

## The Mediating Role of Self-efficacy between Perceived Stigma and Self-esteem

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Negative consequences due to stigmatization experienced by various stigmatized groups have been a primary focus of stigma research. The negative impact of stigma on self-esteem is most commonly reported in the case of various stigmatized groups. Research on physical disability, one of the 'discredited' stigmas (stigma due to visible cues) has not gained much attention amongst scholars in comparison to the research on other stigmatized groups. Furthermore, the negative impact on self related consequences (self-esteem & self-efficacy) of the physically challenged group and also the role of self-efficacy of a physically challenged individual in determining its impact on self-esteem is also not explored much. The present study examined the perceived stigma experiences of 138 physically challenged individuals. The study tested the mediating role of self-efficacy between the negative relationship of perceived stigma and self-esteem. The significant mediation results emphasized the special need to study the significance of self-efficacy in the lives of physically challenged population.

**Keywords:** stigma, social stigma, physically challenged, self-efficacy, self-esteem

Stigma is defined as an attribute, which is devalued in a particular social context (Crocker, Major & Steele, 1998). Goffman (1963) organized stigma in three major categories such as 'Abomination of Body', 'Blemishes in character' and 'Tribal stigma', which can be further divided in two main groups of stigma viz. 'Discredited'- stigma with visible cues and 'Discreditable' stigma where the stigma cues can be hidden. These two groups include all these categories of stigma. Physical disability is considered to be a 'discredited' stigma as the stigma attribute is visible to others. One of the major consequences of stigma seen among all stigmatized groups is the negative impact of stigma on the self-esteem of the stigmatized (D'Augelli & Grossman, 2001; Major O' Brien, 2005). Few studies have mentioned that negative impact of stigma experiences affects the self-esteem of the physically challenged individuals. The present research examines the process or mechanism between the perceived stigma and self-esteem in the case of physically challenged individuals. The study also emphasized on the significance of self-efficacy for the physically

challenged groups and proposed self-efficacy as a mediator in testing the relationship between stigma experiences and self-esteem for the physically challenged individuals.

### ***Social stigma of being physically challenged***

'Abomination of Body' is one of the three categories described by Goffman (1963), which includes people with various bodily deformities thus, lacking aesthetic qualities. Physical disability comes under this category of stigma as it is often considered unaesthetic but, also creates existential anxiety among able-bodied individuals. Further, the bio-cultural framework of stigma also justifies stigmatization against disabled people. This framework suggests that society has always segregated those individuals who have proved to be a hindrance due to various reasons including physical disability, immorality, etc in the effective functioning of the group of healthy people (Neuberg, Dylan, Smith & Asher, 2003).

Studies have shown that abled-bodies individuals carry negative attitude towards

physically challenged individuals (Louvet, 2007). Due to their disability status they continue to experience marginalization, discrimination, violence and social exclusion in terms of education, employment, housing and other facilities as compared to non-disabled individuals (Sarah, 2003; Schröttle & Glammeier, 2013). People with various physical disabilities not only experience discrimination from their coworkers and colleagues at the workplace but, sometimes are even blamed for the stigma reactions (Fevre, Robinson, Lewis & Jones, 2013). Another study on Malaysian physically disabled employees found that they experience workplace discrimination and also poor growth possibilities as an employee (Khoo, Tiun, & Lee, 2013). These marginalization and stigmatization may have implications on their self-esteem.

#### ***Consequences of stigma on the self-esteem of the physically challenged***

Stigmatization has linked with various consequences to physically challenged individuals such as social anxiety, health, wellbeing and socio-economic status other than self-esteem. However, the present study focuses only on the self-related outcomes to this group. The concept of self includes two dimensions: self-esteem and self-efficacy aspects of self-concept (Gecas, 1982). Self-esteem is considered to be one of the significant aspects of self-concept. It is the self evaluations made by an individual about oneself (Rosenberg, 1965). Self-esteem consists of both evaluative and emotional dimensions of the self-concept (Gecas, 1982). It is found to be one of the basic needs in humans, which motivate individuals to strive for a sense of self-worth. Incapability of developing a positive self-worth has several negative consequences, which affects various aspects of individual's life (for review, Williams, Forgas, & Hippel, 2005). Few studies on physically challenged groups have shown lower self-esteem and its relationship with negative experiences of social exclusion and their employment status (Nosek, Hughes, Swedlund, Taylor & Swank, 2003).

The significant, negative impact of stigma experiences affecting self-esteem of physically challenged population can be understood by

some existing frameworks. Cooley's (1902) "looking glass self" could provide a rationale for this negative relationship of perceived stigma and self-esteem. According to this view point, self concept is greatly affected and developed by the responses and evaluations given by others. Mead (1934) elaborated the theory of social self and emphasized on the anticipation of others' reactions that affects the self of the individual. Later, Leary (1999) mentioned that there is a need of social approval and acceptance to maintain self-esteem. More or less all these explanations strongly emphasized the role of others in building and maintaining high or positive self-esteem in one's life.

Another factor, which influences an individual's self-esteem, would be her/his social identity. The Social Identity Theory (Tajfel, 1972; Turner, 1982) assumes that every individual is motivated to achieve a positive social identity and the positive distinctiveness of their group serves this purpose. Turner's (1982) social categorization theory added some more facets to this assumption and it was asserted that the group membership is a shared social identity, which subdues the individual's personal identity and significantly governs individual's self perception and actions. Social stigma is considered to be a devalued social identity (Goffman, 1963) and this identification has a negative impact on individual's personal identity and it is mostly labeled as devalued in a particular social context (Crocker, Major & Steele, 1998).

#### ***The role of self-efficacy as a mediator***

The present study has extended these lines of thought and argued the uniqueness of the experiences of stigma and its impact on self-esteem in the case of physically challenged. Apart from stigmatization, the physically challenged individual is also disadvantaged by his/her disability. The physically challenged may reject the stigma labeling or other's reactions but, cannot avoid one's inability due to their physical impairment. This inability could become worse when the disabled individual faces an environment, which is 'disabling' than enabling (Hebl & Kleck, 2003). In order to test the impact

of one's disability or restricted actions, the present study introduced the mediating role of self-efficacy between stigma and one's self-esteem in the case of physically challenged individuals.

It is argued that the physically challenged may often encounter situations in a day-to-day life that impacts their general self efficacy beliefs. Other's attitude towards an individual also contributes to his/her self-efficacy. People generally perceive physically challenged people to be less competent and atypical (Greschick & Miller, 1995). These negative reactions of others get compounded by physical limitations and physical dependency on others. Challenges posed even on simple tasks (Higgins, 1980) limit the opportunities of the physically challenged individual in life, which are otherwise available to all and are easily accessible (Shontz, 1990). Such experiences lower their self-efficacy beliefs about themselves.

Studies on physically challenged population have also shown the significance of self-competence and self-efficacy amongst them. Barg, Armstrong, Hetz and Latimer (2010) emphasized on the need for developing competence among physically disabled children by using physical activity as an instrument of reducing stigma impact over physically disabled. It is argued that an individual's perception of their success has major contribution in developing one's self-efficacy (Bandura, 1982). In the case of physically challenged the realities of life are harsh. They experience both direct and indirect discrimination at workplace as well as in social interactions (Hebl, Tickle & Heatherton, 2003; Khoo, Tiun & Lee, 2013). The marginalized status in organizations and work place (Woodhams & Danieli, 2000), less acceptance from their co-workers as an equal, compromising on various issues confronting them (Blaser, 2000; Johnson & Baldwin, 1993) may prove to be detrimental for the self-efficacy of the physically challenged group.

Eventually this poor self-efficacy may indirectly affect the self-esteem of these physically challenged. The present study takes the framework of 'efficacy based self-esteem'

to understand the relationship between self-efficacy and self-esteem in the case of physically challenged individuals. Gecas and Schwalbe (1983) were the first to introduce the concept of 'efficacy based self-esteem' and provide evidence to see construction of self-esteem beyond social reactions and social image. They emphasized the self as an agent in the construction of the self-esteem. Later Crocker and Major (1989) introduced self-protective properties of stigma and provided efficacy based self-esteem as one of the explanation for the poor self-esteem of the stigmatized groups due to inefficacious social environment and limited opportunities for action. This conceptualization of self-esteem based on competence was found to be similar to the present study conceptualization of the role of self-efficacy as mediator. The present study takes these arguments further and explores the role of stigma experiences due to one's disability and its relationship with self-esteem and self-efficacy.

Hypothesis: In lieu of the literature presented above, the present study is testing the main hypothesis:

The self-efficacy would mediate the relationship between perceived stigma and self-esteem in the case of the physically challenged individuals.

## Method

### **Participants**

138 physically challenged (disability was assessed as per the Disability Act of the PWD, 1995) respondents were chosen through the snowball sampling technique for the study. The sample consisted of 112 males and 26 females (Age in years;  $M = 36.62$ ). The participants were working in organizations majorly in the government sector and students who were studying in a vocational training institute in Kanpur, a city in north India.

### **Measures**

The following measures were included in this study:

Perceived stigma: An adapted version of Perceived Stigma Scale (Fife & Wright 2000)

was used. It originally consisted of 24 items but, 20 items were chosen for the study. The initial four items were dropped on the basis of suitability for the research context. Out of the remaining 20 items, eight items measured social rejection, three items measured financial insecurity, four items measured internalized shame and the remaining five items measured social isolation. Based on the 20 items the Cronbach alpha of the adopted scale was found to be .88.

**Self- efficacy:** The scale included 10 items from the Self-efficacy Scale (Schwarzer, & Jerusalem, 1993). The scale is a Likert type scale and the Cronbach alpha of the 10 items was found to be .90. The scale is meant to assess the perceived self-efficacy of the individual to deal with the day to day life challenges.

**Self-esteem:** The scale consisted of nine items from Rosenberg’s Self-Esteem Scale (1965); however, the original scale contains 10 items. Only one item was excluded as it was found to be unsuitable for the study. Out of nine items again two items were dropped due to poor inter item correlation. The scale is a Likert type scale and meant to assess the global self-esteem of the individual in terms of both positive and negative feelings related to the individual. The Cronbach alpha of the remaining seven items was found to be .68.

**Statistical Analyses:**

The Cronbach alpha and correlations between variables have been done using the SPSS version 17. For the mediation analysis, Hayes (2013) conditional process modeling tool ‘PROCESS (2.10 version) has been used.

**Results**

**Table 1 showing correlations and descriptive analysis of the study variables.**

Variable	M	SD	1	2	3
Perceived stigma	47.15	11.17	.88		
Self-efficacy	38.35	04.38	-.42***	.90	
Self-esteem	26.80	03.23	-.37***	.73***	.68

Note: The reliability coefficient appears in the parentheses along with the main diagonal. \*p < .05 \*\*p < .01 \*\*\*p < .001.

Table 1 shows the correlation amongst perceived stigma, self-efficacy and self-esteem. Perceived stigma was found to be significantly and negatively correlated with self-esteem and self-efficacy. On the other hand, self-esteem and self-efficacy were found to be significantly and positively correlated with each other.

Figure 1 presents the analysis of the mediating role of self-efficacy between perceived stigma and self-esteem.

Figure 1 shows mediation analysis (by using Hayes, 2013 Process modeling) in figure form. The figure had been divided in three sections on the basis of three paths. The first path termed as Path (a), which was based on the hypothesis that perceived stigma affects the self-efficacy of these physically challenged participants. This path was found to be significant (coefficient= -0.165, p< .001). Similarly, the second path termed as Path (b), which was based on the hypothesis that the self-efficacious beliefs and confidence of the physically challenged would significantly impact their self-esteem. This

**Table 2 showing the model coefficients of the mediation analysis**

	Consequent							
	M (SELF-EFFICACY)			Y (SELF-ESTEEM)				
Antecedent	Coeff.	SE	p	Coeff.	SE	p		
X (Stigma)	a	-0.165	0.034	< .001	c'	-0.022	0.025	< .367
M (Self-efficacy)	-----	-----	-----	b	0.512	0.118	< .001	
Constant	i <sub>1</sub>	46.138	1.631	< .001	i <sub>2</sub>	8.218	5.473	< .136
	R <sup>2</sup> = 0.177			R <sup>2</sup> = 0.535				
	F(1,136)= 23.776, p < .001			F(2,135)= 29.331, p < .001				

relationship was also found to be significant (coefficient= 0.512,  $p < .001$ ). The third path termed as Path (c'), which showed the direct effect of perceived stigma on self-esteem became insignificant (Coefficient= -0.022,  $p < .136$ ) by excluding the impact of self-efficacy on self-esteem. It confirms the role of self-efficacy as mediator. However, the total effect termed as path c (which does not exclude the effect of self-efficacy on self-esteem while testing the impact of perceived stigma on self-esteem) was significant (Coefficient= -0.107,  $p < .000$ ).

Table 2 shows the mediation analysis by using ordinary least square method performed by using the 'PROCESS' tool developed by Hayes (2013). Standard Error had been estimated by using the heteroscedasticity-consistent (HC3) estimator. A bias-corrected bootstrapping had been done 10,000 times to represent sample distribution of the indirect effects on 95% of confidence intervals. The indirect effects had also been calculated by Sobel Test (using normal theory approach). The model reported non-standardized regression coefficients. This study explored the indirect effect of self-efficacy between the relationship of perceived stigma and self-esteem. The Path a= -0.165 shown in the table confirmed the hypothesized relationship between perceived stigma and self-efficacy. Path b= 0.512 shows that the participants self-esteem was affected by their self-efficacy beliefs (the second hypothesis of the present study). The bias-corrected bootstrapping confidence for the mediation for indirect effect (ab path) using 10,000 bootstrap samples is -0.135 to -0.048, which does not contain zero or is above zero, confirms the mediation significance. The total effect of perceived stigma on self-esteem becomes insignificant as shown in path c'= -0.022 ( $p = .367$ ). It means that the perceived stigma indirectly affects self-esteem through self-efficacy. In addition to this, the Sobel test also found significant (-0.85  $p = .001$ ), which again confirm the full mediation.

### Discussion

The results confirmed the proposed negative relationship between perceived stigma and self-esteem. Further, in the Mediation Analysis

Section, the significant regression between perceived stigma and self-esteem add more strength to this negative relationship. Studies on stigmatized groups have also confirmed the negative impact of stigma on the self-esteem (Major O' Brien, 2005). Past research on self-esteem have shown the importance and its relevance in day to day life as it is considered to be an integral component of the self concept (Gecas, 1982; Greenberg, et al,1992). In the case of physically challenged population, few studies have mentioned that they suffer from lower self-esteem (Saracoglu, Minden, Wilchesky, 1989). The reasons for such poor self-esteem experiences however, were not explored in detail.

In the case of the present study, the negative impact of perceived stigma over self-esteem justified the repercussions of carrying a devalued social identity (being physically challenged). In all over the world, despite all the legal and government support, the situation of physically challenged still needs improvement. They suffer from various forms of discrimination, violence and social exclusion (Dalal, 2006; Shah & Giannasi, 2015). In India, the negative attitudes towards physically challenged can be explained by the strong belief in the 'theory of karma' (World Bank Report, 2009). These negative attitudes of others towards these individuals affect their social status but, may also have implications on their self-esteem. These justifications help to understand the role of stigma experiences and its negative impact on self-esteem for the physically challenged participants.

Contrary to this, few studies have mentioned that despite being stigmatized, some individuals with disability excel in their lives and redefine their stigma status (Major & O'Brien, 2005; Elder, 2015). Many examples of individuals who have overcome their disability exist in the world, too. Internationally, Stephen Hawking is known to have excelled as a physicist. Closer to home, Sudha Chandran, is known world over as a Bharatnatyam dancer, having excelled despite an artificial right leg. Similarly 'EnAble India' is a non-profit organization in India working for the physically challenged to uplift them in the society.

This organization shares a number of success stories of people with various disabilities in India. Despite challenges and negative reactions of others, these individuals have achieved success in their lives. This highlights the positive effects of self confidence and strong self efficacious beliefs in dealing with stigma.

Gecas and Schwalbe (1983) interpretation of self can provide support for these success stories. According to them, the self is not only dependent on other's opinions and reactions but, also the efficacious action and motivation of the individual. This may provide an explanation that the self-esteem of the stigmatized is not solely depended on the reactions of others but, by their own actions. The success may protect them from further stigmatization, thus, securing their self-esteem. The concept of "Efficacy based self-esteem" linked self-efficacy with self-esteem. Studies on self-efficacy and self-esteem also show that they are related to each other (Saracoglu, Minden & Wilchesky, 1989). However, the relationship between self-efficacy and self-esteem is not explored much. The present study results showed that self-esteem and self-efficacy are positively correlated. Similarly, the regression results also showed that self-efficacy predicts self-esteem. These results demonstrate that the self-esteem can also be based on self-efficacy especially in the case of physically challenged individuals who experience stigma but, also face difficulties in their lives due to their physical disability.

The concept of general self-efficacy tested in the present study is based on the assumption that people may have the confidence that they could cope with negative situations and they could also perform various difficult tasks. In support to this assumption, the concept of "self-presentational efficacy expectancy" (Leary & Atherton, 1986) argued that the self-presentational efficacy expectancy gives confidence to stigmatized individuals to cope in social interactions. It is a "person's ability to convey a desired impression" in front of others and managing social situations by providing desired impressions is often a priority of stigmatized individuals (Goffman, 1963). However, this confidence may somewhat be at stake when the individual is physically

challenged. The physical disability hinders the individual's performance on various tasks in their day to day lives, which may indirectly weaken their confidence to cope with various situations. Social rank or social status in the society may affect the physically challenged thereby may have negative consequences for their self efficacy (Gecas & Schwalbe, 1983). Moreover, the harsh stigma reactions and also the disabling environment may question their abilities, which may affect their self-efficacy. This negative relationship between perceived stigma and self-efficacy is supported by correlation and mediation analysis results in the present study. These continuous stigma experiences affect their self-efficacious beliefs, which then affect their self-esteem.

As the present study has taken the support of the "self-efficacy based self-esteem" framework, which argued that the self-esteem is formed by one's own social image and also from the reactions of others but, equally influenced by one's own action and confidence to deal with various task and situations in life. The mediation analysis confirms the negative impact of perceived stigma on self-efficacy, which then affects the self-esteem of the physically challenged participants. These results give an interesting viewpoint to stigma researches and provide a new perspective to understand the conceptualization of stigma and its consequences. This mediation analysis also shows that perceived stigma and its relationship with self-esteem need to be looked at from a different perspective in the case of physically challenged people who are stigmatized. Previous studies on stigma have shown that stigma experiences affect the self-esteem of physically challenged individuals and the present study results also show consent with it but, this direct relationship has been re-examined by introducing the role of self-efficacy as a mediator.

### **Conclusion**

The significant mediation analysis results put forth the argument that stigma along with physical disability may restrict various opportunities and provide poor control over resources available for these physically challenged participants.

The limited success and opportunities gained by these participants in terms of getting a secured job or vocational training perceived as a credit of their own success. However, if they fail to do so then this efficacious action cannot contribute in developing positive self-efficacy based self-esteem. Very recently, a study found that public sector recruits more disabled individuals than private sectors due to government policy (Kulkarni & Rodinger, 2013). However, whether these rights and reservation policies promote or discourage physically challenged individuals still needs to be explored.

The present study has taken a limited sample size and has not explored the role of gender while studying the proposed relationship between stigma and self-esteem. If participants from all parts of India could have been included and compared then it would have provided a bigger picture and greater possibility of generalization. Furthermore, the concept of stigma is only studied from the perceived stigma perspective, which ignored the aspect of 'self-stigma' and its significance (for review Corrigan, 2006). This study has revived the need to re-explore the significance of self-esteem in the lives of the physically challenged, which was not given much attention in recent stigma researches. This paper also introduced the significance of self-efficacy as a concept to understand the self-esteem of the physically challenged individuals. This concept could be explored further with other stigmatized groups as well.

### References

- Balser, D. B. (2000). Perceptions of on-the-job discrimination and employees with disabilities. *Employee Responsibilities and Right Journal*, 12(4), 179-197.
- Bandura, A. (1982). Self-efficacy mechanism in human agency. *American Psychologist*, 37, 122-147.
- Barg, C. J., Armstrong, B. D., Hetz, S.P., & Latimer, A. E. (2010). Physical disability, stigma, and physical activity in children. *International Journal of Disability, Development and Education*, 57(4), 371-382.
- Cooley, C. H. (1902). *Human Nature and the Social Order*. New York: Scribner.
- Corrigan, P.W. (2006). *On the stigma of mental illness: Practical strategies for research and social change*. Washington, DC: American Psychological Association.
- Crocker, J., & Major, B. (1989). Social stigma and self-esteem: The self-protective properties of stigma. *Psychological Review*, 96(4), 608-630.
- Crocker, J., Major, B. & Steele, C. (1998). Social stigma. In D. T. Gilbert, S. T. Fiske & G. Lindzey (Eds.), *The Handbook of Social Psychology* (pp. 504-553). New York: Academic Press.
- Dalal, A. K. (2006). Social interventions to moderate discriminatory attitudes: The case of the physically challenged in India. *Psychology, Health & Medicine*, 11(3), 374 – 382.
- D'Augelli, A. R., & Grossman, A. H. (2001). Disclosure of sexual orientation, victimization, and mental health among lesbian, gay, and bisexual older adults. *Journal of Interpersonal Violence*, 16(10), 1008-1027.
- Elder, B. C. (2015). "Stories from the margins: Refugees with disabilities rebuilding lives." *Societies Without Borders*, 10 (1). Available at <http://scholarlycommons.law.case.edu/swb/vol10/iss1/2>
- Fevre, R., Robinson, A., Lewis, D., & Jones, T. (2013). The ill-treatment of employees with disabilities in British workplaces. *Work, Employment & Society*, 27 (2), 288-307.
- Fife, B. L., & Wright, E. R. (2000). The dimensionality of stigma: A comparison of its impact on the self of persons with HIV/AIDS and cancer. *Journal of Health and Social Behavior*, 41, 50-67.
- Gecas, V. (1982). The self-concepts. *Annual Review of Sociology*, 8, 1-33.
- Gecas, V. & Schwalbe, M. L. (1983). Beyond the looking-glass self: Social structure and efficacy-based self-esteem. *Social Psychology Quarterly*, 46(2), 77-88.
- Goffman, E. (1963). *Stigma: Notes on the Management of Spoiled Identity*. Engle-wood Cliffs, New Jersey: Prentice-Hall.
- Gerschick, T. J., & Miller, A. S. (1995). Coming to terms: Masculinity and physical disability. In D. Sabo and D. F. Gordon (Eds.), *Men's Health and Illness: Gender, Power, and the Body* (pp. 183-204). Thousand Oaks, CA: Sage.
- Greenberg, J., Solomon, S., Pyszczynski, X, Rosenblatt, A., Burling, J., Lyon, D., Simon, L., & Pinel, E. (1992). Why do people need self esteem? Converging evidence that self-esteem

- serves an anxiety buffering function. *Journal of Personality and Social Psychology*, 63, 913-922.
- Hayes, A. F. (2013). *Introduction to Mediation, Moderation, and Conditional Process Analysis*. New York, NY: Guilford.
- Hebl, M. R., & Kleck, R. E. (2003). The social consequences of physical disability. In T. F. Heatherton, R. E. Kleck, M. R. Hebl, J. G. Hull (Eds.), *The Social Psychology of Stigma*. (pp. 419-439). London: Guilford Press.
- Hebl, M. R., Tickle, J., & Heatherton, T. F. (2003). Awkward moments in interactions between nonstigmatized and stigmatized individuals. In T. F. Heatherton, R. E. Kleck, M. R. Hebl, & J. G. Hull (Eds.), *The Social Psychology of Stigma*. (pp. 273-306). London: Guilford Press.
- Higgins, P. C. (1980). Societal reaction and the physically disabled: Bringing the impairment back in. *Symbolic Interaction*, 3, 139-156.
- Johnson, W. G., & Baldwin, M. L. (1993). The American with disabilities act: Will it make a difference? *Policy Studies Journal*, 21, 775-788.
- Khoo, S. L., Tiun, L. T., & Lee, L. W. (2013). Unseen challenges, unheard voices, unspoken desires: Experiences of employment by Malaysians with physical disabilities. *Kajian Malaysia*, 31 (1), 37-55.
- Kulkarni, K., & Rodrigues, C. (2013). Engagement with disability: Analysis of annual reports of Indian organizations, *The International Journal of Human Resource Management*, DOI: 10.1080/09585192.2013.837088.
- Leary, M. R. (1999). Making sense of self-esteem. *Current Directions in Psychological Science*, 8 (1), 32-35.
- Leary, M. R., & Atherton, S. C. (1986). Self-efficacy, social anxiety and inhibition in interpersonal encounters. *Journal of Social and Clinical Psychology. Special Issue: Self-Efficacy Theory in Contemporary Psychology*, 4, 256-267.
- Louvet, E. (2007). Social judgment toward job applicants with disabilities: Perception of personal qualities and competencies. *Rehabilitation Psychology*, 52 (3), 297-303.
- Major, B., & O'Brien, L. T. (2005). The social psychology of stigma. *Annual Review of Psychology*, 56, 393-421.
- Mead, G. H. (1934). *Mind, self, and society*. Chicago: University of Chicago Press.
- Neuberg, S. L., Smith, D. M., & Asher, T. (2003). Why people stigmatize: toward a biocultural framework. In Heatherton, T. F., Kleck, R. E., Hebl, M. R., & Hull, J. G., (Eds.). *The Social Psychology of Stigma* (pp. 31-61). New York: Guilford.
- Nosek, M.A., Hughes, R. B., Swedlund, N., Taylor, H. B., & Swank, P. (2003). Self-esteem and women with disabilities. *Social Science & Medicine*, 56(8), 1737-1747.
- PWD Act (1995). *PWD Act of India for Persons with Disabilities* <http://socialjustice.nic.in/policiesacts3.php>
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.
- Sarah, E. (2003). Disability and stigma: an unequal life. *Speech & Language Therapy in Practice*, 21-22.
- Saracoglu, B., Minden, H., & Wilchesky, M. (1989). The adjustment of students with learning disabilities to university and its relationship to self-esteem and self-efficacy. *Journal of Learning Disabilities*, 22 (9), 590-592.
- Schrötte, M., & Glammeier, S. (2013). Intimate partner violence against disabled women as a part of widespread victimization and discrimination over the lifetime: Evidence from a German representative study. *International Journal of Conflict & Violence*, 7 (2), 232-248.
- Schwarzer, R., & Jerusalem, M. (1993). *Generalized Self-efficacy Scale*. Retrieved from <http://userpage.fu-berlin.de/~health/engscal.htm>.
- Shah, R., & Giannasi, P. (2015). *Tackling Disability Discrimination and Disability Hate Crime: A Multidisciplinary Guide*. London, UK: Jessica Kingsley Publisher.
- Shontz, F. C. (1990). Body image and physical disability. In T. F. Cash and T. Pruzinsky (Eds.), *Body images: Development, Deviance, and Change* (pp. 149-169). New York: The Guilford Press.
- Tajfel, H. (1972). Social categorization. 'La categorization sociale'. In S. Moscovici (Eds.). *Introduction à la Psychologie Sociale*, (p.1), Paris: Larousse.
- Turner, J. C. (1982). Towards a cognitive redefinition of the social group. In H. Tajfel (Eds.). *Social Identity and Intergroup Relations* (pp. 15-40). Cambridge: Cambridge University Press.



- Williams, K. D., Forgas, J. P. & von Hippel, W. (2005). *The social outcast: Social rejection, exclusion and ostracism*. New York: Psychology Press.
- Woodhams, C., & Danieli, A. (2000). Disability and diversity- A difference too far? *Personnel Review*, 29(3), 402-416.
- World Bank Report (2009). *People with disabilities in India: From commitments to outcomes*. Human Development Unit South Asian Region, The World Bank, 50209, Pixel Design: Washington USA.

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