

## THE STIGMATIZATION: ‘MARK OF SLAVES’ AND MENTAL HEALTH: EVIDENCE FROM VISUALLY IMPAIRED STUDENTS IN SRI LANKA

De Silva W.K.D.G.<sup>1\*</sup> and Kularathne H. M. R. D.<sup>2</sup>

<sup>1,2</sup>Department of Human Resource Management, Faculty of Management Studies, Rajarata University  
of Sri Lanka

[dinugimhani98@gmail.com](mailto:dinugimhani98@gmail.com), [rasanjaliiek@mgt.rjt.ac.lk](mailto:rasanjaliiek@mgt.rjt.ac.lk)

Corresponding Author \*

### Abstract

*The purpose of this study was to examine the effect of stigmatization on the mental health of visually impaired students in the Southern Province of Sri Lanka. The research was hybrid since the methodology was mixed with quantitative and qualitative research approaches. For the quantitative approach, 80 students were selected based on the stratified sampling technique as the sample out of 100 population, and 07 students were selected through convenience sampling for the qualitative study. Visually impaired students believed that stigmatization had a significant negative impact on their mental health—further, the greater the discrimination of them, the lower the mental health of students. As well as, there was no significant impact of negative stereotypes and devaluation on mental health. In this study, stigma impacted the mental well-being of visually impaired students in the education sector. According to the previous researchers’ findings, people have been discriminated against in the workplace and education compared to people without disabilities. The main reason behind this situation is stigma. That stigma leads to the deterioration of the mental well-being of individuals. It can be concluded that if the stigma significantly impacts an employee or student, the mental well-being of that employee or student will decrease. If the stigma does not have a significant effect, mental well-being will improve.*

**Keywords:** stigmatization, negative stereotype, discrimination, devaluation, mental health, visually impaired students

### Introduction

Health and safety administration is a set of tasks related to creating, implementing and maintaining a systematic, fair and adequate health and safety system that helps to achieve organizational objectives. Although the terms health and safety mentioned in the above definition are often used together in everyday life (Opatha, 2009). The most important topic to discuss here, aside from health and safety, is mental health, which is a subsection under health because mental health has become a current topic of discussion in Western countries and Sri Lanka. The US Surgeon General has identified stigma as a significant barrier to the treatment of mental illness. There, stigma is a factor contributing to the breakdown of the mental health of those people (US Department of Health & Human Services, 1999).

Both Western and Eastern religions have interpreted disability in a negative light and stereotyped those people. Based on that, people with disabilities have also published opinions.

Accordingly, blind or lame persons are prohibited from entering the houses of believers (Wright, 1960). Here, more than half of the working-age people with blind or visually impaired people are not in the labour market, and only the rest are employed. It is approximately 44%. Those who are not in the labour market are 56%. Accordingly, blind or visually impaired people have a problem in the workplace (McDonnall & Crudden, 2018). Previous research has confirmed that people with blind or visual impairments and other disabilities have historically had poorer levels of market participation and educational attainment compared to people without disabilities. 15% of people with vision loss have a college degree or higher, compared to 30% without disabilities. Employment is positively associated with higher educational attainment, so people with higher education are more likely to be employed (McDonnall & Crudden, 2018). Visually impaired people are discriminated against in the workplace and education when compared to people without disabilities. Korir (2015) found that such students face challenges in social life outside the academic field, such as, teachers ignore the unique needs of visually impaired and blind students, with visual impairments being lonely or less recognized by students who appear in class, and visually impaired students having problems making friends. Accordingly, blind people are discriminated against in the workplace and education when compared to people without disabilities. Even though many empirical studies have been conducted to investigate how people are stigmatized due to mental illness (Corrigan et al. (2000), Samarasekara et al. (2012), Gibbs & Gambrill (2002)). Further, studies have not been done in Sri Lanka addressing the mental health of visually impaired students in the education sector. To address this gap, the researcher aims to identify the impact of stigmatization on the mental health of visually impaired students in the education sector in Sri Lanka.

### **Objectives**

1. To examine the significant impact of stigmatization on the mental health of visually impaired students in the education sector in the southern province of Sri Lanka
2. To examine the significant impact of negative stereotypes on the mental health of visually impaired students in the education sector in the southern province of Sri Lanka.
3. To examine the significant impact of discrimination on the mental health of visually impaired students in the education sector in a southern province in Sri Lanka.
4. To examine the significant impact of devaluation on the mental health of visually impaired students in the education sector in the southern province of Sri Lanka.
5. To investigate how stigmatization affects the mental health of visually impaired students in the education sector in the southern province of Sri Lanka.

## **Literature Review**

### **Mental Health**

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community (WHO, 2018). Mental health includes our emotional, psychological, and social well-being. It affects our thoughts, feelings, and acts (Mental Health Government, 2022). Mental Health is the human mind or emotions rather than the human body psychological well-being. No mental diseases exist within the employee (Opatha, 2009). Mental health is the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections, and personal dignity (Public Health Agency, 2006). A mentally healthy community offers people the ability to thrive. It is one in which people feel a sense of connectedness, and networks that link people from all walks of life to each other (Mckenzie, 2014). Mental health is the "ability to adapt and self-manage. None of the existing definitions are satisfactory (Huber et al, 2011). Mental health is a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society (Silvana, 2017).

### **Stigmatization**

The word stigma was first used by the Greeks to refer to the 'branding' or mark on slaves (Gray, 2002). It denoted bodily signs that expose something unusual and pessimistic about the moral status of the person (Bhugra & Cutter, 2004). The modern-day definition of stigma by sociologists retains the main elements of this definition. Accordingly, Goffman (1963) described the experiences of people who were marked by a variety of stigmata and stated that stigma is the negative evaluation of a person as tainted or discredited on the basis of attributes such as mental disorders, drug misuse or physical disability. As well as stigma is a sign of disgrace or discredit, which sets a person apart from others (Byrne, 2000). Link & Phelan(2001) have described mental illness stigma as existing when elements of labelling, stereotyping, separating status loss and discrimination are in a power situation that allows these processes to unfold. Corrigan's (2004) description of stigma has similar characteristics, and he specifies four social cognitive processes: cues (signals), stereotypes, prejudices and discrimination. It suffices, however, to note that literature converges on negative stereotypes (or attitude), behavioural predispositions such as discrimination and prejudiced behavior as critical dimensions of stigma (Pescosolido et al., 2008).

### **Negative Stereotypes**

Stereotypes are knowledge structures the general public learns about a marked social group (Patrick Corrigan, 2000). Stereotypes are exceptionally efficient means of categorizing information about social groups. Stereotypes are considered "social" because they represent collectively agreed-upon notions about groups of persons. They are "efficient" because people can quickly generate impressions and

expectations of individuals who belong to a stereotyped group (Hamilton & Sherman, 1994). Commonly held stereotypes about people with mental illness include violence (people with mental illness are dangerous), incompetence (they are incapable of independent living or actual work), and blame (because of weak character, they are responsible for the onset and continuation of their disorders (Corrigan et al., 2000).

### **Discrimination**

Discrimination can also take the form of coercion, segregation, hostile behaviour (threats of harm) or help withholding (Corrigan, Markowitz, Watson, Rowan & Kubik, 2003). As well as discrimination as unfair or inequitable treatment of people with mental illness, which results in a denial of their rights (Stuart, 2005). Discrimination is a behavioural reaction, which, in the case of stigma arising from mental illness, may involve avoidance of associating with people with mental illness (Farina & Felner, 1973; Link, 1982; Link et al., 1987).

### **Devaluation**

According to labelling theory, stigmatization is essentially a sequential process that begins with labelling and (negative) stereotyping by others, which leads to separation and status loss or (devaluation) of the labelled entity (Link & Phelan, 2001). In addition, self-stigma theory hypothesizes that some socially devalued and discriminated against internalize public stigma by devaluing themselves and destructively altering their behaviors and attitudes (Mukolo et al., 2010). The stigmatization process occurs when social labels are meant to separate us from them. Of course, the groups they represent are different, and this separation is still noticeable today (Link & Phelan, 2001).

### **Impact of Stigmatization on Mental Health**

As per the study conducted by Pascoe and Richman (2009), stigma is linked to adverse mental health outcomes. A recent meta-analysis provides strong evidence for this. Several social and psychological theories developed in the United States have hypothesized that the experience of being stigmatized can lead to negative psychological and physiological changes among stigmatized individuals. It has also been found to lead to increased risk for depression and anxiety and higher rates of specific psychiatric disorders (Mays & Cochran, 2001). Williams et al. (2000) argue that high levels of unfair treatment in everyday life as a result of a socially stigmatized situation can lead to psychological distress. When stereotypes increase, it becomes clear that there is a dangerous situation regarding people with mental illness. There is a negative impact of stereotypes on mental health because mental health decreases as mental illness increases (Fernando, 2010). Scholars from previous studies suggest that both the mentally ill and inmates are marked by a highly stigmatizing and often permanent label with strong negative stereotypes attached (Ray & Dollar, 2014). A study by Allyson Brothers et al. (2020) concludes that age stereotypes and self-perceptions of ageing may affect physical health more strongly than mental health outcomes. This meta-analysis reported that discrimination was negatively related to mental health

outcomes such as depressive symptoms, psychological distress, and general well-being (Mak et al., 2007). As per the study conducted by Thornicroft et al. (2009), the higher the perception of devaluation, the lower the satisfaction with life in general. Satisfaction with life is similar to personal satisfaction. Also, personal satisfaction is a dimension of mental health. Hence, it can be said that devaluation has a significant impact on mental health because life satisfaction is a dimension of mental health (Roldán-Merino et al., 2017). According to the previous study, higher scores of perceived devaluation indicate lower self-esteem and self-worth (Karamouzian et al., 2019).

### **Research Hypotheses**

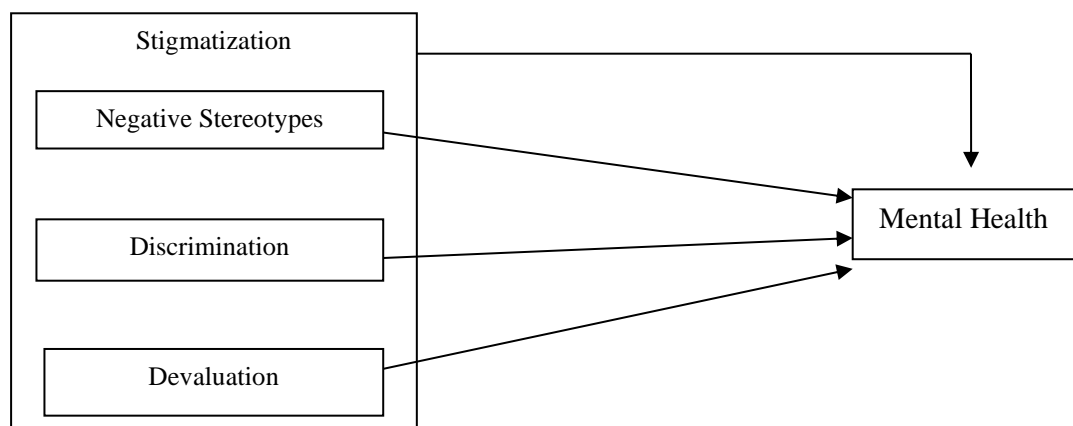
- H1: There is a significant impact of stigmatization on the mental health of visually impaired students in the education sector in the southern province of Sri Lanka.
- H2: There is a significant impact of negative stereotypes on the mental health of visually impaired students in the education sector in the southern province of Sri Lanka.
- H3: There is a significant impact of discrimination on the mental health of visually impaired students in the education sector in the southern province of Sri Lanka.
- H4: There is a significant impact of devaluation on the mental health of visually impaired students in the education sector in the southern province of Sri Lanka.

### **Hybrid Methodology**

The deductive approach has been used for this study. The research was conducted in a hybrid mode with quantitative and qualitative research methods.

### **Quantitative Approach**

#### **Conceptual Framework**



**Figure 1.1 Conceptual Framework**

Source: Author developed (2023)

### **Data Collection**

A structured questionnaire was adopted, having two sections, section A and section B. Section A was to collect demographic information about visually impaired students, such as gender, age, and educational level of respondents. Section B consisted of 38 statements to measure study constructs: stigmatization (negative stereotypes, discriminations and devaluation) and mental health of visually impaired students. respondents were asked to keep their agreement on each item according to their opinion using the 5-point Likert scale where 1= Strongly Disagree, 2= Disagree, 3= Neutral, 4= Agree, 5=Strongly Agree. Stigmatization was measured using a standard scale, which has 13 items initially developed by Ma and Hsieh (2020), King et al. (2007), and Björkman et al. (2007). The scale for mental health, which has 25 items, was developed by Roldán-Merino et al. (2017). The population of the quantitative study was 100 visually impaired students at Polommaruwa Deaf and Blind School, Rohana Special School and Panchali Deaf and Blind School in the southern province and 80 were selected using a stratified sampling technique. Since visually impaired students were not able to see the questionnaire, the researcher visited the Polommaruwa Deaf and Blind School, Rohana Special School and Panchali Deaf and Blind schools by making appointments with the permission of the principals and first explained the purpose of this data gathering and how it was supposed to be filled. Then, the researcher read all statements of the questionnaire and marked the number given by the respondent on the five-point Likert scale.

### **Qualitative Approach**

A structured interview was adopted with a pre-developed interview guide, which had five open questions designed explicitly for stigmatization and mental health (Ex, How has it affected your mental well-being when you were socially isolated). The convenience sampling technique was adopted to select 07 visually impaired students as the sample of the qualitative study, and the researcher obtained data from the nearest Polommaruwa Deaf and Blind School.

### **Quantitative Data Analysis**

This chapter analyses the collected data from the survey method using the SPSS analysis for quantitative analysis. With this software, the researcher analyzed the reliability test of Variables, Demographic Profile Analysis, Descriptive Statistics, Correlation Analysis, and regression analysis (simple and multiple) by using descriptive statistics as mean, median, mode, and standard deviation analyses of stigmatization and mental health.

### **Demographic Analysis**

According to the analysis results, out of 80 respondents, 43 are female, and 37 are male, which is 53.75% and 46.25%, respectively. The sample's age was categorized as 11-13, 14-16, 17-19, and 20<. Of the 80 students studying in visually impaired schools in the southern province, 29 students (36.25%) are 17-19 years old. The respondents with the lowest distribution of age data in the sample were visually impaired students aged 20< (14 employees). According to the educational level, 36.25% of visually impaired

students belong to advanced education (29 visually impaired students), and 16.25% belong to other educational levels (13 visually impaired students).

**Table 1.1: Summary of demographic analysis**

	Frequency	Percent	Valid Percent	Cumulative Percent
<b>Gender</b>				
Male	37	46.3	46.3	46.3
Female	43	53.8	53.8	100.0
<b>Age</b>				
11 – 13 years	18	22.5	22.5	22.5
14 – 16 years	20	25.0	25.0	47.5
17 – 19 years	29	36.3	36.3	83.8
Above 20 years	13	16.3	16.3	100.0
<b>Educational Level</b>				
Lower secondary education	18	22.5	22.5	22.5
Upper secondary education	20	25.0	25.0	47.5
Advanced education	29	36.3	36.3	83.8
Other	13	16.3	16.3	100.0

Source: Survey Data 2023

**Reliability Test**

**Table 1.2 Reliability test**

Variable	Dimension	Cronbach's Alpha	Number of items
Independent Variable (Stigmatization)	Negative Stereotypes	0.878	3
	Discrimination	0.873	5
	devaluation	0.889	5
Dependent Variable (Mental Health)		0.961	25

Source: Survey Data 2023

Cronbach's Alpha for variables negative stereotype, discrimination, devaluation, and mental health were 0.878, 0.873, 0.889 and 0.961 respectively. All Cronbach's Alpha values were more significant than 0.6, which was the threshold.

**Regression Analysis**

**Table 1.3: Model Summary**

<b>Model Summary</b>				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.947 <sup>a</sup>	.897	.893	.31544
a. Predictors: (Constant), Stigmatization, Negative Stereotype, Discrimination				

Source: Survey Data 2023

As per Table 1.3, the R square value was 0.897, which depicted 89.7% of the dependent variable: mental health was explained by independent variables: stigmatization, negative stereotype, and discrimination. In contrast, 10.3% of mental health was not explained by stigmatization, negative stereotypes, discrimination.

**Table 1.4: Coefficients**

<b>Coefficients</b>						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	5.551	.135		41.244	.000
	Discrimination	-.237	.141	-.265	-1.677	.000
	Negative Stereotype	-.136	.092	-.173	-1.485	.142
	Stigmatization	-.937	.206	-1.034	-4.551	.000
a. Dependent Variable: Mental Health						

Source: Survey Data 2023

Table 1.4 shows the coefficient table of the regression analysis. The b value of the table represents the degree to which the dependent variable can be affected by a certain independent variable while other independent variables remain constant.

The coefficient for discrimination is -0.237, which indicates that increasing 1 unit of discrimination causes a decrease mental health by 0.237 units while other independent variables remain constant. This conclusion can be reached with a 100% confidence interval since the significant level is 0.000. A negative stereotype involves a -0.136 B value, which denotes that when a negative stereotype increases by 1 unit, mental health also decreases by 0.136 units. Here, the significant value is 0.142. This impact is not proved significantly because it is more than the 0.005 level. Stigmatization has a -0.937 B value, which indicates that when stigmatization increases by 1 unit, mental health decreases by 0.937 units. At the same time, other independent variables remain constant, and this conclusion can also be done with a 100% confidence interval since the significant level is 0.000 level.



**Table 1.5: Excluded variables**

Excluded Variables						
Model		Beta In	t	Sig.	Partial Correlation	Collinearity Statistics Tolerance
1	Devaluation	.012 <sup>b</sup>	.412	.001	.567	.000
a. Dependent Variable: Mental Health						
b. Predictors in the Model: (Constant), Stigmatization, Negative Stereotype, Discrimination						

Source: Survey Data 2023

According to multiple regressions, devaluation becomes an excluded variable shown in table 1.5. As per the above-stated theoretical foundation, the regression equation of this study can be built as follows.

$\text{Mental Health} = 5.551 - 0.237 (\text{Discrimination}) - 0.937 (\text{Stigmatization})$
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### Qualitative Data Analysis

#### Demographic Analysis

Three demographic factors, namely gender, age, and education level, were used for this study to collect the respondents' demographic information. According to the analysis results, out of 07 respondents, 04 respondents are female, and 03 are male. The sample's age was 11-13, 14-16, 17-19, and 20<. An equal number of respondents belong to the age groups of 14-16 and 17-19, with a size of 6. The lowest responses were given in the 20 < age group. It is given in one response. According to the educational level, 3 blind students belong to upper secondary education, 3 belong to advanced education, and one blind student belongs to other educational levels.

#### Thematic Analysis

##### Theme one: Negative Stereotype

The first theme, a negative stereotype, is a negative attitude or opinion. It is a label given by society. It is not necessary for a person to get such a label from society to be disabled or have some deficiency. At present, society has given such negative names to anyone. Giving such negative labels causes people to act apart from society. Because they are named as a separate group from the people in the society, they will try to stay alone and away from other people. Accordingly, the following quotation will illustrate how some negative stereotypes visually impaired students face have affected them.

*"When I associate with some people, they understand that I am a nuisance. Many people see me as people who can't do anything and then I feel sad."* – Interviewee 02 (15 years, male)

*"There are no cases where it is said that it is such a burden. But I feel that the life we live is a nuisance for most of us. But no one said that to my face. But then we understand that we are trouble for many people. At one point, I realized that because of me, the family members are also under a lot of burdens."*

– Interviewee 04 (17 years, male)

Many stereotypes are harmful, such as assuming that certain people are lazy, criminal, or poor. There are not only negative stereotypes but also positive stereotypes. Most participants have highlighted that blind students are seen as a nuisance when associated with people and marginalized as a separate group from society. Accordingly, it can be pointed out by some actual incidents faced by the respondents. Accordingly, the group believes it is unwanted, objectionable, or unacceptable to society.

*"Correct. Before I came to Polommaruwa Deaf and Blind School, I went to Debarawewa Central School. In that school, I had a lot of differences from my best friends of the same age. There were times when they said they couldn't take me even to play. "You are a blind child. You cannot play. You're not like us." I had to hear such a satirical story." - Interviewee 07 (20 years, female)*

And another thing is to see blind students as a group that cannot do anything and is of no use to society. In most of the cases, the respondents have tried to show that stigma, marginalization, or negative stereotypes are among other people rather than people with the same characteristics.

### **Theme two: Discrimination**

The second factor that contributes to stigma is discrimination. The majority of the participants in this research sample think that being isolated from society does not give them a chance to advance because they are different from ordinary people. For example, there are many situations where society treats them unfairly because they were not given a chance to do a job or create something. Many of them have faced such experiences. The following examples show it. Therefore, it is confirmed that individuals are discriminated against by society.

*"But I think we are different from the general person. Therefore, discrimination can be seen. When you are among people who are like me, you get fewer of those experiences. But when we are with a non-disabled person, we see discrimination." – Interviewee 01 (14 years, female)*

*"But when we behave as if we are isolated from society, we realize that we are a different group from this society. At such times, we feel very sad that we are not comfortable in this society."- Interviewee 05 (18 years, female)*

*"There are even times when many people in society harassed us while carrying out our daily activities. We have suffered a lot of mental stress because of the people in society." – Interviewee 06 (19 years, female)*

Discrimination is the act of making unjustified, prejudiced distinctions between people based on the groups, classes, or other categories to which they belong or are perceived to belong.

*"Society has not given us a chance to go forward of us because they always see us as a person who cannot do anything. It is really a big pressure because society has never given us a chance to develop our abilities for the future. We have not been given a chance to do a job, and we have not been given a chance to create something by society, so there are many cases where we are unfairly treated by society."*- Interviewee 03 (15 years, male)

According to the opinions of the respondents, it is clear that children and young people are more likely to be mistreated or discriminated against by the ordinary people living in society. Therefore, a negative attitude is formed toward the school. And lower levels of motivation and academic achievement. And they are lost without being able to get a formal education. Discrimination is the root cause of such causes. It is clear from the responses given by blind students that it can weaken anyone mentally.

### **Theme Three: Devaluation**

The second factor that contributes to stigma is devaluation. Different names in Sri Lankan culture conceptualize disability. Therefore, local languages have a somewhat unique set of vocabulary to distinguish people with disabilities from the general population, such as 'arbadita'- disabled, 'arbaditaya', a person with a disability and also particular terms attributed to each impairment such as andha-blind, golu-deaf, bihiri-hearing difficulty etc.

*"Sometimes my friends who are not like me see me differently and think that we can't do anything which stops us from participating in certain things. They see us differently. No matter where we go or even if we go to a school, we get very few responses. That's why they don't want to accept us."* – Interviewee 02 (15 years, male)

*"There has been no major denial. But we feel that we will never get a place in this society. Even if we are disabled, we can do something with the strength of our heart, but we have not got such an opportunity."* – Interviewee 02 (15 years, male)

Accordingly, people who are different from the ordinary have been addressed by society by different names. It means that an undervalued society is built within the individuals themselves. And it is explained as labeling. Anyone who faces underestimation will face separation, rejection, or status loss.

*"Actually, when we are doing our work, we often feel that society has isolated us. Because they don't want to work together with us. Some people have come to see us, and some of them talk to us in a different way."* – Interviewee 05 (18 years, female)

### **Theme Four: Disability**

The fourth factor was disability, as the researcher explained. The term disability has been named in various ways. Disability is an umbrella term covering impairments, activity, and participation limitations. Weakness can be a problem with body function or structure. An activity limitation is a person's difficulty performing a task or action.

*"Definitely correct. Before I came to Polommaruwa Deaf and Blind School, I went to Debarawewa Central School. In that school, I had a lot of differences from my best friends of the same age. There were times when they said they couldn't take me even to play. "You're a blind child. You can't play. You are not like us." I had to hear such a satirical story." - Interviewee 07 (20 years, female)*

*While doing our daily work, we have faced many problems because even if we are on the way to transportation, it is not easy for us to do our work. After all, we have lost the most valuable thing a human should have in this world. – Interviewee 03 (15 years, male)*

Disability can be considered as some personality weakness that occurs when a person goes to face social activities in front of society with the personality. Disability causes obstacles in participating in everyday activities as an average person. It is clear from the statement given by the respondent that it is a social problem considering human resources.

*"But I think we are different from the general person. Therefore, discrimination can definitely be seen. When you are among people who are like me, you get fewer of those experiences. But when we are with a non-disabled person, we see discrimination." – Interviewee 01 (14 years, female)*

When society presents condemnations and separates people with disabilities and the non-disabled, people with disabilities will have problems that exceed their disabled status. Accordingly, disability is also a factor that causes isolation from society.

*"Disabled people are always suffering from mental distress. Because we have lost many things of society. But we always try to be happy. When we can't do something and we can't live as easily as others, we are under a lot of stress when we get to do social work. But now that we are used to each other, we all try together to live comfortably. We don't want many people to look at us with pity. Even then it is a pressure for us." – Interviewee 03 (15 years, male)*

Although the privileges of a disabled person are limited compared to an average person, it is clear that the students are trying to be as happy as possible by using those limited privileges more effectively. However, their disability does not bring mental relief.

*"It is really with reluctance and sadness that I have to say this. I became a burden not only to the society but also to my family. I can only see one eye. But my parents wanted to heal my other eye as well, but my parents could not afford it. They have suffered enough for me." - Interviewee 01 (14 years, female)*

### **Theme Five: Mental Health**

Mental health is the completeness of mental fitness. In today's society, the tendency of employees or even students to suffer from mental disorders has increased. Previous studies have reported how mental illness becomes a stigma. However, the present study talks about how stigma affects someone else's mental health. Accordingly, based on the responses given by the blind students, the nature of the mental health of the respondents is explicit.

*"I still haven't had enough of an impact to get depressed. But sometimes I cried alone when I was alone. And overthinking felt about my future. Because one day when my parents are gone, who will take care of me?" - Interviewee 01 (14 years, female)*

*"It is very sad at that time. We feel that it would be better if we were not born. Often gets very depressed and cries. Then we think why we came to this world. Most of the time we can't do anything but the society makes us very depressed. At such times, what we do most is to cry and make up our minds. Because we have to live." – Interviewee 02 (15 years, male)*

According to respondents' verbatim responses, stigma leads to a greater tendency to isolate or act alone. Their good interpersonal relationship with people in society is lost. Most of the time, he prefers to stay hidden without coming forward.

*"Disabled people are always suffering from mental distress. Because we have lost many things of society. But we always try to be happy. When we can't do something and we can't live as easily as others, we are under a lot of stress when we get to do social work. But now that we are used to each other, we all try together to live comfortably. We don't want many people to look at us with pity. Even then it is a pressure for us." – Interviewee 03 (15 years, male)*

*"Because we are disabled, we cannot achieve what others are trying to achieve. But if we don't have the right environment to live normally, it will be the biggest mental pressure. Not only mentally but also physically, we are faced with many dangers due to people's carelessness and hectic life" – Interviewee 04 (17 years, male)*

Stigmatization often confuses the mindset of people. Unable to bear such situations, stress, pressure, or even depression. Sometimes, people do not talk much with others, and such people release stress through anger. Moreover, it is not without the occasions that they even lost their lives when they were unable to bear the stress. The comments given by the respondents clearly explain it.

*"It is a great stress for us to continue working in this way. Because we feel as a separate group. In many cases, we do not have the opportunity to participate in any of the activities of the society, so many times we become depressed and unable to continue those activities." – Interviewee 06(19 years, female)*

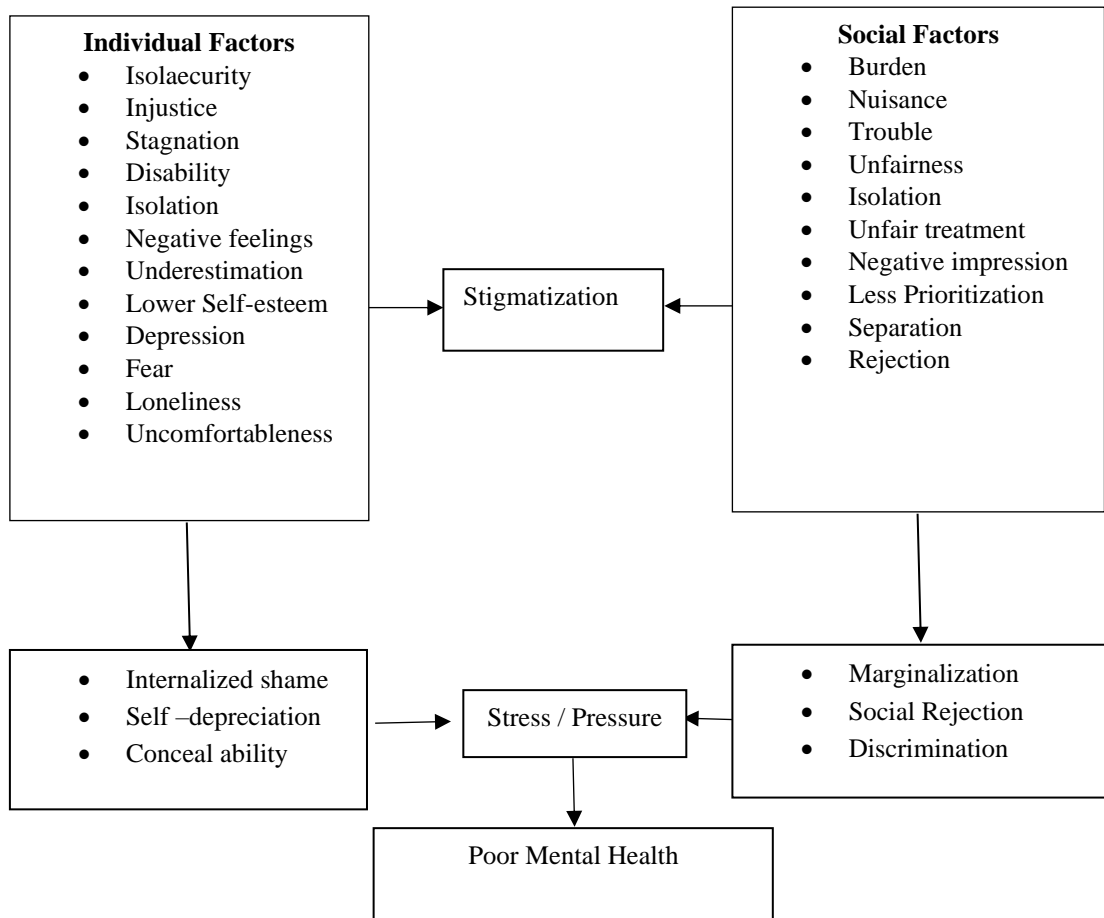
*"As I mentioned before, I was alone in the classroom when my own friends said such things at Debarawewa School. I get rid of my sadness by crying alone. At such times I wonder why I was born like this. Sometimes, thinking that it was the fault of the parents, there were times when I had a fight with them. Because that's how I vented my stress. It was mentally stressful because those things were revealed from a young age. I tried to be alone all the time. Afraid to go among a crowd." – Interviewee 07 (20 years, male)*

Although they can be happy with what they get, in the face of various pressures from society, they build a separate label thinking that they are disabled people. Isolated or works alone and takes action to celebrate. According to the real scenario given above, it can be understood to some extent how the mental health of a stigmatized person is.

A new model was suggested for future studies for qualitative study based on the modified labeling theory. It can be shown in figure 1.2.

## **Discussion for Quantitative Findings**

According to the result of this study, negative stereotype was not identified as a factor influencing the decrease in the mental health of the blind students in the education sector. The findings of the study were consistent with the findings by Allyson Brothers et al. (2020) that age stereotypes and self-perceptions of aging may affected physical health outcomes more strongly than mental health outcomes. According to the result of this study, mental health was not affected by discrimination. This meta-analysis reported that discrimination was negatively related to mental health outcomes such as depressive symptoms, psychological distress, and general well-being. They reported 107 studies that used empirical equations, path models, or structural equation models. This produced 500 effects, of which 90% were found to have higher levels of discrimination toward more negative mental health status. It is statistically 69% (Mak et al., 2007). According to multiple regressions, devaluation becomes an excluded variable. Also, there is not a negative impact of devaluation on mental health. According to the result of this study, devaluation cannot be identified as a major factor influencing the decrease in the mental health of the blind students in the education sector. The findings of the study were consistent with the study conducted by Thornicroft et al. (2009) that the higher the perception of devaluation, the lower the satisfaction with life in general. Satisfaction with life is similar to personal satisfaction. Correspondently, personal satisfaction is a dimension of mental health. Hence, it can be said that there is a significant impact of devaluation on mental health because life satisfaction is a dimension of mental health (Roldán-Merino et al., 2017).



**Figure 1.2: Suggested new model by the Qualitative study**

Source: Developed by researcher (2023)

## Discussions for Qualitative Findings

Accordingly, all the responses they gave stated that they have been subject to negative stereotypes knowingly or unknowingly. Accordingly, such students have become a character who is not needed by society, has opposite opinions to others in society, and is not acceptable to the community. Scholars from previous studies suggest that both the mentally ill and inmates are marked by a highly stigmatizing and often permanent label with strong negative stereotypes attached (Ray & Dollar, 2014). According to the findings of this study, all participants responded that they had been labeled by different people at some point or event. Lee and Kristin (2012) have noted that there is a strong relationship between perceived discrimination and all three indicators of mental health. Two of the participants in the present study have mentioned very clearly how they were discriminated against. Therefore, the students who responded have been discriminated against and become segregated, avoiding the association and exclusion of people from others. Gilbert et al. (2006) found that discrimination may be more strongly associated with mental health status in African Americans than in Mexican Americans and other Latinos. And society has not

given those students a chance to advance. Because society itself has given the label that disabled people cannot do anything when compared to other people. Because of that, the participants have to face withholding of opportunities. It is mentioned from the above findings that students are subjected to devaluation. According to labelling theory, stigmatization is essentially a sequential process that begins with labelling and (negative) stereotyping by others, which leads to separation and status loss or (devaluation) of the labelled entity (Link & Phelan, 2001).

These clearly explain that a person subjected to devaluation will be separated from others, rejected, or lose status. Also, while engaging in friendly discussions with those students, some people talked differently. Sociologist Goffman (2000) noted that devaluation is a term coined to describe reducing one's social identity in value or importance. This can be due to many factors, including physical/intellectual disabilities, ageism, racism and sexism. Previous studies have shown that physical disability causes one's social identity to become less valuable or important. According to the previous study, higher scores of perceived devaluation indicate lower self-esteem and self-worth (Karamouzian et al., 2019).

People are subjected to negative stereotypes, discrimination, and devaluation when stigmatized. They have faced sadness, being alone, crying being introverted, etc. Therefore, self-esteem, optimistic outlook, emotional balance, and tolerance cannot be maintained and it is not possible to maintain good mental health.

### **Limitations of the Study**

The first limitation in quantitative approach was the restriction of the sample size since the study was conducted only in the Southern Province. The second limitation was the inability to see the questionnaire by respondents. It was not financially affordable to give printed questionnaire through the Braille system because of the higher cost encountered. Thirdly, in qualitative research, getting the approval of the school board to conduct this study was time-consuming process because of the lack of transportation difficulties in the respective area and the schools were closed for a limited time, followed by the crisis of the country.

### **Conclusion**

According to both quantitative and qualitative research, negative stereotypes, discrimination, and devaluation are impacted the mental health of the education sector's blind students. Students believe that higher the stigma of visually impaired students, weaken the mental health of them and the greater the discrimination of them, the lower the mental health of them. Nevertheless, there is no significant impact of negative stereotypes and devaluation on the mental health of visually impaired students in the education sector in Sri Lanka.



## References

- Anter, C., & Lapian, S. L. H. V. . (2016). Analyzing the effect of employee compensation on employee intention to stay (Study in Bank SulutGo Head Office). *Jurnal EMBA*, 4(2), 039–045.
- Barry, M. M., Clarke, A. M., Jenkins, R., & Patel, V. (2015). A systematic review of the effectiveness of mental health promotion interventions for young people in low and middle-income countries. *Adolescent Mental Health: Connections to the Community*, 223–246. <https://doi.org/10.1201/b18222-20>
- Björkman, T., Svensson, B., & Lundberg, B. (2007). Experiences of stigma among people with severe mental illness. Reliability, acceptability and construct validity of the Swedish versions of two stigma scales measuring devaluation/discrimination and rejection experiences. *Nordic Journal of Psychiatry*, 61(5), 332–338. <https://doi.org/10.1080/08039480701642961>
- Bujang, M.A., Omar, E.D., & Baharum, N.K (2018). A Review on Sample Size Determination for Cronbach's Alpha Test: A Simple Guide for Research. *Malays J Med Sci*, 85-99.
- Calizaya-López, J., Pacheco-Quico, M. Á., Alemán-Vilca, Y., Zapata-Delgado, F. M., Caldi-Choury-obando, N., López, N., Ramos-Vargas, L. F., & Soto-Añari, M. (2022). Psychometric properties of the positive mental health scale in Arequipa (Peru). *Anales de Psicología*, 38(1), 76–84. <https://doi.org/10.6018/ANALES.472061>
- Corrigan, P. (2004). How stigma interferes with mental health care. *American Psychologist*, 59(7), 614–625. <https://doi.org/10.1037/0003-066X.59.7.614>
- Corrigan, P. W., & Kleinlein, P. (2006). The Impact of Mental Illness Stigma. *On the Stigma of Mental Illness: Practical Strategies for Research and Social Change.*, 11–44. <https://doi.org/10.1037/10887-001>
- Corrigan, P. W., & Watson, A. C. (2002). Understanding the impact of stigma on people with mental illness. *World Psychiatry : Official Journal of the World Psychiatric Association (WPA)*, 1(1), 16–20. <http://www.ncbi.nlm.nih.gov/pubmed/16946807> <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=PMC1489832>
- Fernando, S. M. (2010). Stigma and discrimination toward people with mental illness in Sri Lanka. *アジア経済*, 287.
- Gabriel, A., & Violato, C. (2013). Problem-solving strategies in psychiatry: Differences between experts and novices in diagnostic accuracy and reasoning. *Advances in Medical Education and Practice*,

4, 11–16. <https://doi.org/10.2147/AMEP.S38372>

- Hayes, H. (2021). Descriptive Statistics. *Corporate Finance and Accounting*.
- Harner, C. J., & Heal, L. W. (1993). The Multifaceted Lifestyle Satisfaction Scale (MLSS): Psychometric properties of an interview schedule for assessing personal satisfaction of adults with limited intelligence. *Research in Developmental Disabilities, 14*(3), 221–236. [https://doi.org/10.1016/0891-4222\(93\)90032-F](https://doi.org/10.1016/0891-4222(93)90032-F)
- Henden, E. (2008). What is self-control? *Philosophical Psychology, 21*(1), 69–90. <https://doi.org/10.1080/09515080701874092>
- Idemudia, E. S., & Matamela, N. A. (2012). The role of stigmas in mental health: A comparative study. *Curationis, 35*(1), 30. <https://doi.org/10.4102/curationis.v35i1.30>
- Jang, H. J., & Jeon, M. K. (2015). Relationship between self-esteem and mental health according to mindfulness of university students. *Indian Journal of Science and Technology, 8*(21). <https://doi.org/10.17485/ijst/2015/v8i21/78459>
- Jeon, H. J., & Lee, S. H. (2018). Effect of auriculotherapy on irritable bowel symptom severity, visceral sensitivity and subjective well-being of female college nursing students. *Asia Life Sciences, SUPPLEMENT*(1), 41–51.
- Kanniammal, C. (2008). Interpersonal relationship. *The Nursing Journal of India, 99*(8), 175–177.
- Kapur, R. (n.d.). *Individual Self-Actualization*.
- Karamouzian, M., Cheng, T., Nosova, E., Sedgemore, K., Shoveller, J., Kerr, T., & Debeck, K. (2019). Perceived Devaluation among a Cohort of Street-Involved Youth in Vancouver, Canada. *Substance Use and Misuse, 54*(2), 324–330. <https://doi.org/10.1080/10826084.2018.1523193>
- King, M., Dinos, S., Shaw, J., Watson, R., Stevens, S., Passetti, F., Weich, S., & Serfaty, M. (2007). The Stigma Scale: Development of a standardized measure of the stigma of mental illness. *British Journal of Psychiatry, 190*(MAR.), 248–254. <https://doi.org/10.1192/bjp.bp.106.024638>
- Krejcie, R. V., & Morgan, D. W. (1970). *ACTIVITIES*. 38, 607–610.
- Lauber, C., & Rössler, W. (2007). Stigma towards people with mental illness in developing countries in Asia. *International Review of Psychiatry, 19*(2), 157–178. <https://doi.org/10.1080/09540260701278903>
- Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology, 27*(2001), 363–385. <https://doi.org/10.1146/annurev.soc.27.1.363>

- Ma, H. I., & Hsieh, C. E. (2020). Questionnaires on stigmatizing attitudes among healthcare students in Taiwan: development and validation. *BMC Medical Education*, 20(1), 1–9. <https://doi.org/10.1186/s12909-020-1976-1>
- Majid, U. (2018). Research Fundamentals: Study Design, Population, and Sample Size. *Undergraduate Research in Natural and Clinical Science and Technology (URNCSST) Journal*, 2(1), 1–7. <https://doi.org/10.26685/urncst.16>
- Mak, W. W. S., Poon, C. Y. M., Pun, L. Y. K., & Cheung, S. F. (2007). Meta-analysis of stigma and mental health. *Social Science and Medicine*, 65(2), 245–261. <https://doi.org/10.1016/j.socscimed.2007.03.015>
- Marshall, G., & Firth, D. (1999). Social mobility and personal satisfaction: Evidence from ten countries. *British Journal of Sociology*, 50(1), 28–48. <https://doi.org/10.1111/j.1468-4446.1999.00028.x>
- Martínez-Zambrano, F., Pizzimenti, M., Barbeito, S., Vila-Badia, R., Comellas, G., Escandell, M. J., Hernández, M. J., de-Corres, B. F., González-Pinto, A., López-Peña, M. P., Martínez, M., Puig, M., Quilis, J., Vega, P., & Ochoa, S. (2016). Versión española de la escala perceived devaluation and discrimination de link. *Psicothema*, 28(2), 201–206. <https://doi.org/10.7334/psicothema2015.89>
- McDonnell, M. C., & Crudden, A. (2018). Predictors of employer attitudes toward blind employees, revisited. *Journal of Vocational Rehabilitation*, 48(2), 221–231. <https://doi.org/10.3233/JVR-180933>
- Motloba, P. D. (2018). Understanding of the principle of Autonomy (Part 1). *South African Dental Journal*, 73(6), 418–420. <https://doi.org/10.17159/2519-0105/2018/v73no5a7>
- Mukolo, A., Heflinger, C. A., & Wallston, K. A. (2010). The Stigma of Childhood Mental Disorders: A Conceptual Framework. *Journal of the American Academy of Child & Adolescent Psychiatry*, 49(2), 92–103. <https://doi.org/10.1016/j.jaac.2009.10.011>
- NHS | National Health Service Greater Glasgow and Clyde. (2020). *Mental Health is Important*. 16, 1–16. <https://www.nhsggc.org.uk/media/226582/Mental Health is important.pdf>
- Pescosolido, B. A., Martin, J. K., Lang, A., & Olafsdottir, S. (2008). Rethinking theoretical approaches to stigma: A Framework Integrating Normative Influences on Stigma (FINIS). *Social Science and Medicine*, 67(3), 431–440. <https://doi.org/10.1016/j.socscimed.2008.03.018>
- Prince, M., Patel, V., Saxena, S., Maj, M., Maselko, J., Phillips, M. R., & Rahman, A. (2007). No health without mental health. *Lancet*, 370(9590), 859–877. [https://doi.org/10.1016/S0140-6736\(07\)61238-0](https://doi.org/10.1016/S0140-6736(07)61238-0)

- Ray, B., & Dollar, C. B. (2014). Exploring Stigmatization and Stigma Management in Mental Health Court: Assessing Modified Labeling Theory in a New Context. *Sociological Forum*, 29(3), 720–735. <https://doi.org/10.1111/socf.12111>
- Roldán-Merino, J., Lluch-Canut, M. T., Casas, I., Sanromà-Ortíz, M., Ferré-Grau, C., Sequeira, C., Falcó-Pegueroles, A., Soares, D., & Puig-Llobet, M. (2017). Reliability and validity of the Positive Mental Health Questionnaire in a sample of Spanish university students. *Journal of Psychiatric and Mental Health Nursing*, 24(2–3), 123–133. <https://doi.org/10.1111/jpm.12358>
- Samarasekara, N., Davies, M. L. M., & Siribaddana, S. (2012). The stigma of mental illness in Sri Lanka: the perspectives of community mental health workers. *Stigma Research and Action*, 2(2). <https://doi.org/10.5463/sra.v1i3.48>
- Sanders Thompson, V. L., Noel, J. G., & Campbell, J. (2004). Stigmatization, discrimination, and mental health: The impact of multiple identity status. *American Journal of Orthopsychiatry*, 74(4), 529–544. <https://doi.org/10.1037/0002-9432.74.4.529>
- Saunders, M., Lewis, P., & Thornhill, A. (2019). *Research methods for business students, Fifth edition*, Prentice Hall.
- Saunders, M. N. K., Lewis, P., & Thornhill, A. (2019). “Research Methods for Business Students” Chapter 4: Understanding research philosophy and approaches to theory development. In *Researchgate.Net* (Issue January). [www.pearson.com/uk%0Awww.pearson.com/uk%0Ahttps://www.researchgate.net/publication/330760964\\_Research\\_Methods\\_for\\_Business\\_Students\\_Chapter\\_4\\_Understanding\\_research\\_philosophy\\_and\\_approaches\\_to\\_theory\\_development](http://www.pearson.com/uk%0Awww.pearson.com/uk%0Ahttps://www.researchgate.net/publication/330760964_Research_Methods_for_Business_Students_Chapter_4_Understanding_research_philosophy_and_approaches_to_theory_development)
- Sohail Aslam<sup>1</sup>, Maqsood Ahmad<sup>2</sup>, H. F. A. and S. E. (2021). 濟無No Title No Title No Title. 7(2), 1–18. [http://www.joi.isoss.net/PDFs/Vol-7-no-2-2021/03\\_J\\_ISOSS\\_7\\_2.pdf](http://www.joi.isoss.net/PDFs/Vol-7-no-2-2021/03_J_ISOSS_7_2.pdf)
- Vaingankar, J. A., Subramaniam, M., Abdin, E., Picco, L., Chua, B. Y., Eng, G. K., Sambasivam, R., Shafie, S., Zhang, Y., & Chong, S. A. (2014). Development, validity and reliability of the short multidimensional positive mental health instrument. *Quality of Life Research*, 23(5), 1459–1477. <https://doi.org/10.1007/s11136-013-0589-0>
- Verelst, A., De Schryver, M., Broekaert, E., & Derluyn, I. (2014). Mental health of victims of sexual violence in eastern Congo: Associations with daily stressors, stigma, and labeling. *BMC Women's Health*, 14(1), 1–12. <https://doi.org/10.1186/1472-6874-14-106>
- Vogt Yuan, A. S. (2007). Perceived age discrimination and mental health. *Social Forces*, 86(1), 292–311. <https://doi.org/10.1353/sof.2007.0113>

- Votruba, N., Eaton, J., Prince, M., & Thornicroft, G. (2014). The importance of global mental health for the Sustainable Development Goals. *Journal of Mental Health, 23*(6), 283–286. <https://doi.org/10.3109/09638237.2014.976857>
- Westerhof, G. J., & Keyes, C. L. M. (2010). Mental illness and mental health: The two continua model across the lifespan. *Journal of Adult Development, 17*(2), 110–119. <https://doi.org/10.1007/s10804-009-9082-y>
- World Health Organization. (2017). Fact sheet on Sustainable Development Goals (SDGs): health targets. *World Health Organization, 3*, 1–8. [www.euro.who.int/sdgs](http://www.euro.who.int/sdgs)
- Yin, R.K. (2002) *Case study research: design and methods*, 3rd edn., Thousand Oaks: Sage.