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INTRODUCTION

There is a variety of concepts of one's life assessment (Derbis, 2000; Dziurowicz-Kozłowska, 2002). In empirical research carried out in the field of „psychology of happiness'', the most often used category is subjective well-being (Czapiński, 1994; Diener, 1996; Argyle, 2004).

According to D. C. Shin and D. M. Johnson's definition (1978), subjective well-being is „a general assessment of the quality of life in view of self-chosen criteria'' (Juczyński, 2001, p. 478). General well being, experienced as feeling good, consists of three elements: life satisfaction, positive emotions, and lack of negative emotions (Juczyński, 2001). Since the terms of happiness and subjective well being are interlinked, the research methods analyzing the two concepts are similar. Therefore most happiness research outcomes can be used when analyzing subjective well-being (Czapiński, 1994).

Generally speaking there are two contradictory perspectives from which the researches have been analyzing what makes people joyful and happy.

The first perspective deals with the possibility of one's own influence upon his/her life. Happiness depends on the effort one puts in fulfilling one's needs, on the lifestyle one chooses and on how one interprets life events (R. Veenhoven, M. Seligman, in: Czapiński, 2003).

The second perspective is connected with a kind of determinism, for instance genetic or universal mechanism. In short, one is either destined for happiness or not. According to Lykken (Czapiński, 2003), the potential level of happiness is genetically determined and this happiness level cannot be surpassed. Within adaptation conception (Argyle, 2004) it is claimed that one gets used to what happens (whether it is bad or good) and it does

not influence one's well-being. According to other conceptions, people continuously compare their present situation with either other people's situations or with an imaginary ideal and as a consequence they change their criteria of happiness, which means that they cannot be happier than they are (Czapiński, 2003).

According to B. Heady and A. Wearing (1992, in: Diener, 1996), people have a stable baseline of subjective well-being, which is established by their gender, social status, temperament, and personality. Life circumstances and events do not strongly influence long-term subjective well-being. People usually react only briefly to life events and then return to their stable baseline.

Recent studies show that when you consider the long-term consistencies in a person's behavior, the influence of personality on subjective well being appears to be strong. However, traits are less helpful in understanding momentary fluctuations. Nevertheless, most authors claim that you should search for personality variables determining subjective well being, since they determine the possibilities of adaptation and whether the satisfaction level will be stable or not (Diener, 1996).

When analyzing subjective well-being of disabled people, the thesis that disability does not necessarily have negative psychological or social effects, seems crucial. Disability or organism malfunction can only increase the possibility of difficulties both of a universal and disability specific character, which may be experienced as stressful situations (Kowalik, 1996, 2000). Therefore, what seems reasonable is to search for personal variables determining subjective well-being among those called coping resources (Ogińska-Bulik, 2000; Plopa, 1996; Poprawa, 2001).

In studies analyzing coping with stress, researchers highlight the basic meaning of self-perception (Plopa, 1996; Poprawa, 2001). They name different aspects of self-perception, i.e. the cognitive aspect of self-perception and self-acceptance. The former is the way one describes oneself – the real self-concept (one's physical and mental characteristics). On the basis of the real self-concept one creates the ideal image of oneself – the ideal self-concept. Self-acceptance is the relation between the real and the ideal self-concepts.

Self-concept is regarded as a fundamental predictor of effective psychosocial functioning of a person. In case of disability self-concept can be seen as one of the vital indicators of the effectiveness of rehabilitation.

This study examines the role of self-concept in the well-being of visually impaired adolescents. It is a part of a larger research which has been aimed at identifying psychological predictors of subjective well-being among personal coping resources.

In a more specific approach, the presented results were intended to provide answers to the following research questions:

– Does visual impairment entail lower subjective well-being?

– Are there significant differences in the real self-concept between visually impaired and sighted adolescents?

– What is the relation between the real self-concept and subjective well-being of visually impaired adolescents?

In the presented study, the dependent variable is the level of subjective well-being, both of the cognitive level (life satisfaction) and emotional level (positive and negative emotions), whereas the independent variable is the real self-concept.

SAMPLES

The research has been conducted in a group of 59 visually impaired adolescents (30 males; 29 females; age range: 16–20), who attended a Massage Techniques course in Special Care Institute in Łódź.

The control group was chosen taking into consideration their age, health state and similar education level. A Post-primary Schools Complex in Łódź was drawn for the study. Out of the examined students, 30 males and 30 females, with no distability, were drawns for the control group.

METHODS

Measures used to examine the variables are:

1. ''Scale of Life Satisfaction'' (SWLS; E. Diener et al., 1985), adapted to Polish conditions by Z. Juczyński (2001), which allows to estimate the cognitive dimension of subjective well being and comprises 5 statements, rated on the 7 – point Likert scale.

2. ''Scale of Emotions'' (B. Wojciszke et al., 1998), which allows to estimate the emotional dimension of subjective well being and comprises a list of 24 emotions. Each emotion is rated on a 7 – point scale, its intensity over the previous six months is measured. The emotions are grouped (using factor analysis) in six categories: joyfulness, love, anxiety, anger, shame, and sadness.

3. ''Adjective Check List" (ACL; H. Gough and A. Heilburn, 1980), which contains 300 adjectives describing traits and behaviors. It provides information on the multidimensional structure of self – concept, both the real and the ideal ones. The latest 37 – dimensional version of this test was released in 1980.

RESULTS

Subjective well-being

Life satisfaction level

The data analysis has indicated that there are no statistically significant differences in scored levels of life satisfaction between the examined groups (see Tab. 1).

Table 1

Level of satisfaction in the examined groups

	Experimental Group		Control group		*p*
	M	*SD*	*M*	*SD*	
General	19.46	4.86	19.33	4.19	0.881
Boys	20.43	4.05	18.23	4.93	0.066
Girls	18.45	5.46	20.43	2.98	0.087
p	0.117		0.041		

Some interesting regularities have been found in the gender groups. In the group of visually impaired adolescents, girls' life satisfaction was lower then that of boys (a statistically insignificant difference). In sighted adolescents' group, girls' life satisfaction was higher then that of boys (a statistically significant difference).

Positive and negative emotions

The comparison of positive and negative emotions' ratios shows no significant differences between the examined groups (see Tab. 2 and 3).

Table 2

Ratios of positive emotions in the examined groups

	Experimental Group		Control group		*p*
	M	*SD*	*M*	*SD*	
Joyfulness					
General	20.31	4.74	20.23	3.78	0.927
Boys	20.63	4.44	19.57	4.10	0.338
Girls	19.97	5.09	20.90	3.37	0.407
p	0.593		0.174		

Table 2 (contd)

	Experimental Group		Control group		*p*
	M	*SD*	*M*	*SD*	
Love					
General	18.64	5.23	18.63	4.28	0.990
Boys	18.97	5.77	17.90	4.58	0.431
Girls	18.31	4.68	19.37	3.90	0.350
p	0.634		0.187		
Positive emotions					
General	19.47	4.34	19.43	3.57	0.955
Boys	19.80	4.43	18.73	3.82	0.323
Girls	19.13	4.29	20.13	3.22	0.317
p	0.323		0.131		

However, some gender differences in negative emotions occurred between and within both the groups (see Tab. 3). Girls with low vision scored higher than boys in most negative emotions ratios (except anger), but the only statistically significant difference occurred in intensity of sadness. Sighted girls, however, more often got angry than the disabled girls, which is the only statistically significant difference between the girls in both the examined groups.

Table 3

Ratios of negative emotions in the examined groups

	Experimental Group		Control group		*p*
	M	*SD*	*M*	*SD*	
Anxiety					
General	14.61	5.10	14.12	4.68	0.583
Boys	13.70	4.98	11.57	3.68	0.064
Girls	15.55	5.14	16.67	4.20	0.364
p	0.165		0.000		
Anger					
General	14.61	4.47	15.50	4.40	0.276
Boys	14.80	4.87	14.43	4.88	0.772
Girls	14.41	4.09	16.57	3.65	0.037
p	0.743		0.065		

Table 3 (contd)

	Experimental Group		Control group		*p*
	M	*SD*	*M*	*SD*	
Sadness					
General	12.86	5.59	12.78	5.01	0.934
Boys	11.47	4.47	11.50	5.26	0.979
Girls	14.31	6.31	14.07	4.46	0.864
p	0.050		0.046		
Shame					
General	11.47	4.38	11.82	3.71	0.646
Boys	11.07	4.24	10.30	3.50	0.448
Girls	11.90	4.56	13.33	3.31	0.171
p	0.472		0.001		
Negative emotions					
General	13.38	3.96	13.55	3.66	0.815
Boys	12.57	3.61	11.95	3.28	0.369
Girls	14.04	4.25	15.15	3.34	0.267
p	0.369		0.000		

To sum up, there is no significant difference in subjective well-being between visually impaired and sighted adolescents. They declare the same level of life satisfaction and very similar intensity of positive and negative emotions. Likewise, there are no significant differences between genders in the experimental group.

Self-concept

ACL Test was used to describe self-concept and only the real self-concept was considered in this analysis. In the data analysis the arithmetic means of outcomes scored in each dimension in ACL were compared (since the research data is vast, not all the outcomes are presented here).

Significant differences between the groups of low vision and sighted adolescents occurred in eight dimensions describing the real self-concept.

Visually impaired adolescents used more adjectives describing themselves (No. Ckd; $t = 2.789$, $p = 0.006$). They declared lesser needs of dominance (Dom; $t = -1.968$, $p = 0.05$) and heterosexual relationships (Het; $t = -1.992$, $p = 0.049$), as well as lesser self-confidence (S-Cfd; $t = -1.975$, $p = 0.05$). It means that in comparison with their sighted peers they described themselves as being more unsure and shy, more often avoiding to take a responsibility,

as well as more afraid of taking risks. Furthermore, they declared higher needs of abasement (Aba; $t = 2.267$, $p = 0.025$) and deference (Def; $t = 1.988$, $p = 0.05$), which means that they more often tend to feel guilty and subordinate.

No significant differences in most evaluated real self-concept components were found between visually impaired boys and girls. Only in three dimensions boys scored higher. It means that boys are more open in seeking relationships with the opposite sex (Het; $t = 2.919$, $p = 0.005$), even though they are more shy and more unsure of themselves (Crs; $t = 2.210$, $p = 0.031$).

The relation between self-concept and subjective well-being

The Pearson's r correlation between all the 37 real self-concept dimensions and three criteria of subjective well-being has been calculated (see Tab. 4).

The scores in life satisfaction level have been significantly associated with seventeen Scales of the Acl Test. The strongest correlations ($r>0.30$) have been found in the following scales: Nurturing Parent (NP, $r = 0.44$, $p<0.001$), Affiliation (Aff, $r= 0.42$, $p<0.01$), LOrgience – Low Inteligence (A3, $r = 0.41$, $p<0.01$), Heterosexuality (Het, $r = 0.39$, $p<0.01$), High Orgience – High Inteligence (A2, $r = –0.36$, $p<0.01$), Nurturance (Nur, $r = 0.33$, $p<0.05$), Personal Adjustment (Per-Adj, $r = 0.33$, $p<0.05$).

The indicator of positive emotions has been significantly associated with ten Scales of the Acl Test. The strongest correlations ($r>0.30$) have been founding the following scales: Nurturance (Nur, $r = 0.58$, $p<0.001$), Affiliation (Aff, $r = 0.52$, $p<0.001$), Low Orgience – Low Intelligence (A3, $r = 0.52$, $p<0.001$), Personal Adjustment (Per-Adj, $r = 0.40$, $p<0.01$), Nurturing Parent (NP, $r = 0.39$, $p<0.01$), Low Orgience – High Intelligence (A4, $r = 0.39$, $p<0.01$), Heterosexuality (Het, $r = 0.37$, $p<0.01$).

The indicator of negative emotions has been significantly associated with twenty seven Scales of Acl Test. All correlations (except with Com) have been reached over 0.30. The closest correlations ($r>0.45$) have been indicated with the following: Affiliation (Aff, $r = –0.61$, $p<0.001$), Adapted Child (AC, $r = 0.58$, $p<0.001$), Low Orgience – Low Intelligence (A3, $r = –0.56$, $p<0.001$), Nurturing Parent (NP, $r = –0.54$, $p<0.01$), Personal Adjustment (Per-Adj, $r = –0.52$, $p<0.001$), Endurance (End, $r = –0.49$, $p<0.001$), Self Confidence (S-Cfd, $r = –0.48$, $p<0.001$), Achievment (Ach, $r = –0.48$, $p<0.001$).

Table 4

Pearson correlation between real self-concept and subjective well being

Scales	Experimental Group			Control Group		
	satisfaction	positive emotions	negative emotions	satisfaction	positive emotions	negative emotions
Number of adj. checked (No. Ckd)						
Number of adj. favorable (Fav)	0,39***	0,45***	–0,59***	0,37**	0,46***	–0,36***
Number of adj. unfavorable (Unifav)	–0,36***	–0,26*	0,48***	–0,27*	–0,38***	0,33**
Communality (Com)			–0,29*		0,28*	–0,27*
Achievement (Ach)			–0,48***		0,26*	
Dominance (Dom)			–0,42***	0,31**	0,30*	
Endurance (End)	0,29*		–0,49***		0,34**	
Order (Ord)	0,30*		–0,41**	0,26*	0,32**	
Intraception (Int)			–0,36**		0,27**	
Nurturance (Nur)	0,33*	0,58***	–0,33**	0,27*	0,45***	–0,34**
Affiliation (Aff)	0,42**	0,52***	–0,61***	0,41**	0,48***	–0,46***
Heterosexuality (Het)	0,39**	0,37**	–0,34**	0,44***	0,44**	–0,41***
Exhibition (Exh)				0,33**	0,28*	–0,24*
Autonomy (Aut)						
Aggresion (Agg)						
Change (Cha)			0,30*			
Succorance (Suc)			0,41*			
Abasement (Aba)			0,39**			0,28*
Deference (Def)	0,28*	0,26*				
Counseling readiness (Crs)			0,33**	–0,31**	–0,33**	0,30*
Self-control (S-Cn)						
Self-confidence (S-Cfd)	0,29*		–0,48***	0,46***	0,41***	–0,34**
Personal adjustment (P-Adj)	0,33**	0,40**	–0,52***	0,28*	0,36**	–0,40**
Ideal self (Iss)	0,29*		–0,42***	0,29*	0,29*	–0,27*
Creative personality (Cps)						

Military lidership (Mls)			–0,44***		0,24*	
Masculine attributes (Mas)			–0,35**			
Feminine attributes (Fem)		0,30**			0,42***	–0,28*
Critical parent (CP)						
Nurturing parent (NP)	0,44***	0,39**	–0,54***	0,39*	0,47***	–0,34**
Adult (A)	0,29*		–0,48***		0,29*	
Free child (FC)			–0,30**		0,25*	–0,38**
Adapted child (AC)	–0,28*		0,58***		–0,32**	0,35**
High orgience-low intelligence (A1)			0,35**			
High orgience-high intelligence (A2)	–0,36**		0,40**	–0,41**	–0,30**	
Low orgience-low intelligence (A3)	0,41**	0,52***	–0,56***	0,42***	0,42***	–0,34**
Low orgience-high intelligence (A4)		0,39**	–0,44***		0,30**	

* $p<0.05$, **, $p<0.01$, *** $p<0.001$.

The Aff, A3, NP, P-Adj, Het, Nur Scales are important for all aspects of subjective well-being. All of them have been significantly correlated with all the three well-being criteria. Nevertheless, the direction of this correlations differs. The correlation coefficients have been positive (+) with the life satisfaction and positive emotions level, and negative (–) with negative emotions level. It means that in case of visually impaired adolescents considering themselves as friendly, open, interested in interpersonal contacts, especially with the opposite sex (Het), socially adaptable (Aff), eager to help, reliable (P-Adj, Nur), respecting social rules (NP), satisfied with their role in the society, unsophisticated, and not complicating their life too much (A3) – is correlated with claming to be more happy – with higher live satisfaction end positive emotions level, and lower negative emotions level.

The outcomes in the control group indicate generally a slightly lower correlations. At the same time the dimensions of real self-concept more often and strongly correlate with negative emotions level in the low-sighted group and with the positive emotions level in the sighted group.

DISCUSSION

The presented statistical analysis of the research data rendered it possible to answer the research questions.

The first question considered differences in subjective well-being between visually impaired and sighted adolescents.

A review of the published studies shows that it is not clear how illness or disability interacts with subjective well-being. On the one hand most research outcomes prove that there is a connection between physical health and subjective well-being or happiness. However, on the other hand, subjective perception or appraisal of health is a much better predictor of life attitude than real medical condition (Agryle, 2004; Kiebert, 1997; Czapiński, 1994). It means that it is not the objective health condition, but one's beliefs about it, as well as its influence on self-perception or subjective appraisal of physical limitations that influence the well-being.

The presented data analysis shows that there are no significant differences in general subjective well-being between visually impaired and sighted adolescents. The members of the sample group in this research had inborn visual impairment or were visually impaired since early childhood. Evidence suggests that the onset of visual impairment in infancy or early childhood is somewhat easier to adapt to than its onset during adolescence or adulthood (D. W. Turtle, in: Roy, Mackay, 2002). The processes of adaptation modify negative effects of disability on sub-

jective well-being. Consequently, they lead to leveling the subjective well-being. Adaptation process, in a long-term perspective, is influenced by one's temperament and personality (Diener, 1996).

The second question considered differences in self-concept between visually impaired and sighted adolescents.

The question was raised, based on the research outcomes which show the peculiarity of visually impaired people's psychosocial development (Bateman, 1981; Majewski, 1983; Mangold, Mangold, 1983; Pielecki, Skrzetuska, 1991; Witkowski, 1993; Pielecki, 1998; S. Z. Sacks, in: Roy, MacKay, 2002). The peculiarity means difficulties in creating self-perception. Visually impaired people have difficulties caused by social attitudes towards the disabled, including the visually impaired (Conrod, Overbury, 1999; Kef, 2002; Sękowski, 1999), by limitations on taking actions by themselves (Kroksmark, Nordel, 2001; Palak, 1976; Witkowski, 1993), and by ambiguous nature of low vision. It means that a person with low vision can in fact fluctuate between seeing and not seeing, depending on various situational and functional variables (Udenberg, in: Bateman, 1981; Kończyk, 1980; D. Cowen, in: Stanula, 1981, D. W. Tutle, in: Roy, MacKoy, 2002). However, the results of the research carried out so far are not clear (Kef, 2002).

This research reveals that significant differences in the real self-concept between visually impaired and sighted adolescents lie, above all, in social adjustment (see also Beaty, 1991; Lopez-Justica, Pichardo, 2001; Witkowski, 1993). The research proves that visually impaired adolescents experience greater difficulties in social interactions, resulting from lower self-confidence and lower self-assurance. Furthermore, these adolescents do not feel at ease in personal contacts.

The third question concerned correlation between self-concept and subjective well-being of visually impaired adolescents.

Researches prove that there are significant relations between personality predispositions and one's life appraisal (Agryle, 2004; DeNeve, Cooper, 1998; Diener, 1996). The analysis of correlation coefficients has proved that a lot of real self-concept dimensions are associated with the level of subjective well-being. At the same time it was possible to spot the dimensions which are related to all the tree aspects of subjective well-being. These dimensions belonged to Factor III, i.e. Social Adjustment (created by Juros, Oleś, 1993). Factor III describes people who easily adjust to changes occurring in groups, who feel at ease in social contacts, who are patient, understanding and respect others' needs as well as social rules. It proves that social functioning is significant for life appraisal of adolescents with low vision (N. R. Huto, H. N. Hare, 1997, in: Rimmerman, Morgenstern, 2003).

The presented outcomes show the peculiarity of visually impaired people's life appraisal. To balance subjective well-being, because of higher probability of difficulties in everyday life (universal and disability specific) (K o w a l i k, 1996, 2000), it seems more important for them to regulate negative emotions.

To sum up, in the presented research the adolescents with low vision declared similar level of subjective well-being to their sighted peers. Nevertheless the outcomes have confirmed the differences in the real self-concept between the two groups (especially in terms of social functioning). In conclusion, on the one hand the research indicates that personality can be seen as an important correlate of subjective well-being, however, on the other hand some demographic variables, such as state of health, appear equally important. From this perspective, it seems vital to try to explain differences between individuals, as well as between peculiar groups (e.g. with disability).

Taking the above into consideration, it seems important to search for psychological variables that are fundamental for coping with limitations (e.g. those resulting from disability) and at the same time for subjective well-being.

REFERENCES

A g r y l e M. (2004), *Psychologia szczęścia*, Wydawnictwo ASTRUM, Wrocław

B a t e m a n B. F. (1981), *Dzieci niewidome i niedowidzące*, [in:] N. G. H a r r i n g, H. R. S c h i e f e l b u s c h (red.), *Metody pedagogiki specjalnej*, Wydawnictwo Naukowe PWN, Warszawa

Beaty L. A. (1991), *The effects of visual impairment on adolescent self-concept*, "Journal of Visual Impair Blind", **83**, 3, 129–139

C o n r o d B. E., O v e r b u r y O. (1999), *The effectiveness of perceptual training and psychosocial counseling in adjustment to the loss of vision*, ''Journal of Visual Impairment and Blindness'', **92**, 464–482

C z a p i ń s k i J. (1994), *Psychologia szczęścia*, Pracownia Testów Psychologicznych, Polskie Towarzystwo Psychologiczne, Warszawa

C z a p i ń s k i J. (2003), *Całe szczęście*, ''Charaktery'', **73**, 3, 8–15

D e N e v e K. M., C o o p e r H. (1998), *The happy personality: A meta-analysis of 137 personality traits and subjective well-being*, ''Psychological Bulletin'', **124**, 2, 197–229

D e r b i s R. (2000), *Doświadczanie codzienności. Poczucie jakości życia. Swoboda działania. Odpowiedzialność. Wartości osób bezrobotnych*, Wydawnictwo WSP, Częstochowa

D i e n e r E. (1984), *Subjective Well-Being*, ''Psychological Bulletin'', **3**, 542–575

D i e n e r E. (1996), *Traits can be powerful, but are not enough: lessons from subjective well-being*, ''Journal of Research in Personality'', **30**, 389–399

D z i u r o w i c z - K o z ł o w s k a A. (2002), *Wokół pojęcia jakości życia*, ''Psychologia Jakości Życia'', **1**, 2, 77–99

J u c z y ń s k i J. (2001), *Narzędzia pomiaru w promocji i psychologii zdrowia*, Pracownia Testów Psychologicznych, Polskie Towarzystwo Psychologiczne, Warszawa

Juros A., Oleś p. (1993), *Struktura czynnikowa I skupieniowa testu przymiotników ACL* H. G. Gougha i A. B. Heilbruna, [in:] J. Brzeziński, E. Hornowska (red.), *Z psychometrycznych problemów diagnostyki psychologicznej*, Wydawnictwo Naukowe UAM, Poznań, 173–204

Kef S. (2002), *Psychosocial adjustment and the meaning of social support for visually impaired adolescents*, "Journal of Visual Impairment and Blindness", **96**, 22–38

Kiebert G. M. (1997), *Jakość życia jako rezultat badań klinicznych w onkologii*, [in:] J. Meyza (red.), *Jakość życia w chorobie nowotworowej*, Centrum Onkologii Instytutu im. M. Skłodowskiej-Curie, Warszawa, 43–59

Kończyk T. (1980), *Wpływ niedowidzenia na kształtowanie się osobowości inwalidów wzroku III grupy*, "Biuletyn Zespołu Wizytatorów Metodyków Zakładu Rehabilitacji Zdrowotnej Inwalidów", **3**, 9–17

Kowalik S. (1996), *Psychospołeczne podstawy rehabilitacji osób niepełnosprawnych*, Wydawnictwo Interart, Warszawa

Kowalik S. (2000), *Psychologiczne podstawy niepełnosprawności i rehabilitacji*, [in:] J. Strelau (red.), *Psychologia. Podręcznik akademicki*, Gdańskie Wydawnictwo Psychologiczne, Gdańsk, 797–819

Kozielecki J. (1981), *Psychologiczna teoria samowiedzy*, PWN, Warszawa

Kroksmark U., Nordell K. (2001), *Adolescence: the age of opportunities and obstacles for students with low vision in Sweden*, "Journal of Visual Impairment and Blindness", **95**, 213–226

Lopez-Justicia D., Pichardo M. (2001), *Self-concept and gender in Spain low-vision adolescents*, "Visual Impairment Research", **3**, 1, 7–16

Majewski T. (1983), *Psychologia niewidomych i niedowidzących*, PWN, Warszawa

Mongold S. S., Mongold P. N. (1983), *The adolescent visually impaired female*, "Journal of Visual Impairment and Blindness", **77**, 250–255

Ogińska-Bulik N. (2000), *Zasoby osobiste w radzeniu sobie ze stresem*, "Zeszyty Naukowe WSHE w Łodzi", **13**, 8, 93–103

Ossowski R. (1982), *Kształtowanie obrazu własnej sytuacji i siebie u inwalidów wzroku w procesie rehabilitacji*, WSP, Bydgoszcz

Ossowski R. (1999), *Teoretyczne i praktyczne podstawy rehabilitacji*, Wydawnictwo Uczelniane WSP w Bydgoszczy, Bydgoszcz

Palak Z. (1976), *Wpływ środowiska wychowawczego na stopień zaspokojenia biopsychicznych potrzeb dzieci niedowidzących*, [in:] Z. Sękowska (red.), *Wybrane zagadnienia z psychologii i pedagogiki upośledzonych*, UMCS, Lublin, 45–68

Pielecki A. (1998), *Zaburzenia zachowania u dzieci niedowidzących*, [in:] M. Chodakowska (red.), *Pedagogika specjalna wobec potrzeb teraźniejszości i wyzwań przyszłości*, Wydawnictwo Uniwersytetu M. Skłodowskiej-Curie, Lublin, 53–69

Pielecki A., Skrzetuska E. (1991), *Nauczanie niedowidzących w klasach 4–8*, Wydawnictwo Szkolne i Pedagogiczne, Warszawa

Plopa M. (1996), *Psychologiczne determinanty odporności na stres*, "Psychologia Wychowawcza", **4**, 301–311

Poprawa R. (2001), *Zasoby osobiste w radzeniu sobie ze stresem*, [in:] G. Dolińska-Zygmunt (red.), *Podstawy psychologii zdrowia*, Wydawnictwo Uniwersytetu Wrocławskiego, Wrocław, 103–141

Roy A., MacKay G. (2002), *Self-perception and locus of control in visually impaired college students with different types of vision loss*, "Journal of Visual Impairment and Blindness", **96**, 254–267

Rimmerman A., Morgenstern H. (2003), *Quality of life of visually impaired adults who are employed in extended-employment programs in Israel*, "Journal of Visual Impairment and Blindness", **97**, 9, 551–562

Sęk H., Pasikowski T. (2001), *The quality of life, health and sense of coherence in social context*, [in:] L. Wołowicka (red.), *Jakość życia w naukach medycznych. QOL in medical sciences*, Dział Wydawnictw Uczelnianych Akademii Medycznej w Poznaniu, Poznań, 34–47

Sękowski A. (1999), *Postawy wobec osób niepełnosprawnych*, ''Psychologia Wychowawcza'', **3**, 237–246

Stanula T. (1981), *Zachowanie przystosowawcze młodzieży niewidomej kończącej szkołę podstawową*, ''Przegląd Tyflologiczny'', **2**, 60–73

Witkowski T. (1993), *Rozumieć problemy osób niepełnosprawnych*, Wydawnictwo MDBO, Warszawa

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OBRAZ SIEBIE A POZIOM ZADOWOLENIA Z ŻYCIA MŁODZIEŻY NIEDOWIDZĄCEJ

W badaniach empirycznych prowadzonych w nurcie tzw. „psychologii szczęścia'' jedną z coraz częściej wykorzystywanych kategorii jest kategoria zadowolenia z życia (*subjective well-being*) (Czapiński, 1994; Diener 1996; Agryle, 2004). W sytuacji analizowania zadowolenia z życia osób niepełnosprawnych, szczególnego znaczenia nabiera założenie, zgodnie z którym uszkodzenie organizmu nie musi prowadzić wyłącznie do określonych, negatywnych skutków psychologicznych czy społecznych. Uszkodzenie czy dysfunkcja organizmu mogą tylko zwiększać prawdopodobieństwo pojawienia się trudności, które mogą być przeżywane jako sytuacje stresowe (Kowalik, 1996, 2000). Celem powyższego artykułu jest analiza poziomu zadowolenia z życia oraz sposobu postrzegania siebie (realnego obrazu siebie) młodzieży niedowidzącej. Prezentowane wyniki stanowią część szerszych badań poszukujących psychologicznych wyznaczników zadowolenia z życia wśród zmiennych psychologicznych określanych w literaturze jako zasoby osobiste w radzeniu sobie ze stresem. Do pomiaru zmiennych wykorzystano: Skalę Satysfakcji z Życia – SWLS (E. Diener i in., 1985), Skalę Emocje (B. Wojciszke i in., 1998), Test Przymiotnikowy ACL 37 (H. Gough i A. Heilbrun, 1980).

Słowa kluczowe: zadowolenie z życia, obraz siebie, niepełnosprawność.