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

Saeedeh Bakhshi (1)
Nafiseh Montazeri (2)
 Babak Nazari (3)
Arash Ziapour (4)
Hashem Barahooyi (5)
Fatemeh Dehghan (6)

(1) Department of Internal Medicine, School of Medicine, Kermanshah University of Medical Sciences, Kermanshah, Iran
(2) Department of Cardiology, School of Medicine, Kermanshah University of Medical Sciences, Kermanshah, Iran
(3) Department of Radiology, School of Medicine, Kermanshah University of Medical Sciences, Kermanshah, Iran
(4) Students Research Committee, Kermanshah University of Medical Sciences, Kermanshah, Iran
(5) Department of Counseling, Faculty of Social Sciences and Education, Razi University, Kermanshah, Iran
(6) Department of Nursing, Faculty of Nursing and Midwifery, Kermanshah University of Medical Sciences, Kermanshah, Iran

Correspondence:
Fatemeh Dehghan
Department of Nursing, Faculty of Nursing and Midwifery,
Kermanshah University of Medical Sciences, Kermanshah, Iran
 Email: fateme.dehghan1368@gmail.com

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 occurence 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 accompaniment 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

schools and schools for particular children) and the type of disability impact on self-concept, self-esteem and social support. There was also a significant relationship between their self-concept and social support.

Stewart and Yuen (21) examined the psychological factors affecting resiliency in patients with physical disorders. The results of this study showed that psychological factors effect on the resiliency, self-efficacy, self-esteem, internal control source, optimism, psychological hardiness, hope, self-empowerment, and acceptance of the disease. Coping strategies such as positive cognitive assessment, spirituality and active coping also had a significant relationship with resiliency.

Finger et al. (22) in a study reported that people with eyesight impairment in terms of movement, emotional state and constraint of social activities have a lower quality of life than healthy people. Bowen (23) conducted a study to assess the levels of self-esteem among 60 children with eyesight impairment. The results of this study showed that 70% of children had high or normal levels of self-esteem. Girls also showed higher levels of self-esteem than boys. Considering what was presented, there has not been any published research in Iran about the simultaneous comparison of the sum of self-esteem and the resiliency variables between the blind and the sighted. The present research is going to answer the following questions: Is there any significant difference between the blind and sighted people in two self-esteem and resiliency variables?

Methodology

The research is an applied study in terms of purpose, a causal-comparative (post-event) type one and descriptive in terms of method. The statistical population of this study included all male and female children and adolescents who were between the ages of 6 to 16 years old from both sexes in Kermanshah City in the year 2014. The number of these people according to Kermanshah's well-being report was 70 of whom 60 were selected by available sampling method (30 male and 30 female). A total of 60 individuals were matched with the sighted group in terms of education, gender and age. They were then compared in two independent groups. After completing the questionnaires, the responses were encoded and collected data was extracted and analyzed according to the goals and research questionnaire by self-esteem and resiliency statistical tests.

Rosenberg's Self-Esteem Scale

Rosenberg Self-Esteem Scale was prepared by the Astronomical Day in 1965 to measure individuals' self-esteem. The scale has 10 sections which were classified 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 test was 0.3 in a study performed on a sample of 82 subjects. This test has a good content due to designing by Rosenberg to detect self-esteem level. In addition, Rosenberg has calculated its statistical indices during the

process of setting the test and has considered it to have validity. In this study, Cronbach's alpha reliability coefficient was 0. 93 in a study done on female students and in the test-retest reliability, r = 0.85. Hart (24), believes that after the teenage period, collective self-esteem is important. This scale has been standardized in the sample of Iranian teenagers and the reliability coefficient is 0. 84 (25). In this study, the reliability of the research was obtained as 71% by Cronbach's alpha.

Conner-Davidson resilience Scale Inventory (CD-RISC)

The resiliency questionnaire was written by Conner and Davidson (14) to measure the power of coping with pressure and threat and Mohammadi (26) has adapted it for use in Iran. The questionnaire has 25 questions that are answered in five degrees (perfectly correct, rarely correct, sometimes correct, often correct and always correct) by each subject. The validity coefficient of inner consistency has been reported in the range of 0.86 to 0.90 using the Cronbach's alpha coefficient. The retest 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

Gender	Blind Group		Sighted Group		Total sample	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Female	30	50	30	50	60	50
Male	30	50	30	50	60	50

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

Variable	Sighted group		Blind group	
	Mean	Standard deviation	Mean	Standard deviation
Self-esteem	26.18	4.36	17.25	4.31
Resiliency	57.32	14.29	38.45	11.68

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

Test name	Value	F	Df hypothesis	df Error	Significance level	ETA Square
Picola trace	0.09	3.03	4	115	0.02	0.39
Wilkes Lambda	0.90	3.03	4	115	0.02	0.39
Hotelling trace	0.10	3.03	4	115	0.02	0.39
Roys largest Root	0.10	3.03	4	115	0.02	0.39

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

Dependent Variable	Sum of Square	Df	Mean of Squares	F	Significance level	Eta Square
Self-esteem	192.53	1	192.53	8.98	0.003	0.60
Resiliency	43.20	1	43.20	0.23	0.001	0.29

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

their eyesight impairment. These experiences could have had an impact on individuals' self-esteem. Social isolation and the lack of adequate social support among these people and lack of special facilities for training in their jobs, delayed marriage of the blinded girls in Isfahan and the negative attitudes of society towards their ability cause them to have low self-esteem.

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

1. Milanifar B. Psychology of exceptional children and adolescents. Tehran: Ghomes Publication. 2007.

2. Thylefors B, Negrel A, Pararajasegaram R, Dadzie K. Global data on blindness. Bulletin of the world health organization. 1995;73(1):115.

3. Peterson CC. Looking forward through the lifespan: developmental psychology: Pearson Higher Education AU; 2013.

4. Erol RY, Orth U. Self-esteem development from age 14 to 30 years: a longitudinal study. Journal of personality and social psychology. 2011;101(3):607-19.

5. Wagner E. Developmental and Implementation of a curriculum to Develop social competence For student with visual impairment in Germany. Journal of Visual Impairment & Blindness. 2004;98(11):703-10.

6. Akolechy M, Mehri A. Assessment of Self Esteem among Students of High Schools in Sabzevar (2010). Tolooe Behdasht. 2012;2(28-33).

7. Goldestein H, Morgan L. social interaction and modeles of friendship development. Available site : http/wwwericcom. 2004.

8. Dehghani M, Nazari M. The comparison of Emotional Quotient in blinds and low visions with normal

sighted people in Shahroud welfare organization, 1392. Tehran: Ghomes Publication. 2014;1(1):32-41.

9. Papadopoulos K. The impact of individual characteristics in self-esteem and locus of control of young adults with visual impairments. Research in developmental disabilities. 2014;35(3):671-5.

10. Zarrinkelk H. The effectiveness of training aspects of resiliency on reducing addiction acceptance and changing

attitudes toward drug use among high school students in Tehran: MA thesis. AllameTabatabayi University. 2010; 2010.

11. Nazari B, Bakhshi S, Kaboudi M, Dehghan F, Ziapour A, Montazeri N. A Comparison of Quality of Life, Anxiety and Depression in Children with Cancer and Healthy Children, Kermanshah-Iran. International Journal of Pediatrics. 2017;5(7):5305-14 DOI: 10.22038/ijp.2017.3540.1978.

12. Simon JB, Murphy JJ, Smith SM. Understanding and fostering family resilience. The Family Journal. 2005;13(4):427-36.

13. Waller MA. Resilience in ecosystemic context: Evolution of the concept. American Journal of Orthopsychiatry. 2001;71(3):290-7.

14. Connor KM, Davidson JR. Development of a new resilience scale: The Connor-Davidson resilience scale (CD-RISC). Depression and anxiety. 2003;18(2):76-82.

15. Shafiezadeh R. The relationship between resilience and the big five personality factors. Journal of knowledge and research in applied psychology. 2012;13(1):95-102.

16. Mohammadi M, Esfandnia A, Rezaei S, Ziapour A. Performance evaluation of hospitals under supervision of kermanshah medical sciences using Pabon Lasso diagram of a five-year period (2008-2012). Life Science Journal. 2014;11 (1):77-81.

17. Gilmore AL. A Cultural Examination of Hardiness: Associations with Self-Esteem, Wisdom, Hope, and Coping-Efficacy. 2014.

18. Papadopoulos K, Montgomery AJ, Chronopoulou E. The impact of visual impairments in self-esteem and locus of control. Research in developmental disabilities. 2013;34(12):4565-70.

19. Mishra V, Singh A. A comparative study of self-concept and self-confidence of sighted and visually impaired children. EXCEL International Journal of Multidisciplinary Management Studies. 2012;2(2):148-57.

20. Seničar M, Kobal Grum D. Self-concept and social support among adolescents with disabilities attending special and mainstream schools. Hrvatska revija za rehabilitacijska istraživanja. 2012;48(1):73-83.

21. Stewart DE, Yuen T. A systematic review of resilience in the physically ill. Psychosomatics. 2011;52(3):199-209.

22. Finger RP, Kupitz DG, Holz FG, Balasubramaniam B, Ramani RV, Lamoureux EL, et al. The impact of the severity of vision loss on vision-related quality of life in India: an evaluation of the IND-VFQ-33. Investigative ophthalmology & visual science. 2011;52(9):6081-8.

23. Bowen J. Visual impairment and its impact on self-esteem. British Journal of Visual Impairment. 2010;28(1):47-56.

24. Harter S. Causes and consequences of low self-esteem in children and adolescents. Self-esteem: Springer; 1993. p. 87-116.

25. Rajabi G, Bohlol N. Validity and Reliability of Rosenberg Self-Esteem Scale in First Year Student of Shahid Chamran University. New Educational Approaches. 2006;3(2):33-48.

26. Mohammadi M, Jazayeri A, Rafiie & Jokar B, Pourshahbaz A. Studying the effective resiliency factors in people at risk of drug overuse. psychology scientific-research Journal, University of Tabriz. 2005;3:193-214.

27. Soltani E, Shareh H, Bahrainian SA, Farmani A. The mediating role of cognitive flexibility in correlation of coping styles and resilience with depression. Pajoohandeh Journal. 2013;18(2):88-96.

28. Beaty LA. The effects of visual impairment on adolescents' self-concept. Journal of Visual Impairment & Blindness. 1991.

29. Wolffe K, Sacks S. The Lifestyles of Blind, Low Vision, and Sighted Youths: A Quantitative Comparison. Journal of Visual Impairment & Blindness. 1997;91(3):245-57.

30. Rosenblum LP. Perceptions of the impact of visual impairment on the lives of adolescents. Journal of Visual Impairment & Blindness (JVIB). 2000;94(07):434-47.

31. López-Justicia MD, Córdoba IN. The self-concept of spanish young adults with retinitis pigmentosa. Journal of Visual Impairment & Blindness. 2006;100(6):366-400.

32. Alriksson-Schmidt AI, Wallander J, Biasini F. Quality of life and resilience in adolescents with a mobility disability. Journal of pediatric psychology. 2006;32(3):370-9.

33. Zautra A, Johnson L, Davis M. Runing head: Positveafect enhances resilencepositveafect as asource of resilence for women in chronic pain. Journal of Consulting and Clinical Psychology. 2003;73(2):212-20.

34. Narimani M, Talebi Joibari M, Abolghasemi A. Comparison of documentary style and resilience among students who are injured and normal. Psychology of Exceptional Individuals.3(10):45-59.