CHAPTER 32

PSYCHOLOGICAL IMPLICATIONS OF VARIOUS IMPAIRMENTS

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Introduction

Disability is a medical condition in which an individual has a defect which is either structural or bio-chemical abnormality. It is a physical pathology,an aberration or interference with the normal growth,development or capacity to learn, caused by continuing or disability to the body, intellect or personality to such a degree to need extra care or treatment from healthcare social or educational services (Oppe, 1972). Persons with disabilities (PWDs) include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation on equal basis with others" (Article 11 of what chater?) (United Nations, 2006). Disability is a worldwide phenomenon that has no boundary. It therefore cuts across countries, sexes, religions, races, social status, economic and political spheres. Its prevalence or incidence in the contemporary world are high and worrisome. According to the World Health Organization (WHO, 2021), more than a billion people, which is about 15% of the world's population have some forms of disability with up to 190 million (3.8%) people aged 15 years and older having significant difficulties in functioning.

Psychological Implications of Disabilities

Persons with disability are vulnerable to compromised emotional well-being due in part to their lower levels of social integration and activity, diminished sense of self-efficacy, poorer quality employment, reduced work hours, and financial strain (Brown & Barrett 2011; Caputo & Simon 2013; Freedman et al. 2017; Yang, 2006).The association between disability and compromised mental health is consistent with key themes of the stress paradigm (Pearlin et al. 2005). Stressors encompass acute events, such as losing one's job, and chronic strains, such as a long-term impairment, that undermine well-being. Chronic strains are particularly detrimental to emotional well-being, due to their extended duration and capacity to spill over into multiple life domains, including work and family. Persistent stress exposure also threatens one's immune, digestive, cardiovascular, sleep, and reproductive systems, which render one vulnerable to psychological distress (Carr, 2014; Pearlin et al. 2005). Disability also may diminish one's internal coping resources, including mastery and self-esteem, as well as external coping resources

including social support. Coping resources are critical to sustaining emotional well-being in the face of chronic stress (Carr, Cornman & Freedman 2019; Turner & Noh 1988; Yang 2006).Discriminatory or demeaning interpersonal encounters are a potentially important yet under-explored secondary stressor through which disability undermines mental health. Interpersonal mistreatment of PWDs could threaten their well-being directly, consistent with research on the negative psychological consequences of discrimination including racism (Williams & Williams-Morris 2000), sexism (Pavalko, Mossakowski & Hamilton 2003), sizeism (Carr and Friedman 2005), ageism (Vogt Yuan, 2007), and homophobia (Bostwick et al. 2014). Perceived discrimination also can amplify the harmful psychological consequences of vulnerability factors like obesity (Tsenkova et al. 2011). Institutional discrimination represents a modest share of all stigmatizing encounters. Other subtle yet pernicious forms of stigmatization including interpersonal slights may affect psychological well-being; especially for those whose health and functioning are already compromised (Link & Phelan 2001).

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However, PWDs are usually not happy with being disabled in terms of structure and functions in the society in which they reside due to societal negative attitude toward them embedded in cultural and religious practices based on superstitions and the limitations placed on them by their disabilities which hinder them from functioning effectively in carrying out societal daily activities necessary for life sustenance. PWDs encounter prejudice, stigmatization, stereotype, discrimination, neglect, and abuse from members of the society. They are viewed as objects of charity, sent to beg for alms, used to invoke pity and confronted with a lot of unfounded myths and misconceptions which affect them psychologically. "It's an unfortunate fact of life that many people living with a disability have to deal with misconceptions and stigma on a daily basis. From ignorance and prejudice, to barriers to work and education, the effects of these misconceptions can have profound and wide-ranging effects on the lives of persons with disabilities" (Granger, 2022).

In all regions of the world PWDs face attitudinal barriers, including prejudice, low expectations and even fear. Negative attitudes about disability impact on all aspects of the lives of persons with disabilities, including the ability to access education, to participate in non-exploitative work, to live where and with whom one chooses, to marry and start a family, and to move about freely within the community. Attitudes to disability are not always uniform within a region or even within a country. Different groups or individuals may have beliefs about disability that vary from those held by wider society and beliefs may vary even within small communities and within families. In African societies, as in societies in other regions, there are examples of positive and empowering beliefs about disability (Munyi, 2022; United Nations, 2022). However, as is the case in many settings across the globe, disability is sometimes also associated with negative perceptions resulting in stigma, discrimination, exclusion and violence, as well as

other forms of abuse of persons with disabilities (United Nations, 2022) which have negative psychological effects on PWDs and their family members.

Physical disability is a negative situation that affects the psychological status of PWDs. A number of authors consider physical disability as a major limitation to psychosocial interactions of a person with his or her environment (Hutzler & Bar-Eli, 1993).In people with physical disabilities; one may observe typical psychological phenomena resulting from the interplay between their individual personality structures and the unique environmental and social problems confronting them (Hutzler & Bar-Eli, 1993).People experiencing disability for the first time face stress, have to deal with life changes, differentiation of values and a series of issues relating to their experiences through their life (Olkin, 2003).The relation between disability and psychology is an issue that has attracted the interest of researchers (Ioannis, Miltiadisi & Fotiadou, 2017). Sherrill and Tripp (2015) at a traditional review of literature in the area of physical activity and sports have presented the psychological characteristics of individuals with disabilities. These are: self (self-concept, self-efficacy, self-esteem, self-confidence, self-image, self-identity), motivation (goal orientation) and emotions (stress, anxiety, happiness, dejection) (Olkin, 2003).

Disabilities affect the emotions of PWDs. Emotions are psychological concepts and are considered to be a result of a subjective, conscious experience and are characterized primarily by psycho physiological expressions, biological reactions and mental states. Lazarus, (2000), defined emotions as "an organized psycho-physiological reaction to ongoing relationships with the environment, most often, but not always, interpersonal or social" (p. 230). Studies show that the psychological concept of "emotion" in people with disabilities has interested scholars (Ioannis, Miltiadisi & Fotiadou, 2017). A number of psychologists have confirmed that emotions affect thought, decision making and actions (Bechara, Damasio, & Damasio, 2000; Fredrickson, 2000; Lerner & Keltner, 2000). Emotions that mainly concerned researchers were anxiety, depression and the quality/satisfaction of life. Anxiety is an emotional state that may be of psychogenetic origin or a consequence of a physical illness. The study of anxiety in individuals with physical disabilities helps the assessment of behavioral disorders caused by anxiety. The anxiety is considered to reflect uncertainty regarding goal attainment and coping (Lazarus, 2000) and is typified by feelings of apprehension and tension along with activation or arousal of the autonomic nervous system (Spielberger, 1966). Depression is mentioned as an emotional disorder. Frijda (1994), suggested that depression is an emotion resulting from the perception of the individual on the relation between actual progress and expectations regarding the rate of progress. Depression is likely to appear if someone does not believe that he/she has made sufficient progress in achieving a meaningful goal, or following an actual or perceived failure to achieve a meaningful goal. A consequence of depression may be the absence of willingness to do pleasurable things (e.g.,

communication), less self-perception and low performance in physical activities (Lane & Terry, 2000). Depression is common with PWDs.

Quality of life can be defined as the subjective evaluation of the satisfaction derived from the good characteristics of a person's life (Whiteneck, 1994). In this case, quality of life is almost synonymous to the satisfaction for one's life (Siosteen, Lundqvist, Blomstrand, Sullivan, & Sullivan, 1990). The following factors have been supported to determine the quality of life social inclusion (e.g., community integration, residential environment), self-determination (e.g., autonomy, choice), personal development (e.g., education and rehabilitation), rights (e.g., privacy, citizenship), interpersonal relations (e.g., friendship, social network), emotional well-being (e.g., contentment, self-concept), physical well-being (e.g., health, leisure), and material wellbeing (e.g., employment, transportation) (Brown, Schalock, & Brown, 2009; Schalock, Brown, Brown, Cummins, Felce, Matikka et al., 2002). Quality of live is usually low in index rating for PWDs.

Personality, as psychological term refers to issues relating to the dynamic organization of physical, spiritual, moral and social individual properties and which are expressed throughout their social life. Researchers dealt with personality issues such are the identity and personality of individuals in physical activities such are sports (Ioannis, Miltiadisi & Fotiadou, 2017). Poppes, van der Putten, and Vlaskamp (2010), claimed that "many individuals with disabilities present provocative attitudes" that could be attributed to their reactions to the societal negative attitude towards them.

Another psychological issue found to affect PWDs is goal motivation. Goal achievement is distinguished by task and ego, each one of which is linked to a different perception of ability and definition of happiness (Nicholls, 1984, 1989). Studies examined goal achievement of individuals with physical disabilities within the framework of goal orientation, sport orientation, and motivation climate that lead individuals with disabilities to decision making and which behavior they present towards achievement (Roberts et al. 2007), with result not favourable towards persons with disabilities.

At the individual level, stigma and discrimination against PWDs can also result in internalized oppression and feelings of shame making it harder to feel pride in the many aspects of one's identity and to understand oneself as being equally entitled to all fundamental human rights, as well as inclusion in society and development. When confronting stigma on a regular basis, PWDs may face great challenges in overcoming the negative views of their community or societies to achieve self-acceptance and a sense of pride in their lives. In this way, when stigma is internalized by PWDs it creates yet another barrier that must be overcome. In some cases PWDs are subjected to physical violence and assault as a result of stigma and harmful beliefs. There are many examples of people who claim to be able to provide treatments and remedies to "cure" certain types of disability. Some of these treatments are rooted in local custom while others are provided in conventional biomedical settings, with harmful consequences for the health, life and dignity of

PWDs (United Nations, 2022).The feelings of shame, the reduction of the dignity of PWDs and the harm that befall them due to societal negative attitude which they encounter make them to be saddened and emotionally disturbed.

In Somalia human rights reports indicate that some serious mental health conditions are subject to local village practices–the so-called 'hyena cure'– according to which a person with a mental health condition is thrown into a pit with one or more hyenas that have been starved of food on the basis that the hyenas will scare away the djinns, or evil spirits, that inhabit the person (World Health Organization,Mental Health & Poverty Project, 2010). In some communities in Tanzania, Malawi and Burundi, there is a belief that the body parts of persons with albinism bring good luck, wealth and medical cures, as well as success in elections. As a result, persons with albinism, often children, in these countries have been abducted and wounded or killed. In many countries there is a common folk belief that, if someone with HIV has sex with a virgin, the virus will be transferred from the infected person to the virgin. The practice, known as "virgin rape", has reportedly even involved rape of infants and children. Persons with disabilities, both men and women–often incorrectly assumed to be sexually inactive (hence virgins) – are also now at risk. Accounts from many areas report that PWDs have been raped repeatedly" (WHO/UNFPA, 2009). These actions toward PWDs make persons with disabilities to live in fear and saddened.

Children with learning disabilities experience almost everyday situations such as shame, anxiety, frustration, social isolation, melancholy and lack of self-confidence (Bryan, Sullivan-Burstein, & Mathur, 1998; Bursuck, 1989). Such situations have serious psychological effects on a primary child and contribute to creating a negative self-image and low self-esteem. Generally, these children are hardly motivated to learn because they are not praised very often because of their low performance, and are not internally satisfied for the same reason. Where learning disabilities coexist with hyperactivity, pupils with learning disabilities receive unfavorable criticism of both their performance and their behavior. Of course, such a treatment has negative effects on learning and shaping the personality of the child (Chapman, & Cruz, 1995; Greenberg, Kusche, Cook,& Quamma, 1995; Greenwood, Arreaga, Utley, Gavin, & Gresham, 1997). A recent survey conducted by the University of Macedonia at the Aristotle University of Thessaloniki on "Bullying - School Education: Psychosocial, Educational Consequences and their Response" showed that pupils with learning disabilities suffer school bullying at a rate double to ten times the usual (40%) due to their degrading school failure, leading to low self-esteem and isolation (Papanastasiou, 2017). Because of all these factors, children with learning disabilities often present school denial or school phobia (Gresham, & Reschly, 1986; Hatfield, Cacioppo, & Rapson, 1994;Kaval, & Forness, 1996; Most, Al-Yagon, Tur-Kaspa,& Margalit, 2000). This is the fear of the children going to school and their deep dissatisfaction with separating from their parents. Children show an unwavering refusal to continue to go to school and often show psychosomatic symptoms such as

vomiting, <u>chest pain</u>, stomachache, etc. Most of these symptoms resolve when the child does not have to go to school, for example, on holidays and weekends. It should be noted that there is usually no obvious reason for this denial. However, frequent absences of children are due to a variety of psychological problems (Most, Pavri,& Luftig, 2000; Hatfield, Cacioppo, & Rapson, 1994).

Family of Persons with Disabilities

The disability of a child poses a lot of difficulty to the said child as well as their family, creating obstacles that limit their ability to function well, and slowing down the tare with which they can reach expected outcome goals (Bayat, Salehi, Bozorgnezhad, & Asghari, 2011). Among many families, the initial diagnosis of a child's disability represents a crisis that is likely to be a difficult and shocking experience to the parents (Siklos, & Kerns, 2007). In most cases, initial family reactions are likely to be negative and, like those related to bereavement (Fortier, & Wanlass, 1984). The family may experience the different stages of grief upon receiving this news starting with disbelief and denial and ending with acceptance (Fortier, & Wanlass, 1984). After the shock and disbelief phase, families could adapt flexibly and mobilize into effective action, or freeze in various degrees of rigid and ineffective reactions, whereas others tend to resist or even deny the diagnosis itself (Fortier, & Wanlass, 1984; Beresford, Rabiee, & Sloper, 2007).

Moreover, parents experience a wide variety of negative emotions, which range from mild anger to tiredness and frustration. Psychological problems such as depression may limit the role of parents in the management of the child's illness (Hung, Wu, Chiang, Wu &, Yeh, 2010; Pinquart, 2019; Lee, Matthews, & Park, 2019) The emotional distress of a parent may contribute to the emotional and psychiatric distress of the child and may affect the family's ability to cope with the disability, thus making the disability have a greater impact on the family (Townsend, & Morgan, 2017). Several published articles have found increased symptoms of depression and incidence of major depressive disorder among parents of children with medical conditions (Hung, Wu Chiang, Wu, & Yeh, 2010; Pinquart, 2019; Lee, Matthews, & Park, 2019; Shives, 2008).

The birth of a child is usually anticipated with so much expectations and excitement of a very happy and successful future not only for the child but also for the family at large. However, this excited might be muted by the birth of an infant with any kind of disability. It does not matter whether the handicap is retardation, blindness or physical abnormality. Families with members with disabilities cannot live a similar style of life like that enjoyed by other families that have got individuals without disabilities. In most cases these parents are more sensitive to the needs of the individuals with disabilities (UKEssays, 2018). According to Gillam (1999), caring for PWDs is not always an easy job because these are normally considered to be delicate people who need extra care. For this reason disability could have various physical and psychological impacts on the family. Family members of individuals with disabilities normally have an extra burden of not only

taking care of their individual needs but also for the needs of person with disabilities in the family (Gillam, 1999).

Nevertheless, giving birth to a child with disabilities and taking care of him to grow into adulthood is one of the most stressful things a family could endure. The first reaction by parents on realization that their child has disabilities tells it all (UKEssays, 2018). Most parents are normally in shock and wish that they could reverse the whole process. It also creates a confused situation of guilt, anger, sadness, depression all in one that some parents begin lamenting to God what wrong they might have done. Depending on the conditions of the parents, they handle these issues differently and could stay in different stages of depression longer than others (Strnadova, 2006). Some parents feel like the children with disabilities are their extension and may feel ashamed, ridiculed, embarrassment or social rejection. The reactions by parents might be affected by economic status, marital stability and personality traits. Generally, the initial reaction of any parent would therefore be of psychological or emotional disintegration (Marinelli & Orto, 1999).

In instances where an individual was living normally and later becomes disabled, denial is normally the first psychological impact in the family. Some members refuse to accept that things have changed and their loved one is now disabled. This is very difficult especially when the person is the first one in the family to suffer from such a disability or when he is the sole bread winner and the family cannot comprehend how it will survive the next day. In situations where the family does not know much about the illness, they could also become very pessimistic about the future and act like the illness has control of their entire destiny. Although no one really checks on the parents to find out whether they get enough sleep or spent most of their time at night checking on their children with disabilities, research has it that families with persons with disabilities also suffer from exhaustion and anguish (UKEssays, 2018).

Nevertheless, after denial there is usually a gradual acceptance of the fact that the family member is truly disabled. The family then tries to come up with better ways of dealing with the issue because there is nothing else they could do. The acceptance stage could take varying durations and does not necessarily lead to the acceptance of the disability. Marinelli and Orto (1999) explained that sometimes members could just decide to minimize the psychological balance to an achievable degree and deal with the person. In cases where parents completely fail to accept this fact, they could even abandon the individual or give them for adoption. This is the reason why there have been cases of parents throwing their children in pits or abandoning them on the road side as demonstrated in some developing countries. There is the realization stage where parents or family members fully accept the disability of their loved ones regardless of its consequences. However, not every family reaches this stage (UKEssays, 2018).

Stress in families with individuals with disabilities normally starts way back even before the disability is diagnosed. In most occasions, parents would suspect

that there might be something wrong with the life of their child or family member. This normally appears in cases where the family members become disabled later in life after leading a normal life. For this reason, members would request for examination from a psychologist to fully understand what might be wrong. Sometimes families with members with disabilities are isolated from the society and this makes them feel like they are less equal. This could also make some of parents to feel like it is their fault that they gave birth to children with disabilities. What parents also fear most is the likelihood of the heredity of the disability to their future siblings (UKEssays, 2017 not listed in references).Power and Orto (2004), remarked that "some might even get scared and feel like they do not want to have other children in future. They may also fear that they might have grand children with similar disabilities. They are also worried of what the future holds for their child with disability. The feeling of helplessness due to the fact that there is very little they can do to change the child's disability makes them hate themselves" Strnadova (2006), argued that many families consider taking care of an individual with disability in terms of the cost they will have to incur throughout the existence of the child with disabilities. This process could sometimes be costly that if a family is not well prepared which could lead to debts and loans. For instance, if a family member suffers from down-syndrome or cerebral palsy, he will definitely require some medication, counseling, therapy, physiotherapy or rehabilitation. All these services need money which is not always easy to come around. This could therefore lead to the family making use of every single money they have just to see their own survive. Some could even end up borrowing from family members or asking for loans from their banks but there is always a limit to where they can source money from. If a family faces the dilemma of not knowing where next to turn to and ask for money, it's normally very frustrating and hurting to know that they could make life more comfortable to a family member if only they had the money but the reality is that they have none.

Having gone through many dead ends to find assistance for their loved ones, family members often become worn out and might be discouraged to look for a different approach for assistance because they might be scared of facing yet another failure (Strnadova, 2006). According to Power and Orto (2004), some might even get scared and feel like they do not want to have other children in future. They may also fear that they might have grand children with similar disabilities. They are also worried of what the future holds for their child with disability. The feeling of helplessness due to the fact that there is very little they can do to change the child's disability makes them hate themselves. The anxiety in family members stems from an attempt to strike a balance between their own life and that of the disabled individuals. A number of parents have talked of pain and anguish in their lives and their desire and hope to improve the lives of their loved ones even though sometimes it never possible. Single and unmarried mothers face more psychological problems than others. Considering that PWDs need extra care, it becomes cumbersome for one individual to keep watch of him and do his/her own

duties. Individuals with disabilities could also be a huge burden to their own siblings especially because of the fact they require extra care (Power & Orto, 2004). This means that their siblings will have to forgo some activities and duties in order to take care of them. Unlike other children who might go playing up and down, they will be forced to offer extra care to their brother or sister with disabilities (UKEssays, 2018).

Sometimes families might be reluctant to discuss with others about their family member with disabilities because they do really know how they would react. Fear of stigmatization from the society could make some families to hide these conditions for a long time (Warner, 2006). A result of stigma is that the family ends up being withdrawn from the society because they are afraid of being hurt by comments or reaction from other people (UKEssays, 2018). Shaw (2009), lamented and asserts that "sad as it might be, most people with disabilities are still socially unacceptable. It's common to hear whisper from all corners about families with persons with disabilities as well as comments being made behind closed door about how a person with disabilities might be behaving. Some even make comments that insinuate that the family is unable to take of their own blood and flesh. Some of these comments even come from close friends. Considering that every person might have his own opinion on how a family deals with the disability, it's never an easy thing for a family that is trying so hard to remain brave and accept their member with his/her disabilities. When on outings, families with PWDs normally have to deal with stares, unpleasant gapes from both adults and kids. These annoying stares can inhibit the ability of family members especially the kids to freely interact with family members with disabilities".

Sometimes, family members especially parents have to deal with feeling of jealously from other siblings. For instance, a child would often wish he was sick like his sister so that he could also receive preferential treatment from the parents. This feeling also disturbs parents psychologically and makes them feel like they are discriminating among their children. Expectedly, there is always a good side of disability where one is treated differently and carefully more than others (Shaw, 2009). If not carefully done, it could also lead to misunderstandings in the family that could add to psychological problems (UKEssays, 2018). Warner (2006), explained that "some families with children with disabilities face so many difficulties that they even end up separating. In such a situation, kids are either split among each of their parents or their custody could be awarded to one parent. Sometimes, one parent, in most cases the father could run from the vicinity and disappear completely leaving the child in the hands of the other parent" that could be heartbreaking.

Negative perceptions in society can also create feelings of shame among families who may hide their child with a disability from public view. For example, surveys conducted in Cameroon, Ethiopia, Senegal, Uganda and Zambia disclosed that 38% of respondent caregivers of children with disabilities reported hiding them away, or forbidding them to take part in social activities owing to stigma or

in order to protect them from perceptions and stigmas. In some instances, as a result of misguided beliefs children with disabilities are not permitted to attend school. For example, fear and ignorance about the causes of epilepsy can result in exclusion from school for children with seizure disorders (Baruchin, 2011).Children whose parents have disabilities may also experience stigma on this basis. At family and community levels, isolation, shunning, and avoidance of contact frequently occurs with PWDs. In some instances PWDs and their families are sent away from their communities. In others, for example, PWDss are, at the time of their death, denied traditional funeral rites (United Nations, 2022) these negative attitudes towards family members of PWDs have negative psychological effect on the family.

Conclusion

This paper has shown that disabilities have some negative psychological effects on PWDs and their families. These negative psychological effects prevent PWDs from functioning effectively in their immediate environment and utilizing their innate abilities (potentials) for their development and that of the society in which they reside. In every disability there is always ability. Simply put, PWDs have innate abilities (potentials) and when properly harnessed would be able to utilize them effectively for the betterment of themselves and the society given the opportunity, enabling environment and encouragement. Therefore to assist them function effectively in the society despite the negative psychological effects of their disabilities notwithstanding the following suggestions should be considered:

- awareness should be created in the electronic and print media to educate the society on the challenges encountered by the negative psychological effect of disabilities on persons with disabilities and their family.
- the medical or individual model of disability should be discouraged because "it has negatively affected the way persons with disabilities are treated in their communities, at job sites (for those who are fortunate to be employed), and in educational milieu. This model sees people with disabilities as patients or sick people and also sees disability as an individual problem that needs to be cured by the individual himself (Momene, 2015).
- some of the stereotypes used to label people with disabilities are demeaning. "Incomplete information, mistaken perceptions, isolation and segregation have perpetrated many of these stereotypes" (Momene, 2015) therefore, stereotype of persons with disabilities should be condemned; information about PWDs potentials and limitations should be publicized; and isolating and segregating them should be discouraged.
- myths and misconceptions about disability that are common in the society should be condemned and should not be accepted in the society.
- laws should be made to put a stop to spreading such fairy tales. However, where laws have been made strict enforcement should be adhered.
- violators of such laws should be prosecuted and sentenced accordingly to serve as deterrent to others.

It is hoped that these suggestions would be implemented to enable family members work cooperatively to assist PWDs function effectively in their immediate environment despite their disabilities and to make them utilize their innate abilities and potentials so as to contribute meaningfully to the development of themselves and the society in which they reside.

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