Comparing the Self-Esteem and Resiliency between Blind and Sighted Children and Adolescents in Kermanshah City

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Abstract

Introduction: The lack of independent moving by the blind predicts a delay in the development of daily and social life skills. The purpose of this study was to compare self-esteem and resilience between blind and sighted children and adolescents in Kermanshah City.

Methods: The research was causal-comparative type and the statistical population included all blind people 8 to 16 years old from both sexes (males and females) who lived in Kermanshah City in 2016. The number of these people according to Kermanshah Welfare Center was reported as 70 people of whom 60 (30 males and 30 females) were selected through available sampling method. A total of 60 blind people were matched in terms of education, gender and age with a non-blind group. The research tool consisted of Rosenberg Self-Esteem Questionnaire (1965) and Connor & Davidson Resilience (2003). Data were analyzed using SPSS-19 application and multivariate variance test.

Findings: The results showed that there was no significant difference between the two blind and sighted groups in the resilience rate (P > 0.01) but there was a significant level of difference in self-esteem among blind and sighted people (P <0.01).

Conclusion: It seems that disability exists not only in the body of people with disabilities, but also in the attitudes of those individuals and other individuals in different societies.

Key words: Self-Esteem, Resiliency, Sighted, Children and Adolescents
Introduction

Eyesight disorder is a general term indicating a disability to see and can be mild and modifiable, such as myopia, and hyperopia, or be severe and irreversible, such as blindness or severe eyesight impairment. Blindness may be congenital, such as congenital cataract, congenital syphilis, mother contracting rubella in during pregnancy or it may be adventitious such as trachoma, retinal detachment, eyesight acuity atrophy, corneal ulcers, vitamin A deficiency, accident or a shock and etc. Considering that the visual forms almost a third of the total network fiber of the human sense communication network and this is not the case in any other senses, therefore man should be described as an intuitive being. For this reason, visual impairment causes disability more than any other disability (1). The occurrence of blindness in infancy is 8 in 10,000 up to the age of fourteen and with increasing age, this ratio increases. At the age of 60, it reaches to 44 per thousand (2). To Smith, self-esteem is a person’ evaluation of themself or specific judgments about their value. For those with injury to their eyesight, adequacy and appropriate social skill is a key factor for self-positive, higher self-esteem, positive behaviors and the ability to accept disability as a part of their life. Self-esteem is the judgment about our values and feelings associated with these judgments (3). Self-esteem is a psychological phenomenon that has a decisive influence on human emotional and cognitive dimensions and is a strong predictor of satisfaction with life. Low self-esteem is a dangerous factor for negative outcomes throughout life (4). Social isolation, and lack of adequate social support among adolescents with eyesight impairment may result in low self-esteem (5).

Self-esteem is the judgment that a person has about their own value. Self-esteem is considered as a central and essential factor in the individuals’ emotional and social compatibility. A person with high self-esteem has an appropriate attitude towards themself and others; vice versa, a person with low self-esteem is often isolated or in desperation trying to show others and themselves that they are deserving. Many emotional and mental disorders in adolescents can be prevented by providing mental health services and enhancing self-esteem (6).

Increasing self-esteem is one of the most valuable resources that people with eyesight impairment can have. Studies have shown that people with high self-esteem and eyesight disorder experience much more effective learning and more useful relationships and use opportunities better (7).

The lack of independent movement by the blind predicts a delay in the development of daily and social life skills (8). Considering that emotional and social skills are learned in relation to others and it is necessary to have the power of sight for learning many of these skills, as a result, blind people are deprived of such experiences due to their eyesight impairment; these experiences can have an impact on their emotional excellence and social interaction (9).

Another psychology variable is resiliency which applies to those who are in danger but do not suffer from disturbances. Hence, it may be concluded that exposure to risk is a necessary condition for vulnerability but it is not sufficient. Resiliency factors cause a person to uses his or her existing capacity to achieve success and growth in the face of risk factors and use these challenges and quizzes as an opportunity to empower himself (10, 11).

There are two common components in most resiliency definitions: a) The individual responds positively to the unpleasant situation and b) In this way, the individual feels more self-confidence and growth (12).

Waller (13) considers resiliency as a positive person’s response to difficult conditions (injuries and threats). Resiliency, of course, is not just stability against injuries with threatening conditions and is not a passive state in dealing with dangerous conditions, but it is an active and constructive accomplishment in its perimeter environment. It can be said that resiliency is the individual’s ability to establish a biological-psychological balance in a dangerous situation (14).

In physiology and medicine, resiliency represents the self-efficacious physical resilience and the ability to regain emotional balance in stressful situations (15, 16).

In research done by Papadopoulos (9), the impact of individual characteristics (gender, eyesight status, age), age at eyesight loss, level of education, employment status and ability to move independently (without the need for help) were studied on the source of control and adolescent self-esteem with eyesight problems. The results of this study showed that predictors of self-esteem are eyesight status, age of the individual at the time of eyesight loss and education level.

Gilmour (17) showed that wisdom, hope, and self-efficacy can be predictors of resiliency in American-African students. Papadopoulos et al. (18) compared the source of control and self-esteem in adults with eyesight impairment and in non-blind adults. 108 adults with eyesight impairment (blindness or low eyesight) and 55 sighted adults participated in this study. Sighted adults showed higher scores in self-esteem than blind people with low eyesight. The results did not show a significant difference in the control scores of three groups. In this study, the eyesight and age of a person were determined at the time of loss of eyesight as self-esteem predictors.

Mishra and Singh (19) conducted research aimed at comparing the self-concept and the confidence in children with eyesight impairment and sighted children. The results of this study showed that children with eyesight impairment have lower self-concept and self-esteem compared to sighted children but this difference was not significant between boys and girls. Sanicar and Groom (20) conducted research aimed at studying self-concept, self-esteem and social support for those with special needs. The results showed that the place of study (education in ordinary
Rosenberg has calculated its statistical indices during the by Rosenberg to detect self-esteem level. In addition, 82 subjects. This test has a good content due to designing of this test was 0.3 in a study performed on a sample of 1 to 4 and the respondent must mark them in relation to the sensation in front of each item. The validity coefficient from 1 to 4 and the respondent must mark them in relation to the sensation in front of each item. The validity coefficient of this scale was 0.81.

Mohammadi (26) has adapted this scale for use in Iran. Soltani et al. (27) have obtained 0.87 the Cronbach Alpha coefficient of this scale at students. In this study, the reliability of the research obtained was 79% by Cronbach’s alpha.

According to the research hypotheses, in the present study, SPSS-23 application and variance analysis test were used to realize the analysis goals of the research in two descriptive and inferential statistic parts.

Discussion

The main purpose of this research was to compare self-esteem and resiliency between blind and sighted children and teenagers in Kermanshah City. As Table 4 shows, there is a significant difference between the two blind and sighted groups’ self-esteem and comparing the means, it can be said that the self-esteem of the sighted is more than the blind. The results of this hypothesis are consistent with the research done by Beaty (28), Wolf and Sachs (29), Rosenblum(30), Wagner (5), Lopez and Cordoba (31), Mishra and Singh (19) but it is not consistent with the research of Mishra, and Singh. (19). It seems that disability exists not only in the body of people with disabilities, but also in the attitudes of those individuals and other individuals in different societies. These negative attitudes and psychosocial obstacles have affected the mental health of people with disabilities and made them have lower self-esteem than others.

The inability of independent movement by blind people in Isfahan was a predictor of the delay in the development of their daily and social life skills. Given that social skills are learned in relation to others and it is needed to have the power of eyesight for many of these skills, as a result, blind people were deprived of such experiences due to
Findings

Table 1: Frequency distribution and percentage of sample examined based on gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Blind Group</th>
<th>Sighted Group</th>
<th>Total sample</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
</tr>
<tr>
<td>Female</td>
<td>30</td>
<td>50</td>
<td>30</td>
</tr>
<tr>
<td>Male</td>
<td>30</td>
<td>50</td>
<td>30</td>
</tr>
</tbody>
</table>

According to Table 1, the sample consisted of 120 people (60 sighted and 60 blind); every blind and blind group consisted of 30 men and 30 women. Frequency distribution and sample percent are in (Table 1) based on gender.

Table 2. Mean and standard deviation of variables studied in two groups

<table>
<thead>
<tr>
<th>Variable</th>
<th>Sighted group</th>
<th>Blind group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Standard deviation</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>26.18</td>
<td>4.36</td>
</tr>
<tr>
<td>Resiliency</td>
<td>57.32</td>
<td>14.29</td>
</tr>
</tbody>
</table>

Table 3. The results of multivariate intergroup variances analysis for analyzing the mean of dependent variables

As shown in Table 3, the main effects of variance analysis are significant and this means that at least one of the dependent variables in two groups has a significant difference. Therefore, the intergroup variance analysis was used for analyzing every variable. The results of the intergroup variance analysis are presented in (Table 4).

Table 4. An intergroup variance analysis for measuring the difference of mean in two groups

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Sum of Square</th>
<th>Df</th>
<th>Mean of Squares</th>
<th>F</th>
<th>Significance level</th>
<th>Eta Square</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-esteem</td>
<td>192.53</td>
<td>1</td>
<td>192.53</td>
<td>8.98</td>
<td>0.003</td>
<td>0.60</td>
</tr>
<tr>
<td>Resiliency</td>
<td>43.20</td>
<td>1</td>
<td>43.20</td>
<td>0.23</td>
<td>0.001</td>
<td>0.29</td>
</tr>
</tbody>
</table>

The results of variance analysis show that there is a significant difference in resiliency and self-esteem level (F = 8.98) in both groups.

Having a strong sense of self-esteem is essential for all people, especially children and adolescents with special needs. Self-esteem as a valuable vital asset is one of the most important factors for the development of talent and creativity. People with eyesight impairment or other disabilities such as the cause of parents’ negative attitudes, negative experiences in dealing with ordinary peers and successive failure at school and college are gradually discouraged and overwhelmed; the sequence of such failures and problems makes them feel worthless, a sense that can damage their self-esteem.

As Table 4 shows, there is a significant difference between the resilience of blind and sighted people in Isfahan city. The results of this hypothesis are consistent with the research of Alrickson et al. (32), Zatra et al. (33), Narimani...
et al. (34). Some scholars believe that resilience is non-native and it can be learned.

Resilience is affected by the family. Family members can not only increase social ability and positive self-esteem but they can also increase their resilience by increasing feedback and reinforcement and providing more interactive opportunities for blind people. Family support, appropriate feedback, and more interaction in the family, make them more immune to the negative effects of life events and thus reduce their risk of physical and mental illness.

Conclusion

This study, like any other research, was confronted with some limitations including: Participants in this research were blind and sighted people in Isfahan city. Therefore, caution should be exercised in generalizing the results. Another limitation is the low volume of samples that may affect the analysis of results and comparisons. In this research, available sampling method was used. Therefore, it is suggested that this research be carried out in a wider community with more samples in other cities of the country, other psychological variables be compared among blind and sighted people, and in future research, other measurement methods (such as interviews) should be used to provide more accurate results.

References

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