtek, (1981) utilized two prospects interpretations. First one is that people do not pay attentions to their non-verbal language because it is covert and difficult to notice. Secondly, people's verbal expression need to fit in the social norms; the social norms is to be kind with people with disabilities (Heinemann et al., 1981). One reason that spontaneous reactions of people are more negative toward people with disabilities is because they mirror the attitudes and beliefs people hold toward people with disabilities. Another reason is probably due to the minimum interactions with people with disabilities rather social stigmatizing. But most importantly is that peoples verbal and non-verbal reactions toward people with disabilities are incompatible.

studies show that people with disabilities are translating neutral expressions of people without disabilities as discriminatory (Hebl & Kleck, 2000). This finding was found to be true with stigmatized groups. For example, Kleck and Strenta (1980) find those who believe they have scars in their faces overperceive discrimination and report more negativity. This study indicates that people's presumptions about specific things lead to overperceive them. Resultantly, it is more likely for people with disabilities to misperceive people without disabilities, and the reason is because people with disabilities face many communicative stigmatizations.

Although not all communicative interactions with people with disabilities stigmatizing or patronizing, negative evaluations of people with disabilities are as well pervasive in our societies. The nature of the communication between people with disabilities and temporarily able

bodies has its root in the belief system of the society toward disability. Social expectations, negative stereotypes, and prejudices of people with disabilities have a great impact on the identity of people with disabilities, how they perceive their world, and their contribution to it.

Identity and Perception

Every human being is aware of her or his individuality and based on that people construct the meaning of self. Self is seen as something that is developed through people's reflections, and their freedom to identify themselves with those who are smellier to them (Murugami, 2009). However, people with disabilities are not empowered to construct their sense of self because their identity is fixed and preordained (Murugami, 2009). Further, people with disabilities are not capable of identifying themselves but rather people without disabilities (e.g. professionals) identify them (Gillman, Heyman, and Swain, 2000).

Nevertheless, the most important question to ask is who is capable of defining people with disabilities? Another important question is how do people with disabilities negotiate self-identity in our societies? Social identity theory (SIT) provides a thorough understanding of disability identity. People construct their self-concept through social group identity, and for people with disabilities, self-concept resides in the heart of disability identity. Self-concept might be threatened because of the negative views people hold toward disability. However these negative views do not come from the nature of disability. Instead the stigmatization of disability is socially constructed by other social group identity (Olkin, 1999). When people without disabilities interact with people with

disabilities, their self-identity is activated and they assert their identity through the communication. Psychologists prefer approaching disability identity by considering people with disabilities like a group that is defined ethnically or racially because they may share similar aspects with minorities. For example, they are negatively stereotyped, discriminated and denied from their rights like any other ethnic or racial groups (Olkin, 1999). This way of identifying people with disabilities helps researchers to apply theories of ethnic identities to disabilities (Dunn & Burcaw, 2013).

Due to the strong pervasive stigma of disability and losing the power of defining disability, people with disabilities sometimes are not able to construct their own self-identity. People with disabilities do not feel privileged to be identified as female or male or by race or ethnicity. Since one of the most salient social categorization is gender (Rohmer & Louvet, 2009), Rohmer and Louvet (2009) decided to test whether people without disabilities associate people with disabilities with a “disabled” identity or with the gender they maintain. Researchers provided participants with pictures of two men: one of them is riding a bike and the other one is on a wheelchair, and two pictures of two women with the same bike and wheelchair. The finding of Rohmer and Louvet (2009) were compatible with their hypothesis; participants described the man and the women on the wheelchair as “disabled” more than perceiving them based on the gender (Rohmer & Louvet, 2009). Additionally, as first explored by Harris’s (1995), when people identify others as having intellectual disabilities, this identification will last permanently and people with disabilities will not be able to escape this identification (as cited in Beart, et al., 2005).

This way of viewing people with disabilities might damage their self-esteem. Several studies explore the relationships between stigma and self-esteem and found that when people with disabilities experience stigma their mood is negatively affected and a decrease in self-esteem is noticed (Abraham et al., 2002; Dagnan & Waring, 2004). In 1991, Szivos argues that people with disabilities' awareness of stigmatization has a negative relationship with their self-esteem (Szivos, 1991). It is obvious that people with disabilities maintain low self-esteem when they are faced with negative evaluations or stigmatic social cues. The main theme that is presented in these studies is that people with disabilities incorporate all type of social stigma to their identity and because of that their self-esteem is damaged (Crocker & Major, 1989). Nevertheless, there are other studies that oppose the theory of the negative connection between perceived social stigma and decrease of self-esteem. (Paterson, McKenzie, and Lindsay, 2012). For example, Thomson and McKenzie (2005) argue that having low self-esteem is not necessarily caused by stigmatizations (Thomson & McKenzie, 2005).

Consequently, there are two possible theories capable of converging the findings of both studies into one compatible perspective. The first theory is Social Identity Theory, especially, disability identity (Tajfel & Turner, 1986; Dunn & Burcaw, 2013). When people with disabilities encounter a stigmatic interaction they have two ways to respond. On one hand, an individual with a disability might affirm her or his disability identity and try to overcome the stigmatization by redefining and reconstructing the social context. In this way, the person did not incorporate social stigma to her or his identity. On the other hand, if the person with a disability perceived her or himself as abnormal and seeks to normalize her or himself, then

aforementioned findings of the studies are more likely true (Dunn & Burcaw, 2013). The key difference between both scenarios is the meaning and impact of disability identity. Dunn and Burcaw (2013) indicate that disability identity represents the characteristics and traits of people with disabilities. Identities can be comprehended through the context of group membership, and disability is considered to be a social context like any other minority (Dunn & Burcaw, 2013). In 1999, Olkin consider people without disabilities as not maintaining a disability identity. Further, people with disabilities who do not identify themselves as having a disability cannot be identified as maintaining a disability identity (Olkin, 1999).

The second theory that explains the reaction of people with disabilities toward stigma and the way they protect their self-esteem is Social Comparison Theory (Festinger, 1954). In 2012, Paterson, McKenzie, and Lindsay claim that people mediate the negative impact of stigma on self-esteem by comparing themselves against certain standards or against other people. Nevertheless, the relationship between social comparison theory and self-esteem is not obviously recognizable. For example, social comparison theory has three types of comparisons: lateral, downward, and upward comparisons. Lateral comparison is considered to be between two individuals with the same level of the personality, and it considers a self-protective comparison; however, this kind of comparison is not capturing the full person's status (Crocker & Major, 1989). Downward is the second type of comparison. It is considered to be a protective strategy to maintain positive self-esteem. Downward comparison is when an individual with disabilities is comparing her or himself to her or his peers that maintain more severe disabilities. The negative aspect about this type of comparison

is it might be destructive because, eventually, it would lead the individual to become like the comparable peers. (Wills, 1981; Buunk et al., 1990). The third type of comparison is the upward. This comparison occurs when the individual is comparing her or himself against a higher status; it is arguable that this kind of comparison could improve the performance of the individual with disabilities. However, it could elicit self-devaluation (Miller & Kaiser, 2001).

In regard to social comparison and self-esteem, Paterson, McKenzie, and Lindsay (2012) found that there is a positive relationship between perception of stigma and social comparison. Also they found that negative self-esteem is positively associated with perception of stigma (Paterson, et al., 2012). On the other hand, when considering disability identity, it not only enhances self-esteem and increases satisfaction with life (Nario-Redmond, Noel, & Fern, 2013), but also might decrease the incidence of depression, and it is associated with low anxiety. For example, Bogart (2015) examined the relationship between disability identity and depression and anxiety. She first measured the disability identity of the participants and then measured participants' anxiety and depression level. The researcher's hypothesis was compatible with the findings. People who maintain strong disability identity reported low depression and anxiety. This finding asserts the benefit of disability identity on self-esteem and it is consistent with the outcome of the study conducted by Nario-Redmond et al. (Nario-Redmond et al., (2013). Disability identity and social comparison theory provide reconcilable explanations of the contradictions between the findings that stigmatizations can negatively affect self-esteem of people with disabilities. Both theories converge the findings of both studies into

one compatible perspective. Resultantly, people with disabilities' self-esteem is only threatened when they do not regard themselves as having a disability and engage on a lateral comparison with people without disabilities and downward comparison with peers of intellectual disability.

Social cognitive model of self-stigma provides another perspective that explains how people with disability maintain or suffer a loss of self-esteem, and that can be determined by they the reaction of people with disabilities. For example, internalizing disability labels could diminish the self-esteem. However, rejecting such labels lead people with disabilities to be empowered. As a result, the relationship between self-stigma and empowerment is a contradictory relationship. The person cannot be stigmatized and empowered at the same moment (Watson, Corrigan, Larson, & Sells, 2007). The social cognitive model of self-stigma has three main components: stereotype awareness, stereotype agreement, and self-concurrence. Social cognitive model of self-stigma suggests that perceiving discrimination and being exposed to stigmatization is not sufficient to cause self-stigma. However, when an individual comes to believe these stigmas (e.g. people with disabilities are weak) it is called stereotype agreement. The process specifically becomes self-stigmatizing when these stereotypes are being applied to the individual her or himself (Aakre, Klingaman, and Docherty, 2015).

However, rejecting negative labels and stigmas of disabilities is not an easy task. The stigma abounds in society and is extremely painful which might lead people with disabilities to deny the disability identity. For example, Sinason (1992) claimed that people with disabilities tend to deny their disabilities due to the psychological pain associated with the

disability. It seems that people engage in a denial to defend themselves from the shattering pain caused by the stigma (Sinason, 1992). Craig, Craig, Hatton, and Limb (2002) supported Sinason's theory empirically. Researchers of this study involved participants in a discussion with a neutral member of staff. Researchers found that people with disabilities are aware of the stigma associated with their disability. Furthermore, the participants of the study tend to not consider themselves as having a disability or they engage in a downward comparison with their peers who have severe intellectual disability (Craig et al., 2002). Craig et al. argue that such denial of disability could perpetuate the existence of stigma by encouraging people with disabilities to seek normalcy (Craig et al., 2002).

Conclusion.

This present study aimed to explore the literature in the communication field to grasp a firm understanding of the nature of the communicative interactions between people with and without disabilities. It is obvious that people with disabilities experience a wide range of stigmatic communications that are detrimental. In everyday life, people without disabilities keep distance from, and avoid talking to, people with disabilities. However, when they communicate with people with disabilities they intrude on the private life of people with disabilities and that happens by intrusively questioning them in public places. People with disabilities are viewed as burdensome, unproductive, passive, and hypersensitive (Blockmans, 2015). This type of communication is threatening the self-identity of people with disabilities, and if they internalize stigmatic communications, then self-esteem is more likely to be damaged. Resultantly, people with disabilities tend to deny their disability because of the painful stigma that is associated with it. However, when people with disabilities reject and externalize stigmatic communications, then they are enhancing their disability identity.

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